



CHAPTER 46

PSYCHOLOGICAL IMPLICATIONS OF VARIOUS IMPAIRMENTS

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Introduction

People are not always predictable, even professionals who are skilled or specialised in some training often make mistakes because they are ‘Human beings’ which implies a sense of imperfection and time to time behavioural changes which come as a reflection of new experiences, perceptions, beliefs, attitudes and thoughts born out of daily maturation. In other words, perceptions and behaviours in human beings usually change based on mental processes and these rational progressions may stem from an individuals’ nature or nurture which corresponds with their biological disposition and physical environment.

When a child is inflicted with one ailment or another either by genetic disposition or physical/environmental influences, there is always a window period of observations, speculations, monitoring and hopes by the parents, relatives and friends that the ailments may soon disappear and the child will present signs of improvement towards the “normal” as accepted by that particular society. As such, frantic efforts may be sourced from all corners – medical, traditional and others in a bid to make this child conform to the accepted concept of normality recognised in the society. These attitudes and perceptions truly exist and they border on psychological/mental health which affects individuals directly or indirectly. It is important to note also that attitudes appear in range from total reject of the individual with impairment by both society and themselves because of the restrictions imposed by the disorder, to zealous over protectiveness by the friends and families of persons with the impairment (Obi, 2019). It is also more debilitating if the ailments of the child persist longer than six months presenting signs of management instead of permanent cure as in the case with impairments which refers to the abnormality/disorder of the physical structures/organs of the body (Ozaji, Unachukwu & Kolo, 2016). Thus, this child does not only grow up meeting frequent mood changes in attitudes of persons and unpredictable behaviours towards them, but also experiences inner struggle with self to understand the implications of the impairments and the restrictions imposed by the impairments



otherwise called “disability” - the lack of ability to perform an activity within the context of normality for a human being (Ugbo, 2017).

A key reason for this divergent attitudes and perceptions towards disability issues is basically because many persons in the society have very little knowledge of special needs Education and so the concept is often misunderstood, people take the wrong approach in handling it and come out frustrated with disturbing perceptions (Weiss, 2016). This differences in attitudes has also been established in various psychological theories, two of which are the Functional Attitude Theory (FAT) by Smith, Brunner and Katz(1960), and the Social Model Theory of Disabilities by Oliver Mike (1996) which establishes that attitudes are relative to an individual because it is built to serve personal purpose.

The unpredictable behaviours of persons, be it positive or negative social exchanges of persons towards the child with disability does not only affect the child’s acceptance of self in the impairment so experienced, but also affects their general overlook of internalising and externalising factors surrounding their underlying circumstance which will also influence the way they respond to the disability and the society at large. Daily activities may be more difficult for these persons because of pain, difficulty in moving, difficulty in communicating or because of a learning difficulty. But an accepting and accommodating society will significantly reduce the effect of the disability (Atteng & Ekom-Idorenyin, 2019). If the social and environmental barriers were eliminated, people with impairments would have a better acceptance of self, good self-image, good mental health, a positive adjustment to the disability and a more realistic opportunity of living in the society.

In the light of the foregoing considerations, the thesis statement of this chapter is pivoted on the fact that there are basic formations and misconceptions about impairments and disabilities which have far reaching consequences with psychological implications. Thus, Special needs professionals are needed to improve or even eradicate those difficulties and challenges facing persons with disabilities using strategic approaches in the class room and in the practical world. Persons with disabilities (PWDs) and the general populace must be offered a better insight on the basic concepts of impairments and disabilities, better understanding on human psychology and emotional reactions to impairments. The discussion will also be directed on identifying attitudes & psychological theories of disabilities and psychological implications of these impairments on special needs services. Conclusion and suggestions will end the discussions.

Impairments and Disabilities

Impairment is defined as “any loss or abnormality of psychological, physiological, or anatomical structure or function.” Disability, on the other hand means “any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being” (Academy for Coaching and Counselling; ACC, 2018). In other words, disability is any restriction in body



performance that appears as a result of an impairment. Example, Dyslexia is a typical term used for a learning impairment or reading impairment as it is a reflection of the brain's inability to decode words, the brain cannot correctly associate sounds with the letter symbols, but the inability to read by the child is therefore a learning disability which implies activity limitation and participation restrictions. This learning disability may be improved upon by scientific interventions or multisensory programmes.

