

Development of a guidance programme for students with special educational needs in Kenya: a study on personal orientation

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In this article, Franciscah Wamocho, lecturer and chairperson, Geoffrey Karugu, senior lecturer, both in the Department of Special Education, and Augustine Nwoye, Associate Professor in the Department of Psychology, all from Kenyatta University in Nairobi, argue that people with disabilities are likely to need the support of counselling services. The study reported here sought to collect baseline data that could be used in designing a comprehensive guidance programme for students with disabilities in secondary phase special schools and vocational rehabilitation training centres in Kenya. A personal orientation inventory was employed to measure values and behaviours among 229 students with visual impairments, hearing impairments and physical disabilities. The results reveal that the students with special educational needs may be non-self-actualising. The trend suggests that students with special needs may be living in the past or future with a lot of regrets and negative sentiments. Taking account of insights derived from Maslow's theory of self-actualisation and other related literature, the findings of this study appear to reinforce the need for a guidance and counselling programme to be developed for students with special educational needs in Kenya. This study reveals the direction that such a programme could take if it is to be of benefit to a Kenyan clientele with special educational needs.

Key words: students, disabilities, counselling, guidance, secondary, special schools, vocational rehabilitation.

The problem

Before the eighteenth century, most societies of the world tended to view people with disabilities as useless and as having nothing to contribute to communal welfare. They were believed to be possessed by demons; they were thought to be cursed, a bad omen and a source of embarrassment to their families and society at large (Gearheart & Wishann, 1984). As a result of these attitudes, most children with disabilities used to be hidden from public view. Some were abandoned in forests, where they were devoured by wild animals. Currently, there is a worldwide gradual and positive trend towards accepting, integrating, caring for and paying attention to persons with disabilities in order to help them

self-actualise or attain their optimum level of function. Kenya provides a suitable case study for examining this change in trend.

At the moment, in Kenya, the acceptance of persons with disabilities is clearly indicated by the emergence of special education institutions and other programmes that have been developed to serve young adults with various categories of disabilities, such as visual impairment, hearing impairment and other physical disabilities. This was a product of a gradual evolution in the views of Kenyan citizens. This change of perspective began in 1945, soon after the Second World War, when the Government and the Salvation Army offered some rehabilitation services to maimed war veterans, in order to enable them to adjust to everyday life. This was indeed the genesis of special education in Kenya. Ever since then, more and more special educational institutions have emerged, most of them specialising in the rehabilitation and care of people with different categories of special educational needs.

According to Erickson and Smith (1947), the major aim of counselling is to assist students to make more effective adjustments to the environment in which they live and to be able to understand themselves and their world. Against this background, it is expected that an extensive formal guidance programme, if available, should go a long way towards assisting students with disabilities in special education institutions. From the sources available, it is evident that guidance and counselling in Kenya has focused on the non-disabled population (Kenya Ministry of Education, 1977). In contrast, the persons most stigmatised and discriminated against – such as those with disabilities who require the support of counselling services to overcome barriers to their participation in society – have not received attention. Usually, the type of service given to such people during their schooling and training appeared to be unsuccessful in creating in them the capacity for competence and inner directedness, a creative mission in life, psychological and social preparation, and manipulation and awareness for effective and satisfactory employment in the world of work. Yet these are vital psychological resources that are necessary for effective participation in modern society.

In support of the above observation, Koech (Republic of Kenya, 1999) asserts that young adults with disabilities have

continued to be exposed to outdated technical vocational and prevocational programmes which do not assist them in getting employment after schooling nor even in becoming self-employed. This trend is noted in the *Kenya Development Plan (1994–1996)* (1994), which estimated that there were 300,000 people in Kenya with a disability who were discriminated against in the job market. The same situation is reported by Mwathi's (1997) and Kamau's (1986) accounts, both of which pointed out that the majority of persons with disabilities in Kenya are economically dependent on their families, relatives and friends, while others beg in the streets in order to survive.

