

Fear of happiness through the prism of the dual continua model of mental health

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Abstract

Objective: Two studies were conducted to investigate fear of happiness through the lens of the dual continua model of mental health.

Methods: In Study 1, we examined whether depression (indicator of mental illness) and happiness (indicator of mental health) predicted fear of happiness through a Structural Equation Model. In Study 2, we ran a quasi-experimental design to examine differences in affect (positive and negative), happiness and depression when engaging in either fearless or fearful beliefs of happiness.

Results: Fear of happiness was positively and negatively predicted by depression and happiness, respectively. Fearless individuals reported higher positive affect and happiness, and lower negative affect and depression, than fearful individuals.

Conclusions: Fearing happiness might act as a maladaptive self-verifying motive to enhance one's perspective of the world. Given the likelihood of modifying maladaptive cognitive patterns, we highlight different psychological interventions that can address the negative impact of fearful beliefs of happiness.

KEYWORDS

depression, dual continua model of mental health, fear of happiness, happiness, mental health

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1 | INTRODUCTION

The widespread belief that everyone wants and seeks happiness might disregard the fact that for some people and within certain cultures (such as Asian) the search of happiness is seen as undesirable or bad tempting (Joshani & Weijers, 2013). As research has noted, the belief that happiness is followed by mishaps is known as “fear of happiness” and it is considered a stable domain with detrimental consequences for well-being (Joshani, 2013). Although different reasons underlie people’s aversion towards experiencing happiness (Joshani & Weijers, 2013), studying the beliefs that make people see happiness as aversive and make them retreat from positive feelings could help us understand more comprehensively the experience of happiness and its role in mental health. To that end, scholars need instruments to empirically measure and explore the effects of these self-defeating thoughts. From the lens of the dual continua model, mental health is defined as the absence of psychopathology (e.g., depression or negative affect) and the presence of psychological health (e.g., happiness or positive affect) (Keyes, 2005). The current study attempts to investigate whether indicators of mental illness and mental health can be related to fear of happiness.

1.1 | The study of fear of happiness

A common assumption in contemporary research on happiness is that happiness is indeed valuable, desired, and pursued by most people. In contrast to this view, a survey of less-studied aspects in various cultures revealed that not everyone sees the pursuit of happiness as a supreme value in life, but some may rather see it with caution or even fear because it might have bad consequences (Joshani & Weijers, 2013). Described as the affective component of subjective well-being, happiness involves a preponderance of positive over negative emotional states (Bradburn, 1969). In this vein, fear of happiness is defined as the belief that happiness can have detrimental consequences for people (Joshani, 2013). Although apparently counterintuitive, highly valuing happiness could ultimately be associated with depression (Ford et al., 2014). Prior literature suggested that beliefs of fear or aversion toward happiness are present in various cultures, such as the Iranian, Chinese, and Turkish, likely based on cultural scripts that anticipate tragedy after happiness (Good & Good, 1988; Lu, 2001). In light of these findings, it seems important to understand whether seeing happiness as a source of blessing or as a source of misfortune and mishap can have an effect on individuals’ mental health.

At the cultural level, fear of happiness was associated with reliance on hierarchical sources, societal cynicism (a believe that life is suffering and people should be untrusted; Bond et al., 2004), dynamic externality (thinking that life is fated and complex; Van de Vijver et al., 2008), and religiosity affiliation (Joshani et al., 2014). Individuals in cultures that see happiness as fortune and good luck tend to be more fearful of being happy because they may think that it will easily turn to bad luck, whereas those that frame happiness as something achievable tend to fear it less and put more effort towards it (Joshani et al., 2014). There is evidence that European Americans were more likely than Asians to savor positive emotions as a means of shaping their emotional experiences (Miyamoto & Ma, 2011). The cultural context is thought to regulate the meaning and manifestation of emotional experiences, showing differences across cultures. For instance, Delle Fave et al. (2016) explored lay definitions of happiness across cultures and found that, despite differences in the definition of happiness, inner harmony, family, and social relationship appeared as common components of happiness. The reasons why happiness may not be equally highly valued across the globe are different, but research generally suggests that individuals may feel prompted to dampen positive emotions because they see happiness as less appropriate in social contexts (for a review, see Joshani & Weijers, 2013).

