1-1-1987

The small learning group : a structured guide to changes in self-comprehension by the developmentally handicapped.

Genevieve St. George
University of Massachusetts Amherst

THE SMALL LEARNING GROUP: A STRUCTURED GUIDE

TO CHANGES IN SELF-COMPREHENSION BY THE

DEVELOPMENTALLY HANDICAPPED

A Dissertation Presented

By

GENEVIEVE ST. GEORGE

THE SMALL LEARNING GROUP: A STRUCTURED GUIDE

TO CHANGES IN SELF-COMPREHENSION BY THE

DEVELOPMENTALLY HANDICAPPED

A Dissertation Presented

By

GENEVIEVE ST. GEORGE

Approved as to style and content by:

_____
Dr. Sheryl Riechmann-Hruska, Chairperson

_____
Dr. Donald K. Carew, Member

_____
Dr. S. Ann Sheridan, Member

_____
Mario Fantini, Dean
School of Education

iii

DEDICATION

This study is dedicated to Dr. Sheryl Riechmann-Hruska, whose tireless patience, expertise and wise counsel epitomize all that is excellent in higher education. My sincere thanks for an invaluable friendship.
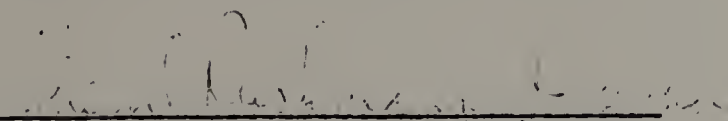
ACKNOWLEDGMENTS

ABSTRACT

The Small Learning Group: A Structured Guide

to Changes in Self-Comprehension by the

Developmentally Handicapped

February 1987

Genevieve St. George
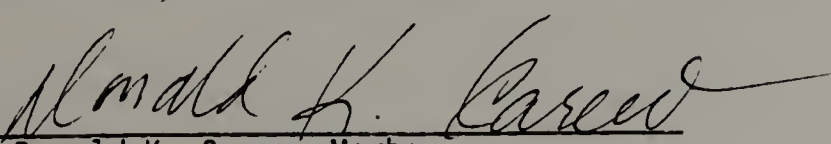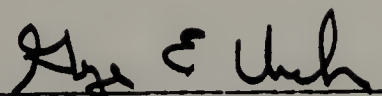
M.Ed., Ed.D., University of Massachusetts

Directed by: Professor Sheryl Riechmann-Hruska

This study explored the development of self-comprehension and
expression in educable mentally retarded adults (ages 20 through 40;
I.Q. 40 through 77) through developmentally-based group training. An
eight week group treatment was employed to enhance seven dimensions of
self considered necessary for self expression. The dimensions were
physical, emotional (happy, angry and sad) and socio-emotional
(cognition, choice and self control). A Measure of Response Profile
was developed particularly for this study, with which to measure
statements made during training relative to the seven dimensions. A
posttest instrument, the Visual Self-Image Test (VSI), was also
specifically developed to measure accuracy and confidence of response
in the areas above two groups of 20 completed the treatment and their
scores were compared to a 20 person Control Group. Coders also rated
the videoed testing of Experimental and Control Groups.   Significance

differences between the E and C groups were not found. Informal subject and counselor comments suggested growth in the experimental groups, but this was not reflected in the statistical analyses. The need for further research of group methods for improved self perception was indicated.

TABLE OF CONTENTS

CHAPTER

APPENDICES

LIST OF TABLES

C H A P T E R   I

PROBLEM AND PURPOSE

Statement of Problem

Throughout the past decade, in which deinstitutionalization has been presented as a humane solution to the problem of mental retardation, many gains have been achieved with this population in the movement towards independence in living (Buck et al., 1982). Many problems remain. Of major importance are those problems which emerge because of new, less restrictive and less routinized ways of living.

Problems are seen when developmentally handicapped individuals are exposed to everyday living in community settings, and became increasingly confused regarding their identify. Socio-emotional skills training has been indicated in many cases to alleviate the confusion (Davies, 1982; Fleming, 1982; Denton, 1982; Hourcade, 1977).

Such training often involves acquiring a more accurate perception, or comprehension of the "self" (Carr, 1973; Collins, 1970; Hill, 1981; Leahy, 1982; McMinimee, 1976; Ottenbacher, 1982). In order for this self-comprehension to be relevant, methods of expression are necessary. The acquisition of these methods of expression is often difficult. Traditional teaching may not be effective as the developmentally handicapped person often has problems with the meaning of

1

words (deJung et al., 1974) and may not learn well from didactic methods.

For many developmentally handicapped persons, awareness of self is present. For many, it is not. Even if there is an "awareness of self," serious problems of communication often arise when these individuals try to express their needs. Emotional "acting-out" behavior can be traced directly to frustration with feelings, or being unable to adequately express what is going on emotionally (Biklen, 1977; Richmond, 1976; Roth, 1980).

This acting out is "repeatedly identified in literature as one of the most serious, frequent and pervasive behavior problems" (Johnson et al., 1971; Patterson et al., 1973). The acquisition of improved methods of expression for such emotional and personal needs or frustration could decrease the possibility of such "acting-out" behaviors, and potentially increase the quality of life for these individuals.

Behavioral Management Methods

Differential socio-emotional awareness and skills in persons with developmental handicaps poses a challenge for teaching. Many methods have been tried with varying degrees of effectiveness. For example, the predominant behavioral management method has been behavior modification. This method promotes the removal of an inappropriate behavior through the application of punishment or the

establishment of positive behavior through reinforcement. Such reward

or punishment results are generally monitored through a one-on-one

system, in which results are charted and individuals given checks,

zeros, or stars as symbols of attainment or non-attainment. This

system is largely based on the theories of B. F. Skinner. Although

this method is effective in cases of institutionalized and

deinstitutionalized developmentally handicapped persons (Roos, 1972;

Krasner, 1970a; Nawas et al., 1970; Bucher et al., 1970; Conger, 1970;

Staats et al., 1970), in cases of behavioral control for "deviant"

populations, Kegan (1982) maintains that the ineffectiveness of the

approach lies in the fact that it does not promote growth. If, as he

says

> ...an individual is found to lack a certain ability (to
> reason) and placed in a learning setting which by not
> inviting the development of that ability (rote learning,
> behavior modification) only assures that the original
> diagnosis will be truer at the end of the treatment than
> at the beginning. (p. 176)

Others have also criticized behavior modification methods for failure

to modify the "basic" aspects of "personality" (Nawas, 1970) and as a

"mechanistic approach to human problems, devoid of such desirable

therapeutic ingredients as empathy, understanding and warmth" (Roos,

1972, p. 140). It has also been criticized as a "controlling"

procedure which "robs the subject of self-determination and human

dignity" (Roos, 1972. p. 141; Patterson, 1973). These criticisms are

seen by some (Wolfensberger, 1972; Roos, 1972; Nirje, 1970) as

indicative of the fact that behavior modification methods are not

solely capable of addressing the larger needs of developmentally
delayed clients (Finando et al., 1970; Krasner, 1970; Kanfer, 1970;
Nirje, 1970; Patterson, 1973; Klebanoff, 1974; Settleis, 1974;
Balester, 1974).

Another method which has been used is group learning. A
learning group has several goals. Among these are the establishment
of an environment that simulates the acquisition of interpersonal as
well as content learning objectives. Attention is focused on both
process and content. Skills and information are acquired through
participation in group interaction or discussion. Participants in a
group act as teachers to each other. If the group includes a teaching
component as part of the process, such learnings as are presented can
become part of a shared experience. Increased confidence comes from
trying out new behavior in the learning group (Valdie, 1982).

Group techniques have been used as tools for change with
"normal" persons (Hill et al., 1973). With the change of norms and
values in a group, and the support of peers, Hill's study found
through self-report data that the individuals would "be more likely to
change" (Hill et al., 1973).

This finding also holds true for developmentally handicapped
persons (Finando et al., 1970; Klebanoff et al., 1974; Nirje, 1970;
Patterson, 1973). Most recent studies have indicated that successful
results can be obtained from a variety of group uses with
developmentally handicapped persons within specific age populations

(deJung, 1974; Straker, 1979; Buck et al., 1982; Zohn, 1978; Lancioni, 1982; Ingersol et al., 1981; Fleming et al., 1982; Maozami, 1976; Matson et al., 1982; Close, 1982). Studies indicate that group methods "with those of lower mentality" produce as favorable results as therapy with those of higher mentality. Such group settings have also been designated as natural environments for the promotion of self and other acceptance (Mann, et al., 1969).

Shutz (1972) states that socio-emotional growth can be achieved in a developmental manner with children. It would seem that similar developmental guidelines could be used for a population whose slower socio-emotional development places their self-comprehension capacity on a level of children prior to the conceptual phase of conjunctive development. Though there is some literature suggesting that learning groups help lead to behavioral change with this population, there is limited documentation of the results of group learning methods upon the ability of these individuals to communicate knowledge about themselves.

Purpose and Overview of the Study

The purpose of this study was to examine the effects of a developmentally structured group learning program focused on the self comprehension of the developmentally handicapped. An end result was to examine the subjects' ability to express feelings and thoughts individually in an observably accurate manner, and to relate such self comprehension with confidence.

(deJung, 1974; Straker, 1979; Buck et al., 1982; Zohn, 1978; Lancioni, 1982; Ingersol et al., 1981; Fleming et al., 1982; Maozami, 1976; Matson et al., 1982; Close, 1982). Studies indicate that group methods "with those of lower mentality" produce as favorable results as therapy with those of higher mentality. Such group settings have also been designated as natural environments for the promotion of self and other acceptance (O'Conner et al., 1955; Mehlman, 1953).

Shutz (1972) states that socio-emotional growth can be achieved in a developmental manner with children. It would seem that similar developmental guidelines could be used for a population whose slower socio-emotional development places their self-comprehension capacity on a level of children prior to the conceptual phase of conjunctive development. Though there is some literature suggesting that learning groups help lead to behavioral change with this population, there is limited documentation of the results of group learning methods upon the ability of these individuals to communicate knowledge about themselves.

Purpose and Overview of the Study

The purpose of this study was to examine the effects of a developmentally structured group learning program focused on the self comprehension of the developmentally handicapped. An end result was to examine the subjects' ability to express feelings and thoughts individually in an observably accurate manner, and to relate such self comprehension with confidence.

Through the group learning process, two experimental groups received training on verbal skills with which to identify themselves and their personal needs and identities. These groups consisted of male and female subjects, with an age range from 20 to 40 (p. 35, Tables 2, 3, 4). The acquisition (or lack thereof) of improved socio-emotional skills was measured with instruments and procedures designed for this study.

The theoretical framework used to design the training was derived from studies which acclaim the effectiveness of group use with these who are developmentally delayed. The approach of this group method is based generally on a Piagetian framework of developmental steps which allows participants to recognize increasingly complex notions of self and interpersonal relationships.

Hypothesis

The study tested one major hypothesis. This was:

Developmentally handicapped persons who have participated in guided developmentally-based group learning sessions specifically related to self-comprehension will be able to express physical, emotional and socio-emotional characteristics about themselves with more confidence and accuracy than similar persons who have not been so treated.

Confidence was measured by t-tests of observer rating of responses of E1, E2, and C groups who were videotaped during testing (see Chapter III). Accuracy was measured in the same manner with questions presented on the Observer Coding Sheets (see Appendix). Another method of measuring accuracy and confidence was obtained in

the E1 and E2 groups through the development of a Measurement of Response Profile. Statements from recorded transcripts of the treatment sessions were measured for high or low comprehension, and divided for data gathering purposes into Hi-Lo statements (see Chapters IV and V).

Significance of the Study

Use of groups as a source of skill development with the aforementioned population is relatively new. Very little literature has been found which suggests how to design and implement such groups for developmentally handicapped populations. This study offers the testing of a particular group treatment design built on developmental steps that could prove useful in the design and implementation of future training on educational programs.

Prior research in group use with developmentally handicapped persons indicated a need for methods to increase socio-emotional development (Perry, 1977; Pinkerton, 1978; Straker, 1979; Davies, 1982; Lancioni, 1982; Ingersoll et al., 1981; Denton, 1982; Fleming & Fleming, 1982; Matson et al., 1982; Foxx et al., 1983; Ingersoll et al., 1981; Fleming et al., 1982; Moazami, 1976; Matson et al., 1982; Close, 1981). This study had that focus and contributes to literature supporting such group developmental efforts. A study which could expand the methods to facilitate behavioral change with this population will add to the techniques available for helping developmentally handicapped clients adapt well in community settings.

Definition of Terms

The following definitions are taken from the Longman Dictionary of Psychology and Psychiatry (Goldenson et al., 1984), unless otherwise identified.

Development: Development is the progressive changes in shape, organization and behavior patterns of an organism from life to death.

Developmental approach: Developmental approach is defined as a general approach to education based on the work of Piaget and others: cognitive, social and moral development are considered to advance in discrete and distinctive stages.

Developmentally designed training: For this study, this term refers to a method of training based on a Piagetian approach to developmental progression. Piaget theorized that children progress from tactile-kinesthetic awareness to symbol recognition and from there to logical-rational comprehension of more abstract elements. These developmental stages were present in the design of the treatment which was developed in this study.

In the treatment design, the basic properties of "self" were presented first through a tactile-kinesthetic body image and then moved eventually to symbol recognition of self. A third stage proceeded to link the concrete, or precognition, level of comprehension to the more abstract recognition of emotional qualities. This was accomplished through both symbol recognition and representational role play. These stages link the developmental progression to the theories of Piaget of the understanding capacity of

the child. This approach, far from diminishing the adult capability to understand his/herself, allows the individual to proceed with a feeling of security, or safety, to the next level of understanding. This non-failure prone type of approach is felt to be important to the further comprehension of the more abstract human elements which follow in logical progression. The inclusion of these developmentally based guidelines is felt to distinguish this program from others. This Piagetian based approach is thought necessary to provide developmentally handicapped persons with programs that are within their levels of comprehension.

Developmental disability: A developmental disability is a mental or physical disorder originating before the age of eighteen which will probably continue indefinitely and constitute a substantial handicap to normal functioning.

Developmentally handicapped: Developmentally handicapped is a term used throughout this dissertation in place of mentally handicapped, although the definition of the latter term is similar in content. The term mentally handicapped is defined as follows:

> Mental Retardation refers to a level of functioning which requires from society sufficiently above average training procedures and superior assets in adaptive behavior, manifested throughout life.

> The mentally retarded person is characterized by the level of power needed in the training process required for him/her to learn, and not by limitations in what he/she can learn.

> The height of a retarded person's level of functioning is determined by the availability of training technology and

the amount of resources society is willing to allocate, and not by significant limitations in biological potential (Gold, 1975).

The American Association of Mental Deficiency offers the following definition of Mental Retardation:

> Mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period (1977).

For the purpose of this study, persons represented in the Experimental and Control groups were designated as Educable Mentally Retarded. Such persons are also referred to as Mildly Retarded, or as those whose I.Q. range is designated as between 55 and 61.

Developmental theories: Developmental theories are based on a continuity of human development and the importance of early experience in shaping personality and skill development.

Developmental theorist: A developmental theorist in terms of this study is a person who believes that mental retardation is merely due to a slower than normal development of cognitive processes and is not quantitatively different from the cognitive processes of normal persons.

Group norms: Group social norms are standards of "correct" or "acceptable" behavior as defined and required in a specific group; the combined attitudes and concepts approved by the group and used by the group members to interpret and explain the environment; social norms are these group developed "rules" that set forth the feelings, attitudes, thoughts and behavior expected of a group member.

Guided group learning: This term is an amalgamation of definitions incorporated by Lacoursiere (1984) in his explanation of the difference between training groups and learning groups, and is used by the author with specific relation to this experiential model. According to Lacoursiere (1984) a training group is: "A group that meets so that the members can examine how groups function and how the participants behave in them" (p. 84). A learning group is one that utilizes "group processes and phenomena to facilitate learning and training primarily about something other than the group itself" (p. 85). In guided group learning, the facilitator allows group members to experience intra and intergroup and intrapsychic experiences and fantasies utilizing group phenomena to facilitate learning and training which emphasizes personal growth.

Institutionalization: Institutionalization refers to the placement of individuals in an institution for therapeutic or correctional purposes; also, the individual's gradual adaptation to institutional life.

Self-concept: This term refers to the individual's conception and evaluation of himself, including his values, abilities, goals and personal worth.

Self-perception: Self-perception is the awareness of the various components that constitute the self, that is, one's unique feelings, impulses, aspirations and personality characteristics.

For the purposes of this study, the following characteristics will be defined:

Physical self-comprehension: For the purpose of this study a Measurement of Response Profile was developed and comprehension was categorized into Hi and Lo responses. Hi responses were considered as those in which the subject could accurately report his or her physical characteristics. For example, a response was considered high if the subject was fat or thin and he/she could accurately state this and not deny the observable fact.

Indicators of low responses to physical comprehension were determined from the transcript by responses which showed:

1. lack of willingness to participate in an activity, i.e., unwilling to look at self in the mirror;

2. denial of any positive physical characteristic, or repetition of another person's characteristic, showing a lack of personal, physical self-awareness;

3. repetition of the facilitator's cued answer.

A rote response was considered Lo based either on lack of understanding, or a desire to please the authority figure; or a negative response showing a response with no detail related to the question (see pp. 102-106).

Emotional self-comprehension: For this study emotional responses in the Measurement of Response Profile were rated high when an individual response or series of responses indicated that the subject could place him/herself in a situation in which an emotional indicator of happy, sad or angry was episodically integrated into a meaningful statement.

Happy responses: High response indicators for feelings of happiness were considered attained when a realistic appraisal of incidents in which the respondent could recognize pleasure, or a sense of peacefulness, were reported. A recognition of the symbolic Happy Face (Illustration, p. 46) and subsequent descriptive statements from group members were satisfactory examples of what kinds of events, based on their environmental experiences, allowed them to experience happy feelings.

Low "happy" responses were marked when the subject reiterated "I'm happy," or denied any other feelings by repetitive "happy" responses. Such responses were considered responses with an intention to please an authority figure, to remain compliant, or to avoid displeasure (se p. 107).

Sad responses: High level responses to the feeling of sadness were considered those responses in which a subject could equate the loss of a pet, relative or possession with the feeling of sadness. Relation of illustrative incidents, or stories, were categorized as high responses.

Low sadness responses were considered as repetitive "No, I'm sad" statements, given without reasonable cause.

Angry responses: Anger statements were considered Hi response statements when specific incidents of teasing, beating or other physical or psychologic abuse were related as occasions in which a feeling of anger had been recognized. Lo responses include denial ("I am never angry") and refusal to respond (see pp. 106-107).

Socio-emotional self-comprehension: For this study, the Measuremetn of Response Profile considered socio-emotional responses as cognitive responses. This level of comprehension comprises responses of socio-emotional characteristics which showed that subjects were aware of their ability to think; their decision making abilities; their ability to choose from alternative options; their relations with their peers; and their ability to exercise self control (see pp. 108-109 for further explanation).

Self-rating scale: A self-rating scale is any questionnaire, inventory or other instrument used by a subject to rate or assess his own characteristics, attitudes, interests or performance.

Social perception: Social perception is an awareness of social objects or events, or awareness of the personality traits of others as expressed by their behavior.

CHAPTER II

REVIEW OF LITERATURE

This review of literature chapter has three parts. The first is focused on the need for socio-emotional skills training. The second describes group learning in general, and research on uses of groups for developmentally delayed individuals. The last section reviews the developmental theories which helped guide the design of the treatment program used in this study.

Assumptions

The researcher's experience with developmentally handicapped persons led to several assumptions. Among these is the assumption that developmentally handicapped persons desire to increase their independence through a greater development of their socio-emotional skills (see Appendix: Malmo statement). This learned growth is attained through training (Klebanoff, 1974). These skills could be learned more easily in a small group setting (Perry, 1977; Foxx et al., 1983). Personal growth attained when approached from areas in which the subjects could experience comfort and strength through a better understanding of already acquired self-knowledge. Group development theory was seen as a useful framework from which to design and facilitate the implementation of a group learning model.

The Need for Socio-emotional Skills Training

In 1970, developmentally handicapped young adults presented what amounted to a Bill of Rights for themselves and their peers. (See Appendix, Malmo Statement.) To achieve the goals they saw as within their rights, they outlined several need areas. Prominent among these was the need for socio-emotional skills training.

Nirje (1970) explained the need for socio-emotional skills training in peer groups for the developmentally handicapped when he addressed the fact that "part of the basic handicap (for these people) is an impairment in clear expression and in adjusting to social demands and realities" (Wolfensberger, 1977, p. 178). With regard to the need for expression, he pointed out that "the formation of self-interest groups of the handicapped" (p. 179) is a major normalizing measure, and the "desirability of teaching group processes to the handicapped by which such self-interest can be attained and made effective" (p. 179) is of major importance as a means of improving the quality of their lives.

"Adaptive social interactions and communications" were cited as a necessary means of growth for individuals who lacked "confidence in dealing with social situations in an adult way" (p. 180). To this end, Nirje advocated "specific adult education programs which have included advanced forms of social training" (p. 181). In order for individual life choices to take place he proposed that self-confidence must be acquired by developmentally handicapped persons "experiencing

themselves as capable of passing over various thresholds of challenge and growth" (p. 181).

This opinion, that socio-emotional growth with this population can be attained using group situations in which the sharing of ideas led to a more comprehensive appreciation of previous experiences, is further substantiated in the literature. However, other supporters of these assumptions were also conscious of detrimental societal attitudes which impeded the ability of the developmentally handicapped to gain recognition of their adult status.

Shultz (1972) and Klebanoff et al. (1974), believed that social attitudes towards the developmentally handicapped populations can be seen as deterrents to the fostering of positive self-concepts with this population (Klebanoff, 1974). Shultz (1972) presented the presence of a socially supported mythology which guided caretakers in their attitude towards this population. This mythology rests in the assumption that gaining self-esteem (power, competence, worthiness and significance) can only be attained through recognition by others. The caretaker mythology posits that all power, competence, worthiness and significance rest in the caretaker, that these characteristics can only be distributed by the caretaker, and are unattainable except through the caretaker. The developmentally delayed person has not been made sufficiently cognizant of the fact that these properties may be self-attainable, if the recognition of self, and the power therein, is discovered. Consequently, the developmentally delayed person's self-concept is "marked by self-devaluation and frustration proneness"

(p. 33) because the caretaker has bought into the mythology. A set of underlying attitudes that are believed to direct caretaker behavior coincided with the belief that if "a person is incompetent intellectually he is incompetent in all areas" (p. 31). Thus, the individual's self-comprehension was "marked by self-devaluation and frustration proneness" (Ibid., p. 33). According to this, the sources of gained self-esteem were unattainable by persons who were developmentally handicapped because the attitudes directed towards them by persons responsible for their care maintains the "Inferiority of the Mentally Retarded" (p. 31). Shultz's references were primarily directed towards institutionalized individuals. The relevance of his findings to this study lies in the fact that, although this study pertains to persons who have left institutions, this caretakers' mythology has produced individuals whose basic self-assumptions, and prior experiential learnings, place the deinstitutionalized individuals in a position of sustained belief in his/her inferiority.

As self-concept with the developmentally handicapped was learned, not inherited, Klebanoff et al. (1974) presented the viewpoint that educators could function as change agents. In a colloquium in 1974, several opinions were presented which strengthened the position of those who believed that mental or developmental handicaps were reflective of negative attitudes found within social systems (Balester, 1974). Participants in this colloquium cited social attitudes towards mental, or developmentally delayed, handicaps as deterrents to the fostering of positive self-concepts with this

population (Klebanoff, 1974). To present the impact of different attitudes, examples from Scandinavian countries were given. In these countries not only was there more social acceptance of a "deviant" population, but also, assimilation into the mainstream of the population was accomplished by collaboration with non-handicapped peers. Normal risk-taking was encouraged. Caretakers who consider their profession a "respectable occupation" (Klebanoff, 1974; Perske, 1972) moved positively towards the integration of the population into the community as a whole.

Klebanoff considered it important to realize that "individual developmental patterns are not rigid and final" (p. 111). Similarly, in this same colloquium, Settleis (1974) considered it important to "validate patterns of behavior, not labels."

> The argument is often made that the retarded have by definition proven themselves unable to cope with normal life and circumstances, but this is in fact seldom true (Klebanoff, p. 98).

They do not lack the "ability to comport themselves in public," but "needed more opportunity to learn for themselves" (Klebanoff, 1974, p. 79). In fact "community adjustment of mildly retarded adults was usually so successful that many of them--perhaps as many as half-- who were once officially labelled as retarded disappeared from official note altogether" (p. 79).

The thrust of these opinions refers not only to a need for a change in societal attitudes, but also to the need for a more positive prognosis. Much of the stigma attached to retardation appears to be

"in the eye of the beholder" (Klebanoff et al, 1974). The systems designated as helpful very often maintained the mythology of inferiority (Shultz, 1972).

Ability, not disability, was cited as a positive perspective from which to view this population (Wolfensberger, 1977; Nirje, 1970; Perske, 1972). It was possible to teach positive self-comprehension (Haughton, 1978; Hourcade, 1977) to this population over a period of time. Recommendations for teaching techniques were that they be structured, and include active role playing, modeling, informational feedback and social reinforcement (Fleming et al., 1982; Foxx et al., 1983; Perry, 1977). More wide adoption of this view is clearly needed as a part of helping developmentally delayed individuals to acquire a more positive self-perception. Training with these components had significant effects on the self-comprehension of the individual, and subsequently on the improvement of their socio-emotional behavior.

Small Group Learning

In line with the thinking of Perry (1977), Fleming et al. (1982), and Foxx et al. (1983), it was considered necessary to this study to include literature of the nature of small groups and the influence of group dynamics.

Definition of a Group

Lacoursiere (1980) identified groups as possessing four major qualifications. These included "time together"; identification to

"see themselves as members or identified as members" by outsiders'
goals, which are common or shared; and interdependence (p. 57). He
further distinguished between actual and conceptual groups, defining
the actual group as a learning group. Within any group, there were
stages of development (Ibid., p. 170). More will be said about this
shortly.

Purpose of Groups

Among the purposes of small group settings, Rosenfeld (1977)
included the provision of a background for understanding the impact of
communication, and developing an awareness to other people. He added
that "small groups can function as a microcosm of the larger society"
(Ibid., p. 9). Cartwright et al., (1968) stressed the interaction in
a group of understanding, being understood, and the feeling of being
understood.

George Meade (1934) explained the emergence of self through
group relationships: "Selves can only exist in definite relationships
to other selves" (p. 164). He claimed that the self is dependent on
(1) a social situation, (2) the capacity for the use of significant
symbols, (3) some mechanism for self-stimulation, and (4) the ability
to "get into" the experience of others (Rosenfeld, p. 145).

Phases of Group Development

Many theories or models have been written to describe group
development, e.g., Kurt Lewin (1964), Benne (1956), Tavistock (1964),

(LaCoursiere, 1980, pp. 97-101). Though these models have differing titles for the stages and even different numbers of stages, similarity can be found across models. LaCoursiere's model is briefly reviewed here as an example. His model is chosen as it was based on analysis of the major existing theories.

> The major socio-emotional concerns of the dissatisfaction stage are frustration, anger, often discouragement about one's success in the experience, and member-to-leader and intermember rivalry and anger. (p. 236)

The knowledge of the existence of this stage is of major importance to the facilitator of groups, as it puts into correct context what is happening when everything seems to be falling apart. If this stage is properly handled, according to the GDS theory, the resolution stage can then fall into place. Although it is not implied that this stage "will necessarily proceed automatically" (p. 239), knowledge of procedural techniques to make transition through the stages is of great help to the leader. Several conditions may hamper successful transition through the stages. Among these are the abandonment of the goals, "Failure of members in actual groups to get along with others, the inability or refusal of members to acquire the required skills for the task" (p. 239), and failure of the leader to help members through the task. If transition is made through this stage, LaCoursiere cites that:

> The main socio-emotional aspects of the production stage are usually the growing positive feelings among the participants, the growing independence of the participants from the leader...(and) repeated reassessment and modification of the goals. (pp. 241-242)

The Termination Stage indicates task completion and evaluation. Among feelings of loss (at leaving the group) and sadness, some positive feelings of pride and accomplishment can also be perceived.

Although the author did not include research on stages of development among developmentally delayed persons as part of this study, the knowledge of the existence of these stages in group development greatly facilitated actual running of the group sessions.

Relevant Group Studies for the Developmentally Handicapped

Richmond (1973) cited the need to develop greater skills in understanding the emotional and social development of mentally handicapped persons. He stated that curriculum for these persons should have as great an emphasis on emotional and social development as on the acquisition of academic skills.

Pinkerton (1979) established a significant increase in the number of alternate solution responses to a videotape questionnaire, and a significant decrease in antisocial behavior amongst developmentally delayed individuals due to group training. The research was implemented to evaluate the effectiveness of a personal problem- solving training program for mildly and moderately "M/R" adults on their self-esteem, adaptive behavior and ability to generate alternative solutions. The experimental groups received treatment two times a week for seven weeks. This involved identifying problems, and focusing on the problems and their emotional components. They also

used role playing techniques to solve problems, while the control groups relied mainly on conversation.

Zohn (1978) experimented with the reactivity and accuracy of self-monitoring with adults of this population in a work situation. He found that self-monitoring can enhance the work production of a percentage of workers in a sheltered workshop setting. Zohn's findings are included in this survey as indicators that adults of this population have self-disciplinary abilities, and can transfer these disciplines to outside situations.

Perry (1977) studied structured training of social skills with developmentally handicapped persons, using modeling, role play, and social reinforcement in a group modality. His study concluded that the probability of positive change differed significantly between the Experimental (treated) and Control (untreated) groups he examined. In other words those who experienced these experiential learning activities were most likely to effect positive change.

Foxx et al. (1983), also stated the importance of teaching social skills with developmentally delayed populations through a combination of instructions, modeling, role-playing, informational feedback and social reinforcement in a group setting. The implications contained in these studies of group training methods were reinforced by Bates (1980), Berlegross (1982), Matson (1980), and Matson et al. (1982).

Studies by Mann (1969) related a greater improvement in heightened self-concept with this population by the use of counseling

in groups. These findings were also reported by Snyder et al. (1959), Wilcox (1957), and Clarke et al. (1965). Mann's findings, regarding group counseling technique stress the importance of establishing the worthwhileness of each individual. Structured but permissive sessions were found to stimulate discussions. These discussions gave rise to opportunities for the individuals to express hostility, aggression, and to release anxiety. As did authors previously cited, Mann et al., stress the importance of the techniques of role play, games and shared experiences for producing behavioral and participation methods.

Similarly, Matson et al. (1982), used skill training methods for instilling leisure time and social interaction skills in an institutional setting. The outcome of the study was to determine whether or not such skills could be generalized to another environment. It was found that they could be so generalized.