Both terms (Impairment and Disability) are used intermittently and concurrently to mean a diminished in ability to perform efficiently in daily life tasks or independent living, yet these two terms affect individuals at different levels. Impairments may affect a person's intellectual, psychological, speech, language, aural, ocular, visceral, skeletal, disfiguring, generalized and sensory aspects of life while disabilities affects a person's behaviour, communication, personal care, locomotors, body disposition, dexterity, social integration, economic self-sufficiency and others (Ubani & Osuagwu, 2019). As such disability is the result of negative interactions that take place between a person with an impairment and their social environment while impairment is thus part of the negative interaction, but it is not the cause of, nor does it rationalise disability.

Disability matters take a weighty toll in the society as everybody is directly or indirectly affected in one way or the other by way of relationship, from the mildest to the most severe disability cases. Some disabilities are named based on their rate of occurrence. Low Incidence Disabilities (LID) refers to disability areas that occur rarely or in low frequency. Seven disability categories that are considered LID are: deaf and hard of hearing, deaf blindness, developmental cognitive disabilities, physically impairment, traumatic brain injury, vision impairment, severe multiple impairment, Autism Spectrum Disorders (ASD) while High Incidence Disabilities (HID) refer to those disabilities that occur at a very high rate with examples like learning disorders (LD) and intellectual disorders (ID)(Weiss, 2016).

The four groups of impairment to be considered for psychological implications and accommodations as identified by the Individuals with Disabilities Act (2013) in ACC (2018) are as follows:

- Children with Physical disability like muscular dystrophy, multiple sclerosis, chronic asthma, epilepsy etc
- Children with developmental and neurological disability like down syndrome, autism, dyslexia, processing disorders, cerebral palsy, ID (intellectual disability) LD(Learning Disability) OCD (obsessive compulsive disorder) schizophrenia, etc
- Children with behavioural and emotional disabilities like ADHD/ADD, (Attention Deficit Hyperactivity Disorder), bipolar disorder, OPP (Oppositional defiant disorder), CD (conduct Disorder) etc
- Children with Sensory impairment like blind, usually impaired, deaf, limited hearing or hard of hearing (UNESCO, 2016).



For the purpose of this topic, impairment and Disability will be used concurrently as we navigate the divide between the mental processes or psychological responses of persons to various impairments and its implications to special needs education.

Human Psychology and Emotional Reactions to Impairments

Psychology being a rational development affects the way we think, speak and behave. Human psychology is therefore the science of behaviour and mental processes. Behaviours here include a variety of obvious actions such as walking, gesturing, social interactions such as talking to someone and responding to persons as well as emotional reactions such as frowning or laughing. Psychology affect the way we respond to issues around us even in impairments or disability cases. Iwundu (2019) defined Psychology as the science that studies both human and animal behaviour. Human psychology has been observed to go beyond a study field or science because it is the motivating factor in understanding situations and interpreting influences. Responses of smile is inferred to mean acceptance, approachability and warmth. In order to achieve a desired goal, humans over time, self-indulge, communicate and respond to social interactions in such a way as to appeal to other's vanity. In everyday life or day to day activity, the use of body language now becomes a time immemorial psychological skill of showing attraction or repel. All these responses are used to improve life situations.

Weiss (2012) listed three conceptually and statistically distinct dimensions of psychological well-being of persons with disabilities to be depressive symptoms, negative affect, and positive affect. Depressive symptoms refer to a period of two weeks or more over past years in which the person experiences symptoms such as sadness and weariness, Positive affect refers to pleasant emotions such as feeling happy, whereas negative affect reflects to unpleasant moods such as sadness or nervousness during the past days, lasting over one month. Using psychology in attainment of life goals is not only profound but also a routine because it defines daily choices and the richness of life depends on positive usage of mental processes in attainment of goals. Achaval (2022) listed the following as examples of everyday use of psychology to improve life situations:

- Psychology is used to visualize dreams and visions
- Psychology is used to dare to achieve more and for calculated risks
- Psychology is used to stay motivated
- Psychology is used to ask for help and get help
- Psychology is used to form opinions
- Psychology is used to be and stay unique

Human Psychology also appears to play a far notch interesting role in the area of impairment and disability cases. The degree of acceptance and integration of PWDs into the society is a function of attitudes and perceptions which are factored by internalising and externalising mental processes based acceptance of persons to the disability, knowledge of the disability, nature of the disability,



adjustment to the disability and disposition towards the disability (Ubani, Osuagwu & Ayetari, 2020).

