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Social Ecology of Supervised Communal Facilities for Mentally Disabled Adults: I. Introduction

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At the time of publication, author Daniel Romer was affiliated with the University of Illinois-Chicago Circle. 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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Introduction

Abstract

This is the first of a series of papers in which we describe social relationships among mentally disabled adults who worked in four sheltered workshops. In this paper, procedures for observing and interviewing clients and for interviewing staff members were described, and data on reliability and general levels of social behavior were reported. Reliability of social behavior was significant across time and situations. Social-choice estimates were not very consistent across staff, clients, and observations. Clients spent about 40 percent of their time in informal socializing, primarily in conversation. In future papers in the series, we analyze predictors of social behavior and social choice in detail

Disciplines

Communication | Social and Behavioral Sciences

Comments

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Social Ecology of Supervised Communal Facilities for Mentally Disabled Adults: I. Introduction

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This is the first of a series of papers in which we describe social relationships among mentally disabled adults who worked in four sheltered workshops. In this paper, procedures for observing and interviewing clients and for interviewing staff members were described, and data on reliability and general levels of social behavior were reported. Reliability of social behavior was significant across time and situations. Social-choice estimates were not very consistent across staff, clients, and observations. Clients spent about 40 percent of their time in informal socializing, primarily in conversation. In future papers in the series, we analyze predictors of social behavior and social choice in detail.

Informal socializing is an important aspect of the daily life of mentally retarded adults, whether they live in institutions or in the "community." Enduring, intense, and complex friendships can occur among even severely retarded people (MacAndrew & Edgerton, 1966; Landesman-Dwyer, Berkson, & Romer, 1979). Friendships can be retained and are meaningful even after the friends have been separated as a result of transfer from institution to the community (Gollay, Freedman, Wingaarden, & Kurtz, 1978). Some retarded people do not have intense personal relationships with others but nevertheless are sociable. Like people of average intelligence, they interact with others casually and choose specific people to spend their time with. Their associations may be formed to accomplish specific tasks (Edgerton, Tarjan, & Dingman, 1961) but more often occur for sheer pleasure.

Researchers on social behavior of retarded people have emphasized the assessment and training of social competence as part of a larger effort to describe and im-

prove general cognitive skill levels (e.g., Simeonsson, 1978). Relationships with relatives or with staff members have been of some interest (Farber, 1959; Landesman-Dwyer, Stein, & Sackett, 1978; Mackey, 1978); however, with the exception of the pioneering work of Edgerton and his associates (Edgerton, 1963; Edgerton & Langness, 1978), there has been rather little interest in the informal social life of retarded people.

This is the first of a series of papers in which we describe the results of a large study of the social behavior of mentally disabled adults who live and work in community facilities. The study developed out of several preliminary projects in which we developed our concepts and procedures (Berkson & Romer, in press, b; Romer & Berkson, 1979; Landesman-Dwyer, Berkson, & Romer, 1979). The motivating premise of the research is that, for the foreseeable future at least, many retarded adults will live and work in environments in which informal social behavior with other mentally disabled people will be of central importance to them. In all institutions and in many community placements, retarded people live in supervised communal environments with other disabled individuals. In these facilities, people live separately from their natural families. Opportunities for developing enduring relationships with staff members are limited by chronically

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high staff-turnover rates (Zaharia & Baumeister, 1978). Although there are currently more opportunities than there once were for retarded people to contact others in the surrounding community, people who live in supervised communal facilities tend to associate with each other (Birenbaum & Re, 1979). The opportunities for retarded people in supervised communal facilities to develop enduring and satisfying social relationships, therefore, come mainly from each other. Maximizing these opportunities seems to be an appropriate goal for service providers. Determining what variables are important to reach this goal was our main purpose in this research.

Our main methodological assumption was that if one wishes to know about social behavior in natural settings, it is useful to observe it directly. Questionnaires (e.g., O'Connor, 1976; Gollay et al., 1978) are important sources of preliminary information, and intensive interviews (Edgerton & Langness, 1978) provide an essential view of the perspective of the people involved; however, quantitative information about social behavior and its correlates provides a degree of face validity and precision that allow both theory testing and program planning.