This study was designed to generate possible baseline data and a guiding theoretical framework for identifying the vital issues that should be covered in a well-planned guidance and counselling programme intended for the benefit of students with special educational needs in Kenya. The study was founded on the theory of human development (the self-actualisation theory) enunciated by Maslow (1968, 1970, 1971) and elaborated on by Shostrom (1963, 1964, 1987). Other human development theories reviewed in preparation for this study included those of Havighurst (1972, 1979, 1982), Erikson (1963, 1964, 1968, 1980) and Rogers (1961, 1964, 1969, 1973). Maslow's theory was preferred, because it shows that there is always the opportunity for growth as long as a person is living, and that this growth can take place if only a person is given help and the opportunity. It emphasises that each basic need must be well satisfied before the next higher need can be addressed; or that failure to satisfy the basic need will lead to the development of an individual's personality being stunted, threatening their progression from one level to another. The authors found that this theory provided an important basis for this study, because it shows that in planning for the solution of human problems, baseline data must be available. The authors were aware that some aspects of Maslow's assumptions have been criticised; yet they still believe that a lot of the theory's insights are applicable to the future lives of people in modern Kenya.

Purpose and objectives of the study

This study sought to collect baseline data on the personal orientation of students with special educational needs in Kenya. Hence, the major objectives of the study were to:

- explore the personal orientation of students with special educational needs in Kenya;
- determine the range of services that should make up a comprehensive guidance programme for these students, as dictated by students' orientation and needs;
- develop an outline for a suitable guidance programme for students with disabilities in special educational institutions in Kenya.

Research methodology

A quantitative research design was used for this study in order to gather substantive personal orientation data on students in special education institutions in the Central, Eastern, Nyanza and Nairobi provinces of Kenya.

Target population

The target population for the study included students with disabilities (67 with visual impairment; 50 with hearing impairment; and 112 with other physical disabilities) who attended the selected special education secondary schools and vocational rehabilitation training centres in Kenya. Thus a total of 229 students were included in the study sample. It is to be noted that usually the number of students in special education institutions in Kenya is very small, often ranging between five and 20. Based on this factor, all first-, second- and final-year students in the selected special education institutions (except those in the pilot study) were included in the total sample of 229 students in this study.

Sample and sampling procedures

For the purpose of this study, four provinces were selected out of eight provinces in Kenya. These were the Central, Eastern, Nyanza and Nairobi provinces. These were chosen because they have a higher percentage of special education institutions. Through multi-stage sampling, 11 special education institutions in the chosen provinces were sampled from each stratum according to category of impairment (hearing impairment, visual impairment, other physical disability). Out of the 11 special institutions, five were special secondary schools: two for students with hearing impairment, one for students with visual impairment and two for students with other physical disabilities. Six of the 11 institutions were vocational rehabilitation training centres, two for each of the three categories of disability.

Sample population

A total of 229 pupils (made up of 138 first-year students and 91 final-year students) with special educational needs, between the ages of 13 and 26 years, both male and female, were randomly sampled from the selected 11 institutions to participate in the study.

Instrument

Shostrom's (1987) Personal Orientation Inventory (POI), which was derived from Maslow's concept of self-actualisation, was used to test the personal orientation of 229 students with special educational needs in Kenya. This was done in order to determine the psychological characteristics of students with special educational needs. The POI is a self-report paper-and-pencil test, which consists of 150 paired opposing statements, which are stated both positively and negatively. The subject is required to choose one of the two options that is more relevant to him/her. The 12 POI scales comprise items that are logically grouped into two major and core orientations (time competence/incompetence and inner-/outer-directedness) and ten complementary POI subscales used to compare the respondents' answer to normative samples. Knapp (1990) postulated that the POI creates awareness in people of important dimensions of their lives and ways of viewing the world and themselves, which they may not have previously realised. The instrument was found to be important in this study since it provides the counsellor and client with a measure of the client's level of positive mental health and thereafter offers guidelines for use in treatment (counselling).

Data collection

In the selected special education institutions for students with hearing impairment, instructions and interpretation of each statement on the POI was given through sign language. Each student then read the statements individually in order to choose the statement that was applicable to him/her, and shaded in the space provided beside the letter A or B on the answer sheet. In the selected special education institutions for students with visual impairment, the inventory was translated into braille. The students in these institutions indicated their answer by writing A or B in braille. Their responses were later transcribed into print and transferred by the researcher to the 'EdiTS' (Educational and Industrial Testing Service) answer sheet by shading the correct column under the letter indicated. The students with other physical disabilities read the statements on their own, chose the responses applicable to them, and then shaded in the space provided beside the letter A or B on the answer sheet.

