



Turning gold into lead: Dampening appraisals reduce happiness and pleasantness and increase sadness during anticipation and recall of pleasant activities in the laboratory



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ARTICLE INFO

Keywords:

Positive appraisal style
Positive affect
Autobiographical memory
Anticipatory processing
Dampening appraisals
Amplifying appraisals
Emotion regulation
Anhedonia

ABSTRACT

Two studies examined whether use of dampening appraisals (e.g., thinking “this is too good to last”) or amplifying appraisals (e.g., thinking “I deserve this”) modulated affective experience when remembering (Study One) and anticipating (Study Two) positive events. Both studies used a mixed within-between participants design, with participants completing an uninstructed positive recall/anticipation task before being randomized to either control, dampening, or amplifying instructions during a second positive recall/anticipation task. During memory recall (Study One), instructed dampening increased dampening appraisals and led to a reduction in happiness and pleasantness and an increase in sadness, significantly differing from the control and amplifying conditions. While the amplifying condition significantly increased amplifying appraisals, it did not alter affective experience (relative to the control condition). During anticipation (Study Two), identical findings emerged for the dampening manipulation. The amplifying manipulation did not significantly increase amplifying appraisals, precluding conclusions being drawn about the impact of amplifying in this study. These results suggest that dampening appraisals contribute to altered affective experience when imagining and recalling positive activities and may account for why attempts to do so can have paradoxically negative effects in clinical populations. Moreover, the studies preliminarily validate a novel scale measuring state appraisal of positive experiences.

1. Introduction

It is increasingly recognized that a range of mental health conditions are characterized by reduced experience of positive affect, including depression, social phobia, and schizophrenia (Dunn, 2012; Dunn & Roberts, 2016; Kashdan, Weeks, & Savostyanova, 2011; Watson & Naragon-Gainey, 2010). These positive affect disturbances form an important component of the clinical syndrome of anhedonia. Anhedonia is defined in DSM-V as a loss of pleasure and interest in previously enjoyable activities (APA, 2013). However, basic science now recognises that anhedonia is a broader construct than this which reflects disturbance of underlying components of reward system function (Der-Avakian & Markou, 2012; Treadway & Zald, 2011). For example, anhedonia can express itself as reduced ‘liking’ (positive affective experience when consummating reward), reduced ‘wanting’ (motivational

urge to carry out a behaviour), and reduced ‘learning’ (change in behaviour and thinking following reward) (Kringelbach & Berridge, 2009).

Positive affect reductions seen across clinical conditions are clearly linked to deficits in ‘liking’. For many positive life events, deficits in positive affect may also extend beyond the period when the reward is directly consummated. Individuals engage in anticipatory processing (prospexion) before engaging with rewarding events (for example, looking forward to a holiday) and engage in mnemonic processing after engaging with positive events (for example, recalling graduation day) (see Quidbach, Mikolajczak & Gross & John, 2003). Much of our conscious life is taken up by ‘mental time travel’ of this kind. Reductions in positive affect when anticipating positive events may contribute to ‘wanting’ deficits, making individuals less likely to work for a reward (e.g., see Knutson & Greer, 2008; MacLeod, 2017). Similarly, reductions

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in felt positive affect when recalling a past positive event may minimise positive ‘learning’ (reducing the likelihood of rewarded behaviour being repeated in the future). According to ‘affect as information’ accounts, the actions we take are in large part shaped by the information conveyed by our affective experience (Clore & Huntsinger, 2007). Therefore, the capacity to anticipate, experience, and remember positive affect is likely to contribute across the board to reward system function.

Treating depression as the archetypal illustration of anhedonia, there is now evidence that depressed clients show a reduced ‘liking’ response when processing positive material in the laboratory (e.g. Dunn, Dalgleish, Lawrence, Cusack, & Ogilvie, 2004; see meta-analysis by; Bylsma, Morris, & Rottenberg, 2008). Moreover, depressed individuals struggle to remember the positive past and to imagine the positive future. For example, it is well established that depressed clients have a tendency to recall negative over positive material, and when recalling memories often engage in categorical, over-general processing that is likely to diminish affective impact (see Matt, Vazquez & Campbell, 1992; Williams et al., 2007). These deficits are particularly pronounced for novel as opposed to highly familiar material (Sorenson, Furman, & Gotlib, 2014), which may mean depressed clients struggle to retain memory of ‘positive exceptions’ when they do experience positive affect in isolated incidents (likely leading to ‘learning’ deficits). Moreover, there is increasing interest in the idea that positive projection (the capacity to imagine a positive future) is impaired in depression. There is some evidence that depressed individuals struggle to imagine positive future events (e.g., Morina, Deeprose, Pusowski, Schmid, & Holmes, 2011; Pearson, Deeprose, Wallace-Hadrill, Heyes, & Holmes, 2013). It has been proposed that depressed individuals find it hard to generate positive possible futures for themselves and tend to have globally negative and pessimistic beliefs about what may come to pass (Roepke & Seligman, 2016). Not only will these projection deficits lead to reduced pleasure during the anticipatory process itself (anticipatory positive affect), they are also likely to lead to less positive expectations about emotional experience when the event comes to pass (anticipated positive affect) (MacLeod, 2017), potentially leading to ‘wanting’ deficits. These anhedonic symptoms predict initial onset and a worse long-term course of depression (e.g., Bress, Foti, Kotov, Klein, & Hajcak, 2013; Morgan, Olino, McMakin, Ryan, & Forbes, 2013; Bennis, Nederhof, Ormel & Oldenhinkel, 2014; McMakin et al., 2012; Wichers et al., 2009; Spijker, Bijl, De Graaf, & Nolen, 2001; Shankman, Nelson, Harrow & Full, 2010).

