Eminent Differently Abled Personality Michael Fred Phelps II: A Winner In Life

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ABSTRACT

Amongst the major challenges faced by a person in life is dealing with one’s own differently challenged personality. To compete and sustain oneself in today’s world a person has to struggle, work hard, have a vision, and locate his weaknesses & strengths. Giving attention to your weakness and getting demoralized will take you nowhere, but awareness about the same & challenging to overcome it and then building upon your strengths will take you to Glory. Lot of different challenged personalities have risen in life and one among them who has done wonders & created history is, Olympian swimmer Michael Fred Phelps II.

Keywords: Attention Deficit Hyperactive Disorder (ADHD), History, Behaviour, Medications, Symptoms, Therapy, Olympian swimmer Michael Phelps.

Purpose of study: The current research paper includes an in dept study on a various serious subject of Learning difficulties, its causes and with a special focus on Attention Deficit Hyperactive Disorder (ADHD). We take Michael Fred Phelps II as a living example, who was affected by ADHD, and study the various aspects of ADHD, like its true definition, symptoms, treatment to include medication and psychologically assisted processes to overcome the disability. Also the adverse effects, if the disability is left untreated. We all are aware of the ‘Glory and Success’ achieved by Michael Fred Phelps II to become a legend in the sports world.

Methodology adopted for study: Secondary sources have been adopted for study. Various newspapers, articles and websites have been accessed to collect the required information for study.

Key Contribution: The study will spread awareness about the reasons for learning difficulties, help the parents, teachers and others who are significantly part of our society, in identifying and dealing with children suffering from ADHD so that energy of such children can be channelized and utilised constructively.

1. INTRODUCTION

World Health Organisation (WHO) defines that disability is any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.[5] A disability may be present from birth, or occur during a person’s lifetime. The disability can be physical, sensory, intellectual, mental health& emotional disability, developmental and non visible disability.[2]

2. LEARNING DISABILITIES
A specific learning disability results from problems in one or more of the central nervous system processes involved in perceiving, understanding and/or using concepts through verbal (spoken or written) language or nonverbal means. It manifests itself with a deficit in one or many of the areas such as: attention, reasoning, processing, memory, communication, reading, writing, spelling, social, competence and emotional maturity. Some of the common types of learning disabilities are: Dyslexia, Dyscalculia, Dysgraphia, Dyspraxia, Visual Processing Disorders Autism, and ADHD.

2.1 Causes Of Learning Disabilities

The real causes of Learning disabilities have yet to be established but are generally attributed to: Heredity, Problems during pregnancy and birth and lastly due to Serious occurrences immediately post birth of the child.

3. ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD)

3.1 Findings in the 20th Century

ADHD was first recognised as a disorder in 1902. A British doctor, Dr. Still, documented cases of impulsive behaviour. He gave the disorder its first name “Defect of moral control “. Despite this name, he believed that the disorder was a medical problem not a spiritual defect, he regarded it as innate. It was until 1922, that ADHD symptoms were first described and diagnosed as “Post Encephalitic Behaviour Disorder”. In 1956, a medicine Ritalin came in the market. It was used to treat children considered to be ‘hyperactive’. During the 1960’s, stimulants were increasingly used to treat hyperactive children. In the early part of the decade, the term “Minimal Brain Dysfunction “ was used to describe the disorder but in the later part of the decade, this was changed to “Hyper Kinetic Disorder of Childhood “. In the 1970’s more symptoms were recognised to be aligned with hyperactivity. These included impulsiveness, lack of focus, day dreaming, etc. Impulsiveness, as a category, was divided into three subtypes: verbal, cognitive and motor impulsiveness. In 1980, the name: “Attention Deficit Disorder” was invented by the American Psychiatric Association. Later in 1987, the name was revised to its present name: “Attention Deficit Hyperactive Disorder”. Later in 1996, Adderall medicine was approved for the treatment of ADHD. Finally in the year 1998, The American Medical Association stated ADHD as one of the most challenging researched disorders, and its seriousness arising from the facts that its causes are unknown.[7]

