

PROMOTING SOCIAL COMPETENCE IN EXCEPTIONAL CHILDREN THROUGH PERSPECTIVE TAKING AND SOCIODRAMATIC ACTIVITIES

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Although exceptional children may differ widely from each other in terms of etiology and severity of handicaps, they often share the common characteristic of deficient social competence. Evidence for current interest in the social competence of exceptional children is reflected by a substantial growth of attention devoted to this topic in the professional literature. The timeliness of such interest for retarded persons has been indicated by Kleck (1975) and Affleck (1977) who stress that social incompetence has been a concept central to defining mental retardation from a practical as well as an historical standpoint. A recent conference focused on the relevance of social competence to psychopathology (Kent & Rolf, 1979), and Caparulo and Cohen (1977) have stressed the importance of investigating dimensions of language, cognition and social competence in autistic and aphasic children. Furth (1979) and Volpe (1976) have commented on the social awareness deficits of the deaf and the orthopedically handicapped respectively.

An overview of the literature indicates that social competence has been defined in a variety of ways and equated with a variety of behaviors. Simeonsson (1978) identifies five major approaches—social maturity, vocational adjustment, adaptive behavior, instrumental competence and interpersonal competence—in a review examining definitions and assessments of social competence in the developmentally disabled.

In this paper, the interpersonal competence approach to defining socially competent behavior will be considered, with a review of some of the essential skills involved. For example, O'Malley (1977) has suggested that social contracts are critical for developing interpersonal competence. Weinstein's (1973) theory of interpersonal competence emphasizes three components of socially competent behavior: (a) to be able to take the role of the other in social situations; (b) to have a range of interpersonal tactics; and (c) to be able to implement these tactics when appropriate. In this context, it is clear that skills such as taking the role of another and communicating effectively are important. These skills have been investigated in social-cognitive research (Shantz, 1975) and include the dimensions of role-taking, empathy, moral judgment, and referential communication.

Merging Weinstein's theory with research on social-cognitive skills provides specific ways in which to operationalize the assessment of interpersonal competence in exceptional children. Perspective-taking tasks, for example, can be used to assess how handicapped children establish identities in social encounters.

Social Cognitive Skills in Exceptional Children

Research on perspective-taking and other skills associated with the development of social cognition in exceptional children have emerged in the recent literature. There are at least three types of studies representative of such research which are relevant to this consideration of perspective-taking:

1. Exceptional children have, in general, been found to be deficient in role-taking ability. In a series of studies with mildly and moderately retarded children and adults, Affleck (1975a; 1975b; 1976) has found that role-taking ability was associated with more mature interpersonal tactics and appropriate interpersonal skills. Chandler (1973) and his associates (Chandler, Greenspan, & Barenboim, 1974) have documented deficits in the role-taking skills of delinquent as well as emotionally disturbed children. Children with sensory handicaps such as the deaf (Blaesing¹) and those with motor handicaps (Volpe, 1976) have also been found to have less mature perspective-taking skills than their non-handicapped peers.
2. Perspective-taking may also be related to communicative effectiveness in children. In a series of studies, Longhurst (1974) demonstrated that the retarded child's ability to communicate is not simply a function of vocabulary or IQ, but of perspective-taking ability as well. Employing a speaker-listener paradigm for referential communication, Longhurst (1972) found that mentally retarded adolescents could follow their own instructions but were inadequate in their communication to others. The retarded adolescents thus demonstrated their failure to take into account the listener's needs, despite the fact that they had demonstrated the possession of appropriate communication skills.
3. Deficient perspective-taking may also be expressed in the failure of exceptional children and youth to take into account the intents and consequences in moral judgment tasks. In recent research on moral

1. Blaesing, L. *Perceptual, affective, and cognitive perspective-taking in deaf and hearing children*. Unpublished doctoral dissertation, University of North Carolina, Chapel Hill, 1978.

judgment, Foye and Simeonsson (1979) found that the moral judgment of the retarded adolescents and adults was similar to that of first graders but characterized by individual variability. Hence, some retarded individuals are "competent" and some are not in making moral judgments involving differential intent and consequence.

Adolescents who are delinquent or characterized by behavioral pathology have also been found to demonstrate immaturity in judging intents and consequences. In a study comparing the moral judgment of psychopathic, neurotic and subcultural delinquent males and a group of matched nondelinquent adolescents, the psychopathic group was found to be reasoning at less mature levels than the other three groups (Jurkovic & Prentice, 1977). Psychopathic and neurotic delinquents also displayed less reciprocal role-taking than the controls and subculturals. Although the findings support the interpretation that the psychopathic delinquent is deficient in assessing the perspectives of others as well as making judgments of moral behavior, variability across groups indicates that delinquency should not be seen as a unitary syndrome in this regard.

The above research findings indicate that deficient social cognitive skills is one characteristic of exceptional children. The fact that not all children lack effective interpersonal skills suggests that factors such as social experience (Volpe, 1976; Newman and Doby, 1973) may account for individual variability in these domains. This conclusion suggests that specific interventions to enhance perspective-taking behavior could be a potentially effective strategy for the development of socially competent behavior. Some of these interventions have been demonstrated; others need further exploration. The major evidence supporting intervention to promote social competence comes from experimental studies and from clinical reports.

Promoting Social Competence

The following sections will demonstrate, in general terms, how certain experimental or therapeutic procedures can promote the development of socially competent behavior. One procedure is the experimental manipulation of perspective-taking through which subjects recognize that other people have views or perspectives different from their own, thus learning to "take the role of another." A second procedure involves the use of sociodramatic activities, in which subjects are given the opportunity to "play" different roles in order to learn appropriate behavior, improve interpersonal relationships, and enhance personality development.