The presence of disability affect people differently up to the point where it sometimes interfere with their mental health and may cause persistent emotional or psychiatric illnesses that adversely affects educational performance. As in the case with many students with invisible disabilities like HID (Learning disabilities and Intellectual Disabilities), these students are always reluctant to disclose their disability. While some of them are stable with no outward visible symptoms, others may have unpredictable behaviours and presentations which is characterised as a psychological disability. Having an impairment or disability and adjusting to it is usually not an easy task. The needs of PWDs may vary throughout their lifetime and may comprise emotional, social, and financial problems (Achava, 2022).

Depending on the psychological or physical restrictions experienced by a person, daily life skills such as brushing of teeth, eating food or reading can become difficult or even impossible. Relationships may also be affected as they experience depression and social isolation (Ozaji, 2015). Feeling reliant and dependent on others can build tension and put lots of pressure or frustration in relationships with family and friends. With likely restrictions on PWDs lifestyles, their childhood may be more isolated from peer influences and they will be less likely to engage in risky behaviours. Similarly, they may have fewer chances to take part in social activities, and to form friendships and relationships. Elderly PWDs are at greater risk of social isolation and it may worsen with ageing as their peers pass on. PWDs are also more likely to experience poverty, low socioeconomic background, poor quality of education and may live in low standard quality housing with very few opportunities to take part in public life. They may also be deprived of participation in economic and political issues (Osuagwu, 2021).

Accessibility and accommodation may also be another problem faced by PWDs. Accessibility is a general term used to describe the degree to which a product, device, service, or environment is available to be used by all intended audiences with or without disability, there are five identified barriers to accessibility for persons with disabilities. These barriers are attitudinal, organizational or systemic, architectural or physical, information or communications, and technology (Ozaji, Unachukwu & Kolo 2016). Accommodations on the other hand are tools designed to increase independence and bridge the gap for PWDs. With all this issues and divide in psychologically adjusting to disability, families and friends are not left out in the experiences, they can experience many emotions associated to having a child with an impairment, and these emotions are not stable, they usually may range from feeling of grief or despair to feeling of joy and strength (Obi, 2019).Smith (2010)noted that some families also experience feelings of hope, love, and pride alongside other mixed feelings. In fact, he posited that some families have discovered that children with disability positively impact on family lives by the following emotional reactions:



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- Increased ability to love and accept differences
 - Strengthened family ties and building strong family bonds
 - Greater sense of pride in the child's little accomplishments
 - Shared knowledge on disability matters and disability sensitization/advocacy roles
 - Building tolerance, patience and understanding
 - Enjoyment of little things of life and building family values

Amangala, Legbosi and Bright-George (2019) defined Perceptual attitude as a strong tool used to pass easy assessment on a thing which could be in a favourable way or unfavourable manner. It is often presumed that most negative attitudes about persons with disabilities is a behaviour that comes with motivation, inspiration and support from people with unconscious bias who do not have adequate knowledge of that person and the context of the disability. For example, people may tend to avoid persons with mental disorders or mental health conditions because they think these persons are prone to violence even though this is not generally true. Ajobiewe (2014) also stated that reactions and attitudes that follow the arrival of any child with disability to the family and community at any point in time range from shock, bitterness, anger, shame, confusion, disbelief, deep grief, disappointment and fear amongst others, which triggers problems and various emotional reactions from the child's parents, teachers, siblings and friends rippling to the society.

Emotion	Examples of how the parent might display the emotion
Denial	Parent denies their children has a disability.
Anxiety	Parent goes through dramatic change that might affect their attitudes, values, beliefs, and routines.
Fear	Parent may feel concerned about letting their child with a disability do certain things (protective).
Depression	Parent may experience uncontrollable tears, sadness, and feelings of hopelessness.
Guilt	Parent may feel their child is somehow to blame for the disability or the situation.
Anger	Parent may act out their anger or direct it toward another person.

(Adapted from Childhood Disability: A Parent's Struggle, by K. Moses, 1987, and You Are Not Alone: For Parents When They Learn Their Child has a Disability, by P. McGill Smith, 2010.)



