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Abstract

The purpose of the paper was to examine the basic stages of group process as it pertains to the mentally retarded adult. As a group develops, there are noticeable differences in individual behavior and the structure and functioning of a group. Theorists have found it useful to perceive the group as moving through a number of stages during its life (Northen, 1969; Yolam, 1985). The identification of stages provides diagnostic clues for the counselor. That makes it possible for the counselor to understand where a group is in its development and what the counselor can expect in the future (Northen, 1969) along with what, if any, interventions from the counselor would be appropriate.

GROUP PROCESS WITH MILDLY MENTALLY RETARDED ADULTS

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Parents, neighbors, and the community often perceive children and adults who are mentally retarded as deviant (Richards & Lee, 1972). As a result, persons with mental retardation are experiencing feelings of abandonment, exclusion, and rejection (Fletcher, 1984) which can manifest itself in terms of low self-esteem, poorly developed social skills in stressful situations, and occasionally through psychiatric disorders (Reiss & Benson, 1984). Group counseling services can have very favorable outcomes with this population in assisting them to find a place for themselves in society. Approximately three percent of the United States population is considered to be mentally retarded, with 89 percent in the mildly retarded range of intelligence. The intelligence quotient for mildly retarded individuals ranges from 55 to 70 (Kirk, 1972). The American Association on Mental Deficiency definition defines mental retardation as significant subaverage intellectual functioning existing with deficits in adaptive behavior manifested during the developmental period (Brolin, 1982).

The purpose of the paper was to examine the basic stages of group process as it pertains to the mentally retarded adult. As a group develops, there are noticeable differences in individual behavior and the structure and functioning of a group. Theorists have found it useful to perceive the group as moving through a number of stages during its life (Northen, 1969; Yolam, 1985). The identification of stages provides diagnostic clues for the counselor. That makes it possible for the counselor to understand

where a group is in its development and what the counselor can expect in the future (Northen, 1969) along with what, if any, interventions from the counselor would be appropriate.

Yolam (1985) identifies three basic divisions of the group development process: orientation, conflict, and cohesiveness. During the orientation stage, members hesitantly participate, will depend on the leader, and search for meaning of the group. During the conflict stage, each member attempts to establish an amount of power for himself within the group structure. When the group becomes cohesive, the conflict recedes and the members concentrate together as a unit. There is an increase in morale, trust, and self-disclosure.

Group Process

Although there are different labels for the stages groups proceed through, the process is usually the same. Groups go through predictable stages of development though each group will pass through these stages at differing rates of speed, will sometimes regress to a previous stage, and occasionally may skip a stage altogether. A typical sequence, as it relates to the mentally retarded is described in terms of the first meeting, orientation, development of relationships, exploring and testing, interpersonal relations, patterns of role behavior, development of values, achievement of competency, clarification of reality and termination (Northern, 1969).

First Meeting

The first meeting is usually a positive experience (Yolam, 1985). The group members typically arrive with feelings of skepticism, as they are unaware what to expect, even though the counselor had previously explained goals, objectives, and basic rules to each member on an individual basis several days before the group's first meeting. The counselor's role is one of an active facilitator, providing structure to the group (Slivkin, 1977). The counselor might start the meeting by briefly explaining the objectives and procedures of the group, including confidentiality, whether the group is open or closed to new members, and whether participation is voluntary or mandatory (Wayne & Fine, 1986). The counselor will introduce the members or suggest they introduce themselves. The leader does not take significant directional responsibility, particularly during this first meeting, which elevates much of the skepticism and fear felt by the members.

Orientation

During the orientation phase, the members decide on their basic strategy with relationship to the goals and objectives of the group. At this time they will begin to establish a social position within the group. The social position is necessary to assist in the accomplishment of objectives and for the

satisfaction each member receives from belonging to the group (Richards & Lee, 1972; Wayne & Fine, 1986).

