

TOWARDS A MEASURE OF PSYCHOTHERAPY IN MENTAL HANDICAP

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Introduction

The value of one's talking with a mentally handicapped client who is considered as emotionally disturbed to develop his greater happiness remains, as yet, unquantifiable. This paper discusses an attempt to describe its rationale, the processes involved in a social context with such clients, an evaluation of their effects and to suggest its valid therapeutic role.

Psychotherapy has often been described as the "talking cure". But theoretically it can also be carried out through art-therapy and drama-therapy. In the latter connection, Nitsun *et al.*, (1973) have shown its valid role in ameliorating the schizophrenic process in long-stay patients. Its onus lies on the inner resources of the client to be explored and developed, rather than by rather pseudo-sophisticated, mechanistic, directive training techniques. Historically, "dialogue" was prevalent and fashionable in classical times and the ethos of civilisation has been that the individual can ex-

plore himself. The argument pursued is that we need to talk more one with the other socially for general benefit.

It is felt that this is particularly basic in mental handicap. This discussion focuses on the rationale of such an approach adopted with such clients with their present difficulties and an outline of the processes involved to show its efficacy. It attempts to evaluate psychometrically changes before and after and to show the valid role of psychotherapy in mental handicap and offer pointers to the lay-man as to how it can be applied.

The Background

With mentally-handicapped clients who present as emotionally disturbed, the therapeutic frame-of-reference is that "mental health" is considered as within Strupp's *et al.* (1977) tripartite model of the client's subjective need for happiness and a stable socially conforming behaviour pattern within a structural theory of personality functioning. In this connection, Henderson and Gillespie (1969) feel

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that the incidence of neurosis amongst the mentally handicapped may be as high as 30%.

Unacceptable behaviour can manifest itself in overt, aggressive actions and in this connection, the writer (Skene, 1980a) has shown that this has an incidence of only 8% in a typical Mental Handicap Hospital and is co-related psychometrically with the patient's drawing of a person, in which the head ; body ratio exceeds 2 : 3 (Skene, 1980b). In an experimental unit for the disturbed aggressive mentally handicapped, the need for a multi-disciplinary approach of medication, nursing, occupation, education and psychological techniques is imperative. Diagnostically, most such female patients were considered psychotic and treated by the major phenothiazines and the males as psychopathic receiving libido suppressants. But the success of such a Unit in restoring two-thirds of the patients within one year's stay there emphasises the need for a broadly eclectic approach (Skene, 1981). But, very few mentally-handicapped clients present with aggressive behaviour.

In mental handicap, "Treatment" merges with "training" and in this connection, Gunzburg (1973) has shown the imperative need for developing greater social competence. The writer has emphasised the need for the patient's developing a broader social role in the therapeutic management of a court-referred sexual deviant (Skene, 1973). Social factors are relevant. The theoretical frame-of-reference, then, is that within a psychotherapeutic approach in its social context, its value can be demonstrated subjectively

and statistically in the reduction of disturbed behaviour in the mentally handicapped.

Clarke *et al.* (1985) feel that "there is scope for far more psychotherapeutic impact in mental handicap than has previously been considered possible". Stokes (1988) has discussed how a broadly psycho-analytical approach has been adopted in the case of an adult with Down's Syndrome presenting with agoraphobia. Weiner (1975) has modified Piaget's constructionist approach in bridging such analytical impasse in mental handicap. Appraisal of the literature and particularly the writer's experience in mental handicap substantiate the role of psychotherapy here.

The Role of Group Therapy

Bearing in mind what has been said so far, probably one of the most pertinent therapeutic approaches may be considered as Group Therapy. It provides a social, psychotherapeutic experience. With neurotic clients of average intellectual endowment, the writer has shown that such therapeutic changes are consistent with an increase in the client's creativity, unconventionality and his developing greater role-fulfilment, reflected empirically in changes in Grygier's Questionnaire (Skene, 1972). Rachman (1971) has modified Eysenck's earlier criticism against psycho-therapy and Baroff (1986), generally sceptical, feels that group therapy may be valid as a controlled setting for exploring the client's interpersonal behaviour as affected by others. He feels the therapist, as an interpreter of reality

meeting different contingencies, functions within a structured setting developing the client's self-esteem and self-expression. Using repertory grid techniques, Ryle (1973) has attempted to evaluate the actual processes involved.