Attitudes and Psychological Theories of Disabilities

“The public is a prisoner of past stereotypical thinking it suffers from innocent ignorance and needs a massive dose of blindness and deafness education.the biggest problem blind people and deaf people face is the attitude of general public, the most serious is the blind and deaf people self-defeating attitude.” – Raymond Bud Keith

The above famous quotation of the deaf-blind advocate Raymond Keith briefly summarises the attitude of the general public to disabilities issues (Mindess, 2006). Behaviour and attitude now becomes a function of a persons and their environment (Ozaji, 2015). It is therefore assumed that attitudes are born and vary according to environmental circumstances, these circumstances depict the different cultures which gives expression to the way of life of a people. A person’s opinion or attitude about a thing is often linked to the worth, price tag of that thing and how it will increase the self- worth of the person in the eyes of the public.

Functional Attitude Theory (FAT) By Daniel Katz (1960)

The functional attitude theory was first propounded by the psychologists Smith, Brunner & White (1956) and Daniel Katz (1960) through psychoanalysis and behaviourism studies. The theory originally was set out to discover the purpose of varying attitudes of people and their variety of functions to individual’s physical, emotional and social needs. As such, these behaviourist psychologists posited that people develop attitudes to serve their goals, and that, although any particular attitude might serve multiple functions, it would generally serve one more than the others (Katz 1960; Smith & Bruner 1984, White 1956 in Leslie 2018). These researchers posited that although two people might have an attitude with exactly the same valence, that attitude might serve very different functions for each person in other words attitudes change if they do not serve a specific function. While different attitudes serve different psychological functions, it is vital to note that they are not mutually exclusive of one another as similar attitudes may be developed for different reasons by different people (Heward, 2010).

Functional Attitude Theory (FAT) suggests that perceptions, opinions, beliefs and attitudes are integral and influential to various psychological functioning of individuals. The function of an attitude is more important than whether the attitude is accurate or correct because attitude can be beneficial and help people interact with the world. FAT therefore aims again at understanding why these attitudes develop in the first place to better understand how to guide them (Ozaji, et. al, 2016). Though different terminology and conception was employed in FAT, both Katz (1960) and Smith et al. (1956) agreed on the following five traditional functional attitudes:

- Utilitarian (useful or instrumental) attitudes
- Social-adjustive attitudes



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- Value expressive attitudes
 - Ego-defensive attitudes
 - Knowledge attitudes behaviour

Utilitarian (Useful) Attitudes

The utilitarian function of attitudes explains the role an attitude can play in obtaining rewards, avoiding punishments or both. For example a person might adopt a positive attitude towards a particular product because it is effective and a negative attitude towards a stiff competitor because it is ineffective. The models of utilitarian attitudes are consequentialist theories which state that, that which creates right acts is their consequences (Miller 1991, in Schwartz, 2010). It refers to theories of right action whereas the right act to choose in any situation is the one that will achieve the highest balance of pleasure over pain for all affected beings. When no act is available to which will produce net pleasure, the act which is right will produce the least net pain. People are more likely to change their attitudes if doing so allows them to fulfil their goals or avoid undesirable consequences.

Social-Adjustive Attitudes

The Social-adjustive functions of attitudes explains the role an attitude can play in facilitating social interaction and enhancing cohesion among members of a social group. Social-adjustive functions are those which regulate interactions and enable individuals to climb the social ladder through outward displays of status which are conceived to make the individual more attractive or popular in the eyes of valued groups. An individual with a social-adjustive attitude is concerned with status, approval and how they are viewed by others and will seek objects that assist in developing their desired social image (Carpenter et al., 2013). Attitudes serving a social-adjustive function promote the capability to connect appropriately with members of the social group or to impress or attract others. Snyder and DeBono (1978) in Lefton and Brannon, (2016) had suggested that attitudes may often serve contrasting functions for people who differ in self-monitoring.

Value-expressive attitudes

The value expressive function of attitudes explains the individual's expression of their self- concept. The value expressive function is served by attitudes that demonstrate ones self-image to others as an expression of one's innate values. Some attitudes are meaningful to a person because they articulate beliefs that are intrinsic to that person's self-concept. The attitude is, therefore, "part of who they are" and the expression of that attitude communicates important things about that person to others (Carpenter et al., 2013). It is a direct measure of the relationship between a value and an attitude, rather than a measure of the expression of attitudes that are linked to personal values.