In January 2020, a worldwide health emergency was declared due to the novel coronavirus (COVID-19) (World Health Organization, 2019). Its rapid transmission led governments to impose restrictive measures such as physical distancing or wearing masks. Increases in depressive and anxiety symptoms are the most prevalent psychological consequences brought about by this pandemic (Rajkumar, 2020), which may evoke or accentuate beliefs of fearfulness about the future. A recent study demonstrated that positive affect can protect from social anxiety during the COVID-19 outbreak (Blasco-Belled et al., 2020). These results reflect the need to consider

happiness-fearful thoughts as potential detriments to mental well-being and highlight the potential contributions of considering positive aspects in mental health.

1.2 | Can fear of happiness take part in the dual continua model of mental health?

The dual continua model of mental health asserts that the mere absence of mental illness does not equal mental health (Keyes, 2005). Rather, a comprehensive evaluation of mental health entails instances of positive indicators (e.g., happiness) and absence of clinical risk indicators (e.g., depression) (World Health Organization, 2001). To clearly conceptualize this model, the pursuit of mental health in the research and clinical field should include the presence of positive factors, which can be driven by positive interventions that focus on promoting positive emotions, thoughts and behaviors through easy daily routines (Schotanus-Dijkstra et al., 2015), and the absence of clinical risk factors, which can be handled by therapeutic interventions like cognitive-behavior therapy (CBT). One major issue in mental health research concerns the prevalence of depressive disorders across the globe. It is estimated that over 4.4% of the world's population (approximately 300 million people) suffer from depression (World Health Organization, 2017). Along with this growth on depression epidemiology, however, there is increasing concern over the role of happiness on mental health. As a notorious realm, the association of happiness with health has credit close attention. For instance, happiness is associated with a wide array of benefits such as enhanced immunity and cardiovascular functioning (Steptoe et al., 2009), better recovery from and survival from illness (Lamers et al., 2012), work productivity (Krause, 2013) and income (De Neve & Oswald, 2012). With the increasing acknowledgment of the positive contribution that happiness exerts on mental health (Layous & Lyubomirsky, 2014), scholars suggested that happiness has a reciprocal and lagged relationship with mental health (Bieda et al., 2019).

Depression is conceptualized as a relevant indicator of mental illness (Keyes, 2002, 2005). As the number of people affected by depression has grown in the last years, this disease is becoming a societal burden (World Health Organization, 2017). Defined as a (sometimes) chronic and impairing psychological disorder, depression is characterized by anhedonia and symptoms of psychological and social malfunctioning, such as loss of interest or feelings of worthlessness (American Psychiatric Association, 2013). Depression is associated with negative outcomes, such as having a negative impact on people's quality of life (IsHak et al., 2015), physical and social well-being (Wells et al., 1989), and premature death (Wulsin et al., 1999).

Together these studies have provided important insights into how (lack of) depression and happiness play an important role in the maintenance of mental health. Nevertheless, if happiness is thought to have bad consequences, one might abstain from engaging into happiness-leading experiences and ultimately having a lowered sense of mental health. Studies have shown that fear of happiness is related to diminished life satisfaction and subjective and psychological well-being (Joshano, 2013, 2018; Joshano et al., 2014) even beyond personality (Yildirim & Belen, 2018). One possible explanation is that viewing pleasant states of mind as a source of future hardship engenders emotional strategies that downregulate the effect of positive emotions (Joshano et al., 2014).