3.2 ADHD: Most acceptable Definition

ADHD is a medical condition which affects a person’s ability to focus, sit still and pay attention. They may have difficulty in focussing on tasks or subjects, or act impulsively and also they may get into difficult situations with trouble. ADHD begins in childhood, but may not be diagnosed until the child reaches adolescence or even adulthood[4]. It is sometimes known as ADD. These probably result from chronic disturbances in undefined areas of the brain that are responsible to regulate attention, impulse control and the executive functions, which control cognitive tasks, motor activity and social interactions. These symptoms, as and when they appear and are recognized by the environment, can be treated with some degree of success of improvement of affected functions, but is not curable since its origin is linked to the brain and directly affects the behaviour of children. It can be summarised that children have problems with their behaviour from time to time, but those children with ADHD, exhibit behavioural problems which interfere with regular life and are continual in nature.

3.3 ADHD Behavioural Pattern
ADHD causes a persistent pattern of difficulties resulting in one or more of the well defined behaviours: Inattentive, Hyperactivity and impulsivity.[1]

3.3.1 Inattentive

The inattentive children have trouble with paying attention and are disorganised or consistently daydream.

Symptoms:

• Fail to give close attention to details or make careless mistakes in schoolwork.
• Has difficulty in keeping attention during tasks or play.
• Does not seem to listen when spoken too directly.
• Does not follow through instructions and fails to finish school work or assigned duties in the workplace.
• Has difficulty organising tasks and activities.
• Avoids or dislikes tasks that require sustained mental efforts; such as schoolwork.
• Often looses toys, assignments, pencils, books, or tools needed for tasks or activities.
• Child gets easily distracted.
• Child is often forgetful in daily activities.

3.3.2 Hyperactivity

These children are always moving, can’t sit down or talk too much.

Symptoms:

• Fidgets with hands or feet.
• Leaves seat when remaining seated is expected.
• Runs about or climbs in inappropriate situations.
• Has difficulty playing quietly.
• Is often “on the go”, acts as if “driven by motor”, talks excessively.

3.3.3 Impulsivity

These children act and talk without thinking, interrupt a lot or throw poor judgement.

Symptoms:

• Answers before questions have been completed.
• Has difficulty waiting for turn.
• Interrupts or intrudes on others (butts into conservations or games).

3.4 Treatment

Treating ADHD demands a perfect harmony and understanding the health care provider, parents and the child. For therapy to succeed, it is important to:

• Set specific, appropriate target goals to guide the approved and selected therapy.
• Start medications and behaviour therapy.
• Follow-up regularly with the doctor to check on goals, results, and any side affect of medications. During these checkups information should be gathered from parents, teachers and the child.

If the treatment does not appear to work, the Health care provider should:

• Make sure the child indeed has ADHD.
• Check for other, possible medical conditions that can cause similar symptoms.
• Make sure the treatment plan is being followed.

3.4.1 Medications

A combination of medication and behavioural treatment works best. There are several different types of ADHD medications that may be used alone or in combination. PSYCHOSTIMULANTS (also known as stimulants) are the most commonly used ADHD drugs. They are supposed to have a soothing and positive energy effect on the child.

These drugs include Amphetamine - dextroamphetamine (Adderall), Dexamphetamine (Focalin), Dextroamphetamine (Dexedrine, Dextrostate), Lishtmefetamine ( Vyvanse), Methylphenidate (Ritalin, Concerta, Metadate, Daytrana).

3.4.2 Behaviour Therapy

Behaviour therapy which is actually a talk therapy for both child and family, can help everyone understand and gain control of the stressful feelings related to ADHD. Parents should use a system of rewards and consequences to help guide their child’s behaviour. It is important to learn to handle disruptive behaviour. Support groups can help you connect with others who have similar problems. There are some other tips to help your child with ADHD like communicating regularly with the child’s teacher, keeping a consistent daily schedule, including regular times for homework, meals and outdoor activities. The changes in the schedule should be made in advance and not abruptly. The distractions in the child’s environment should be limited and ensuring the child gets a healthy environment, varied diet, with plenty of fibre and basic nutrients. The child should get adequate sleep. When a good behaviour is noticed then praising and a reward is encouraging. The child should be provided with clear and consistent rules.