Ego-defensive attitudes

The ego - defensive function of attitudes explains the protection of the individual "self" from threats by hiding the true self and any socially undesirable feelings and wants. Katz (1960) stated that some attitudes serve to protect man from acknowledging basic truths about themselves or the harsh realities of life. They serve as defence mechanisms for individuals as a way of protecting themselves from internal conflicts or unwanted attention from the external environment (Lefton& Brannon, 2016). Ego-defensive function also serve to protect the individual from both internal and external unpleasantness as it allows people to avoid accepting unpalatable or objectionable aspects of self or of the external world just to conserve a person's self-image and to protect them from threatening or undesirable truths, example; those with feelings of inferiority may develop attitude of superiority.

Knowledge Attitude and Behaviour

The Knowledge function of attitudes theory proposes that Individuals seek to understand occurrences out of the desire to know, not because it is immediately relevant to their needs, but because they simply want to understand (Carpenter et al., 2013). In the same vein, the knowledge attitude and behaviour model asserts health knowledge and information are the foundation for establishing active and correct beliefs and attitudes towards diseases or disorders; such attitudes are the driving forces for modifying patient and relative behaviour.

Katz (1960) opined that attitudes provide meaningful, structured environment. Other scholars proposed that the knowledge function drives attitudes that serve for no purpose other than learning about the world as an end in itself, predicated on a basic need to know (Locander & Spivey 1976, in Schwartz, 2010).In life people seek some degree of order, clarity, and stability in their personal frame of reference. Attitudes help supply them with standards of evaluation. Through such attitudes as labels of traditional functional attitudes, people can bring order and clarity to the complexities of human life.

Social Model Theory of Disabilities by Mike Oliver (1980)

The Social Model of Disability advocated by Michael James Oliver (1945-2019) proposes that, what makes someone disabled is not their medical condition but the attitudes and structures of society, in other words it is the society which disables impaired persons. As such, the social model is a civil right approach to disability which follows that if modern life was set up in a way that was accessible for people with disabilities then they would not be excluded or restricted (Mental Health Foundation, 2020).

The social model theory of disability by Oliver Mike (1960) stares at the challenges imposed on persons with disabilities by the society, all things that impose restrictions on disabled persons ranging from individual prejudices to institutional discrimination; from inaccessible public buildings to unusable



transport systems; from segregated education to excluded work assignments and others. Thus persons with disabilities are good enough as they are! The rest of society can either learn to accept them as part of the shared world or reserve their judging expectations. There will be little or no significant variance for a large number of persons living with disabilities and the persons without disabilities if the community or society at large could create an environment without barriers. Conversely, an inclusive environment will offer the minimum level of intrusion for the experiences of all but enable persons with disabilities to live their lives equally (Oliver, 2019).

The social model therefore sees social barriers and oppressive policies as rather affecting the body functioning. In other words persons with disabilities like hearing impairment may just be exhibiting characteristics imposed on them by the society and politics which is making them advocate for emancipation from the oppression through belonging to their own world and imbibing their own cultural ethos which are accommodating and more friendly to the restrictions imposed by hearing disorder as in the deaf culture and social integration to the deaf community. National Health Foundation (NHF, 2020) further noted some of the key ways people are disabled by the society being prejudice, labelling, ignorance, a lack of financial independence, family being over protective and not having information formats which are accessible to them. The social model thus locates the blame for the barriers facing people with impairments clearly with those who erect the barriers. The most common barriers identified by Obi(2019) for those with impairment were stated thus:

- Prejudice and stereotyping
- Inflexible organizational procedures and practice
- Inaccessible information; inaccessible buildings
- Inaccessible transport systems.

Kinanee (2010) posited that the sociological model or community perspective views disabilities as being precipitated by social factors. These implies that the maladaptive behaviours results from in ability to cope effectively with stress, this approach argues that those difficulties in connection with work, sexual relationships, family matters or social life may result in mental illness. Similarly Iwundu (2019) added that social approach learning implies that every human organism learns through observation and imitation. What is catastrophe or an intolerable burden to one person may simply spur another one to greater effort. It therefore depends on where our weakness lies as each person has their breaking point.

