



Journal of Contemporary Social Science and Education Studies

E-ISSN: 2775-8774


Vol 4, Issue 3 Special Issue (2024)

Doi: 10.5281/zenodo.14048725

CLIENTS' POSITIVE AFFECT (PA) AND NEGATIVE AFFECT (NA) AND THEIR RELATIONSHIP TO DEPRESSION AND ANXIETY

***Siti Balqis Md Nor¹, Nurul Atiqah Ab Raji¹, Jasmi Abu Talib¹ & Nurlify Syammimi Ahmad Saliman¹**

^{1,2} Faculty of Business, Economics and Social Development (FBESD), UMT

Article Info	ABSTRACT
<p>Article history: Received: 14 Sept 2024 Revised: 30 Sept 2024 Accepted: 20 Oct 2024 Published: 15 Nov 2024</p> <p>Keywords: positive affect, negative affect, , anxiety, depression</p> <p></p>	<p>The aim of this study was to explore the effects of positive affect (PA) and negative affect (NA) among clients. We conducted a cross-sectional survey among 104 Malaysian client and used multiple regression analyses. We found that positive affect (PA) positively predicted anxiety, but not depression, and that negative affect (NA) positively predicted both anxiety and depression. These results indicated several strengths and provides insights into factors that contribute to clients' positive and negative affects, clients' psychological health and, depending on clients' level of PA. Thus, future studies could explore possible mediating factors or strategies designed to boost positive affect (PA) to specifically alleviate anxiety symptoms.</p>

Corresponding Author:

* **Siti Balqis Md Nor**

Faculty of Business, Economics and Social Development (FBESD), UMT

Email: sitibalqis@umt.edu.my



This is an open-access article under the CC BY-SA license.

INTRODUCTION

The current study sought to explore the positive affect (PA) and negative affect (NA) among clients and their relationship to depression and anxiety. For decades, PA and NA have been defined from several perspectives, such as that of: mood (Watson & Clark, 1984; Watson & Tellegen, 1985); emotion (Fredrickson & Losada, 2005); personality traits (Watson, Clark, & Carey, 1988); or affective traits (Tellegen, 1985). In the current study's context, we treated PA and NA as specific state moods, in accordance with Watson, Clark, and Tellegen (1988) and Wilson, Thompson, and Vazire (2017). In general, PA and NA are considered as two of the important mood factors assumed to be correlated with other psychological health symptoms, including anxiety and depression (Clark & Watson, 1991; Watson, Clark, & Carey, 1988). Scholars have believed that individuals who are high in PA positively evaluate their situation and, as a consequence, positive affects (PAs) such as joy, happiness and mental alertness appear (Watson, Clark, & Carey, 1988). In contrast, individuals who are high in NA tend to be more cautious and perceive events in negative ways with feelings such as sadness, fear and hostility (Watson & Clark, 1984; Watson & Tellegen, 1985). However, although both PA and NA sometimes overlap with anxiety and depression (Watson et al., 1988a), generally PA and NA are considered as antecedents to depression and anxiety (Cohen et al., 2017; Gross & Jazaieri, 2014). Thus, in the context of the current study, we investigated clients' PA and NA as antecedents to depression and anxiety.

LITERATURE REVIEW

The literature review includes the definition of Positive affect (PA), negative affect (NA) and their relationship to depression and anxiety among the clients.

Positive Affect (Pa) And Negative Affect (Na)

From the theoretical viewpoint, PA is defined as the system that guides people to pleasant ends with potential rewards and is characterized by positive emotions, cognition and approach behaviours (Fredrickson & Losada, 2005; Taylor, Lyubomirsky, & Stein, 2017; Watson, Clark, & Tellegen, 1988). On the other hand, NA is the system that regulates responses towards unpleasant ends such as feelings of sadness, fear, dislike and irritability and is characterized by negative emotions and cognition and avoidance behaviours (Fredrickson & Losada, 2005; Taylor et al., 2017; Watson, Clark, & Tellegen, 1988). Although some argued that PA and NA are part of affective and personality states (Watson, Clark, & Tellegen, 1988; Wilson et al., 2017), Tellegen (1985) viewed them as affective trait dimensions. For example, some types of personality seem closely related to PA and NA (e.g., extraversion and anxiety), but we stayed close to the suggestions of Watson, Clark, and Tellegen (1988) and Wilson et al. (2017) that PA and NA are instead state fluctuations. In other words, PA and NA would not necessarily reside at trait level, but rather at state level.

