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Affect intensity and negative mood regulation (NMR) expectancies: A preliminary Indian study

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ABSTRACT

Individuals differ in the intensity with which they typically experience affect as well as in their beliefs regarding their ability to alleviate negative mood states. These variables have been implicated in a range of clinical problems. Most studies utilize a single index of affect intensity. The differential correlates of positive and negative affect intensity, their association with negative mood regulation expectancy and their role as predictors of psychological outcomes have been insufficiently explored. This study aimed at exploring the relationship of affect intensity variables with negative mood regulation (NMR) expectancy, their association with age and gender and examining the role of affect intensity and NMR expectancy as predictors of stress and well being in a community sample of Indian adults. The sample consisted of 206 participants aged between 20 and 60 years. Higher age was associated with higher NMR expectancy but lower positive affect intensity. Positive and negative affect intensity showed differential patterns of association with NMR expectancy. Higher negative affect intensity was associated with lower NMR expectancy whereas higher positive affect intensity was associated with higher NMR expectancy. Affect intensity and NMR expectancy variables jointly predicted 30–39% of variance in perceived stress and well being. Implications for further research are discussed.

1. Introduction

In theoretical as well as empirical literature, emotional regulation processes are recognized as playing an important role in health and well being (Gross, 2002). Numerous variables conceptually linked with emotional regulation have been examined across studies. The present study focuses on two such variables namely, affect intensity and negative mood regulation expectancies.

Affect intensity has been described as "...stable individual differences in the strength with which individuals experience their emotions" (Larsen and Diener, 1987). It was originally described as a uni-dimensional construct, cutting across the experience of both positive and negative emotions. It was proposed that some individuals tend to typically experience both positive as well as negative emotions with much more intensity than others and would hence tend to display high affect intensity across a range of emotion-arousing situations. Larsen et al. (1986) provided empirical data in support of this proposition. Although most studies have examined affect intensity as a single index of individual difference in line with the original conceptualization mentioned above, a few researchers have brought to light the multi-factorial nature of this construct. Multidimensional models have been found to be superior to a one-dimensional model of affect intensity in confirmatory factor analyses (Bryant et al., 1996; Simonsson-Sarnecki et al., 2000). A three factor model that includes two separate factors related to negative affect (intensity and reactivity) and a single factor called positive affectivity has been found to be one of the best fitting models across these studies. Negative and positive affect intensity reflect general trait-like tendency to typically experience strong negative affect and positive affect respectively. Negative affect reactivity is said to capture situationally driven negative responsiveness to stimuli. Very high correlations between positive affect intensity and positive affect reactivity do not support the differentiation between intensity and reactivity as tenable; unlike the distinction between intensity and reactivity in case of negative affect (Bryant et al., 1996).

Affect intensity has been implicated as one of the vulnerability factors for the development of a variety of psychiatric problems. It is positively associated with symptoms of cyclothymia, borderline personality disorder and substance use (Diener et al., 1985a; Flett and Hewitt, 1995; Levine et al., 1997), suicidal behavior (Osman et al., 1999) and fearful reactivity elicited by a panic-relevant biological challenge procedure (Vujanovic et al., 2006). Negative

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intensity in particular is associated with maladaptive emotion-regulation strategies, such as thought suppression (Lynch et al., 2007). There is some evidence that thought suppression and ambivalence over emotional expression mediate the links between negative affect intensity and negative outcomes such as depressive symptoms in clinical as well as non-clinical samples (Lynch et al., 2001). Affect intensity and affect liability have been proposed as core dimensions of bipolar disorders during euthymic period (Henry et al., 2008). Gratz et al. (2008) reported that among individuals with substance use disorders, negative affect intensity (in addition to childhood maltreatment) was a unique predictor of borderline personality symptoms. Results from yet another study suggest that negative affect intensity may be a risk factor for Borderline Personality Disorder symptoms in individuals with low distress tolerance (Bornovalova et al., 2011). In a recent Indian study on a community sample of adults, higher negative affect intensity was associated with higher need for emotional disclosure and lower subjective well being (Saxena and Mehrotra, 2010).

The generalized expectancies for negative mood regulation (NMR) expectancy refer to the beliefs concerning one's ability to terminate or alleviate a negative mood state (Catanzaro and Mearns, 1990). High NMR expectancies are associated with adaptive coping strategies (Flett et al., 1996; Kirsch et al., 1990; Mearns, 1991) and lower scores on stress, anxiety and depression (Thorberg and Lyvers, 2006). On the other hand, low NMR expectancies are associated with maladaptive behaviors like excessive drug and alcohol use, clinical and sub-clinical levels of distress, lower use of reappraisal coping and higher use of suppression (Kassel et al., 2000; Simons et al., 2005). Changes in NMR expectancies may also serve as an early prognostic indicator in therapy and act as a mediating variable in psychotherapy for depression (Backenstrass et al., 2006; Cloitre et al., 2004). NMR expectancy and affect intensity have been examined conjointly in very few studies till date. These have shown a small but significant negative correlation between NMR expectancies and overall affect intensity (e.g. Thorberg and Lyvers, 2006).

