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Volume I

submitted by

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OVERVIEW

This thesis is submitted in partial fulfillment of the requirements for the degree of Clin.Psy. D. at the School of Psychology, University of Birmingham. It represents both the clinical work and research carried out during the course.

Volume I of the thesis contains the research components of the degree which are concerned with investigating the process of social comparison in people with a learning disability. This research is presented in three papers. The first paper reviews the literature with regard to self concept of people with a learning disability. The second paper is an empirical paper investigating the relationship between social comparison, self esteem and depression in people with a learning disability. The third paper is a brief report examining which attributes, in general, are perceived to be valuable by individuals with a learning disability irrespective of whether or not those attributes are currently available to them.

The final section of Volume I contains a set of appendices which include a copy of the measures used in the empirical paper, ethical approval for the study and instructions to authors for journal submission.

OVERVIEW (Cont)

Volume II of the thesis contains five clinical practice reports which were submitted during the course. These reports reflect the work carried out on clinical placement. They include: a short case study of a one session behavioural treatment for a client presenting with spider phobia; details of a brief anxiety management group designed for adolescence presenting with school phobia; a case study of a older adult presenting with a chronic grief reaction following the death of her adult son; a single case design aimed to reduce the incidence of challenging behaviour in a nine year old boy with severe learning disabilities, and a case study detailing a cognitive intervention with an adult presenting with obsessive compulsive behaviour.

LITERATURE REVIEW

(prepared as if for submission to the *Journal of Disability and Society*)

**Self concept in people with a learning disability:
A review of the literature**

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ABSTRACT

This paper reviews the literature in the area of self concept in people with a learning disability. Traditionally, this area has adopted a social constructionist model. The review considers the possible benefits of an alternative approach, that of social comparison. This is an area which has received little attention within the learning disabilities literature to date. The review proposes that the use of a more psychological approach, such as that offered by social comparison theory, may be useful in exploring in more detail how possible negative social experiences may, or may not have been internalised into the individual's global view of self.

SELF CONCEPT IN PEOPLE WITH A LEARNING DISABILITY: A REVIEW OF THE LITERATURE

INTRODUCTION

This paper reviews the literature in the area of self concept of people with a learning disability. Whilst there has been interest shown in the area since the early 1970's (Shurr, Joiner and Towne, 1970) empirical studies are relatively few in number. This may be explained in terms of the numerous methodological, conceptual and ethical difficulties which beset the area.

As many aspects of our self concept are intensely private and are therefore not available for public scrutiny, adopting an operational definition is at best a compromise, singling out aspects of the complex whole. When the population of interest is individuals who have a learning disability, the problems for investigators take on a new dimension because of assumed problems with self report (Heal and Sigelman, 1995). An additional theoretical constraint has been that investigating subjective internal states does not sit well within a behavioural paradigm, which has been the main theoretical framework for learning disabilities to date (Yule and Carr, 1980).

Those studies which have been conducted are rather disparate, in that they have utilised differing theoretical backgrounds, differing methodological techniques and

focused on differing sample populations. Many of the studies appear to yield conflicting results, which make it difficult to obtain a coherent picture from the literature as it stands.

The review begins with a theoretical overview of the nature of self concept. This is followed by looking at the main theoretical approach which has been used in the investigation of self concept in people with a learning disability, that of social constructionism, and consideration of an alternative model, that of social comparison, which may also be of use in exploring this area. The next section reports and reviews the empirical evidence in both these areas and considers the usefulness of the approaches in terms of clinical interventions with people with a learning disability.

DEFINITION OF SELF CONCEPT

The concept of 'self' (who we are), is possibly one of the most fundamental questions in our existence, and one which philosophers have struggled with for many decades. A clear definition of self concept still eludes us. A further complicating factor is that ourselves, the 'subject' of the investigation is being examined by ourselves, the 'object' of the investigation. This precludes any truly objective analysis and makes it difficult to conclude that we are anything other than something which falls within our pre-existing concepts and frameworks. Nevertheless, we exist. Not only do we exist, but we exist within a complex framework of social rules and regulations where we have a

place (or have been placed), along certain dimensions which dictate which behaviours are appropriate and what role (or expectations) we are expected to fulfill.

Whilst theorists differ on the terminology and the importance attached to differing components, there is widespread agreement that the 'self' comprises a complex arrangement of various elements and parts (Rosenberg, 1982), and that a distinction can be made between the 'subjective' self (the way we imagine other people see us) and the 'objective' self (the way we see ourselves). This difference has been described by Goffman (1963) as the distinction between the 'me' and the 'I'.

The psychological significance of self concept is that central to an individual's psychological well-being is a positive view of the self. Although the mechanisms are complex and may differ for various schools of thought within psychology, it is generally agreed that negative self concept brings increased risk of various forms of psychopathology (Roberts and Monroe, 1994)

In the context of clinical work with people with a learning disability, Reiss and Benson (1984) reported that they had identified at least seven negative social conditions that were associated with negative self concept in this client group: (i) labeling, (ii) rejection and ridicule, (iii) segregation, (iv) infantilization, (v) social disruption, (vi) restricted opportunities, and (vii) victimisation. They suggest that as well as focusing on cognitive deficits and skills acquisition, there is also a case for exploring within this group the emotional sequelae of the negative social status that often accompanies a diagnosis of learning disability.

THEORETICAL APPROACHES TO SELF CONCEPT

The main theoretical approach to have been adopted in the investigation of self concept in people with a learning disability is that of social constructionism or symbolic interactionism (Mead, 1934). This section outlines the theory of social constructionism and will then go on to consider an alternative approach to investigate how people with a learning disability are evaluating themselves. The second approach is known as social comparison (Festinger, 1954).

Social Constructionism

From a social constructionist approach (Mead, 1934), the self is essentially seen as something that is constructed through the process of social interaction with others. That is, the self is a social product, defined through the internalization of shared meanings via language and symbols. Burns (1979), identifies the three basic tenants of this approach: “Firstly, humans respond to the environment on the basis of the meanings that elements of the environment have for them as individuals. Secondly, such meanings are a product of social interaction, and thirdly these societal/cultural meanings are modified through individual interpretation within the ambit of this shared interaction.” (Burns, 1979; p.12). That is, the self develops in line with what is perceived to be valued among others. The self is also constrained by preconceived social conventions for individual behaviour. Mead (1934) describes the self concept as an object which arises in social interaction as a product of the individual’s concern about how others react to her/him. The social constructionist viewpoint would be that

given the pervasive negative attitudes within society toward people who have a learning disability, individuals within this group would have little positive experience to draw on in the development and maintenance of their self concept. In particular, researchers have taken one aspect of the social context, that of stigma, and attempted to ascertain what influence the experience of being a member of a stigmatised group has had on the individual's self concept. (Jahoda, Markova and Cattermole, 1988; Zetlin and Turner, 1984; Szivos and Griffiths, 1990).

In his seminal work on stigma, Goffman (1963) proposed that immediately upon meeting someone, we interpret all available information in order to classify the person into one of our pre-defined categories. During this process we will have ascribed to them many additional characteristics which we have learned from previous experience are related to the category in which we have placed them. Such classification enables us to relate to the person in a manner which corresponds to the category in which we have placed them. Difficulties arise when the person before us possesses attributes which are generally seen as socially undesirable. The process is essentially the same, although in this case the additional characteristics we are tempted to ascribe will tend to be negative. Our social interaction with this person becomes awkward and we will create the first possible opportunity to 'escape'.

"Given that both the stigmatised and we normals introduce into mixed social situations, it is understandable that all will not go smoothly.....we are likely, then, to employ categorizations that do not fit, and we and he are likely to experience

uneasiness. Of course, there is often significant movement from this starting point. And since the stigmatised person is likely to be more often faced with these situations than are we, he is likely to become the more adept at managing them.”

(Goffman 1963; p.31)

There is a danger that this ‘uneasiness’ will be interpreted by the stigmatised individual as a negative appraisal of them as a person, and may result in them either avoiding or employing a defensive interpersonal style in similar encounters.

In applying a social constructionist approach to the area of learning disability, Clegg (1993) suggests that one of the advantages of this framework is that it takes into account the social context within which the person exists. She suggests that within the field of learning disabilities so far, primary emphasis has been placed on individual skills acquisition, and the social conditions (context) of individuals with a learning disability (e.g. loneliness, powerlessness, and possible vulnerability to abuse) have by and large not been addressed. Many psychological theories would suggest that conditions of chronic neglect or adversity would have implications for the psychological functioning of that individual (Brown and Harris, 1978). Clegg’s attraction to the social constructionist approach would appear to be it’s in-built reflexivity and it’s ability to consider a problem at different levels (what she refers to as ‘multiple perspectives’). She identifies the four levels of the intrapersonal, the

interpersonal and societal, the positional and the ideological and considers that the lack of analysis of the experience of learning disability from multiple perspectives has inhibited conceptual development in the field.

Social Comparison

Whilst social constructionism infers that negative societal attitudes will result in that individual internalising and reproducing negative self evaluations, one way of actually measuring self evaluation is via the process of social comparison. The theory of social comparison was originally proposed by Festinger (1954), who outlined the main principles under a number of hypotheses. These hypotheses are:-

Hypothesis 1: Individuals have a drive to evaluate their opinions and abilities

Hypothesis 2: In the absence of adequate physical reality, persons will seek out social reality, that is, other people as a source of information.

Corollary 3a: Given the range of possible persons for comparison, someone close to one's own ability or opinion will be chosen for comparison.

Corollary 3b: If the only comparison is a very divergent one, the person will not be able to make a subjectively precise evaluation of his opinion or ability.

It is important that we have a way of assessing our abilities in order to be able to maximise our potential. In evolutionary terms, this may have originated in the need to compete for resources, in terms of having to accurately assess our probability of

success when challenged, and to avoid unnecessary physical harm, and even death, by engaging in unmatched competition. (Gilbert 1992). Festinger proposes that “the existence of uncertainty about one’s abilities or opinions.....constitutes an obstacle to effective functioning” (Suls and Miller 1977; p.23). Social comparison appears to serve two functions, that of ‘self evaluation’, and that of ‘self enhancement’. It is not always obvious how both the self evaluation and the self enhancement functions of social comparison can be served simultaneously. Festinger (1954), suggests that in novel situations self evaluation may take precedence, whilst in situations of perceived threat the emphasis will be on self enhancement, in order to protect self esteem. When neither self enhancement nor self evaluation is dominant, the individual is free to engage in either strategy.

Whilst we may on some occasions choose to engage in this evaluative process, given the social framework in which we live we will often be subject to comparisons that we have not chosen (for example, via media advertising, performance at work and so forth) and these comparisons may not always be favourable.