Some scholars claimed the importance of exploring the mechanisms underlying depression (Ford et al., 2014) and happiness (Layous & Lyubomirsky, 2014). Based on the notion that suppressing positive emotions relates to depressive symptoms, anxiety, and stress (Beblo et al., 2012; Gilbert et al., 2012, 2014), having fear toward positive affective experiences like happiness could be a mechanism related to depression. In a prospective study, Raes et al. (2012) argued that dampening positive emotions predicted a higher prevalence of depressive symptoms some months later; remarkably, they suggested that the way people responded to positive emotions was more important than how they reacted toward negative emotions. More specifically, data from previous studies indicated that fear of happiness was a strong predictor of depression (Gilbert et al., 2014).

According to the WHO's definition of mental health (2001), promoting happiness should be as important as mitigating depression. A growing body of research is adding evidence about the effectiveness of happiness-boosting interventions in clinical practice (e.g., Bolier et al., 2013; Johnson & Wood, 2017). Although the

combination of pharmacotherapy and cognitive behavioral therapy showed encouraging results in improving mental health in depressed individuals, the practice of happiness-increasing activities is expected to help roughly 70% of reported cases that did not receive the appropriate level of treatment (National Institutes of Health & National Institute of Mental Health, 2008). In their study, Lambert et al. (2018) demonstrated that it is possible to reduce fear of happiness through positive interventions.

Altogether, these results seem to open new lines of inquiry in the search of mental health. Studying the avoidance of negative or unpleasant emotions is common in the field of psychology, but studying fear of positive emotions or mind states seems unusual somehow. With the expansion of the study of happiness, new variables are being introduced to assess more specific domains. Fear of happiness beliefs may add new notions into the understanding of happiness and depression as a possible mechanism that hinders a complete experience of mental health. Considering the present context of health crises, increases in negative affect are common during pandemics, and negative thoughts like fear of infection and safety can accentuate psychological distress (Ornell et al., 2020). By contrast, positive mental health can protect against future psychological diseases (Lau et al., 2008). On this basis, it may be of scientific importance to study the influence of fearing happiness on indicators of mental health.

1.3 | Aims of study

In the past two decades, a major claim has been to determine the factors related to the dual continua model of mental health. Given the recent inclusion of fear of happiness in research, and the worldwide health crises, an examination of the influence of happiness-avoidance beliefs on depression and happiness would be of scientific significance. The primary aim of the current study is to investigate the relationship of fear of happiness with depression and happiness through the lens of the dual continua model of mental health. To that end, we carried out two different studies: in Study 1 we analyzed, through Structural Equation Models (SEM), whether fear of happiness was differently predicted by an indicator of mental illness (e.g., depression) and an indicator of mental health (e.g., happiness), according to the dual continua model. We hypothesized that fear of happiness will be predicted (1) positively by depression, and (2) negatively by happiness. In an effort to strengthen our findings, in Study 2 we tested whether fearless (to happiness) individuals reported enhanced mental health compared to fearful (to happiness) individuals through a quasi-experimental study in which participants simulated a situation related to the COVID-19 pandemic. In addition to happiness and depression, in this study we added a measure of affect (i.e., positive and negative) to evaluate the immediate consequences on individuals' emotionality of engaging in either fearless or fearful beliefs. We expected that (3) fearless individuals will report higher positive affect and happiness than fearful individuals.

2 | STUDY 1

2.1 | Methodology

2.1.1 | Participants and procedure

The sample was comprised of $N = 254$ college students ($M = 18.9$; $SD = 2.59$; 82% female) who participated voluntarily in the study. The investigation was announced in the University as a research project aimed at studying the psychological processes involved in the experience of happiness. The study was advertised on the hall and the corridors of the Faculty of Psychology as an opportunity to enhance self-knowledge by completing a questionnaire and receiving the results. Participants who agreed to take part in the study completed the measures through a Google Forms link that was made available only to them. At the end of the study, they obtained a personalized report with their results in each measure with an explanation about the meaning of all of them. No extra

compensation was given in exchange. Because we used a student sample and we did not have access to their history of depression or any other psychological record, participants who met the criteria for moderately severe depression (scores > 15 according to the Patient Health Questionnaire-9) were excluded. Respondents signed informed consent before the study and those who were under 18 were asked for parental informed consent. Participants could withdraw from the investigation at any time and their responses would not be computed. Since each question in the Google Forms was mandatory, no missing responses were registered.