The relationships among a large number of variables and various aspects of social behavior were explored in the study; however, we were interested especially in two major variables that have received much study in general social psychology. The first is "exposure." Some previous association between two individuals is an obvious prerequisite for their choosing to associate with each other; however, longer association and even "mere exposure" are not only necessary but perhaps also sufficient for social affiliation (Harrison, 1977). In our study, we were interested in knowing whether an exposure effect was an important contributor to social choice of retarded adults. If it were, program planners might wish to maximize exposure by maintaining social groups of retarded people during transitional placements in the community.

A second major variable of interest was similarity choice. There is extensive evidence that people choose to associate with

others who have attitudes and intellectual levels similar to their own (Berscheid & Walster, 1978). We wished to know whether similarity choice also occurs for cognitive level, age, sex, and other major dimensions along which retarded people vary. The practical issue involved here was whether one can maximize compatibility of groups by taking into account similarity (or complementary) choice.

Our specific purpose in this first paper was to describe the procedures of the study and outline the general features of the social behavior that we observed. Of special importance were issues of reliability and validity of the various data sources used. In later papers we deal with how facilities differ from one another and what the predictors of various types of social behavior and of social choice are.

Method

The study was a survey of social behavior of 315 mentally retarded and mentally ill people in four sheltered workshops (WA, WI, WH, and WE) and a sheltered-care residence in an urban area. One hundred and eighteen of the workers of the sheltered workshops lived in the residence; 81 of them were studied both at their workshop and at the residence. Others lived with their families or in other sheltered-care placements. Some characteristics of the sample are shown in Table 1.

There were more males than females and more mentally retarded than mentally ill people in the sample. Their mean age was 41.4 years, and their average IQ, estimated from case records and corroborated with a Peabody Picture Vocabulary Test, was 61. Most of the clients had been diagnosed as mentally retarded. The racial distribution was typical of the areas in which the workshops were located. Most of the sample lived in one of several sheltered-care homes. About two-thirds had been in institutions for a mean of 17 years prior to their return to community placements.

Facility Characteristics

In addition to the type and number of clients served, the facilities differed in

TABLE 1
CHARACTERISTICS OF THE SAMPLE

Characteristic ^a	Facility					Residence
	WE	WI	WH	WA1	WA2	
Number	113	65	55	48	47	118
Sex						
Male	63	44	35	32	32	88
Female	50	21	20	16	15	30
Age						
18-20	3	2	0	0	0	1
21-45	83	33	25	20	19	53
46-60	22	23	22	22	22	47
61-99	3	6	8	5	5	15
Missing	2	1	0	1	1	2
IQ						
0-30	0	5	5	11	9	23
31-50	12	16	17	9	10	42
51-75	57	18	21	21	15	42
76-90	25	10	7	3	8	5
91-110	12	3	4	2	3	3
110	6	2	0	0	0	0
Missing	1	11	1	2	2	3
Diagnosis						
MR	84	38	32	32	31	88
MR-MI	13	8	10	8	8	21
MI	11	15	10	7	7	6
Other	4	4	3	1	1	2
Missing	1	0	0	0	0	1
Race						
White	101	39	50	34	33	96
Black	7	11	5	9	9	19
Latin	2	2	0	4	4	2
Oriental	2	0	0	0	0	0
Missing	1	13	0	1	1	1
Residence						
Supervised	47	46	48	47	46	—
Independent	31	7	1	1	1	—
With family	35	12	6	0	0	—
Years in institution						
Less than 1	9	11	4	5	5	10
1-5	7	7	6	6	6	10
5-10	8	3	4	0	0	6
10-20	5	3	11	7	5	20
20-30	4	13	10	11	11	29
30-40	2	3	7	7	7	18
40 or more	0	3	1	3	4	6
Numerous stays	4	3	3	2	2	6
None	74	19	9	7	7	13

^a MR=mentally retarded, MI=mentally ill.

function and architectural characteristics. The residence, of course, was an intermediate-care dormitory-style residence with a capacity of 135 people. It was located within walking distance of one workshop and was accessible to the others by public transportation. The first floor contained the cafeteria and nursing station.

