

## CHAPTER 2

### PERSPECTIVES OF PSYCHOLOGY OF SPECIAL NEEDS AND EXCEPTIONAL PERSONS

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#### **The Focus of Psychology of Special Needs and Exceptional Persons**

The American Psychological Association – APA (1999) aptly described Psychology as

*...the study of the mind and behaviour. The discipline embraces all aspects of the human experience – from the functions of the brain to the actions of nations, from child development to the care of the aged. In every conceivable setting from the scientific research centers to mental health care services, ‘the understanding of behaviour’ is the enterprise of psychologists.*

Obviously, the understanding of the behavioural traits, neurological functioning, physiological capacities, learning dispositions, and physical and personality development characteristics associated with special need conditions and exceptional persons are most expressed in psychological terms.

Essentially, special Needs have been defined as intrinsic or extrinsic based limitations or hindrances which make the basic human developmental and learning capacities unusually challenging to an individual. It is for example obvious that limited hearing or seeing, reading and communication in achieving learning tasks becomes challenging. Also, with below average intelligence or perceptual memory deficit, acquisition of tasks related developmental skills and learning are unusually also difficult for learners in regular schools. For Special Educational Professionals, such conditions as low vision, partial hearing loss, low intelligence and, poor memory capacity or perceptual deficits are regarded as Special Need Conditions. Individuals who are so affected at any age by these conditions are labeled as Exceptional Persons just as the conditions are also referred to in Special Educational parlance as *Exceptionalities*. From the terms used in reference to special needs and exceptionalities, a psychological undertone is obvious. Human developmental skills and learning challenges categorizable as Special Needs or Disabilities mostly have psychological undertones (Allport, 1961). The barriers or handicaps also created in the society do equally have social-psychological undertones (Shea & Bauer, 1994). Psychological processes or dysfunctions as well as interceding social-psychological barriers are, therefore part of the etiology of any special need or disability conditions (Lynch & Lewis, 1988). Hence, issues of intelligence, mental-cognitive dispositions, neurological functions,

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cognitive mappings, and personality traits, as well as physical and social barriers which are at the etiology of the special need conditions or disabilities are the focus of psychology of special needs and exceptional persons. As Shea & Bauer (1994) prescribes in the Systems Approach to Special Education, the disabling conditions, special educational needs and handicapping situations affecting people with disabilities are all embedded in the ecology of the environment the individual is expected to function with other people. On this premises, this chapter outlines and describes the major psychological factors underpinning special need conditions and personality tendencies of exceptional persons.

### **Psychological Developmental Tasks Factor in Exceptional Persons**

From the experimentations with animals (rats, dogs, cats, kittens, apes, etc.) by psychologists have evolved theories about human learning, behaviour, mental and cognitive functioning, adaptations and even physical development across the life span. From the empirical projections of psychologists like Clark, Thorndike and Skinner, human learning for developmental purposes became categorized into the Cognitive, Psychomotor and Affective Domains (Bloom, Krathwohl & Masis, 1956). From the perspective of Behaviourist Psychologists like Kholer, Thurstone and Watson, human learning also began to be understood on the basis of the ability for mental or cognitive mastery of the physical and social environment (Bandura & Walters 1963). Mastery of learning tasks, thus began to be understood on the basis of factors of Intelligence, Personality and Social Adaptation. These psychological perspectives of human learning and growth informed the understanding of what has become known as Psychological Tasks of human development, otherwise Human Developmental Tasks (Erikson, 1963). Accordingly, Havighurst (1972) classified human development tasks into achievement of potential abilities and capacities for Self-Image; Physically Related Skills and Coordination; Communication; Inter-Personal Relations; Social Maturity; Emotional Maturity; and Academically Related Learning.

