



# Psychological wellbeing and the diathesis-stress hypothesis model: The role of psychological functioning and quality of relations in promoting subjective well-being in a life events study

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## ABSTRACT

Negative life events are associated with poor wellbeing and mental health outcomes. Following a diathesis-stress model, we tested whether psychological functioning and quality of interpersonal relationships moderated the effect of life events on subjective wellbeing. This study comprised data from a young and middle-aged adult sample ( $n = 364$ ) drawn from an Australian university-student population. Results indicated that life events were associated with negative but not positive wellbeing outcomes. Perceived impact of life events was a stronger predictor of wellbeing than was the number of life events. Psychological functioning and quality of interpersonal relationships were associated with both wellbeing dimensions but only quality of interpersonal relationships moderated the effect of life events on wellbeing. In conclusion, perceived impact of life events was more strongly related to wellbeing than number of life events. Interpersonal relationships moderate the effect of life events with those reporting higher levels of quality of interpersonal relationships reporting less decrement in negative affect following stressful life events.

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## 1. Introduction

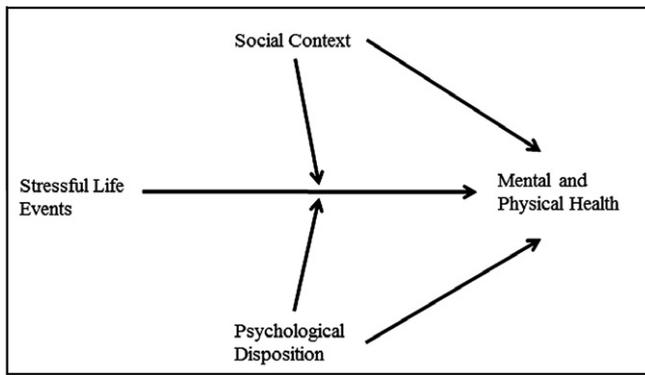
The association between life events and health is well established (Sarason, Sarason, Potter, & Antoni, 1985). Stressful life events are implicated in the aetiology of common mental disorders (Bebbington, Hurry, & Tennant, 1988; Brown, Harris, & Eales, 1993; Newman & Bland, 1994; Spinhoven et al., 2011). Differences in how individuals respond and adapt to stressful life events can be accounted for by a number of psycho-social factors. In one longitudinal study (Whisman & Kwon, 1993), the impact of life stress on longitudinal change in dysphoria was moderated by self-esteem and mediated by change in hopelessness. Higher self-esteem and lower hopelessness were associated with better wellbeing outcomes. Similarly, decreased neuroticism and increased extraversion have been indicated as moderating the long-term course of depressive and anxiety symptomatology in a positive way (Spinhoven et al., 2011). Social and environmental factors can also moderate the association between stressful life events and mental

health outcomes. Social support is consistently identified as buffering the effects of life events on wellbeing outcomes in clinical samples (Ames & Roitzsch, 2000) and the general population (Falcon, Todorova, & Tucker, 2009). In a recent Dutch study (van den Berg, Maas, Verheij, & Groenewegen, 2010), environment was a significant moderator of the degree to which participants were affected by stressful life events. The authors concluded that the amount of green space, within 3 km of residents' homes, buffered against the negative health impact of stressful life events.

Although one's vulnerability to poor mental health outcomes is purported to be diathetic (Zubin & Spring, 1977), the level of risk in developing poor mental health outcomes is clearly associated with the availability of those psycho-social resources with which an individual may utilise and cope with the occurrence of negative stressful events. Given the role of individuals' resources in moderating the effect of life events on well-being outcomes, we believe that there is a strong theoretical basis on which to focus the examination of life events on the appraised impact that an event may have. The diathesis-stress hypothesis (Coyle & Downey, 1991) proposes that personal dispositions and social context moderate the effect of stressful life events on health and well-being (see Fig. 1). When psychological and social resources which aid adjustment to life events are absent or limited, then individuals are vulnerable to an increased likelihood of reporting a decrement in a range of health outcomes.

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**Fig. 1.** Diathesis-stress model: Psychological disposition and social context moderate the effects of stressful life events on mental and physical health.