Discrimination and prejudices are the common ways by which the society creates socio-cultural, attitudinal and architectural barriers to persons with disability (Alagbe, 2018). Having a disability certainly implies that there are some functional limitations that have been caused by an illness or medical condition. In some situations, the limitations is accommodated. Persons with hearing loss may use hearing aids to improve or restore their hearing, day to day activities may be



more difficult for persons with disabilities because of pain, difficulty in moving, communicating or because of a learning disability but an accepting and accommodating society most significantly reduce the effects of disabilities.

The social model principally evolve from the disabled persons movements in the twentieth century which was informed largely by the need for the disabled persons to emancipate themselves from the social oppression of discrimination and expulsion experienced in the society (Obi, 2019). This model is an emancipatory theoretical move aimed at liberating person with disabilities and it involve de-biologisation of discourse about disabilities which implies an end to debate about the body biology and an emphasis on investigation into the sociology of the flesh (Heward & Orlansky 2006, in Schwartz, 2010). The social model insist that disablement has nothing to do with the body while impairment is simply a description of the physical body. Heward (2010) posited that the social model of disability locates the external problems faced by persons with disabilities in the way that organizations for example produce information that is no readily acceptable to a section of society. So under the social model approach, the individual is not prevented from reading a magazine by their blindness, but by the lack of readily available alternative format. The individual is not prevented from travelling by their use of wheel chair but by the lack of facilities at stations, on trains, in buses to accommodate his needs. It is the lack of these accessible options that disables the individuals.

Mittler (2011), in the same vein asserted that the social model of disability is based on the proposition that it is the society and its institution that are oppressive, discriminatory and disabling. It therefore calls for the focusing of attention on the need to remove obstacles to the participation of disabled persons in the life of society, institutions and attitudes that leads to expulsion. The social model of deafness also stems from the social model of disabilities which is thought to be created by people who are with disabilities themselves, their families, friends, and associated social and political networks (Oliver, 1980). This model describes a person's disability on the basis of two factors:

- the physical or mental traits that cause this disability
- their environment, as it is influenced by the perception of others (Alagbe, 2018)

The social model therefore theorizes that to improve the lives of persons with disabilities, the society do not medically need to fix everyone but to think practically about the goals of helping those with disabilities and removing environmental barriers. The medical practice is therefore consistent with the social model which satisfies the following treatment for persons with disabilities thus:

- Unnecessary and arduous procedures like cochlear implants for hearing impaired persons should not be pushed on persons with disabilities.
- Without being pressured, decisions for acceptance of any assistive device or treatment option are entirely the sole responsibility of the persons



with disabilities after the medical officers give information of the pros and cons of the treatment.

- Persons with disabilities should not get lesser level of medical care as a result of the attitudes of medical professionals towards them.
- Persons with disabilities other needs must be met through reasonable adjustment example, Sign Language interpreters at medical centre during appointments for the hearing impaired.
- Medical thinking for persons with disabilities stops at the medical officer's office. Medical professionals have no control over where and how persons with disabilities live their lives, who they live with or how they spend their time (Obasi, 2018).

Psychological Implications of Various Impairments to Special Needs Services

The most common psychological disability which exists amongst persons with impairments is depression. Children with disability show signs of depression through apathy, a sense of powerlessness, negative emotions, confusion, irritability, lack of interest, inattention, hyperactivity, tiredness and others (Osuagwu & Thomas, 2020). Children with these mental issues or psychological disorder may not be disruptive in behaviour but they are sometimes a risk to themselves based on level of depression especially if they do not seek counselling and modifications from the side effects of their drugs (Weiss, 2021). As such, these children require accommodations and additional support to be successful in school. This may come in form of extra time on examinations, frequent breaks, recorded lectures and others to adequately serve these persons and maximise their full potentials which again behoves on the special needs educator.

