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Affiliation and Friendship of Mentally Retarded Residents in Group Homes

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At the time of publication, author Daniel Romer was affiliated with the Illinois Institute for the Study of Developmental Disabilities. Currently, he is the Research Director at the Institute for Adolescent Risk Communication at the Annenberg Public Policy Center, University of Pennsylvania.

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Affiliation and Friendship of Mentally Retarded Residents in Group Homes

Abstract

The social behavior of 208 mentally retarded residents in 18 group homes was observed and analyzed in terms of their (a) informal grouping behavior, (b) affiliation, and (c) intense social relationships ("friendships"). Moderately to mildly retarded residents engaged in "social" types of behavior in groups (primarily dyads) and "neutral" types of behavior when alone. In contrast, profoundly retarded residents did not behave differently when others were present, although they did display social types of behavior. Residents' affiliation behavior was not as related to personal characteristics (sex and intelligence) as it was to (a) size of the group home, (b) average intelligence of the residents in the home, (c) sex ratio in the home, and (d) homogeneity of the residents' backgrounds. Although residents in large homes affiliated more extensively with others, intense friendships were identified and described. In total, the results support the view that the group home environment can influence residents' affiliation and friendship.

Disciplines

Communication | Social and Behavioral Sciences

Comments

At the time of publication, author Daniel Romer was affiliated with the Illinois Institute for the Study of Developmental Disabilities. Currently, he is the Research Director at the Institute for Adolescent Risk Communication at the Annenberg Public Policy Center, University of Pennsylvania.

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Affiliation and Friendship of Mentally Retarded Residents in Group Homes

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The social behavior of 208 mentally retarded residents in 18 group homes was observed and analyzed in terms of their (a) informal grouping behavior, (b) affiliation, and (c) intense social relationships ("friendships"). Moderately to mildly retarded residents engaged in "social" types of behavior in groups (primarily dyads) and "neutral" types of behavior when alone. In contrast, profoundly retarded residents did not behave differently when others were present, although they did display social types of behavior. Residents' affiliative behavior was not as related to personal characteristics (sex and intelligence) as it was to (a) size of the group home, (b) average intelligence of the residents in the home, (c) sex ratio in the home, and (d) homogeneity of the residents' backgrounds. Although residents in large homes affiliated more extensively with others, intense relationships were as likely in large as in small homes. Sixteen intense friendships were identified and described. In total, the results support the view that the group home environment can influence residents' affiliation and friendship.

This paper is focused on the interpersonal behavior of mentally retarded residents in community-based group homes. These group homes were founded on the belief that most mentally retarded individuals can achieve lives that are more "normalized" than previously was thought possible (Baker, Seltzer, & Seltzer, 1977; O'Connor, 1976). One important aspect of normalized living involves satisfying and productive interpersonal relationships.

Peer relationships generally are thought to be critical factors in the normal acquisition of both social and cognitive abilities (cf. Lewis & Rosenblum, 1975). Friend-

ships constitute a special category of peer relationships, most often identified by high relative frequencies of interaction, which usually are positive in nature and free from external control (Hartup, 1975). The choice of friends and the character of social interactions are influenced by many variables, including age, past experiences, cognitive level, environmental context, and cultural values or expectations (e.g., Gottlieb, 1975; Hartup, 1975; Konner, 1975; Mueller & Lucas, 1975). A fundamental question concerning mentally retarded people is: To what extent do environmental and individual variables influence their social relationships? In terms of quantitative indices of social activities and friendship choice, little is known about the naturally occurring interactions among retarded adolescents and adults, particularly in community residential settings. The present study was an exploratory endeavor to use objective behavioral observations to describe the social relationships of retarded individuals.