2.2 | Measures

The Fear of Happiness Scale (FHS; Joshanloo, 2013) is a 5-item scale that assesses the belief that happiness is usually followed by misfortune and has bad consequences. Participants responded on a 7-point scale (1 = *strongly disagree*; 7 = *strongly agree*) to what extent they agree with the presented statements. A sample item is “Disasters often follow good fortune.” Using the back-translation approach, the FHS scale was translated by native Spanish speakers and back-translated by a bilingual English-Spanish speaker. The agreed translated version of the scale was sent to the original author to approve its adaptation. The final version can be found in Appendix A. The original one-factor model of FHS was well-fitted to the data ($\chi^2_{(6)} = 230.58$; $p < 0.001$; Comparative Fit Index [CFI] = 0.992; root mean square error of approximation [RMSEA] = 0.038[0.000–0.101]).

The Patient Health Questionnaire (PHQ-9; Spitzer et al., 2001; Spanish validation of Diez-Quevedo et al., 2001) is a 9-item depression-screening tool that assesses nine symptoms that conform the diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders, fourth edition major depressive disorder. It asks respondents to rate in a 4-point categorical scale (0 = *not at all*; 1 = *several days*; 2 = *more than half the days*; 3 = *nearly every day*) the frequency of depressive symptoms experienced over the last week. It can be used for clinical and research purposes. A sample item is “Over the last seven days (I have been bothered by) little interest or pleasure in doing things.” The PHQ-9 model showed a good fit to the data ($\chi^2_{(36)} = 678.18$; $p < 0.001$; CFI = 0.945; RMSEA = 0.072[0.049–0.096]).

The Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999; Spanish version of Extremera & Fernández-Berrocal, 2014) is a 4-item (one reversed) questionnaire in which participants must rate to what extent they feel characterized by happiness statements using absolute ratings, peer-relative ratings, and brief happiness descriptions on a 7-point Likert scale. A sample item is “Compared with most of my peers, I consider myself... (less happy/more happy).” The SHS model was well-fitted ($\chi^2_{(6)} = 201.59$; $p < 0.001$; CFI = 1.000; RMSEA = 0.000[0.000–0.113]).

2.3 | Data analysis

To test the hypothesis 1 and 2, we analyzed a SEM in which two indicators of the dual continua model of mental health (depression as indicator of mental illness and happiness as indicator of mental health) predicted fear of happiness. All the analyses were carried out in Mplus v 7.2. (Muthén & Muthén, 1998–2017) using robust maximum likelihood estimation. All of the data and syntaxes necessary to replicate the results of the presented analyses are available to download in an open repository at: <https://osf.io/caeks/>.

3 | RESULTS

3.1 | Descriptive statistics and reliability

Mean scores and correlations for the studied measures are presented in Table 1. No participant was excluded according to the scores on depression. Fear of happiness was negatively correlated with happiness and positively

TABLE 1 Descriptive statistics, correlations, and reliability estimates (ω and α) of the used scales

Scale	1	2	M (SD)	ω (α)
1 Fear of happiness			2.51 (1.05)	0.81 (0.78)
2 Happiness	-0.54**		4.88 (0.98)	0.71 (0.66)
3 Depression	0.50**	-0.32**	0.95 (0.60)	0.90 (0.89)

** $p < 0.001$.

correlated with depression, while happiness was negatively correlated with depression. The internal reliability was good (both the ω and α) for the three measures.