In the light of this, Ozoji, Unachukwu and Kolo, (2016) defined physical impairment as a medical or traumatic sign of damage or disfigurement to a specific vital human organ (legs, hands. Toes, fingers, muscles, skeleton, spinal cord, central nervous system, and others) required for effective daily life functions such as mobility, spatial orientation or body coordination. This definition acknowledged the loss in function of a body part which leads to incapacitation, or difficulty of ease of movement for daily life function, but then again this disabling condition results in a handicapping situation by the creation of an obstacle between the tasks expected to be performed with ease or independently. The presence of this injury gives indication to a psychological disability similar to enduring a grieving process and might be likened to the loss of a loved one; for instance, the grieving process may involve adjustment to the disability the person experiences and may be divided into a series of four stages: shock, denial, anger, and acceptance (Ordin & Ngerebor, 2019). The last two stages are also called depression and adjustment stages. The four stages of experiences with physical disability are often expected as persons undergo it at their own pace and might skip whole stages entirely. A difficulty exists when the person has trouble with resolving one of the stages or



become stuck in one stage which hinders progress towards modification and acceptance.

It is the duty of special needs educators to provide special needs counselling services that will put persons with disability at par with their counterpart in the normal functioning world. Ubani, Osuagwu and Ayetari (2021), noted the important school services that could be provided by the special education counsellors to include the following:

1. Series of counselling sessions with special education students or persons with disabilities.
2. Encouraging family involvement in the IEP (individualized Education Plan). This helps immensely if the parents or other responsible adults understand and are onboard with the services that has been recommended, including possible referrals to outside organization. The special education counsellor can also address specific questions or concerns and inform parents and guardians of their rights.
3. Consulting with and working with other school staff to better understand the child's special needs and what support system, adaptations and modifications may be necessary.
4. Collaborating with other school and community professionals, including but not limited to teachers, school psychologists, physical therapies, occupational therapies and speech and language pathologists, in the delivery of services.
5. Identifying other children who should be accessed to determine eligibility for special education.

When special needs counselling access is provided for the child with disability and the general populace then, half of the problem associated with disabilities would have been solved through the talking therapy which resolves the individuals basic conflicts of acceptance of self and integration into the society. Positive self -esteem of these persons would be build and the potentials or abilities inherent in the disabilities would be explored for national development.

Conclusion

Perceptions, opinions, beliefs and attitudes are integral and influential to various psychological functioning of individuals. What makes PWDs restricted is not only their medical condition but the attitudes and structures of society, in other words, disability results from the interaction between a person's characteristics and their unsuitable environment – not their medical condition, and it is therefore the society which disables impaired persons. Thus the function of an attitude is more important than whether the attitude is accurate or correct because attitude can be beneficial and help people interact with the world.

Counselling persons for positive psychological attitude towards various impairments now becomes one of the veritable tools that could be used for the achievement of educational goal of equipping the child with necessary skills and



knowledge needed for effective participation and contribution to National development. It is an utmost tool for integration of PWDs into the society. As such Nigeria has to recognize the role of psychological counselling for misconceptions as in the case with impairments and it's bearing in the education of persons with disabilities. To ensure that special needs students and their families have access to the appropriate supports and interventions in other to facilitate improved achievements in the school environment and the society at large Special needs counselling now becomes an inherent trait of a developing country of which Nigeria is one.

Suggestions

In the course of the discussions, the following suggestions are made:

1. Efforts should be made at sensitizing, educating and creating public awareness on the right attitude towards issues of disability.
2. There is need to improve the education of PWDs to improve their knowledge and orientation towards disabilities. As such the inclusive schools must have compassionate special needs educators who are ready to navigate the divide between formations and misconceptions about impairments.
3. As with other psychiatric disorders, psychological disorders like depression, anxiety and disruptive behaviour may appear as a result of impairment which requires medical and behavioural therapists as well as accommodations. Thus the collaboration of related fields of work like psychologists, psychiatrists, rehabilitation counsellors, special needs therapists must be sourced to give additional support to make PWDs successful in life.

References

- Ajobiewe, T. (2014). *Management of disability in the family and the community*. Glory-Land Publishing Company.
- Alagba, J. (2018). Nigeria lacks specialists for children with special needs education. *PUNCH Newspaper*. <https://www.punching.com>.
- Amangala, O, Legbosi G. B. &Bright-George J.W (2019). Perception of Regular Students on the Influence of Vocational Rehabilitation of Persons with Special Needs. *The journal of advocacy and Rehabilitation in Special Education (JARSE)*. Vol. 18 (1), 98-101.
- Atteng, C. J. & Ekom-Idorenyin, V. W. (2019). Removing barriers, modifying access and creating opportunities for persons with special needs. *The Journal of Advocacy and Rehabilitation in Special Education*, 18(1), 14-22.
- Achaval A. (2022). The problems with learning disabilities and rehabilitation prospects. <https://www.learninglab.com.au/author/argna/achava>.



