



Maslow's Self-Actualization: The Wholeness of Physically Challenged Children in Fulfilling their Potentialities

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Abstract

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1. Introduction

Self actualization describes the natural tendency of humans to strive to fulfill their potential. Each individual is filled with potentialities and possibilities, hence, disable people are not exempted in this category. They too are capable of doing great things in their own way independently but with dependency. Maslow believed that there in every person there is an active will toward the actualization of human potentialities. In order to fulfill potentialities one has to first meet basic needs and then has to step to next level. In this paper I have made an attempt to discuss Abraham Maslow's Self-Actualization and focused to apply it specifically to physically challenged children and approached to give meaning to their life as they try to acquire wholeness.

2. Abraham Maslow

The American psychologist and philosopher Abraham Maslow is best known for his self-actualization theory. Abraham Maslow was born in New York on April 1, 1908, to Jewish immigrants. Maslow was the first of their seven children, an extraordinarily shy, terribly unhappy, lonely, and self-rejecting and he grew up in libraries and among books, without friends. His father wanted him to be a lawyer but it was disliked by Maslow.¹ He received his undergraduate and graduate training at the University of Wisconsin. After receiving his Doctorate in 1934, he taught psychology at Brooklyn College. The Second World War seemed to emphasize for him how little psychology had contributed to solving social problems, and he began to focus on social psychology and personality theory. In 1951 Maslow moved to the newly established Brandeis University near Boston to become Chair Person of the psychology department. He fostered the school's growth until 1968. He also served as president of the American Psychological Association. He died in 1970 at the age of sixty-two.² What distinguishes his work from that of other "humanists", such as Carl Rogers or Erich Fromm is that he proposes a model of how a happy, healthy, well-functioning person behaves, which is based on concrete observations of real people,³ rather than on formulating ideal requirements.⁴ His major works are *Motivation and Personality* and *Toward a Psychology of Being*, *Religions: Values and Peak Experiences*; Maslow posits that all human beings, regardless of culture, have five basic needs that can be arranged on a hierarchy according to prepotency or pressing drive for fulfillment.⁵

¹ Steffy Stewart, "Abraham Maslow Reader," <http://oaks.nvg.org/index.html/> Abraham-maslow /05/09/2008/ 11:21:49.

² William E. Glassman, *Approaches to Psychology* (Buckingham: Open University Press, 1995), 246.

³ Maslow based his theory on nine historical figures—Lincoln, Jefferson, Einstein, Eleanor Roosevelt, Jane Addams, William James, Albert Schweitzer, Aldous Huxley and Spinoza. Steffy Stewart, op. cit.

⁴ Francis Heylighen, "A Cognitive-Systemic Reconstruction of Maslow's Theory of Self-actualization," *Behavioral Science*, 37(1992): 39.

⁵ Frederick D. Harper, Jacqueline A. Harper, and Aaron B. Stills, "Counseling Children in Crisis Based on Maslow's Hierarchy of Basic Needs," *International Journal for the Advancement of Counselling* Vol. 25 No. 1 (March 2003):12.

3. Human Needs And Motivation According To Maslow

Maslow's theory of personality is based on a theory of human motivation,⁶ characterized by a hierarchy of needs.⁷ Hence every action of an organism is need-based. According to Maslow human behavior is motivated by a set of basic needs and are most active in driving behavior depends on two principles: (1) a need which is satisfied is no longer active: the higher the satisfaction, the less the activity; (2) needs can be ordered in a hierarchy, such that from all the non-satisfied needs, the one which is lowest in the hierarchy will be the most active. A lower need is more “urgent” in the sense that it must be satisfied before a higher need can take over control.⁸ Maslow’s hierarchy of needs can be classified into basic needs⁹ and growth needs.¹⁰

4. The Physiological Needs

The most vital need, physiological needs, relates to the body’s need for food, water, oxygen, optimal temperature, sex, sleep and excretion in order to maintain physiological homeostasis¹¹ and survival.¹² Maslow believed that these needs are the most basic and natural needs in the hierarchy because all needs become secondary until these physiological needs are met.¹³ For Maslow in the human being who is missing everything in life in an extreme fashion, it is most

⁶ Motivation is derived from the Latin word ‘motum’ which means to move, motor and motion. It is defined as the ‘psycho-physiological or internal process initiated by some need which leads to activity which will satisfy that need Lizy Paul Thekkinedath, *Dynamics of Personality Development* (Bangalore: Dharamaram Publication, 1997), 13.