In understanding human developmental tasks, it is important to come to terms with the concepts, *Potentials* and *Abilities/Capacities*. While potentials connote innate endowments (intelligence, insights, psychic endurance, energy, etc.), abilities or capacities refer to the extent of manifestation of potentials (intellectual abilities, academic aptitudes, personality traits, physical actions and coordination precision, etc.). The attainment of potentials in the process of human growth and development is contingent upon the psychological factors of individuals' personality' traits, quality of nurturance and environmental or societal values (Harris, 1998). As Richert (1991) demonstrated, the attainment of maximum human potentials (i.e. translation of potentials to manifested abilities or capacities is a function of the psychological characteristics of intellectual abilities, creativity, physical traits, emotionality, motivation, commitment, and productivity. In other words, the extents to which human abilities and capacities are manifested (underachievement, conformity, high ability and transcendence) or fail to manifest

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on the basis of evidenced potential is determined by how far psychological needs are met of possibilities of related social-psychological dysfunctions either within the individual or in the nurturance environment (homes, society, schools, peer relations, etc.). A child with high intelligence who in slums or neglected communities the streets will hardly realize high academic achievement owing to impoverished nurturance environment. A child naturally endowed with talents for sports who is hindered from routine physical exercises by parents or who has no opportunities for participation in organized sporting activities will hardly become an acclaimed sports person. A child experiencing specific learning disabilities (dyslexia, dysphonia, dyscalculia, etc.) is unable to also mobilize appropriate cognitive strategies to overcome the difficulty because of the hindrance on his learning capacities by wrong teaching methods. A learner with visual impairment continues to fail because the level of visual acuity have not been ameliorated for effective use of sight for learning.

For facilitating basic learning skills (Reading; Comprehension of Subject Matter; Physical Coordination; Sensory Articulation; Neuro-Psychological Articulation; etc.) for achieving the expected Human Developmental Tasks (Memory Imagery; Physiological Maturity, Intellectual Abilities; Self Concept; Physical Maturity Traits; Social Maturity and Adaptation; Emotional Balance and Maturity), the relevant psychological traits need to be nurtured (in the home, community and school) to fruition to the extent of potentials realizable. What this implies for the exceptional person (persons with learning disabilities; developmental difficulties; sensory impairments; physical disabilities; etc.) is that their special learning needs and dysfunctional abilities have to be specially compensated for if they are to maximize their potentials. To achieve the expected basic capacity for memory imagery, the child with potential developmental and intellectual disabilities (mental retardation) needs early simulation exercises to facilitate recognition capacities. For a child with congenital hearing loss, training in body language communication and leap reading will be needed as specialized interventions to facilitate the achievement of intellectual and social-psychological developmental tasks. Hence, the essence of special needs education for facilitating the achievement of developmental tasks for exceptional persons is to enable them perform expected tasks to the extent possible within their potentials.

### **The Personality Status Factor of Exceptional Persons**

Personality simply put is the sum total of the inborn and manifest mental, behavioural, and physical tendencies of individuals as unique persons of their own. As Woodside & McClam (2006) further reiterated, personality as a psychological construct

*...helps explain what makes people tick. It examines how people think, feel and behave, and explores why they think, feel and behave in the ways in which they do. Numerous theories try to address how and why people act and think as they do. These theories analyze behaviour and*



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*mental processes from the psychological, behavioural, cognitive and psycho-dynamic perspectives. P. 15.*

Critical personality attributes like the human physique, intelligence, cognition, temperament, learning style and ability, self-concept self-image, assertive tendencies, etc. are the products of the interplay of inborn potentials of a person and the influence of the environmental factors, particularly the home, neighbourhood, community and school which determine the personality status of individuals (Harris, 1999). Irrespective of whatever may be the special need needs or exceptionality of all individuals, therefore, their personality status are very essential to their coping capacities, developmental trends and dispositions to life and learning challenges. The level of intelligence of a person with visual impairment for example goes a long way in determining how he adjusts to the visual handicap situations he encounters. Intelligence also plays a key role in determining how every exceptional person makes up for their special learning needs. Intelligence is the basis of determining the levels of intellectual abilities (Profound, Severe, or Care-Dependent; Moderate or Trainable Intellectual Abilities; Mild or Educable Developmental Abilities; Average Intellectual Abilities; Above Average Intellectual Abilities; High Intellectual Abilities; and Gifted and Talents Developmental Capacities). In the same way, individuals' self-image and self-concept determine to large extents how exceptional persons are able to cope and adjust to their special need conditions or disability status. Hence, with strong or positive personality traits, an exceptional person will have the tendencies to effectively cope and adjust to developmental challenges; learn to overcome learning and behavioural dysfunctions; and more effectively overcome handicapping situations resulting from special needs and disabilities. The personality status of exceptional persons is in essence very critical to their dispositions to overcoming handicapping conditions and special educational interventions. That the personality status of individuals is instrumental to the life styles and determining capacities of exceptional persons is, therefore, of strong assumption.