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- Academy for Coaching and Counselling (ACC), (2018). Institute of Human Services *Special Needs Education*, <https://acc.edu.sg/en/category/special-needs-education/>
- Carpenter, C., Boster, F., & Andrews, K. R. (2013). Functional attitude theory. In J. P. & L. Shen (Eds.), Dillard, *The SAGE handbook of persuasion: Developments in theory and practice*. SAGE Publications.
- Heward, W. L. (2010). *Exceptional children, an introduction to special education*. Pearson Education Publishers.
- Iwundu, C. O. (2019). *Psychology for the education and Health Professions*. Paragraphics Publishers Co.
- Kinanee, J. B. (2010). *Psychology of human adjustment*. Alheribooks Publishing Co.
- Lefton, A. L. & Brannon, L. (2016). *All about psychology (9th ed.)*. Pearson Publishers.
- Leslie, A. M. (2019). International encyclopedia of the social & behavioural sciences. *Science Direct*. <http://www.sciencedirect.com>
- Mental Health Foundation (2020). Psychosocial difficulties of persons with mental disorders. *Mental Health*. www.mentalhealth.org.uk.
- Mindess, A. (2006). *Reading between the signs: intercultural communication for sign language interpreters*. Oxford University Press.
- Obasi, C (2018). Seeing the deaf in deafness. *Journal of Deaf Studies and Deaf Education*, 13(4), 455–65.
- Obi, F. B. (2019). *Essentials of special educational needs*. Klentin Educational Publishing Co.
- Oliver, M. (1980). *Social work: Disabled people and disabling environments*. J. Kingsley Publishers Ltd.
- Oliver, M. (1996). *Understanding disability: From theory to practice*. Macmillan Publishers Ltd.
- Oliver, M. (2019). *Mike Oliver Obituary*. www.theguardian.com.
- Ordum, P. N & Ngerbor, B. D. (2019). Psychosocial problems of students with hearing impairment in Port Harcourt metropolis. *The Journal of Advocacy and Rehabilitation in Special Education*, 8(1), 77-87.
- Osuagwu, C. E. (2021). School Designs and Beautifications for Students with Learning Disabilities. *Emerging Educational Issues in Nigeria*. 18(1), 193-207.
- Osuagwu, C. E. & Thomas M. (2020). Emotional and Psychosocial Problems of Persons with Disabilities Amidst COVID-19 Pandemic; Implication for Counselling and Special Needs Services. *Rivers State Counselling Association of Nigeria Journal (RIVCASSON)*4(1), 74-84.
- Ozaji, E. D., Unachukwu, G. C. & Kolo, I. A. (2016). *Modern trends and practices in special education*. Foremost Education Service Press Ltd.
- Ozaji, E. D. (2005). *Special Education and Rehabilitation for Beginner Professional*. Deka Publishing Co.
- Schwartz, S. (2010). *Abnormal psychology: A discovery approach*. United States, America, Library of Congress Cataloguing Data. Mayfield Publishing Co.
-



-
- Smith, M. B., Bruner, J. S. & White, R. W. (1960). *Opinions and personality*. Wiley Publishing Ltd.
- Ubani, S. N., Osuagwu, C. E & Ayetari H, (2020). Special education access and barriers of persons with special needs: implication for national development. *The Journal of Education and Society (JES)* 10(2), 253-264.
- Ubani, S. N., & Osuagwu, C. E (2019). Counselling Children with Special Needs, the Role of the Special Education Counsellor. *Dynamics of Special Education Practice*, 30-49.
- Ubani, S. N. & Sanikpege, H. T (2020). *Foundations of special needs education*. Premium Services Ventures.
- Ugbo, E. K. (2017). *Understanding special needs education*. Robboni Nigeria Limited Press.
- UNESCO (2016). *Education for people with special needs*. <https://www.UNESCO.int/news-room/fact-sheets/details/special/needs/education>.
- Weiss, C. T. (2016). *Disability and crime*. <https://www.disabled-world.net>.
- Weiss, T. C, (2021). *Psychological and Social Aspects of Disability*. <https://www.disabled-world.net>