Swallow and Kuiper (1988) suggest that certain individuals are possibly more vulnerable to such negative evaluations. They have identified three areas of potential vulnerability. The first is the number of valued attributes that the individual perceives themselves to possess. It may be possible to compensate for an unfavourable social comparison in one area if the individual is able to retain a number of other valued areas intact. Secondly, it has been found that some people are generally more sensitive to

perceived criticism and failure, showing a stronger emotional reaction than other people in these types of situations. Thirdly, it is suggested that, for whatever reason, some people appear to have a relatively stronger sense of self. This means they have a confidence and certainty about themselves and their abilities. In contrast other individuals maintain an inherent uncertainty about the attributes they possess. These three points suggest that people with a learning disability may be more sensitive to the effects of perceived negative comparisons which may result in an increased vulnerability to depression.

To date, there is comparatively little research evaluating the process of social comparison within people with learning disabilities.

EMPIRICAL EVIDENCE

This section begins by considering the general methodological difficulties in conducting self concept research with people with learning disabilities. Currently, there are relatively few studies in the area. The empirical evidence that is available is reviewed under the two headings of social constructionism and social comparison. Due to the variety of styles in which these studies have been undertaken it is difficult to compare findings across studies in any meaningful way. The limited conclusions that can be drawn, at the current time, are agreement that this is an area which requires further investigation, but is hampered by a series of theoretical and methodological dilemmas. The discussion section addresses some of these issues.

Methodological difficulties in conducting research with people with a learning disability

As has been already mentioned, this is an area which does not lend itself easily to empirical investigation. Two main methodological challenges have been highlighted with this population. These are (i) acquiescence, and (ii) reliability of self report data.

Acquiescence

One of the most identified biases is that of 'acquiescence' (Heal and Sigelman, 1995). That is the tendency for respondents to agree with whatever is being asked. This can be tested by administering an item in two contradictory formats (e.g. I like; I do not like.....). Heal and Sigelman cite evidence suggesting that the bias is "more pronounced when persons of low status are questioned by high-status interviewers" (p.333). They highlight the need for attention to be paid to the wording of questions, with some formats yielding greater reliability than others.

In an initial investigation into acquiescence, Rosen, Floor and Zisfein (1974), discovered that acquiescent behaviour was influenced by the subject's perception of the status of the experimenter. That is 'an older more maternal looking' (p.66) examiner received an acquiescence rate of 67% when asking participants to take an unidentified pill because 'it will make you feel good'. In the same experiment a younger examiner received an acquiescence rate of only 17%. The authors went on to further test this result (Rosen, Floor and Zisfein, 1975), by placing a stooge in the hallway who was instructed to approach participants and offer them a pill as they left the building. In this situation only 6% (3 people) accepted the pill that was offered.

Interestingly, 68% (33 people) reported the stooge to members of staff, or their family as a “pusher”. The authors conclude that “acquiescence does not appear to be a trait which generalises across all situations, nor in response to all persons who attempt influence or coercion.” (p.9). This study illustrates the importance of acknowledging the context within which the investigation is set, and the need to be wary in generalising results from one situation to another.

Self-Report Data

There is conflicting evidence concerning the reliability of self-report data from people with a learning disability. Zetlin, Heriot and Turner (1985) expressed concern whilst conducting a study investigating self concept that subjects were unable to respond to questions in the required format, often producing ‘idiosyncratic’ answers that were ambiguous and could not easily be incorporated into the scoring criteria. They conclude that self-report data with this population is inherently unreliable, and suggest that this is a possible explanation for the discrepant findings of many studies in this area.

A further difficulty in obtaining reliable self-report information was originally noted by Edgerton in 1967. He recognised that within the research context participants may find it difficult to disclose any potential negative information, in the fear that it may lead to them being considered incapable of living independently, or result in other unwelcome changes to their existing service provision.

Given the potential pitfalls, Flynn (1986), quotes recommendations from Conroy and Bradley (1985), highlighting the need for greater flexibility when interviewing this population; “.....asking questions in several ways, and in several formats, is important. Answers given to varied formats must be compared, and then the presentation of the results should give weight to the consistent, reliable responses. We believe that the extra effort required to perform quality interview work with people with mental retardation is amply justified” (p.373).

Another important consideration with respect to the reliability of self report data is that ultimately it is reliant on the individual’s cognitive ability to perceive, label and report internal emotional states correctly. In a study designed to assess emotional awareness, Reed and Clements (1989) found it to be highly correlated to language comprehension.

However, a number of studies have used moderately adapted standardised self-report measures and report little difficulty in obtaining meaningful responses to measures investigating depression (Prout and Schaefer, 1985); social support (Reiss and Benson, 1985); anxiety (Linsay et al, 1994); and anger (Benson and Ivins, 1992).

Social Constructionist Empirical Evidence

This section reviews two studies that have adopted a social constructionist framework. The approach was formally based on Cooley (1902), and Mead's (1934) observations and inferences as opposed to experimental evidence. Studies designed from a social constructionist perspective often adopt a phenomenological methodological approach. Whilst this has a certain ecological validity, the difficulty of these types of studies is that they need to be heavily resourced in terms of both time and money. Unfortunately, this makes them few in number. In addition, they yield a large and complex data set which requires skillful interpretation.

Jahoda, Markova and Cattermole (1988), interviewed twelve people with a mild learning disability. For each person they also interviewed one member of staff, and a parent (their mother). The interview addressed four main areas: social life, autonomy, handicap and stigma. The authors suggest that a common theme running through the interview data was 'the participant's perception of themselves in relation to non-handicapped people'. They give no examples as to what types of comments indicated the pertinence of this particular theme. However, this is the framework they adopted in their analysis. They found that the subjects could be divided into the two following categories:

- i) Essentially different from non-handicapped people (25%): These participants felt unable to engage in similar activities to non-handicapped people.

ii) Essentially the same as non-handicapped people (75%): Participants within this category fell into two different groups; (a) those who felt they may have had particular difficulties in some areas (such as reading and writing), but had no general cognitive deficit, and differentiated themselves from people with more severe disabilities who they identified as being 'handicapped'; (b) those who acknowledged their own learning disability and did not reject those with a more severe disability on the basis that everybody is born equal.

However, having identified three potentially distinct groups, or attitudes, the study does not go on to explore the relationship between these categories and the other areas addressed in the interview (i.e. social life, autonomy and stigma). No indication of which, if any, factors discriminate between people in the different groups is given. It would be interesting to investigate how people had developed these attitudes about themselves.

In terms of social life none of the twelve participants had any non-learning disabled friends. A significant difference was found between the mother's attitude toward the participant as a person and the participant's own self concept. This did not support the hypothesis, drawn from a social constructionist perspective, that individuals would have adopted a 'disabled' view of themselves if this is how they were seen by staff and family. The authors conclude that such a perspective fails to acknowledge the participant's own 'agency'. That is, the ability to exert influence over their environmental conditions.

In a similar vein, Zetlin and Turner (1984) undertook a large participant observation study with a sample of 46 adults with a learning disability. The study was designed to investigate the person's attitude towards their learning disability, and to consider the relationship between these attitudes and personal or social adjustment. Additional structured interviews were carried out with family members in order to obtain developmental details. Information on self concept was obtained by the researchers 'probing' at appropriate opportunities (i.e. in response to comments or activities relating to disability) during the observations.

Four different attitudes toward disability were identified. These were:-

- a) acceptance (eg. "I'm retarded, it means there's a lot of things I can do on my own and a lot I can't, but I do what I feel I can do") (22%)
- b) qualification (eg. "I'm slow in learning but not retarded.") (28%)
- c) vacillation (eg. "I may have trouble reading and doing math but I don't consider myself a handicap") (22%)
- d) denial (eg. "I don't have any problems, I have no problems.") (28%).

However, the authors caution that these should not be considered as stable attitudes as there was significant fluctuation within individuals depending on environmental context. The following four factors were associated with the participant's attitudes towards their handicap:

- (a) parental practices and expectations
- (b) number of years of independent living (which for these sample members was significantly correlated with age)
- (c) reliance on support services offered by community care agencies
- (d) quality of the relationship with the individual concerned (most individuals gave the outward impression of being deniers until they were comfortable with the other person)

Contrary to Jahoda et al (1988), this study has identified an association between parental and participants' attitudes towards 'disability'. However, neither study has satisfactorily addressed the relationship between such attitudes and the person's self concept. In addition, both studies seem to have adopted a rather simplistic model of self concept, hypothesising that you can isolate the stigmatising experiences and demonstrate the effect on any particular individual. Given that stigma is a nebulous concept which is difficult to quantify, it seems unlikely that it's effects can be isolated in this way.

In terms of the experience of people with a learning disability there are a number of other 'social constructions' which have been identified by other authors in the field as having a significant impact in the lives of this client group. However, these have yet to be incorporated into research on self concept. For example, areas such as infantilisation (Baker, 1991), asexuality (Harvey, 1983), dependency (Zetlin and

Turner, 1988), powerlessness (Swain, 1989) and achieving adult status but being denied the opportunity to leave the family home (Flynn and Saleem, 1986).

Social Comparison Empirical Evidence

This section reviews studies that have adopted either a social comparison or a more cognitive framework, which focuses on aspects of the individual rather than aspects of their environment.

Gibbons (1985) conducted a study investigating how socially desirable people with a learning disability perceive each other to be. He asked 140 subjects (people with a learning disability) to rate photographs of someone of the opposite sex. Subjects were asked how intelligent, friendly and popular they thought this person was, and the likelihood of this person getting married. For half of the subjects the person in the picture was given the label of 'learning disability'. The results showed only a slight tendency for the labeled person to be seen as less intelligent than the nonlabeled person, but they were seen as having significantly fewer friends, less 'dates', and less likelihood of getting married. In a second experiment, the photographs were rated as significantly less attractive when they were labeled as learning disabled. Gibbons interprets these findings as indicating that people with a learning difficulty have come to identify with their stigmatised position in society and in an attempt to maintain their self esteem are now applying the same stigmatising procedure to other people with a learning disability. He refers to this as a 'group concept' problem.

In other areas of psychology this has been described in terms of downward social comparison. (Wills, 1981).

Benson and Ivins (1992) carried out a study to investigate the relationship between depression, anger and self concept in adults with mental retardation. They administered adapted children's self-report questionnaires to 130 adults with a mean age of 32. A significant negative correlation was found between self concept and depression. That is, subjects reporting high depression tended to report a low self concept. In terms of anger, they found that subjects functioning in the mild range of mental retardation reported significantly greater anger than subjects in the severe/moderate group. Anger may be an area which has been under investigated in this population.

Proust and Schaefer (1985) also found a clinically high level of depression in 52% of a study population of 21 adults with a mild learning disability. The results indicated that the learning disabled subjects scored significantly higher on the Beck and the Zung Depression Inventories when compared to a control group of non-learning disabled college students, staff and medical patients within a general hospital setting.