Members at this stage are likely to increase their feelings of anxiety, as they are expected to begin work on developing new skills (Steiner, 1984). They are usually uncertain and self-conscious. They bring their own values and methods of doing things to the group and do not know what to expect from others. At this point, group norms have yet to be developed, and there is a tendency for the group members to relate to the counselor rather than to one another. From the leader, they are looking for signs of approval rather than from the group itself (Slivkin, 1977). It can become confusing and annoying to the group members to have the leader slowly turn responsibilities over to the group. This stage is characterized by definition of goals, roles, norms, and turning over the direction of the group to its members.

Development of Relationships

The next stage is the development of relationships where there is a gradual bond that develops among the group (Monfils, 1985; Slivkin, 1977; Wayne & Fine, 1986). The mentally retarded adult tends to be fearful of change or may have had negative experiences with groups of people in the past, so there is a period of cautious testing when members begin to observe who listens to them or snubs them, and who has had similar experiences (Slivkin, 1977).

Factors such as group cohesiveness and altruism begin to become evident. Altruism was shown by improved listening and through the offering of suggestions. Group cohesiveness was shown through group acceptance of its members. Most members show a sense of relief that the other group members have similar problems, thoughts, and impulses. They frequently express feelings of fear, feeling socially isolated from family and the community, not having friends, and not having control over their environments (Fletcher, 1984; Reiss & Benson, 1984). Feelings among individuals then start to crystallize, and patterns of communication and empathy start to develop.

Initially, many of the retarded adults were focused almost exclusively in the "I" dimension, with little awareness of the needs of others (Monfils, 1985). This stage is the beginning of examining new attitudes and behaviors in relationships with others which is carried out throughout the remainder of the group's work.

Exploring & Testing

During the exploring and testing stage, the group is in conflict. There is competition for the leadership role and a struggle for power and control among the members (Carrasquillo et al., 1981). The group members remain somewhat uncomfortable with the leader, as they usually still preferred the leader to provide significant direction within each session. At this time,

develops further. As conflict are being resolved, relationships form, and members are able to work together in a more free and less threatening manner (Monfils, 1985; Wayne & Fine, 1986).

Interpersonal Relations

During the interpersonal relations stage, many issues of relationships arise between the members and the counselor, as well as among the members themselves. Many members still view the counselor as the authority figure---the teacher. They will use many methods to test the counselor's role. This testing can be brief and subtle or prolonged and obvious. The group may ask for special favors or exhibit unacceptable behaviors to test the counselor's acceptance and expertise (Slivkin, 1977).

In some groups, members become very dependent. They compete for the counselor's attention or will make exaggerated efforts to please the counselor. In a few of the groups, a member had walked out as a way of trying to secure the counselor's attention.

Patterns of Role Behavior

Following the formation of the interpersonal relationships is the pattern of role behavior stage. During this time, leadership roles emerge (Northen, 1969). The group may have positions of formal leadership with informal leaders that are constantly changing (Steiner, 1984). Members will vary the amount of influence they exert on the group's activities.

As with groups containing members of normal intelligence,

certain kinds of role behaviors will further their group's progress towards accomplishing its goals. There will be someone who asks the right questions at the right time, extracting the necessary information or explanations. Some of the members will be more adept at articulating and labeling their feelings and are valuable in asking others how they feel. A member may look at things in a particularly imaginative way and be able to offer creative suggestions. There are also the critics who evaluate people, ideas, and situations and are often the ones to see the flaws in an idea. Others contribute to the social and emotional functioning of the group. These individuals tend to be encouraging and supporting of the other members as they attempt to resolve disagreements and help to keep the group a positive experience (McCullough & Ely, 1971).

Sometimes a role behavior shown by various group members takes on a dysfunctional role. The "clown" disrupts the group's activities to provide laughter. The "monopolizer" feels the need to be the center of attention all of the time. The "aggressor" will attack other members or the entire group. It has been shown that through positive reinforcement of appropriate behaviors by group members, along with the group leader, the frequency for dysfunctional roles are reduced. The group will reduce the frequency of rejections based on poor impulse control, hyperactivity,

low frustration tolerance, and inability to postpone immediate gratification (Slivkin, 1977).