### **The Self-Concept and Self-Image Factors of Exceptional Persons**

The psychological terms, *Self-Concept* and *Self-Image* are quite complex in terms of defining them as specific or related concepts. The definitions of these terms often trigger ideas related to psychological constructs like Self-Worth, Self-Esteem, Self-Identity and Self-Esteem. From mi a variety of the research literature, the American Counselling Association (ACA) Encyclopedia of Counseling (2009) described self-concept as "... a person's overall assessment of the self ... or a hierarchically organized set of characteristics that relate to the self" P. 481. To date, psychological research findings in determining what constitute self-concept or self-image is are categorizable into cognitive and behavioural perceptions. While the cognitive theorists of self-concept sees it as a psychological construct interwoven around individuals' perception of social networks (family, friends significant

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others) around them, as well as multifaceted and hierarchical perception of self-importance as empirically demonstrated over time, on a developmental and evaluation evidenced characteristics, the behaviourist theorists describe it from the perspective of sub-constructs of affect, social, physical, competence, academic and family attributes surrounding the individuals (Shavelson, Hubner & Stanton, 1976). Hence in manifestation, self-image, self-concept, self-esteem, self-worth, and self-identity reflects in a bi-polar way of Immediate to Global Self ends, with the global end being the most stable over time. While the Global Self manifests in the individuals' perception of the persons' felt mirror of one's capacity in the general competitive spheres of life, the Immediate Self represents the felt mirror of one's capacity as limited to the more immediate environment. The more positive the Immediate Self and the Global Self of Self-Concept Perceptions, the stronger are the component characteristics or sub-constructs of the Self-Concept (affect, body image, competence, physical, identity, worth, etc.) at both poles. The more negative the Immediate Self and Global Self Perceptions, the weaker the sub-constructs of Self-Concept also. In all individuals, the Self-Concept Trend (Negatively Dominant or Positively Dominant) fluctuates between the strengths and weaknesses of the sub-concepts between the Immediate and Global Self.

For individuals with special needs or disabilities, the exceptional condition obviously affects the negative or positive trend of the Self-Concept trend (Immediate or Global). This means that depending the nature of the special need condition or disability in relation to the Self-Concept sub-constructs (particularly the body image, self-worth, self-competence, physical ability, self-identity, etc.), the Self-Concept is bound to be perceived more negatively or positively. For a person with physical disability, the tendency is for a negative perception of body-image, physical capacity and self-competence. However, with positive inclinations in self-worth and self-identity, the tendency is to compensate enough to balance and overcome the negativist tendencies. Very often, the self-competence and self-identity of persons with sensory impairments may be so negatively impacted upon that the Immediate and Global Self levels are influenced negatively for a dominant negative body image, intellectual dispositions and physical capacities. Miller (1981) describes gifted children who are unable to discover their true-selves (meet their actual ability potentials) as "prisoners of childhood. For such children, they have their self-identity, self-competency and self-ability trapped in what Miller further described as "narcissistic" and "turbulent," tendencies in the search for a balanced or true-identity at both Poles of Immediate and Global Selves in the search of a balanced Self Concept or Self Image as a result of which gifted persons most times become "prisoners of childhood." In essence, the Self-Concept and Self-Image are instrumental psychologically to the attainment and realization or otherwise of the capacity and ability endowments for overcoming the special needs and disability challenges in life efforts.

### **The Emotionality and Emotional Maturity Factors in Exceptional Persons**



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Human psychological emotions refer to intrinsic feelings expressed in reactions which portray moods (sadness or happiness), hurt or desires (Siegel, 2012). Emotions or emotional feelings are a function of neuro-biological sensitivities triggered by psychological perceptions and thoughts of occurrences which either hurt, or takes control of desires and moods (Siegel, 2012). Emotional feelings in begin in human development as instinctual feelings in the form of crying (to express discomfort or hunger) and gazing (to express imagery) during the period from babyhood to infancy. With time during childhood, emotional expressions like smiles (to express happiness), moodiness (to express sadness), and anger (to express hurt) develops. For every person, emotionalities are expresses along a continuum of bipolar opposite ends. Such bipolar opposite ends take the form of crying and smiling/ laughing; joy and sadness; amazement and understanding acceptance; interest and disinterest; desire and non-desire; ill-feelings and sympathy/emphathy; etc. Emotions swing between the two bipolar opposites with the natural tendency to balance an equilibrium in between the two sides to be considered of normal behaviour. During the early stages of life (birth to childhood years of up to 13 years), emotional swings move from being quick and non-stable, and reflective to periodic outburst during the adolescence to adulthood years of 14 and above.