Conducting one of the first studies looking directly at social comparison for people with a learning disability, Szivos-Bach (1993) investigated social comparison and its relationship to stigma and self esteem. Using measures designed specially for her study (which have yet to be validated), she asked participants to complete a forced-choice social comparison. Participants were asked to complete a self esteem scale for

themselves, for three comparison others and for their 'ideal self'. To generate the comparison others, participants were asked to choose one person within each of the following categories: (i) their best friend on the college course they were attending; (ii) their favourite sibling, and (iii) a person who was not a member of their college course, and who did not have a learning disability (participants tended to choose neighbours, relatives or professionals under this category). In terms of self-esteem scores, the highest score was given to 'ideal self', this was followed by (i) the person who was not a member of their college course, and who did not have a learning disability; (ii) the participants rating of themselves; (iii) their favourite sibling, and (iv) their best friend on the college course they were attending. The author interprets the results as suggesting evidence for 'a slight tendency to downward comparison' in the case of other individuals with a learning disability (Wills, 1981). "Whilst it may often be the case that non-handicapped people are rejecting of people with a mental handicap, this study suggests that friendships issues are more complex than this; people with a mental handicap avoid friendships with more 'able' people for reasons connected with self-esteem maintenance." (p. 231).

Contrary to expectations, she found no differences on these variables for participants in terms of level of integration/segregation. She concludes that levels of self-esteem, stigma or depression were not significantly associated with differences between integrated and segregated settings.

The Szivos study does not take into account the full complexity of social comparison theory, as (a) it does not take into account the complex nature of self concept (that is, there may be numerous differing aspects contributing to self concept over and above the perception of stigma), and (b) although using a self esteem measure for social comparison, this may not measure key components of social comparison, as social comparison involves evaluation of particular attributes, that have particular salience for the individual. As yet, we have no information regarding who individuals with a learning disability are engaging in social comparison with, and on what attributes these comparisons are being made. This is an area for future research.

DISCUSSION

The previous sections have considered the theoretical background and empirical evidence of both perspectives. The discussion will consider the contribution of these approaches to informing clinical practice. Whilst earlier in the review the two approaches have been looked at separately, in practice, both social comparison and social constructionism influence the development and maintenance of self concept. However, they work through differing mechanisms. Social constructionism can be seen in terms of a sociological perspective, having an indirect effect on the individual. Social comparison is a distinct psychological process which may exert a more direct effect on the individual. In terms of interventions, the two approaches may

compliment each other although their theoretical objectives may differ. In the adult mental health literature, Champion and Power (1995) have recently proposed a model of depression which explores the interaction of these two aspects. That is, how the cognitive vulnerability of the individual and aspects of their social environment may interact to result in depressive symptomatology.

Having identified social constructionism as essentially sociological in nature, its particular benefit may be that it can be used to effect change at the group level. Clegg (1993) refers to the need for a change at the ideological level. She emphasises 'the importance of combining work with the referred individual with interventions in their social environment' (p.339), as opposed to continued adherence to the 'individualist ideology' which is currently prevalent in much psychological practice. Generally, ideological change, once initiated, is aimed at being an evolving process of which the particular client group will take ownership and develop in accordance with their needs. In addition, as an ideology, social constructionist approaches can be implemented by professionals with a variety of differing backgrounds as they may not require particular staff training, but focus more on the development of a 'reflective attitude' towards the practices used within and between any particular environments. The difficulty in implementing such an approach is that change can be an inherently challenging process, and one that may not be welcomed by professionals who consider their current practice to be extremely effective and in no need of review.

An example of a social constructionist approach is the consciousness raising paradigm, as described by Szivos and Travers (1988). They consider that much of the current theory and practice within the field of learning disability avoids active discussion about the experience of having a learning disability. This denies the person with a disability the opportunity to explore the implications of that disability on their lives, thus reinforcing experiences of isolation and stigma.

“Acknowledging the handicap may enable a more realistic self-appraisal in terms of what the individual can or cannot do. This in turn would enable reality testing, more realistic goal setting, and better coping strategies, thereby preventing the typical low self esteem stance of avoiding challenge in order to ward off what is seen as inevitable failure.”

(Szivos and Travers ,1988; p.645)

That is, given little opportunity to develop any comprehensive understanding of their individual reality, people with a learning disability can be subject to chronic experiences of failure and rejection (Reiss and Benson, 1984). A further reason Szivos and Travers (1988) consider that the personal exploration of the meaning of learning disability is important is in terms of the life-span approach to development. This suggests that ‘acceptance’ of a learning disability is not a static process, rather personal adjustment needs be re-negotiated during important transitional stages, such as adolescence, early and late adulthood, and so forth.

Szivos and Griffiths (1990) ran a 13 week ‘consciousness raising’ group with seven adults with a mild learning disability, the aims of which were to (a) to explore the ways in which consciousness raising and loss are applicable to mental retardation (b) to help individuals learn to cope with their stigmatized identity and to work out what it means for them personally. The intervention took the form of facilitating the group in discussing what it means to have a learning disability and the effect of the disability on their lives and the lives of their family. Szivos and Griffiths refer to the ‘shock’ described by group members when recalling how they found out about their learning disability, “...they remembered this information being conveyed in insensitive and abrupt ways, with no time for them to prepare for it. One group member arrived, very agitated one day and informed the group she had just received a letter referring to her as ‘mentally handicapped’. She was very shocked because she said: ‘I don’t think of myself like that’ and angry with those who had sent the letter.” (Szivos and Griffiths, 1990; p.336).

The process of actually understanding ‘learning disability’ in personal terms can be facilitated by a social comparison approach. This is based on a cognitive model of self, conceptualised in terms of structures or schema. “In the course of constructing a self schema, the various aspects of the self do not receive equal weighting. That is, there are aspects of the self which become more central, and more important to an individuals sense of self.....for example, some features may be more distinctive and, hence, more self-defining than other features”. (Swallow and Kuiper 1988; p.57)

Social comparison is a way of accessing those aspects of self that are particularly salient to an individual. It is threats to these valued aspects of self, possibly via the loss of 'goals', or 'roles', that have been linked to depression (Champion and Power, 1995). An important consideration in people with a learning disability is that due to the interaction of cognitive deficits and possible restriction of social environments, this population may experience difficulty in developing what has been referred to by Linville (1987) as 'self-complexity'. That is, a complex sense of self, containing many distinct and independent aspects has been found to protect against the potentially damaging effects of negative life events (Linville, 1987).

Social comparison is an area which has received little attention within the learning disabilities population. It is possible that it may be worth pursuing in more detail, particularly in view of its potential alignment with those cognitive intervention techniques developed within the field of adult mental health; which, with slight adaptation may be appropriate for use with people with a learning disability.

CONCLUSION

Social constructionism (in terms of examining the impact of stigmatising experiences), has been the traditional approach to investigating self concept in people with a learning disability. This review has proposed that perhaps the use of a more psychological approach, such as that offered by social comparison theory, may be useful in terms of explaining in more detail exactly how the negative social experiences have, or have

not, been internalised into the individual's global view of self. Ultimately any comprehensive approach investigating self concept in people with a learning disability would require consideration of both aspects. For, as stated by Neisser (1976; p.52):

‘A skilled performer is part of the world; he acts on it and it acts on him’.

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MAIN RESEARCH PAPER

(prepared as if for submission to the *Journal of Intellectual Disability Research*)

**Investigating the relationship between social comparison,
self esteem and depression in people with a learning disability**

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ABSTRACT

This study explores the process of social comparison in people with a learning disability. In particular, the study looked at who participants had chosen as their main comparison figure and what types of attribute were considered salient comparison dimensions for this population. A significant association was found between self esteem, depression and social comparison. That is, results are similar to those found in people without a learning disability. Individuals who compared themselves to friends with a learning disability scored significantly higher on the global social comparison scale than participants who compared themselves to a member of their family. Individuals who compared themselves to staff scored significantly lower on the personal comparison scale than the other two groups. This process of social comparison in people with a learning disability is an area that merits further attention.

INVESTIGATING THE RELATIONSHIP BETWEEN SOCIAL COMPARISON, SELF ESTEEM AND DEPRESSION IN PEOPLE WITH A LEARNING DISABILITY

INTRODUCTION

Social comparison is a process by which we evaluate our own performance and functioning. Festinger (1954) describes it in terms of “a drive that is functional as without an accurate appraisal of our opinions or capabilities, one would not survive effectively” (p. 121). Gilbert and Allan (1994) suggest that social comparison, or other-self evaluation, may have originally had an evolutionary usefulness designed to assist organisms in assessing the probability of successfully challenging for resources.

The assessment of our individual capabilities will be of prime importance in developing our aspirations, and informing decisions concerning major areas of our lives (for example choice of career). Success or failure in these various valued domains will impact on our overall sense of self concept via the formation of failure orientated cognitive structures or ‘self-schemata’ (Markus, 1977).

There is a growing recognition that self cognitions play a role in psychological functioning. Evidence suggests an association between negative self evaluations and depression (Beck et al, 1979), paranoia (Chadwick, et al 1996), and other mental health difficulties (Linville, 1987). To date, there has been little research investigating self evaluation via the process of social comparison in individuals with a learning

disability, although anecdotal evidence has been presented in the debate regarding mainstream versus specialist service provision (Szivos,1992). From a cognitive perspective, normalisation may be seen in terms of the attempt to avoid negative other-self evaluations, and hence subsequent negative self-self evaluations, on global societal domains of self-worth. There has been some criticism of the normalisation movement from within the learning disabilities field (Brown and Smith, 1992). It is possible that if people are in an environment where the majority of other individuals do not have a learning disability, a high proportion of their self evaluations may become negative and this may have a damaging effect on self-esteem.

However, social comparison theory would not predict a simple linear relationship between the environment and the comparisons individuals engage in. In addition to the process of self evaluation, social comparison has a further function, that of self enhancement. There is some tension between these two functions in that whilst we are motivated to evaluate ourselves, negative information is threatening to our self esteem. If the perceived threat to self esteem is great, we may manipulate the comparison to ensure a positive outcome. This has been referred to as 'downward comparison', and has been noted in the literature as occurring under conditions of stress (Wills, 1981). Downward comparison may even involve denigrating other individuals or denying membership of a devalued group in order to maintain our own self esteem. An example of this can be seen in Gibbons (1985), who asked people with a learning disability to rate another individual's social desirability on the basis of a photograph. If the person in the photograph was described as someone with a learning disability, it

was rated as considerably lower in terms of social desirability. He concludes that in order to maintain their own self esteem (by disassociating themselves with the stigma attached to having learning disability) these individuals were engaging in downward comparisons with their peer group.

Conducting one of the first studies looking directly at social comparison for people with a learning disability, Szivos-Bach (1993) investigated social comparison and its relationship to stigma and self esteem. Using measures designed specially for her study (which have yet to be validated), she asked participants to complete a forced-choice social comparison. Participants were asked to complete a self esteem scale for themselves, for three comparison others and for their 'ideal self'. To generate the comparison others, participants were asked to chose one person within each of the following categories: (i) their best friend on the college course they were attending; (ii) their favourite sibling, and (iii) a person who was not a member of their college course, and who did not have a learning disability (participants tended to chose neighbours, relatives or professionals under this category) . In terms of self esteem scores, the highest score was given to 'ideal self', this was followed by (i) the person who was not a member of their college course, and who did not have a learning disability; (ii) the participant's rating of themselves; (iii) their favourite sibling, and (iv) their best friend on the college course they were attending. The author interprets the results as suggesting evidence for 'a slight tendency to downward comparison' in the case of other individuals with a learning disability. "Whilst it may often be the case that non-handicapped people are rejecting of people with a mental handicap, this study suggests

that friendships issues are more complex than this; people with a mental handicap avoid friendships with more 'able' people for reasons connected with self esteem maintenance.” (Szivos-Bach, 1993; p. 231).