Scoring of POI scales

Scoring of the inventory is carried out according to two major scales – time competence and inner-directedness – and ten complementary subscales. This may result in extreme profiles, such as a respondent having high or low scores on all 12 POI scales when compared with normative data (Shostrom, 1987). According to Shostrom (1966), the interpretation of these scores may be accomplished on an individual or group basis. The most appropriate test of validity in POI is expected to discriminate between individuals who have been observed in their behaviour to have attained a relatively high level of self-actualising (SA) from those who have not (NSA). The POI scales are able to make this distinction.

Interpretation and scoring of POI scales

Time ratio

The first major POI scale, 'time orientation', assesses the degree to which one lives in the present, as contrasted with living in the future. If a person is time-competent, he/she lives primarily in the present, with full awareness, contact and full-feeling reactivity. The self-actualising person's past and future orientations are seen as reflecting positive mental health. For such a person, the past is a basis for reflective thought and the future is tied to present goals. The time-incompetent person, on the other hand, lives in the past, with guilt, regrets and resentments; or in the future, with idealised or inflated/unattainable goals, plans, expectations and predictions, and fears. Shostrom's (1987) POI manual shows that use of time in a competent way is expressed in a time ratio score of approximately 1:8, as compared with the non-self-actualising time ratio score of about 1:3.

Table 1: Time ratio scores, as given in the POI manual (Shostrom, 1987)

| | |
|----------------------|-----|
| Self-actualising | 1:8 |
| Normal | 1:6 |
| Non-self-actualising | 1:3 |

The time ratio scores (see Table 1) show that even a self-actualised person is not perfect in his/her use of time. With a ratio of 1:8, such a person is deemed to be time-incompetent one hour for every eight hours (1/8) that he/she is competent. The normal person is thought of as being time-incompetent 1/6 of the time; that is, one hour every six hours, with ratio scores of 1:6. The non-self-actualised person is the most comparatively time-incompetent, with a ratio of 1:3. Such a person may be thought of as being time-incompetent about 1/3 of the time; that is, one hour for every three hours of competence.

Support ratio

The second major scale is referred to as the 'support ratio'. This is designed to measure whether an individual's mode of reaction is characteristically 'self'-oriented or 'other'-oriented. Scores on this scale show that inner- or self-directed persons are guided mainly by internalised principles and motivations, while other-directed persons are influenced by their peer groups and tend to blame others or external forces for their failures.

Table 2: Support ratio scores, as given in the POI manual (Shostrom, 1987)

| | |
|----------------------|-------|
| Self-actualising | 1:3.3 |
| Normal | 1:2.5 |
| Non-self-actualising | 1:1.3 |

Table 2 demonstrates that, according to the POI scores given by Shostrom (1987), the self-actualising person is only self-supportive to a degree; sometimes he/she is more other-oriented. Support ratios above 1:3.3 suggest excessive/reasonable autonomy and self-supportiveness. The ratio for a normal person is given as 1:2.5, while that of a non-self-actualising person is about 1:1.3. Shostrom (1987) points out that a non-self-actualising person appears to be unsure about whether to conform or to act autonomously, and neither option works very well.

The ten POI subscales

Apart from the two major scales (time ratio and support ratio), there are ten subscales designed to evaluate and reflect a particular important aspect of the development of self-actualisation. They are defined thus:

- Self-actualising value (SAV) measures the affirmation of primary values of self-actualising people. A low score suggests the rejection of such values.
- Existentiality (Ex) measures one's ability to use good judgement in applying general principles to one's life. Those who achieve low scores tend to hold values so rigidly that they become compulsive or dogmatic in orientation.
- Feeling reactivity (Fr) measures sensitivity or responsiveness to one's own needs and feelings. A low score suggests insensitivity to these needs and feelings.