The extents to which an individuals have control and activatability in equilibrium over their emotional swings defines their emotional maturity. Emotional disequilibrium and instability could result in psychological dysfunctions (emotional disturbances) like anxiety disorders, emotional immaturity, neuroticism, psychoticism, etc. And although, such emotional dysfunctions are special need conditions which make those so influenced over a life stage period exceptional, the conditions are not directly attributable to other categories of special needs or disability conditions like sensory or physical impairments (Shea & Bauer, 1994 ). However, special needs or disability conditions could trigger emotionalities and impair emotional maturity if relevant psycho-educational interventions are not provided over time. This can usually be attributable to frustrations or painted up emotions arising from difficulties and challenges arising from handicapping situations encountered in achieving developmental and learning tasks. The more emotional balanced and matured an individual (irrespective of the presence of special needs or disabilities or not), the more the capacity to overcome the challenges of handicapping situations. Emotional instability or immaturity, therefore, either constitutes a special need of its own if it persists over a life stage, or it compounds the handicap arising from impairments and disabilities as special need conditions.

### **The Intelligence Factor in Exceptional Persons**

There are as many definitions of probably there are theories of intelligence. Veron (1969) in reviewing various definitions and theories averred that three conceptual references referring to intelligence include the innate capacity of



individuals and their genetic make-up; what individuals do, especially with regards to their behaviours in the context of learning, thinking and problem solving; and empirical results collated from administered intelligence tests that sample specialized abilities such as verbal, non-verbal and mechanical abilities. Hence, the ACA (2009) referred to intelligence as a psychological construct connoting a “general collection of mental abilities involved with problem solving” P. 289. In the context of special needs, Sattler (1982) asserted that most definitions of intelligence include the three concepts of “... the ability to deal with abstractions; the ability to learn; and the ability to cope with new or novel situations” P. 637. Thus, the ACA (2009) averred that intelligence “... is best understood at differing levels, including genetics, neurology, cognitive, psychological and social levels” P. 289.

All humans (irrespective of the manifestation or otherwise of special needs and disabilities) are endowed with some level of intelligence meant to enable them learn and adapt to the environment and situations they find themselves. From psychological perspective, intelligence as the human equipment for learning social and academic skills acquisition can be on either of the two sides of the average ability (Intelligence Quotient - IQ 90 to 100 of standardized intelligence tests) of such skills capacities. At the extreme sides (IQ below 91 and IQ 140+) of the average intelligence are manifested special learning needs referred to as developmental and intellectual retardation (mental retardation) and giftedness respectively. For any other type of exceptionality or disability, (visual handicaps, hearing handicaps, physical handicaps, etc.), intelligence is usually on the average and above levels. Figure 2.1 is an illustration of continuum of intelligence levels depicting special needs related or exceptionalities in human tasks achievement potentials and abilities.

**Figure 2.1: IQ Levels Depicting Human Special Need Potentials and Capacities**

Profound/ Moderate /Mild/ Average Intelligence /Above Average / Gifted  
 Profound Intelligence Borderline Intelligence Intelligence  
 Intelligence Intelligence

IQ 1 - 50    IQ 51 - 70    IQ 71 - 90    IQ 91 - 100    IQ 101 - 139    IQ 140 +

Essentially, Intelligence in its’ generic understanding as a psychological construct and variable is one of the main factors used for assessments meant for determining psycho-educational groupings of learners requiring specialized interventions (special needs education, special educational rehabilitation, counselling, psychotherapy - IQ 70 and less etc.) - Woodside & McClam (2006); Brown (2011). For example, children with developmental and intellectual exceptional conditions (profound retardation, severe retardation, moderate retardation, mild retardation) are diagnosed and provided appropriate care, training and adapted academic skills on the basis of components of the intelligence factor. Gifted and talented learners are also identified for specialized nurtur4ance