Contrary to expectations, she found no differences on these variables for participants in terms of level of integration/segregation. She concludes that levels of self esteem, stigma or depression were not significantly associated with differences between integrated and segregated settings.

The Szivos study does not take into account the full complexity of social comparison theory, as (a) it does not take into account the complex nature of self concept (that is, there may be numerous differing aspects contributing to self concept over and above the perception of stigma), and (b) although using a self esteem measure for social comparison, this may not measure key components of social comparison, as social comparison involves evaluation of particular attributes, that have particular salience for the individual. As yet, we have no information regarding who individuals with a learning disability are engaging in social comparison with, and on what attributes these comparisons are being made.

The aim of the present study was to examine the process of social comparison and its relationship to self esteem and depression in people with a learning disability. In particular, to ascertain who individuals were choosing to compare themselves with, and on what attributes this comparison was being made. The study attempted to elicit the participants' personal comparison dimensions in addition to presenting them with a

number of global forced choice domains. Measures of depression and self esteem were taken in order to investigate the relationship between these three areas.

METHOD

Participants

Forty eight people were interviewed. Five participants had to be excluded from the study, three due to severe visual impairment (as they were unable to complete some of the measures) and two due to failure to complete all the questionnaires. The 43 participants who are included in the study consisted of 18 (42%) women and 25 (58%) men. The sample had an average age of 35 years (S.D. =10.17). The mean BPVS raw score (mean=16.6, s.d.= 4.43) is indicative of individuals functioning within the learning disabilities range. At the time of the study 24 (57%) of the participants were living with their family, 12 (29%) in a group home, four (9%) independently and two (5%) with a foster family.

Procedure

Two colleges of further education, four local Adult Training Centres (ATC's), and one sheltered housing association were approached to recruit participants for the study. In the event only the ATC's took part. The researcher met with staff from each of the centres who were asked to identify individuals who they considered suitable for the study and to make the initial approach of asking participants if they would be willing to

take part in a research interview. Those individuals who agreed were individually interviewed by the researcher at the ATC which they normally attended.

All interviews were conducted in a separate room with just the researcher and participant present. Once introduced, the researcher described the study in more detail. The purpose of the study was explained in terms of gaining information about the participant, their friends, and the things they considered to be important in life. Participants were informed that the study was voluntary. It would be very helpful if they took part but that were under no obligation to do so. It was also explained that their responses would be confidential. A report would be written at the end outlining the overall information that had been given, but no individual would be named. Participants were encouraged to ask any questions they had about being interviewed. At this stage a small number of participants raised issues that were unrelated to the study but were of some personal concern to them. Time was made at the end of the interview to discuss briefly any such issues that had been raised (researchers should be aware that participants with a learning disability may raise clinical issues within the research setting). The consent form was then read aloud by the researcher and the participant was asked to sign (or write their name). The last nine (20%) participants in the study were re-visited one week later in order to re-administer the depression, self esteem and social comparison scales to calculate test-retest reliability of the standardized self report data.

Measures

Adapted versions of standardised measures of depression, self esteem and social comparison were used (copies of all measures used are given in Appendix 1). All measures were reproduced in large print. This meant that instead of being read to, participants could 'read' alongside the researcher, and (with supervision) circle their chosen response.

The measures are described below:-

British Picture Vocabulary Scale: (BPVS) (Dunn, Dunn and Whetton;1982). This scale has been designed to provide a measure of the individual's receptive vocabulary. The participant is shown a card which contains four pictures and is required to point to (or otherwise indicate) the picture which corresponds to the word given by the examiner. As the test continues the words increase in complexity.

Zung Depression Scale (Zung, 1965): This is a 20 item self report scale designed to measure depression. The scale has been used in previous studies with people with a learning disability and was found to discriminate well between depressed and non-depressed subjects (Lindsay and Michie, 1988). The original scale comprises of a four point response scale: 'a little of the time', 'some of the time', 'a good part of the time' and 'most of the time'. In previous studies with people with a learning disability this has been adapted into a 'yes', 'no' response format. (Kazdin et al, 1983). It was therefore considered appropriate to adopt the adapted format in the current study.

A further amendment was made to the original scale; in accordance with Reiss and Benson (1985), one question which was considered inappropriate for this population ('I still enjoy sex') was removed.

Rosenberg Self Esteem Scale: Rosenberg, Schooler and Schoenbach (1989). The self esteem measure used in this study was a shortened version (consisting of six items) of the original scale (see Rosenberg 1986). Rather than referring to specific attributes the measure was devised to assess global self esteem. The six items related to general feelings of self-acceptance, self-respect and positive self evaluation. In order to ensure accessibility to this population the wording was simplified whilst attempting to retain the original meaning of each item. The modified version of the scale is as follows (wording of the original scale is given in brackets): (1) I feel that I am a good person, as good as others (I feel that I'm a person of worth, at least on an equal plane with others); (2) I feel that I have a lot of good qualities (I feel that I have a number of good qualities); (3) I am able to do things as well as most other people (same as original); (4) I feel I haven't done anything worthwhile (I feel I do not have much to be proud of); (5) I like myself (I take a positive attitude toward myself); (6) I feel that I can't do anything right (At times I think I am no good at all). In addition the presentation of the scale was slightly altered. Visual blocks of increasing size were inserted alongside the original response categories ('never true', 'hardly ever true', 'sometimes true', 'often true' and 'always true'), in order to indicate the increasing magnitude of the response.

Social Comparison Scale: Gilbert and Allan (1994) devised a measure of social comparison based on a semantic differential methodology which involves presenting subjects with an incomplete sentence (“When I am with other people I generally feel”) followed by a series of bipolar constructs (inferior-superior; less competent-more competent; less likable-more likable; less reserved-more reserved; left out-accepted; different-same).

The scale attempts to assess the individual’s evaluation of self worth with respect to ‘rank’ and ‘social attractiveness’. According to the authors, this is where the main domains of social comparison lie, and unfavourable evaluations in these domains are highly correlated with depression. In order to be accessible to a learning disabilities population the wording of the scale was simplified whilst attempting to retain the original meaning of each item. The adapted version of the constructs is as follows: worse than other people-better than other people not as good at things-better at things, less friendly-more friendly, less shy-more shy, on your own-with other people, different-same. In addition, the original ten point response scale was replaced by a five inch line (a visual analogue scale). This has been found to be an acceptable response format for this population (Dagnan and Ruddick, 1995)

In addition, a number of open-ended, qualitative questions were asked in order to obtain the following information:-

Comparison Person: General information about social network was obtained by asking subjects “who are the people who you know?” In order to elicit a comparison person participants were then asked “out of all the people you have named, who do you like the best?”

Comparison Dimensions: In order to elicit constructs which had personal salience to the individual, participants were asked “What three things do you think it is very important for a person to have in life ?”.

Personal Comparison Score: Finally, participants were asked to rate first, the comparison person and secondly, themselves on each of the comparison attributes elicited at the previous stage. A separate five inch visual analogue scale was used for each comparison. (see Dagnan and Ruddick, 1995). A personal comparison score was obtained by subtracting the scores given to the comparison person from the scores that the participants had given themselves.

RESULTS

Analysis of results was conducted using the SPSS statistical package. The test re-test data show a Pearson’s r correlation of 0.68 for the Adapted Rosenberg Self Esteem Scale, 0.84 for the Adapted Social Comparison Scale and 0.75 for the Adapted Zung

Depression Scale. The mean scores for each of the questionnaire measures are given in Table 1.

TABLE 1 ABOUT HERE

One-way analysis of variance (ANOVA) showed no significant differences on any of the questionnaire scores with respect to current accommodation or ATC attended. No significant correlation was found between age and any of the questionnaire scores and an independent T-test showed no significant differences on any of the questionnaire measures with respect to gender.

Table 2 shows the Pearson's product-moment correlations between the BPVS, depression, self esteem, global comparison and personal comparison score.

TABLE 2 ABOUT HERE

The social comparison and self esteem scores were both significantly negatively correlated to depression and positively correlated to each other.

In terms of comparison person, 2 participants (5%) chose to compare themselves to a parent, 7 (17%) to a sibling, 10 (24%) to a member of staff (5 daycare and 5 residential) and 23 (55%) to a friend with a learning disability (the status of one participant's comparison person is unknown). These categories were collapsed into

the following three groups, such that 9 (21%) of participants fell within the comparison group of 'family member', 10 (24%) of participants fell within the comparison group of 'staff' and 23 participants (55%) fell within the comparison group of 'friend with a learning disability'. Interestingly, no participant compared themselves with a friend without a learning disability.

In terms of the dimensions on which people choose to compare themselves, these were collapsed into four main categories. One hundred and twenty nine responses were generated in total, as each participant was asked to give three attributes. The main categories are shown in Table 3. The statements were independently categorised by two clinicians. A kappa statistic was calculated ($\kappa=0.92$, $p<0.01$), which indicated a high degree of agreement.

TABLE 3 ABOUT HERE

One-way analyses of variance (ANOVA) procedures were used to determine whether differences existed in terms of depression, self esteem or social comparison scores depending on (a) who the participant had chosen to compare themselves to, and (b) which dimension the participant had chosen to compare themselves on. Mean scores for all three groups are given in Tables 4 and 5.

TABLES 4 AND 5 ABOUT HERE

In terms of self esteem and depression, no significant differences were found on either (a) who the participant had chosen to compare themselves to, or (b) which dimension the participant had chosen to compare themselves on. A significant difference was found in relation to both the global ($F=3.9$, $df=2,39$, $p<0.05$) and the personal ($F= 5.0$, $df=2,39$, $p<0.05$) social comparison scales. (The ANOVA output is given in Appendix 2). In terms of the global social comparison score Tukey's honestly significant difference post-hoc tests indicated that there were no significant differences between those who compared to a friend with a learning disability and those who compared themselves to staff. However, the comparisons of those who compared themselves to family were significantly lower than those who had chosen to compare themselves to a friend with a learning disability ($p<0.05$). In relation to the personal comparison scores, Tukey's honestly significant difference post-hoc tests indicated that participants who compared themselves to staff had significantly lower personal comparison scores ($p<0.05$) than those who had compared themselves to a member of their family, or to a friend with a learning disability.

DISCUSSION

The results indicate an association between self esteem, social comparison and depression. This is consistent with findings in the general population (Swallow and Kuiper, 1988).