In a few observational and anthropological studies of mentally retarded residents in

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group care facilities, investigators have reported on the distribution of activities as a function of environmental variables or personal characteristics (Birenbaum, 1975; Bjaanes & Butler, 1974; Butler & Bjaanes, 1978; Edgerton, 1975; Edgerton & Langness, 1978; Landesman-Dwyer, Stein, & Sackett, 1976, 1978; Sackett & Landesman-Dwyer, 1977; Landesman-Dwyer & Berkson, Note 1). These investigators reported some interesting, although secondary, observations about social behavior; for instance, Birenbaum (1975) noted that retarded residents tended to socialize in small groups and to interact mostly with other retarded individuals they had known previously in the state institution.

Bjaanes and Butler (1974) judged that residents' behavior in larger facilities appeared closer to their concept of "normalized" than did behavior of residents in smaller family-care homes. They later substantiated this finding with a larger sample (Butler & Bjaanes, 1977; Butler, Bjaanes, & Hofacre, Note 2), and similar findings were reported independently by Landesman-Dwyer et al. (1976, 1978). In the latter study, we observed that social interactions occurred more frequently in larger group homes than in smaller ones and also were more prevalent in homogeneous than in heterogeneous groupings. "Heterogeneity" of groupings was measured by the diversity of the subjects' past residential placements, e.g., the least heterogeneous group contained residents who all previously lived in the same place.

In subsequent analyses, Landesman-Dwyer and Berkson (Note 1) and Sackett and Landesman-Dwyer (1977) looked at peer relationships per se. The most significant findings were that residents in the smaller group homes (6 to 9 residents) spent less time in dyadic peer interactions, associated with fewer peers per day, and had a lower probability of having a reciprocated or mutual "best" friendship than did residents in larger group homes (18 to 20 residents).

Within an institutional setting, Wills (1973) depicted the social interactions of

severely and profoundly retarded residents as infrequent and seldom affiliative or reciprocal in nature. Yet MacAndrew and Edgerton (1966) provided a vivid case report of an intense, enduring friendship between two severely retarded adult males. We asked the question, therefore, whether level of intelligence is significantly associated with patterns of social behavior. Sarason (1959) hypothesized that IQ may be a poor predictor of many other dimensions of competence and daily living, although the results of MacAndrew and Edgerton (1964), based on staff members' ratings of residents, disagree. In that study, the correlation between IQ and having a strong positive attachment to one or more others was $+ .64$.

In this paper, we report further analyses of the data from the group home study by Landesman-Dwyer et al. (1976, 1978). Only those aspects of the study directly related to social interactions are included. For these analyses, we were concerned specifically with the characteristics of residents' grouping behavior, their affiliations with peers, and their intense social relationships (friendships). In addition, we were interested in how well certain predictors, such as age, sex, level of retardation, size of the living facility, and degree of homogeneity of residents' backgrounds, are related to these characteristics.

Method

Subjects

From the original sample, subjects in 18 group homes were included if they were observed for at least 12, 15-minute periods and if data concerning American Association on Mental Deficiency (AAMD) level of retardation (Grossman, 1973) were available. This yielded 208 subjects (137 males, 71 females) with an average age of 27 years (standard deviation [*SD*] = 12). Their classified levels of retardation included profound (3 percent), severe (18 percent), moderate (39 percent), mild (28 percent), and 1 to 2 *SDs* below average intelligence test performance (11 percent).

Data Collection

The scoring procedure was a focal subject, time-sampling method in which an observer coded the behavior of each subject in a home once every 15 minutes for 2 days. Subjects were observed an average of 62 times ($SD = 28$). For this paper, the following data were used: (a) the subject's major activity, (b) the subject's vocalizations and physical-gestural communication, and (c) with whom the subject interacted or was in close proximity (less than .91 m).

Based on the subjects' major activities and the presence or absence of communication, we classified types of behavior according to inferred social value. The definition of "social" behavior was twofold: (a) those activities that involved playing, learning, sharing, assisting, and other forms of affiliation; and (b) any other major activities that were accompanied by verbal or physical-gestural communication. Table 1 lists the more frequently observed types of behavior that were considered social by these criteria. All other kinds of behavior were considered "neutral." (See Landesman-Dwyer et al., 1976, for a complete description of behavior categories.) Note that neutral behavior may occur either when the resident is alone or in the presence of others, as may some types of social behavior.