The argument, then, is that group therapy is a valid, experimental approach to modify disturbed emotional behaviour amongst the mentally handicapped and worthy of scientific investigation. It is, then, relevant to show this with regard to a therapeutic and a control group and the following discussion aims to outline this.

The Experimental and Control Groups

Knowing the writer's current interest in this technique, he was approached by the Manager of an Adult Training Centre (A.T.C.) for help with some of his trainees, who the Manager felt would benefit by psychological help for their emotional problems. Six clients were referred to the psychologist by the manager for their disturbed behaviour. Their present problems were generally social inadequacy or withdrawal, manifest in most cases with sexual difficulties. These included promiscuity and fetishism. One client presented with arson. The mean age was 29 years (range 19 - 51) and they were all mildly retarded intellectually. They had attended the Centre for an average of six years, ranging from 2 to 15 years. These were the presenting clients who underwent group therapy.

One of the basic frames-of-reference of the psycho-therapeutic approach

is the relevance of family dynamics in later aetiology. In these respects, the clients in question might be considered as all having suffered distorted family backgrounds, with a distorted skew towards one of the parents and had felt frustrated, ambivalent feelings. This was confirmed by each client individually completing **Bene and Anthony's Family Relation Test** which is a psychometric sorting-type of technique aimed at highlighting memories of the childhood family dynamics for use in later psycho-analytical types of exploration. The findings are broadly presented in Table I.

With such disturbed family backgrounds and present problems it was felt that the emotional problems of the clients might be resolved by their participating for forty-five minutes weekly over an arranged six months period in a quiet, comfortable room in the Centre with the psychologist. Group psychotherapy would provide a structured, socialisation framework in which to explore current feelings and behaviour as arising from previous emotional deprivation.

To investigate the validity of such an approach, a comparison group of 5 males and one female client was obtained from a neighbouring A.T.C. matched for age (Mean - 28, range 20 - 30), intellectual efficiency (mildly retarded) years of attendance (Mean - 6 yrs.) and which was not considered as presenting with disturbed behaviour.

Assessments

Certain psychometric techniques were employed to evaluate this therapy and again ten days after its termination

TABLE I
Characteristics of Six Clients Participating in Psychotherapy Sessions

Client	Sex	Age	Attendance of Adult Training Centre Years	Family Relation Test	Emotional Problems
A	M	22	4	Hated Mother, Good Father	Unable to cope with structured roles
B	M	19	2	His love was not reciprocated. Weak father, hated him	Delinquency, (Arson)
C	M	51	7	Adequate relations to parents but hate to brother	Poor self-image Oversensitive
D	M	24	4	Father dead - spoilt by mother	Unassertive (Fetishist)
G	M	24	5	Love not reciprocated Parents resented him	Withdrawn Unassertive
K	F	31	15	Dead mother - punitive father	Promiscuity

six months later. The individuals of both groups completed the **Bell Adjustment Inventory (1962)**. This was used as a gross screening device for criteria of adjustment. It consists of 200 questions, which provide scores for adjustment on certain scales e.g.

- Family e.g. "does the person you live with become easily angry with you?"
- Health e.g. "are you subject to attacks of influenza?"
- Social e.g. "do you enjoy social dancing very much?"

- Emotional e.g. "are you easily moved to tears?"
- Work e.g. "does your present job force you to hurry a great deal?"

Fairly comparable to Bernreuter's Inventory (1938), it has been standardised to give cut-off points above which scores may be considered as pathologically maladjusted. Cronbach (1964) has stated that it is valid in over half of cases completing it in predicting their suitability and subsequent response to counselling. It is based on the behaviour-symptom approach, similar to Eysenck's

Personality Inventory. It is generally independent of age and I.Q. levels. It may be considered as providing a gross indicator of general mental health. Specifically, Bell's emotional adjustment scale reflects depressive feelings, general nervousness and emotionality.