No significant effect was found in terms of the relationship between the attribute that participants chose to compare themselves on and measures of self esteem, social comparison or depression. A difference was found in relation to who participants compared themselves with and scores on both the global and the personal social comparison scales.

On the global measure of social comparison (Gilbert and Allan, 1994), those participants who chose to compare themselves to a friend with a learning disability scored significantly higher than those people who chose to compare themselves to a member of their family. On the personal comparison scale (devised for this study), those participants who chose to compare themselves to staff scored significantly lower than the other two comparison groups.

The choice of individual with whom you chose to evaluate yourself is a key component in social comparison theory (Festinger, 1954), in terms of whether your comparison serves the function of self evaluation, self enhancement or both. What this study indicates is that people with a learning disability are engaging in social comparisons with a variety of people and that this has an influence in terms of positive or negative self evaluation. In order to explore whether or not people with a learning disability were engaging in self enhancement strategies, or to investigate what type of self enhancement strategies individuals may be engaging in, it would be necessary to examine more fully those protection and vulnerability factors as indicated by Swallow and Kuiper (1988). An area to be investigated in future research may be to ask participants about all aspects of their lives, and how salient each aspect is to them. It

may have been, in the current study, that participants chose to engage in comparisons in non-threatening areas which is why no difference was found in terms of negative affect. It may be that in this study those participants' comparisons with family and staff, although resulting in negative self evaluation contained aspects of self enhancement which protected against threats to self esteem and feelings of depression. It would be interesting to follow up this sample to observe whether those participants engaging in negative social comparisons would be more vulnerable to depression in response to stressful life events.

No-one in this study compared themselves to a friend without a learning disability. In the social network data no mention was made by any participant to a friend without a learning disability. A number of previous studies have found that individuals with a learning disability typically have no non-disabled friends (Flynn and Saleem, 1986; Jahoda, Cattermole and Markova, 1990; Garvey and Stenfert Kroese, 1991). It would be interesting to investigate a selection of people with a learning disability where this type of comparison was more readily available.

In terms of clinical intervention, this study has shown that cognitive components that have been shown to be related to depression in people without a learning disability have been shown to be related to depression in people with a learning disability. This suggests a degree of similarity in the mechanisms contributing to the development and the maintenance of depression in both populations. Given the evidence of a high rate of depression amongst the learning disability population (Prout and Schaefer, 1985), particularly those with a mild disability (Benson and Ivins, 1992) it may be appropriate

for future research to investigate which of those interventions that have already been developed for the mainstream population could be suitably adapted for use with a learning disability population.

CONCLUSION

The study set out to investigate the relationship between self esteem, depression and social comparison in people with learning disability, and to identify who individuals were choosing to compare themselves with, and what attributes they were choosing to compare themselves on.

The results suggest that with minor adaptations to standard scales this population were able to give reliable self report information concerning emotional states. In terms of psychopathology, this study did not find a relationship between the person who the participant chose to compare themselves with and their level of depression or self esteem. As this is one of the first studies investigating this area it is difficult to draw any firm conclusions from this. An important future direction for social comparison is the integration of the theory with other theoretical conceptions of the acquisition of self-knowledge.



Table 1: Means and Standard Deviation Scores For Depression, Self esteem, Social Comparison and Personal Difference Scales.

	x	s.d
British picture vocabulary scale	16.63	4.43
Rosenberg Self Esteem Scale	23.44	3.99
Zung Depression Scale	6.49	3.50
Social Comparison Scale	40.41	10.19
Personal difference Score	-1.92	12.63

Table 2: Correlations between Depression, Self Esteem, Social Comparison and Personal Difference Scores.

	BPVS	Rosenberg Self Esteem Scale	Social comparison scale	Zung Depression Scale
Rosenberg Self Esteem Scale	0.0158			
Social Comparison Scale	0.0830	.3925*		
Zung Depression Scale	-0.0347	-.4248**	-.4996**	
Personal Comparison Scale	0.3606	.1164	-.2161	.0107

*p<0.05; **p<0.01.

Table 3: Table to show categories groups of salient attributes

Category	n	%
Activity: (e.g. learning to do more things on my own)	40	31%
Interpersonal: (e.g. going out to places to enjoy myself)	40	31%
Environment: (e.g. having something to do so that I don't get bored)	30	23.5%
Independence: (e.g. to be able to travel on my own on buses)	16	12.5%
Miscellaneous:	3	2.3%

Table 4: Means and standard deviations for the three comparison groups

	Depression		Social Comparison		Self Esteem		Difference Score	
	x	s.d.	x	s.d.	x	s.d.	x	s.d.
Family	8.67	2.29	33.08	9.73	23.57	4.28	1.86	13.39
Staff	6.10	4.61	39.75	11.26	22.66	5.00	-12.25	13.40
Friends	5.78	3.20	43.63	8.87	23.69	3.62	0.54	9.9

Table 5: Means and standard deviations for the four comparison attributes

	Depression		Social Comparison		Self Esteem		Difference Score	
	x	s.d.	x	s.d.	x	s.d.	x	s.d.
Activity	6.73	3.00	42.48	7.40	23.20	3.66	-1.57	11.34
Interpersonal	6.77	3.39	40.82	9.91	23.50	4.16	-2.44	10.16
Environment	7.00	4.58	38.65	12.90	24.00	3.54	8.73	14.92
Independence	6.33	3.32	39.62	10.31	23.48	4.46	-1.30	13.37

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BRIEF REPORT

(prepared as if for submission to the *Journal of Intellectual Disability Research*)

‘What I would like in my life’:

Valued attributes for people with a learning disability

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ABSTRACT

There is evidence from the general population that, in terms of social comparison, attributes that hold a particular salience are those associated with 'social attractiveness' and 'rank'. This study aimed to identify which attributes are perceived as salient by individuals with a learning disability. Forty three participants were asked to name three things they considered important in life. In all, one hundred and twenty nine statements were generated. These were then classified into twelve categories. The three categories with the highest frequency were 'having friends', 'going out socially', and 'independence'. The variety of responses that were given suggests that we cannot assume what attributes are valued by this population.

‘WHAT I WOULD LIKE IN MY LIFE’ : VALUED ATTRIBUTES FOR PEOPLE WITH A LEARNING DISABILITY

INTRODUCTION

One of the key factors involved in any exercise of self evaluation is the question of the salience of that particular attribute for that particular individual (Rosenberg, 1982). Negative self evaluation in certain areas of an individual’s life may be tolerable if those areas are not particularly highly valued by the individual concerned. However, negative self evaluation in areas which are key to the individual’s self concept are more likely to undermine self esteem and introduce vulnerability to depression (Swallow and Kuiper, 1988). Evidence from the general population suggests that individuals value attributes associated with rank and social attractiveness (Gilbert and Allan, 1994). Little information exists, however, concerning whether or not this is the same for individuals with a learning disability. An important consideration in this population is that due to the interaction of cognitive deficits and restricted social environment, individuals with a learning disability are unlikely to develop the ‘self-complexity’ which has been found by Linville (1987) to protect against depression in times of threat. Self-complexity refers to cognitive representation of the individual’s role and attributes which serve as sources of self worth. That is: “a loss results in depression when it radically undermines a person’s self worth, and she or he has no other source of worth from alternative roles” (Oatley and Boulton, 1985, p.383). This may be translated into

indicating that individuals with a learning disability are particularly vulnerable as it is possible that their self concept/worth is dependent on the restricted roles that are available that have come to be valued.

In a review of self concept assessment in adults with a learning disability, Gowans and Hulbert (1983) question the findings of studies which have approached self concept in global terms, with little attention paid to the individual's appraisal of various aspects. They emphasise the need for "more personal self expression by mentally handicapped participants in any future research" (p.122).

Zetlin and Turner (1988) conducted a sentence completion task, in which 48 adults with a learning disability were asked to complete eleven statements designed to measure the participant's salient personal attributes. The responses were classified into the following categories: activity/possessions; social conformity; work related comments; personal attributes; heterosexual comments; family and friends; dependency comments; unclear/omissions. Although these domains are consistent with previous research findings, the authors highlight that they do not appear to be well represented in current self-report measures used with this population.

The current study was designed to ascertain which attributes in general are perceived to be valuable by individuals with a learning disability irrespective of whether or not those attributes are currently available to them.

METHOD

Participants: The sample consisted of 43 adults (25 men and 18 women) who were recruited from their local Adult Training Centre (ATC). The mean age of the participants was 35 (s.d = 10.17). Twenty four (57%) of the participants lived with their family, 12 (29%) in a group home, four (9%) independently and two (5%) with a foster family. Scores on the British Picture Vocabulary Scale (BPVS) (mean=16.6, s.d.= 4.43) indicated that all participants were functioning within the learning disability range.

Measures and Procedure: Each participant was interviewed separately by the researcher in the context of a larger study. The study was introduced to participants as research which was interested in finding out more about themselves and their lives. Apart from the BPVS no other standard measures were taken. The participants were asked the following open-ended question: “What three things do you think it is very important for a person to have in life?” No examples were given due to the widely reported difficulty of acquiescence with this population (Heal and Sigelman, 1995). However if the participant was experiencing difficulties in responding, prompts were given such as: “What things are really important to you in your life that you would miss if you didn’t have?”, or “What things would you really like to have in your life that maybe you don’t have at the moment?” In cases where the response was rather vague participants were asked to elaborate, “could you explain that a bit more”, or to give specific examples to illustrate the point they were making. In all cases where the response was unclear, the researcher entered into reflective discussion with the

participant in an attempt to clarify the response. The only time that the participant was actively guided by the researcher was if they continued to repeat the initial attribute rather than move on to attributes 2 and 3. In this case the researcher would prompt: “We’ve talked about that one, can you think of anything else that is important, we need the three most important things?”

RESULTS

One hundred and twenty nine statements were generated in all. It was found that the statements could be grouped under fourteen main headings. These are given in Table 1.

The statements were independently categorised by two clinical psychologists. A kappa statistic was calculated ($\kappa = 0.92, p < 0.01$), which indicated a high degree of agreement. The exact statements which make up each category are available in Appendix 5.

TABLE 1 ABOUT HERE

Qualitative data are presented in detail here for the most frequent categories. The largest attribute categories in the population studied in percentage terms were ‘having friends’ (14.0%) and ‘going out’ (13.2%). This is interesting considering the data for the lifestyle of individuals with learning disability which suggests that typically this

group has little opportunity to meet and socialise with other people (Garvey and Stenfert Kroese, 1991), and data from Reiss and Benson (1985) that low levels of social support are significantly associated with depression.

The next largest category was 'independence'. This category contains a number of themes. Items concerning being able to go out and do things by yourself, being able to travel by yourself or have your own transport were frequently mentioned. Items also related to opportunities to take responsibility for yourself. For example, "pay your own bills", "having things specially adapted so that I can do them". Independence categories also included items referring to privacy. One participant said "Privacy in the house, if they don't leave me alone I get in really bad moods". Not being disturbed may relate to privacy, it may also relate to choice. A number of statements in the independence category also referred to choice. For example: "Do it my way, so that I can choose what I want to do with my time, no more hassles from my Dad"; "To decide what I want to do" (e.g. not being disturbed when I'm watching TV)

Education was mentioned in twelve statements. Before the study was introduced, one participant asked me, "can I learn to read?" A number of participants made statements pertaining to education. For example, "learning to talk french"; "to be able to read and write"; "going to night school".