Development of Values

Gradually the group enters the stage of the development of values are developed. There is pressure for the members and the leader to behave accordingly. A standard of behavior will be established that dictates how conflict will be expressed, managed, and resolved (Steiner, 1984). The development of standards will depend on how much initial structure is outlined by the leader, cultural factors, intelligence, and personalities within the group. A goal with the majority of the group members is to establish norms within the group settings that the members can transfer and use in their life situations outside of the group environment (Steiner, 1984).

The group establishes its norms on the basis of the members' wishes and instructions from the group leader, along with the wishes of the more dominant members of the group. If the members do not take charge there is additional responsibility placed on the group leader to shape a structure that will serve the needs of the group (Wayne & Fine, 1986). During the problem-solving stage, two major trends in group life are noticeable. First, the individual members start to depend on one another. Second, they begin to make use of the group as a means to assist with their problem solving (Slivkin, 1977; Wayne & Fine, 1986). This is a time of cooperative activity and a sense of interdependency. There is a strong sense of group feeling and an ability to work together

productively. At this point the group members feel that the group is very worthwhile and important. Now the members are less concerned with testing the leader or each other, and they begin in earnest to work on whatever the group's goals happen to be.

Problem-solving may become the primary focus of the group as it becomes capable of dealing with assigned tasks (Wayne & Fine, 1986). The process begins as the group assesses its problem-solving skills and continues by keeping in mind what problem-solving involves. At this point the group will work on problems if there is a consensus on the goals of the group; a way of monitoring progress; a plan of developing and selecting; the ability to carry out these steps without undermining the group's cohesiveness and effectiveness (McCullough & Ely, 1971; Slivkin, 1977). The leader takes on the important role at this time. The leader's ability to be flexible to assist in meeting the goals of the group, yet remain goal oriented will assist the group in being successful during this important stage (Monfils, 1985).

Achievement of Competence

Achievement of competence is the stage where the members have the opportunities to learn and practice new behaviors regularly (Wayne & Fine, 1986). Role playing is frequently used with the mentally retarded adult to try out various alternatives and responses to situations that cause them stress (Monfils, 1985; Steiner, 1984). These new behaviors are practiced first within

the group, then in their environments. Problems encountered outside the group are then brought back to the group for discussion (Steiner, 1984; Wayne & Fine, 1986).

Clarification of Reality

In the clarification of reality stage, the individual group members learn from the other members or from the counselor that their social behaviors, attitudes, or beliefs may be inappropriate to a given situation (Carrasquillo et al., 1981; Slivkin, 1977). At this stage in the group process, there is enough group support to assist a member who is thinking irrationally or performing behaviors that is self-destructive or detrimental to the group to cope with criticism for their behavior or thinking (Wayne & Fine, 1986). The incentive to change will come from the group member's pressure or a combination of group pressure along with leader pressure (Wayne & Fine, 1986; Yolam, 1985).

Termination

The final stage in the life of the group is termination. The termination process differs according to the type of group. Some groups are time limited due to the constraints imposed by funding sources (Wayne & Fine, 1986), but in others, the counselor and clients work together to decide when they are ready to terminate (Slivkin, 1977). In open ended groups, members enter and leave at different times (Steiner, 1984).

When someone who has been involved with the group for a long

time leaves, anxiety will be experienced by the entire group. This separation may remind some members of past situations where many emotions can be stirred up in the clients and where they have the opportunity to rework their ability to separate from others in the group (Davis & Shapiro, 1979; Fletcher, 1984).

Conclusion

Group work with mildly mentally retarded adults is not significantly different from group process with persons of normal intelligence. Each of the groups described within the various articles differed somewhat in their evolution as each person's personality is revealed and changes are observed under the counselor's and group's direction.

Group counseling is an effective therapy method when working with persons who are mentally retarded. Group therapy facilitated increased social interaction and problem-solving skills while decreasing feelings of isolation and rejection. Self-esteem and increased social skills are obtainable goals. The group provides an environment to learn to express their emotions while modeling and practicing possible new behaviors that will assist them in their living, working, and social environment.

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