Typically, investigations of the effect of life events associate the occurrence of a life event, or the number of life events that occurred in a preceding period, with subsequent mental health outcomes. Evidence for the perceived degree of impact of life events remains relatively unexplored. That is, the association between perceived impact of life events on health and wellbeing is less clear. In a similar vein, Horowitz, Wilner, and Alvarez (1979) proposed the Impact of Event Scale (IES) as a method of describing subjective distress in relation to specific life events, determining the extent to which participants reported degrees of intrusive thinking and avoidance. However, most utilisation of the IES has been restricted to clinical samples, particularly in relation to post-traumatic stress disorder (Sundin & Horowitz, 2003).

We propose that the deleterious effect of a life event is associated more with its degree of impact on one's life than its occurrence alone. For example, the negative impact of job-loss may be less damaging on the individual who is in a financial position to deal with job-loss, or for the individual who had the foresight that job-loss was impending and had begun to take steps to find alternative employment. Similarly, for one individual, the end of a difficult acrimonious relationship may impact less negatively than for an individual whose perceived nurturing and fulfilling relationship ends unexpectedly. In this study, we amend a common measure of Significant Life Events to determine the degree of impact of a life event, such that when a life event has occurred, a participant describes the extent to which the event impacted on their life. Finally, we test the effects of stressful life events on individual wellbeing, following a model of wellbeing (Huppert et al., 2009), that combines psychological function and feeling. There is considerable evidence for the independence of related wellbeing constructs that are either affective or cognitive-behavioural in basis (Burns & Machin, 2009, 2010; Gallagher, Lopez, & Preacher, 2009), with stronger evidence for the role of psychological functioning in determining feeling components of wellbeing and mental health outcomes (Burns, Anstey, & Windsor, 2011; Burns & Machin, 2012). We posit that quality of social relations and psychological function moderate the effect of perceived impact of life event individual wellbeing.

### 1.1. Aims

Our aims are:

1. To compare the association between number of life events and the perceived impact of life events on wellbeing; and
2. to examine whether components of psychological functioning and social relations moderate the association between perceived impact of life events and wellbeing.

## 2. Methods

### 2.1. Participants and procedure

Participants ( $n = 364$ ) were recruited from the student population from the Department of Psychology at the University of Southern Queensland (USQ). Socio-demographic characteristics are detailed in Table 1. Of particular note, participants were predominantly female (82.4%) and over half of the sample were aged over 25 years of age (53.5%). Also, the majority of participants were studying through distance education (56.3%) and part-time (53.6%), often several years post-completion of high school. These sampling characteristics can be attributed to the provision of unique educational services by several universities in Australia, like USQ, which recognise that many do not necessarily follow the traditional route of entering university subsequent to their completion of their high school qualification. With the impediments (e.g. family and work responsibilities) associated with entering higher education later in life, USQ provides opportunities for students to undertake most of their courses on a part-time and external basis, in addition to the traditional full-time and on-campus modes. Participation in departmental projects is a requirement of enrolment in some psychology courses, but voluntary for others. Participants accessed the survey through a secure web facility which is run and monitored by the technical services staff within the Department of Psychology. In order to limit ordering effects

**Table 1**  
Descriptive summary of participant characteristics.

	N	%	M	SD
<i>Sex</i>				
Male	64	17.6		
Female	300	82.4		
<i>Age</i>				
Under 20 years	95	26.1		
20–25 years	74	20.3		
26–29 years	40	11.0		
30–39 years	98	26.9		
40–49 years	42	11.5		
50 years and over	15	4.1		
<i>Education</i>				
Certificate	7	1.9		
Diploma	4	1.1		
Bachelor degree	327	89.8		
Post-graduate diploma	22	6.0		
Masters	2	.5		
Doctorate	2	.5		
<i>English first language</i>				
Yes	337	92.6		
No	27	7.4		
<i>Study load</i>				
Full-time	169	46.4		
Part-time	195	53.6		
<i>Mode of education</i>				
On-campus	126	34.6		
Distance	205	56.3		
On-line	2	.5		
A combination	31	8.5		
<i>Living location</i>				
Hall of residence	17	4.7		
Rental property	127	34.9		
Parental home	101	27.7		
Own home	119	32.7		
Positive affect			3.54	.83
Negative affect			2.39	.81
# of life events			4.46	2.79
Perceived impact of LE			3.28	.96

Note. LE: Life events; EGPS: super ordinate factor derived from 4 of the PWB scales.

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