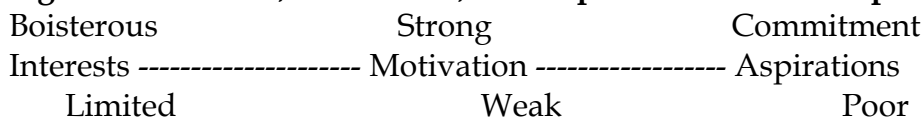


based on high performance (IQ 140+) in intelligence tasks. And when other exceptional individuals are assessed for special educational interventions, the intelligence factor is necessary as an exclusion criterion (i.e., the special need of the individual is not arising from the condition of mental retardation). Especially for learners experiencing specific learning disabilities (dyslexia, dyscalculia, dysgraphia, etc.), the intelligence factor is critical in determining the special need status. If under any circumstances, any exceptional persons or individuals with disabilities are found to be of intelligence status of below 70 IQ, the case then becomes one of Dual or even Multiple Special Needs (i.e., Developmental Retardation/Physical Disability; Intellectual Disability/Down Syndrome; Mental Retardation/Physical Disability/Visual Impairment)

### **Interests, Motivation and Aspiration Factors of Exceptional Persons**

Maslow (1970) classified human motivation into intrinsic and Extrinsic as it involves the instinct and drive to accomplish tasks. While intrinsic motivation derives from factors internal to the individual which are biological in origin, extrinsic motivation is the off-shoot of rewards or pressures external to the individual. As ACA (200) puts it, however, “whether the motivation comes from intrinsic or extrinsic factors, a significant component behind the progression of motivation is the expectations of the individual: expectations of what will or will not occur should a task be completed or a goal reached) P. 344. Basically, therefore, Motivation as human development psychological factor is better understood for any category of individuals with due consideration for the related factors of Interests and Aspirations of individuals. Interest, being an intrinsic drive to pursue desires; and aspirations being the commitment to attain or reach a goal. Hence, once the human personality is tickled by the interest factor, motivation becomes the driving force determining the extent of the achievement of the aspiration. Irrespective of the personality status and abilities or disabilities which may be associated with the individual, interests do prevail; motivations remain compelling; and aspirations remain alive. When interests are boisterous, motivation could be strong and commitment to aspirations result, irrespective of special need or exceptionality status. When interests are limited, however, motivation is weak, resulting in poor aspirations. Figure 2.2 depicts the Interests; Motivation and Aspiration relationships as psychological factors of human life.

#### **Figure 2.2: Interest; Motivation; and Aspiration Relationships**



Between the prevalence of interests, levels of motivation and aspirations of individuals with special needs or exceptionalities and those with disabilities, intervening variables which are human and societal come to play to determine effectiveness of synchrony expected. Such human factors like perceptions and





attitudes to individuals with special needs or disabilities as well as societal forces like stereotypes and sociotypes play strong roles in the extents to which the synchrony is achievable. With varied and boisterous interests, a strong motivation prevails even in the face of disabling conditions for individuals so labeled to achieve their desires. If, however, the person with disability is seen as “disabled” or “incapacitated,” the level of interests diminishes, leading to lessened motivation and, therefore handicapping the aspirations. In another way, vast interests for some exceptional persons or individuals with special needs propels their motivational levels to overcome any obstacles to achieve their aspirations. Even in the face of blindness and deafness, Hellen Keller lived a fulfilled life to inspire her autobiography. As Piechowski (1986) puts it, vast interests make motivation attain the heights of over-excitabilities for the strong commitment to achievement of outstanding aspirations as it is for gifted persons.

### **The Locus of Control Factor in Exceptional Persons**

Self-esteem and self-concept as human personality factors shape what is regarded as psychological Locus of Control. With strong self-esteem and self-concept, individuals do develop what can be regarded as Internal Locus of Control; while with low self-esteem and self-concept, tendency is for an External Locus of Control (Butcher & Hebert, 1985). According to ACA (2009), Locus of Control refers to people’s tendency to attribute life events and outcomes to factors internal in themselves or factors external to themselves. As ACA puts it, people with internal locus of control “... believe that their own actions, abilities, and efforts produce the outcome” while those dominated by external locus of control “... believe that forces outside themselves determine the outcome of their behaviour” (P. 324). Depending on circumstances of life and events, people do overtime develop a capacity for balancing their internal and external locus of control to manage their lives. It is when overtime, the equilibrium on the continuum of Internal and External Locus of Control is not achieved to unhealthy personality capacities arise.