⁷ The term ‘need’ refers to ‘a condition experienced by the individual and not to a condition attributed to the individual of others, however well intentioned they may be. Ibid.

⁸ Francis Heylighen, op. cit., 39.

⁹ Basic needs those needs of importance to a person. They arrange themselves in a fairly definite hierarchy on the principle of relative potency. Lizy Paul Thekkinedath, op. cit. Physiological, security, social, and esteem needs are deficiency needs (also known as D-needs), meaning that these needs arise due to deprivation. Satisfying these lower-level needs is important in order to avoid unpleasant feelings or consequences. Thomas Kottoor, *Psychology of Gordon Allport and its theological Relevance*, (Kottayam: Catholic Mission Press, 1981), 53.

¹⁰ Maslow term the highest-level of the pyramid a growth need (also known as being needs or B-needs). Growth needs do not stem from a lack of something, but rather from a desire to grow as a person. The growth motives will lead to self-actualization. Thomas Kottoor, ibid.

¹¹ A Relative constancy in the internal environment of the body maintained by a variety of active processes in the body. P.S.Shankar, ed., “homeostasis,” *New Medical Dictionary*, (New Delhi: Oxford & IBH Publishing Co.Pvt. Ltd, 2004), 341.

¹² Frederick D. Harper, Jacqueline A. Harper, and Aaron B. Stills, Op. cit., 12.

¹³ William E. Glassman, Op. cit., 248.

likely that the major motivation would be the physiological needs rather than any others. If all the needs are unsatisfied, and the organism is then dominated by the physiological needs. All capacities are put into the service of hunger-satisfaction, and the organization of these capacities is almost entirely determined by the one purpose of satisfying hunger.¹⁴ For the man who is extremely and dangerously hungry, no other interests exist but food. He dreams food, he remembers food, and he thinks about food, he thinks only about food, he perceives only food and he wants only food.¹⁵ Next level is safety need which follows after fulfilling this level of physiological need.

5. The Safety Needs

According to Maslow the second most prominent need group, safety needs, includes needs for security, protection, shelter, stability, and freedom from fear or constant anxiety. Practically everything looks less important than safety. A man, in this state, if it is extreme enough and chronic enough, may be characterized as living almost for safety alone.¹⁶ Safety needs also include personal security from crime, financial security, security of body, of employment, of resources, of morality, of the family, of property and well-being.¹⁷ The healthy, normal, fortunate adult in our culture is largely satisfied in his safety needs. The peaceful, smoothly running, 'good' society ordinarily makes its members feel safe.

6. Need For Love And Belonging

The next level is described by Maslow as the need to belong to and feel loved by a group; such as one's family, religious group, work group, professional group, social club or fraternity, or even one's youth gang.¹⁸ Belongingness is the need to be a part or member of a group, whether it is family, friends, career, or sports affiliations. Humans have an inherent

¹⁴A. H. Maslow, *A Theory of Human Motivation*, (New York: Hoeber 1943), 377.

¹⁵ Darley John, Sam G Luksberg, Ron Kinchla (ed.), *Psychology* (5th Ed), (New York: Prentice Hall , NY), 456.

¹⁶A. H. Maslow *A Theory of Human Motivation*, 377.

¹⁷ Ibid, 379.

¹⁸Frederick D. Harper, Jacqueline A. Harper, and Aaron B. Stills, Op. cit., 12.

desire to belong and be an important part of something. A motive to belong is the need for strong, stable relationships with other people. According to Maslow, this is the basic social or affiliation motive, which drives people to seek contact with others and to build satisfying relations with them.¹⁹ Here a person will hunger for affectionate relations with people in general and he will strive with great intensity to achieve this goal. Maslow considered these needs to be less basic than physiological and security needs. Relationships such as friendships, romantic attachments and families help fulfill this need for companionship and acceptance, as one does involve in social, community or religious groups.²⁰ When one finds his belongingness with his desired group then will focus on the next need which esteem need.