The above studies reviewed designs of group methods. Interactive, or experiential activities, such as role play, modeling, informational feedback and social reinforcement seem to be an important part of effective designs. Consequently, such methods were applied in the training delivered in the current study. Apparently, learning group experiences with those who are developmentally delayed can indeed lead to improvement in social skills.

Theoretical Design Framework

In order to develop a process, or framework, within which to introduce a specific to general/abstract cognitive development of

socio-emotional skills understanding, the researcher chose in the development of the treatment, to refer to the developmental stages presented by Piaget in his theory of child development. The assumption behind this choice was not that the researcher viewed the subjects as children, but that the subjects receiving the training would be able to better appreciate their growth stages through recognition of the fact that they were able to operate at more than one cognitive stage in their move towards adulthood even though they did not have previous opportunities to look at their capacities in a developmental manner.

The design framework was not intended to achieve major cognitive growth in a minimum amount of time, but was intended to start from the place of greatest strength (concrete operational), and help the subjects feel safe and comfortable through more abstract reflections upon themselves. Most developmentally handicapped persons function beyond the concrete stage, yet have not had the opportunity to think through concretely, or more abstractly, what they think about themselves. By designing the sessions developmentally, participants in this training had a chance to internalize and acknowledge, in a supportive small group setting, what they had already accomplished. Consequently the design was approached with the intent of emphasizing already acquired knowledge as a socio-emotional skill strength. The developmental stage design was thought to be a process whereby individuals could start their learning with the comfort and strength

of already known facts (kinesthetic body image) and begin to be ready to build upon their capacities with other stages and ways of thinking.

Piaget's model clearly distinguishes a series of stages. Though learning may not proceed as predictably, the model was helpful in determining the types and order of activities which would have the greatest likelihood of both success and growth. Activities could be selected and designed which were increasingly complex and abstract, but not introduced before assimilation of previous learning had taken place. Using the model helped clarify the developmental process and the increments in complexity of tasks and ideas which could be most useful.

Piaget's study of responses in children caused the growth of his belief that it was not "the accuracy of a child's response that is important," but rather, "the lines of reasoning the child invokes" (Gardner, 1983, p. 18). He developed his theories of the sources of these lines of reasoning over several decades to bring forth a "radically different and extremely powerful view of human cognition" (Gardner, 1983, p. 18) which explored the avenues of potential individual growth.

Relevant Developmental Literature

Howard Gardner (1974) cites Piaget's view that "all study of human thought must begin by positing an individual who is attempting to make sense of the world" (p. 10).

> The individual is continually constructing hypotheses and
> thereby attempting to generate knowledge: he is trying to
> figure out the nature of material objects in the world,
> how they interact with one another, as well as the nature
> of persons in the world, their motivations as well as
> their behavior. Ultimately, he must piece them together
> into a sensible story, a coherent account of the nature of
> the physical and the social worlds (Gardner, 1983, p. 18).

Knowledge was defined as the active processes which mediate the relationship between the internal (subject/organizer) and the external (environment) (Piaget, 1971). Adaptation was considered to be the manner in which the individual reacts to input from the environment in order to make sense and construct meaning. A simultaneous process of assimilation and accommodation was thought to produce adaptation (Sweitzer, 1984). Structure guided function (assimilation) but functioning led to and affected structure (accommodation).

According to Piaget, developmental change is qualitative and sequential, not cumulative, not and proceeds at its own pace. Development occurs as a result of interaction with the environment. An individual does not merely respond to a stimulus, s/he constructs the stimulus and then responds. The relationship and interaction between the individual and the environment is a primary force in development (Piaget, 1971a).

One model of the hierarchical steps designated for sense-making is clearly defined by Piaget. The first step is the pre-cognitive states seen in children. The initial attempts of the infant, from zero to eighteen months of life, are to make sense of the world through sensori-motor operations. The practical, or sensori-motor

knowledge, enables the child to accept that objects existed in space and time, and continue to exist even if they were out of view.

The sensori-motor operations are followed by mental operations (two to seven years of age). Within this time structure, the child also became capable of "symbol use" (Gardner, 1983). "Now he can use various images of elements--such as words, gestures or pictures--to stand for "real life" objects in the world, and can become skilled in deploying various symbol systems, like language or drawing" (Ibid., p. 19).

At around the ages of seven or eight, the child can appreciate the relations that obtain among a series of actions upon objects. The concrete operational stages are expressed when he/she has combined the dual capacities of interiorization and symbolization to reach the stage of concrete operations. He/she could now understand that objects could be rearranged and still remain the same quantity; that "a material can be changed in shape without the mass being thereby affected; that a scene can be viewed from a different perspective and will contain the same elements" (Gardner, 1983, p. 19).

The formal-operational stage, which was thought to occur during early adolescence as described by Piaget (1971), enables the person to reason about the world by becoming able to think in an abstract fashion. With these abilities, the person is capable of logical thought and abstract thinking. Although he/she may be capable of making further discoveries, Piaget believed he/she would not undergo any further qualitative changes in his/her thinking.

Though another developmental model is briefly reviewed in this section, Piaget's work was taken as the developmental guide for the creation of the training design used in this study. The description of his stages fit with this researcher's experience working with developmentally delayed individuals. The restrictive and non-educating experiences which many, if not most, developmentally delayed individuals experienced in institutions, seems to leave many of these individuals functioning at his/her lower stages, in spite of their age. Initial pre-study training designs by the researcher which used activities to fit these stages, starting with tactile-kinesthetic, appeared promising. For that reason, the training design was refined for the study with a continuing attention to Piaget's work.

Kohlberg considered stages of social development to be structurally acquired. He advocates the developmental interpretation of the acquisition of thought as representative of structures which emerge from "the interaction of the child with the social environment rather than directly reflecting external structures given by the child's culture" (Kohlberg, 1984, p. 58). According to this theory of assimilation and comprehension, Kohlberg measured the child's comprehension, not use, of each sequential stage by the recapitulation of different word statements at each stage (Rest et al., 1969).

By using a Guttman scale pattern Kohlberg (Rest et al., 1969) arrived at a non-cumulative model of sequence.

An individual's response profile, then, typically
represents a pattern composed of the dominant stage he or
she is in, a stage he or she is leaving but still uses
somewhat, and a stage he or she is moving into but which
has not yet "crystallized" (Kohlberg, 1984, p. 59).

According to this pattern of usage of stages, all the lower stages are
available, or at least comprehensive, to the subject. While the
subjects "have difficulty comprehending stages above their own...they
prefer higher stages to lower stages" (Kohlberg, 1984, p. 60).

Patterns of actual usage of stages are dictated by two
opposed sequential orders, one of preference and one of
ease, with an individual modal stage representing the most
preferred stage which he or she can readily use (Kohlberg,
1984, p. 60).

Kohlberg's theories of stage development, as measured by
statement responses is explored further in Chapter IV. However, it is
important to note here that Kohlberg supported the use of groups to
foster development. Group settings were thought by Kohlberg to
provide the "transformations of development necessary for the
naturalistic study of socialization" (Kohlberg, 1984, p. 62).
Kohlberg states that the "development of cognition and the development
of affect have a common structural base" (p. 62). The "structural
parallelism" (Kohlberg, 1984) view of personality development implies
both cognitive and attitudinal correlates (Harvey et al., 1961) in
terms of increased structural differentiation and integration of
conceptions of self and others (Kohlberg, 1984, p. 63). To further
strengthen this developmental schema through group use Kohlberg (1984)
emphasizes the need for role-taking opportunities, such as are found
in socio-environmental influences of learning groups.

The major influence of Kohlberg upon this study was the provision of a theoretical basis for the Measurement of Response Profile, which was extrapolated from his work and used experimentally with the subjects in this study. Kohlberg's premise that the assimilation and comprehension of thought acquisition is measured by the recapitulation of different word statements of each stage of development led to the researcher's formatin of Hi-Lo statements of comprehension, in seven dimensions, by the Experimental groups (E1 and E2), in their progression through the treatment stages (see Chapters IV and V for further clarification of the Measurement of Response Profile).

Summary

In literature relevant to the developmental growth of developmentally handicapped persons, their own stated goal of independence (Appendix, Malmo statement) emphasizes that socio-emotional skills training is a desired needs area. Specific adult education programs (Nirje, 1979) have been a goal supported by writers in this field over the last decade and a half (Wolfensberger, 1972; Nirje, 1977; Perske, 1972; Klebanoff, 1974; Shultz, 1972; Haughton, 1975; Hourcade, 1977).

Group methods are supported for this purpose in the literature, with emphasis on techniques including role play, modeling, and social reinforcement (refs. p. 18).

In order to achieve a higher level of comprehension, accuracy of expression and confidence for this population in socio-emotional skills, a developmental approach to task difficulty seemed by the author the most likely approach to help members of this population feel confident and to learn. Therefore, the theories of Piaget were applied in a broad overview to the methods of designing the steps of the treatment. Kohlberg's measurement of response theory was used as a theoretical basis for the Measurement of Response Profile designed for this study.

C H A P T E R   I I I

METHOD

Design

The study involved a test of the outcomes of an eight-week, group-training program designed for developmentally delayed individuals in a vocational workshop setting. A posttest design was used with two groups of experimental subjects and a third group of subjects who served as the Control Group (see Table 1). Outcomes in terms of physical self-perception, emotional self- perception and socio-emotional self-perception were explored. More specifically, the following hypothesis was tested:

> Developmentally handicapped persons who have participated
> in guided developmentally based group learning sessions
> specifically related to self-comprehension will be able to
> express physical, emotional and socio-emotional
> characteristics about themselves with more confidence and
> accuracy than similar persons who have not been so
> treated.

Subjects

The forty participants in the study had all been identified as Educable Mentally Retarded (10=E Group I, 10=E Group II, 20=Control). All participated in a workshop conducted by the agency which approved the research. Over three hundred EMR subjects within this setting were considered to be relatively equal in ability, as determined by

34

Table 1

Posttest Only Design

	Time		
	pre 1		post 2
Experimental Groups	R	X	0
Control Group	R		0

Note: R = Random assignment
       X = Treatment
       0 = Testing outcome
            - Physical
            - Emotional
            - Socio-emotional

workshop criteria. All trainees passed certain admission requirements prior to acceptance in the program. These requirements included such areas as hygiene, time (the ability to work for protracted periods of time); ability to take instruction; ability to perform two to three step tasks. Standard production rates established by the workshop provided equal standards of pay for all trainees.

Similar workshop settings have been set up throughout the nation. Persons who participate in these programs are typically drawn from the surrounding community. These settings not only function as structured environments for those persons who may not be able to function in competitive employment situations, but also as training centers for any future competitive employment. Participants in the workshops may be designated as residents of group homes, staffed apartments, or may be capable of independent living. Persons whose families are members of the community can also be represented. The sample that participated in this study was relatively representative of the total population of Educable Mentally Retarded identified persons residing in Massachusetts. This conclusion was based on Department of Mental Health specifictaions for Educable Mentally Retarded persons so identified within the Commonwealth of Massachusetts. It may not represent specific conditions or requirements for such identified persons in other states.

Compositions of Experimental
and Control Groups

Participants in both the Experimental and Control groups were randomly selected by the Center's designated project director. These forty were randomly assigned into an experimental and a control group. A further division was made of the experimental group to create two groups with a total of ten persons in each group. This was accomplished solely by the coordinator, and the author had no part in any of the group divisions. To simplify randomization with such a small group, the coordinator had been instructed to put name cards into a receptacle and draw names blindly, placing them in piles on designated lists. The facilitator had no knowledge of the persons assigned to the experimental and control groups.

Description of Sample

A breakdown of sex, age, and approximate I.Q. levels by group is presented in Tables 2, 3, and 4. These tables show that the randomization process achieved fairly equal distribution between Groups I and II. Group I had seven males and four females, and the mean age was 26. The I.Q. range was between 47 and 68, with six participants in the 60 range of I.Q., and three in the 50 range (Mean=10; S.D.=4.2). Group II had five males and five females. Their mean age was 29. In the I.Q. range, the spread was between 40 and 77, with three in the 50 range, and three in the 60 range (Mean=8; S.D.=7.5).

In the Control Group, there were nine males and eleven females, with a mean age of 37. The I.Q. range for this group was between 35

Table 2

Experimental Group I: Sex, Age, I.Q.

	M	F	AGE	I.Q.		M	F	AGE	I.Q.
S1		X	20	59	S6	X		30+	61
S2	X		25+	47	S7		X	20	60
S3	X		25+	67	S8	X		40	68
S4	X		30+	59	S9		X	30+	65
S5		X	25+	*M	S10	X		30+	61
					S11	X		24	55

NOTE: M = Male
       F = Female
      *M = Missing Data
      Standard Deviation of I.Q. = 4.2
      Mean of I.Q. = 10

      S11 was a member who changed groups, but remained in Group I,
      and was tested as a Group I member.

Table 3

Experimental Group II: Sex, Age, I.Q.

	M	F	AGE	I.Q.		M	F	AGE	I.Q.
S1		X	40	*M	S6	X		30+	65
S2		X	25+	59	S7		X	20	*M
S3		X	25+	40	S8	X		29	60
S4	X		25+	52	S9		X	35+	65
S5	X		28	77	S10	X		35+	56

NOTE: M = Male
      F = Female
   *M = Missing Data
    Standard Deviation of I.Q. = 7.5
    Mean of I.Q. - 8

Table 4

Control Group: Sex, Age, I.Q.

	M	F	AGE	I.Q.		M	F	AGE	I.Q.
C1	X		40+	46	C11	X		35+	55
C2	X		30+	71	C12		X	40	*M
C3	X		25+	41	C13		X	27+	53
C4	X		39	67	C14		X	25+	59
C5	X		27	59	C15		X	40+	42
C6	X		35+	77	C16		X	50+	59
C7	X		27	*M	C17		X	42	51
C8	X		24+	46	C18		X	25+	35
C9		X	27	67	C19	X		25+	49
C10		X	40+	*M	C20	X		22+	41

NOTE: M = Male
        F = Female
       *M = Missing Data
        Standard Deviation of I.Q. = 9.7
        Mean of I.Q. = 50.82

and 77, with a mean I.Q. of 54. This compares with the mean I.Q. for Group I which was 60.2, and the mean I.Q. for Group II which was 56.7 (S.D.=9.7).

Similarities can be seen in he distribution of male and female participants within the groups. Each group had at least as many if not more males than females.

The differences between the groups is in the relatively higher age range and the lower I.Q. range of the Control group. Research does not suggest that this age difference was of concern. However, less is known about the role of I.Q. with this population.

Persons in the E1 and E2 and C groups can be considered to have come from the same environmental contexts and to have experienced the same educational programs. Before joining the workshop and entering into this study, persons in the C group did not get any part of the program under study. It can be assumed that there were no consistent differences between what happened to members of the E group and the C group during the course of the study other than the treatment program.

Treatment

Purpose

The purpose of the treatment sessions was to conduct group meetings with ten subjects and one facilitator in each group to promote sequential developmental growth in self awareness and expression of that awareness. The specific desired outcome was to

enable these subjects to express individual feelings and thoughts about themselves in an observable accurate and confident manner.

Setting

The conference room, used as location for the treatment, was located in the Administration Offices at the training center involved in the study. It was separate from the work floors. It contained a conference table and chairs, and was painted a neutral off-white. The chairs were comfortable, and all subjects were easily visible to the facilitator and each other.

Design

A sequential developmental progression was used in the treatment sessions. The progression included the following elements: (1) introduction; (2) understanding body characteristics (physical); (3) clarification and identification of self with an emphasis on positive attributes; (4) introduction to feelings; (5) symbol recognition of feeling states; (6) introduction to cognitive abilities; (7) decision making; (8) responsibility for behavioral consequences; (9) behavioral control; (10) celebration of learning.

These elements were interspersed with reviews and assessment of learnings. The broad outline above was adhered to in Groups E1 and E2, although spontaneity of discussion allowed some flexibility to occur throughout the sessions.

The treatment attended to three developmental stages as described below:

The Tactile-kinesthetic Stage

Tactile-kinesthetic skills were elicited by outlining the supine form of a subject on a large sheet of tracing paper, which had been placed on the floor (Roth, 1980). (See Chapter IV, pp. 66 and 83 for procedure.) Participating and observing subjects could then make the connection between their individual bodies and the thus-produced individual outline by repeating the procedure, or comparing their size, height and physical characteristics to the presented outline by standing next to it when placed upon a wall.

The differences between the outlines thus produced and the dimensions of the individual body were explained by asking members of Group I and Group II to feel their own wrists, upper arms, and hug themselves, to experience roundness, thickness, or depth.

The body was thus explained as having outline and form. This outline and form was distinct and individual, and each person was also distinct and individual. Further physical properties were revealed in the tactile-kinesthetic stage through the use of a thirteen by sixteen inch framed mirror. The mirror was passed from one group member to another, and individual physical characteristics of eye and hair color were described by each subject. Likenesses and differences were then explored (i.e., how many subjects have blue eyes, brown eyes? How many blondes, brunettes? Who has moustache, beard?, etc.).

Successful recognition of the physical level by a subject was considered complete when subjects could articulate their individual physical characteristics in sentence responses which were not prompted by the facilitator, and which were accurate in self description.

Symbol Recognition

The researcher proceeded to elaborate on the individual person recognition stage by introducing the concept of unseen personal characteristics. Those characteristics that were seen had been explained as the physical, or outside characteristics. Those that were unseen were the inner, or emotional characteristics. Those that were unseen were the inner, or emotional characteristics. Drawings of three emotional stages, happy, sad and angry were made by reproducing simple circle faces on a pad of newsprint, with a magic marker.

A face with an upturned mouth line was recognized as representing a smile, or happy face. (See Illustration 1.)

A face with a downturned mouth line was recognized as symbolic of a sad expression. (See Illustration 2.)

A face with a straight mouthline, and downturned eyes was recognized as representative of an angry expression. (See Illustration 3.)

The kettle illustration was then presented for symbol recognition (Illustration 4). In this drawn presentation, the researcher questions group members about making tea or coffee by boiling water in a kettle.

Illustration 1

45

Happy

Illustration 1
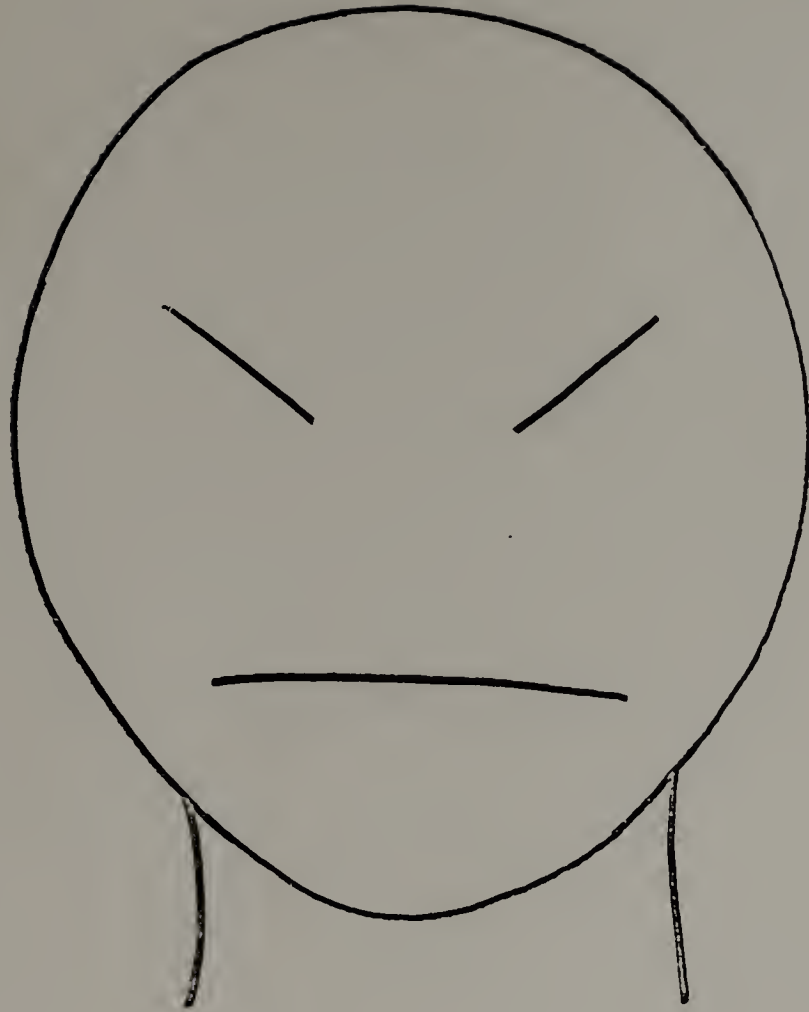
Angry

Illustration 2
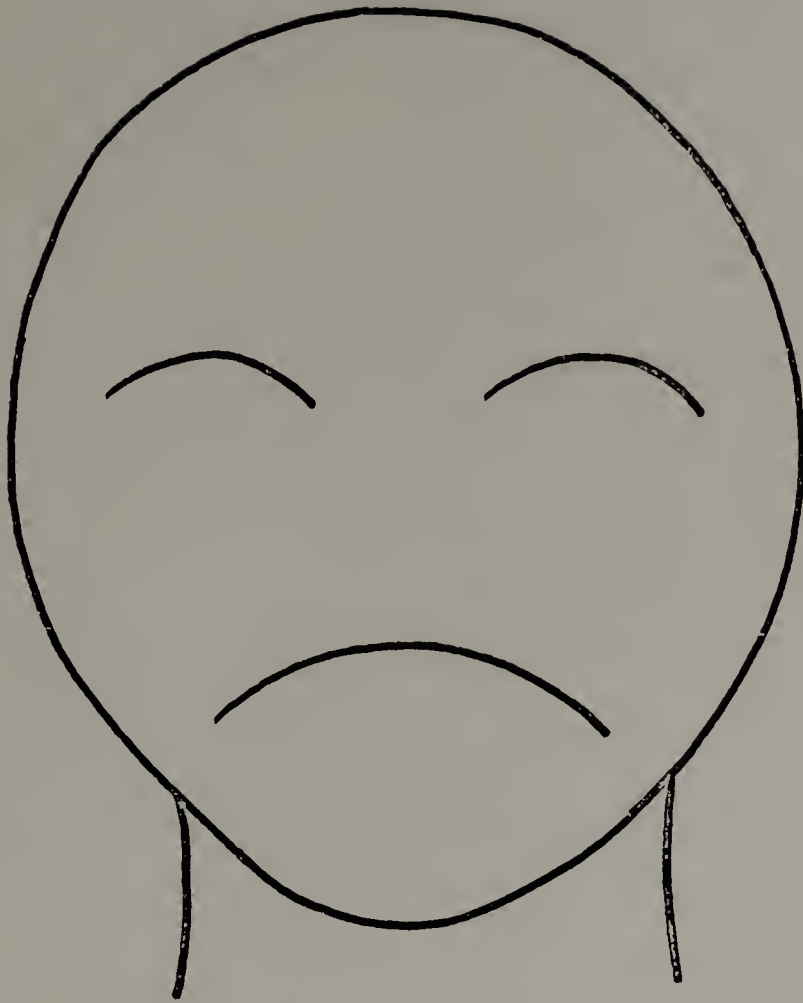
Illustration 3

Sad

Illustration 3

Kettle of Feelings

Illustration 4

Q: "What happens when the water boils?" (A: "It bubbles.")

Q: "What happens to the water when it bubbles?" (A: "Steam comes out of the spout.")

The concept of internalization was then introduced by taking the happy, sad, and angry circles, and placing them inside the drawing of a kettle with boiling water as shown here. (See Illustration 4.) Details of presentation are given in the group session recapitulation in Chapter IV.

Verbal statement response recognition of this stage was bolstered by story recognition, following Kohlberg's data recognition theory (p. 147). The story of the Wizard of Oz (used because group members had reported watching the program of television on the night before the session [p. 83]) was presented as symbol recognition using the familiar medium of television. The Cowardly Lion, Tin Man and Scarecrow were recorded as representative of different feelings.

Logical Rational Stage

When it was considered that symbol recognition of emotional stages had been comprehended, the researcher moved the sessions on to behavioral representations of these recognized emotions.

Role play between subjects was introduced to demonstrate that what we do with, or the consequences of, our feelings of happiness, sadness and anger, constitutes behavior in situations. This stage is presented with the introduction of a drawing which illustrates that there are three steps to expression: hearing, thinking and saying (or

doing). The drawing shows an arrow pointing to an ear, an arrow going from the ear to the brain, and an arrow from the brain to the mouth as shown in Illustration 5.

During this presentation, the words "listen, think, speak (talk)" are repeated, with the researcher pointing to her ear, and asking "What do we do here?" (A: "Listen."). She then points to her forehead (Q: "What do we do here?" A: "Think."); and her mouth (Q: "What do we do here? or What comes out here?" A: "Talk, or Words.").

These verbalizations represent a logical rational sequence. The facilitator emphasizes that we all have brains, and that we can all use them.

The ability to consciously understand that the subject employs decision making in choosing friends, clothes, leisure activities, or meals is repeatedly emphasized to indicate that each subject is thus thinking and acting, and is responsible for the consequences of pleasure or displeasure resultant upon the outcome of these thoughts, acts, or behaviors. In these sessions the facilitator uses frequent verbal repetition, and non-verbal signals, for example pointing his/her finger to a forehead to elicit the verbal response of "Think."

Instrumentation

There were three sources of data. These are first, the Stages of Development within Groups E1 and E2, as measured by the Measurement Response Profiles. A second source of data was subjects responses on a posttest instrument, the Visual Self Image Test (VSI) which was
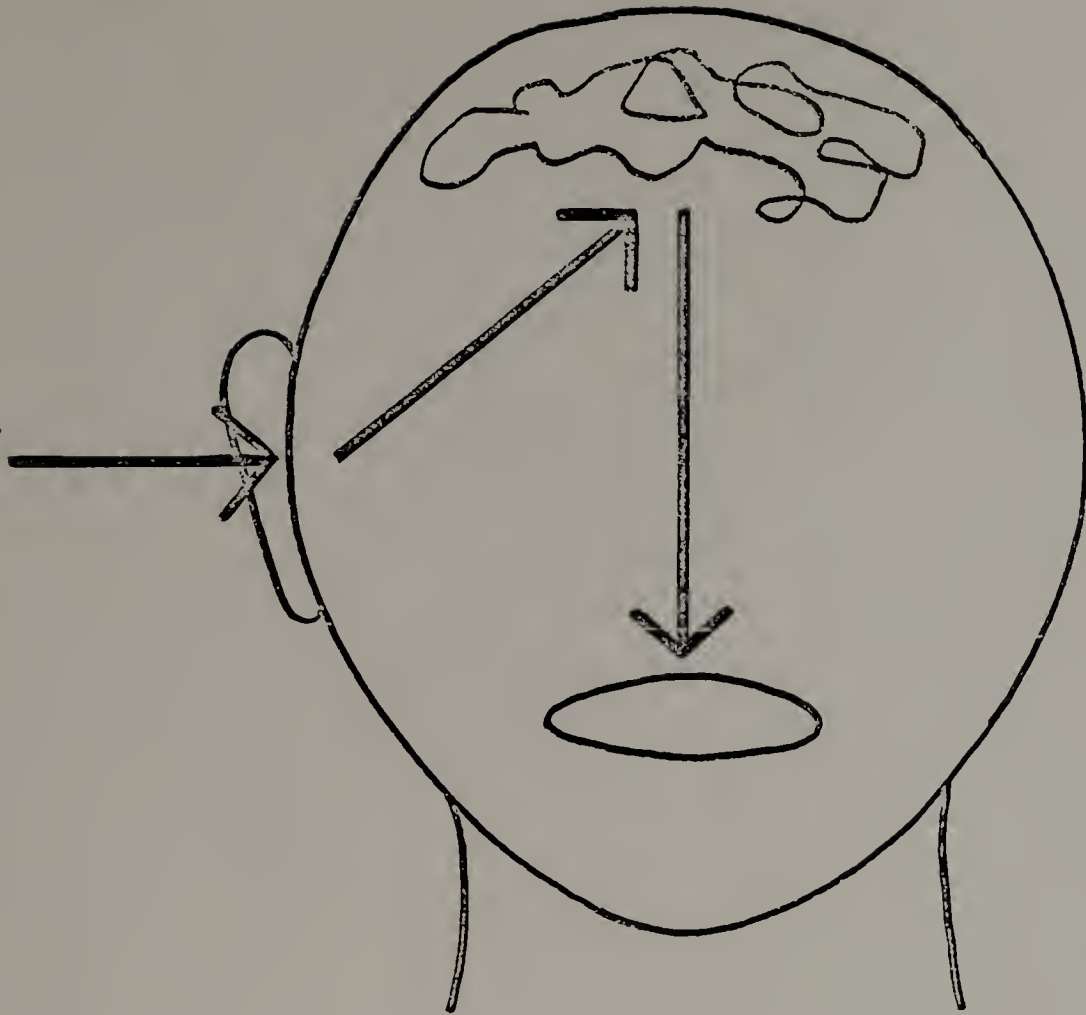
Listen, Think, Speak

Illustration 5

developed specifically for this study. The subjects from Groups E1 and E2 and the Control Group subjects completed the test instrument. This entire procedure was video-taped producing approximately eight hours tape.

The third source of data was Observers Codings of Experimental and Control subjects VSI posttest performance as observed on videotapes. Observers used coding sheets specifically designed for this study. Each of the three data gathering instruments are described in more detail below.

Measurement of Response Profile

The MRP consisted of coding done by the researcher for subjects in E groups regarding their success in being able to describe themselves in terms of seven dimensions. These dimensions were defined as physical characteristics, emotional characteristics (happy, sad, angry), and socio-emotional characteristics (cognition, choice, self-control). rational). (For further explanation of these levels see Chapter IV, p. 67: Treatment Program: Description of Delivery.)

Each session was tape recorded (with subjects knowledge). A transcript of each session was made by the researcher on the evening of the given session, so that events could be clearly remembered and presented. Statements from these typed transcripts were assigned coded labels (IA, IB, IIA, IIB). These labels related to individuals participating in Group I (I) who were numbered alphabetically on the master list. The researcher assigned the letters A through J/K to

each name in the random order in which they were listed. The same procedure was used in Group II (thus, IIA, IIB, etc.). These coded labels were then used at each treatment session to record attendance attrition (see Tables 6 and 7, and pp. 110 and 111).

Coding sheets were made up from these rosters, and the transcripts were used to mark down the sentence responses, and the number of sentence responses, for each given subject, in order to record their comprehension of physical, emotional and socio-emotional characteristics. Data from these coding sheets were then tabulated by the researcher. Results from this tabulation are presented in the Measurement of Response Group Profile (see Appendix B).

Coding. The verbal statement responses (see p. 37) were divided into Hi-Lo responses (see examples in Chapter V, and the Glossary of responses in Appendix B). The Hi-Lo responses were taken from the coded transcripts tabulated as to number of Hi responses per member per group, as against number of Lo responses found per member per group. The results in numbers of Hi responses and numbers of Lo responses were then analyzed using Chi-Square on subjects within groups. Hi responses were given the numerical designation of 1, and Lo responses were designated 0. The results and explanations are presented in Chapter V.