- Spontaneity (S) measures one's freedom to react spontaneously. A low score suggests that one is fearful of expressing feelings through behaviour.
- Self-regard (Sr) measures affirmation of self on the basis of worth or strength. A high score shows the ability to like oneself because of one's noted strength as a person. A low score suggests feelings of low self-worth and therefore low self-esteem.
- Self-acceptance (Sa) measures affirmation or acceptance of oneself, including one's weaknesses; and a low score suggests an inability to accept one's weaknesses. Shostrom (1987) asserts that it is more difficult to achieve self-acceptance than self-regard, but self-actualisation requires both.
- Nature of man constructive (Nc) measures the degree of one's constructive view of the nature of man. A high score suggests that one sees human beings as essentially good and can resolve the good/evil, masculine/feminine and self/sensual dichotomies in the nature of humans. A low score means that one sees humans as essentially evil or bad and that one is therefore not synergetic in orientation (see below).
- Synergy (Sy) measures the ability to be synergetic; that is, the capacity to transcend dichotomies. A high score is a measure of the ability to see the opposites of life as meaningfully related. A low score suggests that one sees the opposites of life as antagonistic; for example, holding the view that people are simply either good or bad.
- Acceptance of aggression (A) measures the ability to accept one's natural aggression, as opposed to defensiveness, denial and repression of aggression. A low score suggests the denial of such feelings.
- Capacity for intimate contact (C) measures the ability to develop intimate relationships through contact with other human beings, unencumbered by unattainable expectations and obligations. A low score suggests that one has difficulty with interpersonal relationships. Often people with low scores have unrealistic expectations of others, and are therefore easily disappointed.

Validating scores on the POI scales

Scores given in the POI manual (see Table 1) for validating groups show that if the respondents' scores fall above the mean standard score-line, based on nominated validation scores for normal subjects (as stated in Table 1), the probability is that the respondents are functioning effectively and are comparatively competent in their development toward self-actualisation. If most scores are below the given POI scale mean score, the respondent(s) may be experiencing difficulty in personal orientation effectiveness. This suggests that changes in value orientations are needed and would assist in enhancing further personal development toward self-actualisation.

Table 3 portrays results of a POI study reported by Shostrom (1964), which demonstrate that the POI significantly discriminates between self-actualising and non-self-actualising groups. The table shows that POI means for the self-

actualising group (SA) are above the normal group means on 11 of the 12 scales, and the means for the non-self-actualising group (NSA) are below the normal means on all 12 scales. This indicates that there was a consistent difference between the self-actualising group and the non-self-actualising group on the POI scales.

Method of data analysis

The statistical package for social sciences (SPSS) computer software was used in the analysis of data. Prior to carrying out the t-test, a Levens test for equality of variances was carried out and the appropriate results adopted. The independent t-test was used to compare the difference between the POI's two major scale mean scores against POI appropriate range scores on time orientation given in the POI manual (Shostrom, 1987). It was also used to categorise appropriate ranges of time ratio scores as self-actualising (1:8), normal (1:5) and non-self-actualising (1:3); and of support ratio scores as self-actualising (1:3.3), normal (1:2.5) and non-self-actualising (1:1.3). Mean scores on the ten POI subscales obtained from students with special educational needs were compared with those of nominated subjects rated as self-actualising, normal and non-self-actualising in the POI manual (Shostrom, 1987).

Results and discussion

Time orientation

Data obtained from 229 Kenyan students with special educational needs in all three categories of disability (hearing impairment, visual impairment, other physical disability) were combined and compared with nominated time ratio approximate score ranges categorised in the POI manual (Shostrom, 1987) as self-actualising (1:8), normal (1:5) and non-self-actualising (1:3). The results are shown in Table 4(a), and indicate that the mean time ratio score for all sampled students was 1:1.2.

Support orientation

The obtained mean scores from the 229 Kenyan students with special educational needs in all three categories of disability were compared with nominated POI support ratio approximate score ranges identified in the POI manual as self-actualising (1:3.3), normal (1:2.5) and non-self-actualising (1:1.3). Table 4(b) shows that the mean support ratio score for all sampled students was 1:1.0.