7. The Esteem Needs

This hierarchical level has to do with self-esteem for one's accomplishments and deserve esteem from others based on one's accomplishments, status, or appearance. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance and they want to know that they are capable of achievement and success. The higher form involves the need for self-respect, including such feelings as self confidence, worth, strength, competence, achievement, mastery, independence, and freedom.²¹ But disappointing of these needs produces feelings of inferiority, of weakness and of helplessness. These feelings in turn give rise to either basic discouragement or else compensatory or neurotic²² trends.

¹⁹Francis Heylighen, op. cit.,41.

²⁰C.H.Patterson, "Maslow's Hierarchy of Needs." Sage, <http://sage1.home.mindspring.com/maslow/pattersonch/09.2008/11:12:38>.

²¹ William E. Glassman, *Approaches to Psychology*, 248.

²² A person afflicted with a mild mental disorder with predominantly distressing symptoms and anxiety. Andrew m. Colman, "neorotic," *Oxford Dictionary of Psychology* (New Delhi: Oxford University Press,2006), 503.

8. The Need For Self-Actualization

Term self-actualization introduced by the German psychiatrist Kurt Goldstein (1878-1965) to denote the motive to realize one's hidden potential, understand oneself, and establishes oneself as a whole person. Self-actualization is reached when all needs are fulfilled, in particular the highest need. Because of the positive feedback, self-actualization is not a fixed state, but a process of development which does not end. The word derives from the idea that each individual has a lot of hidden potentialities: talents or competences he or she could develop, but which have as yet not come to the surface. When basic needs are satisfied according to Maslow, we are left with the last one, the highest need, the need for self-actualization. This need is fundamentally different from the previous ones, in the sense that all the previous ones can be conceived as drives towards the reduction of a deficiency. Such a deficiency means that there is an inconsistency between the actual state of the individual, and some fixed optimal or balance state, characterized by adequate values of the basic variables,²³ as well physiological variables. Maslow described this high-level need as: "What a man can be, he must be. It refers to the desire for self-fulfillment, namely, to the tendency for him to become actualized in what he is potential. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming."²⁴ In other words self-actualization means experiencing fully, vividly, selflessly, with full concentration and total absorption. It means experiencing without the self-consciousness of the adolescent. At this moment of experiencing, the person reaches to the state of wholeness²⁵ as the psychological well-being. Self-actualization is not only an end state but also the process of actualizing one's potentialities at any time, in any amount, it is an ongoing process.

²³ A concept which can take on different quantitative values is called a variable. C.R.Kothari, Research Methodology: Methods and Techniques (2nd edition), (Delhi:New Age International Publishers, 2004), 33.

²⁴ A. H. Maslow, *A Theory of Human Motivation*(New York: Hoeber, 1943) ,383

²⁵ Abraham. H.Maslow, *The Farther Reaches of Human Nature*, (New York: The Viking press, 1971), 47.

9. Wholeness In The Light Of Self-Actualization

According to Maslow, self-actualization corresponds ultimately with psychological health. Health is more than the absence of disease. On the psychological level, diseases correspond to neuroses due to the frustration of one of the basic needs. For example, a person whose safety need has not been adequately fulfilled may develop paranoiac tendencies, and believe that everybody and everything is threatening him. An interesting case is the situation where all the lower level needs have been satisfied, but the highest need, self-actualization, has not. In that case you have a person who apparently has everything to be happy: a comfortable and safe environment, a loving family, friendship and respect from peers, a sense of personal achievement not but he has no longer a goal to live for. This will result in feelings of boredom and meaninglessness, which might even lead to suicide, unless the person becomes aware that there is more to life than reducing deficiencies that is to say unless he becomes aware of his need for self-actualization.²⁶ When a person's basic needs are not met, person will be frustrated and do not feel anxiety ridden, feel insecurity, unsafe, lonely, dislike, rootless, and isolated, unlovable, rejected, or unwanted, despised and looked down upon, and feel deeply unworthy, will go through crippling feeling of inferiority or worthlessness.²⁷ Discontent of basic needs produce ill-health; diminish possibilities (potentialities) and split within the personalities.²⁸ They fail to foster growth toward full humanness, toward greater happiness

²⁶Francis Heylighenop. Cit., 41.