1.1. Rationale for the present study

As mentioned above, several studies have observed the links between affect intensity and multiple negative outcomes. However, despite the evidence for a multidimensional nature of affect intensity, many studies continue to use a global index of affect intensity (e.g. Engelberg and Sjoberg, 2004; Henry et al., 2008; Crust, 2009; Thompson et al., 2011). This approach can obscure the differential correlates of different dimensions of affect intensity. For example, neuroticism has been associated with negative but not positive affect intensity (Lee and Guajardo, 2011). The present study attempted to address this issue by treating affect intensity as a multi dimensional variable. A substantial proportion of studies on affect intensity have been limited to undergraduate college samples restricting inferences that may be drawn across the developmental span. It becomes important to examine these constructs in Indian samples across age and genders because emotional regulation processes are likely to be influenced by socio-cultural beliefs, norms and values (Bryant et al., 1996).

There is a growing recognition in the mental health literature that positive and negative outcomes or phenomena (e.g. ill being and well being) are not mirror opposites and these may have different external correlates (e.g. Keyes, 2002; Ryff et al., 2006). However, most studies on affect intensity as well as NMR have tended to explore only negative outcomes and very few studies have examined the role of affect intensity and NMR as predictors of well being. The few available studies suggest that affect intensity is unrelated to well being (e.g. Larsen and Diener, 1987). But these have been criticized for their conceptualization and measurement of affect intensity (Stone and Kozma, 1994; Schimmack and Diener, 1997). Hence it was planned to incorporate a positive and a negative outcome in the present study, viz. well being and stress. Perceived stress was chosen as a variable as it is one of the most generic outcomes, popularly used in studies involving non-clinical samples. A recent review by Thoits (2010) reiterates that stressful experiences have significant impact on physical and mental health. Studies that examine predictors of stress and well being in the general community can be useful in the development of preventive and promotive approaches in mental health. High affect intensity, especially high negative affect intensity, may require higher levels of mood repair efforts and individuals with low NMR expectancy may be highly vulnerable to the impact of high negative affect intensity. However, very few studies have examined negative affect intensity along with NMR expectancy.

The present study was undertaken to address some of the above mentioned lacunae through examining the role of positive and negative affect intensity, negative reactivity and NMR expectancy as predictors of perceived stress as well as well being in an Indian sample spanning a broad age range between 20 and 60 years.

1.2. Objectives

The specific objectives of the present study were: (1) to examine the association of age and gender with affect intensity variables and NMR expectancies in an Indian adult sample; (2) to examine the relationship of affect intensity variables with NMR expectancies in the above sample; (3) to examine the role of affect intensity variables and NMR expectancies as predictors of perceived stress and well being. Note: The phrase 'affect intensity variables' is used to refer to the three indices of affect intensity (positive affect intensity, negative affect intensity and negative reactivity).

2. Method

2.1. Sample

The authors launched the study after obtaining approval for the same from their Institute's Ethics Committee. Age range between 20 and 60 years, ability to understand and read English/Kannada and minimum 12 years of formal schooling were used as criteria for sample selection. The participants were recruited from general community through snow balling, with the pre-determined target of obtaining nearly equal representation of individuals in each decade of life (between 20 and 60 years) and both genders. Individuals were not paid for participation in the study. Two hundred and six participants were enrolled after they provided written informed consent. The basic sample characteristics are described in Table 1.

2.2. Measures

Affect Intensity Measure (AIM): This is a forty items questionnaire with a six point Likert scale (Larsen and Diener, 1987). It assesses the typical strength/intensity with which an individual experiences emotions. Higher total scores across the forty items reflect higher typical affect intensity. The AIM items elicit typical affect intensity and reactivity using a broad range of affective experiences such as joy, enthusiasm, calmness, anger, and guilt and nervousness. Such coverage is understandable in view of the focus of AIM on capturing general trends in the typical intensity of affect. Factor analyses (Bryant et al., 1996) have indicated the utility of examining three subscales: positive intensity and reactivity labeled as positive affectivity (e.g. "When I am happy, I feel like I am bursting with joy), negative intensity (e.g. "When I