



The Role of Both Positive and Negative Affect and Loneliness in Quality of Life

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Abstract

Our study examined how loneliness, positive affect and negative affect are associated with quality of life (QOL) in a university sample in North Texas. Participants ($n=125$, 75% female) self-identified as European-American (54%), African-American (26%), Latino(a) (9%) and other (11%), with an average age of 20.9 ($SD=4.0$). Significant correlations were identified between these scales. Four multiple regression models predicting psychological QOL were examined controlling for age and gender. Lower levels of loneliness and negative affect, yet higher levels of positive affect predicted emotional well-being. Lower levels of negative affect and higher levels of positive affect predicted vitality. Lower levels of loneliness and negative affect correlated with improved mental health related role functioning. Our study suggests that positive and negative personality characteristics plus social functioning relate to psychological QOL.

Introduction

- Physiological health is influenced by the presence and absence of psychosocial factors such as social support (Dunkel-Schetter, Folkman & Lazarus, 1987) and negative affect (Buerki & Adler, 2005).
- Although sometimes conceptualized as bipolar constructs, evidence has shown that positive and negative affect often co-occur when an individual is under stress (Folkman & Moskowitz, 2000).
- The presence of negative affect paired with the inability to express those negative emotions contributes significantly to cardiovascular disease, increased morbidity and mortality, and decreased response to treatment (Schiffer et al., 2006).
- Positive affect appears to provide an adaptive function and may serve as a buffer against disease and illness, and increase adaptive coping strategies (Steptoe, Wardell, Marmot, 2005; Folkman & Moskowitz, 2000).
- Loneliness has been associated with negative mental health outcomes such as depression and low self-esteem (Russell, 1996), and an inverse graded relationship exists between the amount of social support and the onset of adverse cardiac events (Rozanski et al., 1999).
- Researchers have shown that combined factors demonstrate stronger pathways to health outcomes than isolated factors (Denollet, 2005).
- It is important to understand the relationship of positive and negative affect, as well as loneliness in health outcomes.

Hypotheses

1. Loneliness and negative affect will be negatively associated with higher QOL.
2. Positive affect will be positively associated with QOL.
3. Positive affect will contribute to a significant proportion of the variance in QOL after controlling for age, gender, loneliness and negative affect.

Methods and Results

A convenience sample was used to collect self-reported data using a cross-sectional, correlational design. Participants ($n = 125$) were offered extra credit in exchange for participation at a large southern university. In addition to demographic information, measures of interest included:

Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1998)

- 20 item checklist
- 2 subscales, positive and negative affect
- Sample items include: "enthusiastic" & "distressed."
- Internal consistency ranges from 0.85-0.90

UCLA Loneliness Scale (ULS; Russell, 1996)

- 10 likert-type items that comprise one scale: Loneliness
- Responses range from 1 (never) to 4 (often)
- Sample items include: "How often do you feel that you lack companionship" & "How often do you feel isolated from others?"
- Internal consistency ranges from 0.89-0.94

MOS SF-36 (SF-36; Ware & Sherbourne, 1992)

- 36 item measure with 8 subscales
- We used 3 subscales: Emotional Well-Being, Vitality, Mental Health Role Functioning
- Responses range from 1 (All of the time) to 6 (None of the time). Higher scores indicate optimal QOL
- Sample questions include: "Did you feel full of pep?" and "Have you felt calm and peaceful?"
- Internal consistency ranges from 0.76 to above 0.90

Demographic Variables

Gender	Employment	Relationship Status
Male 25%	Unemployed 46%	Single 98%
Female 75%	Employed 54%	Member Social Org. 61%
Ethnicity	Organization Membership	Living Arrangement
European American 54%	Not a Member 39%	Live Alone 24%
African-American 26%	Other 2%	Live with Someone 74%
Asian-American/Asian 7%		
Latino/a 9%		
Other 4%		
Religious Affiliation		
Christian 76%		
None 11%		
Buddhist 3%		
Other 10%		

Variable	Mean	(SD)	Range	Alpha
Age	20.94	(3.98)	18-54	N/A
Independent Variables				
Positive Affect	35.6	(7.21)	10-50	0.89
Negative Affect	21.6	(6.60)	10-50	0.88
Loneliness	12.1	(6.39)	0-30	0.92
Dependent Variables				
Vitality	51.9	(17.22)	0-100	0.60
Emotional W. B.	62.0	(18.64)	0-100	0.79
Role Limitation	75.2	(24.65)	0-100	0.84

Bivariate Analyses	Age	Gender	A.A.	Lat.	E.A.	Other	Relgn	Soc.O	PA	NA	Lone.
Vitality									0.55**	-0.49**	-0.43**
Em.W.B									0.57**	-0.61**	-0.50**
Role L.									0.21*	-0.37**	-0.38**