²⁷ Abraham. H.Maslow, *The Farther Reaches of Human Nature*, 299-300.

²⁸ Failure of internal communication or dissociation of the personality produce multiple personality. The normal or presenting personality has been a shy or quiet or reserved person, conventional and controlled, rather submissive and even self-abnegating, unaggressive and good tending to be mousy, and easily exploited. The personality that broke through into consciousness and into control of the person was very opposite, impulsive rather than controlled, self-indulgent rather than self-abnegating, bold and brassy rather than shy, flouting the conventions, eager for a good time, aggressive and demanding, immature. This is of course, a split that we can see in all of us in a less extreme form. This is the inward battle between impulse and control, between individual demands and the demands of the society, between immaturity and maturity, between irresponsible pleasure and responsibility. Abraham. H.Maslow, *The Farther Reaches of Human Nature*, 301.

and joy, toward psychological “success,” toward more peak experiences,²⁹ and in general toward living more often at the level of being.

10. Defining Disability

As part of the American Rehabilitation Act of 1973, an individual with handicap(s) is defined in Section 504 as anyone with a physical or mental impairment that substantially impairs or restricts one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.³⁰ Kishor Bhanushali from Mahatma Gandhi Labor Institute Ahmadabad discussed about physically disability on the basis of PWD Act Census of India which used its own version of definitions of disabilities and it defines five types of disabilities viz. seeing,³¹ speech,³² hearing,³³ movement,³⁴ and mental. Different terms such as disabled, handicapped, crippled, physically challenged, or differently able are also used inter-changeably. In following lines I have dealt specifically with differently able children who are deprived and seek meaning for their life and also I have tried to bring to the light few issues related to their disability.

²⁹ Spontaneous feelings of awe and wonder become so intense, that are called *mystical* or *peak experiences*. Peak experiences are profound moments of love, understanding, happiness, or rapture, when a person feels more whole, live, self-sufficient and yet a part of the world, more aware of truth, justice, harmony, goodness, and so on. Self-actualizing people have many such peak experiences. Francis Heylighen, 43.

³⁰ Sheryl Burgstahler, “Cooperative Education and Students with Disabilities” in *Journal of Rehabilitation*, 17(3), 1999, 14-21.

³¹ Total Seeing disability includes a person who cannot see at all (has no perception of light) or has blurred vision even with the help of spectacles will be treated as visually disabled. Kishor Bhanushali, “Dimensions of Disability in India,” 1 of 6 (April, 2007). <http://www.disabilityindia.org/djartjan06A.cfm/29.08.2008/16:46:29>.

³² Persons whose speech is not understood by a listener of normal comprehension and hearing, she/he will be considered to having speech disability. Persons who stammer but whose speech is comprehensible will not be classified as disabled by speech. Kishor Bhanushali, *Ibid*.

³³ Hearing disability includes a person who cannot hear at all (deaf), or can hear only loud sounds will be considered as having hearing disability. A person who is able to hear, using hearing aid will not be considered as disabled under this category. If a person cannot hear through one ear but her/his other ear is functioning normally, should be considered having hearing disability. Kishor Bhanushali, *Ibid*.

³⁴ A person, who lacks limbs or is unable to use the limbs normally, will be considered having movement disability. Absence of a part of a limb like a finger or a toe will not be considered as disability. However, absence of all the fingers or toes or a thumb will make a person disabled by movement. If any part of the body is deformed, the person will also be treated as disabled and covered under this category. A person, who cannot move herself/himself without the aid of another person or without the aid of stick, etc., will be treated as disabled. Similarly, a person would be treated as disabled in movement if she/he is unable to move or lift or pick up any small article placed near her/him. Kishor Bhanushali, *Ibid*.