Additionally, at the same time, the group therapy clients completed individually a supplied repertory grid. This technique, based on Kelly's "Psychology of Personal Constructs" (1955) has been subjected to statistical refinement by Bannister (1971). Ryle (1973) has shown its use in clarifying the underlying processes involved in a client's on-going construing of the psycho-therapeutic process. Skene (1973) has shown its practical role as a measure of therapeutic change. Very loosely, it is an effective technique for clarifying quantifiably a client's current, existential "attitude". The client ranks with "elements" (in this case these were the eight "character snaps" from Bannister's Test) certain constructs. The client sorted out in rank order the snaps according to the following individually supplied constructs that were then co-related to investigate certain hypothetical changes:-

- 1) the happiest and least nervy
- 2) the one who gets on best with people
- 3) most sure of himself
- 4) the one with the best family
- 5) the one who gets on best sexually
- 6) the most aggressive
- 7) most like the group therapist in nature
- 8) most like myself in nature
- 9) the one I would love to be like

Each of these constructs was inter-correlated and it was hoped that such a grid would clarify the nature of any therapeutic change as through generally improved personal, social and sexual happiness, changes within a group psychotherapy. The therapeutic rationale was based generally on Bion's (1968) approach. These investigations were pursued before and after the therapeutic experiment. (In view of the smallness of the sample, quantifiable findings from the grid are not presented and only a summary of the general trends is given. These quantifiable tests were not scored until after the closing of the Group Therapy as reflecting changes).

The assessments were repeated afterwards. The Family Relations Test highlighted distorted family skew that was discussed during the group therapy. Repeat of the Bell Adjustment Inventory would indicate improvement or deterioration in Emotional Adjustment and comparison of the Repertory Grid techniques would show at the end the nature of the therapeutic processes. These techniques would subsequently be used in a scientific context.

Therapeutic Processes

To actually outline what took place in the Group:- Although enthusiastic, each client entered the Group Therapy rather guardedly. After the therapist's outlining the nature of the proposed treatment, the clients generally raised of their own volition their sense of grievances. This became focused around the general theme of their sense of social rejection.

The clients followed this up with their discussing their family backgrounds. Exploring the aetiological relationship between their distorted childhood experiences and their current presenting behaviour pattern was encouraged and prolonged by the therapist, who also offered didactic, more existentialist advice on how to make more the initiative in social relations. Presenting sexual difficulties through impaired relationships was tentatively raised by the clients. One of the male members adopted the role of teaching how to relate to girls and how to conform socially, in a rather euphoric manner.

Then some depressive affect was experienced in the group. This manifested itself in some of the members ganging-up against the fetishist's sexuality. He was probably one of the most dependent of the group on the therapist and empathised with the latter; e.g. "he's a bit down in the doldrums today". The arsonist vocally questioned "the system" whereby his sister had been transferred recently to a special hospital on account of her aggressive behaviour. Work dissatisfaction became an increasingly vocal preoccupation. Another member became rather more withdrawn and the oldest client came to the passive conclusion that he was too old to change. But there was a feeling of optimism with the group's insisting that "everyone has a gift".

The female client's attention from her boyfriends' entering the room with gifts for her, initially, gave way subsequently to her becoming bored and irritated with such flattery and she became more thoughtful. This stage was

concomitant with the recent death of her father, after which she tended to function more as an integrative group member. Client A, who was engaged, suffered probably the major set-back during the treatment, as reflected afterwards on his Bell emotional maladjustment score, following his receiving, unknown to the therapist, a vasectomy from his family doctor on the future in-laws suggestion, but his engagement being subsequently broken off. He remained superficially stoical and this, together with his sexual knowledge, provided a focus for leadership in the group crystallising around him. The clients knew when this therapy would terminate and with regard to this, there was little overt emotive reaction in the final session.

Such a weekly group discussion over a six months period, had, then, met with considered positive response from the clients. They had proven their amenability to vocalisation and, to a surprising extent, introspective thought, together with an awareness of their social limitations, but yet a need to develop and explore. They became less conventional in their general resentment of the A.T.C. work-ethic rationale with a need to develop themselves more in the open community, such as, e.g. going to a ballroom dancing class.

