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Measurement of mood in adolescents with intellectual disability

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Abstract

To date, there has been limited research into mood responses among adolescents with intellectual disability. One reason for this is the absence of a reliable and valid measure for the assessment of mood among this population. The present study evaluated such a measure among a sample of 135 adolescents with mild intellectual disability. Results supported the factorial validity of a 12-item derivative of the Profile of Mood States, referred to as the Intellectual Disability Mood Scale (IDMS). Convergent and divergent validity was also supported. Overall, the IDMS showed encouraging psychometric characteristics as a measure of mood among adolescents with intellectual disability. It is hoped that the results of this study will stimulate further research to expand our knowledge of mood responses among this population.

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Little is known about the affective experience of individuals with intellectual disability. One reason for the paucity of research in this area is the absence of standardised assessment tools for quantifying mood or emotional responses among this population. Mood, which has been defined by Lane and Terry (2000) as “a set of feelings, ephemeral in nature, varying in intensity and duration, and usually involving more than one emotion” (p. 17) is seen as a cumulative concept, whereby emotional responses to life events coalesce to form a state of mind that is thought to remain in place until modified by other life events.

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Moods are typically defined as relatively low-intensity, diffuse, and enduring affective states that have no obvious antecedent cause and are less subject to conscious monitoring or control than emotions which, in contrast, are usually understood as distinct, intense, short-lived, and highly conscious feeling states that have an obvious cause (see [Forgas, 2000](#); [Smith & Kirby, 2000](#)). Mood states tend to influence thought processes, which subsequently affect behaviour across a range of situations, whereas emotions tend to promote specific responses to situations requiring immediate action. Generally, moods appear to influence the way people perceive, interpret, plan and execute strategic interpersonal behaviours and thereby influence the kind of social information people attend to and the type of processing strategies they adopt (see [Forgas, 2001](#); [Sedikides & Green, 2001](#)).

1. The structure of mood

Many different conceptual models for affective constructs such as mood have been proposed. Such constructs are variously conceptualised in terms of unipolar dimensions such as anger, depression, tension, etc. (e.g., [McNair, Lorr, & Droppleman, 1971, 1992](#)), as bipolar opposites such as happy-sad, relaxed-tense, etc. (e.g., [Lorr & McNair, 1988](#)), as broad orthogonal dimensions, such as negative and Mood and intellectual disabilities positive affect (e.g., [Watson & Tellegen, 1985](#)), or in terms of a circumplex with pleasant-unpleasant and activation–deactivation axes (e.g., [Russell, 1980](#)).

Amid the complexity of understanding the nature of affective responses, “dissecting the elephant” as [Russell and Feldman Barrett \(1999\)](#) referred to it, equally compelling arguments can be made to conceptualise mood in terms of unipolar, bipolar, or circumplex models. In the present study, we chose to adopt a unipolar conceptualisation of mood, popularised by McNair and his colleagues in their work with the Profile of Mood States questionnaire. This decision was based primarily on the existence of a brief, well-validated mood scale for adolescents (see [Terry, Lane, & Fogarty, 2003](#); [Terry, Lane, Lane, & Keohane, 1999](#)), which offered a promising basis for developing an assessment tool specifically for adolescents with intellectual disabilities.

2. Self-report measures and intellectual disability

The measurement of mood and many other psychological variables is typically conducted using self-report assessment instruments ([Larsen & Fredrickson, 1999](#)). Such measures rely on participants to accurately reflect a unique awareness of, for example, their affective states via rating scales or adjective checklists. With self-report measures, participants have the opportunity to express, in some standardised format, a great deal of information to which sometimes only they have access ([Watson, 2000](#)). These types of measures are also considered to be the most efficient, cost-effective and easiest measures to administer ([Fiedler, 1991](#); [Watson, 2000](#)). However, self-report measures also rely on the assumption that participants are both able and willing to observe and report their own psychological responses.

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