3.2 | Structural relationships of fear of happiness

The analyzed model was well-fitted to the data ($\chi^2_{(153)} = 1537.66$; $p < 0.001$; CFI = 0.958; RMSEA = 0.041[0.027–0.054]). The standardized regression coefficients are presented in Figure 1 while the standardized factor loadings of the measurement models are shown in Appendix A. Fear of happiness was positively predicted by depression and negatively predicted by happiness. Thus, our hypotheses were fully confirmed.

4 | STUDY 2

4.1 | Methodology

4.1.1 | Participants and procedure

The sample was composed of $N = 243$ undergraduates ($M = 21.14$; $SD = 4.21$; 82% female) who were asked to enroll in the study as part of a class activity that was intended to investigate how individuals face adversity. Since this quasi-experimental study was carried out in the middle of worldwide health crises, the activity attempted to explore and reflect on the potential repercussions of engaging in fearless or fearful thoughts when thinking about the development of actual events. The activity was proposed to students of three different subjects at the same university, who were compensated with course credits.

Participants were randomly assigned to two groups: fearless ($n = 108$) and fearful ($n = 135$). Each group had to (1) read a vignette explaining a life situation in which the main character was either fearless or fearful, (2) simulate being the main character of the vignette, and (3) complete the psychological measures that followed the vignette. The first part of the vignettes was the same for both groups, and referred to the current health emergency situation with the aim to facilitate participants' involvement in the experiment.

"Welcome to this experiment about life situations. During this experiment, we'll try to explore the different ways individuals can face a life situation. The instructions are as follows: (1) You'll be presented with a life situation. Please read it carefully; (2) Once you read it, please simulate being the main character of the situation and answer the questions you'll find at the end."

"After a 41-day confinement due to the COVID-19 pandemic, the President of the Spanish government has announced a gradual de-escalation that will allow citizens to go out in a controlled way."

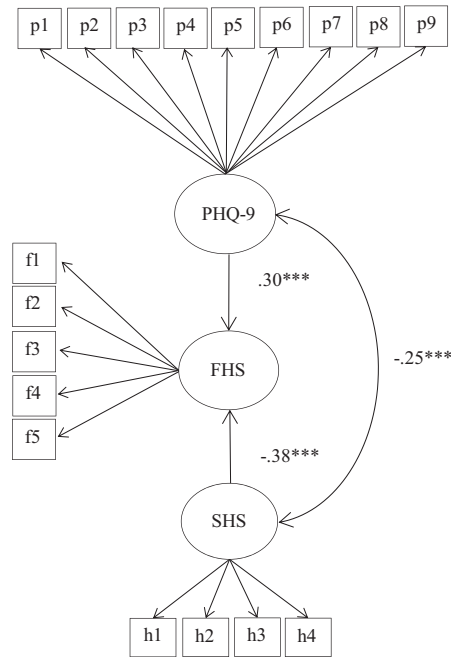


FIGURE 1 Indicators of the dual continua model of mental health predicting fear of happiness. FHS, Fear of Happiness Scale; PHQ-9, Patient Health Questionnaire; SHS, Subjective Happiness Scale

Next, we introduced two fearless or fearful responses to that situation. In the fearless condition, the description of the vignette was:

“After so many days alone in lockdown, Vera thinks that this good news will be a relief to everyone because citizens will at least be allowed to go out for a walk and breathe fresh air. Vera felt pleased and glad when she heard the public communication from the government, because she thinks that the announcement suggests that things will gradually get back on track. After such a hard time, she expects to gradually get back to her daily life. In light of the negative tendency that we’re following, she believes that good news (such as the announcement) often follows more good news and good fortune.”

In the fearful condition, the description of the vignette read:

“After so many days alone in lockdown, Vera thinks that this news is just another fruitless attempt by the Spanish government to offer a sort of public release that, in her view, won’t bring any true change to her daily life. Vera didn’t feel happy or contented when she heard the public communication from the government, because she believes that the announcement is unlikely to be accomplished. After such a hard time, it is complicated to get things back on track. In light of the negative tendency that we’re following, Vera seems very skeptical regarding the announcement and expects bad things to occur in the future.”