Visual Self Image Test (VSI)

The VSI was based on a self-rating test developed by the Psychological Services and Program Development Divisions of the

Cincinnati Public Schools. This instrument was chosen for two reasons: the level of the instrument was deemed appropriate for this population and the instrument was proported to measure areas of self-comprehension which were relevant to this study.

The Cincinnati tests were thought to be relevant to the population being studied as they include concrete examples of pre-operational concepts. The categories proceed from the physical (concrete) or outwardly visible characteristics, to the inner, or more abstract, emotional and socio-emotional characteristics (see Appendix, Cincinnati Tests). At the time of its use, the Cincinnati form (What I Am Like) had no tested or proven reliability or validity. The Cincinnati form was expressly experimental in nature, and used only for the study of groups (Jacobs, 1967) as opposed to comparing individual differences.

In order to accommodate a more visually oriented population, a series of male and female illustrations were developed to add to the verbal parts of the questionnaire. These illustrations presented physical, emotional and socio-emotional characteristics the comprehension of which was considered important for subjects to demonstrate achievement of a basic perspective of self. It was felt that comprehension of these categories was possible for this population, but that the ability to accurately self rate in this area had not previously been demonstrated in such a fashion. The categories were illustrated to provide the testees with an ability to experience success in their completion of the test.

In this study, a revised What I Am Like instrument was used, and because of the changes made was renamed the Visual Self Image Test (VSI). The following changes were made: (See Appendix A, Appendix B, and Appendix C).

Section A: In section (A), the descriptors remained as presented in the original Cincinnati test (Appendix A, B, C).

Section B: In Section (B) (emotional), the following adjectives were changed: empty/full, question/believe, and bold/shy. These were eliminated as either too hard to conceptualize or too difficult to render in a visual manner (Appendix B and C).

Section C: The socio-emotional (C) section retained all the categories (Appendix A, B,C). This section was used to measure socio-emotional comprehension. These choices were added to the VSI test to clarify and establish such discrimination as could be determined by the testees in these categories.

Section D: An emotional-situational (D) section was added by the author. In this section, testees had to make a three choice decision regarding appropriate behavior in verbally described emotional situations (See below). This section was added to determine whether subjects from the Experimental Group could be found to have assimilated knowledge from the treatment, and therefore be different from subjects from the Control Group in ability to do this task.

Section D gave the testees three questions in which they could make one of three choices. The facilitator asked the following questions during the videotaped procedures:

When I am angry I
    confront.
    talk.
    walk away.

When someone teases me I
    fight.
    respond.
    ignore.

When someone is in my space I
    get angry.
    feel nervous.
    talk.   (Appendix D)

The directions for administrating the VSI were changed from the original (Appendix, Cincinnati Test). The changes were made due to the visual nature of the test. Originally, the VSI consisted of two large boxes placed under each illustration. This was amended after a pre-video test of the instrument with a non-study population in which it was demonstrated that this was not sufficiently discriminatory. Five scoring boxes were then placed underneath and between the illustrations (Appendix B).

The final test amendment consisted of video-taped sections of peer role-play. Four non-related subjects from a separate workshop source were video taped in the following role play demonstrations:

Table 5. Video--Role Play Vignettes

1. Reaction to Anger

Role Play: threatening action
Subjects 1 (Male):   angry face close-up
Verbalization: "I will punch him in the nose" (repeat)

2. Reaction to Intrusion
Role Play: encroaching on another's space
Subject 1 (Male) &   struggling over chairs placed too
Subject 2 (Female):   close together

Verbalization: "Stop touching me"
                          "Get out of my space"

3. Reaction to Praise

Role Play: giving a compliment
Subject 2 (Female):   front face to camera
Verbalization: "I like you very much."
                          "You look nice today."

4. Reaction to Teasing: Name Calling

Role Play: name calling
Subject 2 (Female):   front face to camera; angry expression
Verbalization: "Get out of my room. Go away."

5. Reaction to Teasing: Testing

Role Play: testing
Subject 4 (Female):   head on hand, side face to camera
Verbalization: "Stop bugging me. Stop teasing me."

After each of these video scenes were presented, the facilitator asked: "How does this make you feel?"

"What would you say if someone said this to you?"

Scoring

Sections A through C (Appendix A, B, C): Each of the parts A through C had five response alternatives for each item determined by assigning a value of five for the most positive identification; three for the middle, or neutral box, and one for the most negative identification. These scores were compared between experimental and control groups.

Testees were instructed to mark the boxes as follows:

    If you think you are like this picture on the left, mark the small box nearest the picture (facilitator pointing to picture and box).
    If you think you are like the picture, mark the next box in line (pointing).

If you think you are like the picture on the right (pointing to picture), mark this small box nearest to the picture (pointing).

If you think you are a little like the picture on the right, but not exactly like it, mark the next box in line (pointing to box).

If you do not think you are like either one of the pictures, mark the box in the middle (pointing to box).

Section D: Responses to Section D were coded through the Observer Rating Sheets (see Appendix D for coding sheet questions).

Section E: Responses to Section E were also coded through the Observer Rating Sheets (see Appendix D).

Observer Coding Sheet

An overview of the questions presented to the observers on Section E, and the data analysis obtained, follows:

Question 1: In this question, observers were asked to rate viewer comprehension. On the five point scale, they were directed to mark whether or not this comprehension was clear (5); less clear (4); unclear (3); indecisive (2); or did the subjects give a rote answer (1). Examples of a rote answer could be considered a single word, a repeated feeling, or a "don't know."

Question 2: In question 2, observers were asked to indicate whether they thought subjects were making statements about their true feelings, or presenting answers that they thought were right.

Question 3: Question 3 was placed in the coder Rating Sheet to determine whether there were cases in which subjects might identify with the correct feelings, but respond with little or no confidence.

Question 4: This was placed in the Coder Rating Sheet to examine the repetitiveness of feeling answer. Coders were instructed to observe whether or not testees repeated a single feeling for each answer, i.e., happy, sad, or angry and were unable to discriminate between feeling status.

Question 5: This question was included to identify degrees of safety and ability to communicate of subjects during the videotaping. Good eye contact while answering "How do you feel?" questions was considered as an indication of subject confidence in presenting an answer. Mumbled answers and lack of eye contact was considered less confident.

Question 6: The ability to reason an answer was looked for in the Coder Rating Sheet as an indication of subject attainment of a logical rational stage of development.

Question 7: Question 7 was not computed, as only one subject was found able to answer this satisfactorily.

Training of Observers

Three observers were chosen from rehabilitation counselors who were not assigned to the main shop from which the testees were chosen. This was to establish that they could not know the composition of E1, E2, or C groups, and to insure blind rating.

These observers were chosen by the coordinator as persons with knowledge and experience of the population which would allow them to interpret common behaviors or practices based on personal experience.

All the observers were college graduates with degrees in rehabilitation counseling for special education persons.

The observers met in a private room where the TV monitor was assembled. They were instructed in the purpose of the VSI, and given video examples from a separate population of what to look for in high test samples; low test samples; and what would constitute a neutral sample.

The observers were given the coder rating sheets. They were instructed to circle one number after each question which best represented their opinion of behavior observed (Appendix D). They were informed that the viewing of the tapes would take approximately eight hours, and that they were being reimbursed for their time by the agency.

Inter-rater reliability. The computation of inter-rater reliability indicated a high degree of goodness of fit (see Tables 6, 7, and 8) with correlations ranging from 85 to 88.

Table 6

Correlation between Observer One and Observer Two

Observer	Mean	S.D.	d.f.	Correlation
01	69.68	10.16	30	0.88
02	69.28	10.28	30	0.88

Table 7

Correlation between Observer One and Observer Three

Observer	Mean	S.D.	d.f.	Correlation
01	69.68	10.16	30	0.85
03	69.46	10.12	30	0.85

Table 8

Correlation between Observer Two and Observer Three

Observer	Mean	S.D.	d.f.	Correlation
02	69.28	10.28	30	0.88
03	69.46	10.21	30	0.88

Reliability and Validity

An effort was made to minimize error through the conditions of administration by specifying controlled conditions of administration.

Attempts to develop a sound instrument also included the pre-administration video test with a separate group of subjects. This testing brought to light the oversimplified condition of the test, and the inadequacy of the original scoring formula. It was also decided to add the role-play video-tapes (Table 5) after this pre-video test, to insure that more observable reactions could be presented to the observers.

As described earlier, the observers were provided with video presentations prior to their coding of tapes of video study of

subjects to help build inter-rater reliability. The researcher gave detailed descriptions of differences to be rated on the Coder Rating Sheets (Appendix D) at the pre-video demonstration.

Procedure

The facilitator approached the Director of Rehabilitation for permission to use the site for experimental purposes for a doctoral study.

Subject Selection: (Refer to Subject Section.) In addition, the coordinator obtained the agency permission slips for video-taping of the tests, according to human rights procedures (Appendix G).

Site Allocation for Treatment: The facilitator and the coordinator met to discuss suitability of time and location. The conference room of the workshop was chosen as suitable for group meetings. Times for each group were chosen to be compatible with their work schedules, and not to interfere with their lunch breaks.

Treatment Delivery: The treatment was administered as described in Chapter IV. Because the treatment varied slightly between the two E groups, the details of the sessions have been expanded there.

In implementing the treatment, subjects were called to the training room over the intercom, a system with which they were familiar.

VSI Testing: A video camera was placed in a testing room. The initial testing room was changed after the first morning session, from an office setting to the conference room. The rooms were similar

enough that no differences in subjects results were believed to occur.

The location and purpose of the camera was made known to each participant, who were reminded that they had signed release slips for this procedure. Such permission slips afforded subjects the right to know what was taking place, and the right to refuse to participate (Appendix G).

The grouping of the participants for testing was randomized. The researcher marked the individual coding sheets for each coder, numbered 1 through 40. Each coder received an individual package which contained these sheets and a copy of the VSI for Men and the VSI for Women. The identifying group members were then placed in random order, so that Groups E1 and E2 and the Control Group subjects appeared on the video screens in a mixed order.

Data Tabulation

The posttest results were measured as follows:

Total scores on the VSI: Total scores were obtained by the researcher. ANOVA tests were conducted on total scores of subjects taking the VSI. These scores were analyzed between Group E(1) and Group E(2).

Group E(1) and Group E(2) total scores were then combined and analyzed against the total VSI scores obtained from the Control group and ANOVA tests obtained.

Coder Rating Sheets

T-tests were conducted on the mean scores based on the total scores obtained according to STAT PAC formula for the t-test for the Coder Rating Sheets. These t-tests were analyzed on the combined scores of Group E(1) and E(2) to C Group. A further analysis was done by t-testing the raters group scores for each of the seven questions which related to the subjects' reactions to the TV vignettes.

Measurement of Response Profile

The MRP data consisted of Hi-Lo ratings for each of the experimental groups. Chi-squares were computed to test for group differences. Further explanation of this procedure is presented in Chapter V.

C H A P T E R   I V

TREATMENT PROGRAM: DESCRIPTION OF DELIVERY

This chapter includes a description of the treatment methodology
for the two E groups, Group I and Group II. To facilitate
understanding, each meeting has been organized according to the
following headings: Date, Time, Purpose of Meeting, Participants,
Developmental Focus, Materials, Meeting Number, Activities.

The "developmental focus" title and section refers to one of the
tactile-kinesthetic, symbolic or logical rational stages, as explained
in Chapter III. These focus headings are extrapolated from the from
the stage descriptions used by Piaget in his theory of cognitive
development (see Chapter II). His specific terminology has been
translated for the study. Piaget described pre-cognitive, or sensori-
motor development as the earliest stage. In this study this stage is
translated as tactile-kinesthetic. The mental operations stage is
translated here to symbolic, and the formal-operational stage (or
reasoning in an abstract fashion) became the logical-rational stage
for the purpose of this study. These terms were also used by Gardner
(1983).

In analyzing the information describing the two groups, it was
found that the tone and quality of sessions for each group was

different. These differences are assessed at the end of this chapter,
in the researcher's observation on treatment delivery.

First, the eight meetings of Group I will be described followed
by accounts of the eight meetings of Group II.

GROUP I

Meeting 1: February 14, 1985   One o'clock

                Purpose of Meeting: Introduction
                                      Understanding Body Characteristics
                                      Discussion

                Participants: I/A, I/C, I/D, I/E, I/F,
                                      I/G, I/H, I/I, I/K

                Developmental Focus: Tactile Kinesthetic

                Materials: Tracing Paper, Marker, Mirror, Tape Recorder

Activities

The facilitator introduced herself and explained the purpose of
the project:

    Purposes:
        to get to know ourselves
        to get to know other members of the group

    Activities to Meet Purpose:
        to meet in the same group configuration and setting for a
          period of eight weeks
        to meet on Thursdays at one o'clock

    Evaluation to Group:
        group participation was voluntary

The first step was an introduction to the body outline. An
explanation was given to the group, and a volunteer was requested.

I/E volunteered and was instructed to place herself on a sheet of yellow tracing paper on the floor. An outline of her body was drawn by the facilitator with a black marking pen and the outline was then taped to the wall.

I/K then volunteered for the same procedure. To begin an awareness of feelings, the facilitator questioned the volunteers while making the outline:

"Does this hurt?"

"Does this make you feel afraid?"

"Does this make you feel funny?"

Volunteers responded that it did not do any of these things.

I/F then volunteered. There were three outlines now on the wall: two males and one female. Participants were then questioned with regard to differences and likenesses. Male and female differences were noted. Size and height differences were observed. There was a general agreement that bodies came in different sizes and shapes.

An 8 x 10 mirror was introduced and passed from one participant to another. Observations were made of hair and eye color; moustache, beard glasses. Although there was one person of black color present, no observation was made of skin color difference. After this exercise, questions were posed regarding similarities: Are we all the same in shape and size and physical properties? The answer was "No."

The contrast between an outline of a body, and one's own three-dimensional body was made by asking participants to feel around their arms. They were questioned to note the thickness and the roundness.

Further introduction to body properties was elucidated by questioning: "What do we put in our mouth?" Answer: Food. "What do we do at night?" Answer: Sleep. "What does sleep do for us?" Answer: Charge your batteries.

The tape recorder was presented as a tool to the group.

Question: "What comes out of our mouths?"

Answer: "Words, talk."

Participants then listened to themselves on the tape recorder. Descriptions were made of what they had had for breakfast. All participated.

They were questioned as to whether their voices sounded as they had expected. There was some agreement.

Further descriptions of body properties were repeated: We have outlines? They show height and width. They do not show the third dimension of roundness or thickness.

There is an inside to the body, which contains the heart, lungs, stomach. We take in food; we speak out with our voice.

We carry our bodies with us wherever we go. The meeting ended.

Meeting 2: February 21, 1985   One o'clock

Purpose of Meeting: Clarification of self
                      identity with emphasis on
                      positive attributes,
                      body language

Participants: I/B, I/C, I/D, I/E,
                      I/F, I/H, I/I, I/J

Developmental Focus: Pre-concrete operational

Materials: Mirror, Tape Recorder, Drawing Pad, Markers

Two new members were introduced. They were brought up to date about the number of meetings, and the time and place. Volunteers explained the idea of the body outline.

The mirror was re-introduced and passed around. Each person was requested to observe their best feature: what they liked best about themselves. The comments started with I/C. He had recognition of his face in the mirror, and connected it with shaving. I/J mentioned his shirt as his best feature; I/I giggled and mentioned her smile. I/H mentioned shaving. I/E mentioned a smile, looking nice, feeling good about self. I/B mentioned smile, I/D did not talk throughout the whole session; he did not want to look in the mirror or participate.

Each group member was asked to say something nice to the person on their right. Two participants were cued on positive, or "nice" statements. This difficulty seemed to arise from lack of experience in giving and receiving compliments, an activity which is uncommon to this population, as their overall self image is more negative than positive (Klebanoff, et al., 1974).

The next porition of the session revolved around what we do to keep our bodies healthy and feeling good: eating, exercise, sleep, favorite foods.

An experiential exercise was introduced to discover how close or how far we could approach each other in comfort. A volunteer demonstrated with the facilitator and with each other. I/D did not participate in this exercise.

After this, the facilitator introduced the difference between a slow and a quick walk. What did the body say? The answers indicated that the group identified a slow walk with being sick and a fast walk with being healthy.

A review of body properties followed. When questioned about the meaning of the word "identity" the group mentioned their I.D. cards. This led to an exercise in which members of the group described their own identities using the mirror and tape recorder.

In a final exercise, the facilitator experimented with a guided fantasy. She requested that the group close their eyes. They were asked to envision waking up in the morning and looking at themselves in a mirror. When looking in the mirror, they were asked to say: "What a great person I am; I feel good; this is going to be a good day."

Meeting 3: February 28, 1985   One o'clock

    Purpose of Meeting: Review of Previous Sessions
                               Introduction to Feelings

    Participants: I/B, I/C, I/D, I/E, I/F, I/G,
                               I/H, I/I, I/K

    Developmental Focus: Symbol recognition
                               Logical rational

    Materials: Drawing Pad, Pictures

There was a good representation of the group. They entered with more smiles and ease. As a review, the facilitator did a stick drawing to remind them of the physical properties of their bodies.

The facilitator then drew a kettle with bubbles.

Question: "What happens to water when it boils?"

Answer: "It bubbles."

The facilitator drew bubbles inside the kettle with Happy, Sad, Angry faces. Participants recognized the descriptors, and were able to verbalize their responses. Feelings were introduced as natural to all, everyone had feelings.

I/F discussed anger, saying that he used to hit his head against a wall, which was why he had ended up in the hospital.

Further, discussion of feelings dealt with sadness and loss. Participants revealed loss of parents, friends, grandparents. I/I responded to a drawing of a figure with a sad face, and a large round body with a "hole" inside, and said that described how she felt about loss. I/D responded verbally for the first time during this session.

Each member of the group responded with a personal story of who had been lost. They were asked how they felt when they shared these feelings. Had they felt that they were alone? A: "Yes."

F.Q: "How do you feel now?"

   A: "Better."

This point was used to describe that we all have the same feelings inside of us.

Meeting 4: March 7, 1985   One o'clock

    Purpose of Meeting: Review Body Language Communication
                                      Pictures

    Participants: I/C, I/D, I/E, I/H,
                                        I/I, I/J, I/k

    Developmental Focus: Symbol recognition
                                        Logical rational

    Materials: Pictures, Drawing Pad, Markers

There was a verbally cued review of body language. A short discussion ensued about attention: the necessity to use eye contact and developed listening skills. In the next exercise, the group broke up into dyads and practiced talking to each other.

Drawings were introduced to illustrate various feelings, e.g., pictures of a man experiencing a temper tantrum, children jumping, two persons close together (heads only), parents arguing, man looking at nothing (see Illustrations, 6, 7, 8, 9). These were passed around to the group. Using role-playing techniques, the facilitator turned her back on the group, and asked with what feelings group members could identify.

A: "Ignoring us."

Group attention was directed to I/D, who had begun to participate verbally. His progress was noted as an attempt to communicate, and questions arose around the properties of communication. I/D had had to think of something to say, to tell us something about himself.

This led to an exercise in which each member was asked to think of something to say to another member of the group. Although the exercise was difficult, members made attempts to discuss their families, plans for leisure time activities, sports and favorite occupations.

The difference between talking and communicating was pointed out: the facilitator noted and explained that as shyness and hesitancy were removed by familiarity, and interest was aroused, conversation with communication became easier. This week the participants were encouraged to make their own choices. They had seated themselves differently, so had different persons to speak to in dyads. They tried to make the other person interested in what they had to say. They used attention getting methods to increase the interest of the other person. The participants encouraged each other in their attempts to make statements of interest.

Meeting 5: March 14, 1985   One o'clock

       Purpose of Meeting: Review of Feelings
                               Review of Body Language and
                                   Expression
                               Decision Making

       Participants: I/B, I/C, I/D, I/H,
                               I/J, I/K

       Developmental Focus: Symbol recognition

       Materials: Drawing Pad, Marker

I/D was the first to enter group today, and mentioned that he did not have to be called. Again, there was a different seating arrangement.

The review revealed that the group still needed to be verbally cued to remember representative definitions of feelings, i.e., what makes a person happy, angry or sad. There was a problem of word recall, for "feelings," and difficulty with a role-play of body language.

The facilitator drew pictures of a banana, apple, grapes, orange, pear, cookie. Each person in turn was asked which they would choose. Each chose independently. It was pointed out that they had chosen what they had liked, that they had made a decision.

They were referred to their clothes choice for the day. It was again pointed out that every time a choice is made for ourselves, we make a decision about ourselves. Further discussion centered around food choices, and their favorite occupations during leisure time. Their choices were many and varied, from cooking, to dancing, to going to the fire station.

The facilitator led the group around the table at a fast pace, to re-energize the group. A discussion as to why this makes us feel better followed, together with a discussion about space needs. One member revealed "feeling like a sardine" on public transportation.

With this statement, conversation centered on body language: how our bodies speak for themselves and indicate feelings and moods. There was a role play of temper, which led to a discussion of the

causes of anger. The group discovered that they can make decisions, or choices, in the matter of emotions.

F.Q: "Who does the doing?"

  A: (I/H): "Our own selves."

F.Q: "Who is in charge of the anger?"

  A: (I/D): "Ourselves."

F.Q: "Suppose someone makes you angry and you really want to hit him, you can hit him or do what?"

  A: (I/D): "Blab. Talk."

F.Q: "What do you do to get rid of the feeling?"

  A: "Talk to someone."

F.Q: "We have problems: What do we do?"

  A: "Solve it." "Talk to the people." "Talk when they are calmed down."

Discussion among group members led to a point where they discovered that they make decisions. The final statement came from I/C, who stated:

> Feelings, the word just came right out of me: that's what we are working on: feelings, making choices, and who does it.

Meeting 6: March 21, 1985   One o'clock

           Purpose of Meeting: Review of Previous Sessions
                                  Responsibility for Behavioral
                                     Consequences
                                  Healthy and Unhealthy Feelings

           Participants: I/D, I/K, I/H, I/C,
                                  I/I, I/B

           Developmental Focus: Logical-rational

           Materials: Drawing Pad, Markers

Two group members, I/H and I/I, came to the facilitator at the beginning of the meeting and said that they had been helped with interpersonal discussions about their feelings. They were reinforced for their disclosure and made aware of the importance of group support and group membership.

Discussions took place which referred to likenesses, voices, space, body language, role play, attention, fantasy and reality were recalled from earlier sessions.

I/D, brought up the situation of dealing with a vacation. This led to conversation about positive feelings, and also anger, jealousy and sadness. Contrasts were introduced and considered in this discussion of "positive" and "negative" feelings.

F.Q: "What happens when you have a good strong thought?

   A: (I/I): "Really good feeling about yourself. Happy. Feel very strong.

F.Q: "Supposing it's a bad day, and someone just touches you: You feel like you have been brushed away. (I/I models with body language): Does that make your body feel good?"

   A: "No."

Feelings "brushed away" or brushed off" was called an unhealthy feeling. Examples were then given of healthy and unhealthy feelings. Feeling angry or sad were described as unhealthy feelings, or negative feelings, which could cause physical feelings of illness. Pleasant encounters were described as examples of healthy feelings, or positive feelings, which could cause people to feel well, or good about themselves.

The facilitator then introduced the idea of control of physical acts, or behavior. An example was given of "when you were little and went out to eat, someone would say: "Sit up, be good, don't whine," that is your behavior, what are you doing?

F.Q: "If I pick up the tape recorder and throw it across the room, who is responsible for the throwing?

A: "You."

F.Q: "Who controls the hand?"

A: "You do."

F.Q: "Who controls what we do?"

A: (I/H): "Ourselves."

F.Q: "Our behavior is what people see. They don't see your feelings because that is what is inside you. Can I see what is inside of myself?"

A: (I/H): "No."

F.Q: "What they see is what you are responsible for. What they see is what you act."

Examples of behavior towards each other were then requested and given by the participants. These included testing behavior (I/D: I/K); liking behavior (I/H; I/I); team behavior (I/K); work behavior (I/J); embarrassing behavior. I/D made the comment that:

> We are like actors: like we look at people onTV, others look at us. People on a bus (the "T) don't look at us if we are not doing anything different.

The facilitator drew stock figures in a group, and a figure outside that group portraying a tantrum.

F.Q: "This is a big group. Lots of people around. This guy
out here is having a temper tantrum. What are these
(people in the group) going to be doing?"

A: "Looking at that person."

F.Q: "Whose fault is it if these people look at you?"

A: (I/H, I/K): "Ourselves."

F.Q: "What do we have to do?"

A: "Think: think how we look, think how we act, think how we
behave."

A stretching exercise was then implemented. The learnings were
then asked for:

I/H: "Being conscious."

I/I: "Plus or minus: good healthy thoughts, good feelings."

F.Q: "What is minus?"

A: "Awful, sick: minus."

The meeting ended.

Meeting 7: March 28, 1985   One o'clock

Purpose of Meeting: Behavioral control
                      Responsibility for Consequences
                      Fear

Participants: I/B, I/C, I/D, I/H, I/K

Developmental Focus: Logical-rational

Materials: Drawing Pad, Markers

The group reviewed behavioral contrl and responsibility for

consequences. The facilitator praised I/D for his increased

participation in the group:

F.Q: "How much better you have been since you first came in
      here. What happened?"

A: (I/H): "He feels part of the group, no one's going to
      hurt him."

This exchange led to the question of fear: What does one fear"
As the Wizard of Oz had been on the television that week, and
participants had watched it many times, the example of the Cowardly
Lion was used.

F.Q: "What did the Cowardly Lion go to Oz for?"

A: (I/C): "Courage; wanted to be brave; being brave."

F.Q: "What did he have to do?"

A" (All): "Had to save Dorothy, go into the castle, save her
      from the witch; take the broom away; he was scared, but he
      did it anyway."

(I/D): "Even though he's afraid...he did the thing, even
      though he was afraid to do it."

F.Q: "So, if you're scared of something, what do you do?"

A: (I/H): "Walk right through it" (using fingers to demon-
      strate).

Other types of fear were mentioned: physical feelings when
surprised; fear of swimming, doing something that you can't do. For
the swimming context, the facilitator used the example of a life
support holding one up, and drew a parallel between that and the kind
of group support that Group I had been experiencing.

The group returned to review plus and minus feelings (positive and negative), and the ability to make decisions to control our behavior.

F.Q: "Everyday is a whole new day: who has the decision to be happy?"

A: "Ourselves."

F.Q: "Who has the choice: to use the power and energy? We have brain muscles, feeling muscles: you have the power, the strength."

A: (I/K): "Ego muscles."

"Ego is how you feel about yourself: ego muscles must be trained: how do I feel about myself, do I feel plus or minus: you have that power, those ego muscles."

(I/H): "Me, myself and I: no one else can do anything else about it but ourselves."

The facilitator and the counselor then used physical examples for strengthening muscles: lifting weights; running, weight control. I/D offered the example of bicycling to work every morning, getting up at six, and feeling good about himself.

F.Q: "What does I/D do that gives him power and energy?"

A: "He does it by himself. He gets it outside of his head."

The exercise ended with the facilitator asking the participants to come to the last session with an example of what they had done to strengthen their ego muscles during the week.

Meeting 8: April 4, 1985   One o'clock

    Purpose of Meeting: Review of Intervention
                              Celebration

    Participants: I/B, I/C, I/D, I/E,
                              I/J, I/H, I/I, I/K

    Developmental Focus: Logical-rational

    Materials: Drawing Pad, Markers, Cookies

The facilitator had brought cookies; this had been previously identified as the last session. The emphasis was to be on learnings identified, and a celebration of their completion.

I/H and I/I were asked to review their learnings about their feelings.

> I/H: "We talk to each other more. If we get angry, we try to figure it out."

> I/I: "I learned more about the other person's feelings. I learned how to try to deal with my aunt, instead of getting mad."

I/K and I/D said that they had learned more about teasing. It can be alright to tease a person if he/she is a friend, but:

> I/D: "If the other person feels hurt, then you have to stop."

> F.Q: "What if the other person gets angry?"

> A: (I/K): "Then you have to stop...control."

I/D was cited as an example of how trust increased as people become better known to each other.

F.Q: "None of you knew me when I started. You did not know what to expect. What happened?"

  A: (I/I): "We were afraid to speak."

F.Q: "How does it feel now?"

  A: (I/H): "Good."

F.Q: "Does anyone know the meaning of the word trust?"

  A" (I/H): "Knowing something won't hurt you."

F.Q: "How do you feel about (me) now?"

  A: (I/D): "You won't hurt us."

F.Q: "How did you find that out?"

  A: (I/K): "You were teaching; we didn't feel bad. Nothing scary."

F.Q: How do you feel about each other?"

  A: (general): "We know each other better; know something more about a person; know feelings, everyone has them."

F.Q: "That's trusting; that's what that word means; you trust someone not to hurt, or upset you. Or you can talk to that person if they make you upset."

    (I/I): "Cookies are trust."

A general overview was presented by both the facilitator and the participants. In the spirit of celebration, there were no new learnings, except that participants noted it felt good to feel good.

GROUP II

Meeting 1:   February 14, 1985   Two o'clock

           Purpose of Meeting: Introduction
                                  Body Outline

           Participants: II/B, II/C, II/D, II/E,
                                  II/G, II/H, II/I, II/J

           Developmental Focus: Tactile-kinesthetic

           Materials: Tracing Paper, Markers, Tape Recorder,
                       Mirror

Group II entered quietly. They seated themselves and looked at the body outlines that were hanging on the walls. There was little conversation.

At the beginning of the Group II meeting, the facilitator introduced herself and the purpose of the meetings in a similar manner to her introduction to the one o'clock group. As can be seen in Tables 2 and 3 (pp. 38 and 39), group compositions differed slightly. There were more males than females in Group I than in Group II. The age levels were not similar and the relative I.Q. levels were also different. The I.Q. distribution in Group I was between 47 and 68. In Group II, this distribution is shown as being between 40 and 77.

The motif of Group II then became shyness at entering the group. Questions were around the table about anger, fear, shyness. There were two denials of anger and fear feelings. II/B spoke up and said that she would rather talk about this with friends during break. This was when it was discovered that the timing of Group II meetings

interfered with Workshop Break time. After some discussion, it was agreed that individuals would come one day a week and give up their break time.

The group was dismissed some ten minutes early, as it was not possible to maintain attention for the full sixty minutes.

After the first session, II/E went to the counselor, burst into tears and said that he could not discuss his feelings, he was to sensitive. The counselor responded that these sessions were voluntary. Other group members reporting on sensitivity to the material under discussion were also reassurred by their counselors that these meetings were not mandatory.