Perspective-taking Activities

In a recent experimental study (Blacher-Dixon and Simeonsson, 1978), retarded children of comparable intelligence and age were grouped according to high, intermediate or low role-taking ability. An experimental task, in which children were required to adopt perspectives or viewpoints different from their own, i.e., to "stand in the shoes of another person," was then administered to promote role-taking performance. The procedure was found to be differentially effective, in that the performance of the high and low groups remained unchanged across two testings, whereas the intermediate group improved after the experimental intervention.

A more general type of intervention was carried out by Chandler, Greenspan and Barenboim (1974) with 48 institutionalized emotionally disturbed children who were shown by screening procedures to be deficient in role-taking and communication. One third of the subjects were enrolled in a 10-week training program which used drama and the making of video films as vehicles for teaching role-taking skills; another third were involved in a 10-week training program which used communication games in order to improve their referential communication skills; the last group was the no treatment control group. Subjects in both experimental groups improved significantly in their role-taking ability and subjects who received the communication training showed improvement in their communication skills as well. Of particular significance is the fact that a 12-month follow-up showed that such improvements were associated with improvements in social adjustment. Similar findings on the effectiveness of intervention have also been found with chronically delinquent boys initially deficient in role-taking skills (Chandler, 1973).

A study of institutionalized emotionally disturbed children 8-15 years old (Gelcer, 1978) incorporated both perspective-taking and sociodramatic activities as intervention techniques to increase role-taking and socially competent behaviors. Post-intervention results included improved perspective-taking skills and less maladjustive behavior in school for those children who had participated in the social cognitive intervention as compared to a control group who did not receive the intervention.

Referential communication skills, that is, skills of a speaker to utilize referents which effectively take into account the informational needs of a listener, have also been the focus for intervention with exceptional children. In a study involving deaf children, Hoemann and Farquharson²

2. Hoemann, H. W., & Farquharson, S. *Referential communication training of deaf children*. Paper presented at the fifth biennial Southeastern Conference on Human Development, Atlanta, 1978.

demonstrated that the provision of experimental referential communication training improved those skills. The effectiveness of referential communication training has also been demonstrated with mentally retarded children by Mandelkorn and Corman³ who found that such training seemed particularly effective for situations requiring verbal problem-solving and communication to a listener.

Sociodramatic Activities

The second major strategy to promote social competence is based on the use of sociodramatic activities. The use of sociodramatic activities as a vehicle for social development has been proposed specifically for the mentally retarded (Foster, 1975). A creative dramatics workshop described by Blumberg (1976) was designed to enhance personality and social development of the mentally retarded with an ultimate goal of improving job potential. The advantages of using role play to develop social interaction and appropriate job behavior have been cited by Robinson (1970) from experiences in classes with retarded adolescent girls.

The use of sociodramatic activities as part of a deinstitutionalization program for retarded adults has been described by Klepac (1978) as contributing to successful placements for these clients. The technique allows them to learn to function more effectively and less fearfully in social problem solving situations.

Although the application of sociodramatic activities may seem more appropriate to older children or adults, its effectiveness with severely retarded preschoolers (Strain, 1975) and with behaviorally disordered preschoolers (Strain and Wiegerink, 1976) has also been demonstrated. In both of these studies participation in sociodramatic activities, in which the children assumed various roles of characters in a story, was associated with an increase in observed social play. Among culturally disadvantaged preschool children the amount of sociodramatic play, seen as one index of role-taking ability, has been found to be significantly less than among advantaged children (Rosen, 1974). The provision of instruction and practice in sociodramatic play for forty days resulted in significant improvements in group problem-solving behavior, in problem solving in tasks involving cooperation vs. competition, and in role-taking skills.

3. Mandelkorn, B., & Corman, L. *The effects of two training models on communication-related abilities and intelligence in young IQ-defined EMRs*. Paper presented at the biennial meeting of the Society for Research in Child Development, Philadelphia, 1973.

Conclusion

The above review has identified some common patterns of delay and/or deficiencies in the social perspective-taking skills of exceptional children and youth across a variety of handicapping conditions. A number of experimental studies have demonstrated the effectiveness of specific perspective-taking training whereas more global interventions in the form of sociodramatic activities have been carried out in therapeutic and educational contexts.

In conclusion, there is clinical as well as empirical support for the enhancement of social competence in exceptional children through sociodramatic activities and perspective-taking training. The methods and procedures reviewed seem relevant and feasible for future applications although additional research is needed to determine the most effective strategy for a given population. In considering the clinical implications of this approach several points need emphasis:

1. Social experience of a passive nature is not sufficient for developing social competence. Exceptional children should *actively* assume the roles of others and *actively* solve various social dilemmas. Unfortunately they may often be sheltered unintentionally or intentionally from such critical, "real world" experiences.
2. Perspective-taking and sociodramatic activities provide means for systematically building social competence skills of exceptional children. The importance of perspective-taking training is based on the premise that "a person cannot take a role for which he has no knowledge of its attributes and expectations." (Volpe, 1976, p. 372). Educational and therapeutic services should provide opportunities in which exceptional children can assume the roles, deal with dilemmas and make the choices which foster socially competent behavior.
3. To optimize these opportunities, there is a need for teachers and therapists to recognize the value of perspective taking not just for exceptional children but also for themselves. In reciprocal perspective-taking, helping professionals need to experience the perspectives of being handicapped along physical as well as psychological dimensions. Teachers and therapists should, through role-playing activities, know something of the experience of having impaired hearing, impaired vision, or other physical handicaps. Along psychological dimensions perspective-taking on the professional's part could contribute to a greater awareness of being dependent, rejected and/or misunderstood. Through such experiences, helping professionals should develop more insight and appreciation of the problems and needs of exceptional children with the result that the full therapeutic value of perspective-taking can be realized for both client and helper.

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