Results

Qualitative:- To try and evaluate the effects of such a group therapy can be approached both on an individual and general basis. The A.T.C.'s staff opinion was favourable. They felt that it had

TABLE II
Score Changes on Bell's Adjustment Inventory

	Home	Health	Social	Emotion	Work
(a) BEFORE					
Experiment	13*	13*	19*	17*	13
Control	12	9	13	10	13
(b) AFTER					
Experiment	13*	10*	14	13	13
Control	12	10	15	14	17*

helped quite a lot of the group members. They had become more introspective and more cautious in new situations but that one member had become more withdrawn. It was felt that it had expanded their personality boundaries but that some were too entrenched in their ways to change. It had been a worthwhile experience that should continue. There was a more pervasive sense of calmness. The clients, interviewed individually afterwards, felt that the experience had been worthwhile. They felt friendships had been made, their families discussed, good advice about sex offered, grievances aired and that they had developed a greater sense of optimism and autonomy.

Statistical:- Psychometrically, there were statistically significant changes on the Bell:- The main score would have been zero and the maximum obtainable, 30. By the norms for this scale, an asterisk indicates when these may be considered abnormally high (Table II).

The main statistical findings here are of a significant decrease, to a considered normal level, in the emotional maladjustment of the group therapy clients after relative to before.

By 't' test, N = 6
M = 10 and 14
S.D. = 5.4 and 5.8
t = 5 significant at
p < (.01)

This would indicate that group psychotherapy effectively ameliorated to a normal level the emotional adjustment, as reflected on the Bell, of the clients referred with disturbed behaviour. They were better emotionally adjusted afterwards than the control group that had deteriorated.

In short, generally, statistical investigation of the constructed repertory grid (by Garrett's significance of the Difference of Co-Relations) relative to previously, confirm that the clients showed a

significant need to change themselves. They definitely related themselves more to their family backgrounds. The constructs of self-confidence, aggression and happiness were being expanded upon. There was a need to change themselves to investigate cause and effect. The transference situation, relationships and sexual success were construed as generally unchanged.

In other words, apart from general improvement in emotional adjustment, group therapy as outlined was related empirically with a general self-expansion and a need for family, aetiological self-explanations, but, as yet, thwarted interpersonal experiences. General opinion on such a therapeutic approach was positive. (There has been, however, no long-term follow-up). These were the statistically-significant findings after relative to prior the Group Therapy.

Conclusions

Traditionally, the main method of tackling "behaviour disorders" in the mentally handicapped has been, perhaps, by trying to extinguish the undesirable behaviour pattern as along mechanistic, behavioural lines with their unfortunate connotation of "punitiveness". But the concept of mental health in mental handicap deserves a wider connotation and implies a social application. In this respect, it would be agreed that group psychotherapy, no more consuming of time or resources than a behaviour modification regime, has been shown to be a valid therapeutic technique and that its efficiency has been evaluated quanti-

fably on the scales used and subjectively. As a relatively new re-innovation, it is argued that it has a definite role, worthy of its teaching to, e.g. A.T.C. staff.

It is seen that one's talking with such a group of clients with their backgrounds and present, essentially sexual difficulties can be efficacious. By exploring cause and effect in early childhood dynamics as related to their current difficulties in their here-and-now situation, the clients can resolve optimistically their current dilemma. To become such a therapist requires relatively little psychological sophistication compared with confronting one's attitude to life. It implies, in a sense, a revulsion against the didactic approach and implies the therapist's meeting with the client on his (the client's) own terms. This may mean suddenly realising how his attitude to life would have been completely different if he had been prevented from having children. In the writer's experience, most A.T.C. staff are weathered for such an approach, but it is associated with a shift in authority status within the Centre. It remains a personality-factor as to whether or not one can become such a psychotherapist. But, for the interested reader, perhaps the best such training is to experience brief, group therapy for himself, that need not be sophisticated. The point is that to offer "a measure of Psychotherapy in mental handicap" is rather a new philosophy of life. The success of such an approach might reflect the personality of the therapist (Truax, 1967). But it is argued that the processes involved require relatively little psychological sophistication and that such an approach is pragmatically effective.

The evidence remains that psychotherapy in a group context with mentally handicapped clients from a disturbed background with socially disturbing behaviour is efficacious and that greater research into this is currently paramount.

Summary

An outline is given of why group psychotherapy was applied with six mentally handicapped clients, presenting essentially with disorders of sexual behaviour, in the context of an Adult Training Centre. The therapeutic processes are sketched and an attempt at evaluating these and the outcomes, quantifiably, are presented. The argument is that this form of therapy has a valid role, and that can be capitalised-on by others.

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