Results in Tables 4(a) and 4(b) indicate that the scores of students with special educational needs on the major scales of time orientation and support orientation are significantly below the nominated POI mean scores for non-self-actualising groups, as categorised in the POI manual (Shostrom, 1987). Comparing students with special educational needs with the specified POI non-self-actualising ratio, their time orientation score was below that of the non-self-actualised sample mean ratio of 1:1.2, which is below the non-self-actualised sample mean ratio of 1:3. This may mean that students with special educational needs tend to be extremely non-self-actualised, indicating that they may be time-incompetent and thus tend to live in the past with regrets. The support ratio for these students was 1:1.0, which

Table 3: Scores for validating groups on 12 scales, as given in the POI manual (Shostrom, 1987)

| POI scale | Self-actualising (n = 29) mean | SD | Normal (n = 158) mean | SD | Non-self-actualising (n = 34) mean | SD | Mean difference | CR |
|-------------------------------|-----------------------------------|------|--------------------------|------|---------------------------------------|------|--------------------|-------|
| Time competence | 18.9 | 2.5 | 17.7 | 2.8 | 15.8 | 3.6 | 3.1 | 4.0** |
| Inner-/outer-directedness | 92.9 | 11.5 | 87.2 | 13.6 | 75.8 | 16.2 | 17.1 | 4.9** |
| Self-actualising value | 20.7 | 3.6 | 20.8 | 3.0 | 18.0 | 3.9 | 2.9 | 2.9** |
| Existentiality | 24.8 | 3.5 | 21.8 | 5.1 | 18.9 | 5.4 | 5.9 | 5.1** |
| Feeling reactivity | 16.3 | 2.8 | 15.7 | 3.3 | 14.3 | 3.8 | 2.0 | 2.4** |
| Spontaneity | 12.7 | 2.9 | 11.6 | 3.0 | 9.8 | 3.4 | 2.9 | 3.6** |
| Self-regard | 12.9 | 1.9 | 12.0 | 2.7 | 10.2 | 3.3 | 2.7 | 4.0** |
| Self-acceptance | 18.9 | 3.5 | 17.1 | 4.0 | 14.2 | 4.0 | 4.7 | 5.0** |
| Nature of man constructive | 12.3 | 2.2 | 7.3 | 1.2 | 6.2 | 1.9 | 1.4 | 3.7** |
| Synergy | 7.6 | 1.2 | 7.3 | 1.2 | 6.2 | 3.5 | 1.4 | 3.7** |
| Acceptance of aggression | 17.6 | 3.1 | 16.6 | 3.7 | 14.7 | 4.3 | | 3.5** |
| Capacity for intimate contact | 20.2 | 3.4 | 18.8 | 4.6 | 16.5 | | 2.9 | 5.0** |
| Ratio scores | | | | | | | | |
| Time (Tc/Ti) | 7.7 | | 5.1 | | 2.9 | | | |
| Support (I/O) | 3.3 | | 2.5 | | 1.4 | | | |

Notes: SD; standard deviation. Tc/Ti; time-competent/time-incompetent. I/O; inner-/outer-directedness. CR; significant at the 0.1% confidence level.

Table 4(a): Mean time orientation scores

| POI ratio | Disability | N | Mean scores | SD |
|--------------|--|-----|-------------|--------|
| Time (Tc/Ti) | All (hearing impairment + physical handicap + visual impairment) | 229 | 1.2103 | 0.4843 |

Notes: SD; standard deviation. Tc/Ti; time-competent/time-incompetent.

Table 4(b): Mean support ratio scores

| POI ratio | Disability | N | Mean score | SD |
|---------------|--|-----|------------|--------|
| Support (I/O) | All (hearing impairment + physical disability + visual impairment) | 229 | 1:1.0434 | 1.0987 |

Notes: SD; standard deviation. I/O; inner-/outer-directedness.

is far below the non-self-actualised range of 1:1.3. This seems to suggest that they are other-directed, or dependent on others.

