Communication Peculiarities of Adolescents with Mental Retardation in Student Group

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Abstract
The paper deals with the communication peculiarities of mentally retarded adolescents, the maturity of motivational, operational and cognitive components of their communication. A carried out empirical study made it possible to assess the extent and quality of communication components in the adolescents with mental retardation. Using theoretical and empirical research methods, features of the functioning of the motivational, operational and cognitive communication components were defined. The motivational component helps to identify personal and social needs that determine the communication of a personality, the operational one – communicative behavior that meets the society behavior pattern standards and is carried out by means of self-regulation; the cognitive one – communicative competence and culture, which are determined by communicative qualities, knowledge, skills, and abilities. The research results give grounds for arguing that the mentally retarded adolescents’ communication is insufficiently mature, in other words, it is characterized by dominant behavior forms with negative attitude towards peers, low need for interaction, affective behavior manifestations, proneness to conflicts, limited communication skills; increased level of aggressiveness, which is expressed in affective, frustrated forms of deviations in emotional-volitional sphere; immaturity of communicative means of making contacts. The low level of communication components maturity results in significant difficulties in interaction, which in turn affects person’s further socialization and integration into the society.

Introduction
The improvement of the system of special education raises a problem of the communication development in school students with special educational needs, including those with mental retardation related to the mental and communication skills disorders, which is a prerequisite for their socialization and integration into the society.

Psychological and pedagogical communication peculiarities of children with mental retardation are a research subject of many researchers (Al Raahal, 1992; Asadulova, 2010; Xin, 2004; Onyshchenko, 2000; Prokhorenko, 2012; Khorunzhyi, 2000) and other scientists. Researchers distinguish a number of communication difficulties, for example, communication occurs in small endogenous groups with children of junior school age and is of a fleeting nature; communication is characterized by the immaturity of connections, which is combined with an increased level of anxiety, insecurity, a low level of aspiration, passivity, weak self-awareness (Onyshchenko, 2000; Prokhorenko, 2012; Khorunzhyi, 2000).
Communicativeness is characterized by weak focus on peers, proneness to conflicts, aggressiveness, pronounced need for domination and subordination. Scientists emphasize that structural, emotional aspects of communication and their formation in children with mental retardation are understudied.

According to some studies, children with mental retardation can have a high potential of social adaptation upon a condition of creating favorable opportunities for their realization.

It should be noted that the existing technological developments of communication formation are focused on the norm in the psyche development, and there are no special technologies for the improvement of communicativeness, targeted at children and adolescents with mental retardation.

**Aim and Tasks**

The paper aims to present the results of an empirical research focused on examining the communication specifics of adolescents with mental retardation in a student group, providing an opportunity to trace the peculiarities of its motivational, operational and cognitive components functioning.

The following research tasks were addressed; 1) reviewing psychological literature on the issue of communication peculiarities of adolescents with mental retardation, 2) to describe the results of the research examining the communication specifics of adolescents with mental retardation, in particular, its motivational, operational and cognitive components.

**Methods**

In order to address the tasks, a set of theoretical and empirical research methods was applied. Among the theoretical ones, we used analysis, synthesis, comparison, systematization, and generalization of theoretical and empirical data. The following empirical methods were applied: “Class and Extracurricular Activities Observation” technique, “Sociometry” technique (adapted by H. Karpova, H. Artemieva), Social Competence Scale by H. Prykhozhan, and Rokeach Value Survey.

In our opinion, these diagnostic techniques help to find out not only the communication peculiarities of mentally retarded adolescents but also the ways of their interaction, trace the content of communication functioning and interpersonal conflicts as well as the nature of social difficulties they face. When processing the research results, we paid attention not only to the correctness of answers but also the respondents’ motivation and attitudes.

The research involved adolescents with mental retardation and adolescents without any disorders aged from 13 to 16. The comparative study provided an opportunity to distinguish specific features of communication components in the adolescents with mental retardation, in a more profound way. Herewith, the completion of diagnostic tasks by the respondents without special needs served as an age-appropriate normal value.