For individuals with special needs or disabilities, the handicapping situations and disabling conditions tend to influence their locus of control. While some of them may perceive their disability conditions and handicapping situations encountered on possible factors or extra forces within themselves (Internal Locus of Control), others may perceive the conditions more on factors or extra forces outside of them (External Locus of Control). With a dominant Internal Locus of Control, a person with special need or disability tends to thrive harder to overcome the challenges of disabling conditions or handicapping situations encountered. On the other hand, when persons with disability or special needs are dominated by perceptions of External Locus of Control, they develop learned helplessness to the extent of over-dependence in overcoming the challenges of their disabilities or handicapping situations encountered (Shea & Bauer, 1994). For those of them who are able to balance their Locus of Control dominance to achieve equilibrium after repeated difficulties related to the special need or disability conditions, they

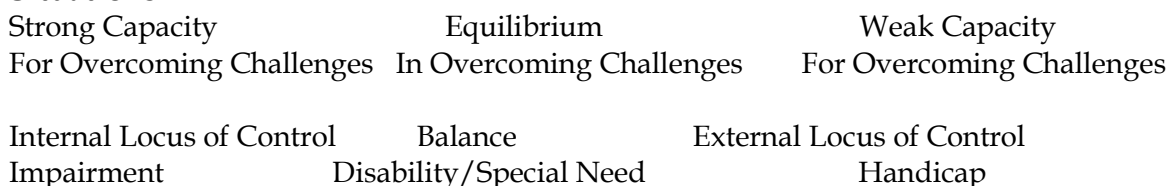
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eventually learn to adapt effectively to handicapping situations like negative attitudes, lack of appropriate equipment and unfriendly social and physical environments. Both continuum of Internal to External Locus of Control and Impairment through Disability to Handicapping situations can be illustrated on the basis of the extents to which people with special needs or disability overcome the challenges of their life circumstances. Figure 2.3 illustrates the possible diagrammatic map of the relational patterns between locus of control and the capacity to overcome limitations of special needs and disability conditions.

**Figure 2.3: Diagrammatic Illustration of Locus of Control Dominance on Capacity to Cope and Overcome Disability Conditions and Handicapping Situations**



From the above diagrammatic representation, it is illustrated that with a dominant Internal Locus of Control, the individual with special need or disability can achieve the strong capacity and equilibrium to overcome a special need conditions and handicapping situations. However, with a dominant External Locus of Control, persons with special needs and disabilities are unable to effectively overcome the challenges of disabling conditions and handicapping situations. When people with special needs of disabilities are able to achieve a balance between the factors influencing their Internal and External Locus of Control, they achieve enhanced equilibrium in coping and overcoming the challenges of their disabling conditions and handicapping situations. Each of the scenario can be further illustrated with the daily living conditions of persons with visual impairment, hearing impairment and physical disability. With a dominant Internal Locus of Control, the disabilities and handicapping situations encountered by persons with visual impairment (difficulties in sighting objects or reading, orientation and independent mobility capacities) are overcome to large extents with efforts in using alternative senses like feeling and perceptual imagery, in addition to assistive devices like hand held lenses and travelling cane. For individuals with hearing impairment, a dominant External Locus of Control limits their capacity to overcome the challenges experienced in oral communication and social interaction. When persons with physical disability are able to balance between Internal and External Locus of Control dominance, they are able achieve equilibrium in overcoming the disability conditions and handicapping situations (physical incapacitations and movement over physical landscape and barriers) with a significant level of ease. It is important in essence, therefore, to take into consideration that impairments and disabling conditions do also influence the



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dominance or otherwise of Internal and External Locus of Control as well as the tendency to achieve balance and equilibrium in overcoming handicapping situations for people with special needs or disabilities.

### **The Attitudinal Factor in Exceptional Persons**

Attitudes refer to a constellation of behavioural repertoire depicting patterns of beliefs, reactions and expression of feelings about objects, people, social and physical environments. Attitudes towards persons with disabilities and special needs are largely manifested in terms of reactions depicting dislike, disbelief, attribution, rejection (negative) or sympathy, empathy, understanding and interest (indifferent/positive) - Ozoji (1988). Attitudes are a significant factor in the personality development and subsequent attributes of people with disabilities or special needs in the sense that like other psychological variables, they shape their reactions, relationships and the will power. The more positive attitudes are to people with special needs or disabilities, the more likely they will be encouraged to overcome the handicaps posed to them in life endeavors and tasks. The more negative attitudes are towards them, however, the more likely they would not only be unable to overcome the handicaps faced in daily life, the negative attitudes also become handicapping factors to the persons with disabilities or special needs. Ozoji (1988) recommends in strong terms attitudinal programmes and sensitization for effectiveness of any forms of special needs interventions.