A closer look at the scores on the major scales achieved by the sample of students with special educational needs raises some further issues. The low time competence score probably reflects feelings of guilt and resentment about past events that may have led to their disabilities. This may include the blaming of significant persons who may have given them harsh treatment during their early development. The low support ratio score may indicate that these students may not have confidence, and that most of them are not expected to make decisions about things affecting them, nor to do things for themselves, due to their disabilities. Generally, these results suggest that individuals with disabilities expect to be taken care of by their parents, leaders, carers and special institutions for the rest of their lives. The results further concur with observations made in the current study while reviewing the theory of self-actualisation, which show

that human beings are capable of leading meaningful lives but can be prevented from so doing by certain conditions, which create environments that can hinder their optimal development and self-actualisation. Maslow (1970) supports this observation by showing that people who are non-self-actualised are those who are considered to have an identity crisis. Such persons are not able to establish their personality in relation to where they have been (the past), or are going (the present) or are heading to (the future). These individuals are thought to experience difficulties in making choices in various aspects of life.

Differences in time ratio scores, according to category of disability

Using the data acquired in the present study, mean test scores for each category of disability and all categories combined were compared with nominated POI time ratio approximate score ranges, categorised in the POI manual as self-actualising (1:8), normal (1:5) and non-self-actualising (1:3).

Table 5(a): Time orientation scores

| POI ratio | Disability | N | Mean score | SD |
|--------------|-----------------------------|-----|------------|--------|
| Time (Tc/Ti) | Hearing impairment | 63 | 1.1635 | 0.4128 |
| | Other physical disabilities | 112 | 1.1768 | 0.4007 |
| | Visual impairment | 54 | 1.2861 | 0.5964 |

Notes: SD; standard deviation. Tc/Ti; time-competent/time-incompetent.

Table 5(b): Support orientation scores

| POI ratio | Disability | N | Mean score | SD |
|---------------|-----------------------------|-----|------------|--------|
| Support (I/O) | Hearing impairment | 63 | 0.9857 | 0.2116 |
| | Visual impairment | 54 | 1.2639 | 2.2048 |
| | Other physical disabilities | 112 | 0.9695 | 0.3204 |

Notes: SD; standard deviation. I/O; inner-/outer-directedness.

Table 5(a) shows that:

1. There was no difference in students' mean scores between the hearing impairment and other physical disability categories; both stood at 1:2.
2. Students with visual impairment had a higher mean score of 1:3.

Results in Table 5(a) show that time orientation scores differentiated between categories of students with special educational needs. The mean score of sampled students with hearing impairment and other physical disabilities was 1:2, which was lower than the mean score for students with visual impairment (1:3). Time ratio scores may suggest that students with hearing impairment and other physical disabilities tend to live in the past to some extent, with regrets and resentments, or in the future with idealised goals, plans and expectations, and fear. The students with visual impairment, on the other hand, seem to live largely in the present, with full awareness, contact and feeling reactivity.

Differences in support ratio scores, according to category of disability

Obtained mean scores for each group were compared with nominated POI support ratio approximate score ranges, categorised in the POI manual as self-actualising (1:3.3), normal (1:2.5) and non-self-actualising (1:1.3).

Table 5(b) shows that:

1. Students with visual impairment had a higher mean score (1.3).
2. There was no difference between the mean scores of students with hearing impairment and other physical disabilities; both stood at 1.0.

Results in Table 5(b) show that the POI support ratio mean score for students with hearing impairment and other physical disabilities was 1.0, and that of students with visual impairment was 1.3, higher than for the other two

groups. On the basis of this result, it seems that students with hearing impairment and other physical disabilities are other-oriented, and tend to blame others for their failures and rely on others to make decisions for them. Students with visual impairment, on the other hand, appear to manifest guilt at being self-directed persons who are guided by internalised principles. Other research (Murugami, 2002; Mwathi, 1997; Kamau, 1986), not on the POI, but on self-concept and aspirations of students with special educational needs, tends to show significant differences across categories of disability. Their results, however, support the view established in the present study that students with visual impairment have a higher mean score on time and support ratios.

Table 6 shows the special needs and problems of students with disabilities in Kenya. Slight differences can be observed in comparing the ten POI subscale mean scores obtained by the three groups of students with special educational needs.