All data for individuals were converted to

TABLE 1
MOST FREQUENT KINDS OF SOCIAL BEHAVIOR
DISPLAYED BY RESIDENTS

Behavior	Observations ^a
Mutual general social interaction	7.1
Focused activity ^b	6.2
Initiates social interaction	2.7
Eating ^b	1.9
Unstructured activity ^b	1.4
Organizing ^b	1.3
Attentive looking ^b	1.3
Cleaning ^b	1.0
Specific transition ^b	1.0
Preparing and planning ^b	1.0
Less frequent types of behavior ^b	10.2
Total	35.1

^a In percentages.

^b Behavior accompanied by verbal or physical-gestural communication.

a base frequency of 60 observations to control for differences in the actual number of times subjects were available for observation. Thus, a subject who had 30 observations would have the frequency of each observation doubled, whereas a subject who had 120 observations would have each frequency halved.

Results

Residents spent an average of 28 percent ($SD = 16$ percent) of the observed periods interacting with or in close proximity to other residents. This was more than twice as much time as residents spent with staff members (mean = 12 percent, $SD = 11$ percent) or with visitors (mean = 8 percent, $SD = 8$ percent). As shown in Table 1, residents engaged in behavior classified as social on 35 percent of the occasions. Residents displayed social behavior primarily while conversing ("mutual general" and "initiates social interaction"), attending to the environment ("focused activity"), or engaging in other informal activities ("eating," "unstructured activity," and "attentive looking").

Group Size and Social Behavior

Group size is a readily observed feature of all social activities and has been studied in freely forming animal and human groups (Cohen, 1971). According to James (1953), the frequency with which groups are observed is a negative monotonic function of group size. Our observations are consistent with this James curve: individuals spend most of their time alone, next most with one other resident, and successively less with two and more peers.

Although this monotonic form of the curve has been reported frequently, the peak of the curve sometimes is observed for dyads rather than for monads (Bakeman & Beck, 1974; Cohen, 1971). We hypothesized that these discrepant findings reflect differences in the behavioral situations being observed; i.e., dyads or supradys should be more likely to occur when individuals engage in social types of behavior,

while monads should be more likely when individuals engage in neutral behavior.

As Figure 1 shows, the group-size curves are quite distinct for those kinds of behavior classified as social vs. neutral. As expected, when residents performed neutral kinds of behavior, they were most often alone; however, they engaged in social behavior (i.e., that classified a priori as having social value) mostly in dyads.

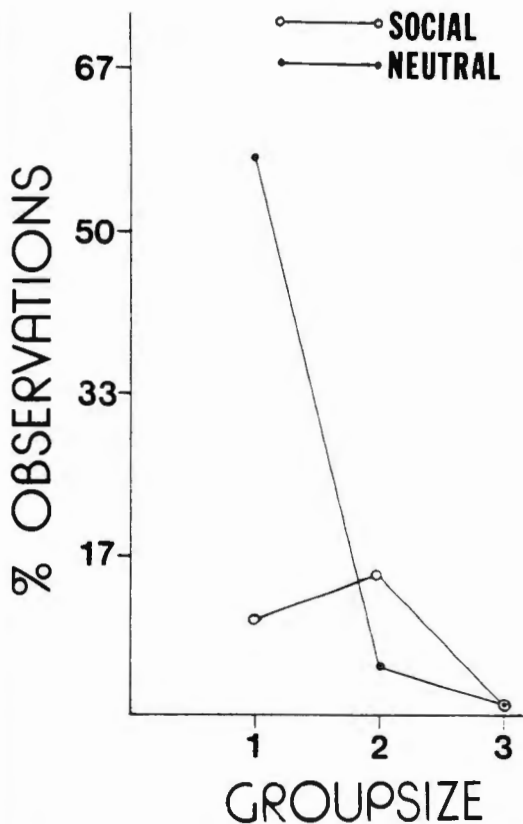


FIGURE 1. Group-size curves for observations of social and neutral behavior when residents were alone and with peers.