The remaining four floors contained two- or three-person bedrooms. A recreation room was located on the top floor. Each floor, however, also had a lounge where a television, sofas, and vending machines were available. Women were housed on a single floor, but visitations and movement between floors was common. A personal-care

worker was stationed on each residential floor, and social workers, nurses, and activity personnel were on duty, especially during evenings. Most residents spent their days working, and so observations were typically conducted in the evenings and on weekends. Residents were observed in the cafeteria, their rooms (if privacy was not at issue), the television lounges, the hallways, and the recreation center. At times, residents were observed in neighborhood coffee shops and hamburger stands.

All four workshops were run by a single agency that primarily served developmentally disabled adults. There were three basic types of programs. At WA, the program was focused upon prevocational skills. This program was housed in a converted warehouse, one floor of which contained tables for clients' work activities and smaller rooms for group training sessions, counseling, and recreation (TV). The lunchroom, which contained vending machines and tables, was typically filled to capacity during meals and breaks when observations were conducted; however, clients also ate outdoors or in the work area.

Workshop WI was also located in a large converted warehouse. It contained two programs, a work activities program and a work adjustment program. The programs were on separate floors of the building and were essentially separate in purpose and schedules. Only the activities program was studied. Observations in this workshop were primarily conducted in the lunchroom, where coffee and vending machines were available.

The WH program was activities oriented and was housed in a former storefront building. Clients worked on the second floor of the building and took their breaks on the first floor. Although they tended to congregate in the lunchroom, clients were also observed in a lounge area and meeting room located on the second floor.

Workshop WE contained both work activities and adjustment programs of approximately equal enrollment located in opposite halves of a one-floor building that contained a colorful lunchroom in the middle. The two groups usually took turns

using the lunchroom for breaks and lunch, although they shared the room at least one afternoon a week. Nearly all observations were conducted in the lunchroom area.

All the workshop programs were supervised by staff members in approximately a 1 to 16 staff/client ratio. There were also social workers, part-time teachers, and other counselors in attendance. Staff members tended to use clients' break and lunch periods for similar purposes, but they typically carried on their activities separately from the clients. Thus, most of their interaction with clients occurred during work supervision and is not reflected in our observations.

After initial contact with the agency supervising a facility, we used a routine procedure in collecting data. First, one or two members of the research team visited the facility 5 days a week so that the people working there could become familiar with them. During that period, they met all staff members and clients, learned their names and codes for each name. As they became familiar with everyone, they informed clients and staff members that they were doing a research project and would be observing and talking with everyone. Approximately 5 percent of the clients indicated that they did not wish to participate or seemed uncomfortable with the researchers. These clients were not observed as subjects and were not interviewed.

After about a month, when the researchers were responded to as if they were familiar staff members, data collection began. There were four sources of information: observations, staff ratings, client reports, and facility records.

Observations

Most of the analyses of the study were based on a set of about 100 observations of each client in the sheltered workshop in which they spent days. In addition, clients who lived at the residence and also worked in one of the workshops were observed an additional 100 times. Observations were done in situations in which informal social behavior was most probable. We specifically excluded situations (such as work sta-

tions or teaching situations) in which the staff members regulated the social behavior. Observations were carried out during coffee and lunch breaks at the workshops; during informal recreation periods at the home; in streets, stores, and restaurants of the neighborhood; and on some recreational outings.

The basic procedure for each observation was to look at the client and then record what happened during the observation. A "look" was long enough for the observer to perceive the information he or she had to record but did not exceed 5 seconds. Different observations on an individual were separated by at least 5 minutes to reduce redundancy, and clients were observed in a predetermined random order to restrict observational bias. This order was accomplished by entering a random list of the clients' code names at a randomly determined point and proceeding through the list until all of the clients had been observed.