Characteristics of personality, according to category of disability

Students with hearing impairment had low scores on five POI scales: time competence (1.16); feeling reactivity (10.92); self-regard (8.62); nature of man constructive (8.27); and capacity of intimate contact. These low scores may suggest that students with hearing impairment can be characterised as dwelling in the past or future, less sensitive toward their own needs of self-worth and sceptical of human goodness, and that they may experience difficulty with interpersonal relationships. On the other hand, they had slightly higher mean scores on four POI scales: existentiality (14.32); spontaneity (9.05); synergy (5.27); and acceptance of aggression (12.68). This suggests that the students with hearing impairment are able to react freely, to express their feelings through behaviour and to see the opposites of life as meaningfully related, and are more able to accept rather than deny aggressive tendencies within themselves.

Table 6: POI mean test scores on personal orientation perimeters of students with special educational needs in Kenya

| POI scale | Hearing impairment (n = 63) | | Visual impairment (n = 54) | | Other physical disabilities (n = 112) | |
|----------------------------------|--------------------------------|------|-------------------------------|-------|---|------|
| | Mean | SD | Mean | SD | Mean | SD |
| Self-actualised (SAV) | 14.68 | 3.17 | 14.06 | 3.01 | 15.05 | 3.18 |
| Existentiality (Ex) | 14.32 | 3.34 | 12.28 | 3.03 | 13.40 | 3.42 |
| Feeling reactivity (Fr) | 10.92 | 2.68 | 11.65 | 2.37 | 11.33 | 2.61 |
| Spontaneity (S) | 9.05 | 2.16 | 8.76 | 1.89 | 8.89 | 2.63 |
| Self-regard (Sr) | 8.62 | 1.89 | 10.65 | 9.76 | 9.76 | 2.68 |
| Self-acceptance (Sa) | 12.03 | 3.12 | 12.06 | 11.13 | 11.13 | 2.77 |
| Nature of man constructive (Nc) | 8.27 | 2.15 | 8.48 | 9.37 | 9.37 | 2.17 |
| Synergy (Sy) | 5.27 | 1.80 | 4.89 | 50.1 | 5.01 | 1.66 |
| Acceptance of aggression (A) | 12.68 | 3.10 | 12.20 | 12.34 | 12.34 | 2.94 |
| Capacity of intimate contact (C) | 12.73 | 3.20 | 13.61 | 12.80 | 12.80 | 3.31 |

Note: SD; standard deviation.

Research by Mkyebust and Boshes (1969) and Auxter and Pyfer (1989) concurs with the findings. These studies revealed that individuals with hearing impairment had problems in the areas of social maturity and attractions, self-concept and adjustment; minor behavioural problems; poor academic achievement; and problems with their language and speech. The same trends were found by Meadow (1975), who shows that children with hearing impairment have been found to exhibit characteristics of rigidity, control, impulsivity and suggestibility. In this regard, deafness appears to cause these children to have difficulty in interacting with others, creating serious social adaptation problems.

Students with visual impairment had low mean scores on five POI scales: self-actualising (14.06), existentiality (12.28), spontaneity (8.76), synergy (4.89) and acceptance of aggression (12.40). These low scores suggest that these students tend to be less satisfied with their lives and themselves; and that they tend to hold on to values so rigidly that they may experience fear in expressing their feelings. It suggests that they are emotionally less sensitive to the needs of others, and deny anger and aggression as being part of themselves. They had slightly higher mean scores on six POI scales: time competence (1.29), feeling reactivity (11.65), self-regard (10.65), self-acceptance (12.06), inner-directedness (1.26) and capacity of intimate contact (13.61). This may show that they live in the present; show more sensitivity in responding to their own needs and feelings; and have high self-regard in spite of their impairment. In addition, they tend to be psychologically independent and have intimate relationships with other people. Sherril, Gench, Hinston and Gilstrap (1990) used the POI to examine the self-actualisation of blind, well-educated athletes. Their findings showed that these athletes tended to achieve high or average scores on five POI scales: self-actualising, feeling reactivity, spontaneity, self-regard and acceptance of aggression; but were especially weak in existentiality, self-acceptance and nature of man constructive. The elite athletes were thus less self-actualised than the

general population. This report appears to concur with this article's observations on the personal orientations of Kenyan students with visual impairment.