Meeting 2: February 21, 1985   Two o'clock

    Purpose of Meeting: Clarification of self identity
                              with emphasis on positive
                              attributes
                      Body language
                      Experiential exercise

    Participants: II/A, II/C, II/D, II/F,
                      II/H, II/I, II/J, II/K

    Developmental Focus: Pre-concrete operational

    Materials: Mirror, Tape Recorder, Drawing Pad, Markers

Introduced new members of group to what had transpired last week. Body outlines were mentioned, and a sketch of a body outline was presented. Body properties were recounted: arms, legs, head, nose, mouth, eyes, ears. Intake of food was discussed.

The mirror was sent around the table with the same question given to Group I: What do you like best about yourself? Give a compliment to the person next to you.

The same experiential activity used in Group I was then introduced to demonstrate distance and closeness. Subjects and facilitator demonstrated, then subjects and subjects. Members of this group disclosed their willingness to let other subjects to get closer to them than the facilitator, because the facilitator was unknown quantity.

The counselor came into the room, and the group tape was repeated for her. Self identification was repeated with the mirror and the tape. Some extra work was done on the voices, so that voice identity could be clarified. Three male participants all spoke at the same time, using the same words: they then identified their own voices on replay. The same exercise was repeated for the women.

The guided fantasy exercise on morning wake-up was introduced. Also repetition of the exercise on saying something good. The group members exhibited more ease and familiarity with each other by the end of the meeting.

Meeting 3: February 26, 1985   Two o'clock

        Purpose of Meeting: Introduction to feelings

        Participants: II/A, II/B, II/C, II/D,
                       II/F, II/H, II/I, II/J

        Developmental Focus: Symbol recognition
                       Logical-rational

        Materials: Pictures, Drawing Pad

Some difficulty was experienced with meeting start, due to the intercom system. There was a review of the last two meetings, a statement that the facilitator had not brought the mirror this time, and the introduction to the kettle drawing and the feeling bubbles. The same procedure in explaining the kettle was given as in Group I.

II/B volunteered the statement that she was feeling sorry right here and now, because her dog had been missing.

Group members listened to her story, and added reminiscences of their own on experiences of loss and sadness. The facilitator asked who among the group had lost a parent, grandparent, animal. When the answers were given, group members were asked how they felt.

A: "Angry."

A: "Sad."

Discussion followed on loss being something that everyone present had shared, in one way or another. They were asked if they recognized that other people had similar feelings.

A: "Yes."

F.Q: "Does knowing that other people have this same sad feeling help you? Make it easier for you?"

A: "Yes."

Meeting 3: March 7, 1985   Two o'clock

> Purpose of Meeting: Review body language
>   Communication
>   Use of pictures
>
> Participants: II/A, II/B, II/C, II/D,
>   II/F, II/I, II/J
>
> Developmental Focus: Symbol recognition
>   Logical-rational
>
> Materials: Drawing Pad, Markers, Pictures

II/J arrived without being called. Participants took different seating arrangements this week. The pictures of a man and a temper tantrum, children jumping, two heads close together, parents arguing were passed around the table. Role play was initiated about a person walking away, or turning his/her back to you: What kind of feeling did this produce? Respondents agreed that they were angry at being ignored.

Some conversation about sports was then initiated, as the participants were beginning to look and act bored. It was discovered that there had been little or no work in the workshop, and this resulted in disgruntled feelings. A sheet of newsprint was passed around the table, and group members drew their feelings here and now. The results showed more angry than happy feelings. The conversation again arose about missing break time.

An attempt was made to present active listening skills. It became obvious that it was difficult for people in this group to find things to say to each other. The group broke up ten minutes early, after a meeting which was punctuated by silence and disinterest.

Meeting 5: March 14, 1985   Two o'clock

        Purpose of Meeting: Review of feelings
                                  Decision making
                                  Review of body language and
                                    expression

        Participants: II/A, II/B, II/C, II/D,
                                  II/F, II/I

        Developmental Focus: Symbol recognition

        Materials: Drawing Pad, Markers

The question of boredom began the meeting. II/D had entered the room, left saying he was bored, then re-entered later. There was a better attempt at review and recollection than at previous times. This group made an effort to produce descriptive comments on the material under review.

II/B was asked to role play body language of her own choice, by leaving and re-entering the room. Her choice of anger was recognized and she was reinforced for being able to complete the exercise of portraying a feeling without speaking. II/F role played sadness, with body folded over. II/A left and entered the room, role playing anger. This has been a more successful exercise than with Group I.

The banana/apple/orange/grape/cookie, etc., drawing was presented, as in Group I. The same reasons for choices were given: "Because I like it." The same responses were given to questions of choice of clothing.

The exercise was interpreted as an exercise in decision making; "We make decisions all the time." II/D became interested in conversation and reference was made to work decisions:

A: "...person next to me bugging me"

A: "want to earn some money"

A: "doing the job wrong"

A: "not knowing the job"

A: "when there is nothing to do, we walk around, get upset: that's when we get into trouble"

F.Q: "Supposing you got up mad this morning; do you have to stay mad all day?"

A: "No."

Facilitator illustrated "snap out of it" by snapping of fingers. There was a chorus of snapping fingers. "You don't have to stay in the same mood."

Facilitator role played anger on coming into work.

F.A: (to II/I): "How do you feel? What am I going to be doing to you (behaving like this)?"

A: (II/I): "Get upset."

F.Q: "Who is in control?"

A: "You. You are in control of your emotions."

F.Q: "Do you realize that you are in control of your emotions?"

II/F (banging table): "How do I stop--what do I do?"

A: (II/B): "Stop say; stop the banging."

F.Q: "Would I listen to you now?"

  A: (II/B): "No."

F.Q: "How do you calm yourself down?"

  A: (II/B): "Just take a deep breath."

F.Q: "Good."

All start taking breaths.

F.Q: "How do you feel."

  A: "Better."

The conversation turned to persons who talk too much, and the drawing was made of listen (ear) arrow to think (brain) arrow to speak (mouth). Subjects repeated that they have to think with their brains before talking, before they open their mouths.

Meeting 6: March 21, 1985   Two o'clock

        Purpose of Meeting: Review responsibility
                            Healthy and unhealthy feelings

        Participants: II/A, II/B, II/C, II/D,
                            II/F, II/H, II/I

        Developmental Focus: Logical-rational

        Materials: Drawing Pad, Markers

    II/A arrived first, without being called. II/H had been absent for two weeks, due to moving to another worksite. He was introduced to sections of the past two meetings through review. The mirror was re-introduced to review likenesses and differences, bodies and

feelings. The drawing of fruit and a cookie was introduced to explain decision-making and the process of choice.

II/B was reminded of her body language role-play the week before:

F.A: (II/B): "What did you have to make your mind up to do?"

A: (II/B): "To show without talking."

F.Q: "Who did the showing?"

A: (II/B): "Me."

F.Q: "Who chose the feeling?"

A: (II/B): "I did."

A discussion of anger between two subjects was interrupted, and II/A was verbally reinforced for making the choice of thinking before talking. She was reinforced for listening last week, and remembering, and thinking this week. She had "controlled her mouth," as depicted by the "listen, think, speak" drawing.

Again, the conversation was drawn to the prospect of no work, and the resultant boredom and itchiness that was felt by the subjects. The facilitator role played running around the table to "freshen up" her mood.

F.Q: "If I feel really good, and sit down next to (II/B), and have a big fat smile on my face, and turn that smile to you, how do I want (II/B) to feel?"

A: "To share your mood...to feel happy."

Discussion centered around teasing, and the description was given to Group II of the happening in Group I, when one person asked another to stop teasing him.

F.Q: "What do you think he did?"

A: (II/B): "He stoppe."

The facilitator repeated illustration of II/A's choice of change. This brought up the issue of feelings getting in the way of thinking.

F.Q: "If you have a really big feeling (making large sound): What do you have to do with the feeling: What can only you do with that feeling? Stop the feeling, control."

The facilitator raises a hand with car keys. She drops the keys.

"I lost control of the keys: I told my hand; don't control holding. If you have a feeling, and you drop the feeling, drop the control, you are responsible."

Role play of walking down a street, acting silly.

F.Q: "What are people going to be doing?"

A: (II/I): "Staring."

"Right. People are going to be looking at you...(taking out drawing of crowd and one person having a tantrum). Where are the people looking?" (Appendix.)

A: (II/B): "At you."

F.Q: "How do you feel?"

A: (II/B): "Stupid."

F.Q: "What can you do?"

A: (II/B): "Stop it."

F.Q: "Who can do it?"

A: "You."

Questions went around the table, i.e.: "Who is in control of you?" A: "Me." More conversation took place about people looking at one's behavior, and the illustration of how one had to be taught, as a child, how to eat, and how to behave, to learn your polites, was given.

Cooking and cleaning had to be learned. New jobs had to be learned.

F: "This is the job we are trying to learn now. It's different. We are trying to think about how we control how we think and how we act."

The facilitator used her hand to demonstrate a pac-man (TV game) eating lines. Pac-man eats up everything in sight. A parallel was made of jealousy, eating up everything inside.

II/B: "When you get mad, everything eats you up."

F.Q: "Really makes you feel sick."

II/B: "I never knew that."

F.Q: "What do we do."

A: "Let the feelings out, talk."

II/B: "Yeah."

F.Q: "Talk to the person that's bugging you" (turning to counselor present). "She is not bugging you. Did she start the problem?"

A: "No, someone else's mouth."

F.Q: "If I'm causing the problem, what would both of you do to me?"

A: "Tell you to stop it."

Questions then arose about how to stop a person when they are angry. A solution could be tried of going up to the person before beginning work, without being upset and nervous, and asking them to do their work, and let you do yours.

An altercation then broke out, based on being hot and tired and angry. The room seemed to make people sleepy. The altercation was stopped when one person listened to herself on the tape, and could distinguish the difference in tone of voice.

The facilitator then used the tape to illustrate voice tones:

(Shouts): "Hey, (name)."

(II/H: (immediate response): "You leave me alone." (shouting)

F.Q: "What did he do? (plays back tape): He had to shout louder than I did. If one shouts, the other has to shout louder to cover up the noise.

They stay overtime (no question about break time has bene made for this week or last week).

Meeting 7: March 28, 1985

Two o'clock

Purpose of Meeting: Behavioral responsibility
Fear

Participants: II/A, II/B, II/D, II/F,
II/I, II/J

Developmental Focus: Logical-rational

Materials: Drawing Pad, Markers

The session started with a discussion of II/J's anger. He described himself initially as a person who: "Threw a guy through the window, glass and all. The kind of guy who always liked to aggravate."

F.Q: "What would make you mad at people?"

A: (II/J): "People talking about my mother; keeping me awake around the clock." (Referring to his roommate): "When he screams, the staff have gone to bed. I'm usually out of it. I go to bed an hour early.

F.Q: "You know what is going to make you mad, you know what to do about it, so you know how to control it. Who is controlling your tempers?"

A: (II/J): "I am."

F.Q: "What do you have to do?"

A: (II/J): "Think."

F.Q: "If you go and ask staff for some ear plugs so that you don't have to hear him screaming, what would you be doing?"

A: (II/J): "Handling the problem."

F.Q: "Who has the handle on the problem?"

A: (II/J): "I do. I try walking away, but you can't always walk away from your problems."

F: "No, but you can learn to handle them."

II/J: "You got to get your feelings out and confront them, control the situation, be in control of your own feelings ...I think I have it better in control. Whenever I get angry now, I don't do what I did. I don't get violent. People have always been a problem for me growing up."

F.Q: (F): "What do you have to do?"

A: (II/J): "Think about it, check myself, protect myself, say I was kind of foolish in the past."

This conversation became the basis for dealing with "who is the person responsible for the action?"

F.Q: "What happens when you get so angry that you think you don't know what you are doing?"

A: "You can get out of control."

A: "We all got tempers."

A: "Nobody's perfect."

F: "We've all got the same feelings. What we've got to learn is what to do about them."

A: "Got to let it out."

A: "Can't keep it inside, that makes it worse."

Q: (II/I): "What do you do with your temper?"

A: (II/I): "Sometimes I go downstairs and punch some thing, go outside."

A: (II/J): "In (city) they had me yell at a tree; trees can't talk back. NOw I can talk about it. The best thing about (II/I)'s problem is that she can admit it."

A: (II/I): "Sometimes I call my best friend about it."

It was presented that that was what groups were for; that we need help with our feelings, and talking in a group is one way of keeping ourselves on an even keel. At this time, an additional person, who had entered the group, but was not a regular member, had a seizure. After that was dealt with, both by the facilitator and members of the group, the discussion continued.

Good and bad feelings, or plus and minus feelings, were introduced to the discussion, as in Group I. Using the term of ego muscles, presented in the Group I meeting, the conversation centered on how to exercise our ego muscles.

F.Q: "How do you act if you feel good about yourself? How do you act if you feel bad about yourself?

A: (II/I): "Talking to someone, talking over my problems with someone. I think it's always going to be the same problem."

F.Q: "If you think that way, it will be the same problem. I can't make you change your mind."

A: (II/I): "You do it yourself."

(II/A): "We have to exercise up here, in our head."

Again, the facilitator used the illustration of the life supporter in swimming lifting one up (see p. 79), making one feel safe, and likened it to the use of friends in a group as supporters. The emphasis in this meeting became one of problem solving, and an exercise about how one feels good was then role played. The group consensus was that they were in control of their feelings, when they thought, and that they were able to make change, if they acted. An exercise in personal problem solving was then entered into by the group in response to a work problem (sitting next to each other) encountered by two group members. With group input, the two male members agreed to "have a cup of coffee and talk about" their problem.

Meeting 8: April 4, 1985   Two o'clock

    Purpose of Meeting: Review
                          Celebration

    Participants: II/A, II/B, II/C, II/D,
                          II/F, II/I, II/J

    Developmental Focus: Logical-rational

    Materials: Drawing Pad, Markers, Cookies

One of the most important statements to come out of this final meeting was a subject's comment that: "We learn to speak for ourselves through these group sessions." Another attempt at problem solving was made by the group for a fellow member. This was handled by interactions between the group members themselves.

    II/B (statement of problem): "...keeps bothering me, keeps
        following me, even when I say stop. He won't listen to
        me."

II/J: "He has the feeling of loving someone who don't love you. She got the right to pick her own friends."

II/D: "She don't like it so we're trying to help her."

II/J: "So before you go to work, maybe, say: "If you don't follow me around in the morning, maybe I'll have coffee with you on Friday. Tell him in a nice way."

After the problem-solving exercise, the facilitator asked the group members what they thought they had learned.

II/D: "Little bit about yourself. Like I'm shy at talking to people."

II/J: "You can stop yourself from getting mad, from making people mad."

II/A: "Calm down" (taking a deep breath).

II/F: "We all have a right to our own feelings. I feel good about me when I come in because I have the right to feel good about something. All people have feelings inside, don't keep it inside. You have to think about it: if I come in, and want to have a nice day, don't start anything. Use your brain...learn, that means grow up. People can learn."

F.Q: "What can we do something about?"

A: "Our bodies."

F.Q: "What else can we do something about?"

A: "Ourselves, our feelings."

A: "Feeling happy."

II/J: "Something positive."

There was some difficulty with the concept of "having good feelings." One subject persisted in coming up with gloomy examples. Other subjects tried to persuade her to work on having positive thoughts.

The session ended with several subjects admitting that they would "try" new behaviors, but that they would need help.

Researchers Observations on Treatment Implementation: The MRP

The treatment plan was conducted in a sequential order of rough outlines based on theories outlined in Chapters II. Tables 9 and 10 (attendance and attrition of subjects in Group II and Group II) are shown on the next two pages. These tables provide information on group members participation in the treatment. Observtion by the experimenter of subjects' learning about the sessions were analyzed through the use of the Measurement of Response Profile (see Chapter III, p. 52, for a description of this instrument). The Measurement of Response Profile was developed just for this study.

Key observations about the delivery of the treatment are made below in the following areas: administration, subjects reception and the facilitator's perception of group highlights.

Administration

The plan outline was presented in the opening moments of each session, either through introduction or review. This remained stable and integral to the design.

Table 9

Attendance and Attrition of Subjects
In Group I

	2/14	2/21	2/28	3/7	3/14	3/21	3/28	4/4	Total Sessions Attended
I/A	x	0	0	0	0	0	0	0	1
I/B	0	x	x	0	x	x	x	x	6
I/C	x	x	x	x	x	x	x	x	8
I/D	x	x	x	x	x	x	x	x	8
I/E	x	x	x	x	0	0	0	0	4
I/F	x	x	x	0	0	0	0	0	3
I/G	x	0	0	0	0	0	0	0	1
I/H	x	x	x	x	x	x	x	x	8
I/I	x	x	x	x	0	x	0	x	6
I/J	0	x	0	x	x	x	0	x	5
I/K	0	x	x	x	x	x	x	x	7

NOTE: x = attendance at meeting, 0 = absent.
       $t = 0.19$, d.f. = 19, n.s.

Table 10

Attendance and Attrition of Subjects
in Group II

	2/14	2/21	2/28	3/7	3/14	3/21	3/28	4/4	Total Sessions Attended
I/A	0	x	x	x	x	x	x	x	7
I/B	x	0	x	x	x	x	x	x	7
I/C	x	x	x	x	x	x	0	x	7
I/D	x	x	x	x	x	x	x	x	8
I/E	0	0	0	0	0	0	0	0	0
I/F	0	x	x	x	x	x	x	x	7
I/G	x	0	0	0	0	0	0	0	1
I/H	x	x	x	0	0	x	0	x	5
I/I	x	x	x	x	x	x	x	x	5
I/J	x	x	0	x	0	0	x	x	5
I/K	x	(transferred to Group I (see Table 9)							(1)

NOTE: x = attainment, 0 = not achieved.

The differences in delivery presentation are accounted for through group dynamics. It is the expressed purpose of these sessions to allow subjects to discover for themselves how much they can comprehens. Thus, the groups are encouraged to take ownership of the subject matter. The facilitator is primarily the introducer, explainer and general summarizer. Therefore, flexibility needed to be maintained of when and how to handle discussions around emotions. Although it is written in the initial presentation of the design, for example, that Happy, Angry, Sad were to be introduced in that order, the plan as implemented should be amended to read: not necessarily in that order. In other words, the researcher allowed whatever emotions that the group saw as important to be those which were discussed.

Subjects Reception

Again, it is an unwritten expectation that the first two sessions are exploratory, both on the part of the facilitator and the subjects. The facilitator did not expect any real group cohesion to take place until at least session three, but this was not formally written into the plan. Between design and delivery, it is found that some subjects felt unable to deal with the material. (In this study, two subjects were thought to have left for this reason.) For the most part, as stated earlier, reception of the material by most of the subjects of the material seemed positive during the sessions.

Facilitator's Perception of
Group Highlights

Group I: The energy level of the facilitator was better during
the first meeting, and this had an effect on group attention. For the
most part, the group was able to process the material. Constant
repetition was needed for this to occur, and this had been
anticipated.

In the eyes of the researcher, one member of the group (I/D),
made substantial improvement in his ability to communicate. At the
initial meetings he did not participate at all, and could not be drawn
into conversation. During later meetings, however, he began to
express himself with clarity.

Two other members of this group (I/H and I/I) reported to the
researcher beneficial results from the learnings, and stated that they
were able to incorporate the learnings into their relationships with
each other.

The levels of cognitive comprehension varied with group members.
All members were able to respond positively to the drawn representa-
tions, the taped verbalizations, and the active role-play.

Attrition, due to absence and feelings of boredom due to lack of
productive work in their work placements were variables that had to be
taken into account. Although attrition was expected, the work
conditions were not. These appeared to influence members of Group II
more than members in the first group.

Conclusions about attrition, physical perception, emotional and socio-emotional perceptions will be discussed after the statement for Group II.

Group II. Several variables accounted for initial difficulties with this group. The presence of the counselor/coordinator at the first session may have introduced an important factor in this group, that may have caused emotional reactions. (No counselor attended the Group I one o'clock meetings.) Confusion may have arisen concerning the differences between this group meeting and the counselor's activities. A loyalty to the counselor could have led to confusion about the acceptance of the group activities. The confusion that resulted could have caused the significant behavior differences between the initial meetings of this Group and Group I, with respect to acceptance of what was being done, and expressed satisfaction with it.

The group comprehension appeared to be basically the same as in Group I. In terms of the researcher's judgment, however, it took longer for retention of major concepts to occur with this group (see Tables 16 and 17).

Personality differences between the groups were felt by the facilitator in attempting to respond to particular needs. The same variables of attrition and work flow affected Group II as it did Group I, though Group II expressed directly more concerns about work.

The response to "group-ness," and feelings of ease and safety appeared to the researcher to be essentially the same with each group.

There was perhaps more anger at the leader in the second group than in the first, due to the presence of a subject whose past feelings of anger had been a problem.

According to the researcher's assessment, (see results of the Measurement of Response Profile in Chapter V for more detail on this), the material presented was retained with approximately to the same amount of repetition as with Group I. The level of generalization to other situations was approximately the same in both groups; i.e., at least two group members reported their ability to transfer group learnings to outside situations. Person II/A was able to present her learnings of listening and attention skills both within the group, and reportedly transferring them to the work site. Person I/D was seen by the researcher as increasing his ability to communicate both within the group and in outside situations.

C H A P T E R   V

RESULTS AND DISCUSSION

In this chapter analysis of data are presented. The hypothesis under study stated:

Developmentally handicapped persons who have participated in guided develomentally based group learning sessions specifically related to self-comprehension will be able to express physical, emotional and socio-emotional character- istics about themselves with more confidence and accuracy than similar persons who have not been so treated.

The three sources of data are described below. For more detail on the instruments, see Chapter III.

1. <u>The Measurement of Response Profile (MRP)</u>: This data source

   consisted of facilitator ratings of excerpts of subjects'

   responses during treatment. Responses were divided into Hi

   (1), Low (0) categories. Descriptive statistics of patterns

   of accuracy and confidence of expression of the seven

   dimensions analyzed (physical, emotional: happy, angry, sad;

   socio-emotional: cognition, choice, self control) were

   obtained.

2. <u>The Visual Self Image Test (VSI)</u>: This instrument was a

   modified version of the Cincinnatti School's "Who I Am Test"

   (see Chapter III and Appendix). Scores on the VSI of E1, E2

   and Control group were compared using t-tests.

3. <u>Coder Rating Sheets:</u> Trained observer ratings of a videotaped presentation of E1, E2, and Control group subjects completing the VSI were compared. T-test analysis were used.

All the assessment instruments and procedures were specifically designed for this study. No instruments were found in the literature for this population which could be used for this particular study, so the approach of using new instruments was adopted. Problems with design and coding methods will be discussed later in this chapter.

Measurement of Response Profile (MRP) Findings

Tapes of treatment sessions were used as a basis for a Measurement of Response Profile for the treated subjects involved in Groups E1 and E2. The development of a Hi-Lo response profile by the facilitator/experimenter, from which to rate accuracy and confidence of the subject's responses to treatment sessions seemed to suggest a rich source of data.

Verbal response statements were defined in this study as responses which indicated a subject's understanding and comprehension of the content material presented in the treatment sessions. In order to measure these responses for data purposes, the researcher divided them into Hi-Lo responses for the seven dimensions originally thought to be important to a cognitive appreciation of self. These dimensions were categorized as physical comprehension; emotional comprehension (happiness, sadness, anger) and socio-emotional comprehension (cognition, choice and self control).

To achieve a Hi (1) response listing, the respondent would have had to be able to relate and reconstruct a personal reaction to his/her physical recognition; an emotional situation depicting happy, angry or sad feelings; and a cognitive awareness of thought, choice and self-control. A Lo (0) response rating would indicate that the respondent made comments or did not speak which was taken to mean that the person was either unaware of physical, emotional and socio-emotional stage developments, or was unable to specifically and confidentially describe such dimensions with reference to him/herself. The coding is described in greater detail in the next section (see Table 11).

Coding

Physical Comprehension Responses

For the physical dimension, Hi responses were considered as those in which the subject could accurately report his or her physical characteristics. For example a response was considered Hi if the subject was fat or thin and he/she could accurately state this, and not deny the observable fact. Samples of Hi responses, on recognition of subject in a mirror (see Chapter IV, Session 2) would be: "I have (brown, blue) eyes." "I am too fat."

Indicators of low responses to physical comprehension were determined from the transcript by responses which showed:

1. lack of willingness to participate in an activity, i.e., unwilling to look at self in the mirror;

Table 11

Coded Responses for MRP
Groups I and II

Group I Subject	Dimensions P	E	S	Group II Subject	Dimensions P	E	S
I/A	1	0	0	II/A	1	3	3
I/B	1	1	3	II/B	1	3	3
I/C	2	3	3	II/C	2	3	2
I/D	2	3	3	II/D	2	3	3
I/E	2	2	0	II/E	0	0	0
I/F	2	1	0	II/F	1	3	3
I/G	1	0	0	II/G	0	0	0
I/H	2	3	3	II/H	2	1	1
I/I	2	2	2	II/I	2	3	3
I/J	1	2	2	II/J	2	1	2
I/K	2	3	3				
M:	1.64	1.18	1.72		1.30	2.00	2.00
S.D.	.46	1.13	1.26		.70	1.20	1.20

Note:
  P = Physical
  E = Emotional
  S = Socio-emotional

  0 = 0 response
  1 = 50% accurate and confident response
  2 = 75% accurate and confident response
  3 = 100% accurate and confident response

2. denial of any positive physical characteristic, or repetition
   of another person's characteristic, showing a lack of
   personal physical self-awareness;

3. repetition of the facilitator's cued answer.

A rote response was considered a Lo (0) response based either on
lack of understanding, or a desire to please the facilitatory
(authority) figure (deJung, 1974). Examples of Lo responses (on self-
recognition in mirror) are "I have a good shirt" (on self-recognition
of the face, or denying to look at and see the face) or "I don't know"
showing a response with no detail related to the question.

Emotional Comprehension Responses

Emotional dimensions responses were rated Hi when an individual
response or series of responses indicated that the subject could place
him/herself in a situation in which an emotional indicator of happy,
sad or angry was episodically integrated into a meaningful statement.

Sad responses: Hi level responses to the feeling of sadness
were responses in which subjects could equate feelings of loss for
loved ones with "feeling sad" (e.g., "like I have a hole in my
middle").

Lo sad responses were considered as repetitive "I'm sad"
responses with no reason given.

Anger responses: Anger statements were considered Hi response
statements when specific incidents of teasing, beating or other
physical or psychological abuse were related as occasions in which a

feeling of anger had been recognized. Lo responses include denial ("I am never angry.") and refusal to respond.

Happy responses: Hi response indicators for feelings of happiness were considered attained when a realistic appraisal of incidents in which the respondent could recognize pleasure, or a sense of peacefulness, were reported. A recognition of the symbolic Happy Face (Illustration 1, p. 45) and subsequent descriptive statements from group members were satisfactory examples of what kinds of events produced happy feelings for them. Their responses, based on their environmental experiences, allowed them to equate happy feelings with occupations, such as cooking, work, physical exercise, as well as with occasions of personal achievement.

Lo "happy" responses were marked when the subject reiterated "I'm happy," or denied any other feelings by saying, "No, I'm happy." Such responses, as indicated by deJung (1971) can be considered as responses which are given with the intent to please a staff (authority) figure, to remain complaint, or to avoid displeasure. These are "conditioned responses" (Nirje, 1977) which are often the result of previous institutionalized behavioral expectations (Wolfensberger, 1977; Perske, 1972; Shultz, 1972).

Socio-emotional Comprehension Responses

This level of comprehension comprises responses of socio-emotional characteristics which showed that subjects were aware of their ability to think; their decision making abilities; their ability

to choose from alternative options; their relations with their peers; and their ability to exercise self control.

In the development sequence approach used in the treatment the term cognition is applied here to mean the logical, rational stage. In this stage, the researcher grouped the socio-emotional character-istics which represent interpersonal interaction. In introducing this sequence in the sessions, the facilitator developed the theme presented in Illustration 5 (p. 49): listen, think, speak (talk). Here, the emphasis was placed on the importance of acknowledging the existence of a thinking power (the brain) through which we had control of thought, speech and behavior.

Cognitive Responses

Examples of Hi level responses in this dimension showed that individuals were aware that they were in possession of a "brain" and could exercise a cognitive process. Statements, such as the following, implied awareness of this process: "We have to exercise up here; in our head"; "We learned to speak for ourselves"; "I learned a little bit about myself: (that) I am shy at talking"; "We can problem solve for others."

Individuals who were either unaware of, or unable to confidently express their knowledge of their "thinking power" would respond with vague statements such as "Do something"; "I know"; "uh-huh"; "yup." Such answers were allotted to Lo (0) rating in this dimension.

<u>Choice responses:</u> Hi level responses for this dimension were tabulated when the respondent could give a reason for the choice. Lo response samples were those in which the respondent could not make a choice, or repeated the choice of a peer.

<u>Self-control responses:</u> The explanation of self-control, in the treatment program, rested in the ability of the subjects to comprehend that their minds, or brains, could be used to help control their actions. In other words, that they could "think" before they "acted."

Hi level responses were measured by the acknowledgement of a relationship between the person and the action. Most group members were clearly able to distinguish responsibility for, and consequence of, a behavior relating a clear distinction with reward and punishment for their own behaviors.

An example of Hi level responses showed that the individual could differentiate between thinking and doing. For example: "Me, myself and I. No one else can do anything about it but ourselves." "He does it by himself; gets it outside of his head."

Lo self-control responses were measured as those in which the individual presented him/herself as reacting immediately to an action, i.e., "Hit me...hit them" rather than taking consideration of an ability to "think and control" a response.

Analysis

Responses were coded for the seven dimensions originally thought to be important to self-comprehension. These dimensions were

physical; (emotional) happiness, anger, sadness; (socio-emotional) cognition, choice and self-control. See Table 11 for these data. Results of the two groups were compared using chi-square test. No significant differences were found. Therefore the data for the two groups are take together in the discussion below (see Table 12).

Discussion

The object of the treatment in this study was to increase the cognitive awareness of subjects about themselves, and to increase their ability to express this increased awareness confidently and accurately. The researcher's assessment of the subjects' acquisition of skills related to expressing physical characteristics, the feelings of happiness and sadness, and choice showed the greatest proficiency in these areas (see Table 12). However, without pre-training, gains due specifically to the training cannot be isolated.

Physical characteristics. The overall level of high responses in this dimension emerged from the sequence of discussions in the first two treatment sessions conducted for each group. The body outline allowed a recognition of likenesses and differences between height, width, and male and female characteristics, such as eye and hair color, were then discussed. Individuals in both groups were urged to describe themselves and their neighbors in positive physical terms (i.e., giving and receiving a compliment). High level physical responses also included recognition by the group members of non-verbal

Table 12

Hi-Lo Percentage Rates of Responses for Group I
and Group II Measurement of Response Profile

Dimension	Percent Hi Response		Percent Lo Response	
	E1	E2	E1	E2
Physical	77.8	88.9	22.2	11.1
Emotional				
Happiness	100.0	88.9	0	11.1
Sadness	77.8	77.8	22.2	22.2
Anger	66.7	77.8	33.3	22.2
Socio-emotional				
Cognitive	55.6	66.7	44.4	33.3
Choice	77.8	77.8	22.2	22.2
Self-control	55.6	55.6	44.4	44.4

body language presented in role play situations. These non-verbal role-plays were given as indications of "how is he/she feeling now?"

