HUMAN DEVELOPMENT AND FAMILY STUDIES

DISSERTATION DEFENSE FOR

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ABSTRACT

Previous literature has well-documented the benefits of positive affect and the detriments associated with negative affect but the two literatures have been largely separate from one another. However, to fully understand the affective experience of individuals it is important to consider both positive and negative affect and the connection between the two. Therefore, the three papers of this dissertation sought to examine the affective experience of chronic illness patients and their family members through an investigation of the good (positive affect), the bad (negative affect) and the balanced (relationship between positive and negative affect).
Study 1 assessed emotion transmission in 145 individuals with osteoarthritis and their spouses. Emotion transmission is present when emotions in an individual’s daily experience lead to subsequent and similar emotions in another individual. The current study assessed negative emotion transmission between morning and end of day assessments and positive emotion transmission between morning and afternoon assessments and also between afternoon and end of day assessments. The negative emotion transmission paths (i.e., negative affect predicting negative affect or positive affect) revealed that patient beginning of day affect predicted spouse end of day negative affect but was moderated by both gender and marital satisfaction. Therefore, evidence of transmission is primarily seen in female spouses in marriage with lower satisfaction. Additionally, patient beginning of day negative affect also predicted spouse end of day positive affect but was again moderated by marital satisfaction. In the current investigation, there was no evidence of positive affect transmission.

Study 2 assessed the direct relationship between positive and negative affect in a different configuration by calculating affect balance (relative levels of negative affect and positive affect) in 59 prostate cancer patients and their spouses. The current analyses considered both balance in the number of affect items endorsed but also in intensity of affect experienced. The study also sought to understand the impact that perceived stress would have on daily affect balance, which provides an additional dimension to understanding how individuals navigate the chronic illness experience on a daily basis. Findings demonstrate that affect balance in the number of items endorsed and affect balance in the intensity of affect was associated with perceived stress severity for both patients and spouses. However, the change in balance was not only due to a change in negative affect. Patients’ balance was altered both by stress related increases in negative affect and decreases in positive affect. Spouses’ balance was altered only through changes in negative affect.

Lastly, Study 3 investigated affect balance in 173 dementia caregivers and assessed changes in affect balance brought on by stressor context and changes in balance following an intervention that provides respite care. Findings show that exposure to care related and non-care related stressors predicted affect balance count and stress reactivity to care related and non-care related stressors predicted affect balance intensity. Additionally, affect balance intensity was directly predicted by adult day service (ADS) use. Findings also reveal that there seems to be an accumulation in the benefits of ADS use because negative affect intensity was lowest when both yesterday and today were ADS days. Taken together, the results from this dissertation suggest that the affective experience of individuals in the chronic illness context cannot be completely understood without considering both positive and negative affect. Additionally, findings indicate that an individual’s social and stressor context impact their affective experience at the daily level.