Following each observation, several pieces of information were recorded. One was the behavior the client was engaged in. Various types of behavior were chosen from the list of defined categories presented in Table 2. If the behavior were social (i.e., involved interaction with someone), code names of the person(s) involved in the interaction were recorded. Also noted was whether the client was the actor or recipient of the social act. If the behavior were non-social, an estimate was made of whether the client was part of a group (aggregate) or whether he or she was alone (solitary). Finally, the identity and distance of the closest person to the person being observed was recorded. In all, there were 47,194 observations.

Interobserver reliability was checked at least once a month and was maintained at above 85 percent agreement for individual pieces of data. This reliability was calculated by having each observer list each

TABLE 2
BEHAVIOR-CATEGORY DEFINITIONS

Category	Definition
Comfort (CO)	Show genuine effort to ease the sadness, disappointment, failure of another person.
Help (HE)	Aid another to accomplish a given task or to more effectively deal with a given situation, verbal included.
Appeasement (FR)	Use friendly restraint on person acting violently.
Affection (AF)	Any flirtatious or courting behavior, including affectionate touching such as stroking, pat on back (e.g., ask someone for a date, hold hands and talk, smile, and dance closely with another).
Sexual activity (SX)	Specific sexually related activities, alone or with others, involving direct physical contact in an intimate manner.
Supervision (SU)	Assume a leader-instructor role related to routine or household tasks, including evaluation and planning of such activities.
Offering (OF)	Altruistic behavior related to distributing resources in a generous or equitable manner.
Vocalization (VO)	Utter sound not recognizable as language.
Verbalization (VE)	Speak in a recognizable language or use a formal symbolic substitute such as finger spelling or American Sign Language.
Unclear verbalization (UV)	Same as verbalize but observer cannot understand or hear; excludes symbolic substitute.
Ambiguous sound (AS)	Observer cannot determine whether subject's sound is interactive or not.
Gesture (GE)	Primitive movements of the body, hands, face, etc., to express a meaning (e.g., hand waving, hand out, palm up to receive handout).
Telephone (OT)	Talk on telephone.
Letter writing (LW)	Has writing implement and paper and is expressing self to another on the paper, or is dictating a thought to a staff member who is writing it down, or is dictating a tape to be sent to an acquaintance.
Annoyance (AN)	Pester, irritate, persistently follow, whine, tease in nasty way.
Aggression (AG)	Angry disagreement with or without physical violence.
Approval (AP)	Social behavior involving bestowing sanction or "positive" reinforcement on others for identified action.

(continued)

TABLE 2 (Continued)

Category	Definition
Teaching (TE)	Inform another person about specific facts, usually in an educating manner either verbally or physically (e.g., show how to make change, teach about moral issues, explain how to fix something broken or how to say a new word).
Disapproval (DA)	Indicate clearly that actions of another are not acceptable, liked, etc. by reprimanding, scolding, depriving privileges, etc. (clearly, educational reprimands should be scored under teaching).
Rough play (RP)	Push or shove another person in a playful manner.
Informal play (IP)	Joke or tease in a cheerful pleasant way; casual play in which no rules are used, such as ball tossing.
Interactive game play (IG)	Play game with other people.
Isolated observation (IO)	Attend to the activity of a group but not participate or watch another person with great interest.
Other social (OS)	A specific social behavior for which we had no code.
Other nonsocial (ON)	A specific nonsocial behavior for which we had no code; recorded if nothing else can be recorded.
Disruptive behavior (DB)	Act out alone (cry, speak in loud violent tone to no one, bang or throw, etc.)
Stereotypy (ST)	Engage in repetitive behavior that has no apparent function (eye-poking, rocking, hand and finger movements).
Abnormality (AB)	Very atypical, unacceptable or asocial, maladaptive behavior (pica, exposure).
Oddity (OD)	Less deviant abnormal behavior.
Music listening (ML)	Actively involved with equipment or singing along or tapping foot.
TV viewing (TV)	Attention focused directly on the monitor and appears to be watching the action on the screen.
Body care (BC)	Bathing, grooming, dressing, toileting, health-related activities.
Sleep (SL)	Eyes are shut, breathing regular, and does not respond to others around.
Eat and drink (ED)	Ingesting or preparing to ingest food and/or beverages.
Work (WO)	Staff-assigned task that produces income.
Self-manipulation (SM)	Manipulates part of body (pick nose, rub genitals, scratch).
Purchase (PU)	Buy goods either from the machines or from an attendant who is dispensing merchandise.
Indefinite social (IS)	Is judged to be a member of a group and is not doing anything else interactive.
Unable to observe (UO)	Not observed during an observation period; this designation only given after observers have consulted following an observation period.
Absence (AT)	Has been determined not to be in attendance at the facility being studied; this designation given only once during a day's observations.
Sign language (VS)	Use a nonverbal language substitute, e.g., American Sign Language.