Despite the centrality and prognostic importance of anhedonia, existing psychological therapies primarily focus on treating elevations in negative affect rather than reductions in positive affect. To be able to repair positive affect in therapy, it is first necessary to understand the emotion regulation processes that impact on the nature, frequency and intensity of positive emotion experience. A burgeoning positive emotion regulation field is starting to examine the consequences of various forms of emotion regulation on affective experience to positive stimuli (Bryant, Chadwick, & Kluwe, 2011; Carl, Soskin, Kerns, & Barlow, 2013; Dunn, 2017; Quoidbach et al., 2015). It is conceivable that emotion regulation strategies may have a differential impact on positive emotion experience if used when anticipating a positive event, during a positive event, or when recalling a positive event (see Quoidbach, Berry, Hansenne, & Mikolajczak, 2010). Therefore, it is important to examine the consequences of emotion regulation across these different temporal domains.

A strong candidate positive emotion regulation strategy already identified in the literature is the way in which individuals appraise positive emotion experience (see Feldman, Joormann, & Johnson, 2008). If individuals use dampening appraisals (e.g. think ‘this is too good to last’, ‘I don’t deserve this’, or ‘bad things will follow’) this may extinguish positive affect. In contrast, if individuals use amplifying appraisals that involve noticing how good they are feeling (e.g. think ‘I am feeling full of energy’; emotion-focus [EF] appraisals) and how this

means they are achieving their goals (e.g. think ‘I am living up to my potential’; self-focus [SF] appraisals), this is likely to ensure that embryonic positive affect evolves into more sustained and intense experience.

A range of accounts in the positive psychology and clinical fields propose that appraisals of these kinds impact positive emotion experience. The savouring literature describes how the tendency to engage in ‘kill-joy thinking’ blocks pleasure in positive situations (Bryant & Veroff, 2007; Bryant et al., 2011). Specifically, ‘fault finding’ (paying attention to the negative parts of generally positive situations) has been proposed to undermine pleasure experience in the positive psychology literature (Quoidbach et al., 2010). In the clinical field, classic cognitive therapy argues that a tendency to ‘discount the positives’ leads to the minimisation or dismissal of positive experiences (Beck, 2005; Beck, Rush, Shaw, & Emery, 1979). Wellbeing therapy systematically targets the identification and management of thoughts and beliefs that lead to early interruption of wellbeing experiences (Fava, 2016; Fava, Rafanelli, Grandi et al., 1998). While these literature all use different terminology, they converge on a common view that how we appraise positive emotion experience can either enhance or inhibit how that positive emotion experience subsequently unfolds (Bryant & Veroff, 2007; Fava, 2016; Quoidbach et al., 2010). Henceforth, we will use the term dampening appraisals for any thoughts that blunt positive emotions and the term amplifying appraisals for any thoughts that enhance positive emotions.

If the above logic holds, it follows that it should be helpful to develop ways to modify positive appraisal style in those individuals presenting with marked anhedonia (for example, reducing use of dampening appraisals and increasing use of amplifying appraisals). However, it is important to first test this rationale empirically, to avoid clinical practice running (potentially unhelpfully) ahead of the data. Moreover, it is useful to clarify which components of anhedonia (anticipatory processing prior to reward, in the moment processing when consummating reward, and mnemonic processing when recalling reward) these appraisals influence, to determine which kinds of presentation will most benefit from such approaches. The theoretical accounts outlined above are relatively silent as to the components of anhedonia to which dampening appraisals may be most strongly linked to (Bryant & Veroff, 2007; Fava, 2016; Feldman et al., 2008; Quoidbach et al., 2010).

There is now preliminary evidence suggesting positive appraisal style is associated with positive affective experience in adults. The bulk of the extant literature has made use of a self-report measure called the Response to Positive Affect scale (RPA; Feldman et al., 2008), which measures trait use of dampening, EF and SF appraisals. In non-clinical populations, reduced positive affect has been linked to greater levels of dampening and reduced levels of EF and SF appraisals (e.g. Kiken, Boersma, Engh, & Wurm, 2014; Raes et al., 2009). In depressed populations, anhedonic symptoms have been cross-sectionally related to elevated dampening and reduced EF appraisals (Nelis, Holmes, & Raes, 2015; Werner-Seidler, Banks, Dunn, & Moulds, 2013), even when controlling for the other symptoms of depression (Werner-Seidler et al., 2013). A less consistent pattern has emerged in longitudinal studies. For example, only SF appraisals (and not EF or dampening appraisals) predicted change in anhedonia over five months in a community sample (Nelis et al., 2015).

These association studies have a number of methodological limitations, which preclude strong conclusions being drawn about the consequences of positive appraisal style on positive affect. First, they measure positive mood (background affective state, unrelated to any clear triggering emotional stimuli) not affect (foreground affective state, triggered by distinct emotional stimuli). The latter is closer to how anhedonia is conceptualized in the literature. Moreover, only by measuring the latter is it possible to differentiate between consequences of appraisal style when anticipating, during, and when remembering positive events. Second, no causal conclusions can be drawn from

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