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Research Article

Concurrent validity of Grau's Experiential Self-Report Transdiagnostic Test Modified for a more Comprehensive Assessment of the Affective Dimension

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Abstract

Based on the qualitative Self-Report Experiential test of Grau, modifications were made to increase its psychometric potential [1]. The modifications were based on the transdiagnosis and from the integral affective dimension that included negative and positive emotions. A construct validation had already been carried out on the modifications [2]. The trait anger construct was validated with the State-Trait Anger Expression Inventory STAXI-2, Depression with the Goldberg Trait-State Depression Inventory (IDERE), Anxiety with the Goldberg Trait-State Anxiety Inventory (IDARE); each one with its Cuban version.

A significant positive (moderate) Spearman's correlation (rho) of rs=0.438 was obtained between the Self-Report Anxiety construct and the IDARE, as well as a sensitivity of 83.3% versus 100% of the IDARE. A significant positive (moderate) Spearman's Rho correlation of rs=0.459 between the self-report depression construct and the IDERE. The sensitivity of this construct was 73.3% in the Self- report compared to a sensitivity of 90% in the IDERE. The specificity of the Self-report for depression was 26.7% while in the IDERE it was 90%. The correlation of anger in the Self-Report with the STAXI-2 was rs=0.558 (significant, positive and moderate). While the sensitivity for anger was 46.7% and the specificity 53.3%.

A remarkable degree of concurrence was concluded between Anxiety, Depression and Anger of Experiential Self-Report with the corresponding tests compared in a sample of 30 apparently healthy subjects. Self-report becomes a psychometric integration instrument that provides the diagnosis of anxiety, depression, anger, Alexithymia, emotional self-control, estimation of psychological trauma, a measure of positivity, emotional health and a coding of emotions. According to their clinical significance, which makes it easier to correlate them with other study variables.

Keywords: experiential self-report; transdiagnosis; alexithymia; depression; anxiety; anger; positive psychology; HiTOP

Introduction

In drug addictions, the rule is the presence of comorbidities, especially of the affective spectrum. Cuban alcoholic patients usually present anxiety, depression, Generalized Anxiety Disorder (GAD), Panic Disorder, Post-Traumatic Stress Disorder (PTSD) and Complicated Grief [3]. The diagnosis requires the use of dissimilar psychometric tests to evaluate each of these disorders and specify to what extent the patients are affected by some of them, and the design of apersonalized psychotherapeutic treatment is facilitated. This leads to a very tedious process, both due to the excess of tests, their qualification and the lack of clarity about how to represent the sick person clinically and comprehensively.

Transdiagnosis has gained the attention of clinicians, the task of seeking alternatives in psychological evaluation focused on dimensions and categories allows not only to better catch psychopathological comorbidities but also facilitates the design of psychotherapeutic interventions with the potential to benefit all patients with more efficiently [4, 5].

The systematization of affective disorders at the neurotic level from the existing taxonomy gives prestige to only a part of the neg ative affect, which have been classified as some type of isolated disorder such as Anxiety or Depression, for example very frequent in addictions [6, 7]. Depression, for example, varies in intensity and more personal forms of expression. Practice shows that this disorder is usually associated with other negative emotions such as anger, jealousy, guilt, resentment, which, although they are not nosological entities, make up the psychopathological clinical picture, feed anguish and have practical value for designing psychotherapy [6, 7]. However, this set of negative emotions tends to escape traditional psychopathological characterizations.

Despite the relevance and theoretical development of Positive Psychology, there isstill not enough diagnostic evaluation practice that brings together negativity and positivity to analyze their integral expression in a specific person. The affective dimension from the transdiagnosis can be understood as the compilation of both affective disorders and other negative emotions of clinical interest, as well as somepositive emotions such as optimism, good humor and joy, which have been the object of study of the Positive psychology [8-10].

Considering positivity in the diagnosis is based on the additive principle of emotions, which postulates the following:

"...when the individual experiences multiple sources of emotional stimulation, the emotions add up. If the emotions are negative the result will be a sum that is more intense than an emotional response alone. And if the emotions are positive, the sum will be more intense than just one. If one source of emotion is positive and the other is negative, however, the emotions elicited will subtract from each other, resulting in the stronger of the two being experienced in a more attenuated way [11].

Including positivity is also based on the nullifying effect exerted by positive emotions on the damage caused by negative emotions [12]. Both phenomena support the possibility of carrying out a quantitative evaluation of emotions through

which positive and negatives are subtracted, giving rise to differences between pa- tients based on both the magnitude of negativity and positivity, the latter valued asa protective factor against emotional disturbances and related to better quality oflife [8].