3.5 Expectations

ADHD is a long term, chronic condition. If it is not treated properly, it may lead to drug and alcohol abuse, failure in school, problems in keeping a job and trouble with the law.

3.6 Prevention

Although there is no proven way which may help in preventing ADHD, but at the same time early identification and treatment can prevent many of the problems associated with ADHD.

4. CASE STUDY MICHAEL FRED PHELPS II: A Great Winner

Michael Fred Phelps is a nationality of United States, born on 30th June 1985 in Townson, Maryland. “The Baltimore Bullet, MP, Flying fish” is some of the adjectives which are used to describe the eminent personality.
As mentioned in the Wikipedia, Michael Fred is a retired American swimmer and the most decorated Olympian of all time, with a total of 22 medals. Phelps also holds the all-time record of 18 Olympic gold medals which is double the second highest record holder. In winning eight gold medals at the 2008 Beijing Games, Phelps took the record for the most first-place finishes at any single Olympic games.

In the 2012 summer Olympics held at London, Phelps won four gold’s and two silver medals, making him the most successful athlete of the games for the third Olympics in a row.

Besides Olympics, he has won a total of 71 medals in major international competitions, 57 gold, 11 silver and three bronze spanning the Olympics, the World and the Pan Pacific Championships[3]. Michael Phelps admits that through the ups and downs, he has achieved everything he ever wanted to do. Everything had to fall into the right place at the right time and everything had to be perfect and it was.

Phelps international record-breaking performances have earned him numerous titles. He got the World swimmer of the year Award for six times, American Swimmer of the Year Award for eight times. His unprecedented Olympic success in 2008 earned Phelps Sports Illustrated Magazines Sportsman of the Year award. After the 2008 Summer Olympics he started the Michael Phelps Foundation, which focuses on growing the sport of swimming and healthier lifestyles[3].

4.1 The Greatest Olympian And His Coach

According to an article written in a newspaper on 12th August, London, his coach Bob Bowman tried to discipline a teenage Michael Phelps when he saw that he was splashing the girls at the end of a particularly tough training session. The coach insisted that he might be very tired as that was the hardest practice he had ever done. To which Phelps replied “I don’t get tired”, looking straight into his eyes. In the article the coach recalled that this is when he made his life goal, to see if he could accomplish that.

To understand how the achievements were made by Michael Phelps, it is necessary to know from the man with a Degree in Psychology who has trained him and who knew exactly when and how to rile him, the person who drove Phelps to the rebellion. The gentleman, Bowman, 47, always tried to find out ways to give Phelps adversity either during meets or practices and helped him overcome it. Bowman said that Michael performed better when there was a high level of mental pressure put on him.

4.2 Michael Phelps: Early Life

Phelps was born and raised in the Rodgers Forge neighbourhood of Towson, Maryland, which is located just north of Baltimore. Michael is the youngest of three children. His mother, Deborah Sue “Debbie “, is a middle school principal and his father Michael Fred Phelps is a retired Maryland state Trooper who played football during high school and college. Phelps parents had divorced in 1994. His ancestry included the English, Irish, Scottish, Welsh and German.

Phelps graduated from Towson High School in 2003. Phelps began swimming when he was 7 years old, partly because of the influence of his sisters and also it was an outlet for his energy. It was in the sixth grade, that he was diagnosed with ADHD.[3]

4.3 Michael Phelps mother: Principal and Teacher
By the time Michael was in pre-kindergarten, his mother would get reports from his teachers about his inability to stay on a task, moving on to the next thing and that his thinking was irregular. He was a fidgety boy. Being an educator herself she had the exposure of having lot of energetic boys around. Therefore that made her think that Michaels heightened level was not as much of a concern.[9] He could not stay quiet during the quiet time, and didn’t keep his hand to himself. He would always nudge kids for attention, giggling and laughing.