Family was stated as important for a number of participants. The majority of responses were concerned with getting support and love from your family. However, two or three respondents referred to the importance of helping your family in return: "Because my mum always helps me so I always help my mum". Equal in terms of

number of responses was the next category 'Appearance'. This contained a number of referents to having 'nice clothes' and 'nice shoes'. Also contained in this category were a number of statements about personal hygiene, such as "shower everyday in the morning and brush you teeth".

DISCUSSION

This study generated a wide range of relatively diverse valued attributes relating to both environmental and individual characteristics. In contrast to the findings of Zetlin and Turner (1988), the current study did not find a significantly high proportion of statements referring to social conformity. The nearest of these types of statements were those concerning personal hygiene: e.g. "Have a wash , have a bath and wash your hair". A possible explanation for this is that the current study may have tapped personal aspirations rather than personal attributes.

The majority of categories identified in this study would appear to be a referring to social attractiveness, very few could be considered to refer to rank, as suggested by Gilbert and Allan (1994) is important in the general population. This may be because people with a learning disability have very little access to economic resources and therefore to the 'status symbols' which are often used to signify rank. Alternatively, social attractiveness may have particular salience to this population. This is an area which would require further investigation.

The variety of responses that were given suggests that we cannot assume what attributes are valued by individuals with a learning disability and that in a clinical setting, it would be advisable to ascertain what dimensions that particular client accords value to in their lives, particularly as the loss of valued roles may introduce vulnerability to depression (Champion and Power, 1995). Conversely, one would predict that the opportunity to work towards that which you aspire to would have a positive effect on self esteem and self worth.

CONCLUSION

The current study was designed to explore which attributes or areas might hold significance for this population in terms of possible salient domains relating to self concept and self evaluation processes. The emphasis with this study was on allowing the participants themselves to define attributes which they thought important, as opposed to simply rating attributes presented to them, and which may have little relevance to them. The key attributes were 'having friends' and 'going out socially'.

Table 1 : Main Categories

Main Headings	Examples of statements within each category	N=129	%
Having friends :	“Be friends with people that you like and to trust one another”	18	14.0
Going out socially :	“Going out with my family to see the new James Bond in the cinema”	17	13.2
Independence:	“A bit of relaxation, choosing what I like to do”	13	10.0
Education:	“To be able to read and write”	12	9.3
Work:	“my job in the kitchen”	10	7.8
Family:	“Having a nice family around to look after you (people to love you)”	9	7.0
Appearance:	“nice clothes to wear”	9	7.0
Having a nice home:	“a place of their own to live in, their own flat or could share with whoever they wanted to”	7	5.4
Money:	“Having a job and being able to buy nice things”.	7	5.4
Personal Characteristics:	“People are kind and considerate”	7	5.4
Having something to do	“Having something to do so that I don’t get bored”	5	3.9
Food:	”Having a nice cup of tea”	5	3.9
Having a partner:	“Love life, getting married”	4	3.1
Going on holiday:	“Holidays, I would like to go to Spain, Italy, France and Belgium	3	2.3
Miscellaneous		3	2.3

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APPENDIX 1

Copy of Consent Form and Questionnaire Measures Used

**THE UNIVERSITY
OF BIRMINGHAM**



School of Psychology

Edgbaston
Birmingham B15 2TT
United Kingdom
Telephone [REDACTED]
Fax [REDACTED]

Head of School
Professor G. W. Humphreys
PhD CPsychol FBPsS

Direct Line [REDACTED]

CONSENT FORM

I have been told what the study is about and that I will be asked some questions about myself and my friends. I would like to be in this study. I can stop answering questions any time that I want to.

I agree to take part in the study.

Signed :

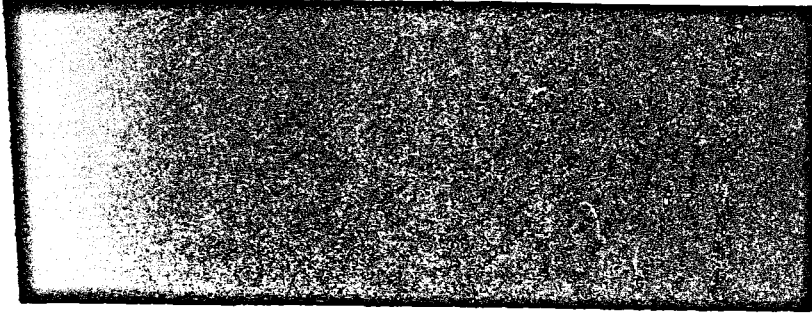
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ADAPTED ZUNG DEPRESSION SCALE

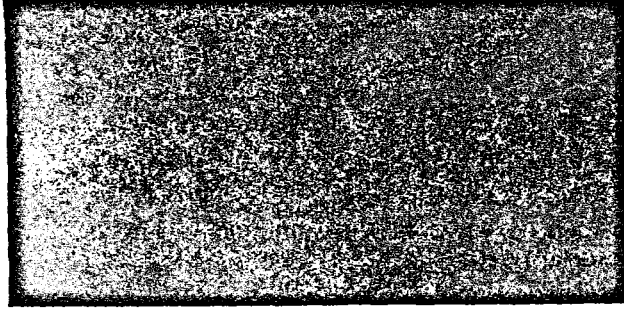
zung depression scale

- | | | | |
|-----|--|-----|----|
| 1. | I feel downhearted and blue | yes | no |
| 2. | Morning is when I feel best | yes | no |
| 3. | I have crying spells or feel like it | yes | no |
| 4. | I have trouble sleeping at nights | yes | no |
| 5. | I eat as much as I used to | yes | no |
| 6. | I notice that I am losing weight | yes | no |
| 7. | I have trouble with constipation | yes | no |
| 8. | My heart beats faster than usual | yes | no |
| 9. | I get tired for no reason | yes | no |
| 10. | My mind is as clear as it used to be | yes | no |
| 11. | I find it easy to do the things I used to | yes | no |
| 12. | I am restless and can't keep still | yes | no |
| 13. | I feel hopeful about the future | yes | no |
| 14. | I am more irritable than usual | yes | no |
| 15. | I find it easy to make decisions | yes | no |
| 16. | I feel that I am useful and needed | yes | no |
| 17. | My life is pretty full | yes | no |
| 18. | I feel that others would be better off
if I were dead | yes | no |
| 19. | I still enjoy the things I used to | yes | no |

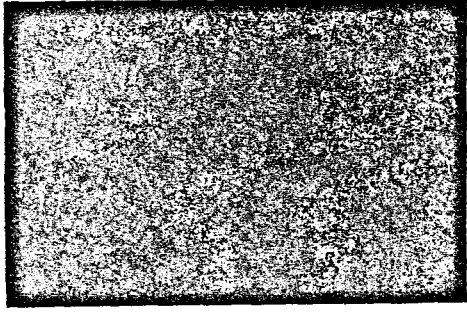
I feel that I am a good person, as good as others



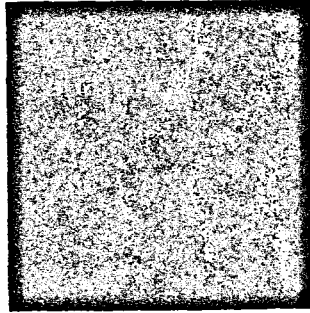
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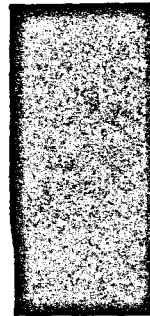
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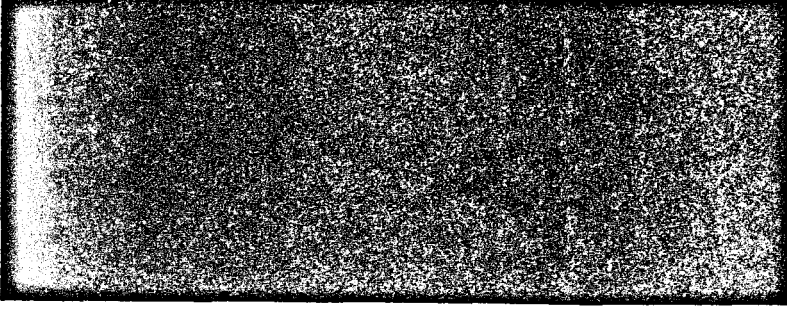


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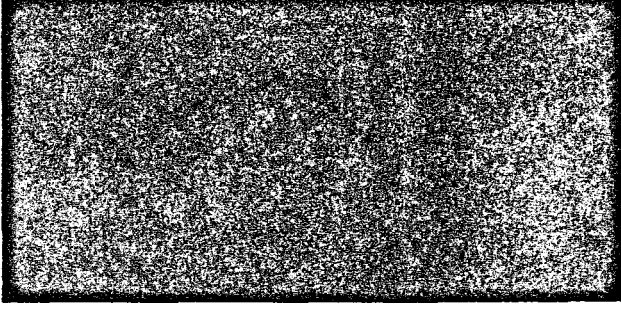


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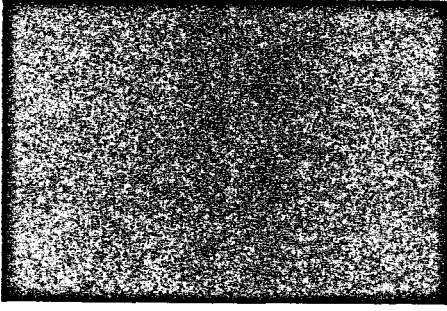
I feel that I have a lot of good qualities



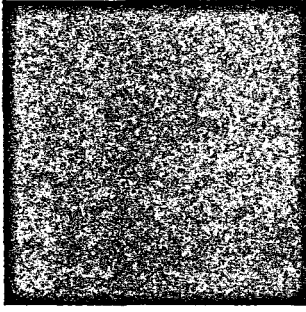
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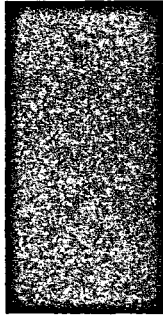
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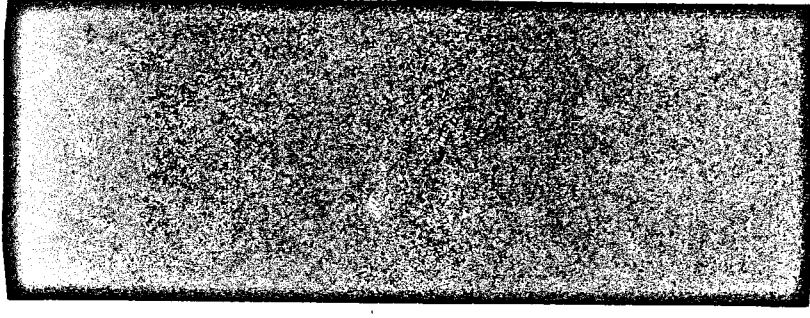


