SOCIAL COMPARISON, SELF-CONCEPT AND MOOD IN ADULTS WITH DOWN SYNDROME

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INTRODUCTION

Importance of understanding of self

self-concept

depression

Role of social comparison
SOCIAL COMPARISON IN INDIVIDUALS WITH DOWN SYNDROME

Issue of mental age

Glenn & Cunningham (2004) study
PARTICIPANTS

N = 40 individuals with Down syndrome and their parents

19 adolescents (11 females) in the study aged between 12 and 17 years ($M = 15$ yrs 0 mnths, $SD = 1.52$ yrs)

21 adult participants (8 females) who ranged in aged from 25 to 51 years ($M = 34$ yrs, 9 mnths, $SD = 7.53$ yrs).

25 (62%) attended special school as most recent form of schooling

5 adults were attending post-school educational programs

39 were living in the family home; one was living in supported accommodation.

28 (70%) had no or only minor health problems; 12 (30%) were reported to have several or serious health problems.
MEASURES

Social Comparison Scale (Allan & Gilbert, 1995)

Self-Perception Profile for Children (Harter, 1985)

Zung Self-Rating Depression Scale (Zung, 1965)

Peabody Picture Vocabulary Test, Third Edition, Form B; (Dunn & Dunn, 1997)

Mood, Interest and Pleasure Questionnaire (Ross & Oliver, 2003) *
PROCEDURES

Initial modifications to instruments

Measure of acquiescence

Pilot study

Ethical clearance
PRELIMINARY ANALYSIS

6 individuals with Down syndrome judged to be acquiescent

Mood and Interest subscales of MPIQ highly correlated ($r = .78$) so used total score

Comparison of adolescents and adults

Examined internal consistencies of scales
# DETAILS OF MODIFICATIONS TO SCALES

<table>
<thead>
<tr>
<th>Scale</th>
<th>Alpha</th>
<th>Modification</th>
<th>New Alpha</th>
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</thead>
<tbody>
<tr>
<td>Social Comp.</td>
<td>.60</td>
<td>Removed items 4 &amp; 11</td>
<td>.67</td>
</tr>
<tr>
<td>Global self-concept</td>
<td>.38</td>
<td>Retained only +ve items</td>
<td>.63</td>
</tr>
<tr>
<td>Zung</td>
<td>.56</td>
<td>Removed items 8 &amp; 17</td>
<td>.62</td>
</tr>
<tr>
<td>MIPQ</td>
<td>.94</td>
<td>Nil</td>
<td>.94</td>
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</table>
# MEANS (STANDARD DEVIATIONS) AND RANGES OF MEASURES

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean (SD)</th>
<th>Study Range</th>
<th>Possible range</th>
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<tr>
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<td>28.74 (5.43)</td>
<td>18-36</td>
<td>9-36</td>
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<tr>
<td>Global self-concept</td>
<td>3.20 (0.85)</td>
<td>1-4</td>
<td>1-4</td>
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<tr>
<td>Zung</td>
<td>5.38 (2.83)</td>
<td>1-11</td>
<td>0-17</td>
</tr>
<tr>
<td>MIPQ</td>
<td>97.68 (12.73)</td>
<td>68-123</td>
<td>25-125</td>
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PARENTAL REPORTS RE SOCIAL COMPARISON

Twenty-two participants (11 adolescents, 11 adults) were reported to make social comparisons.

- 14 (64%) positive (downward)
- 3 (14%) negative (upward) comparisons
- 3 (14%) made neutral (lateral) comparisons
- 2 (9%) made both positive and negative comparisons.

Comparisons were made with:

- siblings [7 (32%)]
- others with Down syndrome [6 (25%)]
- people of the same age [5 (22%)]
- other people with a disability [3 (14%)]
- television personalities [1 (6%)]
SOCIAL ACTIVITY

Average number of social activities per week was 5-6
- interaction with family (64%), sport (18%), interaction with friends (11%) and watching television at home (7%).

Average number of close friends parents/guardians reported for their child was 2.15 ($SD = 2.52$).
<table>
<thead>
<tr>
<th></th>
<th>SCS</th>
<th>Global Self-concept</th>
<th>Zung</th>
<th>MIPQ</th>
<th>Social Activity</th>
<th>No. of friends</th>
<th>PPVT VAE</th>
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<td>S-C</td>
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<tr>
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<td>-.25</td>
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<tr>
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<tr>
<td>Soc Act</td>
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<td>.08</td>
<td>.31</td>
<td>.12</td>
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<tr>
<td>Friends</td>
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<td>.11</td>
<td>.01</td>
<td>-.32*</td>
<td>-.12</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PPVT</td>
<td>.29</td>
<td>.07</td>
<td>-.42**</td>
<td>.25</td>
<td>-.24</td>
<td>.03</td>
<td>1</td>
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DISCUSSION

Veracity of results

- poor internal consistencies
- discrepancy between parental report and performance in interview
- range of scores
DISCUSSION cont.

Group made positive social comparisons, were not depressed and were reported to display positive mood.

More engagement in social activities associated with more negative social comparison.
LIMITATIONS

• low internal consistency of the instruments
• incomplete data set from parents
• likelihood that those who agreed to participate in the study differ systematically from those who did not
• sample does not represent those individuals who live away from their family home.

It seems very probable that some of the associations identified in this study are mediated by other factors; however, the small sample size did not allow investigations of these.
CONCLUSIONS

Need to consider these findings with a great deal of caution

Issue(s) worthy of further investigation

Need to focus on developing methods/instruments that can assist us to understand self-processes in those with intellectual disability