Ms Phelps recalled that when he had entered public school, he would display what his teachers called “immature” behaviour. In the Kindergarten, his mother was told by his teacher that he could neither sit still nor focus. She felt that he might be frustrated as the family had recently moved in and the Kindergarten curriculum in the new district was same as the Pre – K curriculum of the previous district.

Ms Phelps recalled saying to his teacher that it might be because he was bored. To this the teacher had replied that he was not gifted. Not saying and liking this, she didn’t challenge the teacher. Ms Phelps just asked as to what she was going to do to help him. In the elementary grades at their suburban Baltimore school, Michael excelled in things he loved like gym, hands on lesson and science experiments. He used to read on time but didn’t like to read; therefore she gave him the Baltimore Sun sports pages for pictures & captions.

His teacher once commented to his mother that his son will never be able to focus on anything, which she never forgets. Kids bullied him and once he got suspended for whacking a student in the school bus.

During his annual check-up when he was in fifth grade, Ms Phelps and the family Physician, Dr Charles Wax had discussed whether Michael had ADHD.

Phelps’s were a swimming family by then. Dr. Wax’s children also swam and he noticed Michael running around like a crazy person mooching food off people. As mentioned in the newspaper Phelps didn’t take easily to swimming as a five-year-old. He was afraid of water at first and didn’t want to put his face under. He didn’t like the feeling. Doctor received assessment forms from his teachers that he neither sat still nor kept quiet and also couldn’t focus. Therefore, at the age of 9, Michael was put on Ritalin, a stimulant used to treat hyperactivity. His mother thought it did help a little and he could focus longer. Without moving around much he could get through his homework.[8]

4.4 The Road To Olympics

At the age of 11, Michael had asked for the medicines to be discontinued. A sort of self realization may have dawned on Michael Phelps that he could do many of the affected functions on his own. He wanted to be like his friends who did not take such medicines. After consulting with Dr Wax his medication stopped.

At 11, his swim coach, Bob Bowman took the Phelps’s aside and talked about Michael's gift. At 12, Michael was so antsy in school, that his mother had to suggest that his algebra teacher should sit with him at a table in the back, and still he used to willingly get up at 6:30 every day for the 90 min morning practises and swim for 2 to 3 hours every afternoon. By the age of 15, in the year 2000, he was at the Olympics. At 16, he had his first world record and by 19, at the 2004 Olympics, he won 8 medals in which 6 of them were gold. He always did his swimming homework. In high school they used to send tapes from his international races and Michael told his mother that he wanted to have
dinner in front of the T.V and watch tapes. He critiqued his races while watching the tape, studied the turns.[8]

4.5 Mom To Live By: Debbie Phelps

In an interview by Lauren Passell with Michael’s mother Ms Phelps, she said that parents should talk to the teachers as much as possible. If there is something wrong, there should be an open dialogue. There are lots of ADHD resources which parents need to use. Ms Phelps mentioned that kids with ADHD need Medication and behaviour modification. Children having or not having ADHD need to be in knowledge of boundaries, routine and consistency, events which she tried to do with Michael. Every day after school, he would put his bag up in the same place in their house, have a nutritious snack, and then pack his bag for swim practice. He followed his daily schedule very regularly. Michael understood clearly that he had to do certain activities and only could go for his swimming. In other words, selection of aim, and then working to achieve it is the success key.

Swimming helped him to get organised. Any sport teaches kids the characteristics and strengths they need – respect, responsibility, getting along with others, success and taking unsuccessful moments and turning them around to something positive. For Michael, the pool was a learning ground and its water the much needed medicine. So he was always within his element, within his comfort zone. A child with ADHD has many gifts; they just need to channel their energies in the things they love. In the Olympics she noticed his ability to compartmentalize and focus. He would do his race, and then move on to the next thing, when he was little he had to tackle his responsibilities before swim practice. Michael was always more serious about swimming than school work, which Ms Phelps didn’t like. She always tried to connect academics and athletics. Parents should continuously praise and reinforce positivity in kids.