To evaluate the effect of level of retardation on group size, we plotted data separately for residents of each intelligence level. The seven profoundly retarded residents all failed to show the differentiation reported previously in group-size curves for social vs. neutral types of behavior. In fact, the profoundly retarded individuals engaged in social behavior alone most of the time, as shown in Figure 2.

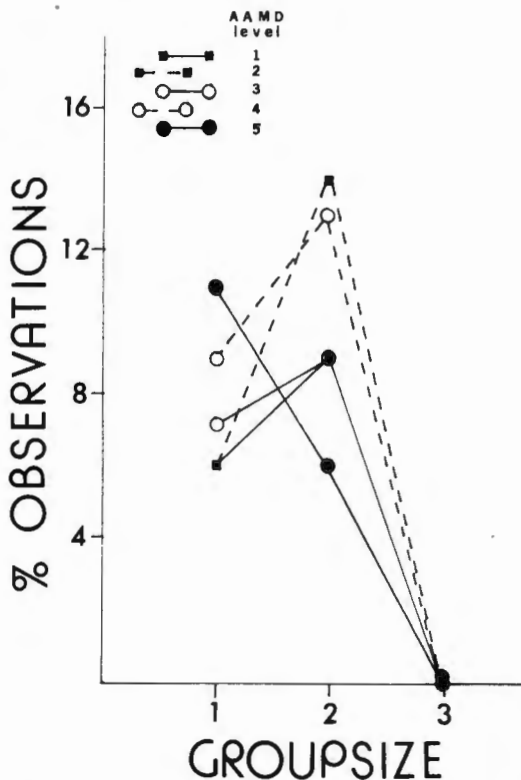


FIGURE 2. Group-size curves for observations of social behavior for 1 to 2 SDs below average (Level 1) to profoundly (Level 5) retarded residents.

An important finding was that profoundly retarded subjects engaged in social behavior only slightly less often than did more intelligent subjects (means = 23 and 31 percent, respectively). The apparent lack of sociability of profoundly retarded individuals may be a function of their failure to engage selectively in appropriate types of behavior with others, rather than simply a lack of social behavior per se.

Individual Affiliative Behavior

Affiliative behavior was analyzed in terms of the proportion of observed time that residents engaged in social behavior with other residents. Two characteristics of each resident's affiliate behavior were examined: (a) the different groups in which a resident was observed (extensiveness) and (b) the amount of time the resident spent in those groups (intensity).

Extensiveness was measured by the number of different groups and the average size of the groups in which a subject was observed. Intensity of affiliation was estimated by the average amount of interaction with each group and by the maximum amount of interaction with any group. Since we considered these to be valuable descriptive features of affiliative behavior, we were interested in the degree to which these measures were independent of one another and of the overall amount of social behavior observed. We factor analyzed these measures by a principal factors method with varimax rotation. Table 2 shows the means and *SDs* of the variables and the two factors that emerged.

These factors seem to be consistent with the notion that extensiveness and intensity of social affiliations are orthogonal dimensions. The first factor contains high loadings from the average and highest amount of interaction with peer groups and from the overall amount of social behavior. This is not surprising, since the calculations of these measures are not independent. The second factor, however, has loadings on the average group size and the number of group memberships, indicating that the extensiveness of a resident's affiliation does not necessarily determine the intensity of relationships, i.e., the amount of time spent with each group.

Multiple regression analyses were conducted to determine whether individual characteristics (sex and level of retardation) and group home variables (ratio of males to females, average age of residents, average level of retardation, group home size, and heterogeneity of residents' backgrounds)

predict either the extensiveness or intensity measures. Table 3 presents the *F* ratios derived from the analyses.