A Google Forms link containing the vignettes and the self-reports was sent to participants. Since each question was mandatory, no missing responses were registered.

4.2 | Measures

The *Scale of Positive And Negative Experience* (Diener et al., 2010; Spanish adaptation of León-Pinilla, 2015) is a 12-item scale that assesses positive and negative experiences. Within the current study respondents had to answer how frequently they endorsed a certain affect in the present moment on a 5-Likert scale (1 = very rarely or never to 5 = very often or always). Sample items for positive and negative experiences are “pleasant” and “unpleasant,” respectively. The model showed good fit to the data for positive affect ($\chi^2_{(9)} = 28.783$; $p < 0.001$; CFI = 0.981; RMSEA = 0.095[0.057–0.135]) and negative affect ($\chi^2_{(9)} = 12.478$; $p < 0.001$; CFI = 0.995; RMSEA = 0.040[0.000–0.088]).

Participants also completed the SHS ($\chi^2_{(6)} = 323.247$; $p < 0.001$; CFI = 1.000; RMSEA = 0.000[0.000–0.096]) and the PHQ-9 ($\chi^2_{(36)} = 674.456$; $p < 0.001$; CFI = 0.926; RMSEA = 0.083[0.060–0.107]), which were both well-fitted to the data.

4.3 | Data analysis

To test the hypotheses 3, we tested whether individuals assigned to the fearless and fearful conditions differed in the reported outcomes (affect, happiness and depression). To that end, we conducted t-test analysis for independent samples in SPSS v.24 (IBM Corp, 2016).

5 | RESULTS

5.1 | Descriptive statistics and reliability

The descriptive statistics, correlations and reliability estimated of the analyzed scale are displayed in Table 2. All measures were significantly related and showed good to excellent reliability.

5.2 | Differences in affect, happiness, and depression across fearless and fearful groups

Significant group differences were found in all the measures. Table 3 shows the mean and standard deviation of the two groups. Individuals within the fearless condition showed higher levels of positive affect ($F(241, 239.5) = 12.38$; $p < 0.001$) and happiness ($F(241, 238.8) = 21.71$; $p < 0.001$), and lower levels of negative affect ($F(241, 239.5) = 0.22$; $p < 0.001$) and depression ($F(241, 227.8) = 0.06$; $p < 0.001$), which confirmed our third hypothesis. Positive affect and negative affect reported the largest differences between groups, while positive affect and happiness showed the greatest scores (in either positive or negative direction) in the two groups.

6 | DISCUSSION

The main goal of the current study was to investigate the association of fear of happiness with indicators of the dual continua model of mental health, which include the presence of positive factors and the absence of psychopathological factors. We first conducted an empirical study in which fear of happiness predicted depression and happiness, and secondly, we ran a quasi-experimental study in which we tested whether engaging in either fearless (of happiness) or fearful (of happiness) beliefs related to better mental health adjustment. Results showed that fear of happiness was predicted positively by depression and negatively by happiness. Compared to fearful beliefs,

TABLE 2 Descriptive statistics, correlations and reliability estimates (ω and α) of the used scales

Scale	1	2	3	M (SD)	ω (α)
1 Positive affect				3.09 (1.10)	0.96 (0.96)
2 Negative affect	-0.87**			3.04 (.99)	0.90 (0.90)
3 Happiness	0.71**	-0.66**		4.31 (1.32)	0.88 (0.88)
4 Depression	-0.58**	0.50**	-0.55**	2.78 (.59)	0.84 (0.84)

** $p < 0.001$.

engaging in fearless beliefs yielded higher levels of positive affect and happiness (indicators of mental health), and lower levels of negative affect and depression (indicators of mental illness). Denying or avoiding future happiness turned out to be predicted, but also followed by detrimental consequences in terms of affect, happiness and depression. With the increasing need to assess the contributing and hampering facets of happiness and the mechanisms underlying depression, our study further reported that the Spanish adaptation of FHS allows measuring fear of happiness as a construct that hinders mental health (Bieda et al., 2019; Layous & Lyubomirsky, 2014).