Ms Phelps is most proud of Michael for his humanistic, caring and generosity. He’s trustworthy and has love for kids. He also likes to give back to the people all that that helped him to his success. When he was 23 years old he even went back to see his high school principal[6].

4.6 The Golden Goodbye

It was mentioned in The Tribune, August 6, 2012; Michael Phelps had 22 medal ceremonies over the last three Olympics. In the 2012 Olympics, Michael Phelps was summoned back to the pool deck for one more accolade. This time, he received a trophy rather than a medal, an award that sought to sum up a career like no other. Phelps headed into retirement the only way imaginable-with an 18th gold medal. He said that he had been able to do everything that he wanted. When it was done he hugged his team mates before heading off the deck for the final time in swimsuit. He waved to the crowd and smiled, clearly at peace with his decision to call it a career. He said that it has been a great career and journey. Phelps retires with twice as many gold medals as any other Olympian, and his total of 22 medals is easily the most commendable.

5. CONCLUSION

History will provide with many examples of extra ordinary successes from very ordinary human beings. Some of them are born with very alarming, unknown and unexpected problems. It is for the environment to positively assess such problems and provide solutions so that such human beings can be at least part of the main stream and live their lives with a purpose and dignity. One such example
is an Indian BS Chandrasekhar whose left complete arm got affected with severe polio. The family motivated him and discovered that his polio struck arm could do something fantastic. He became the greatest Indian Cricket Spinner of the 1970s.

The parents, teachers and students are the most important elements of a specially challenged child and can play a very significant and effective role in turning weaknesses into strengths. The greatest motivation comes from the saying by Shiv Khera:

‘Winners don’t do different things
They do things differently’

The learning for parents, teachers and students can be easily inferred from the way the parents, teachers and students of Michael Phelps helped him to global success. These are very evidently mentioned in the present study and one has to only pick up the same from various segments written above.

**Lessons learnt for Parents:** Parents play the most important role for a child with ADHD. Their first challenge is to detect and recognise that their child has ADHD. Having known this, the parents have to exercise a very mature self control and strength to absorb the shocks of the fate bestowed on their child. The most important factor is for the parents to think that all is not lost for them.

Parents should first train themselves to handle this precarious situation. They have to consult Doctors, Psychologists and get as much information from the various sources, the most important being the Internet. Parents should read as to how the child has to be approached and spoken to so that no depression sets in the child. They should always focus the child on his strengths and keep the child away from the weaknesses observed. Regular health checks with prescribed medications will also help to a great extent. The parents should have a close and regular interaction with the Class Teachers and acquaint them with the developments and special care and guidance required for the child. Maintenance of proper records and observations will help from time to time for any medical or psychological corrections in the line of treatment. Lastly, parents should talk to the teachers as much as possible. If there is something wrong, there should an open dialogue.

**Teachers:** After parents, the teachers play an important role in the careful up bringing and mental development of the child with ADHD. The teachers have to apply all their knowledge and experience to ensure that the child with ADHD does not get isolated from the class fellows. As mentioned above, it’s for the teachers also to exploit the strength of the child rather than the weaknesses. This aspect of a teacher playing an important role in the educational development of a child with ADHD is a matter opened to lot of deep research work to equip the teachers with all the tools necessary to tutor such a child. The teachers should be able to periodically brief the parents of their observations of the child during the presence in the school, which is felt to be substantial.

**Class Fellows and Friends:** The class fellows and Friends can make or break a child with ADHD. The friends and class fellows have to be sensitized about the likes, dislikes and behaviour of the child. This will help them not to hurt the feelings by making insulting remarks or abusive gestures, commonly seen in the children. It is in the company of class fellows and friends that the child with ADHD will be able to exploit his strength and hence they should create a very healthy and conducive environment.
From above we see one common factor in the role played by parents, teachers and Class fellows is to exploit the strength and not the weakness of the Child with ADHD. As the world develops technologically and becomes more intelligent, there will be many better methods and medication to handle ADHD. But the one single factor which will remain on the top of the treatment will be the Human Touch.

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