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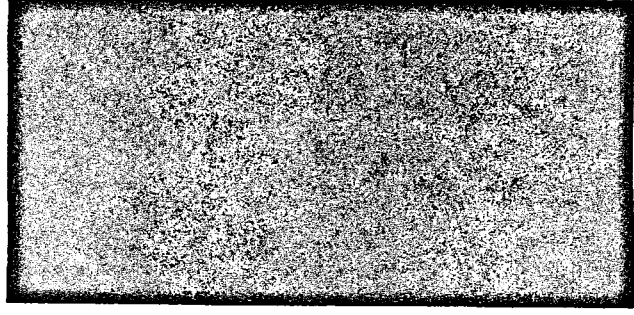


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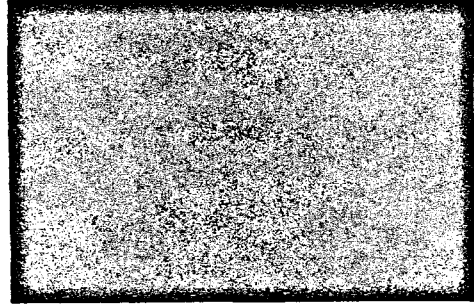
I am able to do things as well as most other people



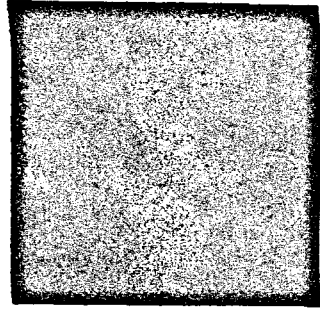
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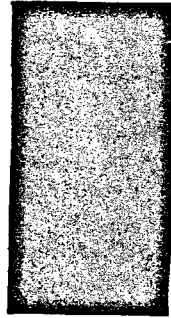
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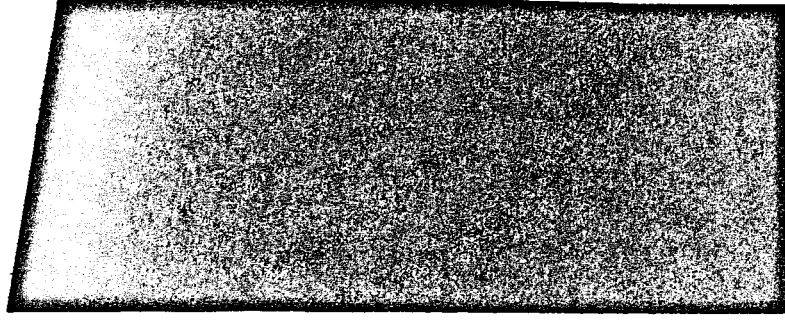


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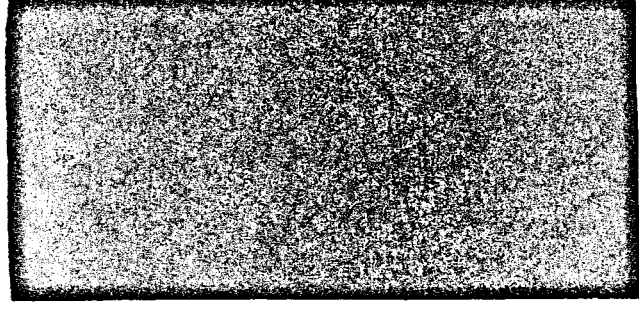


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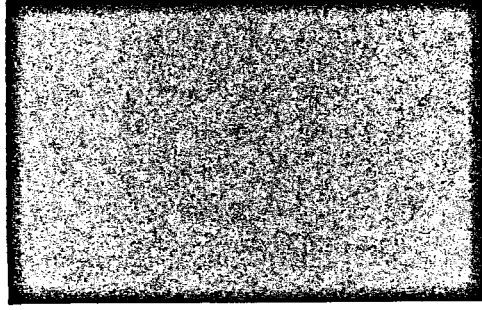
I feel I haven't done anything worthwhile



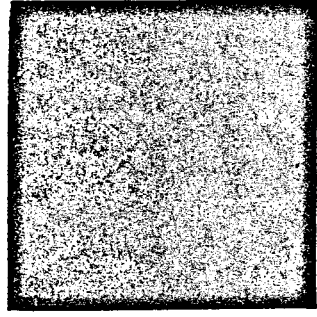
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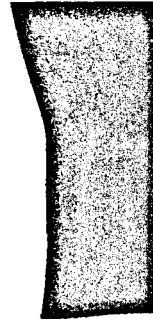
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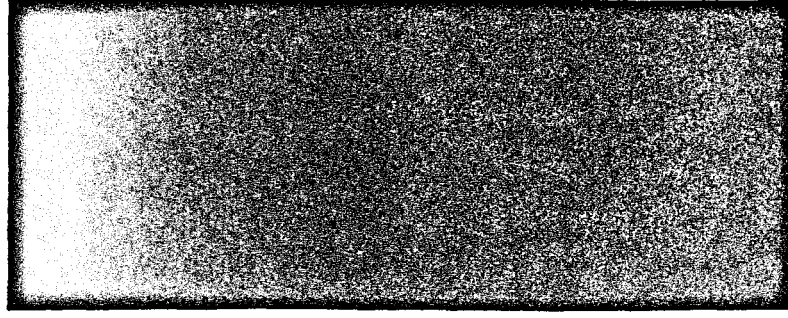


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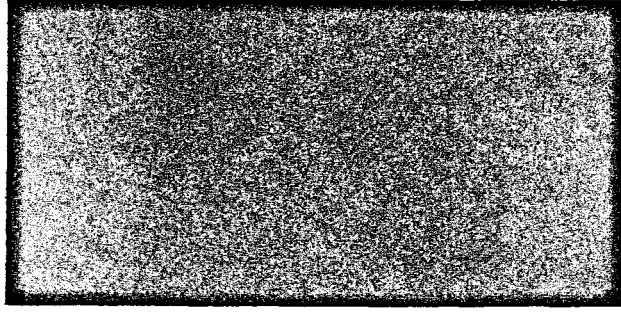


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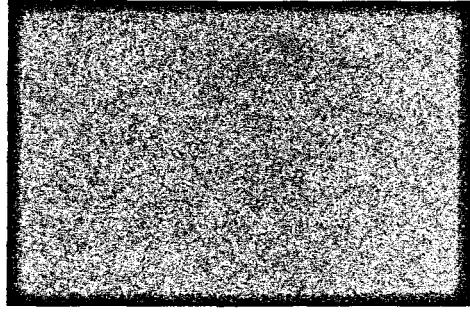
I like myself



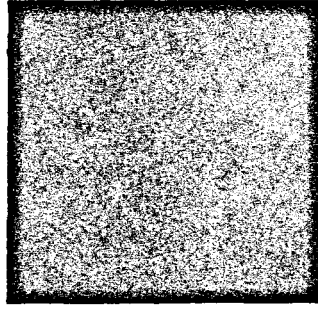
**Always
true**



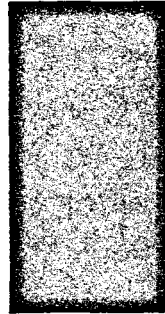
**Often
true**



**Sometimes
true**

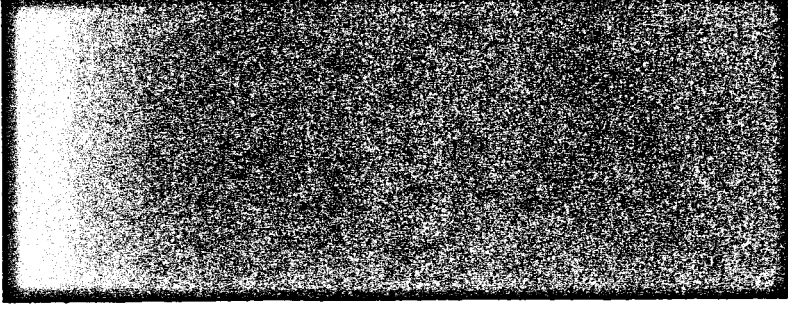


**Hardly
ever true**

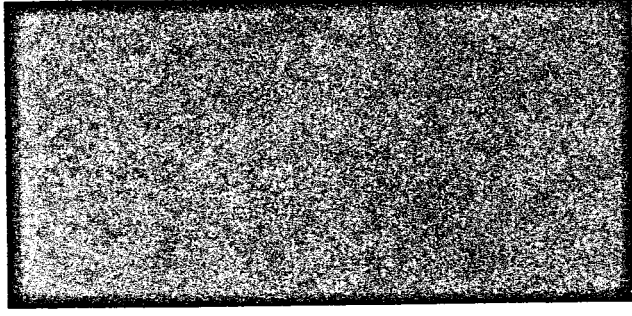


**Never
true**

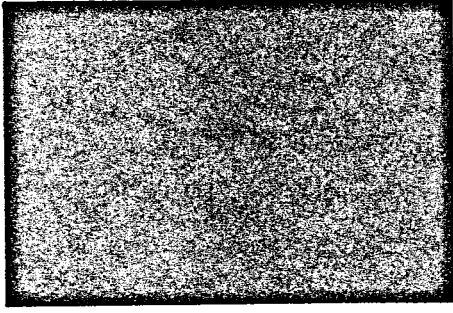
I feel that I can't do anything right



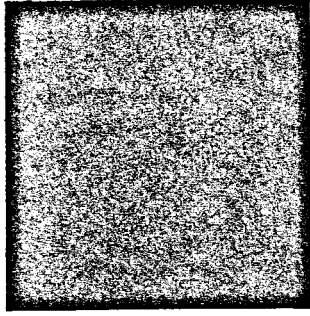
**Always
true**



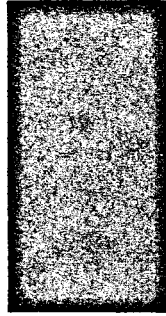
**Often
true**



**Sometimes
true**



**Hardly
ever true**



**Never
true**

ADAPTED SOCIAL COMPARISON SCALE

When I am with other people I generally feel

Short

Tall



When I am with other people I generally feel

**Worse than
other people**

**Better than
other people**



When I am with other people I generally feel

**Not as good
at things**

**Better at
things**



When I am with other people I generally feel

Less Shy

More Shy



When I am with other people I generally feel

Less friendly



More friendly

When I am with other people I generally feel

On your own

**With other
people**



When I am with other people I generally feel

Different

Same



OTHER MEASURES DEvised ESPECIALLY

FOR USE IN THIS STUDY

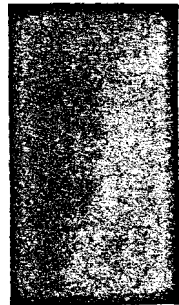
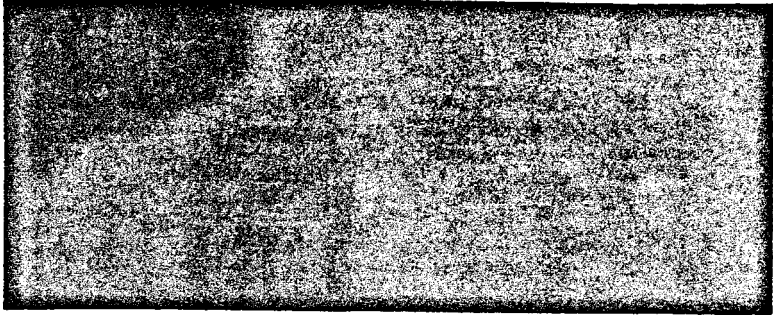
I like because

