



The relationship among deficiency needs and growth needs: An empirical investigation of Maslow's theory

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ABSTRACT

Maslow's (1954) influential theory suggests that children's ability to be motivated by "growth needs" (e.g., academic achievement) first requires satisfaction of "deficiency needs" (e.g., safety needs, love/belonging needs). Given the vast number of children experiencing deficiency needs, a better understanding of these relationships can serve as a prerequisite for establishing conditions that maximize learning outcomes. In this study, we examined Maslow's model by testing the relationship between deficiency needs variables and growth needs variables. Our sample was comprised of 390 economically disadvantaged students attending more than 40 schools in a Midwestern state in the U.S. Deficiency needs were measured using factors derived from a parent survey and growth needs were measured using factors derived from a parent survey and results from an individually-administered norm-referenced achievement test. Regression analyses were conducted to determine the relationship between a set of two deficiency needs variables (i.e., safety needs and love/belonging needs) and four academic achievement outcome variables. All four regression models were significant, revealing a positive relationship between deficiency needs and growth needs. The factor most significantly related to achievement outcomes was access to health and dental care (a safety need). Implications for research and practice are discussed.

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1. Introduction

An expansive body of literature has proposed a positive relationship between unmet basic needs (e.g., poverty) and detrimental academic outcomes for children in schools. In fact, one influential theory (Maslow, 1954) suggests that children's ability to be motivated by "growth needs" (e.g., academic achievement) first requires satisfaction of "deficiency needs" (e.g., physiological needs, safety needs, and love/belonging needs). Unfortunately, many children attending school in the United States experience a high level of one or more deficiency needs. For example, poverty, food insecurity, and parental unemployment have all risen among United States school-age children in recent years (Federal Interagency Forum on Child and Family Statistics, 2010).

Concurrent with this increase in student deficiency needs that has the potential to interfere with learning, schools are being held responsible for achieving increasingly high academic standards (see Zigler & Finn-Stevenson, 2007). For example, the *No Child Left Behind Act* (NCLB) (2001) has required schools to demonstrate accountability for the outcomes of all students by making adequate yearly progress towards the goal of having all students proficient in reading and math by the 2013–2014 school year. Given the pressures schools are facing to ensure the academic competency of *all* students – coupled with an

increasing proportion of the student population faced with "deficiency needs" – it is important to better understand the relationship between deficiency needs and student academic outcomes. Such an understanding could inform prevention, intervention, and policy efforts. This study sought to provide preliminary findings on this issue using data collected as part of a large holistic case management program designed to help families meet deficiency needs.

2. Maslow's theory

Abraham Maslow is a preeminent 20th century psychologist whose most enduring contribution to the field was his "hierarchy of needs" theory. Maslow initially proposed that five basic needs – arranged in a hierarchy from lower-order to higher-order – are essential to optimal human existence. The lower-order needs, also called "deficiency needs," include physiological, safety, and love/belonging needs. Higher-order needs, or growth needs, include esteem and self-actualization needs. School achievement is considered an esteem need that falls within this growth needs category. Maslow (1943) proposed that only when deficiency needs were sufficiently met could an individual gradually and fully progress to the achievement of growth needs:

It is quite true that man lives by bread alone – when there is no bread. But what happens to man's desires when there is plenty of bread and when his belly is chronically filled? *At once other (and "higher") needs emerge* and these, rather than physiological hungers,

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dominate the organism. And when these in turn are satisfied, again new (and still “higher”) needs emerge and so on. This is what we mean by saying that the basic human needs are organized into a hierarchy of relative prepotency. (p. 375)

Maslow further postulated that although one level of need may take precedence at a particular time, it is possible for an individual to be motivated by multiple needs simultaneously. For example, a child experiencing low levels of belongingness may still be able to attend to esteem needs, though likely not as sufficiently as if belongingness needs were fully met. In addition, Maslow suggested that even after deficiency needs have been satisfied, they may again become motivating if threatened at a later point. For example, a parent who suddenly loses his job may find himself temporarily sacrificing growth needs (e.g., achievement or self-esteem) in order to devote cognitive and emotional resources to ensuring the satiation of deficiency needs (e.g., food security for her or his family). Only when an individual has satisfied deficiency and growth needs would Maslow suggest that he or she has reached an optimal level of functioning.

If it is valid, Maslow's theory would have implications for schools, since all children are expected to achieve academically regardless of the degree to which deficiency needs have been fulfilled. It is extremely popular as an explanatory theory, full of intuitive appeal. However, the research base supporting the theory has remained weak. In 1976, [Wahba and Bridwell](#) discussed its “uncritical acceptance” despite the lack of empirical evidence, and they reviewed 14 studies that found only partial acceptance of the hierarchical model. Subsequently, limited or conflicting empirical research has been conducted to verify the theory's validity (e.g., [Michaels, 1988; Neher, 1991](#)).