piece of data for each of 30 observations. Then percentage of agreement within observations was calculated and averaged.

Staff Ratings

Staff members provided information on two aspects of the data. At least two staff members rated each client with respect to their friendship choices and physical attractiveness. They were asked to list the associates of each client and to rate the strength of the friendship on a 5-point scale (1 = definitely not friends, 5 = definitely friends). Ratings of client friendship by different staff members were combined by averaging the numerical ratings for each

friend. Physical attractiveness of each client was also rated on an 8-point scale by at least four staff members, and ratings of staff members were averaged for each client.

Client Reports of Friendship

Clients were interviewed privately. They were asked four questions to ascertain who their friends were: Who is your best (and next best) friend anywhere? Whom do you talk with most at the workshop? Whom do you like talking with most at home? Who are your other friends?

In addition a Social Self-Concept Scale was administered to clients individually.

This was a set of 10 line-drawings portraying people in different social roles in various social and nonsocial situations. It measured the types of activities the clients preferred to engage in and provided an index of sociability from the clients' perspective. The test was nonverbal, and the clients were asked to point to which person in each situation they would prefer to be.

Agency Files

Agency files provided data on birthdate, intellectual level (which we corroborated), formal diagnosis, etiology, placement history, current medication, pay rate, and hours worked during our study.

In Workshop WA, the second 50 observations on each client were made 3 months after the first 50 observations. Staff member and client estimates of client's friendships were also obtained during each of these periods so that an estimate of stability of friendships could be made.

Results

In this paper we present data on what mentally retarded and mentally ill people do in supervised communal facilities. We show that, on the whole, a lot of time is spent in informal socializing and that much of this time is spent in conversation. We also present information on the reliability of the observations. In general, we show that reliability of general measures of sociability is good across time and across situations. Friendship choices, on the other hand, are not very consistent over time. Also, client, staff member, and observation estimates of whom the clients associate with agree only to a limited degree. More detailed analyses and descriptions are presented in later papers in this series.

In general, the clients spent 38.7 percent of their time in social interaction with one another (percentage affiliation). When they were not engaged in social interaction, they were with at least one other person 40.7 percent of the time and were judged to be solitary 9.6 percent of the time. When they were interacting, they were in dyads 32 percent of the time, in groups of three 9

percent of the time, and in larger groups to only a small degree (4 percent time). Thus, social interaction was largely dyadic. Clients were seen to socialize with many different people at one time or another; however, the average number of people with whom clients had significant relationships (i.e., were seen with during more than 2.9 percent of their observations) was 2.8 people. The average percentage of time spent with these people was 7.1 percent. The strongest relationship averaged 11.6 percent of the time and 79 percent of the clients were seen to interact with at least one other person more than 3 percent of the time. Less than 1 percent of the clients were never seen with anyone. Of the clients who did not have significant relationships, 66 percent named others as friends, and 59 percent were said by staff members to have friends. Those individuals with significant relationships were seen 4 percent of the time with staff members and 96 percent of the time with other clients. On the whole, therefore, most of the clients had significant relationships with others, and in the informal situations in which they were observed, they tended to interact with other clients.