The most salient finding was that individual characteristics were not significant predictors of affiliative behavior, whereas the six significant ($p < .05$) findings (from a maximum possible of 35) all related to group home variables. In other words, knowing an individual's sex or level of retardation did not help to predict how extensive or intensive social affiliations were, but knowing what the other residents in the group home were like—in terms of the average level of retardation, age and sex of residents, the size of the facility, and the heterogeneity of the residents' backgrounds—was important.

Specifically, the average level of retardation of residents in the group home was significantly associated with intensity. Residents from group homes that had a higher average level of intelligence had more intense social relationships ($F = 4.62$, $1/200$ *df*, $p < .05$).

The size of a group home was related significantly to the extensiveness of peer relationships ($F = 10.74$, $1/200$ *df*, $p < .05$). As shown in Figure 3, the relationship between home size and the average number of groups that residents were seen in was positive; however, the statistical relationship disappeared when a group had to be observed more than once to be counted (i.e., a 3 percent criterion). Even though residents in larger group homes related to significantly more peers, they did not have less intense relationships than did residents in smaller homes.

Homogeneity of residents' background

TABLE 2
FACTOR ANALYSIS OF MAJOR AFFILIATION TENDENCIES

Variable	Intensity	Extensity	Mean	<i>SD</i>
Average intensity	.90	-.05	4.33	5.22
Highest intensity	.91	.26	7.55	8.21
Number of groups	-.09	.80	3.84	2.38
Average group size	.13	.41	2.00	0.46
Percentage social	.50	.55	30.48 ^a	15.85

^a The percentage of occurrence of social behavior in this analysis is different from the total (35 percent) because we only analyzed affiliative behavior when the identities of group members were specified. Since a small proportion of the observations did not contain this information, the percentage of occurrence of social behavior in this analysis is less than the total that was observed.

TABLE 3
F VALUES FROM REGRESSION ANALYSES OF AFFILIATION TENDENCIES

Predictor	Average group size	Number of groups	Average intensity	Highest intensity	Percentage social
Sex	0.50	0.30	0.01	1.25	2.26
Home sex	3.24	14.04*	3.60	4.27*	0.38
Home age ^a	1.25	1.36	0.46	0.62	11.46*
Level of retardation	0.22	0.35	0.24	0.52	1.04
Home level of retardation	1.44	0.65	3.25	4.62*	1.50
Home size	0.03	10.74*	0.13	1.71	0.87
Homogeneity	3.62	2.45	1.62	5.36*	1.46

^a Individual age was not entered into the analysis because it was too highly correlated with home age ($r = .70$) to be distinguished.

* $p < .05$, 1/200 *df*.

also was associated with the intensity of affiliation. Group homes that were more homogeneous in terms of residents' prior living history fostered more intense social relationships ($F = 5.36$, 1/200 *df*, $p < .05$). Unfortunately, we were not able to obtain data on which residents knew one another prior to group home placement, so this measure of homogeneity cannot be distinguished from familiarity.

More intense relationships occurred in group homes that had predominantly female residents ($F = 4.27$, 1/200 *df*, $p < .05$), and there were fewer groups in such homes ($F = 14.04$, 1/200 *df*, $p < .05$). Apparently these homes were characterized by more exclusive relationships. Finally, residents in homes with older residents exhib-

ited less social behavior overall ($F = 11.46$, 1/200 *df*, $p < .05$), although the residents in these homes did not have fewer or less intense relationships.

We tested the hypothesis that residents would affiliate with peers who were similar in cognitive ability by correlating their level of retardation with the average level of retardation of their group members. Although this relationship was significant ($r = .31$, $p < .05$), it was reduced to zero when we controlled for the average level of retardation in the group home. Apparently, the relationship was completely accounted for by the fact that residents were segregated in their homes by intelligence.