Not Significant

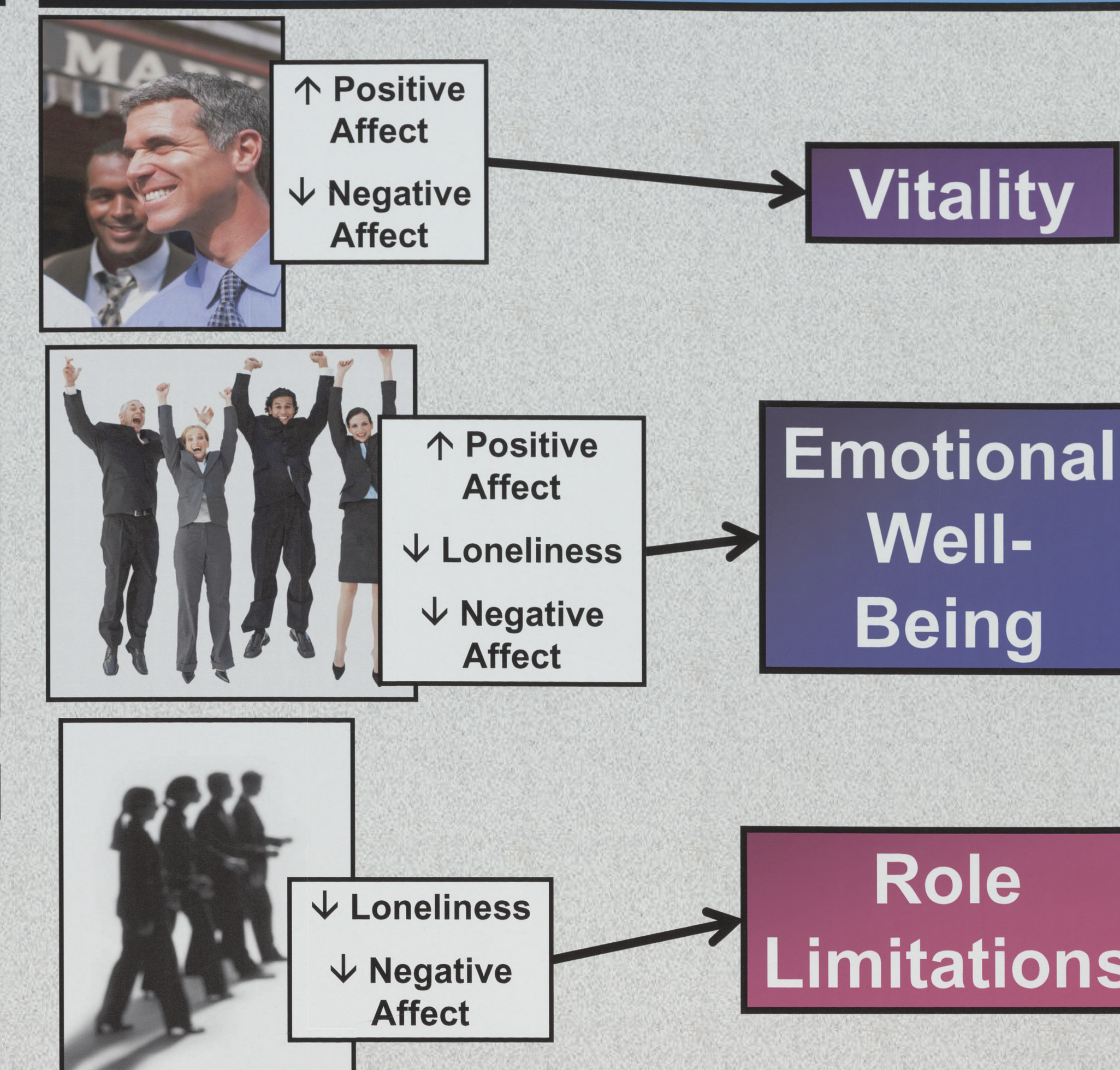
Hierarchical Regression Analyses ($n = 125$)

Demographics = Entered, Block 1: Loneliness & Negative Affect = Entered, Block 2: Positive Affect = Entered

	Quality of Life		Vitality		Emotional W. B.		Role Limits	
	t	B	t	B	t	B	t	B
Block 1								
Age	0.13	0.01	-0.84	-0.05	0.10	0.01		
Gender	-2.26*	-1.53	-0.33	-0.02	0.49	0.04		
Block 2								
Loneliness	-1.29	-0.10	-2.05*	-0.15	-2.54*	-0.25		
Negative Affect	-4.28***	-0.33	-6.47***	-0.44	-2.57*	-0.24		
Block 3								
Positive Affect	6.07***	0.45	6.14***	0.41	0.59	0.05		
	F (5, 119) = 20.65***		F (5, 119) = 32.1***		F (5, 119) = 5.8***			
	R ² Δ B1 = 0.01		R ² Δ B1 = 0.01		R ² Δ B1 = 0.00			
	R ² Δ B2 = 0.29***		R ² Δ B2 = 0.43***		R ² Δ B2 = 0.19***			
	R ² Δ B3 = 0.17***		R ² Δ B3 = 0.14***		R ² Δ B3 = 0.00***			
	Total Adj. R ² = 0.44		Total Adj. R ² = 0.56		Total Adj. R ² = 0.16			

* p < .05; ** p < .01; *** p < .001

Conclusions



Discussion

- It is not clear from our study whether positive and negative affect act as independent traits or interact with one another. How personality variables interact with loneliness is not entirely clear in our sample. Path analysis with a larger sample size may help clarify these questions.
- Our sample was not gender balanced or ethnically diverse, which might limit generalizability; however, gender differences were examined at the bivariate level and were not significant.
- Our study used a cross-sectional, correlational design, which does not allow us to infer causality. Future studies should employ longitudinal designs that allow inferences to be made across time and situations.
- Although our data was collected using a convenience sample of university students and our results may not generalize to the entire population, it is important to understand personality traits and social interactions in college students in order to design interventions that target young adults.
- Interventions designed to target these variables in young adults may alter traits before they become stable and exert negative effects on health.
- Future studies should examine the pathways by which these variables exert their effects on mental and physical health.
- Future studies should examine these variables in a more diverse, gender balanced group of adults.

References

➢ Please see handout.