Despite the limited breadth of research on the topic and some findings to the contrary, there have been several investigations conducted across a variety of disciplines that provide limited evidence for portions of Maslow's theory. One early study indicated that respondents from different socioeconomic levels identified needs at different levels of the hierarchy, and that individuals from lower socioeconomic backgrounds were more concerned with deficiency needs while individuals from middle socioeconomic backgrounds were more concerned with growth needs ([Gratton, 1980](#)). However, the researchers did not find that a cluster analysis showed the concepts were unitary.

Using survey methodology, [Acton and Malathum \(2000\)](#) also documented a relationship between the levels of Maslow's hierarchy. Specifically, they discovered that individuals with higher levels of physical, love/belonging, and self-actualization need satisfaction made better decisions regarding health-promoting and self-care behaviors. Studies on college-age populations have documented similar results. [Lester, Hvezda, Sullivan, and Plourde \(1983\)](#), for example, tested a measure of the degree of satisfaction of Maslow's proposed needs on a sample of 166 undergraduate college students. Consistent with Maslow's theory, the researchers found that the level of basic needs satisfaction was related to psychological health.

When considering our specific topic of interest, we saw one limitation of these previous investigations was their focus on college or adult populations. We found only one study that had examined Maslow's theory in the context of children in schools. [Smith, Gregory, and Pugh \(1981\)](#) developed the Statements about Schools (SAS) inventory to assess how well students' needs were being met across four levels of Maslow's hierarchy (security, love/belonging, esteem, and self-actualization) in traditional and alternative schools. The researchers found that both students attending alternative schools and their teachers reported greater levels of student need fulfillment related to friendship and belonging, achievement, self-actualization, and personal growth. However, this study did not specifically examine the causal pathways between deficiency needs and academic achievement or whether achievement of lower-level needs was a prerequisite for achievement of higher-level needs.

Overall, the extant research base has focused more on the growth need outcomes of happiness and psychological adjustment rather

than on academic achievement. In addition, existing literature is outdated and focuses much more heavily on adult rather than on child populations. Although not specifically focused on Maslow's theory (i.e., on the premise that lower-level needs must be fulfilled before higher-level needs), there has been research supporting the link between deficiencies in basic needs (e.g., poverty) and risk for academic failure in school children. A sampling of this research helps to better define and understand the scope of deficiency needs in American children today.

3. Deficiency needs in America's schools

As previously mentioned, children are increasingly entering school with unmet physiological needs. For example, almost 1 in 5 children lived in poverty in 2008, the highest rate since 1998, and this rate is even higher for Black and Hispanic children ([FIFCS, 2010](#)). In addition, secure parental employment, at 75%, has reached its lowest levels since 1996 ([FIFCS, 2010](#)). Perhaps not surprisingly considering these statistics, 22% of children live in homes with food insecurity (lack of access at all times to enough food), the highest percentage recorded since monitoring began in 1995 ([FIFCS, 2010](#)). These figures are of concern, given that children living in poverty are at an increased risk for academic failure. For example, [Smith, Brooks-Gunn, and Klebanov \(1997\)](#) found that family poverty exerted significant effects on child cognitive abilities and academic achievement, even after controlling for family structure. Although many explanations have been posed (for a review see [Bhattacharya, 2010; West, 2007](#)), some research has suggested that this effect of family poverty may be caused at least in part by less cognitively stimulating and emotionally supportive home environments (e.g., [Eamon, 2002](#)). Additionally, findings that students attending high-poverty schools have lower achievement levels than those who attend low-poverty schools (see [Orfield, Frakerberg, & Lee, 2002](#)), suggest that school factors (e.g., fewer resources, lower expectations, less experienced staff) may also contribute to this phenomenon.

Love and belonging needs are also a concern for children in schools. In 2008, the rate of substantiated reports of child maltreatment was 10 per 1000 children through age 17 ([FIFCS, 2010](#)). However, this issue goes far beyond overt maltreatment to also encompass effective parenting and general feelings of parent–child warmth, closeness, positive regard, and bonding. Research has indicated that above and beyond poverty and physiological needs, family characteristics can and do influence child academic and cognitive development. [Bean, Bush, McKenry, and Wilson \(2003\)](#), for example, found that parental support positively predicted adolescents' academic achievement. Similarly, [Anderson, Lindner, and Bejinion \(1992\)](#) found that parent warmth, monitoring, support, involvement, and absence of conflict are consistently related to high levels of academic and social competence. The important role of parental emotional support in the development of child academic skills was also documented by [Eamon \(2002\)](#).

Safety is another type of deficiency need that can have an impact on child academic and cognitive competence. Although a variety of safety needs have the potential to influence achievement, one important safety need is access to quality health and dental care. This is a relevant issue in the United States, considering 7.5 million children (10% of all children) do not have health insurance, and uninsured children are less likely to access needed health care and dental services ([FIFCS, 2010](#)). Although there has been limited research on the topic, some effects of health and dental care on academic achievement have been documented. For example, [Kitzman et al. \(2010\)](#) conducted a randomized control trial in which they examined the effect of prenatal and infancy home visits by nurses to parents on their 12-year-old children's academic achievement. They found that the children of parents who had been visited by nurses, compared to a control group, scored higher on individually-administered reading and math achievement tests and scored higher on group-administered reading and math standardized tests during their first six years of school. Lack

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