Students with other physical disabilities had low mean scores on two POI scales: inner-directness (9.7) and self-acceptance (11.13); and had slightly higher scores on two POI scales: self-actualisation (15.05) and nature of man constructive (9.37). The low scores may suggest that they are unable to accept their weaknesses and depend on others to a great extent. Their slightly higher POI scale scores, on the other hand, show that these students hold values that are typical of self-actualising people and are more aware of the essential goodness of humans.

The findings reported in this article concur with the findings of earlier research. For example, a POI study carried out by Barker, Wright and Gomick (1965) reported that individuals with physical disabilities had immature personalities, manifesting higher incidence of withdrawal, hypersensitiveness, poor academic performance, poor health development habits, problems in choosing employment, poor work habits and poor social interaction habits. Some of the individuals with physical disabilities have to depend on others even for toileting, which greatly frustrates and embarrasses them. Similarly, Hastorf, Dornbusch and Richardson (1964) posit that children with physical disabilities view themselves in more negative terms than the able-bodied. Henker (1949) observed that children with amputations suffered from sociological depression, anxiety and loss of self-esteem. These findings are in line with the observations made in this article regarding students with physical disabilities.

Shindi (1990), Neely (1982) and Helander (1945) have pointed out that an individual with a disability is often faced with rejection and negative attitudes from family members, peers and the public. This may create loneliness; negative feelings; a feeling of inadequacy, rejection and isolation; and a fear of attempting any new experiences, of developing

self-concept and of having goals in life. When faced with prejudice, people with disabilities may be discouraged and frustrated and develop low opinions of themselves. An important aspect of this study that should be highlighted is the fact that, although all POI scales differentiated the students with special needs from the given POI scores in the manual and from each other, the t-test results were not significantly different. This may indicate that all 229 of the sampled students with special needs might have similar problems and needs, as identified by the POI, which should be addressed by any programme of guidance and counselling that is developed. The findings of this study are also in line with Shostrom's (1987) observation, which indicates that the scores of non-self-actualising people tend to be lower on all POI scales.

Concluding remarks and implications of the study

Results on the 12 POI scales suggest that students with special educational needs in Kenya have the following characteristics.

Time incompetence

Time ratio scores show that students with special educational needs may be time-incompetent, thus living in the past, burdened by regrets and resentments arising from their disabilities. This implies that a responsive guidance programme is imperative in order to correct their excessive orientation toward the past and help them not only to be time-competent, but also to have the ability to tie the past and the future to the present in a meaningful manner and to move into the direction of integrating with their environment and actualising themselves.

Other-directedness

Scores on the support ratio scale show that students with special educational needs may suffer excessive dependency, may be other-directed and may receive guidance and direction on decision making from their environment – from the people they relate to, such as parents, peers and teachers. Their behaviour appears to conform rigidly to whatever is necessary in order to gain the approval of other people. They may suffer from excessive dependency and may not be able to make decisions. In order to correct these limitations, guidance should be aimed at enabling them to achieve autonomy.

Non-self-actualisation

Scores on the ten POI subscales suggest that students with disabilities appear not to be living according to the values typical of self-actualising people. The scores seem to show that they have abandoned their real selves for idealised versions of themselves. This may indicate that, as a result of their disabilities, they live with a lot of fear and doubts about their potential and abilities. In this way, they may need help to overcome the needs, drives or attitudes which obstruct their growth and to be empowered with values that help them to realise as much of their potential as possible, despite their disabilities.

Recommendations

The findings of this study suggest the following:

- A comprehensive guidance programme for students with special needs in Kenya is required. This should focus on developing orientations of these students towards positive time competence, inner-directedness and self-actualisation.
- Such a programme should focus on developing orientations of students with special educational needs towards adjustment to their environment, and realisation of their potential for self-actualisation.
- The major goal of the programme should be to give guidance to students with special educational needs on how to manage and contain their mental health, as well as to tackle the insecurities caused by their disabilities and their social environment.
- The programme will need to embrace process management; it cannot just operate during times of crisis.

The suggested programme of guidance and counselling on personal orientation for students with special needs in Kenya needs to be piloted in the field, to see if any change occurs in these students' orientation. A multidisciplinary team of professionals, who will consult with each other, should be involved in the piloting of this programme. After piloting, the objectives of the programme need to be evaluated using the POI, so that any adaptations can be carried out where necessary.

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