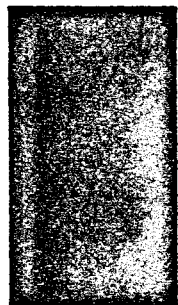
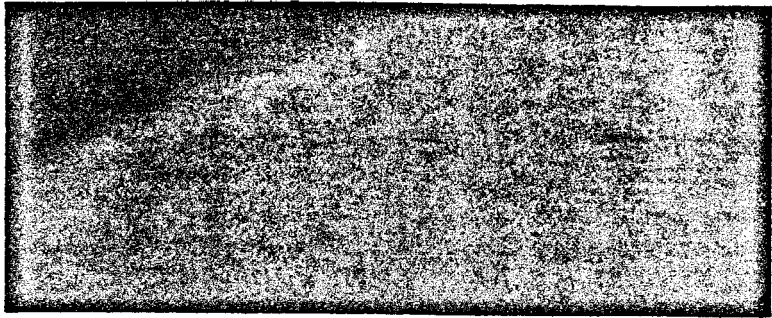
The three things that I think it is very important for a person to have are :-

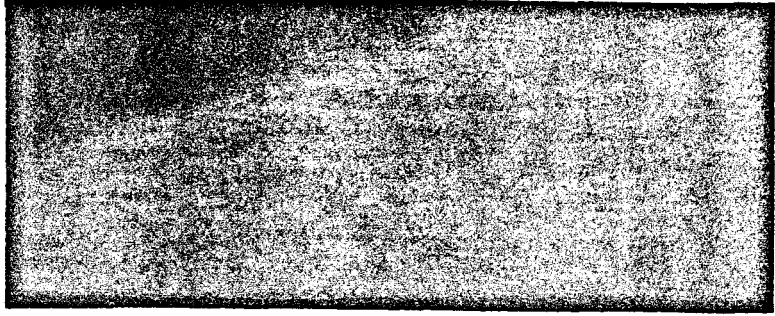
1.

2.

3.







APPENDIX 2

ANOVA output for main paper

APPENDIX 2

One Way Analysis of Variance (ANOVA)

Variable: SOC_COMP (Social Comparison Scale)
 By Variable : CPES012 (Comparison person: 0=family;1=staff;2=friend with L.D.)

Analysis of Variance

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	2	727.3320	363.6660	3.9055	.0284
Within Groups	39	3631.5127	93.1157		
Total	41	4358.8448			

Multiple Range Tests: Tukey-HSD test with significance level .050

The difference between two means is significant if
 $MEAN(J) - MEAN(I) \geq 6.8233 * RANGE * \sqrt{1/N(I) + 1/N(J)}$
 with the following value(s) for RANGE: 3.44

(*) Indicates significant differences which are shown in the lower triangle

Mean	CPES012	
33.0778	Grp 0	
39.7500	Grp 1	G G G
43.6348	Grp 2	r r r p p p 0 1 2

APPENDIX 3

Notes to Contributors

Notes for Contributors

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Footnotes to the text should be avoided wherever this is reasonably possible.

Tables and captions to illustrations. Tables must be typed out on separate sheets and not included as part of the text. The captions to illustrations should be gathered together and also typed out on a separate sheet. Tables should be numbered by Roman numerals, and figures by Arabic numerals. The approximate position of tables and figures should be indicated in the manuscript. Captions should include keys to symbols.

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For articles: CREMIN, L. A. (1983) The problematics of education in the 1980s: some reflections on the Oxford Workshop, *Oxford Review of Education*, 9, pp. 33–40.

For chapters within books: WILLIS, P. (1983) Cultural production and theories of reproduction, in: L. BARTON & S. WALKER (Eds) *Race, Class and Education* (London, Croom Helm).

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- Giblett E.R. (1969) *Genetic markers in Human Blood*. Blackwell Scientific Publications, Oxford.
- Moss T.J. & Austin G.E. (1980) Pre-atherosclerotic lesions in Down's syndrome. *Journal of Mental Deficiency Research* 24, 137–41.

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4. To facilitate the production of the annual subject index, a list of key words (not more than six) should be provided, under which the paper may be indexed.
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6. Footnotes should be avoided. Essential notes should be numbered in the text and grouped together at the end of the article. Diagrams and Figures, if they are considered essential, should be clearly related to the section of the text to which they refer. The original diagrams and figures should be submitted with the top copy. It is the responsibility of the author(s) to obtain all necessary permissions to reproduce copyrighted material, and to confirm in writing that such permissions have been granted.
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 - Gardner, J., Murphy, J. and Crawford, N. (1983) *The Skills Analysis Model*. Kidderminster: BIMH Publications.
 - Kerins, D., Hickey, C. and Haydock, R.E. (1985) Moving with the times: Providing modern apartments for adults. *Mental Handicap* 13, 142-4.
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APPENDIX 4

Ethical Approval for Current Study

Ms S Sandhu
Clinical Psychology Trainee
Department of Clinical Psychology
University of Birmingham
Egbaston
Birmingham
B15 2TT



Coventry Health

LJSC/HRT/SKS
6.5 (18.07.95)

26 July 1995

Dear Ms Sandhu

**INVESTIGATING THE RELATIONSHIP BETWEEN SOCIAL
COMPARISON, SELF ESTEEM AND DEPRESSION IN PEOPLE WITH
LEARNING DISABILITIES (PROJECT PROPOSAL JUNE 1995)**

Thank you for the above which was considered by Coventry Research Ethics
Committee on 18 July 1995.

I am pleased to be able to inform you that the Committee has given the project
summary its approval.

As you are already aware, all protocol amendments, or unexpected events must be
notified.

The Committee must be informed of any new authoritative guidance or persuasive
scientific evidence that may cause the Committee to reconsider approval or
rejection of a protocol.

We look forward to receiving progress reports as appropriate and in due course an
end of trial summary.

The Committee proposes that in future, unless we hear to the contrary, the title of
all research trials approved by the Committee will be made available to bona fide
interested parties.

We thank you for your co-operation in these matters.

Yours sincerely

**L J SANT CASSIA
CHAIRMAN
COVENTRY RESEARCH ETHICS COMMITTEE**

APPENDIX 5

Qualitative Responses for Brief Report

QUALITATIVE RESPONSES: BRIEF REPORT

Going on holiday

Holidays, I would like to go to Spain, Italy, France and Belgium

Going on Holiday

Going on holiday. I've been to Blackpool and somewhere else with the home. I'd like to go to different places

Having a Partner

Love life. Getting married

Having a boyfriend

Being married

Girlfriend. I would love to have a family - 3 or 4 children

Money

A bit of money to spend

Money

Having a job and being able to buy nice things

Money

To come to work so you can get money

Money/wages

Getting paid for the work you do

Having a nice home

Somewhere nice to live

Their own house

A place of their own to live in, their own flat or could share with whoever they wanted
to

Buying a new house

Somewhere nice to live

Peace and quite in the house

Have somewhere to live that you can decorate yourself

Work

My job in the kitchen

Work

Going to work

A job of their own. To be able to work in factory or office and be paid properly for
work they do

Training and work opportunities (I am training to be a lifeguard)

work/jobs

Coming to work

Work

Work, being busy

Family

A family

Keeping my mum happy

Supportive family

Supportive family

Family

Family

Helping my mum (eg washing up and putting things away). Important to help my mum

Because my mum always helps me so I always help my mum

Very trusting and understanding parents

Have a nice family around to look after you (people to love you)

Independence

Independence. Paying your own bills and getting around by yourself (by bike)

Going out and coming back on my own

To be able to travel on my own on buses

To have your own transport

To be able to do things that you want (eg go out on your own, having freedom)

Do it my way, so that I can choose what I want to do with my time. No more hassles
from my dad

A bit of relaxation, choosing what I like to do

To decide what I want to do (eg not being disturbed when I'm watching TV)

Having things specially adapted so that I can do them (taking washing off the pulley,
switching TV on and off for the news)

To be able to go out, to travel on the bus on your own

Privacy in the house. If they don't leave me alone. I get in really bad moods.

Independence. Looking after yourself and paying your own rent

Having friends

Relationships. Having friends

To have friends

Friends

Having close friends who can help us if we get upset

Have a laugh and a joke

Having the chance to meet new people

Be friends with people that you like and to trust one another

To have friends

Having friends

Friends (including girlfriend)

Having people to talk to

Having friends and having a girlfriend

To be able to converse with people, have a good sense of humour

Having friends at Curriers

Friends

Friends

Friends

Education

Learning to talk french

Qualifications, certificates. Adding to your intelligence and learning more

Information

Going to college

Further education. Get very good with maths, sewing, knitting, cooking. Learn to do more things on my own

I like reading and writing

To learn to be able to do something (learn a skill. I have started learning catering)

Very good education. How to do hard sums

Going to college

Going to night school.

To be able to read and write

A good education

Going out socially

Going out to places to enjoy myself

Good social life. Good circle of friends

Going out. Parties and pictures

Being able to go and meet different people. Being able to mix with different people

Going to different places with my friends

If it's your birthday, you could have a party or you could go out for a meal (having fun)

Going to the pub

Music. I like synthesizer music. Mum takes me to shows

Going out to places (shops)

Darts, somewhere to go socially

To go out (to club, to town to have something to eat)

Going out (enterprise club, going into town)

Going out with my family to see new James Bond in cinema in Coventry

Going out (parties, dinner at the pub)

Going to watch football, going out in the minibus

Having something to do

Having something to do so that I don't get bored (jigsaws)

Having something to do (eg work at Curriers)

Have something to do in the day. If I didn't have this job, I'd be sitting at home listening to my wireless all the time.

Food

Cooking

Nice food

Having dinner at home

Cooking tea (something nice)

Having a nice cup of tea

Appearance

Shower every day in the morning and brush your teeth

New pair of shoes

Exercises - sit ups

Beauty

Washing Machine to keep my clothes clean

Have a wash , have a bath and wash your hair

New clothes - looking nice

New clothes

Personal Characteristics

Kindness, understanding, helping, talking about feelings

Sense of humour

Polite

Helpful

Friendly nature, good temper

An understanding personality

People are kind and considerate

Possessions

To have my own radio