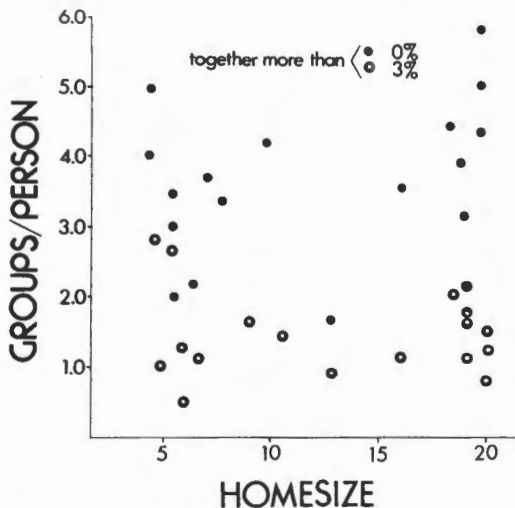


FIGURE 3. Home size and extensiveness of affiliation for 0 percent and 3 percent intensity.

Friendship Choice

As indicated earlier, almost all of the residents' social behavior occurred in dyadic situations. Using an operational definition of "friendship" as those pairs who spent more than 10 percent of the observed time periods together, we identified only 16 peer friendships in 8 group homes. These 16 pairs spent an average of 21 percent of their sampled observations with each other (median and mode = 17 percent). Nine of the friendships were same sex (4 male-male, 5 female-female).

To determine the "similarity" of friends, we looked at age, level of retardation, and individual differences in behavioral profiles and activity preferences. One-half of the friendship pairs were within a 3-year age difference, while the others were an aver-

age of 9 years apart (maximum = 19 years). Concerning level of retardation, only 5 pairs were classified at the same level of retardation (3 mildly retarded, 2 moderately retarded), 8 pairs were within 1 level, and 3 pairs were 2 or more levels apart. The latter 3 pairs included a quite intense friendship between a 30-year-old mildly retarded woman and a 31-year-old severely retarded woman. These women spent 44 percent of the observed time periods with each other and showed similar interests in being well-groomed, cleaning and organizing their room, sharing candy (both were overweight), practicing writing and copying skills together, and sometimes making fun of another roommate. Both women were extremely sociable with other residents as well.

Another friendship between individuals whose IQs were extremely discrepant involved a 52-year-old moderately retarded woman and a 36-year-old profoundly retarded man. These two were observed together during 13 percent of the sample periods, mostly just holding hands or hugging each other, but sometimes playing a table game or sharing in household chores. Both had lived in an institution for more than 30 years and were friendly to other peers and to the observers.

A third relationship between residents whose ability levels differed considerably was much weaker than the two described above. A 22-year-old woman whose IQ was only one *SD* below average appeared to dominate an 18-year-old woman who was classified as severely retarded. The women spent 13 percent of their observed periods together. Although the dominant partner was interested in heterosexual relationships (based on observations and on self-report), she also had an overtly physical-sexual relationship with the severely retarded woman.

Generally, the friendship pairs who appeared to be most similar shared common interests, particularly when the friendships were between members of the same sex. For example, friends often spent much time engaged in sports activities, games, grooming, handicraft activities, or studying or working together. Often these were the highly pre-

ferred activities of the individuals, as described in separate interviews with residents and with staff members. The other characteristic that seemed remarkably similar between friends was their language competency, as rated globally by staff members and by observers. Although several friendships consisted of individuals who were very limited in verbal skills, 12 pairs were judged at a comparable level, particularly concerning how comprehensible their speech was to staff members and to observers. The notable exceptions were 2 heterosexual relationships in which one partner could read and the other could not.

Two friendships involved individuals whose general levels of social interaction and competency were relatively low. One opposite sex relationship was between two individuals with Down's syndrome, both of whom were extremely difficult to understand and who spent much time engaged in stereotyped behavior and socially unacceptable behavior (e.g., undressing in public, drooling). These friends were observed together for 17 percent of the periods, more than three times as much as they spent with anyone else. Another friendship was between a severely retarded woman and a profoundly retarded woman.

Overall, the friendship pairs spent most of their time together in some informal activity involving clear direction of attention to the environment (e.g., watching television, listening to records) or in mutual general social interaction, averaging about 29 percent of their sampled time together for each category of activities. Eating, unstructured activity, gross-motor games, focused activity with symbols (reading, writing, numbers), and cleaning and organizing the house each occupied about 5 percent of the observations when friends were together. Almost every social interaction was accompanied by a conversational verbal exchange, and 25 percent of the interactions included gestures.