6.1 | Fear of happiness in the context of the dual continua model of mental health

Research is including new measures to determine the underlying mechanisms of mental health, defined as the lack of psychological impairment (e.g., depression) and the presence of flourishing aspects (e.g., happiness) (WHO, 2001). Recent studies have shown that many people may view happiness as a source of misfortune, thus fear of happiness beliefs have been incorporated as an important factor influencing mental health. The present study found that fear of happiness was predicted positively by depression and negatively by happiness. These findings are in consonance with previous studies reporting positive associations of fear of happiness with depression (Beblo et al., 2012; Gilbert et al., 2012, 2014; Raes et al., 2012) and negative links with life satisfaction (Joshano, 2013), subjective and psychological well-being (Yildirim & Belen, 2018). Our results further support the initial suspicions of Joshano (2013) suggesting that high fear of happiness beliefs could lead to reduced happiness. In line with the definition of mental health (WHO, 2001), the reported results showed that maladaptive beliefs about happiness can lead to detriments not only of positive outcomes such as positive affect or happiness, but also of undesired outcomes such as negative affect or depression. This also accords with the literature acknowledging beliefs about happiness as personal and cultural mechanisms that can influence the effect on subjective well-being (Joshano et al., 2016).

The current findings add to a growing body of literature on the link between how people respond to positive emotions and the development of symptoms of depression, anxiety, and stress (Beblo et al., 2012; Gilbert

TABLE 3 Group differences in affect, happiness, and depression for fearless and fearful conditions

Outcomes	Group		Cohen's <i>d</i>	Hedges' <i>g</i>
	Fearless (<i>n</i> = 108) M(SD)	Fearful (<i>n</i> = 135) M(SD)		
Positive affect	4.04 (0.58)	2.34 (0.78)	2.47	2.43
Negative affect	2.24 (0.63)	3.69 (0.72)	2.14	2.13
Happiness	5.13 (0.91)	3.66 (1.25)	1.34	1.32
Depression	1.19 (0.54)	1.70 (0.53)	0.95	0.95

Note: Differences were significant at $p < 0.001$.

et al., 2012, 2014; Raes et al., 2012). A possible explanation might be attributed to the motives by which people modify behaviors to pursue desired outcomes, that is, emotion regulation. Based on a taxonomy of motives in emotion regulation, Tamir (2016) suggested that people seek to experience emotions that confirm their current affective state regardless of whether it is positive or negative, which is known as epistemic motives. For example, depressed individuals tend to be more motivated to experience feelings of sadness compared with healthy individuals (Tamir et al., 2015). It may be the case that people with psychopathology seek maladaptive motives and therefore pursue unhealthy goals (Tamir, 2016); indeed, dysfunctional emotion regulation has been linked to psychopathology (Joormann & Siemer, 2014). This can be explained by maladaptive associations between motives and emotion goals (Tamir, 2016). Accordingly, those who feel depressed and who have a negative mood in our study tended to fear happiness, and therefore are likely to avoid it, as a response to self-verify their current affective state. The opposite pattern will explain why happy individuals tended to expect further happiness from future events.

The maintenance of maladaptive motives may interfere in the social sphere. This is the case for dialectical beliefs, defined as constraints in experiencing intensive emotions like excessive happiness (Peng & Nisbett, 1999). It has been demonstrated that dialectical beliefs are subjected to cultural differences and are more present in cultures that are more motivated to dampen positive emotions (Miyamoto & Ma, 2011). Taken together, these findings would suggest that fearing happiness might act as a (maladaptive) self-verifying motive used to enhance one's perspective of the world. We presume that having fear of experiencing highly positive states of mind makes people display dampening strategies that dispel the effect of positive emotions. It may be the case that, when happiness is avoided, people may abstain from happiness-boosting stimuli, which subsequently results in diminished levels of overall mental health.