Finally, the affective dimension must be instrumented on the criteria of frequency with which the person feels an emotion and the magnitude in which they feel it, so that trait emotions can be identified. Trait anxiety and depression have been of diagnostic interest. However, it is very pertinent to know which other negative emotions are identified as traits (because they are felt with great frequency and intensity) and which positive ones are also identified as traits, since this perspective reflects the emotional patterns of reactivity of the individual that constitute components of various disorders. Psychopathological [2, 7].

This affective and trait dimensional model allows us to understand if the person suffers from the sequelae of a psychological trauma such as Post Traumatic Stress Disorder (PTSD), a complicated duel, an Adjustment Disorder that is usually composed, among other symptoms, of three or more negative emotions with the same clinical significance. The inclusion of positivity allows knowing the person's capacity for self-control, since when positivity is high, the person has greater emotional resources, which prevents disorders such as depression from increasingin severity.

Materials and Methods

It is an investigation of technological development and a correlational

transactional design, for which the following research problem was proposed:

Is there concurrence between the anxiety, depression and anger constructs of the Modified Grau Experiential Self-Report with the IDARE, IDERE and STAXI-2, respectively?

General objective

To determine the concurrent validity of the anxiety, depression and anger constructs in the Modified Grau Experiential Self-Report (AVDGM) with respect to the IDARE, the IDERE and the STAXI-2, respectively.

Specific objectives

1. To determine the concurrent validity of the anxiety construct obtained in theExperiential Self-Report with respect to the IDARE.
2. Specify the concurrent validity of the depression construct obtained in theExperiential Self-Report with respect to the IDERE.
3. Define the concurrent validity of the anger construct obtained in the ExperientialSelf-Report with respect to the STAXI-2.

To correlate the variables between the corresponding tests, since each psychometric test uses its own scale and with different intervals, a standard scale was designed to facilitate correlation. This scale was based on two basic attributes: negativity (absence of disorder) and positivity (presence of disorder). Within the latter two levels of magnitude of the disorder (light-moderate and severe).

Correlation focuses primarily on two basic attributes of psychometric tests, Sensitivity (ability of the test to identify people with the disorder being explored) and Specificity (ability of the test to discriminate those who do not have thedisorder being explored). explore).

The self-reported anxiety construct is made up of the items (restless, insecure and anxious)

The self-report depression construct is made up of the items (sad, unmotivated, suffered, anguished and apathetic)

The anger construct of the Self-Report is made up of the items (irritable,impulsive, angry, contemptuous and resentful)

Sample:

Thirty (30) intentionally chosen people who meet the following criteria:

- Not presenting a psychiatric pathology of a psychotic level
- Ages between 18 and 65 years old
- Voluntary participation

Limitation of the study: it was carried out during the period of social isolation due tothe COVID-19 pandemic, which justifies working with this small sample.

Results

A Kolmogorov-Smirnov test was first performed for a sample to define the prevailing type of distribution of the data; it was concluded that the sample was not normally distributed.

		AVDGM	IDARE	AVDGM Depression	IDERE

		Anxiety			
N		30	30	30	30
Normal parameters a,b	Mean	,97	,1,57	,83	,1,20
	Standard deviation	,556	,504	,592	,610
Maximum extreme differences	Absolute	,357	,372	,344	,328
	Positive	,343	,303	,289	,328
	Negative	–,357	–,372	–,344	–,272
Test statistic		,357	,372	,344	,328
Sig. asymptotic (bilateral)			,000c	,000c	,000c

Source: author data
AVDGM: Grau's experiential self-report modifiedIDARE: State-Trait Anxiety Inventory
IDERE: Trait-State Depression Inventory

Source: author data

Table 1: *Results of the Kolmogorov-Smirnov test for a sample regarding the constructs anxiety and depression*

		AVDGM (rage)	STAXI-2 (rage)
Normal parameters a,b		30	30
	Mean	,60	,53
	Standard deviation	,724	,507
Maximum extreme differences	Absolute	,330	,354
	Positive	,330	,320
	Negative	-,204	,354
Test statistic		,330	,354
Sig. asymptotic (bilateral)		,000c	,000c

Source: author data

Table 2: *shows the results for the anger construct of the Self-report and the STAXI-2.*

Below are the values obtained for sensitivity and specificity of each construct in the Modified Grau Experiential Self-Report (AVDGM) compared to the corresponding tests with which they were correlated.

In relation to the anxiety construct of the AVDGM versus the IDARE, a significant positive Spearman's Rho correlation (rs=0.438) was obtained, of a moderate level. Table 3 shows that the sensitivity of the AVDGM for anxiety reaches 83.3%, that is,25 patients truly suffer from anxiety) compared to 100% of the IDARE, while the Specificity is 16.7%.

