

“Emotion Processing, Neuropsychiatric Symptoms and Quality of Life
after a Stroke”

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Witwatersrand, Johannesburg

Declaration

“I declare that this research entitled “Emotion processing, neuropsychiatric symptoms and quality of life after a stroke” is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university”.



Signed:

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Abstract

Cerebrovascular disease is one of the leading causes of death among persons aged 50 and above and when a stroke does not result in death, it can cause residual cognitive, motor and behavioural disabilities. Emotional effects of brain injury range from reduced quality of life to various neuropsychiatric disturbances and are of great interest in the South African context and throughout the world as they pose a major obstacle to the rehabilitation process. This study explored the relationship between emotion processing, neuropsychiatric symptoms and quality of life specifically, how they operate following a cerebrovascular accident. In order to achieve this, an adult population of high functioning stroke survivors completed the emotion processing scale (EPS), Minnesota Multiphasic Personality Inventory (MMPI-2) and comprehensive quality of life inventory (ComQOL-A5) and a factor analysis provided statistical evidence suggestive of intercorrelations among the variables. The results lent support to this theoretical relationship and determined the structure of this relationship as follows: The satisfaction with quality of life after a stroke that relates to traditional masculine or feminine roles, when not fulfilled, related to neuropsychiatric symptoms of general maladjustment i.e. schizophrenia and psychopathic deviate. The second factor encompassed symptoms of general anxiety both internally and externally directed: Internally directed anxiety included symptoms of hypochondriasis and hysterical conversion, while externally directed anxiety included neuropsychiatric symptoms of paranoia. The third factor was associated with mood modulation in that elevated mood connected to neuropsychiatric symptoms of hypomania and depressed mood connected to symptoms of depression and social introversion. Finally, emotion processing and psychasthenia made up the last principal component, namely emotion modulation. This meant that avoidance of emotional

content, suppression of emotion, unprocessed emotion etc. related to neuropsychiatric symptoms of obsessions or compulsions. High functioning stroke survivors' behaviours were thus characterised by general maladjustment, anxiety, and symptoms related to mood and emotion modulation. This study underlies the importance of diagnosing, treating and monitoring stroke survivors' emotional alterations and suggests the usefulness of its application in clinical settings to evaluate the effectiveness of treatments or more general interventions to improve the neuropsychiatric sequelae and quality of life of stroke survivors. Improved understanding of these constructs from the stroke survivor's perspective has obvious impact for the therapeutic interventions inherent in stroke rehabilitation and as such, contributes towards the fields of neuropsychology, neuropsychotherapy and the social sciences.

Keywords: emotion processing, neuropsychiatric symptoms, quality of life

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Table of Contents

Title Page	i
Declaration	ii
Abstract	iii
Acknowledgements	v
Table of Contents	vi
Chapter One: Introduction	1
Chapter Two: Literature Review	5
2.1. Neuroscientific methodologies	6
2.2. Organic Perspectives	10
2.3. Stroke	14
2.4. Emotion Processing	19
2.5. Neuropsychiatric Symptoms	23
2.6. Quality of Life	28
2.7. Consequences of a Stroke	
2.7.1. Cognitive functions	29
2.7.2. Anosognosia	34
2.8. Demographic Risk Factors	
2.8.1. Age and gender	35
2.8.2. Education level	36
2.8.3. Marital status	36
2.9. Research Questions	37

Chapter Three: Methodology	38
3.1. Research Aims	38
3.2. Research Design	39
3.3. Participants	40
3.4. Instruments	
3.4.1. Functional mobility	44
3.4.2. Neuropsychological functioning	44
3.4.3. Emotion processing	45
3.4.4. Neuropsychiatric disturbances	47
3.4.5. Quality of life	51
3.5. Procedure	54
3.6. Ethical Considerations	55
Chapter Four: Results	56
4.1. Introduction	56
4.2. Instrument Reliability	57
4.3. Descriptive Statistics	60
4.3.1. Emotion processing	62
4.3.2. Neuropsychiatric disturbances	63
4.3.3. Quality of life	66
4.4. Assumptions	68
4.5. Factor Analysis	71
Chapter Five: Discussion	77
5.1. Introduction	77

5.2. Results and Interpretation	79
5.2.1. Instrument reliability	79
5.2.2. Comparison of stroke survivors to a normal population	82
5.2.2.1. Emotion processing	82
5.2.2.2. Neuropsychiatric symptoms	84
5.2.2.3. Quality of life	86
5.2.3. Demographic variables	87
5.2.4 Factor analysis	89
5.3. Limitations and Directions for Future Research	92
5.3.1. Statistical limitations	92
5.3.2. Measures and norms	92
5.3.3. Socioeconomic status	95
5.3.4. Methodological contribution of the research	95
5.4. Conclusion	96
References	100
Appendices	114
Appendix A: The Emotion Processing Scale	114
Appendix B: Subject Information Sheet	116
Appendix C: Participant Consent Form	118
Appendix D: Application to the Human Research Ethics Committee (Medical)	119

Appendix E: Ethical Clearance from the University of the Witwatersrand	135
Appendix F: Eigenvalues of the Correlation Matrix and Proportion of Variance	136
Appendix G: Distribution of Residuals for all Variables Measured	137
Appendix H: Kaiser-Meyer-Olkin's Measure of Sampling Adequacy	144

Tables

Table 1: *Summary of the Demographic Information of the Stroke Survivors*

Table 2: *Cronbach's Alpha Correlations Highlighting the Psychometric Qualities of the MMPI-2™*

Table 3: *Internal Consistencies as Measured through Cronbach's Alpha for Subscales of Emotion Processing, Neuropsychiatric Symptoms and Quality of Life*

Table 4: *Descriptive Statistics: Mean Raw Scores and (Standard Deviations) of the Stroke Survivors*

Table 5: *Mean T Scores of Stroke Survivors on the 10 Clinical Scales of the MMPI-2*

Table 6: *Goodness of Fit for Normality of Distribution*

Table 7: *Correlation Matrix of all Variables Included in the Common Factor Analysis*

Table 8: *Varimax Rotated Factor Pattern*

Figures

Figure 1: Pie graph showing the cortical areas affected by stroke

Figure 2: Line diagram comparing the stroke survivors to a normal population and mental health patients.

Figure 3: Comparison of stroke survivors and normal population's Quality of Life (OQOL, SQOL and IQOL).

Figure 4: Comparison of stroke survivors and normal population's objective Quality of Life on all domains.

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