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The influence of communication style on the social conversation at mental deficiencies preadolescents

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Abstract

The importance of social communication in human development is well known. In particular, the role of social communication in social insertion of children with mental disability was and still is constantly revealed by researchers.

Taking into consideration the mental deficiency’s personality features, this paper tried to reveal the influence that the social communication style has on the social conversation at pupils with mental deficiencies.

1. Theoretical background

One of the major goals of special education field is that the pupils with special education needs, in particular, the pupils with mental deficiencies should have: a job, a satisfactory level of social communication, an efficient social communication style, a personal social autonomy, abilities to develop different social relationships.

Communication style consists of individual characteristic features reflected in the communication act, and it refers to: specific ways of receiving / decoding messages; personal qualities of processing / interpreting messages; specific ways of expressing the response; personal particular traits of feedback. It relies on three elements: 1. the person’s attitudinal process – the constant report of the subject to the others and themselves; 2. the models of
acquired communication tools: assertive, non-assertive, and aggressive (with its passive-aggressive variant), manipulative; 3. temperamental constitution.

Specialists in the field of communication have revealed four communication styles: non-assertive, aggressive, manipulative, and assertive. The non-assertive style is characterized by the tendency to hide or to run away, rather than face people. It can manifest itself through excessive kindness and conciliation, the tendency to postpone the decision-making process, handing over the right to decide to other people, and a morbid fear of being judged by others; an intense anger is felt at the prospect of possible failure – individuals prefer avoidance and obedience to others’ decisions. The aggressive style is characterized by the tendency to be always present, to have the last word, to win at any cost, even if it causes damage or grief to others. The manipulative style is characterized by the preference for a backstage role, by the tendency to wait until the opportune moment comes, and by the tendency to look for any hidden intentions behind others’ statements; The assertive style is characterized by the ability of self-assertion, honest and direct approaches in personal speech, accompanied by the ability to provide straightforward opinions without aggression and without harm to others, pursuing their interests without violating the others’ needs (Urea, 2012).

Each communication style is reflected in the social conversation activities. The social conversation can be defined as a communicational activity which involves different persons in order to achieve specific goals, it has a time-table development, specific rules and strategies and it allows social integration. In this activity, each person comes with his/her status, personal features, has his/her own role. During this activity, it will be developed a specific psychological communicational distance between the persons that are involved in the communication process and that implies that each of them should be able to adapt to each other’s level of conversation in order to reach the common goals. There are types of social conversation, each of them determines a level of social integration: a) the unadapted type is characterized by major difficulties in communication, weak structure of messages, inability to catch and keep the attention of the other party, inappropriate behaviour to the interlocutor’s communication style; b) the survivor type is characterized by some communication difficulties, minor difficulties in to catch and keep the attention of the interlocutor, constant checking of personal behaviour, wrong criteria for evaluating the interlocutor’s communication style; c) the adapted type is characterized by functional communication structure in different social context.

2. The structure of research

The researchers from special education have revealed the principal characteristics of personality at person with mental deficiency: specific heterocronie, genetic viscosity, pathological inertia, rigidity, fragility of verbal conduct, fragility of personality. These characteristics put the finger on all the personality’s traits and all the behavioural manifestations at persons with mental deficiency, even the educational influences shape the intensity of those influences. The situation has raised the following question: how does the communication style as a feature of personality influences the social conversation of mental deficiencies preadolescents?

To answer this question, we performed psychological research aiming at revealing the influence of the communication style on social conversation at pupils with mental deficiencies; the wider goal was to thus design special strategies that will determine better communication performance for pupils with mental deficiencies, and will reduce their failure in social environment.

In our research we had two major objectives: investigation of mental deficiencies preadolescents’ communication style; investigation of the preadolescents’ type of social conversation. We started from the following hypothesis: taking into consideration the features of mental deficiencies personality, we assume that we will find, at preadolescents with mental deficiencies, specific influences of communication style upon the social conversation.

3. The target group. Characteristics of the investigated population

Our research had an initial testing procedure on 15 preadolescents with mental deficiencies and the Cronbach Alpha index (α=.654) obtained allowed us to proceed to an extended psychological research that had two stages: a) investigation of mental deficiencies preadolescents’ communication style; b) investigation of mental deficiencies preadolescents’ social conversation type.
We performed our research on 120 subjects, with ages ranging between 11 and 14, 44 boys and 76 girls from Special School no.5 and from Special School no. 3 - Bucharest with I.Q between 50- 72- medium level of mental handicap. The schools were selected because: a) each provides educational services to 3,500 families whose children have learning disabilities and to 1100 families that have children with mental disabilities; b) both schools have enrolled over 200 students with moderate and severe mental deficiency (Figure 1).

![Figure 1. The structure of investigated mental disabilities subjects](image)

### 4. Methods of research

In our research we have used the following psychological methods : The Questionnaire SC (Analysis of Communication Style) - built by S. Marcus, a Romanian psychologist with important contributions, especially to studying the empathic phenomenon, and adapted, by Urea (2009) for Romanian preadolescents with mental disability (fidelity index: . 684), The Social Conversation Questionnaire, developed in 2008 by R. Urea for Romanian preadolescents with mental disability (fidelity index: . 775).

### 5. Research’s results

#### 5.1. Investigation of mental deficiencies preadolescents’ communication style.

Using a specific psychological questionnaire, we revealed the dominant type of social communication style in each mental disable preadolescent. The information is presented in Table no 1.