Positive Affect (PA) And Negative Affect (NA) And Their Relationship To Depression And Anxiety

In relation to depression and anxiety, PA and NA sometimes overlap and are regarded as state personality constructs. For example, using the tripartite model, Clark and Watson (1991) argued that PA and NA may be underlined as core components leading to depression and anxiety. For instance, an individual with NA correlates with many anxious and depressive symptoms; he/she significantly exaggerates the size of failure-related stimuli (Zahn, 1960), finally becoming an individual with anxiety and depression. However, an individual with low PA (anhedonia) loses interest in activities he/she once used to enjoy, lowering the sense of pleasurable engagement in such activities and then finally becoming an individual with depression.

HYPHOTHESIS

Hypothesis 1(a): A client's positive affect (PA) is negatively related to a client's anxiety.

Hypothesis 1(b): A client's positive affect (PA) is negatively related to a client's depression.

Hypothesis 2(a): A client's negative affect (NA) is positively related to a client's anxiety.

Hypothesis 2(b): A client's negative affect (NA) is positively related to a client's depression.

METHODOLOGY

Participants and procedure

A questionnaire was distributed to 140 clients. The clients were receiving counselling services from public sector counsellors. After obtaining consent letters from the director of each counselling department, we approached 140 clients to participate in the study. In all, 140 clients indicated their willingness to participate in the study, with 105 clients (response rate 75%) responding to the questionnaire. The current study employed simple random sampling to approach the client. Participants used pens to complete the questionnaire which they received in booklet form. Most participants (i.e., clients of counsellors in the Ministry) were female (69%) and most were single (76%), with the remainder indicating they were married (26%) and in the ‘others’ category (1%). Participants were mainly referred clients (52%) with the remainder being voluntary clients who had walked in to receive counselling services

Measures

Positive affect (PA) and negative affect (NA): Positive affect (PA) and negative affect (NA) were measured with the Positive and Negative Affect Schedule (PANAS) which is a 20-item self-report measure of positive and negative affect developed by Watson, Clark, and Tellegen (1988). In the study, we measured and administered PA and NA separately. Participants in the sample were asked to rate the extent to which they had experienced each specific emotion within a specified time period, with reference to a 5-point scale. The scale points ranged from 1 ‘very slightly’ or ‘not at all’; 2 ‘a little’; 3 ‘moderately’; 4 ‘quite a bit’; and 5 ‘very much’, with reliability of $\alpha=0.94$ for positive affect (PA) and $\alpha=0.91$ for negative affect (NA).

Anxiety: Anxiety was measured by seven items based on the Generalized Anxiety Disorder (GAD-7) assessment (Spitzer, Kroenke, Williams, and Löwe (2006). The items were scored on a 4-point scale, ranging from 0 ‘not at all sure’; 1 ‘several days’; 2 ‘over half the days’; to 3 ‘nearly every day’, with reliability of $\alpha=0.91$. An example of an item is as follows: “Over the last two weeks, how often have you been feeling nervous, anxious, or on edge?”

Depression: Depression was measured by nine items based on the Patient Health Questionnaire (PHQ) (Spitzer, Kroenke, Williams, and Group (1999). Items were scored on a 4-point scale, ranging from 0 ‘not at all’ to 3 ‘nearly every day’, with reliability of $\alpha=0.92$. An example of an item is as follows: “In the last month, how often were you bothered by feeling down, depressed or hopeless?”

Analysis

To evaluate a direct effect test for Hypotheses 1 and 2, we conducted multiple regression analysis using IBM’s SPSS Statistics (SPSS). For Hypothesis 1(a), we predicted client PA negatively on client anxiety and for Hypothesis 1(b), we predicted client PA negatively on client depression, and all were via a direct effect test (as shown in Table 1.1). In Hypothesis 2(a), we predicted client NA positively on client anxiety whereas, in Hypothesis 2(b), we predicted client NA positively on client depression, and all were via a direct effect test (as shown in Table 1.1).

Table 1.1: Regression results predicting anxiety and depression

Variables	Anxiety	Depression
	β 1	β 2
Main effects		
Positive affect (PA)	0.20*	0.11
Negative affect (NA)	0.66***	0.63***
R^2	0.49	0.54
ΔR^2	0.48***	0.53***

Notes: β =unstandardized regression coefficient; N=104; superscript asterisks indicate significance level: * $p < 0.05$; *** $p < 0.001$ (two-tailed)

RESEARCH FINDINGS AND DISCUSSIONS

Research findings

Hypothesis 1(a) predicted a negative relationship between a client's PA and a client's anxiety with the relationship supported, but the result was a positive relationship, not a negative one. We found a significant positive association of a client's PA on a client's anxiety (Beta (β)=0.20, SE=0.09, $p < 0.005$). Hypothesis 1(b) proposed that a client's PA would predict depression, but this was not statistically significant.