77.8% of the group members in Group I and 88.9% of the Group II members were rated by the researcher as having achieved a Hi rate of response.

Emotional Responses

Happiness. In this dimension, members of Groups I and II were asked to relate those occasions and occupations for which they could give responses for feeling "happy." The answers ranged from occupational descriptives ("I am happy when I cook...work...get all dressed up") to discussions of friendship and understanding. ("I talk to my friend; my mother; she/he knows what I mean.) Clarity of definition for this dimension meant that subjects had to identify when they felt "great." A common theme for "feeling great" was identified in both groups as relating to the good feeling connected with "coming out of the shower" and "feeling good all over." Both groups scored high in this dimension (see Table 12).

Sadness. Group I and Group II rated responses were equal in the comprehension of the feeling of sadness. This could be accounted for by the presentations of examples of loss experienced by members of both groups. Denial of sadness can be attributed to a reluctance to be aware of, or discuss, this feeling. However, the level of accurate responses would indicate that members of both groups found coherent

methods of communication for this feeling, which would suggest that this is a category of feeling with which they are conversant.

There is the strong potential for researcher bias, so care must be exercised in accepting these statements as valid and reliable measurements of skill acquisition. However, such data can be measured through the future development of the MRP and when multiple raters are used.

Anger: Group I presented a response rate of 66% of the group relating to expressive feelings of anger. Group II responses were rated higher (77%) in this category. This could be attributed to group factors. In Group II, a highly verbal subject was concerned with his feelings of anger, and the subject of anger was a consistent theme throughout the sessions.

Socio-emotional Responses

Cognitive Responses: Results from the measured responses in this dimension show the difficulty of assimilation of this knowledge. This may be attributed not only to the "newness" of this method of presentation, and the difficulty of moving from the concrete to the abstract, but also to the fact that acceptance of an ability to "think things out" was unfamiliar territory, and not one popularly attributed to this population. It became obvious throughout the treatment of both groups that the facilitator repeatedly had to non-verbally cue participants (by pointing to her forehead) to remind them that they had the power to "think" (see Chapter IV).

<u>Choice responses</u>: The presentation of the concept of choice was more easily assimilated than the presentation of cognition. This can be attributed to a more concrete method of presenting this dimension (see Chapter IV). By showing group members that they chose apples over bananas, or red to blue, was an easier task to illustrate in a concrete manner than to present the abstract fact that they could think. They could see and recognize the symbolic representations of fruit or cookies, as drawn, but they could not see the brain inside the head, as it was not represented in concrete "see-able" form.

<u>Self-control</u>: Again, the rated Hi response levels of Groups I and II were equal to each other. They both were rated as having a 55.6% accurate response for comprehension of the concept of self-control. This was the lowest level of competence shown for the seven dimensions, with cognitive responses only slightly better. The reason for this lower finding may again rest in the difficulty this researcher had in presenting these categories in either concrete, or role-play methods.

Further discussion centers around the attendance and its possible impact on learning. Tables 9 and 10 show a lack of consistency in group members attending the eight sessions. Of the twenty persons selected for the Groups E1 and E2, a total of only six persons completed all eight sessions. This showing most likely effected learning and affected the coding of the MRP.

A more important factor related to consideration of the subjects' learning through the MRP is that the MRP is new. Also, only

the researcher coded the tapes. The facilitator/researcher desired to use the language of the individuals treated as examples of their understanding of the seven dimensions involved in the treatment. This restriction of not having pre-developed coding categories or scales may have resulted in lower reliability in scoring the Hi-Lo codes of response.

The findings presented through the MRP show some competence. However, it is unclear how much this is due to the training. Without pre-training data we cannot tell. Competence may have been greater if more time had been available to integrate new learnings. Though the training lasted eight weeks, most participants only attended four of the eight sessions. The difficulty perhaps lay in trying to instill new norms in a short time with persons whose confusion is part of the problem that was to be treated. The researcher indicated in Chapter I that persons who had been institutionalized had to adapt to a new, less routinized way of life. Such adaptation consisted of learning new norms and manners of adaptive behavior. Studies from the literature have indicated that such adaptive skills need to be learned (Matson et al., 1982; Foxx et al., 1983; Wolfensberger, 1972; Perske, 1972). Training of longer duration may be needed for greater learning to occur.

The use of instruments like the Measurement of Response Profile is suggested by Kohlberg (1984) as a valid procedure with which to undertake studies of progression and growth. It would seem possible to develop studies along similar lines for measurement of the socio-

emotional skills development of the developmentally handicapped. This type of response measurement, used in a longtitudinal study of future groups, could well produce a more accurate determination of growth and what enhances it.

VSI Findings

Observer Results

Two types of analyses were done with coder ratings of observation of subjects completing the VSI. The first analysis used combined ratings for the whole coding instrument. The second analyses were done for each of the seven questions of the coding form.

Results

Analysis of subject's VSI scores for E1, E2, and Control groups showed no statistical significance.

Whole Instrument

Total scores on the VSI from each Observer's Coder Rating Sheet were summed together and mean scores obtained (see Table 13). The t-tests conducted on these scores showed no significance (see Table 14).

In Table 13 data, although non-significant, shows an overall tendency of Groups E1 and E2 towards more accurate and confident expression of the physical, emotional and socio-emotional categories. Observer Two, however, presented the Control Group as showing higher scores in socio-emotional comprehension. A pattern of increased

Table 13

Observer's Coding Experimental/Control Group Patterns

Coder by Dimension	Experimental			Control			
	Raw Score	M	S.D.	Raw Score	M	S.D.	Pattern
Physical							
01	216	12.63	2.09	202	12.62	3.26	E=+
02	222	13.87	2.25	205	12.81	3.43	E=+
03	208	13.00	3.37	186	11.63	3.15	E=+
Emotional							
01	157	9.80	2.53	144	9.00	2.31	E=+
02	159	9.90	2.50	144	9.00	2.31	E=+
03	152	9.50	2.50	145	9.06	2.39	E=+
Soci-emotional							
01	377	23.56	6.14	365	22.81	5.90	E=+
02	323	20.18	6.25	357	22.31	5.86	C=+
03	377	23.56	6.11	323	20.18	5.52	E=+

Pattern in best scores
+ = Gain
- = Loss

learning on the part of the two experimental groups can be detected, although this learning was not significantly different from the Control Group scores (see Table 13).

Item Analysis: Coder Rating Sheet. A further analysis was done by t-tests on each of the seven questions which related to the observers' ratings of the subjects' reactions to the TV vignettes. The seven questions were:

1. Does subject comprehend questions?

2. Can subject identify feelings confidently?

3. Does subject respond confidently?

4. Does subject repeat same "feeling" word for each answer?

5. Does subject maintain good eye contact with testor?

6. Does subject offer reasons for answer?

7. Does subject response after reason?

The analysis for questions 1, 2, 4, 5, and 6 were not significant (see Tables 14 to 18). Question 7 was not tested due to only one subject completing this part. Results for question 3 neared significance (Table 15). These results are interesting.

Question 3 was placed on the TV observtaion sheet to determine whether there were cases in which the subjects might identify with the correct feelings, but respond with little or no confidence. Observers data neared significance (p=0.09). The ability to answer questions about emotional identification with clarity and confidence was crucial

Table 14

Coder Rating Sheet Scores for E1, E2, and C
Means, Standard Deviations and T-values

Variable	Means	SD	d.f.	T	sig
Group E 1 & 2	71.13	6.48	30		
Group C	67.73	11.53		1.02	p=0.157

Table 15

Coder Rating Sheet Question #1 for group E1, E2, and C
Means, Standard Deviations and T-values

Variable	Means	SD	d.f.	T	sig
Group E 1 & 2	4.71	.57	30		
Group C	4.73	.57		0.131	p=0.44

Table 16

Coder Rating Sheet Question #2 for group E1, E2, and C
Means, Standard Deviations and T-values

Variable	Means	SD	d.f.	T	sig
Group E 1 & 2	4.29	0.89	30		
Group C	4.47	0.24		0.53	p=0.44

to the findings. This meant that some E1 and E2 group members had successfully transferred their learnings from the treatment sessions to a situation where immediate response was required. The near significant findings give some support that subjects in the experimental groups were better able to identify and express emotional characteristics with confidence than subjects in the control group. However, future research with more refined assessment instruments is needed to be more conclusive.

Subjects Response

The Visual Self Image Test designed specifically for this study presented visual forms of physical, emotional and socio-emotional characteristics considered appropriate as the basis of a cognitive appreciation of self (see Appendix B for a sample of the instrument).

Range of Responses of Data from VSI Scores

In describing the following responses from the VSI instrument, the researcher wished to present an overview of the range of responses which produced interesting, but nonsignificant, data. It had been thought that all subjects would achieve a perfect score of fifty (ten answers at five points each) on Section A of the VSI, which means they would have always described themselves positively. This did not occur. A small number of subjects in all three groups chose negative physical descriptors, including ugly, slow, sick, lazy, and sleepy.

In the control group, eight persons made choices of "negative" physical descriptions. In Group E1, five persons chose different physical descriptions, and in Group E2, three persons made distinctive choices.

In Section B, emotional comprehension, eight members of the control group made non-positive choices. These choices included sad (B1), bad (B2), angry (B3), loser (B4), unimportant (B5), and despairing (B6). The E1 group made five choices of negative attitudes, and Group E2 made three such distinctions.

In Section C, (Appendix B.C) socio-emotional, nine control group subjects gave negative answers. In answer to the statement "with my friends I am," they chose sad, that they hurt, would tell, felt alone, fought, felt small in a group, were an enemy, a follower, and were last.

In the E1 group, six subjects chose categories of sadness, feeling small, and being last. In group E2, telling, being alone, a follower, and sad were categories marked by six subjects (Appendix B.C).

Section D, (Appendix B.C) situational emotional, the C group came up with lower, or more negative scores on the questions which dealt with teasing and personal space. Only two persons indicated problem with anger, marking the confrontation box.

Group E1 subjects showed that six persons had problems with anger, five with teasing, and three with personal space. In Group E2, however, only one persons displayed a problem with anger, while five

persons indicated difficulty being teased. There were three persons who had trouble with intrusion upon their personal space (Appendices B.C).

This data indicated that subjects in both E and C groups were able to self-rate on the visual presentations. This was a fairly strong showing, and indicated that instruments such as the VSI have some potential as tools of assessment.

During testing, observations seemed to indicate that the test was not too simple for the higher level subjects tested; and could be interpreted with some thought by the remaining subjects. However, problems did exist with the instrument.

Subjects in this population may be considered test-sensitive, and their nervousness in approaching a test situation may impede their ability to focus on what is wanted from them. With this in mind, the confusion of boxes (two large, five small boxes, see Appendix VSI) presented to the subjects was not sufficiently clear for them to make distinct choices. A pre-test of the VSI (see Chapter III) had shown that one large box under each represented figure rendered the test too simple for the subjects.

The large boxes should not have been retained in the final test version. A numbered series (from 5-to-1) in which gradations of choices are more specifically presented could be considered as scoring options for any future testing with the VSI, or similar instrument. The conditions presented in this VSI test version for accurate and confident self-appraisal by the subjects of their self-image choices

was confusing. Improvement in choice selection gradations (i.e.,
5=definitely ME; 4=not quite ME; 3=somewhat like ME; 2=less like ME;
1=not ME) needs to be tested with members of this population in the
future.

Discussion of VSI

Design: The VSI was used in a posttest only design.
Originally, this only design was considered appropriate for this
study. However, further study of a posttest only instrument is
indicated. In addition, pre/posttest designs may shed additional
light on learnings from training. Further modifications of the VSI
may need to be made for this purpose.

Coder Rating Sheet: Problems existed in the coding sheets used
by observers in making VSI ratings. The trained observers of the
videotaped testees of E1, E2, and C groups needed more detailed check
lists with which to check their observations. There was discussion at
the time of testing as to the meaning of several questions. Remarks
noted by the Observers on their rating sheets included the need for
more clarity in the categories. The observers also formed an answer
"pattern" after viewing the first videoed subjects. This impeded
discrimination in their answers.

Possible improvements in the coding forms follow:

Physical: In Section A (Appendix, VSI), the physical
characteristic section of the VSI, a real versus a projected, or
fantasy, self-image check list could be included. This check list

could have been compared to the testees responses to ascertain whether the positive or negative options chosen by the testees were factually realistic (i.e., if a subject is overweight and marks thin as a descriptor, the check list would show the discrepancy between the fact and the subject's projected self-image).

Emotional and Socio-emotional VSI: In Sections B, C, and D (Appendix, VSI), the inclusion of detailed computer-coded, behavioral bsed check lists for accuracy in emotional and socio-emotional responses would be a much more efficient method of ascertaining real differences than the Likert-based scaling system provided in this instrument. Future researchers could apply computer techniques to the observer portion of future video observation situations. Such guidelines including differences in posture, tone of voice and eye contact would help clarify the testees understanding of, and ability to communicate, his/her identity with emotions.

Sections C and D (Appendix, VSI), containing socio-emotional characteristics, would also be better validated with behaviorally-based observations of non-verbal performance could be more specifically matched with observed performance. In future studies such additional components to a VSI-type instrument could be used to make it more valid.

The only question concerned with body language in this version of the Coder Rating Sheet involved eye contact. Other inclusions should have centered around the types of verbal responses, for example, the ability of the subjects to differentiate and to detect

likenesses and differences. If the Coder Rating Sheet had been more specific, the observer's findings might have been more discriminating.

The VSI testing showed that some self-discrimination existed among the testees. Although the results were similar across the Experimental and Congrol Groups, discrimination in emotional and socio-emotional categories existed. This test, with suggested improvements, could be a subject for further research.

Overall Discussion

The question to be researched was whether developmentally handicapped persons could increase their self-knowledge from participation in eight guided learning sessions, and express this knowledge more clearly than persons in the control group. Though the researcher's observations above suggested that the subjects responded well to the treatment sessions while they were in progress, no significant difference were found between groups for the VSI questions. The distinction between correct identification and confidence in question #3 of the Coder Rating Sheet suggested that a tendency towards greater confidence on the part of the treated subjects might have existed.

The treatment sessions dealt with methods of dealing with developmental gaps in physical, emotional and socio-emotional expression. To have accomplished generalization in dealing with the subject of emotions would have meant that persons would, first, have accepted the rightness of talking about emotions, then, second,

greatly enhanced their skills and confidence in doing so. The literature supports theories that learning about the "self" was possible with this population (Klebanoff et al., 1974; Haughton, 1978; Denton, 1982). The researcher's observations in this study are promising in support of that literature, but clearly more research is needed.

Any further experimental treatments should be of longer duration. Although the study dealt with the developmental steps thought necessary to achieve some cognitive appreciation of the subject matter, more time is seen as necessary for greater integration of, and comfort with, emotional issues. The actions of the experimental members within the group setting has given some credibility to subject's ability to interact and communicate. This evidence, however, was visible primarily within the safety of the group situation, and in spontaneously reported comments by subjects saying they generalized the content to out-of-group situations. These positive observations by the E groups were not substantiated in the statistical results for the instruments used in this study.

With the results of this study, it is hard to know whether the lack of significance found was due to the instruments and procedures used for the assessment. Counselor's comments suggested that changes occurred, but such gains did not show in the questionnaire results or in the observer's coded results.

C H A P T E R   V I

CONCLUSIONS AND IMPLICATIONS

Review of Purpose and Method

The underlying context of this study was a desire to enable deinstitutionalized developmentally handicapped persons to adapt more easily to the less routinized structures of independent community life. To achieve this goal, the study focused on whether a developmentally based, eight-week training program resulted in the acquisition and accurate and confident expression of seven characteristics of self. A learning group structure was used to move the subjects through a developmentally based training sequence. The significance of this Piagetian-based structure (see Chapter I) lay in guiding group members through self learning on three major dimensions (physical, emotional, socio-emotional) of which they may have already had an appreciation, but of which they might have not been sufficiently cognitively aware or able to express.

The results of the VSI in Chapter V suggest, as a result of the treatment program, no significant difference between the E groups and the C group in confidence or accuracy of expression of characteristics of the self. Subjects from E1 and E2 showed a slight tendency towards

higher scoring, but not sufficient enough to differentiate them significantly from subjects in the Control group. Possible explanations for the above have been presented in the previous Chapter. The treatment may not have been of sufficient intensity and length to produce demonstrable changes in behavior. The possibility exists that subjects in E1 and E2 did not have enough time to integrate the new learnings, and that their previous conditioning was of such strength that any new, more independent learning could be threatening or difficult to acquire.

As noted in Chapter V, the procedures and instruments used were developed specifically for this study. The lack of significant findings may have resulted from problems with these assessment instruments.

Group Methodology

An early study of developmentally handicapped persons by Clark (1965) discovered that re-evaluation of the self by the developmentally handicapped occurred in the company of peers. Selman (1981) observed that, with this same population, a small group setting became less threatening when commonalities of feelings and experiences emerged. He posited the assumption that, if several developmentally handicapped persons participated in the same learning at the same time, they would teach each other. Other studies support this finding (Finando et al., 1970; Perry, 1977; Pinkerton, 1978; Straker, 1979; Davies, 1982; Lancioni, 1982; Ingersol et al., 1981; Denton, 1982;

Fleming & Fleming, 1982; Matson et al., 1982; Buck et al., 1982; Foxx et al., 1983).

In line with this thinking, it is the author's assumption that such development as took place was due to the nature of group experience. This study has examined the likelihood of increased self-knowledge development when exchange of such knowledge exists between peer and peer. Erratic attendance and the short time of training may have limited group development and, therefore, reduced the learning that might have come through group work.

Training in this group treatment modality needs to be promoted (Perry, 1977; Bates, 1980; Berlegross, 1982; Matson, 1980; Matson et al., 1982; Foxx et al., 1983) and research on these methods is also needed. For any generalization of findings to occur, larger segments of this population need to participate in this, or similar, forms of group approach. If more subjects from this specific setting had been involved for a longer time and with greater regularity. it may have been possible to see greater gains. Also, with other assessment tools it may have been more feasible to involve counselors and others in determining transfer of training from the treatment sessions to other settings.

The concept of groups as learning tools for socio-emotional growth, while not new, is an alternative to the presently accepted practice of one-on-one intervention (Clarke, 1965; Perry, 1977; Pinkerton, 1979; Matson et al., 1982; Foxx et al., 1983). The idea of an individual being cognitively responsible for the solution of

his/her problems, rather than leaning on staff members for solutions is not always presented during one-to-one counseling. The researcher supports such authors as Klebanoff (1974), Settleis (1974), and Foxx (1983) in their observations that problem solving methods can be experienced through peer interaction in group settings, and that these changes can be learned more easily in such environments. More research is needed on how to design training to best build on the group element of training for this population. Also, the whole problem of assessment of self-knowledge training outcomes for this population needs further exploration.

Developmental Approach

In presenting the treatment developmentally, the researcher strongly agrees with other authors that self-concept for this population is a learned, not inherited, attribute (Wolfensberger, 1977; Nirje, 1970; Haughton, 1978; Hourcade, 1977; Pinkerton, 1979). The developmental focus (see Chapter I and II) with which this treatment was designed to encourage this learning by allowing subjects to recognize, internalize, and build upon what they already knew. An approach with this focus may hasten the dissipation of the caretaker mythology (see Chapter II) as it increases the awareness of the subjects of their own powers.

The importance of development of cognitive behavior is not supported by proponents of behavior modification methods (Kegan, 1982). This study focused on trying to find out whether cognitive

approaches to behavior and behavioral control could be learned in group experiential training by this deinstitutionalized population. Nirje (1977), Perske (1972, Wolfensberger (1977), and Klebanoff et al., (1974), among others also cited in this study, have suggested that there is more potential for cognitive behavior with some members of the developmentally handicapped population than the caretaker population acknowledges (Shultz, 1972). Certainly, inappropriate behavior requires containment and modification, and certainly behavioral modification methods are appropriate as part of a developmental approach. However, with the inclusion of the recently deinstitutionalized into community settings, the potential for some of them to gain a more independent living situation exists (Shultz, 1972; Perske, 1972; Klebanoff et al., 1974) and groups methods may be an important element of such a transition.

Limitations of the Current Study

Instruments: All instruments were designed for this study. As mentioned earlier, this study revealed ways in which these assessment instruments and procedures could be improved.

Threats to validity included the possibility of weak links between attitude and behavior; a response bias due to the desire to please; and a possible lack of objectivity in the administration due to researcher expectations.

The desire to please is possibly a priority with the developmentally disabled. Denial of negative feelings, for example, is

common to this population, as negative feelings are often presented as "bad" and connected to inappropriate behavior (Cowan et al., 1978).

Population: A further limitation to this study was the fact that it had to be looked upon as exploratory due to the small number of the population examined.

Treatment: Administrative limitations were caused by the place and the setting. The subjects were called to the conference room over the office intercommunication system. This often presented a delay problem. Either the participants did not hear their names, or did not come immediately when called. Consequently, whole group meetings often started with a five to ten minute delay.

Another limitation was discovered with Group II. Workshop break time took place at 2:30 to 2:45 each afternoon. This was not previously explained to the facilitator. Consequently, several initial meetings were interrupted by participants requesting their breaks.

Implications for Future
Training and Research

Assessment: Client self reports and staff reports of transfer of learning occurred and were encouraging regarding the importance and effectiveness of group methods. However, the assessment instruments used in this study did not reflect these comments. Future trainers interested in evaluating their work may want to focus their efforts on transfer of learning as assessed by staff and clients. To compile

valid data on socio-emotional skills growth, measurement of response profiles could be further developed by using independent observers during treatment, as coders of response (Kohlberg, 1984).

Staff Training: The acceptance of new self-concepts cannot be realized as a norm until whole populations can be approached. This would mean that counselors and other rehabilitative personnel would need to observe and conduct sessions. Counselors may not appreciate their own abilities to run groups where the concerns and subject matter will be considered non-concrete until they have undertaken training. Structuring and facilitating effective training does take skill. The fear of doing training reported informally by many staff is likely to diminish after sufficient training and practice.

Suggestions for future training sessions with counselors include running group sessions to introduce the theories behind the design involved in this particular study, to develop group observation and feedback skills and to enhance comfort and confidence in working in group settings. Other sessions could include practice with group members role-playing trainees. Also, videotapes of past groups could be presented and analyzed to enhance observation and intervention skills. With more study of counselor training, and training delivery, we might be in a better place to say certain behaviors or training elements lead to certain outcomes.

Given the topics and skills mentioned above, a program at least two days in length seems desirable. After such "in-service" training, the counselors could benefit from attendance of programs in progress,

first as observers, then as active participants. To accommodate any insecurities present with the counselors, these observational studies might be of at least a months duration. During this time, counselor trainees would be expected to attend one whole program with developmentally handicapped subjects designated Educable Mentally Retarded.

With the use of several different counselor facilitators it would be easier to clarify whether the means of presentation, or the material presented, were most important. In this manner, alternative designs could be incorporated under the basic "rough" developmental outline for further research.

Video technology: In an age of high visual technology the use of video equipment can be most important as a tool with which to aid a less verbally fluent population become self aware. Further training and research could be conducted around the use of videotaping with this population (Pinkerton, 1979; Denton, 1982; Fleming, 1982).

Testing Against Levels of I.Q.

A more discriminatory showing could result from a more stringent assignment of subjects according to I.Q. levels. As this study was designed to have subjects randomly assigned, this could not be included in the present study. Suggestions have been made that testing of both the Measurement of Response Profile and the Visual Self Image Tests could benefit from further research on the relevance of I.Q. levels to the findings.

Early Training

Socio-emotional skills training may well be most effective when presented to developmentally handicapped school age children (Richmond, 1973; Haughton, 1978). This study concerned persons who had previously been institutionalized, and whose current, community-based life style was implemented through changes in the law. Introduction of small learning groups, such as the one presented in this study would increase the ability of school-age M/R persons to enjoy the more independent styles of living which are in effect today (Richmond, 1973).

Group Development Theory

Future researchers could also consider the question of whether group changes occur in a similar manner with this population as with a "normal" population. Theories of group development (Lacoursiere, 1982) have not previously been applied in studies with this developmentally handicapped population. This research could be of great use to those designing and delivering group training to developmentally handicapped populations.

Conclusions

The major objective of this study was to examine levels of confidence and accuracy in self expression produced by an experiential group treatment which dealt with seven dimensions of self-comprehension characteristics for developmentally handicapped persons.

Although significant differences between experimental and control group were not achieved according to the instruments designed for this study, the study has provided avenues of exploration for future research. This study has presented some suggestions for how to conduct training, assess growth and measure outcome. Although not significant or conclusive, the training design and instruments used in this study may encourage future practitioners and researchers to conduct their own studies. Any appreciable change for members of the developmentally handicapped population from dependency to independence might have an effect on the mythology surrounding this minority population, and a subsequent effect on the majority attitude. That this is possible is shown in the studies conducted in Scandinavian countries (Perske, 1972; Nirje, 1977) where a more independent community existence is the norm for developmentally handicapped persons.

This study focused on allowing subjects to reflect on developments which had already occurred within their experience, in order to increase their awareness of this knowledge about life and themselves. Within small group settings, such as the ones described in the treatment, it becomes possible for individuals to appreciate that they are not alone (Selman, 1981; Perske, 1972; Haughton, 1978; Klebanoff, 1974). In Chapter IV, several occasions were presented that indicate that some insight into self-awareness was being shared among some of the participants, even though the formal analyses were

not statistically significant. One of those cases is cited next as inspiration for future trainees and researchers.

The case that is most visual is that of ID. He did not react either verbally or non-verbally in the initial meetings. Towards the conclusion of the treatment, however, he was able to discuss his physical prowess (biking to work); how it made him feel ("Great"); indicate different emotional feelings through story relation ("I am like the Cowardly Lion"); and react to socio-emotional situations ("I feel like a sardine on the 'T'" [public transportation]).

Although the above is only one example, it illustrates the purpose of this type of approach: that the person who is capable of cognitive self discovery and growth will be encouraged and allowed to appreciate and expand his or her potential in small group learning situations devoted to self-awareness discovery. Further research is needed to more fully understand the outcomes from developmentally designed group training with this population. Such research could help in the refinement of training designs. Ultimately, it may help us to be more effective in supporting the growth of developmentally handicapped individuals to a more satisfying personal and interpersonal life in the community.

BIBLIOGRAPHY

Alschuler, A., et al. (1983). Self knowledge education as an approach to drug abuse education, University of Massachusetts, Amherst.

Alpern, G., & Boll, T. (1972). Developmental Profile Manual. Indianapolis: Psychological Development Publication.

Anderson, L., & Ager, J. (1978). Analysis of variance in small group research. Personality and Social Psychology Bulletin, 4(2), 402-406.

Balbernie, R. (1966). Residential Work with Children. London: Pergamon Press.

Beers, L. (1970). Group instrument to measure young children's attitude towards school. Princeton, NJ: Educational Testing Service, 008886.

Bennis, W., & Schein, E. (Eds.). (1965). Personal and Organizational Change through Group Methods: The Laboratory Approach. New York: Wiley & Co.

Biklen, D. (August 1977). Myths, mistreatment, and pitfalls: Mental retardation and criminal justice. Mental Retardation.

Borke, H. (1976). Interpersonal awareness test cross cultural study on early development of emotional awareness. Pittsburgh, PA: Hay Associates.

Braaten, L. (1974-75). Developmental plans for encounter groups and realted indecisive groups. Interpersonal Development, 5, 112-129.

Bradtke, L., et al. (1972). intensive play: A technique to building affective behaviors in profound mentally retarded young children. Education and the Training of the Mentally Retarded, 7(1), 8-13.

Brockbank, R., et al. (1966). Mental Health in a Changing Community. New York, Grune and Stratton.

Bucher, B., & Fabricatore, J. (1970). Use of patient administered to hallucinations. Behavior Therapy, 1, 382-385.

Buck, M. (1982). Desiderata II. Educational Mental Health.

Buhler, C. (1971). Basic theoretical concepts of humanistic psychology. American Psychologist, 26(4), 378-386.

Calchown, E. (1977). Measurement and evaluation in guidance. Exceptional Children, 43, 379-380.

Carr, C., & McLaughlin, J. (December 1973). Self-concepts of mentally retarded adults in an adult education class. Mental Retardation, 11.

Cartwright, D., & Zander, A., (Eds.). (1968). Group Dynamics, research and theory. New York: Harper and Row.

Chan, K. (1974). Interpretation of task interruption and feelings of responsibility for failure. Exceptional Children, 8(2), 175.178.

Close, D., Irvin, L., Taylor, V., & Agosta, J. (May 1981). Community living skills instruction for mildly retarded persons. Exceptional Education Quarterly, 2.

Collins, H., & Burger, G. (February 1970). The self-concepts of adolescent retarded students. Education and Training of the Mentally Retarded, 5.

Conger, J. (1970). The treatment of encorpicis. By the Management of Social Consequences. Behavior Therapy, 1, 386-390.

Cowan, G., & Inskeep, R. (Winter, 1978). Commitments to help among the disabled and disadvantages. Personality and Social Psychology Bulletin, 4(1), 92-95.

Cowan, P. (1978). Piaget: With feelings: Cognitive, social, and emotional dimensions. New York: Holt, Rhinehart and Winston.

Creelman, . (1955). Children's self-concept test. Dissertation Abstracts, XVD, 10.

Davies, R. (1982). The effects of empathy training on the social skills of mildly and moderately retarded adults: Single subject multiple baseline design across individuals. Dissertation Abstracts, 69.

Davis, W. (1977). Affective vs. behavioristic approaches in dealing with mildly retarded children. Education and Training of the Mentally Retarded, 12(4), 356-357.

deJung, J. (June 1974). Development of a self-description test to measure community adjustment to M/R/ young adults. Working Paper #75. Oregon University Rehabilitation Research and Training Center in Mental Retardation. ED104086.

Denton, P. (Winter, 1982). Teaching interpersonal skills with videotape. Occupational Therapy in Mental Health, 2, 17-34.

Dil, N., et al. (February 1977). Affective development. NTI for Council for Exceptional Children. Phoenix, Arizona.

Doll, E. (1953). The measurement of human competence. University of Minnesota: Educational Test Bureau.

Edgerton, R. (1979). The developing child series. Mental Retardation. Cambridge: Harvard Press.

Finando, ., Croteau, ., Sanz, ., & Woodson, . (May 1977). The effects of group type on changes of self-concept. Small Group Behavior, 8, 123-134.

