

Attributes Modulating Affective Profiles in Psychiatric Patients

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Avhandling för avläggande av filosofie doktorsexamen i psykologi som med vederbörligt tillstånd av samhällsvetenskapliga fakulteten vid Göteborgs universitet kommer att offentligas försvaras fredagen den 16 december, kl. 14:00 i sal F1, Psykologiska institutionen, Haraldsgatan 1, Göteborg

Fakultetsopponent: Professor Mats Lindahl, Institutionen för kemi och biokemi, Linnéuniversitetet, Kalmar

This thesis is based on the following four papers, which are referred to in the text by their Roman numerals:

- I. Zöller, M. E., Karlsson, E., & Archer, T. (2009). Self-Rated Affect Among Adults Presenting Psychiatric Diagnosis. *Individual Differences Research*, 7(1), 14-28.
- II. Zöller, M., & Archer, T. (2009). Predicting Stress in Male and Female Psychiatric Patients and Healthy Volunteers, *Social Behavior and Personality*, 37(8), 1081-1094.
- III. Zöller, M.E.T., Archer, T. (2015). Emotional Disturbances Expressed by Deaf Patients: Affective Deaf Syndrome. *Clinical and Experimental Psychology*, 2: 109. doi:10.4172/cep.1000109
- IV. Zöller, M.E.T., Schütz, E. & Archer, T. (2016). Mood and Impulsiveness in Affective Deaf Syndrome. *Journal of Psychiatry and Psychology Research: Well-being, Empowerment and Affective Profiles*, 1(1).



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Abstract

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Psychiatrically disabled individuals (study I and II) as well as those with an additional deafness or are hard-of-hearing (study III and IV) often have the burden of a hidden affective disability. Positive (PA) and negative affects (NA) have emerged as significant independent dimensions in studies of affective structure. From these two systems four affective profiles (AP) are constructed, namely: Self-fulfilling (SF), high affective, low affective, and self-destructive (SD).

The aim of **Study I** was to identify factors predicting PA and NA respectively. Results indicated that the patient group had strong associations between AP, energy, optimism, self-reported health and stress. PA was predicted from optimism, whereas stress was counter-predictive. NA was predicted from stress, whereas optimism, energy and pulse rate were counter-predictive. Individuals expressing SF displayed the healthiest profiles compared with those expressing SD. **Study II** aimed at investigating to what extent affective state and mood are predictive of stress experience, and to observe gender effects. Results disclosed that psychiatric disorders had a detrimental effect on stress, energy and optimism. Stress was predicted by NA for both genders, but counter-predicted by PA among men only. **Study III** aimed to clarify the level of communication problems, positive mood, and to identify predisposing and protecting factors in psychiatric health. Results revealed striking communication problems with a high rate of non-fluent sign communication (86%) within the patients' families, and poor knowledge of the Swedish language by the patients. Self-esteem (S-E) was found to predict positive mood for patients as well as controls. Positive S-E was identified as a protective factor. Patients and the healthy controls were significantly different in stress, analgesics, and energy. Stress was positively related to sleep disturbances and analgesics. **Study IV** examined the perceived differences between attributes associated with positive mood, and attributes showing a negative association. Results showed that the patient group expressed less optimism, greater external locus of control, identified regulation, external regulation, amotivation, distractiveness, and motor impulsiveness, and lower levels of positive mood than the controls. Furthermore, a positive mood was predicted by optimism and motor impulsiveness, whereas amotivation and distractiveness were counterpredictive.

In conclusion, the patients differed markedly from the norm group with regard to all health variables. Data indicate that NA is the most important item predicting stress and that it appears more detrimental for health than stress. Analgesics may be a predisposing factor for the Affective Deaf Syndrome, ADS. These patterns suggest that this group of patients attempt to emerge from a condition of disempowerment, but require suitable interventional therapies to succeed. Further research should focus on intervention strategies that emphasize the acquisition of personal empowerment as well as providing a high degree of benefit.

Keywords: *Positive mood, affective deaf syndrome, psychiatric diagnoses, disempowerment, impulsiveness*

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