There are institutions, care takers and parents who really pay attentions and try to help them to come up, they are highly regarded and followed their exemplary life.

11. Disable With Hunger Satisfaction

Mohapatra and Rathnakar from Gulbarga University found as regard to poverty in India, children with disability are among the greatest sufferers especially in terms of physiological needs for shelter and food and psychological need for a sense of security and stability. Roy in his study examined that physiological need for food diminished physical health and they felt inability to perform well in their day to day activities and cope with situations. They are not physically disable children are not properly taken care by their parents. They are neglected by the parents as well as of their community.³⁵ Therefore counselors who work with children with disability should identify children who are in extreme need and to help these young to meet their very vital basic need in order to grow and develop to the highest level or their innate potential. The study done by Sumati Vaid and Zerry from Jammu University reveals that the children's physique and health status was very poor and the academic status was average among age group of 11-16.³⁶

12. Parental Care Towards Physically Challenged

Angela Dew, with her team found that when parents are no longer able to provide care to their offspring with physical disability, the specific ongoing support needs of this group make them particularly vulnerable to inappropriate placement in residential institutions, for example in nursing homes. In addition to the personal trauma this may cause, supporting people in nursing homes is costly for the community. An alternative to institutional accommodation

³⁵ Mohapatra Yeshavanth and Rathnakar Devamitra, "Counselling Disability," (April2007) <http://www.disabilityindia.org/mahayes-rat/29.08.2008>.

³⁶ Ibid., 5.

may be achieved with support from the non-disabled siblings to help their brother or sister with disability to remain living in the community. There is important and largely unexplored issue that confronts an increasing number of older people with lifelong physical disability and their siblings. In the case of caring for offspring with sever disability involves a high level of physical care including lifting, transferring and positioning the person throughout the day and night and providing personal care including showering, toileting and mealtime assistance. These activities are additional burdens for parents as they age and become feebler.³⁷In this juncture question remains what kind of help be extended to the both parties.

13. Safety Of Physically Challenged

There are handicapped children in the institutions who do not discriminate well between past and future. They were not able to tie the past and the future to the present in a meaningful continuity. They were not motivated by their parent or authorities to develop a system appreciating abilities of differently abled children. The primary feelings that control them are fear and anxiety brought on by the influences of school authorities or the peer group. They transform their feeling of fear into an obsessive, insatiable need for affection or reassurance of being loved.³⁸ Nishat Afroz and Ranjana Mitra from Banaras Hindu University, Varanasi, from their findings indicate that most of the some visually handicapped students were regarded themselves high self-regard and Self-acceptance, but they were not able to do what they want and they are incompetent, insensitive to own needs and feelings, are fearful of expressing feelings behaviorally, sees man as essentially evil, sees opposites of life as hostile,

³⁷ Angela Dew, Susan Balandin, & Gwynnyth Llewellyn, "The Psychosocial Impact on Siblings of People with Lifelong Physical Disability," (June 2008) <http://www.disabilityindia.org//angela/sus-gwylyn/14.9.08.2008 /2:14>.

³⁸Ibid.,

denies feeling of anger and aggression, and have difficulty in warm interpersonal relationship.³⁹

Disabled children are disturbed or hampered in varying degrees though they have benefits by way of assistance in the form of scholarships, concessions and support in various activities and concessions in transport, medical assistance, special skill upgradation programmes, special schools and teacher training centers.⁴⁰ Disabled persons in India are the most vulnerable group.

14. Belongingness For Handicapped Children

Unfortunately, disabled persons irrespective of their economic status are subjected to social exclusion in the society and marginalization. Psychological and social confidence building is therefore immediately necessary.⁴¹ It is true that there are many organizations and institutions helping with the biological, physical and safety needs, but not many dedicated to the belongingness, esteem and self actualization needs. They had always had the basic needs met for them in life. But their real problems start when they try to just go on with life, go out into the world and try to be a part of it. Hasnain and Joshi compared lame boys with normal boys on certain psychological factors. Difference was found on the anxiety of the two but interestingly the normal were found to be more assertive in building relationship whereas the lames were found to be more submissive.⁴² Groomes and Leahy examined the relationship among the stress appraisal process, coping disposition, and level of acceptance of disability. The finding of this study indicates that people with disabilities attributes certain subjective meanings to stressful situations which are related to their particular ways of coping and levels

³⁹Ibid.,

⁴⁰ Chelliah, R. J. *Income Poverty and Beyond: Human Development in India* (New Delhi, Social Science Press 1999). 178.