![Investigated preadolescent's ages](image)

<table>
<thead>
<tr>
<th>Number of subjects</th>
<th>Types of communication style</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td>Non-assertive</td>
</tr>
<tr>
<td></td>
<td>24.81%</td>
</tr>
</tbody>
</table>

We can see that the dominant type among our mental deficiencies preadolescent’s is the assertive one. It appears that these subjects are able of an honest and direct approach in personal speech, of providing straightforward opinions without aggression and without harm to others, of pursuing their interests without violating others’ needs. In reality, it is a specific assertive communication style to mental deficiency persons, because they have the abilities of pursuing their immediate needs without awareness of the consequences. It also means, that this specific assertive communication style doesn’t allow suitable relationships based on objective criteria of knowing Alter’s features (the criteria that are used are more often subjective, empiric, and not operational to all social context).

It is interesting to see that at our subjects the manipulative communication style and the aggressive communication style have nearby percentage. This is the reflection of latent aggressiveness of mental deficiencies personality.
We can say, that at investigated mental disable preadolescents, the communication style reflects the process of fulfilling immediate needs, a low level of aspiration that is limited most of the time to acquiring material bonus.

5.2. Investigation of mental deficiencies preadolescents’ social conversation

We used “The Social Conversation Questionnaire” to investigate the type of social conversation. This instrument focuses on revealing the following types of social conversation: the unadapted type, the survivor type, the adapted type. The data collected are presented in Table no. 2.

Table no. 2. The types of mental deficiencies preadolescents’ social conversation

<table>
<thead>
<tr>
<th>Number of Subjects</th>
<th>Dominant types of social conversation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unadapt type</td>
</tr>
<tr>
<td>120</td>
<td>33.8%</td>
</tr>
</tbody>
</table>

First of all we can see that, at our investigated subjects, all the types of social conversation have nearby percentage.

Still, the dominant type of social conversation is the adapted type. It appears that these subjects have the ability to structure the process of social communication to different contexts; they have the ability to differentiate the structure of messages in relation with different interlocutors and to adjust the messages to them. In reality, these subjects don’t asses the communicational demands properly, therefore they use the easiest behavioural communication patterns to adapt themselves to communicational changes, most of them are stereotypes and don’t involve a high level of personal effort. This is in fact the process known as “inertia of making decisions”; its intensity of manifestation depends on the level of mental disability, on the time that they were involved in the therapeutic process.

A quality analysis of the answers has revealed that the dominant elements present, at our investigated subjects, in their adapt style of social conversation are: learned social communication skills (47.8%)- that are used in a stereotypical manner by pupils with mental deficiency in different social context with a minimal assessment of the immediate implications of social communication tasks; abilities to hear and understand the other person in social communication process (38.2%)- which are used more efficiently when an adult is involved in the process; abilities to assess his/her own behaviour in the social communication process (14%)- which are more efficient in familiar environment. This situation reflects clearly at preadolescents with mental deficiency the influences of therapeutic process upon the social conversation and social integration.

The statistical analysis revealed, at our investigated subjects, significant direct correlation between the type of communication style and the reactivity to environmental changes: a) between mental deficiencies preadolescents who have as a communication style the assertive type and the adapted type social conversation \( r = .791, p = 0.05 \); b) between mental deficiencies preadolescents who have as a communication style the non-assertive type and the survivor type of social conversation \( r = .678, p = 0.01 \); c) between mental deficiencies preadolescents who have as a communication style the manipulative type and the unadapted type of social conversation \( r = .637, p = 0.05 \).

The statistical analysis also allowed us to compute the kurtosis index (.708) which revealed that the features we found are relevant for our investigated subjects as a group. We can say that at our investigated mental deficiencies preadolescents, the social conversation is marked by the fragility of personality it operates with subjective criteria and is revealed by the stereotypical answers with contextual adaptive value.

6. Conclusions

From the beginning, we wanted to reveal in our research, the role of the communication style upon the social conversation at mental deficiencies preadolescents. The research was focused on revealing the influence of mental deficiencies preadolescents’ communication style on the way preadolescents manifest their social conversation, because most of the time the behavioural patterns used by these subjects are not suitable for the current situation. We used in our investigation adapted psychological tests for mental deficiencies Romanian preadolescents. Based
on the statistical analyses, we found that the Cronbach Alpha index has the value .822. This value is a sign of the high reliability of the psychological instruments that were used in our research.

The data collected by us allow us to establish the following typology regarding the investigated phenomena:
1. Type A is represented by mental deficiencies preadolescents who have as a communication style the assertive type and manifest adapted type of social conversation.
2. Type B is represented by mental deficiencies preadolescents who have as a communication style the non-assertive type and manifest the survivor type of social conversation;
3. Type C is represented by mental deficiencies preadolescents who have as a communication style the manipulative type and manifest the unadapted type of social conversation.

Such typology and the research’s findings suggest:
1. At preadolescents with mental deficiencies, it is a direct influence that the social communication type has on the social conversation.
2. The communication model that the preadolescents with mental deficiencies have been taught shapes the social conversation skills. Therefore it is very important that the experts that are involved in their therapeutical program should be more carefully when they choose for these kinds of pupils: the knowledge that would be learned, the abilities that would be develop, the skills that will operate.
3. We can develop two types of special programs: one type will concern the implementation of different efficient communication techniques in social field; the other type of programs will address preadolescents for developing differential behavioural patterns as responses to changes in different contexts that will allow these pupils to integrate themselves in different social groups.
4. The curricula used in the therapeutically program address to preadolescents with mental deficiencies should be revised from 3 years to 3 years, especially in the socialization area and professional orientation area.

Based on such typology revealed by our investigated subjects, it is necessary that the future researches in this area should be focus on revealing differential influences of social communication style upon the efficiency of social and professional adaptation, upon the process of making social decision.

References: