#23 PAPER 33 -
THE INFLUENCE OF EMOTIONALITY ON PROCESS OF MAKING SOCIAL DECISIONS AT ROMANIAN PREADOLESCENTS WITH MENTAL DEFICIENCY

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Abstract
Today, the human interactions demand more and more emotional resources, that influence, in particular the process of making social decisions. In our investigation we used mainly: The Romanian Questionnaire of Emotionality for Mental Deficiency, developed in 2007 by R. Urea for Romanian preadolescents with mental disability, The Making Social Decision Questionnaire for Mental Deficiency developed in 2006 by R. Urea for Romanian with mental disability. The conclusions that came through allows us to establish a specific typology between the emotionality profile of Romanian mental deficient preadolescents and type of making social decisions at these preadolescents.

Keywords: emotionality, social making decision process, mental deficiency, preadolescent.

1. THEORETICAL BACKGROUNDS

Living in a dynamic society implies intense social interactions required by the process of adaptation of the entire structure of personality to the social environmental demands. In any social interaction, the emotional psychological aspect is involved, even if we talk about the familiar environment or even when we talk about multiple social interaction in large groups (see also Rosenblum, Lewis, 2009).

Emotionality is the observable behavioural and physiological component of emotion, and is a measure of a person's emotional reactivity to a stimulus. (Șchiopu, 1995).

"Emotionality as a specific manifestation of human personality is prepared by the pre-emotionality, which is a latent disposition and exists at every person. It arises from the hermeneutical situation coming from the emotional interpretation of the pre-agreements and from emotional dispositions that make a person to act on emotional bases." (Urea, 2013).

Emotionality is a permanent dialogue that a person has with the world through specific actions, gestures and interpretations. It involves the process of self-assessment in relation with others’ features, getting others' emotional feedback to his/her own emotional reactions, getting influences from social environment which are internalised, and integrated in future emotional responds. In fact, all of these process are the expression of the plasticity of emotional development. (Lewis, et.al, 2008).

In time, each person will develop his/her own emotional competences. Emotional competencies consists in the abilities of each person to manage his/her own emotions, in the abilities to recognise and to adapt his/her emotion to other’s emotions. (Sas, 2010). It also implies that each person has capacities of emotional control.

The emotional control is the capacity that he/she has to shape, control and reduce the emotions’ intensity and features. It occurs on the following levels: neuro-physiological, hormonal, attentional or behavioural (Sas, 2010; Thompson et al., 2003).

This emotional control has an important in the process of making social decisions. There are studies in the social and psychological field focus on the process of making social decision from different perspectives: psychological, psycho-pedagogical, sociological, management, etc. These studies have revealed “three types of making social decisions (see also Kramer, Tenbrunsel & Bazerman, 2013): a) The rational type is characterized by the awareness of choosing a solution based on multilevel analyses; b) The conservative type is characterized by the tendency of choosing those solutions that don’t affect personal security and self-safety; c) The “here and now type” is characterized by the tendency to choose the easiest solution for

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meeting immediate needs, to limit the responsibilities related to outcomes that came from the social decision-making process” (Urea, 2015).

Starting with 2008, in Romania, there have been performed a series of studies focused on the implication of the social decision-making process towards the adaptive process at preadolescents with mental deficiencies.

2. THE STRUCTURE OF RESEARCH

The experts in special education have revealed the importance of the person’s skills in the process of social integration. In the therapeutic intervention of the pupils with mental deficiency, due to the specific traits of the mental deficiency, one area that required a specific attention is the affective (emotional)- motivational sphere. This area supports all types of influences and will produce specific behavioural responses. So, this situation raised the following question: how the mental deficient’s emotionality, as an engine that guides the way he/she reacts to social and emotional stimuli, will influence their process of making social decision?

To answer this question we developed an investigative research that had the aim to investigate the influences of mental deficient pupils’ emotionality has upon the their process of making social decisions; the wider goal was to thus design special strategies that would determine mental deficient pupils’ to elaborate better social decisions and would reduce the group’ integration failure in social groups.

Our research focused on two major objectives: a) revealing at mental deficient preadolescents the ‘emotionality’ features; b) revealing at mental deficient preadolescents the types of social making process that are develop during the learning activities. We started from the following hypothesis: taking into consideration features of mental deficiencies personality, we assume that we will find, at preadolescents with mental deficiencies, specific influences of emotionality upon the social making process.

3. THE TARGET GROUP. CHARACTERISTICS OF THE INVESTIGATED POPULATION

Our research had an initial testing procedure on 28 preadolescents and the obtained Cronbach Alpha index (α = .694) allowed us to proceed to extended psychological research that had the following stages: a) investigation of the mental deficient preadolescents’ emotionality features; b) investigation of mental deficient preadolescents’ types of making social decision during the learning activities.

We performed our research on 97 Romanian preadolescents with mental deficiencies, coming from the urban environment, with ages ranging between 11 years and 14 years (with mean of 13.3 years and median =13.08 years), 44 boys (45%) and 53 girls (55%) coming from Special School no.5 and from Special School no. 3 - Bucharest with I.Q between 50-72- medium level of mental handicap. The pupils’ participation to this investigation was volunteer and with their parents’ agreements. Distribution is uniform, skewness index values ranging from .888 to 1.415, and with a standard error of skewness ranging from .708 to 1.244, and kurtosis index values ranging from .562 to 1.222, and with a standard error of kurtosis ranging from 6.19 to .1.027.

The schools were selected because: a) each provides educational services to 3,500 families whose children have learning disabilities and to 1100 families that have children with mental disabilities; b) both schools have enrolled over 200 students with moderate and severe mental deficiency.

4. METHODS OF RESEARCH

In our research we used the following psychological instruments: The Romanian Questionnaire of Emotionality for Mental Deficiency, developed in 2007 by R. Urea for Romanian preadolescents with mental disability (internal consistency index: 751, fidelity index: test-retest: 746); The Making Social Decision Questionnaire for Mental Deficiency developed in 2006 by R. Urea for Romanian with mental disability (internal consistency index: 769, fidelity index: test-retest: 751).

We also used in processing data -statistical processing methods - SPSS and data interpreting.

5. RESEARCH’S FINDINGS

5.1. Investigation of the mental deficient emotionality’s features.

We used “The Romanian Questionnaire of Emotionality for Mental Deficiency”, which was built as well as “The Romanian Questionnaire of Emotionality”, on two major directions: the first direction designates the
orientation of the response to the social environment through the report extroversion-introversion that is evaluated; the second direction designates the stability and consistency of the responses to the social environment. Each direction was investigated through a set of variables. By combining those two directions four emotional structures will result: stable-extrovert, stable-introvert, instable-extrovert, instable-introvert” (Urea, 2015:[8], p. 501)

The first aspect that we will analyse will be the dynamic of the emotionality features. The data collected are presented in table no.1

Table no.1. The emotionality components at investigated Romanian preadolescents with mental deficiency.

<table>
<thead>
<tr>
<th>Number of subjects</th>
<th>Elements of emotionality (average score)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sensuality</td>
</tr>
<tr>
<td>97</td>
<td>8.07</td>
</tr>
</tbody>
</table>

From the data collected in Table no. 1, we notice, that at our investigated subjects, there are two dominant components in emotionality profile: “independence” and “sociability” (the difference between their average score is .12). It appears that our investigated subjects are able to develop social behaviour based on: logical analysis of the emotional stimuli coming from social environments and of the context in which it occurs. In reality, besides the egocentric feature of mental deficient personality, it reflects at our investigated subjects also: the need to being a part from different social groups, the need to “getting many more people on their side” and the need of achieving a “higher” social status in familiar environment.

Beside the analyses of the details of emotionality profile, we are able to determine the adaptive emotionality profile at our investigated subjects. Data are presented in table no.2

Table no.2. Emotionality profile types at investigated Romanian preadolescents with mental deficiency.

<table>
<thead>
<tr>
<th>Number of subjects</th>
<th>Types of adaptive emotionality profile (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stable-extrovert</td>
</tr>
<tr>
<td>95</td>
<td>36.43</td>
</tr>
</tbody>
</table>

We can see (from data presented in table no.2), that we find all the four emotionality profile types at our investigated subjects, with a dominant the instable-extrovert profile type. This profile reflects not only the interpersonal behavioural patterns that are structures in preadolescence, but also reflects at preadolescents with mental deficiency, that these behavioural response’ patterns are not proper assessed in relation with the emotional stimuli’ intensity. It also means that our investigated mental deficient preadolescent do an over/or under estimation of the significations of the emotional’ stimuli and their behavioral response’ patterns are infantile, superficial and labile.