The choice of the age group of both categories of children is due to the fact that naturally communicative maturity can be observed by the age of 13-15 years. We were focused on its development age dynamics in adolescence, which is why we selected students of the 7-9th years of schooling aged from 13 to 16. The age-related difference of the respondents with normal development and those with mental retardation is explained by the fact that the mentally retarded students start schooling 1-2 years later than their peers without any disorders because of the immaturity of the cognitive sphere, mental processes, which creates a pathogenic basis for interpersonal relations development of this category of children.
The study of the peculiarities of interpersonal relations in adolescents with mental retardation was carried out in 3 stages according to the selected criteria, which helped to examine and define the indicators and levels of behavioral, affective and cognitive components of interpersonal relations in mentally retarded adolescents.

Results and Discussion

Based on theoretical sources review, we distinguished the following communication components: motivational (personal and social needs which determine individual communication), operational (communication behavior which meets the society standards and is carried out by means of self-regulation), cognitive (communication competence and culture determined by communication skills, knowledge, abilities). We chose the following criteria of the communication maturity: interaction in joint activity; interaction with each other; making interpersonal contacts; interpersonal communication; the ability to differentiate human qualities; the ability for adequate self-assessment, understanding one’s own social role in the overall structure of interactions of the group members; mutual perception and mutual understanding.

The carried out qualitative analysis of mentally retarded adolescents’ communication components showed a number of peculiarities. Thus, the characteristic features of the operational component were as follows: the prevalence of dominant behavior patterns with a negative attitude to peers characterized by a low need for communication, affective manifestations of behavior, proneness to conflicts, limited communicative capabilities; increased level of aggressiveness, expressed in affective, disrupted forms of deviations in the emotional-volitional sphere; the immature need for communication with others; imperfect communicative means of making contacts. The motivational component is characterized by simultaneous manifestation of positive and negative relations with peers, a low social and communicative need; insufficient inclusion in interpersonal relationships in a team, negative attitude towards the perspective communication.

Psychological peculiarities of the cognitive component are manifested in the inability for differentiated categorization and evaluation of significant human qualities; the use of undefined judgments about personality traits of other people, when the explanation of one moral quality is carried out through another one (difficulties at the stage of categorization are primarily related to the immaturity of mental activity, memory and representations); difficulties in self-awareness and perception of another person (which is indicative of the low level of other person’s value for adolescents with mental retardation). The following levels of mentally retarded adolescents’ communication maturity were empirically distinguished: low, average, sufficient, and high (Figure 1).

NB: MR – mental retardation; ND – normal development
The low level of communication components maturity was found in 21.5% of mentally retarded students of the 7th year of schooling, and in 19.8% of those of the 9th year of schooling (while 0% of the students with normal development had this level). The adolescents with the low communication level have weak motivation for communication of both interpersonal and social nature, they are unsociable, their communication skills are almost immature, they do not follow common rules of communication. They have difficulties in making contacts, hardly understand the interlocutor, are intolerant to judgements and remarks of other people, which complicates the formation of interpersonal relations. These adolescents cannot comprehend the dialogue partners’ feelings and emotional states, cannot control their own communication behavior, are tactless.

The average level of communication components maturity was peculiar for 62.3% of mentally retarded students of the 7th year of schooling and 58.5% of those of the 9th year of schooling (while there were 5.1% of the 7th year school students with normal development and 0% of those of the 9th year of schooling). The adolescents with the average level of communication maturity get involved in communication just after having been stimulated by other people, they are rarely active in communication, their communication skills are insufficiently developed, they face difficulties when making contacts, especially it is difficult for them to initiate a conversation. They do not always understand their dialogue partners, have difficulties in controlling their own emotions, which negatively affects interpersonal relationships.

The sufficient level of communication components was found in 16.2% of mentally retarded students of the 7th year of schooling and in 21.7% of those of the 9th year of schooling, while in the group of the respondents with normal development, the following results were received: 65.9% of the students of the 7th year of schooling and 62.7% of the 9th year of schooling were characterized by this level. The adolescents with a sufficient level of communication activity have sufficient motivation for both personal and social interaction, which is manifested in their proactive attitude to communication. They have mature communication skills, are sufficiently sociable, which helps them in making contacts with others. When communicating, they try to control their emotions and are tolerant to others. They can act as initiators in a dialogue, can choose topics of conversations themselves.

The high level of communication components maturity was not found in mentally retarded adolescents at all, while it was peculiar for 29% of the 7th grade students and 37.3% of the 9th grade students with normal development. The adolescents with the high level of communication maturity are motivated for both personal and social interaction, which is determined by sufficient proactive attitude to communication. They have mature communication skills, are sufficiently sociable, which helps them in making contacts. They easily control their emotions in a dialogue, are tolerant to others and have appropriately mature communicative abilities. They often initiate dialogues and choose topics of conversations themselves.

