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Positive affect promotes well-being and alleviates depression: The mediating effect of attentional bias



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ABSTRACT

The present study tested whether the relationships among positive affect, psychological well-being, life satisfaction and depression could be explained by positive and negative attentional bias. Structural equation modeling and mediation analyses were conducted based on 565 medical freshmen in China. The model of attentional bias as a mediator between positive affect promoting well-being and decreasing depression fit the data. Finding showed positive affect significantly related to positive and negative attentional biases. People who had higher level of positive affect held more positive attentional bias and less negative attentional bias, and reported higher levels of psychological well-being, life satisfaction and lower levels of depression. The utility of the attentional bias as the mechanism through which positive affect enhances well-being and alleviates depression was supported. Applications in cultivating positive affect and regulating attentional bias in counseling and education are discussed.

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1. Introduction

There is a long history in psychological research which has examined the relationship between positive affect and well-being. Numerous studies have provided evidence for the positive relationship between positive affect and well-being (Kuppens et al., 2008; Layous et al., 2014; Lyubomirsky et al., 2005; Mauss et al., 2011). For example, In a meta-analysis of 225 studies of positive affect and success in life, Lyubomirsky and his colleagues concluded that positive affect is valuable for more than just feeling good, it can foster successful outcomes in a variety of life domains, including relatively better job satisfaction (show superior performance and productivity, get more income and less likely to show “job withdrawal”), enhanced social relationships (have more friends, stronger social support networks and show more marital satisfaction), and better mental and physical health (Lyubomirsky et al., 2005). Consistently, based on data from 46 countries, Kuppens's research clearly showed that the positive correlation between positive affect and life satisfaction processes a transnational congruence (Kuppens et al., 2008).

On the other hand, evidence suggested that happy people were relatively less likely to engage in rumination (Lyubomirsky et al., 2011), and the novel ideas and actions (e.g., the urge to play and explore) brought by the broadened mindsets have been approved

to alleviate depression, since the relatively higher levels of approach-oriented motivation are associated with less severe depression and a greater likelihood of recovery (Sin et al., 2011). Recent research confirmed that army wives who experienced more positive affect during deployment likely experienced fewer depressive symptoms during reunion. That is, individuals who experience positive affect have access to a larger repertoire of coping resources that they can use in creative and flexible ways, which lends to better stress management (Dolphin et al., 2015). Beyond this, the undoing hypothesis of positive affect proposed that positive affect can serve as particularly efficient antidotes for the lingering effects of negative emotions, it might “correct” or “undo” the aftereffects of negative emotions (Fredrickson, 2013). From the research of Fredrickson (Fredrickson and Levenson, 1998), when viewed against the backdrop of pronounced negative emotional arousal, the positive affect clearly stood out in their ability to “undo” lingering cardiovascular activation. That is to say, the difference in positive emotionality accounts for their increased ability to bounce back from adversity, avoid depression, and thrive (Garland et al., 2010).

Although the significant relationships among positive affect, well-being and depression have been approved by large empirical literature, few of them have directly tied these variables together to examine the possible intermediary processes. The broaden-and-build model suggest that positive affect can broaden an individual's thought-action repertoire, thereby promoting the expansion of attention and encouraging play and exploration. In

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turn, these broadening behaviors build lasting resources and heightened well-being (Fredrickson and Branigan, 2005). Based on this model, Wadlinger and his colleagues further confirmed that induced positive mood is indeed related to attentional broadening, but only for positive and neutral stimuli. Thus, it appears that individuals with induced positive mood states generally pay more attention to positive stimuli (Wadlinger and Isaacowitz, 2006). Consistently, Segerstrom indicated that individuals with high level of positive affect are often characterized with a greater attentional bias for positive stimuli relative to negative stimuli (Segerstrom, 2001). Tamir and Robinson found that the induction of positive moods resulted in attentional bias toward positive, rewarding words in a dot probe task (Tamir and Robinson, 2007). Whereas unhappy people appear to be relatively more sensitive to information carrying hedonic stakes, especially unpleasant ones (Lyubomirsky et al., 2011). What we attend to can shape our experiences. Attention is a most valuable instrument that serves as a telescope through which we select, bring into focus, and magnify the stimuli we experience in our world (Wallace, 1999). Carstensen's research about why emotional well-being increase as people get older suggested that older adults emphasize more on emotional goals that directs their attention away from negative information, and this attentional bias is linked to older adults' generally tendency to remember negative less well than positive information and their better emotional well-being (Mather and Carstensen, 2003). Wadlinger and Isaacowitz (2010) further specifically proposed that the experience of positive affect itself may increase individuals' selective attention preferences for positive information, and these broadened attention towards positive information may facilitate emotion regulation by helping individuals to attend to opportunities for reward in their environment. Individuals with such a positive view of the world enjoyed better life satisfaction and psychological well-being, including purpose in life, environmental mastery, and self-acceptance (Feist et al., 1995; Mak et al., 2011). It enlightens us that the attentional process may be the potential mechanism by which positive affect promote well-being.