Fleming, E., & Fleming, D. (February 1982). Social skill training for the educable M/R child. Education and Training of the Mentally Retarded, 17, 44-50.

Foxx, R., McMorrow, M., & Schloss, C. (1983). Stacking the deck: Teaching social skills to retarded adults with a modified table game. Journal of Applied Behavior Analysis, 16, 157-170.

Frymier, J. (1975). Faces scale for structure of questions, school of education. Princeton, NJ: Educational Testing Service.

Gardner, H. (1983). Frames of mind: The theory of multiple intelligences. New York: Basic Books.

Gardner, H. (1974). The quest for the mind: Piaget, Levi Strauss and the structuralist movement. New York: Vintage Books.

Gibbs, J. (1964). Climate for trust formation. In L. P. Bradford, J. R. Gibb, & K. D. Benne (Eds.), T-group theory and laboratory methods. New York: Wiley & Sons.

Gold, ., Gruber, H., & Voneche, J. (Eds.). (1977). The essential Piaget. New York: Basic Books.

Hare, A. (August 1973). Theories of group development and categories for interaction analysis. Small Group Behavior, 4, 3.

Hare, A. (1962). Handbook of small group research. New York: Free Press.

Harvey, O. (Ed.). (1963). Motivation and social interaction cognitive determinants. New York: Ronald Press Company.

Haughton, D. (1975). Affective education: Growth games for the mentally retarded. Austin, Texas: University of Texas, ED258516.

Hayes, C., et al. (1976). Affective reactions of retarded and non-retarded children to success and failure. American Journal of Mental Deficiency, 81(1), 100-102.

Hendrick, C. (1977). Role-taking, role-playing and the laboratory experiment. Personality and Social Psychology Bulletin, 3, 467-478.

Hill, G., & Fawcett, W. (August 1973). A study of development in open and closed groups. Small Group Behavior, 4, 3.

Hill, S., & Tomlin, C. (March 1981). Self-recognition in retarded children. Child Development, 52. EJ246159.

Hogenson, D. (August, 1969). Self concept and the need for excluding certain deviant children from EMR special classes. Mental Retardation, 7(4), 44-45.

Hollender, J. (1974). Prediction of work adjustment for adolescent male educable mental retardates. Journal of Counseling Psychology, 21(2), 164-165.

Hourcade, J. (1977). Effect of a summer camp program on the self-concept of M/R young adults. Leisure activity participation and handicapped populations: An assessment of research needs. Arlington, VA: National Park. ED139144.

Ihilevich, G., et al. (1981). Progress evaluation scales. Evaluation Review, 5, 451-477.

Ingersoll, B., & Hollenshead, C. (1981, Summer). Group work with the deinstitutionalized elderly. Journal of Gerontological Social Work, 3.

Izard, ., et al. (1977). Differential emotions scale. Princeton, NJ: Educational Testing Service, 008926.

Jacobs, J., & Schwartz, H. (Eds.). (1979). Qualitative sociology method to the madness. New York: Free Press.

Johnson, D. (1971). The psychology of thought and judgment. Westport, CT: Greenwood Press.

Jones, R. (1971). Labels and stigma for special education. U.S. Department of Health, Education and Welfare, ED054279.

Jordan, J. (1976). Construction of a Guttman facet designed cross cultural attitude behavior scale towards mental retardation. American Jounal of Mental Deficiency.

Kanfer, F. (1970). Self regulation: Research issues and speculations. In C. Neurin, N. Ger, & J. Michael (Eds.), Behavior Modification and the Clinical Psychology. New York: Appleton-Century-Crofts, 178-220.

Kegan, R. (1982). The evolving self: Problem and process in human development. Cambridge, MA: Harvard University Press.

Klebanoff, J., Freeman, ", Balester, ., Setleis, ., Sabatino, ., & Baird, . (1974). The human side of exceptionality. JSE Colloquies No. 1. Philadelphia, PA: JSE Press.

Knight, R. (Ed.). (1962). Psychoanalytic psychiatry and psychology: Clinical and theoretical papers, V. I. New York: International Universities Press.

Kohlberg, L. (1984). The psychology of moral developments. Essays of Moral Development, V. II. New York: Harper and Row.

Krasner, L. (1970). Critical notice. Behavior Therapy, 1, 402-406.

Lancioni, G. (Spring, 1982). Normal children as teachers to teach social responses to withdrawn M/R schoolmates: Training, maintenance and generalization. Journal of Applied Behavior Analysis, 15.

Lacoursiere, R. (1980). The life cycle of groups: Group developmental stage theory. New York: Human Sciences Press.

Laing, R., et al. (1966). Interpersonal perception: A theory and a method of research. London: Tavistock Publications. New York: Springer Publishing Company.

Leahy, R. (January 1982). Role-taking, self-image and imitativeness of mental retarded and nonretarded individuals. American Journal of Mental Deficiency, 15.

Long, R., et al. (1973). Children's self-social constructs pre-school test. Princeton, NJ: Educational Testing Service.

Lorenzo, L. (1975). Learner self-concept test. Princeton, NJ: Educational Testing Service.

Mahoney, M., & Mahoney, J. (1976). Self-control techniques with the mentally retarded. Exceptional Children, 42(6), 338-339.

Mancioni, G. Spring 1982). Normal children as teachers to teach social responses to withdrawn M/R schoolmates: Training, maintenance and generalization. Journal of Applied Behavior Analysis, 15.

Mann, P., Beaber, J., & Jacobson, M. (January 1969). The effect of group counseling of educable mentally retarded boys' self-concepts. Exceptional Children, 35.

Matson, J., & Andrasik, F. (March, 1982). Training leisure time social interaction skills to M/R adults. American Journal of Mental Deficiency, 86.

McGrath, J., et al. (1982). Group research. Annual Review of Psychology, 33, 195-230.

McHale, J. (1980). Mental retardation and the future. The year 2000 and mental retardation. New York: Plenum Press.

McKean, b., & Taylor, B. (Eds.). (1979). Toward defining measurable objectives in the affective domain for experiential education programs. Denver: Colorado Outward Bound School Avatrac.

McMinimee, S., & Kreps, A. (1976). Community living and skills guide: Getting to know me. Metropolitan State College, Denver, Colorado, ED285280.

Mead, G., & Miller, D. (Eds.). (1982). The individual and the social self: Selections. Chicago: University of Chicago Press.

Miller, M., et al. (1972). Projection of after affect task performance by retarded and non-retarded children. American Journal of Mental Deficiency, 77(2), 149-156.

Mills, T. (1967). The sociology of small groups. Englewood Cliffs, NJ: Prentice Hall.

Mitchell, E., et al. (1977). The limited role of psychology in role playing. Personality and Social Psychology Bulletin, 3, 514-518.

Montague, J., et al. (1974). Self-concepts of institutional and non-institutional educable mentally retarded children. Perceptual and Motor Skills, 38(3), 977-978.

Moazami, M. (1976). Findings and recommendations evaluating and comparing locus of control. Dissertation Abstracts.

Morey, L., Cummins, G., et al. (1976). Personal development and sexuality: A curriculum guide for developmentally disabled. Bureau of Developmental Disabilities, Department of Social and Health Services, Olympia, Washington.

Nawasa, N., & Braun, S. (1970). The use of operant techniques for modifying the behavior of the severely and profoundly retarded: Part I, Introduction and initial phase. Mental Retardation, 8(2), 2.

Nihira, ., et al. (1970). Adaptive behavior scales manual. Washington, D.C.: American Association on Mental Deficiency.

Nirje, B. (1973). The normalization principle: Implications and comments. Journal of Mental Subnormality, 16, 62-70.

Ofshe, R. (Ed.). (1973). Interpersonal behavior in small groups. Englewood Cliffs, NJ: Prentice Hall.

Olson, D. (1970). Cognitive development: the child's acquisition of diagonality. New York: Academic Press.

Ottenbacher, K. (April 1982). An investigation of self-concept and body image in the mentally retarded. Journal of Clinical Psychology, 37.

Pasanella, A., & Volkmor, C. (1977). Coming back...or never leaving. Columbus, OH: Charles E. Merrill Publishing Co.

Patterson, C. (1973). Theories of counseling and psychotherapy. New York: Harper and Row.

Patterson, C. (1970). Behavior modification in rehabilitation: A consideration of its values and limitations. Rehabilitation Research and Practice Review, 2(1), 1-12.

Patton, M. (January, 1978). The use of biofeedback as a counseling tool to facilitate the assumption of responsibility for behavior in M/R adults. Dissertation Abstracts, 38.

Perry, M., & Cerreto, M. (December 1977). Structured learning training of social skills for the retarded. Mental Retardation, 15.

Perske, R. (February 1972). The dignity of risk and the mentally retarded. Mental Retardation, 10(1), 24-27.

Peterson, I., et al. (1976). Primary grades retarded trainable children's referral and behavior rating form. Princeton, NJ: Educational Testing Service.

Piaget, J., & Inhelder, R. (1971). Mental imagery in the child. New York: Basic Books.

Pinkerton, C. (February 1979). An evaluation of the effectiveness of a personal problem solving training program for mildly and moderately M/R adults on their self esteem, adaptive behavior and ability to generate alternative solutions. Dissertation Abstracts, 39, (8-B) 4049.

Rest, J., Turiel, E., Kohlberg, L. (1969). Level of moral development as a determinant of preference and comprehension of moral judgments made by others. Journal of Personality, 37, 225-252.

Richmond, B. (1972). Noncognitive development of mentally retarded children. University of Georgia, Athens, Georgia, ED075452.

Richmond, B., et al. (November 1973). Teacher ratings and self concept reports of retarded pupils. Exceptional Children, 40(3), 178-183.

Rim, E. (1977). Faces attitude inventory, form M(K-3). Princeton, NJ: Educational Testing Service, 008354.

Ringness, T. (June 1959). Emotional reactions to learning situations as related to the learning efficiency of mentally retarded children. Wisconsin University, Madison, Wisconsin, ED002782.

Rosenberg, A. (1980). Sociobiology and the preemption of social science: Human behavior. Baltimore and London: Johns Hopkins University Press.

Rosenfeld, L. (19). Human interaction in the small group setting.

Roth, E. (1980). Art therapy to promote ego development in disturbed retarded children. Pittsburgh School of Medicine, University of Pittsburgh.

Sarason, S., et al. (9179). Human services and resource networks. San Francisco, CA: Jossey-Bass Publishers.

Schultz, W. (1968). Firo: A three dimensional theory of interpersonal behavior. New York: Holt Publishers.

Schultz, W. (1967). Joy, expanding human awareness. New York: Grove Press.

Shultz, J. (1977). The self-concept of mental retardates: Some problems of assessment. University of Georgia, Athens, Georgia, ED075451.

Slavson, S. (1956). The fields of group psychotherapy. New York: International Universities Press.

Snyder, R. (June 1971). Personality adjustments, self attitudes and anxiety differences in retarded adolescents. American Journal of Mental Deficiency.

Smith, K., & White, G. (1983). Some alternatives to traditional social psychology of groups. Personality and Social Psychology Bulletin, 9(1), 65-73.

Staats, A., Minke, K., & Butts, P. (1970). A token-reenforcement remedial reading program administered by Black therapy technology to problem Black children. Behavioral Therapy 1, 359-370.

Straker, P. (June 1979). Effects of assertion training and social skills training on self-esteem and self-assertion in educable and trainable non-institutionalized M/R adults. Dissertation Abstracts, 39 (12-B) 6103.

Talington, L., et al. (1977). Effects of film-mediated aggressive and affectual models on behavior. Journal of Mental Deficiency, 4, 420-425.

Torrance, E. (1975). What kind of person are you questions. Perceptual and Motor Skills, 32(3), 850.

Tuckman, B. (1965). Developmental sequence in small groups. Psychological Bulletin, 63, 384-399.

Valdie, K. (February 1982). Experiential learning groups: An applications model. Small Group Behavior, 13, 1.

Vanderloop, C. (August 1977). Self descriptive ability and verbalization of mild M/R adults. Dissertation Abstracts, 38(2-B), 920-921.

Vondracek, . (1977). Nonverbal technique for assessing frustration response in preschool children. Princeton, NJ: Educational Testing Service.

Ware, J., & Barr, J. (February 1977). The effects of a nine week structured and unstructured group experience on measures of self-concept and self-actualization. Small Group Behavior, 8, 1.

Wilcox, B. (1982). In Sailor, Wilcox, Brown (Eds.), Instruction for severely handicapped students. Baltimore, MD: P. H. Brookes.

Wolfensberger, W. (1972). Normalization. The principle of normalization in human services. Toronto, Canada: National Institute on Mental Retardation.

Zenger, J. (1970). A comparison of human development with psychological development in t-groups. _Training Development Journal_, _24_, 16-20.

Zgliczynski, S. (February 1982). Multimodal behavior therapy with groups of aged. _Small Group Behavior_, _13_, 1.

Zohn, C. (October 1978). Reactivity and accuracy of self-monitoring with M/R adults: Effects upon work productivity. _Work Quality and On-Task Behavior_, Dissertation International Psychological Abstracts, _39_, (4-B), 1975-76.

APPENDICES

APPENDIX A

CINCINNATI TEST

A1

short

tall

A2

big
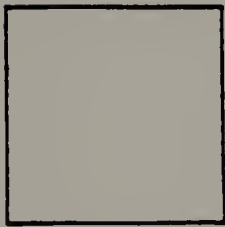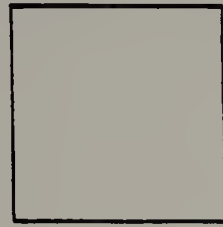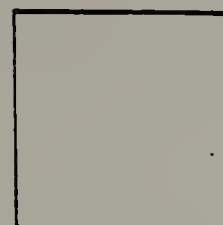
small

A3
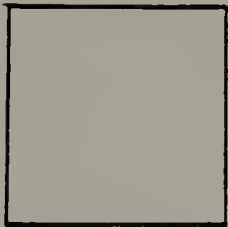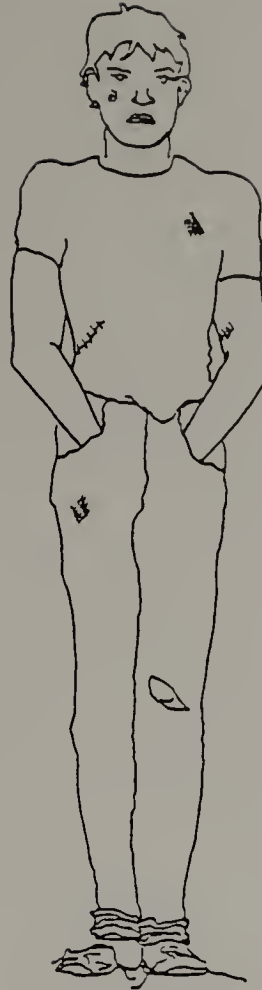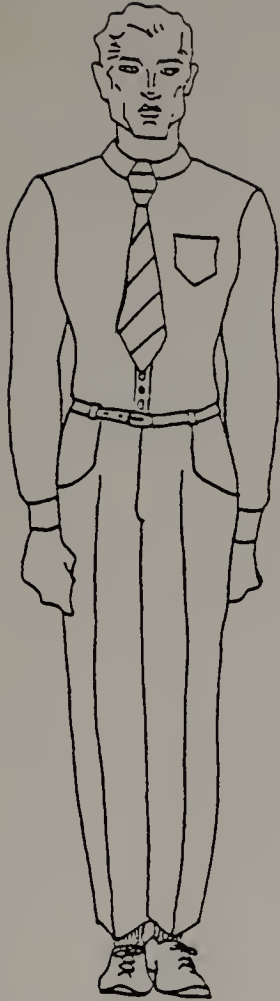
oodlooking
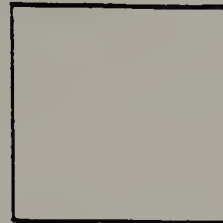
ugly

A4
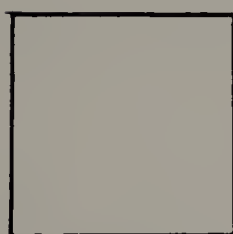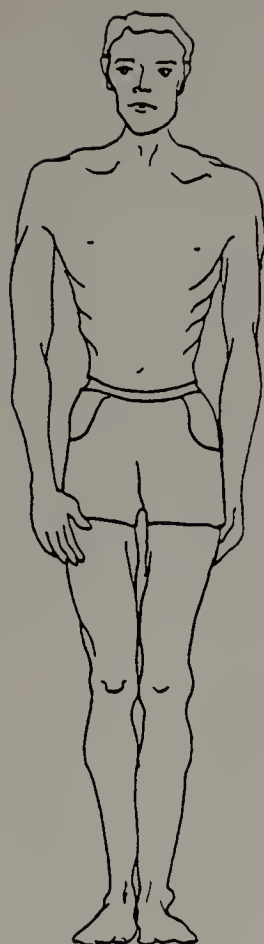
thin

fat

A5
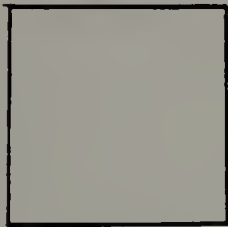
quick
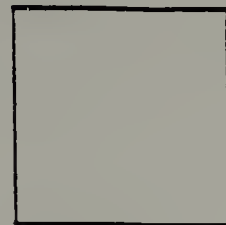
slow

A6
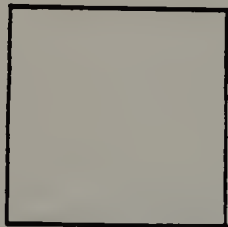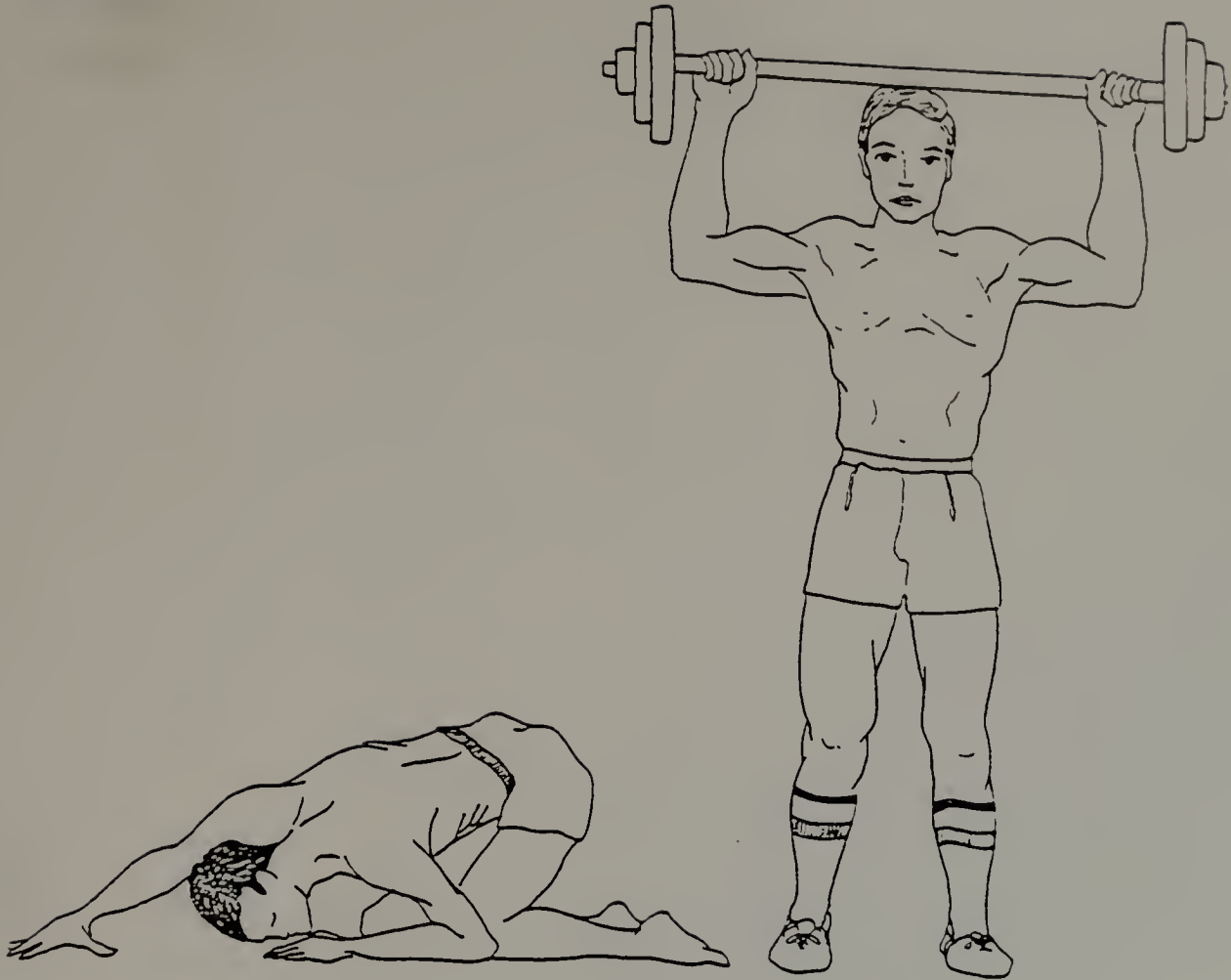
weak
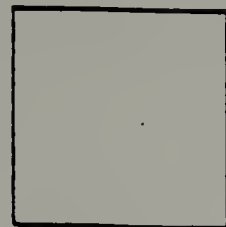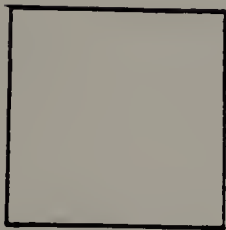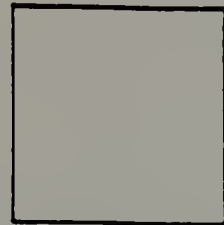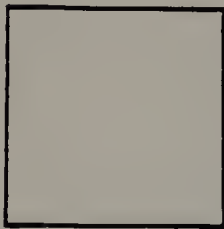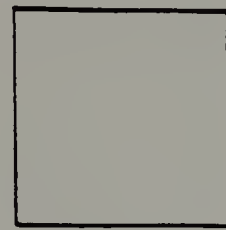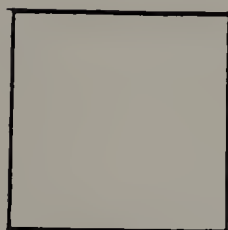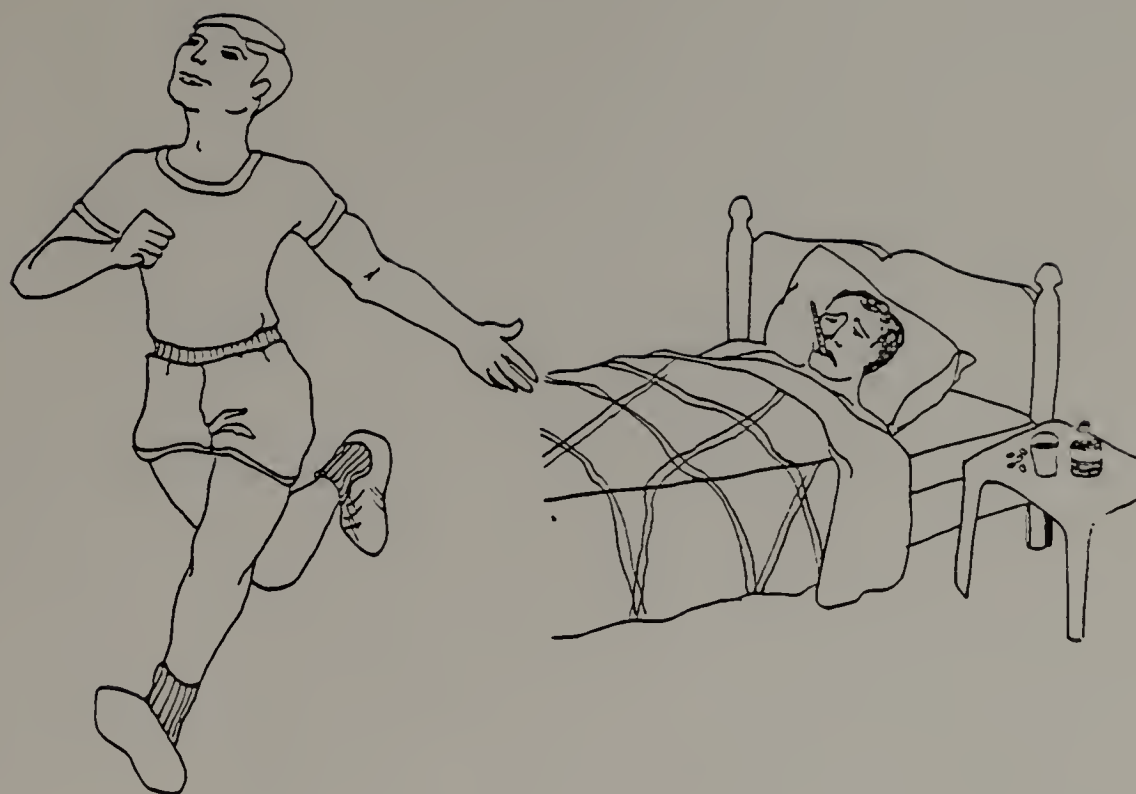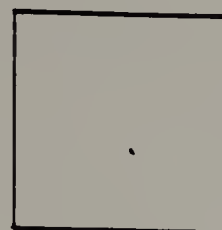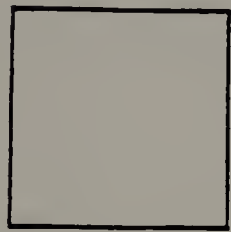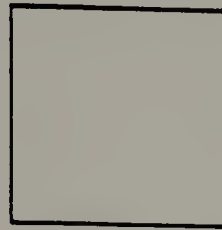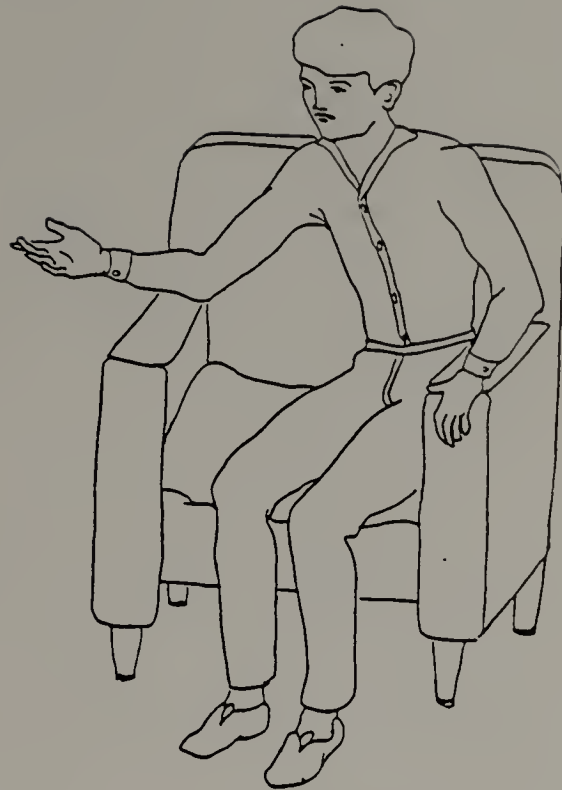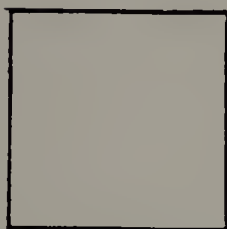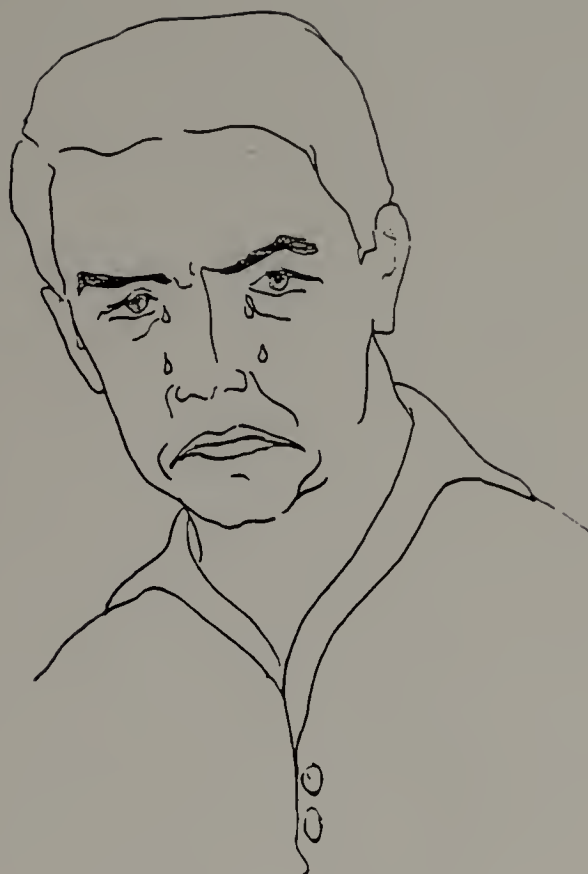
strong