The correlation relationship between the communication components of the adolescents with mental retardation and those with normal development was found by means of Pearson correlation coefficient. The “r” value defines a degree of correlation relationship between the parameters. It can vary from “-1” to “+1”. The closer the value to “+1”, the closer the correlation relationship between the components.

In the course of the obtained results review a close correlation relationship (from r=0.89 to r=0.95) between the communication components in adolescents with normal development was
found. In contrast to them, in the mentally retarded adolescents the correlation between the communication activity components is weak (from r=0.19 to r=0.25) at the 0.05 level.

Thus, there is statistically significant strong correlation between the cognitive and motivational communication components in adolescents with normal development (r=0.95). This is indicative of the relationship between the ability to categorize moral qualities, assess significant human properties, which determines a positive attitude to a person. Unlike these adolescents, their peers with mental retardation have a significantly weaker correlation between the cognitive and operational component of interpersonal relationships (r=0.23). This means that the ability to interact, make interpersonal contacts in adolescents with mental retardation is determined by the low level of interpersonal interactions maturity.

The indicator of the relationship between the motivational and operational communication components in the mentally retarded adolescents is the lowest one (r = 0.19). It means that it is difficult for them to make interpersonal contacts. As distinct from the adolescents with mental retardation, their peers with normal development have a strong correlation between the motivational and operational components of interpersonal relations (r=0.91), which is indicative of the high level of interaction between the components. It means that these children easily make contacts in interpersonal communication.

Therefore, a low level of interaction, inability to assess human qualities, a low need for interpersonal relations and making interpersonal contacts negatively affects the communication formation by mentally retarded adolescents. The analysis of the intergroup differences significance in the adolescents with normal development and those with mental retardation using Student’s t-test showed that the greatest differences occurred at certain stages of their communication in the process of interaction. These differences between the two groups of students are statistically significant in case of social focus on a peer (t=4.3, p≤0.5), overcoming conflict situations (t=5.12, p≤0.05), and depend on the duration of interaction (t=4.7, p≤0.05).

Our research is based on the hypothesis which implies that mastering communication skills by mentally retarded adolescents is a necessary condition of their socialization and integration into the society (D. Al Raahal, 1992; O. Asadulova, 2010; Z. Xin, 2004). The conducted experiment proved the fact that mentally retarded adolescents’ communication is immature as compared to their peers with normal development, and is characterized by a superficial fleeting nature. Their relations with peers as usually based on the principles of primitive dependence on older, more experienced team members, but not on the principles of partnership and equality. In difficult and especially conflict situations, these children react inadequately, aggressively, manifesting negative emotions and ignoring social standards.

Our research complements the conclusions made by H. Onyshchenko, L. Prokhorenko, S. Khorunzhyi implying that a low motivation for both interpersonal and social communication, communicative passiveness, difficulties in making contacts, inability for self-control when communicating leads to a low communicative maturity of mentally retarded adolescents (Onyshchenko, 2000; Prokhorenko, 2012; Khorunzhyi, 2000).

It is worth noting that the empirical data analysis shows the unwillingness of the mentally retarded adolescents for communicative interaction. This category of children has significant difficulties in making connections with one another. Our research is also in line with S. Tarasiuk’s conclusion that communication is influenced by the level of interaction with the environment; the level of the need for communication with others; and the making of interpersonal contacts (S. Tarasiuk, 2001). It should be noted that the adolescents with mental retardation are characterized by simultaneous manifestation of both positive and negative
relations with their peers, their need for communication is low, they do not get involved in communication in peer groups, and have negative attitude towards making productive communicative interactions with other people.

**Conclusion**

The psychological literature review showed gaps in the study of mentally retarded adolescents’ communication activity, which gave grounds to conduct the empirical research. Thus, we have found this category of adolescents is characterized by the immaturity of communication activity, a low level of its components which causes great interaction difficulties. Therefore, the obtained data lead to the conclusion about problematic character of the interpersonal development and communication of mentally retarded adolescents. They feel insecure, are anxious and that is why are dependent on the environment. The specificity of the emotional and volitional development largely defines the low level of their communication maturity, which can be considered as one of the reasons for low social activity and a low level of social adaptation of this category of children. These conclusions give grounds to study the ways of corrective work aimed at the communication components formation in mentally retarded adolescents.

**References**