Although the operational definition of friendship was arbitrary (i.e., two peers who spent more than 10 percent of their time together), 12 of 16 relationships so identified were mentioned independently by staff members, residents, or observers in

interviews and were characterized spontaneously as "special" relationships. The false negatives (i.e., those peers whose friendships were not observed) are more difficult to evaluate. Relying on staff members' comments, only 8 other friendships were spontaneously mentioned, and for all cases one of the following reasons accounted for why the observers "missed" these relationships: (a) one of the friends left the group home for the weekend, (b) the friends both spent the majority of the time away from the group home and were unobservable except for mealtimes, or (c) the pair chose to spend time in a bedroom with the door closed, so that observations could not be conducted.

Discussion

The results of this exploratory observational study of mentally retarded individuals in community-based group homes permit some tentative conclusions. First, social interactions usually occur in dyads, rather than in larger size groups. This finding also has been reported for nonretarded individuals (Bakeman & Beck, 1974; Cohen, 1971). Moreover, individuals classified as severely to mildly retarded show a clear distinction in the types of behavior they engage in when alone vs. with others. Profoundly retarded individuals, however, fail to show this difference.

Second, the amount of social interaction retarded individuals engage in does not appear largely determined by their sex or level of retardation. This failure to find significant relationships between these individual measures and global observations of social behavior has been reported for sheltered-workshop clients in other studies (Berkson & Romer, Note 3; Romer, Berkson, & Massen, Note 4).

Third, group home characteristics are better predictors of social behavior, as measured in this study, than are individual variables. This corroborates earlier reports by Landesman-Dwyer and her colleagues (Landesman-Dwyer et al., 1978; Sackett & Landesman-Dwyer, 1977). For instance, the average or collective level of intelligence of residents in a group home signifi-

cantly relates to the intensity of affiliation: in homes where the average intelligence is higher, residents are likely to spend more time in peer relationships.

Other effects of the group home environment on social behavior include (a) group home size, which enhanced the extensiveness of residents' affiliations but did not affect their intensity; (b) the homogeneity of groupings, which related to intensity of relationships; and (c) the sex ratio of residents in the group home, which related to the intensity and exclusiveness of relationships. A limitation of this study is that little information was available about the residents' prior experiences and familiarity with one another, so that we cannot infer much about the processes of friendship formation. At this point, we interpret the findings as supporting the notion that the environment, especially the characteristics of peers, is an influential determinant of social behavior.

Fourth, although residents appeared to affiliate with peers of similar intelligence, this relationship was entirely attributable to the fact that residents were segregated by intelligence and, therefore, were more likely to affiliate with similar others. Nevertheless, the failure to find residents choosing friends of similar intelligence is consistent with other research in sheltered workshops where segregation by ability does not exist (Berkson & Romer, Note 3; Romer et al., Note 4).

Fifth, the 16 friendship pairs identified showed a considerable and probably "normal" range of variety. Although the majority of friends were similar in age or in level of retardation (within one level), there were notable exceptions. Also, some friendship pairs consisted of individuals who were very limited in communication or social skills, adding increased documentation to the earlier report of MacAndrew and Edgerton (1966) that friendship is possible among severely retarded individuals. Intelligence per se was not closely associated with the types of activities friends engaged in, at least as measured by the coding system in this study. The most important aspect of similarity between friends was reflected in their productive language skills.

Whether changes in the environmental setting can produce desirable social change and enhance the development of friendships remains to be determined. For now, we feel that ample evidence has accumulated demonstrating that the character of a group home can be measured and related to the social behavior of residents. What needs greater specification is how accurately the portrayal of friendship and social patterns among these group home residents applies to other groups of retarded adolescents and adults and to appropriate control groups of nonretarded persons.

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