A7

clean

dirty

A8

busy

lazy

A9

healthy

sick

A10

sleepy

awake

B1

happy

sad

B2

bad   good

B3

angry ☐☐☐☐☐ kind

B4

loser   winner

B5

important ☐   unimportant ☐

B6

hopeful

despairing

B7

lonely

friendly

B8

smart   not smart
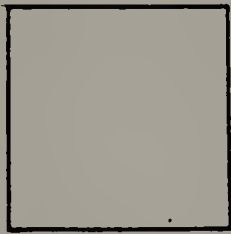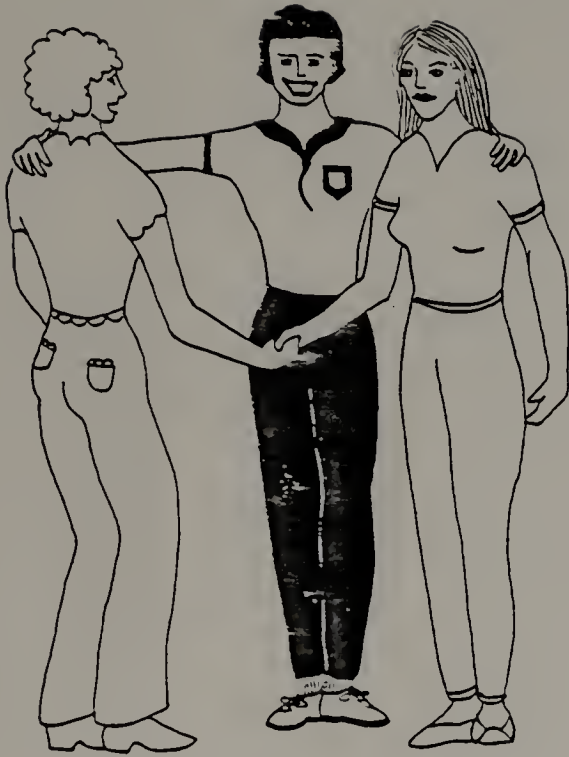
C1

give

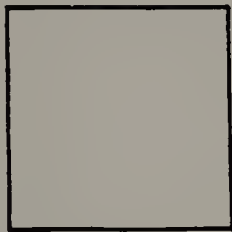receive
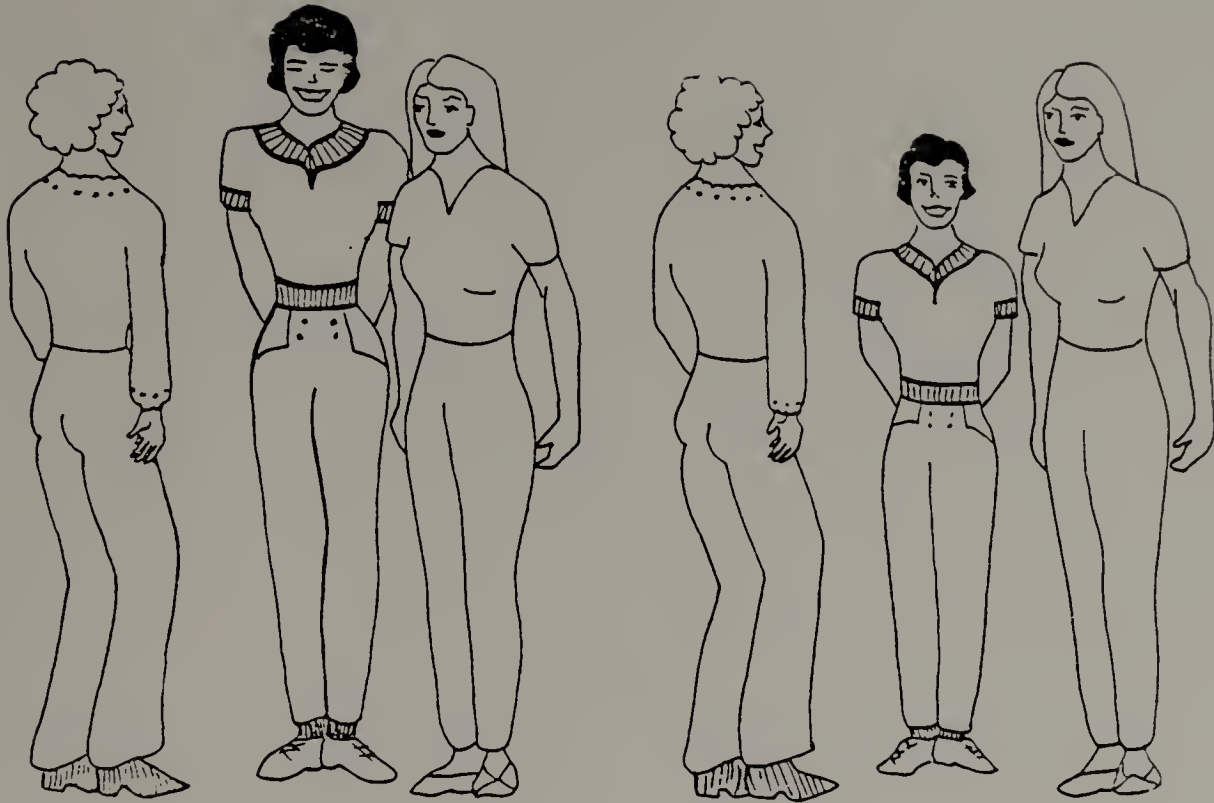
C2

happy

sad

C3
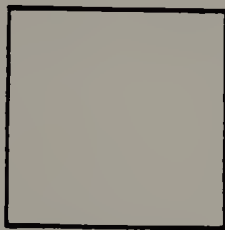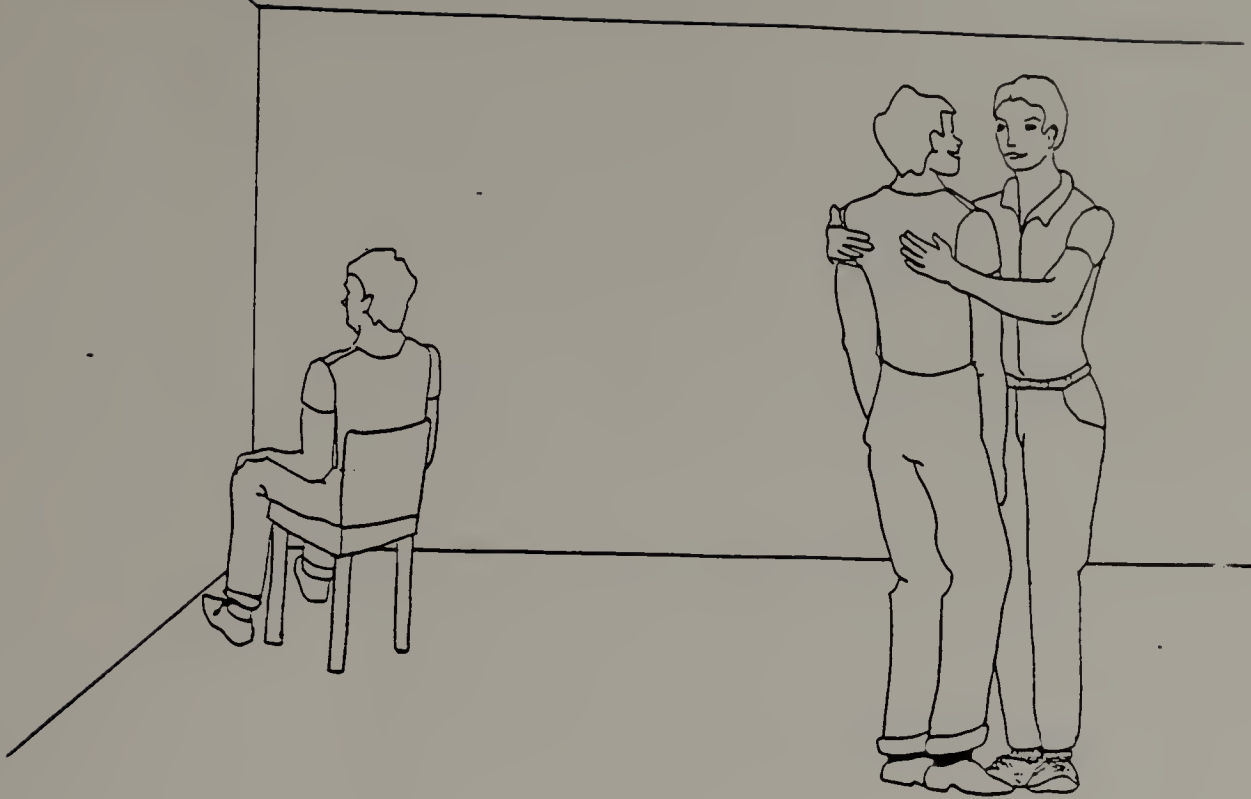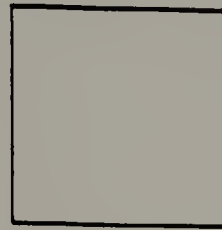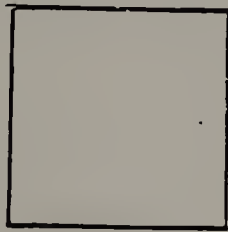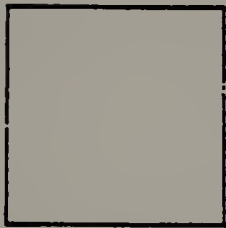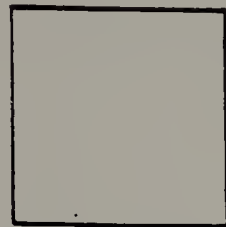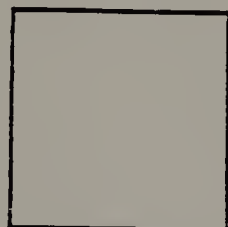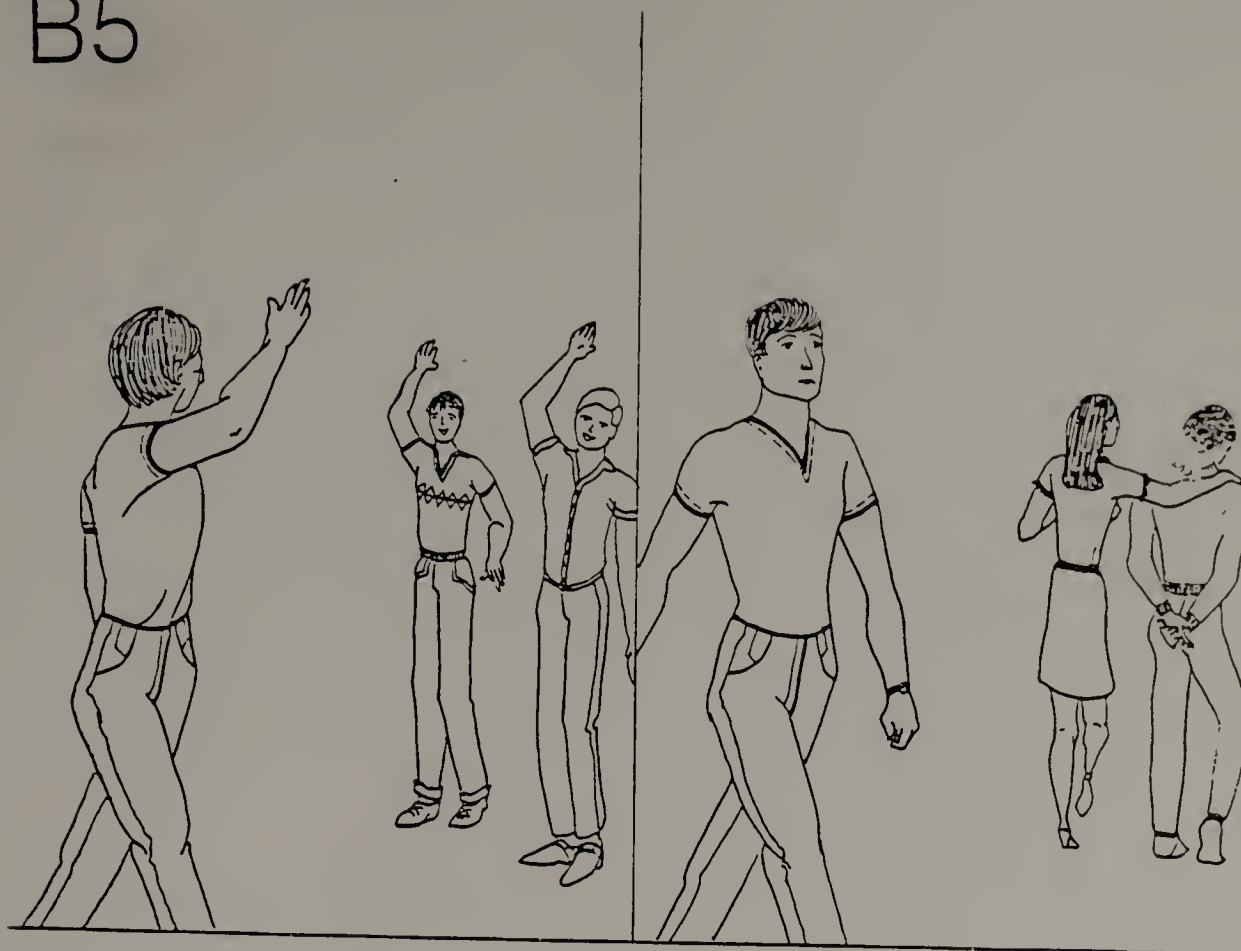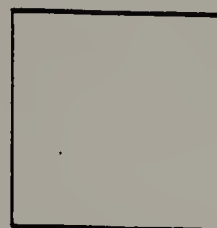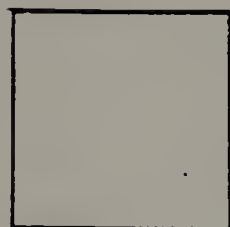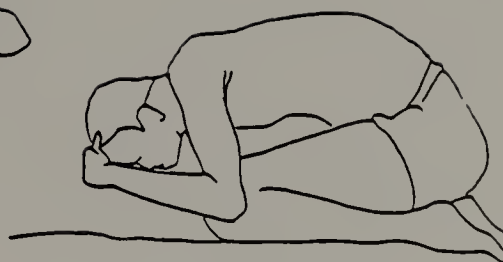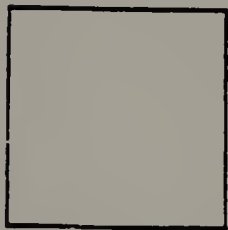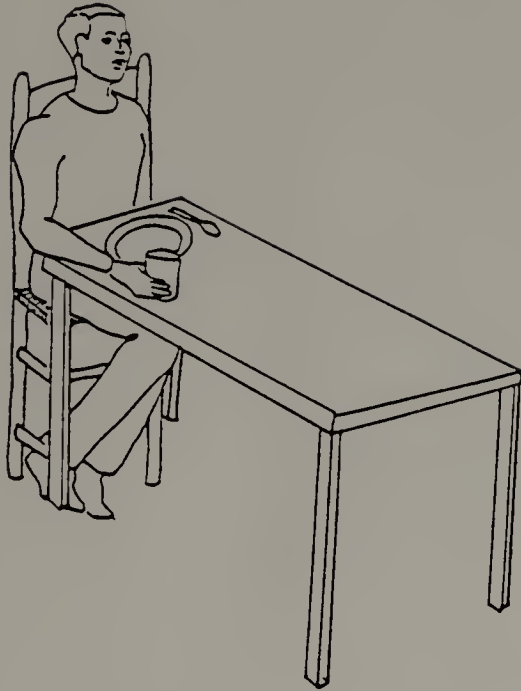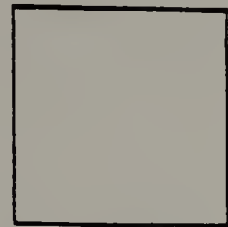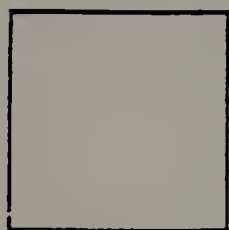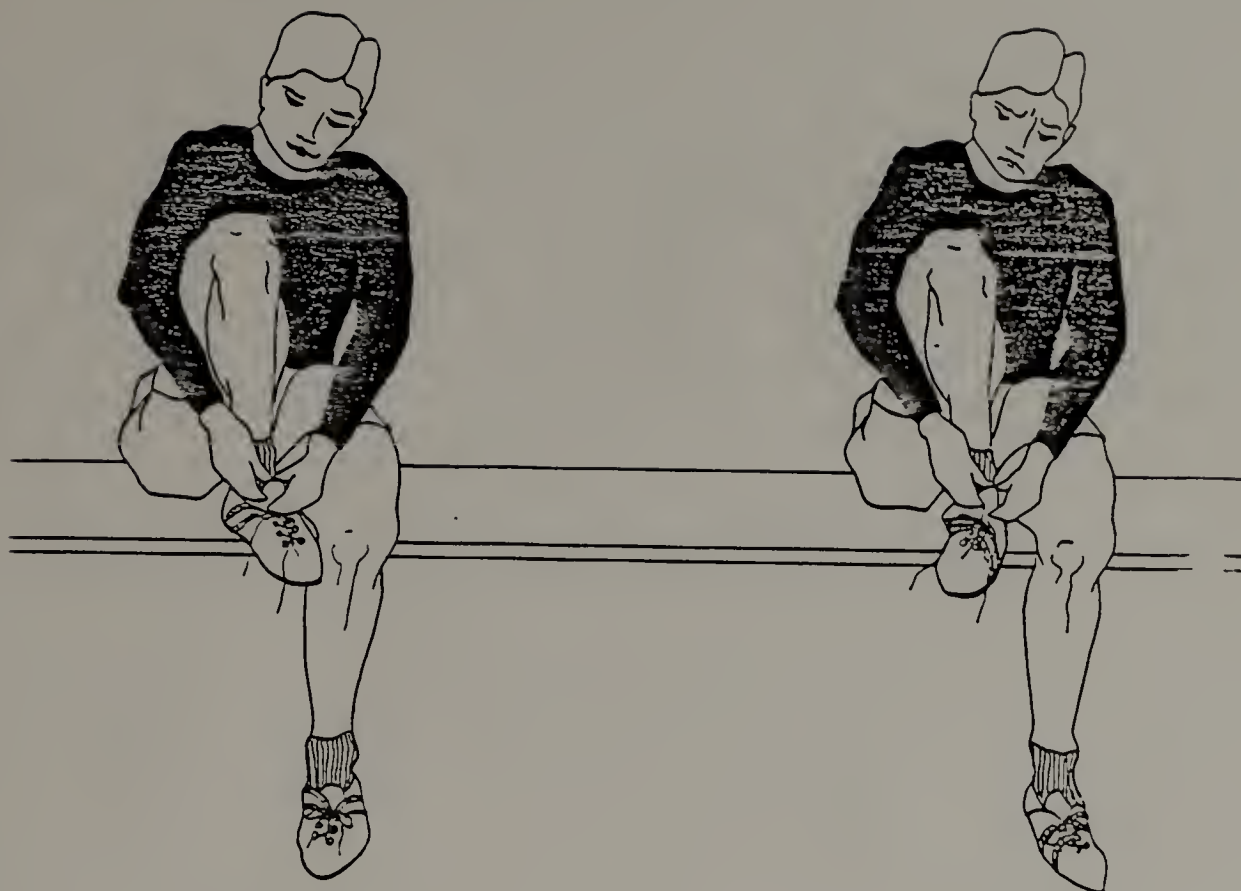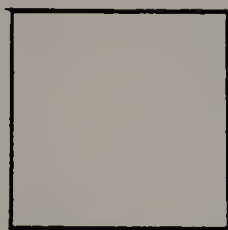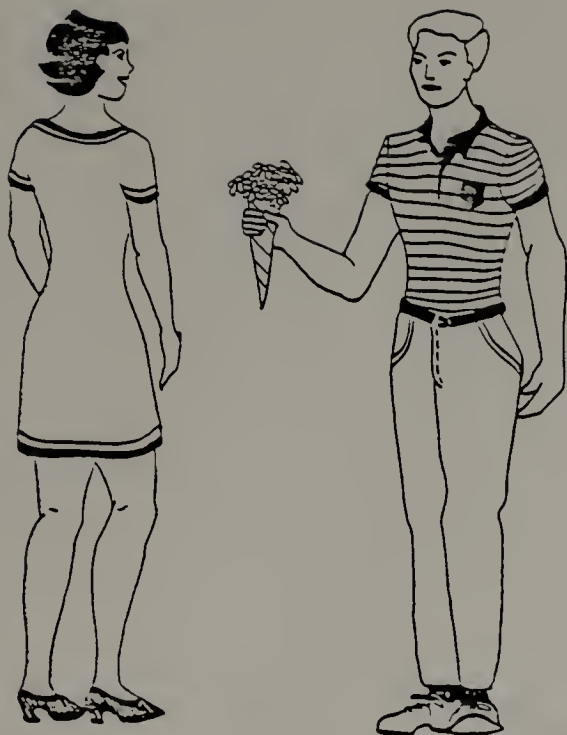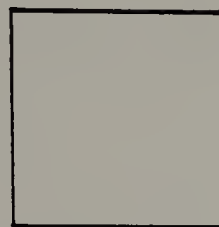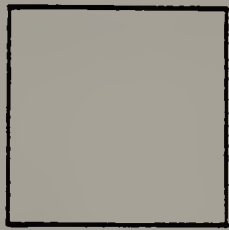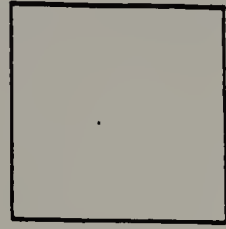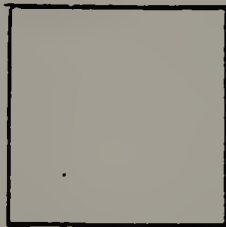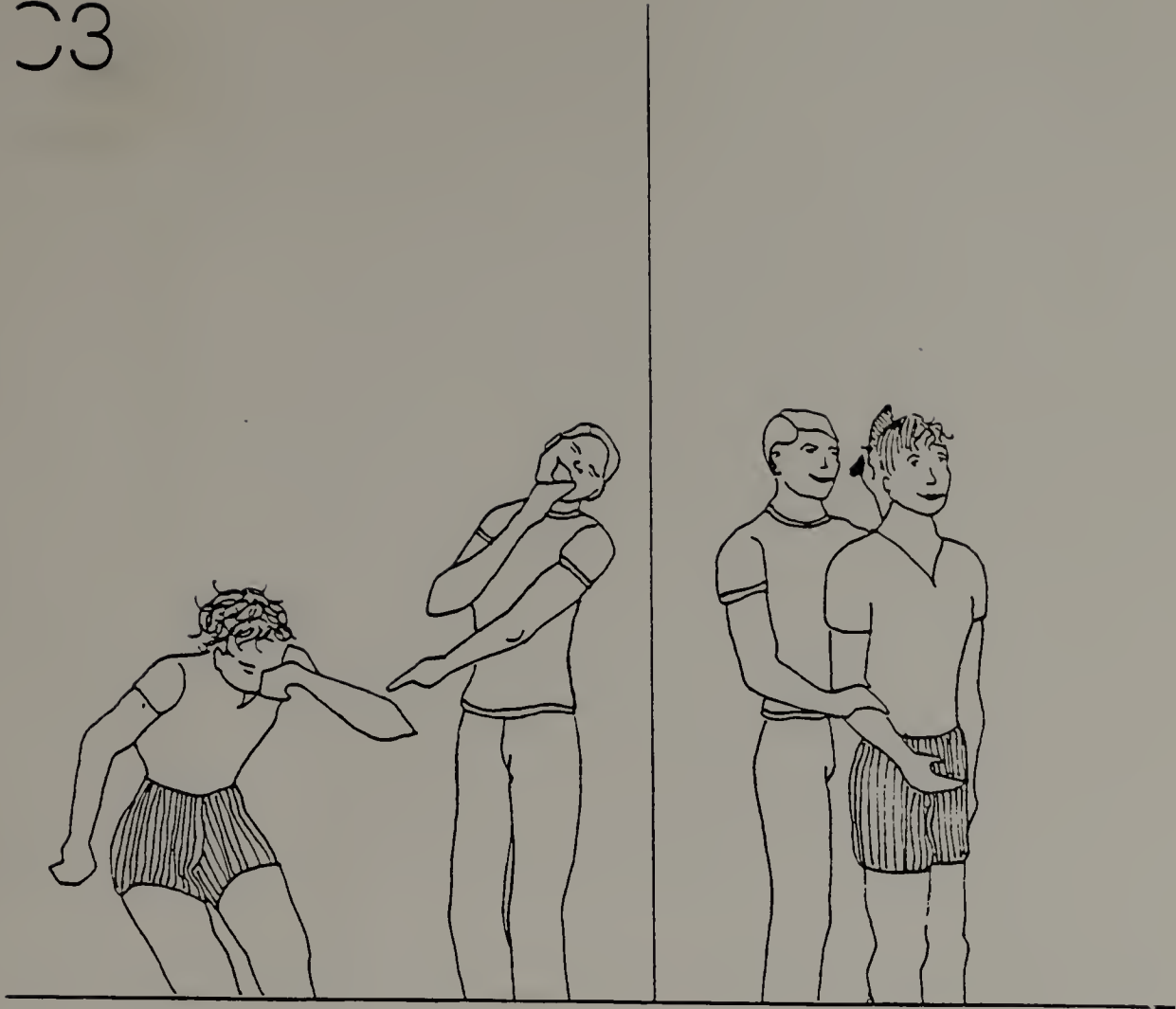
hurt
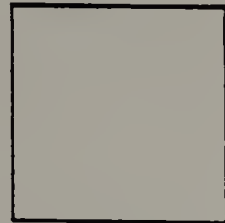
help

C4
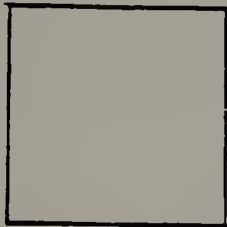
listen
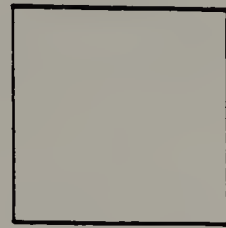
tell

C5
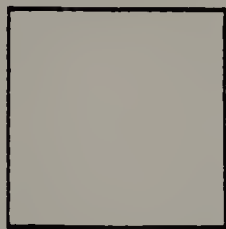
together   alone
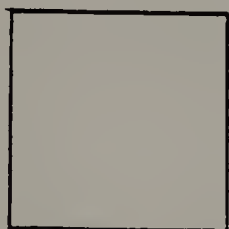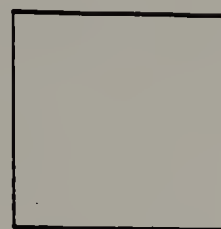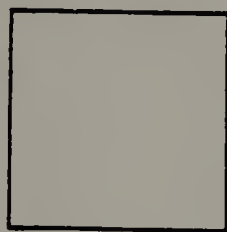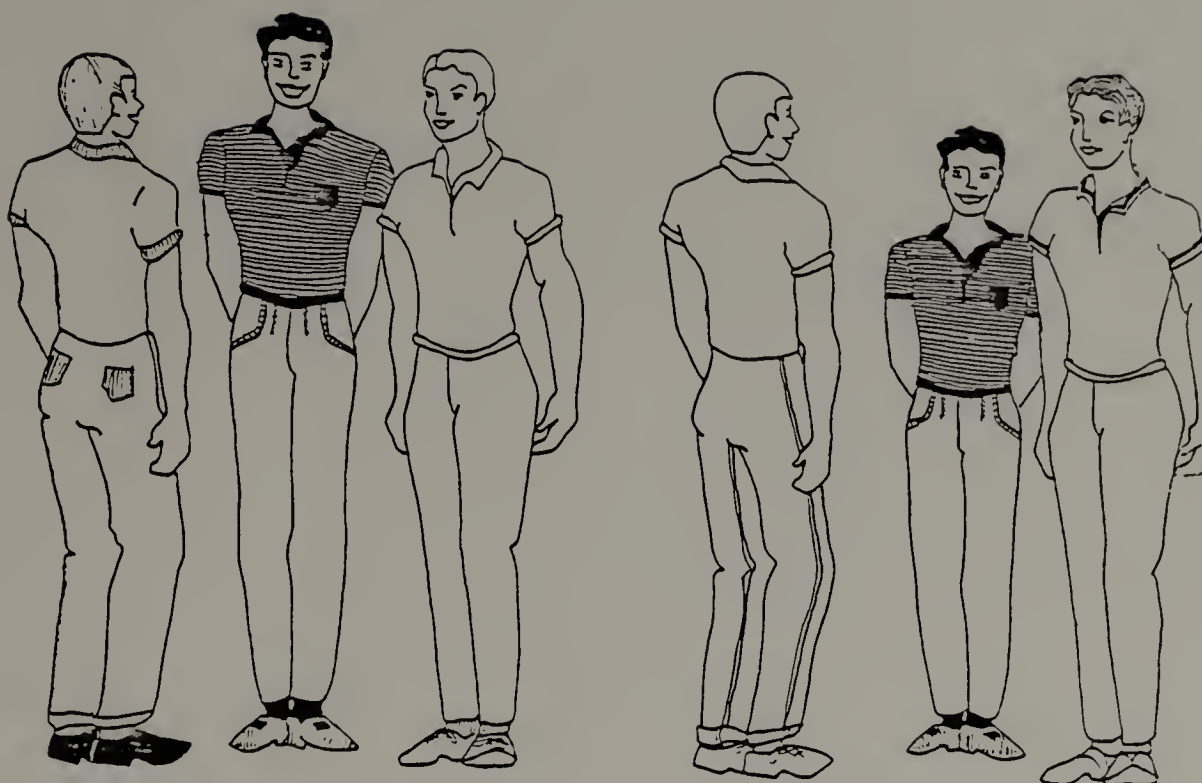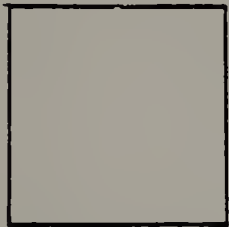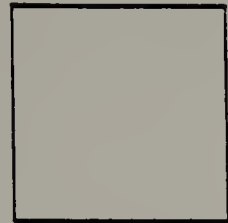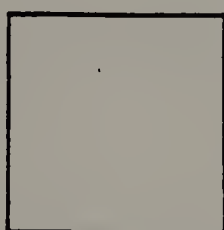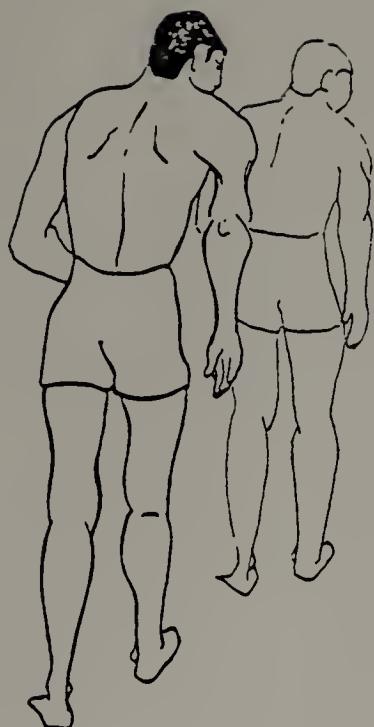
C6