⁴¹ Ibid., p.179.

⁴² Hasnain, N., & Joshi, K.K., ed, "A comparative study of some psychological factors of lame and normal boys" *Indian Psychological Review, Special Issue, 59, (2002): 103-10.*

of acceptance of their disability.⁴³ Dennis and Michael indicated specific relationships between child disability and family structure; culture and resources; effects on material relations and family functioning; family social conditions and sibling functioning.⁴⁴ Many studies investigating high school children whether normal or gifted have found that the students were not able to relate themselves with each other. The study dealing with high school handicapped visually impaired students, also reaches the same conclusion.⁴⁵ They long for love and eager to be a part of the community instead loneliness but the not attachment from the society makes them more vulnerable and hence strive hard to fulfill their potentialities.

15. Self Worth Of Disabled Children

Physical disability in itself may not be as bad physical experience as the social one, especially in those cases where the handicap is visible. It is only recently that the 'Disability' has been termed as a 'Challenge', impediment for an individual. The bias against disability is revealed in the terminologies locally used for referring to these individuals, which are often derogatory and limiting. Such individuals grow up with a very negative self-image resulting in low motivation and aspiration. They grow up they 'cannot do' where as when the disability is offered as a 'challenge' their outlook towards life changes. But the modern attitude and outlook is still not prevalent and thus these children still have a tough challenge to face. Self-concept is one of the most dominating factors influencing the individual's behavior; on the other hand life experience too affects the self-concept.⁴⁶ Physical disability also affects the self-concept. Successes and other pleasurable events in life lead to the enhancement of self-

⁴³ Groomes, D.A.G. & Leahy, M.J. "The relationship among the stress appraisal process, coping disposition and level of acceptance of disability" in *Rehabilitation Counselling Bulletin*, 46 (2002): 14.

⁴⁴ Dennis, P. & Michael, E. "Family structure and resources and the parenting of children with disabilities of functional limitations." In *Journal of the Indian Academy of Applied Psychology*, January - July 2005, Vol. 31, No.1-2, 12-13.

⁴⁵ Nishat Afroz and Ranjana Mitra "Self-Regard and Acceptance of Self in Spite of Weaknesses Among Blind School Children" in *Journal of the Indian Academy of Applied Psychology*, January - July 2005, Vol. 31, No.1-2, 12-17.

⁴⁶ Sumati Vaid and Zerry Jamwal, "The Concept of Self in Physically Challenged Institutionalized Children," (April, 2007)1 of 5, <http://www.disabilityindia.org/djartjan06A.cfm/29.08.2008/16:46:29>.

concept while failure, frustration and other denigrating experiences tend to lower the concept of one self. Self-concept is considered to be the most significant factor in human life as everyone is continuously striving towards self-actualization, self-realization and self-enhancement, and is constantly wishing to avoid self-condemnation and self-lowering experience. It is almost, always found that a handicapped child's development is slower, to a greater or lesser extent, than that of a normal child, even though the handicapped child is of normal intelligence. Being given a name and being addressed by it is a basic part of the development of a concept of oneself.⁴⁷

Ojha investigated social anxiety and various dimensions of mental health among orthopedically handicapped youth. He found social anxiety to be higher especially in orthopedically handicapped female as compared to orthopedically handicapped males. On the various dimensions of mental health, viz; group oriented attitude, integration of personality and positive self-evaluation were found to be significant for physically handicapped.⁴⁸ As a result physical impairment, training and employment program are opened for physically challenged individual. Physical disability seems to be an important factor influencing the behavior and adjustment of a person.⁴⁹ Firstly, by means of specific limitations of functions imposed directly by the impairment itself and secondly, by means of negative social significance of physical deviation in the Indian culture.