		Frequency	**Percentage**	**Valid percentage**	**Cumulative percentage**
AVDGM	0 (Specificity)	5	16,7	16,7	16,7
	1 (Sensitivity)	25	83,3	83,3	100.0
	Total	30	100.0	100.0	
IDARE	0 (Specificity)	0	0	0	0
	1 (Sensitivity)	30	100.0	100.0	100.0

Source: author data

Table 3: *Sensitivity and specificity of the anxiety construct in the Self-report and the IDARE.*

When analyzing the correlations between the depression construct of the AVDGM and the IDERE, a significant positive Spearman's Rho correlation coefficient (rs=0.459) of moderate level was obtained. Table 4 shows that the sensitivity of theAVDGM for depression reaches 73.3% (22 were true positives to suffering from depression) compared to 100% of the IDERE, while the Specificity of the AVDGM was 26.7% compared to 90% of the IDERE.

		Frequency	**Percentage**	**Valid percentage**	**Cumulative percentage**
AVDGM	0 (Specificity)	8	26,7	26,7	26,7
	1 (Sensitivity)	22	73,3	73,3	100.0
	Total	30	100.0	100.0	
IDERE	0 (Specificity)	3	0	0	0
	1 (Sensitivity)	30	100.0	100.0	100.0

Source: author data

Table 4: *Sensitivity and specificity of the depression construct in the self-report and the IDERE*

Table 5 shows that the sensitivity of the AVDGM for anger reaches 46.7% compared to 53.3% of the STAXI-2, indicating that 14 of 30 people are truepositives to suffer from trait anger, while the sensitivity in the STAXI- 2 was 53.3%, 16 of 30 subjects are true positives for trait anger. The Specificity of the Self-report is 53.3%, indicating that they are the true negatives compared to 46.7% of the STAXI-2.

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
AVDGM	0 (Specificity)	16	53.3	53.3	53.3
	1(Sensitivity)	14	46.7	46.7	46.7
	Total	30	100.0	100.0	
STAXI-2	0 (Specificity)	14	46.7	46.7	46.7
	1(Sensitivity)	16	53.3	53.3	53.3

Source: author data

Table 5: *Sensitivity and Specificity of the Trait Anger Construct in Self-Report and STAXI-2*

Discussion

Although the results in each of the three constructs are not optimal, they are atleast very close; this denotes the psychometric ability of the AVDGM to measure them. It is understandable that the classic IDARE, IDERE and STAXI-2 tests have greater validity to assess the corresponding constructs, since they have a greater number of items and are more specific. For this reason, it is stated that the in- tended psychometric integration in the AVDGM, although it loses some sensitivity and specificity, seems to be very relevant as a test for a rapid evaluation of patients upon arrival at a care service.

The psychometric potential of its constructs was already validated in previous studies but in the previous version of the Self-Report [13, 14]. In these studies, the significant positive correlation between the Anxiety, Depression and Anger constructs was demonstrated with other psychometric tests, a very favorable aspect if one considers that almost all of its items have been preserved and the modifications to the instrument have focused on adding psychometric capacity. andcreate new opinions that are better suited to the transdiagnostic model.

It is worth noting that among these new opinions of the AVDGM are the affective profile, emotional health, emotional self-control, psychological trauma and Alexithymia. The affective profile is specified in a personal numerical code that reflects the singularity of the patient in this area, in addition to which each emotion ends with a numerical value resulting from its clinical significance. These data are very valuable to be correlated with dissimilar psychological variables and biological markers, which will help to clarify the relationship between emotions and diseases, whatever their type [15].

On the other hand, both the opinion of emotional self-control and that of Alexithymia are important to understand the seriousness of the person's disorders because they offer a measure of the deficit in this competence. This aspect is very useful to support the inclusion of emotional regulation training in Psychotherapy [16, 17].

One more element to consider the relevance of the AVDGM is that its opinions greatly contribute to identifying the spectrum of Distress according to the hierarchical taxonomy of Psychopathology (HiTOP) -for its acronym in English.

Negative emotionality, anxiety, depression, anger, and irritability are grouped into this spectrum, which in turn make up affective spectrum disorders [5].

Finally, the amount of positivity provided by the instrument represents a tentative measure of the person's affective resources to deal with their negativity. The specific deficits detected in positivity are the basis for guiding the promotion of emotional health; for example, people who report little good humor are candidates to be trained in this competence to contribute to their personal development, increase emotional intelligence and enhance an internal protective factor against addictions [18, 19].

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