The statistical analysis also allowed us to compute the Kurtosis index ranging from.620 to 1.588 which revealed that the features we found are relevant for our investigated subjects as a group.

We can say that the emotional profile type that the preadolescents with mental deficiency is objectified through infantile and stereotypes behaviour, unsuitable to emotional stimuli intensity and is direct expression of the viscosity of mental deficient personality.

5.2. Investigation of mental deficiencies preadolescents’ social decision-making process type

Using a specific psychological questionnaire, we revealed the dominant type of social decision-making process type in each investigated preadolescents. The information is presented in Table no.3

Table no.3. The preadolescents’ social decision-making process type

<table>
<thead>
<tr>
<th>Number of subjects</th>
<th>Conservative type</th>
<th>Types of social decision-making process</th>
<th>Rational type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33.7%</td>
<td>45.8%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

From the data collected in table no.3, we notice that the dominant type of social decision-making process among our investigated subjects is “here and now” type. This situation can be explained by the emotional lability of the personality of our investigated subjects that allows structuring in the dominant manner the basic needs and less the superior needs. Meeting these needs becomes dominant and causes what is called “discriminative
infantilism”. The “discriminative infantilism” is revealed at our investigated subjects by infantile criteria that are used in making social decisions process and have impact upon the efficiency of social activities.

The statistical analysis revealed, at our investigated subjects, significant direct correlation between emotional profile and the type of social making decision process: a) the mental deficiencies preadolescents who have “stable- extrovert emotional profile” also revealed “the rational type of social making decision process” (rs = .765, p = 0.05) b) the mental deficiencies preadolescents who have “instable- extrovert emotional profile” also revealed “the here and now type of social making decision process” (rs = .692, p = 0.01); c) the mental deficiencies preadolescents who have stable- introvert emotional profile” also revealed “the conservative type of social making decision process” (rs = .706, p = 0.05).

The statistical analysis also allowed us to compute the Kurtosis index ranging from 705 to 993 which revealed that the features we found are relevant for our investigated subjects as a group.

We can, therefore, say that at our investigated subjects with mental deficiency, social decisions are taken most often of the time due to the spur of the moment and the outcomes of these process get personal significance and it diminished personal efficiency in social context.

6. CONCLUSIONS

The purpose of our research was to analyse the impact of emotionality has on social making decisions process in the process of social integration.

In our investigation we used psychological tests created for mental deficiencies Romanian preadolescents. With the help of statistical analysis, we found that the Cronbach’s Alpha index is .819

Based on the statistically processed data we have found the following typology:

a) Type A is represented by preadolescents who have “instable- extrovert emotional profile” and revealed “the here and now type of social making decision”.

b) Type B is represented by preadolescents who have “stable- introvert emotional profile” and revealed “the conservative type of social making decision process”.

c) Type C is represented by preadolescents with mental deficiencies who have “stable- extrovert emotional profile” and “rational type of social making decision process”.

Such typology and the research’s findings suggest:

At preadolescents with mental deficiencies, it is a direct influence that the emotional profile has upon the social making decisions process type.

The mental deficiency personality features determine specific ways of behavioural objectifying of emotional profile and of social making decision process

Both typologies – of emotionality and social making process – at mental deficiencies preadolescents reflect the disharmony of their personality, their social vulnerabilities.

Based on the found particularities at mental deficiencies preadolescents of emotionality and of social making decision process, our research’ objectivities was reached

The statistical analyses data - Cronbach’s Alpha index is .819 - confirm our research’ hypothesis.

We can develop two types of special programs: one type will concern on the implementation at mental deficiencies preadolescents of different strategies -for developing suitable social decisional making process that will allow these pupils to integrate themselves in different social groups; the other type of programs will address to mental deficiencies preadolescents in order to develop efficient emotional communication techniques in the social field.

The curricula used in the therapeutically program addressed to preadolescents with mental deficiencies should be revised every three years, especially in the socialization area and in the professional orientation area.

Based on such typology revealed by our investigated subjects, it is necessary that the future researches in this area should be focused on revealing differential influences of emotionality upon the efficiency of social and professional adaptation.
7. REFERENCES