The handicapped students were not fearful of expressing feelings behaviorally. Most of the differently abled students, in spite of their disability, have high self-worth and most important result is that they accept their self in spite of their weaknesses. It indicates an optimistic viewpoint. Inability to take part in social, physical and recreational activities makes leads to

⁴⁷ Ibid., 5.

⁴⁸ Ojha, S. "A comparative study of social anxiety and mental health of handicapped and normal adolescents." *Indian Psychological Review*, M.G. Husain (Ed), Special Issue, 59, (2002): 115-117.

⁴⁹ Ibid.

lack recognition, attention, importance or appreciation and makes worthlessness and inferiority. Positive parenting principles associated with each of these needs can assist the creation of life conditions that allow children to actualize their own unique potentialities.⁵⁰ From the purely cultural viewpoint some societies being more competitive and achievement oriented than other societies. They are by nature more contemplative and complacency dominated.⁵¹ Today, in major industrially developed countries affirmative action is being taken for hiring qualified handicapped employees. In spite of these cultural differences, individuals can be motivated to work up to the maximum of their potentials leading to a healthy and productive life. Thus, parents who wish their children to become self-actualized need to help their children satisfy their more basic needs for health, safety, belonging, love and self-esteem.⁵²

16. Response Of The Church

Although all human beings have the same basic needs, according to Maslow they may differ individually and culturally in their ability to fulfill their needs.⁵³ Physically challenged though they are in lose of some major parts of their body still they are peakers and not non-peakers.⁵⁴ Children with physically challenged are able in their own way and would like to fulfill their potentialities with the help of other may be with parents, teachers, and other care takers. But it matters when they go through discrimination, negligence, disrespect, carelessness, insecurity and so on which affects their wholeness of being in the future of their life span.

⁵⁰ Lewis, J.D. (1993). Self-actualization in junior high school students: a pilot study. *Psychological Reports*, 73, (1993): 639-642.

⁵¹ A. H. Maslow, *A Theory of Human Motivation*, 387.

⁵² Lewis, J.D. "Self-actualization in gifted children," *Psychological Reports*, 74, (1994): 767-770.

⁵³ A. H. Maslow, *Toward a psychology of being* (2nd ed.), (New York: Van Nostrand Reinhold, 1968), 13.

⁵⁴ Maslow used the word "non-peaker" to describe, not the person who is unable to have peak-experiences or able to fulfill his/her potentialities but rather the person who is afraid of them, who suppresses them, who denies them, who turns away from them, or who "forgets" them. H.Maslow, *The Farther Reaches of Human Nature* 301.

All people with or without disabilities are created in the image of God and called to an inclusive community in which they are empowered to use their gifts. This inclusive community of the people of God is holy in Christ irrespective of the physical state of their bodies and level of psychological functioning. Through the Holy Spirit, this inclusive community is called to repentance, transformation and renewal (Gen 1:27, II Cor 5:17). There is no unity without acknowledging the gifts of persons with disability. However, the person with disability are often discriminated and excluded from active involvement in spiritual, social and developmental life of the Church.⁵⁵ To make long term impact in influencing the Church in providing space for the expression of persons with disabilities in its spiritual, social and developmental life, it is necessary to focus on the training of the ministers.

17. Conclusion

As we are part takers in Jesus' Nazareth Manifesto let us help these dear children to meet their basic needs in order to fulfill their potentials and experience wholeness. Most of the disabled, in spite of their disabilities have high self-worth, and they accept their self in spite of their weaknesses but they are isolated themselves because their own people neglected them. In the hierarchy of Maslow's self-actualization each need is important to everyone. Let us strive for the well-being of physically challenged, meeting their needs, and bring wholesomeness to their life. We have to have social awareness and establish responsibility among communities to help their communities' physically challenged children, so that they overcome various practical, psychological and social hurdles. In this way let us all take heart to help these dear children to reach wholeness of life by fulfilling their own potentialities.

⁵⁵Wati Longchar, ed., *Disability Discourse for Theological Institution*, (Rajabari: ETE-WCC/CCA,2006), 3-4.

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