agree

fight

C7

big   little

C8

friend   enemy

C9

follower

leader

C10
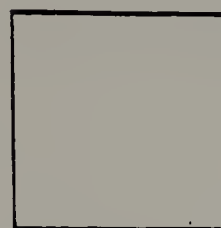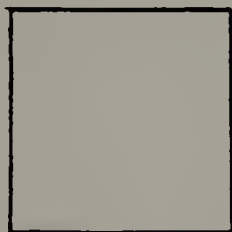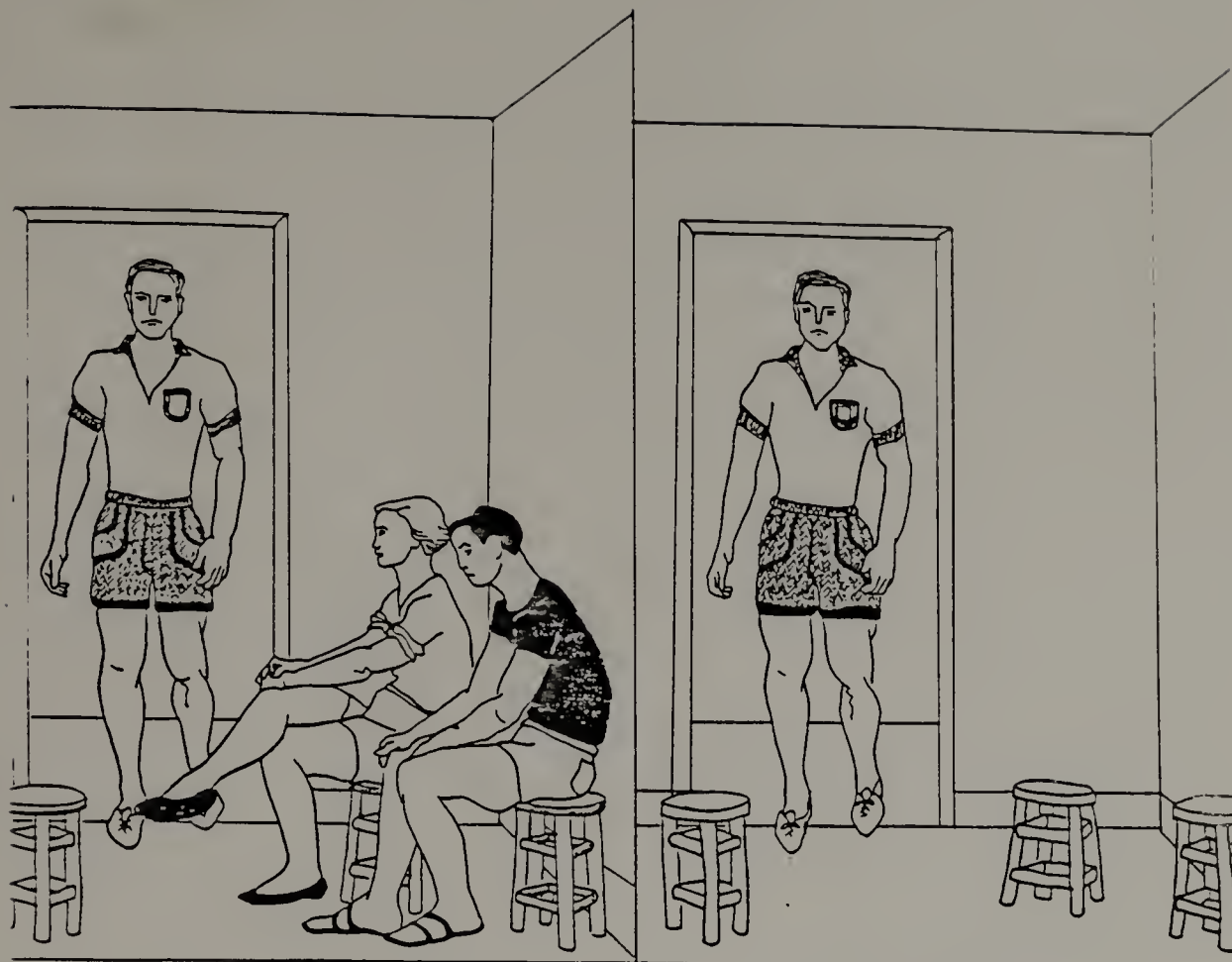
last first
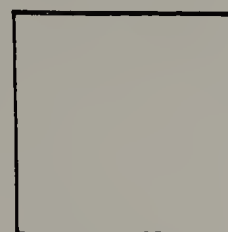
confront
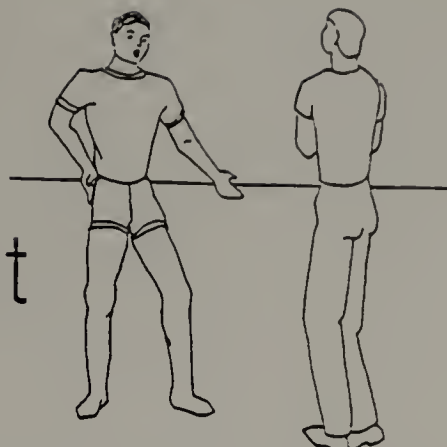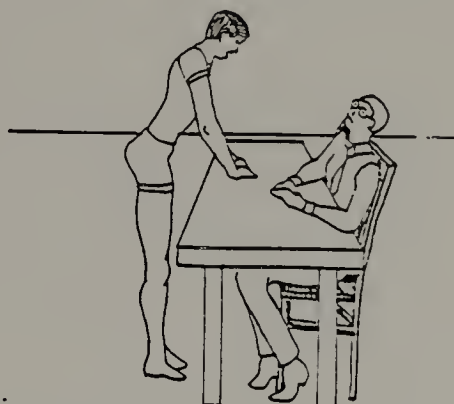
talk

walk away
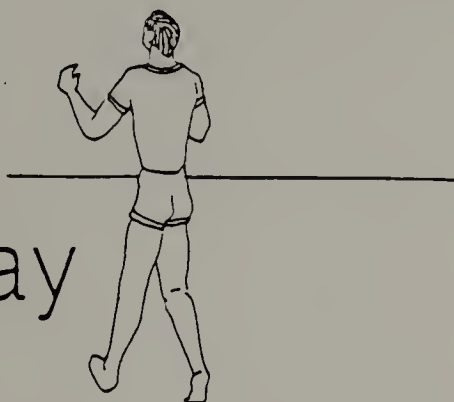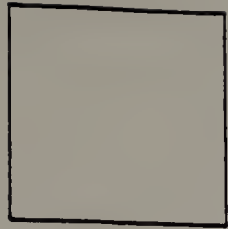
fight
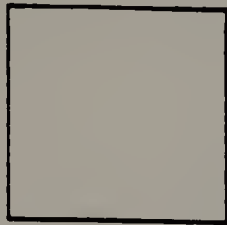
respond
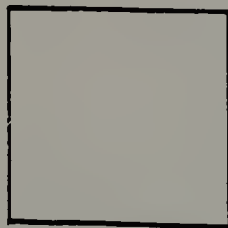
ignore
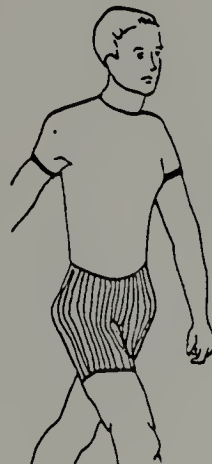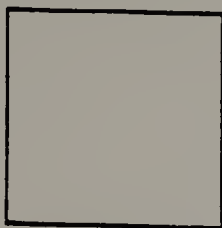
angry

nervous
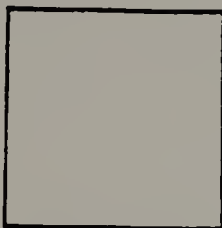
talk

A1
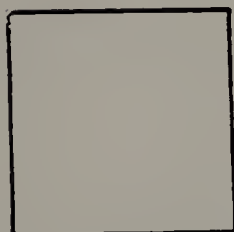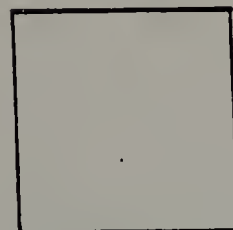
short   tall

A2
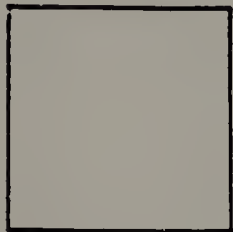
big

small

A3
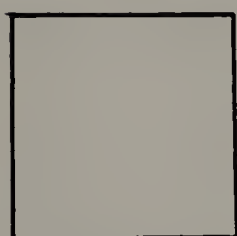
goodlooking
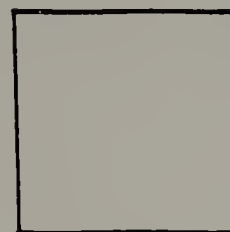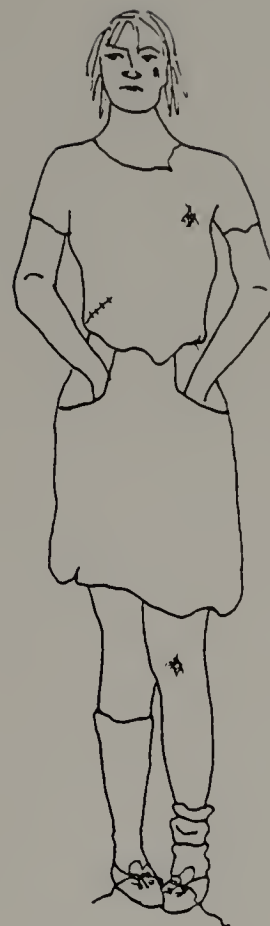
ugly

A4
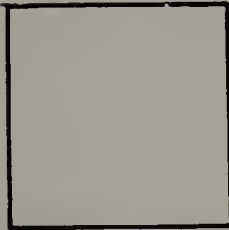
fat

thin

A5

quick   slow

A6

weak

strong

A7

clean

dirty

A8

busy

lazy

A9

healthy

sick

A10

sleepy

awake

B1

happy   sad

B2

bad

good

B3

angry

kind

B4

loser

winner

B5

important ☐   unimportant ☐

☐☐☐☐☐

B6

hopeful

despairing

B7

lonely

friendly

B8

smart   not smart

C1

give

receive

C2

happy

sad

C3

hurt

help

C4

listen

tell

211

C5

together   alone

C6

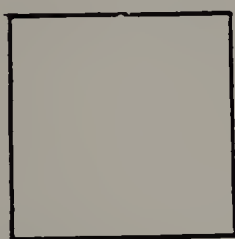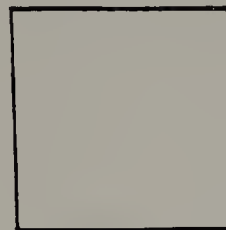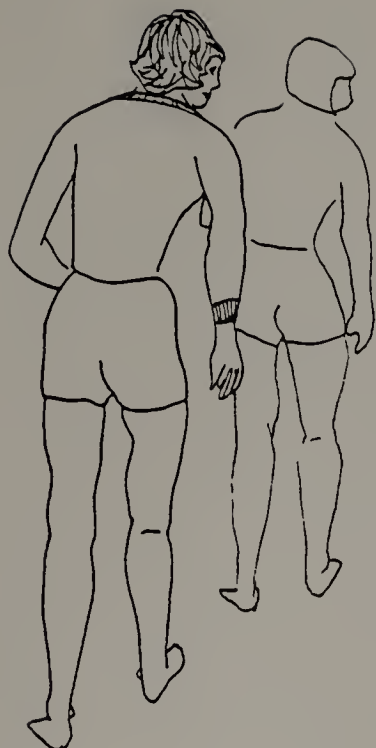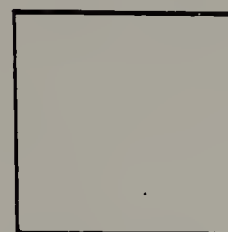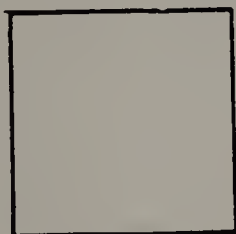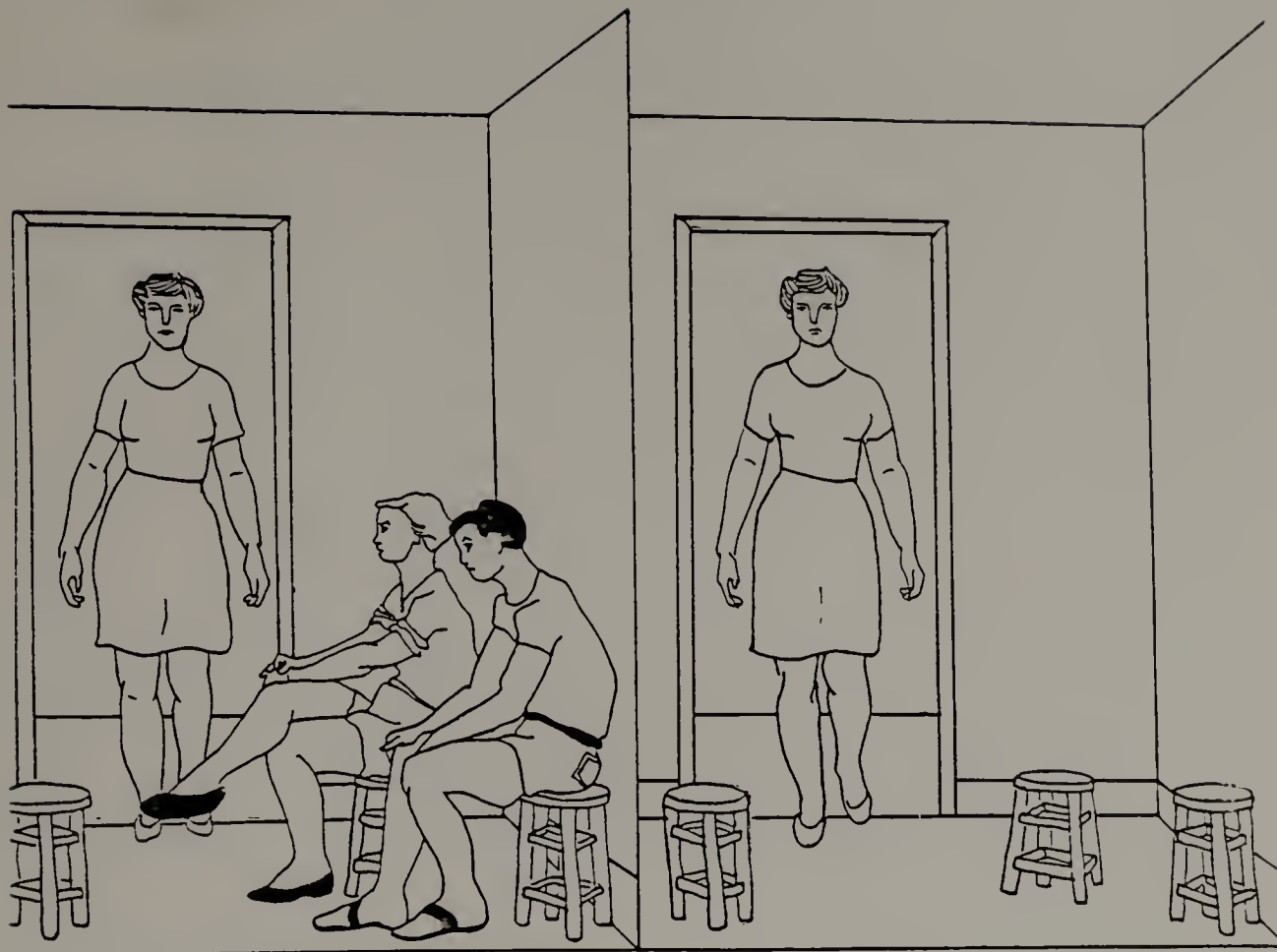agree   fight

C7

big   little

C8

friend

enemy

C9

follower

leader

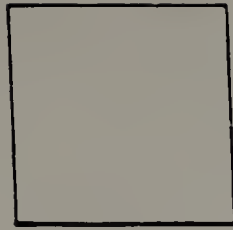C10

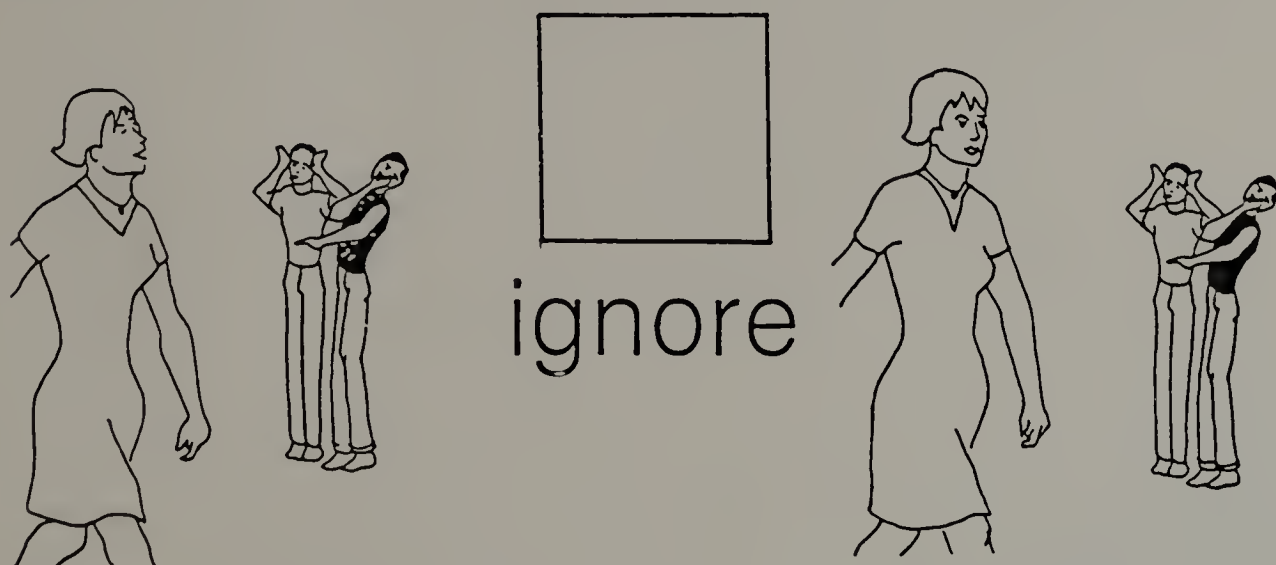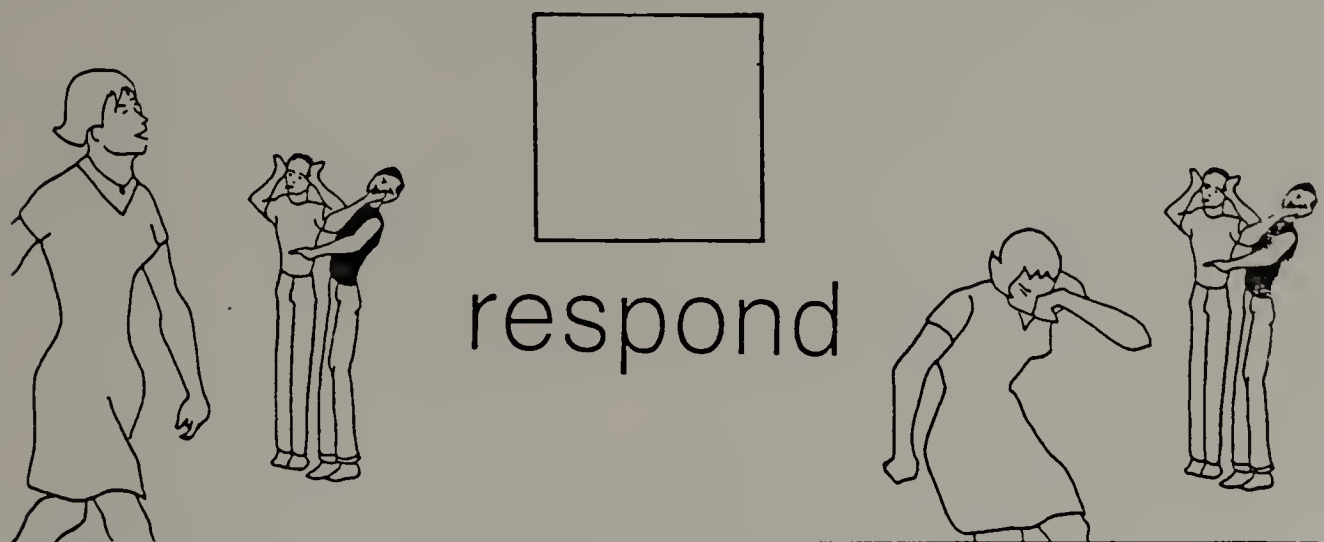last   first
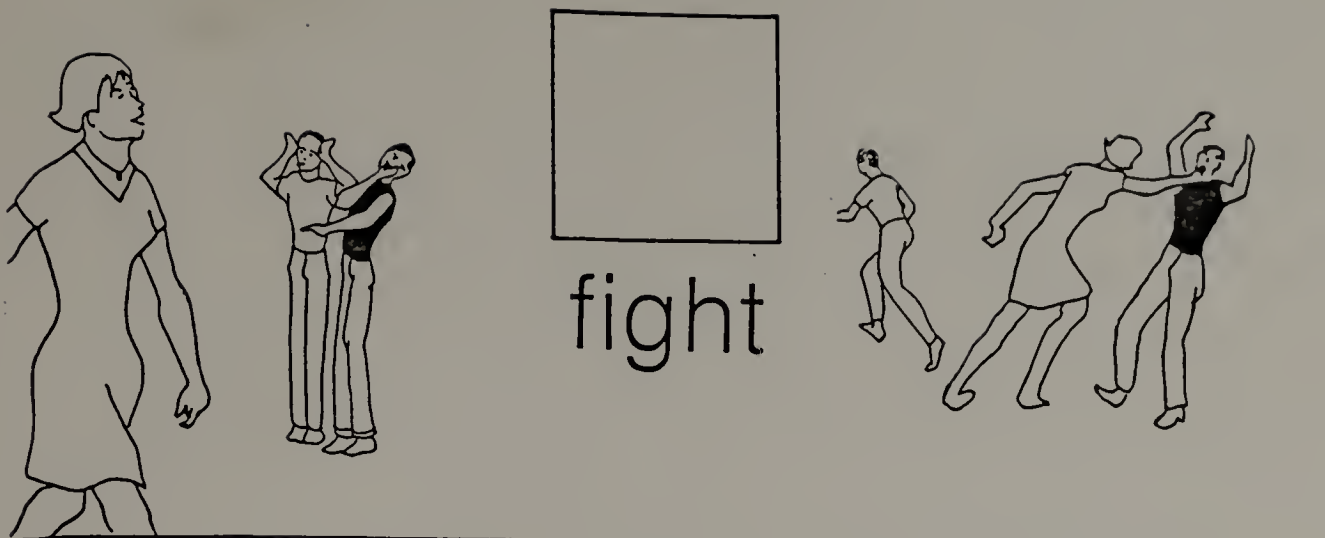
confront

talk

walk away

fight

respond

ignore
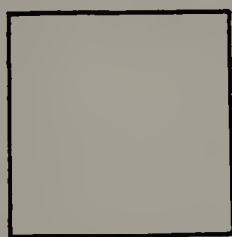
angry

nervous

talk

APPENDIX C

CODER RATING SHEET

Observer Questions

Directions: Clearly mark or circle the category which most closely
             describes the observed behavior of the Ss.

Section one: Physical Identity

1. Can the Ss clearly identify the picture that most resembles
    him/her?

5	4	3	2	1
positive I.D.	less positive I.D.	ambiguous I.D.	indecisive I.D.	unable I.D.

2. Does the Ss make a clear decision about his/her physical appearance?

5	4	3	2	1
clear decision	less clear decision	ambiguous decision	indecisive	no decision

3. How does the Ss use the small boxes?

5	4	3	2	1
clear choice	less clear choice	some choice	indescriminate choice	not at all

Mark any inconsistencies noted in the following sections: (for
example: if Ss has routinely been answering questions clearly, and
changes routine, i.e., A1, A2, A3, are all #3, and A10 becomes #5 mark
which answer seems different from the rest.)

A1   A2   A3   A4   A5   A6   A7   A8   A9   A10

Section two: Emotional Identity

1. Does the Ss comprehend the question clearly?

5	4	3	2	1
clear comprehension	less clear	some comprehension	unclear	not at all

2. Does the Ss clearly own the feelings as his/hers?

5	4	3	2	1
clearly owns	less clearly owns	uncertain	unclear	rote answer

Mark inconsistencies in B section in same manner as in A section:

B1   B2   B3   B4   B5   B6   B7   B8

Section three: <u>Socio-emotional</u>

1. Does Ss clearly relate these feelings to "being with friends"?

5	4	3	2	1
clear relation	less clear	uncertain	unclear	rote answer

3. Does Ss own relationship as being with friends?

5	4	3	2	1
clearly owns	less clearly owns	uncertain	unclear	rote answer

Section four: <u>Socio-emotional Situations</u>

1. How does Ss answer Question #1?

5	4	3	2	1
clear choice	less clear	unclear	indecisive	rote answer

2. How does Ss answer Question #2?

5	4	3	2	1
clear choice	less clear	unclear	indecisive	rote answer

3. How does Ss answer Question #3?

5	4	3	2	1
clear choice	less clear	unclear	indecisive	rote answer

APPENDIX D

TV OBSERVATIONS

TV Observations

1. Does Ss comprehend questions?

5	4	3	2	1
clear comp.	less clear	unclear	indecisive	rote answer

2. Can Ss identify feelings confidently?

5	4	3	2	1
confident	less confident	unconfident	indecisive	rote answer

3. Does S respond confidently?

5	4	3	2	1
confident	less confident	unconfident	indecisive	rote answer

4. Does Ss repeat same "feeling" word for each answer?

5	4	3	2	1
No	most times	sometimes	frequently	Yes

5. Does Ss maintain good eye contact with testor?

5	4	3	2	1
Yes	most times	sometimes	infrequently	No

6. Does Ss offer reason for answer?

5	4	3	2	1
Yes		attempt		No

7. Does Ss change response after reason?

5	4	3	2	1
Yes		attempt		No

APPENDIX E

CONSENT FORM

PROJECT TRIANGLE, INC.
TRIANGLE TRAINING CENTER

INFORMED CONSENT MEDIA RELEASE

I give permission to _____ of _____

to photograph me, interview me where it is likely to be seen (heard) by

_____. The purpose of

using this material is to _____.

I give consent on the condition that the material be used only for the

above purpose(s). It is my understanding that I may see the material

before giving consent or before the material is released and that I may

place the following restrictions on the material or its use, including

time-limits: _____

_____

I give this consent voluntarily, without threat of punishment or promise

of special reward. I have been given an opportunity to fully discuss the

release and to have my questions answered. I understand that I may with-

draw consent at any time prior to release without fear of punishment.

| _____ | _____ | _____ | _____ |
| (Trainee) | (Date) | (Parent/Guardian) | (Date) |

| _____ | _____ |
| (Witness) | (Date) |

The following is in accordance with Section 20.13(2) (d) (e)

1. Procedure used to obtain consent:_____

_____

2. Summary of information provided in accordance with Section 20.13 (b) (s)

_____

_____

I have fully explained the above information in a manner understood by the
consenting party and answered all questions to the best of my ability. It
is my opinion that consent has been given freely and knowingly.

_____
Signature of person obtaining consent

_____
Position

APPENDIX F

MALMO STATEMENT

Below follow the translated and slightly edited conclusions and demands formulated by 50 retarded delegates who attended what appears to have been the first national conference in the world of retarded young adults. Explanatory comments are included in brackets.

Leisure Time Activities

We found that:

We want to be together in small groups during our leisure time.
  Dance evenings ought not to be for more than 14-16 persons.
  Under no circumstances do we want to walk in large groups in
    town.
  There should be more evening courses in, among other things,
    alcohol and narcotics.
  The counties and the communities should give more money and
    assist in getting locations for leisure time activities.
  We want to have leisure time together with other youngsters of
    the same ages.
  We think, further, that the financial situation of the handi-
    capped today is such that he cannot afford the leisure time
    activities or organizations he wants to take part in.
  To have better contact with leisure time leaders, we think
    they should be of the same ages as we.
  We all agree that we want more rights to participate in
    decisions, especially in planning and carrying out our
    leisure time activities.

Vacations

We all think one should decide oneself what to do during vacations.

    We think travel abroad is good, but one should travel with
      other non-retarded young adults of the same age.
    Travel should be prepared with courses in the language,
      manners, and habits of the countries we visit.
    We have all agreed that summer camps for adults should be
      banished. (This refers to segregated camps for both
      retarded adults and children.)

Living Conditions

We found that:

We wish to have an apartment of our own and not be coddled by personnel; therefore we want courses in cooking, budgeting, etc.

> We want to have a right to our own apartment but without priority in the waiting list. (In Sweden, one may have to sign up for an apartment well in advance.)
> We want the right to move together with members of the opposite sex when we feel ready for it, and we also want the right to marry when we ourselves find the time is right.

We who live in situations and boarding homes have found that:

The homes should be small.
We want to choose our own furniture, and have our own furniture in the room.
We will absolutely not have specific hours to follow in terms of going out, returning, etc.
We want to have more personal freedom, and not as it is now in certain institutions and boarding homes where you have to ask for permission to shop for fruit, newspapers, tobacco, etc.
We want the right to invite other youngsters to our hostels.
One should not have food coupons in institutions and hostels, even if it has practical advantages; but we want to pay with our own money.
When we are living in institutions, we want social training so as to be able to move out into society and manage on our own.
Even in institutions, we want to be able to go steady and live together with members of the opposite sex without having the personnel meddle in our private lives.

We who live at home have found that:

It is largely good, but one ought to move out when the time is right to a sheltered apartment or small hostel, because one cannot for one's whole life be dependent on one's parents.

We want, however, to have our own key when we live at home.

Education

Separate (special) schooling

We think ten years of separate (special) schooling is good enough, but there should be more courses in languages, math, contemporary events, social orientation, handwriting, social training, etc.

> We think that the name "separate school" is degrading. (The objection here was to the term "separate school," which specifically connotes mental retardation in Sweden, and not to

"special school" which refers to special education more broadly.)

There should be student councils which can take part in decisions about the curriculum, the choice of books, leisure time activities in school, etc. The same goes, of course, for vocational schools.

Vocational schools

We think that one should attend the vocational school for three years, but that the possibility for an extra year should be available. (This was already available according to Swedish law.)

  We demand more training in a wider range of vocational fields so that we can have a larger freedom of choice in determining our vocations.

  We want to choose our vocations ourselves, and have influence over our education.

  We demand that longer periods of real work experience than at present should be provided to vocational students, and that higher salaries be given during these practicum periods. At the same time, we want to have study grants (stipends) during our vocational education.

Adult education

We ask for adult education in the daytime, either in study circles a few days a week, or during a longer continuous period.

  To compensate the salary one loses during the study period, we ask for study grants (stipends).

Work

We demand more interesting jobs.

  We do not want to be used (exploited) on our jobs by being given the worst and the most boring tasks, as at present.

  We want that when our capacity for work should not be underestimated.

  We want that when we are working in the open market, our fellow workers should be informed about our handicap.

We want employee councils at our place of work (sheltered
    workshops).
We think that we should be present when our situation is
    discussed by doctors, teachers, welfare workers, foremen, etc.
    Now it feels as if they talk behind our backs.
We demand to have more information about our handicap, and the
possibilities we have of entering the open market.

To have a better atmosphere in the work setting, we demand the
following:

A smoking room, with machines for pop and coffed; toilets with
doors that lock; doctors and sick rooms available; our own closets
with locks; and a lesser number of study group visits.

We demand a salary high enough so that we do not need to depend
    on the pension which we think is denigrating when one is so
    young. (Most pensions are given to the aged.)
At the same time, we think that savings accounts should be
    voluntary (instead of mandatory).
We think that piecework pay is tiring and stressful, and instead
we want higher pay per hour or per month.