### **The Social-Psychological Environment Factors Influencing Exceptional Persons**

The Social-Psychological or Psycho-Social Environment refers to the wholistic inter-play of factors shaping the personality development status and patterns of interactive relationships between individuals and their significant other persons (siblings, teachers, neighbours, relations, etc.), family units, community and societal structures, school environment, etc. (Woodside & McClam, 2006). As psycho-social theorists like Erikson (1963; and Eriksen 1981) portrayed the phenomenon, the dynamics of the social-psychological environment shapes and facilitates the determination of human development capacities at sequential stages as follows: The instinctual urge to be soothed to ease irritation and to develop attachment bonds with faces which facilitate the soothing - parents, siblings, care giver (ages birth to 2 years); Increasing the sphere of connection and relationship with more people like those they meet in pre-school of kindergarten and preferred playmates in the family vicinity as well as gender role and racial/ethnic awareness (ages 2 to 5 years); Emerging patterns of friendship, gender segregation and identity status (ages 6 to 12 years); Sexual partner interests and dating (ages 12 to 18); Initiation into pre-adult years responsibilities, decision making about life choices, earning a living, and making a home (ages 20 to 40 years); Developing capacities for coping with loss of parents, siblings, friends or even parents as well as the dynamics of changing family structures (ages 40 to 60 years); and Development of resilience and coping with life status such as socioeconomic status,

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family achievement, career life, loss of partners or significant persons and positions of authority (ages 60+). The dynamics of the psychosocial or social-psychological environment of individuals to a large extent determines successful adjustment to occurrences over life span and achievement of expected milestones of life.

For people with special needs, disabilities or exceptionalities, the social-psychological environment factors in the family, home, neighborhood, community and the society at large plays influential roles in determining success in the life of living with their ability status and overcoming the handicaps such as stereotypes, stereotypes, stigmatization, and related handicapping situations they have to contend with. Social-psychological environments which are more accepting, supportive, encouraging and understanding of persons with special needs, disabilities, or exceptional conditions provide impetus for them to overcome the handicaps imposed by their specific conditions. Those of them living in psychosocial environments which are unaccepting, less supportive, unencouraging and less understanding of their special needs, ability or exceptionality status tend to develop learned helplessness and may perpetually be unable to significantly overcome their handicapping challenges they face. Individuals with developmental and intellectual retardation cope with their life mental ability status and acquire life and daily skills better in the more encouraging social-psychological environments. Even with mild or moderate physical incapacitating conditions, individuals with such disabilities have their handicapping situations further compounded by unaccepting psycho-social environments. Gifted and talented persons may develop special developmental and learning needs (withdrawal, conformity or rebelliousness) in psycho-social environments which are less understanding of exceptionalities they manifest, while they may transcend in achieving their high potentials in more understanding social-psychological environments. Essentially, the more positive the dynamics attendant to psychosocial environment of people with special needs or disabilities, the more able are they in coping with their disabling conditions and appropriately overcoming the handicapping situations they are confronted with. The less positive or even the negative the dynamics of the social-psychological environment, they less likely it is for exceptional persons to cope with their special needs and to overcome the challenges of handicapping challenges before them (Brown, 2011).

### **Summary**

Human psychological factors (personality types, intelligence, emotions and emotionalities, self-concept, self-image, motivation, locus of control) and social factors (attitudes, values, relationships, influences) dominant in the environment in which humans live inter-relate to create a convergence of dynamics which are critical to the adjustment needs and capacities for overcoming their challenges of special needs and ability or disability status. This chapter has reviewed psychological and social factors as they specifically or in their dynamics affect people with special needs, disabilities or exceptionalities. No single factor or

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category of factors significantly incapacitate or handicap individuals with disabilities or special needs. Yet, as much as the combination of these factors do weigh down the potentials and abilities of exceptional individuals, the dynamics of these same factors as psycho-social or social-psychological environments as well as the extents of the disabilities and handicapping situations determine to significant extents how they are able to cope and overcome the challenges of life they face.

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