According to the cognitive model of depression, depressed people often possess a biased attention, biased processing, biased thoughts, rumination, biased memory, dysfunctional attitudes and schemas (Beck, 1987), they show selective attention to negative aspects of experiences, negative interpretations, and blocking of positive events and memories (Kellough et al., 2008). Research suggests that this specific bias in attention may result from inability to disengaged from negative stimuli, which also contribute to a ruminative response style that perpetuates negative thoughts about the self, the world and the future. This process instigates a feedback loop within the cognitive system that serves to initiate and maintain an episode of depression (Disner et al., 2011). Besides, Gotlib and colleagues based on the n-back task confirmed that never-disordered people disengaged from happy content significantly more slowly than they did from neutral or sad content, counter to the depressed individuals. Consider that almost 20% of individuals will be diagnosed with depression at least one time in their lifetime, and that these participants reported no lifetime psychopathology, the authors suggest that this "positive effect" may reflect a protective bias that underlies their ability to keep positive information active (Levens and Gotlib, 2010). Thus based on the above research, we speculate that happier individuals may have a dominant positive cognitive tendency of attending to positive information and have relatively impotent negative attention bias, which promotes their well-being, and ameliorates distress.

Medical students are repeatedly found to sustain immense pressure. As Shah's research demonstrated, for example, mean perceived stress score (measured by the perceived stress scale,

PSS-14) of 161 medical students was 30.84, over the cut off value of 28 (Shah et al., 2010). Moreover, beyond the general college experience, the first-year transition can be especially distressing—new living arrangements, greater academic demands, and the navigation of unknown social settings may all pose serious risks to first-years' adjustment and well-being (Ramler, 2014), and because of the poor coping capacity to deal with the new complex environments, medical freshmen are the most stressed (Abdulghani et al., 2011). Although appropriate stress can be salutary, the prolonged stresses and strains may cause emotional problems and deteriorate well-being when they fail to release, and thus resulting in depression or suicide (Mak et al., 2011). Previous studies reported that positive affect is negatively associated with psychological distress, and often predicts positive outcomes such as positive psychological function, effective coping and physical health (Layous et al., 2014; Mauss et al., 2011). Thus in order to protect our medical students, especially those medical freshmen away from the bad effects of the overwhelming stresses, it is meaningful to understand the possible mechanisms through which positive affect cause these positive change. And in the present study, this intermediary process was considered to be the attentional tendencies, and our aim was to test the mediating effect of positive and negative attentional biases between positive affect and well-being (both life satisfaction and psychological well-being), and the mediating effect of attentional bias between positive affect and depression.

2. Methods

2.1. Participants and procedure

A total of 565 freshmen were recruited from a medical university in Chongqing China through systematic sampling method. Among them, 49% came from countryside, 51% came from urban areas, 54% were the only child in their family, 46% were the kids with siblings. Following the completion of informed consent forms, participants filled in a series of questionnaires including Positive and Negative Affect Schedule (PANAS), Satisfaction with Life Scale (SWLS), Ryff's Psychological Well-being Scales (RPWB), Center for Epidemiological Studies Depression Scale (CES-D), and Attention to Positive and Negative Information Scale (APNIS). Students were assessed collectively on the computer. The uniform instruction was used in the test, and the data were gathered on the spot. Total time for completion of the measures ranged from 40 to 55 min.

This study was approved by the Ethics Committee of Third Military Medical University.

2.2. Measures

2.2.1. Positive and negative affect

Positive and Negative Affect Schedule (PANAS) (Watson et al., 1988) has 20 adjectives that indicate positive affect and negative affect. This 20-item self-report questionnaire needs participants rate the extent of each mood state that they had experienced during a specified time frame on a five-point Likert scale ranging from 1 (very slightly or not at all) to 5 (very much). The internal consistency coefficient for our sample was 0.90.

2.2.2. Life satisfaction

The validated Satisfaction with Life Scale (SWLS) (Diener et al., 1985) comprises 5 items, each item measures response on a seven-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Total scores range from 5 to 35, with higher scores indicating greater perceived life satisfaction. Cronbach alpha value for our

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