Hypothesis 2(a) proposed a positive relationship between a client's NA and a client's anxiety; this was statistically significant (β =0.66, SE=0.07, $p < 0.001$). Furthermore, Hypothesis 2(b) predicted that a client's NA was positively associated with a client's depression and this was supported. A client's NA had a positive effect on clients' depression (β =0.63, SE=0.06, $p < 0.001$).

Discussions

In our first hypothesis, we proposed that clients having PA would negatively predict their anxiety and depression. We found that PA was positive and significant for anxiety but was not significant for depression. Our findings suggested that PA contributed to anxiety but not at all to depression. The possible explanation is that when clients with PA attended counselling sessions, they had a level of anxiety about their specific problem not involved depression at all. The finding was consistent with the notion that people with PA totally not having a depression (Eisner, Johnson, & Carver, 2009). In our second hypothesis, we investigated the proposal that clients having NA would positively predict their anxiety and depression. Somewhat consistent with our hypothesis, NA accounted for significant variance in predicted depression and anxiety. The finding was consistent with the notion that NA is the core component for both anxiety and depression (Clark & Watson, 1991).

CONCLUSION AND RECOMMENDATION

In conclusion, in our study, we found support for the notion that clients' PA positively predicts anxiety, but not depression, and that clients' NA positively predicts both anxiety and depression. Future research could investigate potential mediating factors or interventions aimed at enhancing PA to reduce anxiety symptoms specifically. The potential intervention could focus on positive psychology techniques, such as gratitude journaling or mindfulness practices, to enhance clients' PA. Additionally, cognitive-behavioral strategies might help clients reframe negative thoughts, ultimately aiming to reduce anxiety while fostering a more positive emotional state.

REFERENCES

- Clark, L. A., & Watson, D. (1991). Tripartite model of anxiety and depression: psychometric evidence and taxonomic implications. *Journal of abnormal psychology, 100*(3), 316.
- Cohen, J. N., Dryman, M. T., Morrison, A. S., Gilbert, K. E., Heimberg, R. G., & Gruber, J. (2017). Positive and negative affect as links between social anxiety and depression: Predicting concurrent and prospective mood symptoms in unipolar and bipolar mood disorders. *Behavior Therapy, 48*(6), 820-833.
- Eisner, L. R., Johnson, S. L., & Carver, C. S. (2009). Positive affect regulation in anxiety disorders. *Journal of anxiety disorders, 23*(5), 645-649.
- Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *American psychologist, 60*(7), 678.
- Gross, J. J., & Jazaieri, H. (2014). Emotion, emotion regulation, and psychopathology: An affective science perspective. *Clinical Psychological Science, 2*(4), 387-401
- Spitzer, R. L., Kroenke, K., Williams, J. B., &

- Group, P. H. Q. P. C. S. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *Jama*, 282(18), 1737-1744.
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine*, 166(10), 1092-1097.
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Group, P. H. Q. P. C. S. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *Jama*, 282(18), 1737-1744.
- Taylor, C. T., Lyubomirsky, S., & Stein, M. B. (2017). Upregulating the positive affect system in anxiety and depression: Outcomes of a positive activity intervention. *Depression and anxiety*, 34(3), 267-280.
- Tellegen, A. (1985). Structures of mood and personality and their relevance to assessing anxiety, with an emphasis on self-report.
- Watson, D., & Clark, L. A. (1984). Negative affectivity: the disposition to experience aversive emotional states. *Psychological bulletin*, 96(3), 465.
- Watson, D., Clark, L. A., & Carey, G. (1988). Positive and negative affectivity and their relation to anxiety and depressive disorders. *Journal of abnormal psychology*, 97(3), 346.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of personality and social psychology*, 54(6), 1063.
- Watson, D., & Tellegen, A. (1985). Toward a consensual structure of mood. *Psychological bulletin*, 98(2), 219.
- Wilson, R. E., Thompson, R. J., & Vazire, S. (2017). Are fluctuations in personality states more than fluctuations in affect? *Journal of Research in Personality*, 69, 110-123.
- Zahn, T. P. (1960). Size estimation of pictures associated with success and failure as a function of manifest anxiety. *The Journal of Abnormal and Social Psychology*, 61(3), 457.