Table 3 shows how the clients spent their time in these informal situations. (Since more than one behavior could be scored during any observation interval, the percent times total more than 100 percent.) Most of the time was spent in conversation, eating, or drinking and in nonsocial behavior for which we had no behavior categories (i.e., loafing). As is shown in a later paper, there was substantial variability in occurrence of the different kinds of behavior across facilities. For instance, 15 percent of the time was spent in viewing television in the sheltered-care home, but in three of the workshops, there was no television viewing. In all settings, however, conversation was characteristic of the informal social situations we studied.

We next present data on the consistency of behavior over time and between situations. We also consider the reliability of friendship choice data from the point of view both of consistency over time and agreement between client, staff, and observation measures of friendship of the clients.

TABLE 3

PERCENTAGE OF TIME AND RELIABILITY OF BEHAVIOR OCCURRING MORE THAN ONE PERCENT OF THE TIME

Behavior	Mean % time (n=446)	Reliability	
		Over 3 months (n=46)	Between situations (n=83)
Social			
Clear & un-			
clear verbalize	35.6	.78	.83
Gesture	1.3	.77	.80
Affection	2.9	.43	.64
Isolated observation	2.8	.55	.50
Help	1.0	.14	.43
Offer	1.3	.44	.11
Indefinite	2.9	.36	.36
Other	3.2	—	—
Nonsocial			
Verbalization	1.0	.35	.49
Eat	19.2	.75	.18
Sleep	1.9	.73	.20
Work	1.3	.41	.14
Purchase	1.1	-.08	-.05
Self-manipulation	1.1	.72	.20
TV	4.7	.73	.25
Stereotypy	2.1	.78	.53
Indefinite	24.0	.57	.57
Other	2.9	—	—
Percent affiliation	38.7	.77	.86

Consistency over time was estimated for 46 people in one workshop (WA) in which 50 observations were done 3 months after the first 50 observations. Staff ratings of client friendships and the client questionnaire were also administered twice, once during each observation period. The degree of consistency over time in this sample probably underestimates general consistency because this section of the project was carried out immediately after the establishment of Workshop WA by amalgamation of two other shops. At this time there was some disorganization in the program. On the other hand, many of the clients knew one another from their residences and that lent stability to the situation. We were also able to compare consistency of behavior over situations by comparing the behavior of 83 people in the sheltered-care residence where they lived with their behavior in their workshops. In this case there were about 100 observations in each situation. Table 3 shows the Pearson product-moment correlations for the various kinds of behavior

that occurred more than one percent of the time. The correlations varied by behavior category but were quite high for our most general behavior category, percentage of affiliation.

The final set of data we considered in this paper was the degree of agreement for friendship choices. In each of the analyses, a list of names was compared with another list, and the percentage of names common to the two lists was computed. These percentage agreements are considered for staff, client, and observation friendship lists as a function of the estimated degree of friendship. In the case of staff namings, ratings of the degree of friendship had accompanied each name, with a rating of 5 being the highest category and above 1 including significant friendships. Clients answered four questions. The first two assessed their most preferred friends, and the last two allowed naming of other people with whom the clients were friendly. Observation friendship lists were graded as significant if a client was seen with someone for at least 3 percent of the client's observations.

Table 4 shows the agreement among friendship lists for the three sources of data. The table documents a low degree of agreement among staff, client, and observation data estimates of friendship. A similar low degree of consistency was found for each measure over time. In general, then, agreement among measures and across times was not high for friendship lists. This is not to say that there were not friendships that were enduring or evident to everyone.

TABLE 4

PERCENTAGE OF AGREEMENT BETWEEN DIFFERENT MEASURES OF FRIENDSHIP CHOICE AND BETWEEN WA₁ AND WA₂ OR DIFFERENT MEASURES OF FRIENDSHIP CHOICE

Measure	N	% agreement
Between measures		
Staff with observations	272	18.6
Client with observations	276	15.8
Client with staff	276	15.7
Between WA₁ and WA₂		
Staff	33	25.1
Client	39	19.5
Observations	38	26.3

We saw several strong friendships that were comparable to the one described by MacAndrew and Edgerton (1966), and there were married couples in our sample; however, overall, our data suggest that specific friendships were not always evident to everyone.

Discussion

For rigorous hypothesis testing, detailed quantitative data are needed to supplement qualitative observations (Edgerton & Langness, 1978). The study reported here has shown that reliable quantitative estimates of sociability of mentally disabled adults can be obtained relatively inexpensively. Measures of general sociability of individuals were consistent across time and situations. Reliability of specific kinds of behavior varied but was reasonably high for prominent types of behavior. This suggests that the kinds of behavior we studied were characteristics of the individual that were consistent across time and situation. While these types of behavior may therefore be regarded as individual traits, we show in later papers that different environments can also affect the general level of sociability.

The reliability of social-choice data was less impressive. The maximum percentage of agreement obtained from comparisons of various lists of associates derived from different data sources or from different time periods did not exceed 30 percent agreement. The relatively low agreement between staff, client, and observation estimates of friendship was not expected. We cannot tell from our data to what extent this low agreement is attributable to variability in the friendships themselves, to low reliability of the individual measures, or simply to the fact that staff, clients, and observers have different perspectives on the client choices. Whichever the reason, the results suggest that a number of measures of social choice be used rather than depending on only one of them. On the other hand, we show in a later paper that, while reliability of choice of individuals is relatively low, it is possible to predict the characteristics of associates.

With respect to sociability, the results

indicate that in informal situations, mentally disabled adults are rarely alone, and they interact socially about one-third of the time. This estimate is higher than the value given by Landesman-Dwyer et al. (1978) in their study of group homes; however, it is consistent with their data when the definitions of the behavior categories in their study and ours are made consistent (Landesman-Dwyer et al., 1979). Our value of sociability is lower than that given by Butler and Bjaanes (1978) for interactive behavior; however, their estimate included all interactive behavior in all contexts, while our observations were limited to informal behavior in situations not directed by staff members. We conclude that, in general, mentally disabled people interact socially about one-third of the time in informal situations and are alone only about 10 percent of the time. There are, of course, large individual differences in the amount of socializing that are correlated with several individual and facility variables. These differences are analyzed in later papers.

The main kinds of behavior that we observed were conversation, eating and drinking, and indefinite social behavior. In other studies we have shown that the topics mentally disabled people talk about are similar to those discussed by "normal" people at a meal; however, the duration of a conversation sequence seems to be shorter in the mentally disabled groups (Berkson & Romer, in press, a). In this study, other kinds of prosocial behavior such as helping others, offering things, and affection were also seen. Disruptive behavior was rare, thus confirming the notion that while aggressive behavior is generally regarded as a problem by staff of facilities for mentally disabled people, this is because of intensity rather than frequency.

Most interactions were dyadic, and those people who interacted socially had two to three significant relationships, which may be unstable. We do not know the source of this instability. As indicated above, it may be measurement error that produces the impression of instability, and this impression may be inappropriate. On the other hand, if the relationships are actually varying, it seems important to know what the

sources of this variation are. Some possibilities include the large size of the facilities we looked at, as larger facilities provide many choices for the person. Combined with size may be the fluctuations in the stability of the populations and programs of the facilities. During the project, there were several program reorganizations and shifts of clients from one facility to another, which could have produced some instability in social relationships. Finally, it may be that instability of social commitment may be a characteristic of the clients themselves. Whatever the cause, it is clear that further research on social choice by mentally disabled adults is needed.

In this first paper, we have defined our procedures and presented some general results. Mentally disabled adults living and working in supervised communal facilities have a lively social life in informal situations. Sociability of individuals is a reliable characteristic; social choice is somewhat consistent but may be unstable. In later papers we analyze the correlates of sociability and social choice further, with a view toward explaining some of the large individual variability that we have only alluded to here.

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