6.2 | Implications of the findings

Our study could have implications in the practical field as different types of psychotherapies or techniques can benefit from these findings. Since clinical psychology is currently meeting new demands in assessment and treatment, clinical positive psychology emphasizes the need to expand the practice and focus on both the positive and negative aspects of life, thus positive functioning should be integrated into psychological science and practice (Johnson & Wood, 2017). The inclusion of positive elements (i.e., happiness) can bring useful resources to clinical psychology (Wood & Tarrrier, 2010), especially considering that they are prospective predictors of mental health and offer new insights into clinically understudied variables (Johnson & Wood, 2017).

Despite the benefits of happiness (De Neve et al., 2013; Fredrickson, 1998, 2001; Szczygieł & Mikolajczak, 2017) and the effectiveness of happiness-boosting interventions (Hendriks et al., 2019; Sin & Lyubomirsky, 2009; Tejada-Gallardo et al., 2020), some people still show an aversion towards experiencing positive feelings and states of mind (Joshani & Weijers, 2013). One may think that if happiness happens to be feared, all the possible benefits of promoting happiness might dissipate. An initial step to address this situation would be to tackle fear of happiness beliefs in interventions (Lambert et al., 2018). Other authors have suggested the possibility of dealing with maladaptive self-verifying motives in emotional regulation by de-emphasizing, in this case, fear of happiness beliefs in an effort to mitigate the motivation to pursue them (Tamir, 2016).

To be more specific, CBT interventions showed, compared to other treatments, the greatest efficacy in reducing repetitive negative thinking by identifying and modifying negative thoughts (Spinhoven et al., 2018). This suggests that negative beliefs about happiness may also be targeted in therapeutic and community interventions. Modifications of maladaptive cognitive patterns (such as viewing happiness as aversive) have already been applied to enhance mental health (Ruini et al., 2015); therefore, our study extends the scope in which understanding fear of happiness can have valuable implications in clinical

psychology. Another intervention that may be considered is Well-being Therapy (WBT), a psychotherapeutic strategy based on Ryff's (2014) models of psychological well-being, which can be applied in conjunction with CBT to prevent relapse and promote well-being (Fava et al., 2017). Although this therapy requires more scientific evidence, there are clues about the different approaches by which practitioners can target and enhance mental health from the dual continua model.

6.3 | General findings

Research on happiness has recently claimed to investigate the conceptions surrounding depression and happiness and their effects on mental health. Our findings suggested that the dual continua model of mental health could explain the role of fear of happiness in mental health. Depression, as an indicator of mental illness, and happiness, as an indicator of mental health, predicted fear of happiness positively and negatively, respectively. The quasi-experimental design further reported that fear of happiness can reflect psychological maladjustment for individuals. A possible explanation for this might be that depressed people likely cultivate beliefs of fear toward happiness, whereas happy people likely distance themselves from maladaptive thoughts that can be detrimental to their happiness. Future research may benefit from including fear of happiness within interventions to promote mental well-being in Spanish populations.

6.4 | Limitations

This study has some limitations to be noted in the interpretation of the results. First, the sample sizes were small-to-medium and consisted of undergraduate students, thus caution should be taken in the generalization of the results. Although FHS cross-cultural research is already in the outlet, future studies should comprise larger samples to explore the underlying relationship between fear of happiness, depression, happiness, and affect. Second, the cross-sectional nature of the study and the use of self-report measures do not allow one to draw conclusions about causality. Future research should include longitudinal designs to show whether fear of happiness causes decreased happiness and increased depression. Third, the findings of the present study are limited to a Spanish population, thus they need to be replicated in different cultures to reach firmer conclusions. Moreover, it would be useful to explore whether this relationship holds within different populations and samples in nature, such as clinical, elderly, or youth populations. This study should be interpreted within the current worldwide health crises, which might potentially spark different beliefs of fearfulness and may have influenced the final results.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

RESEARCH INVOLVING HUMANS

This study was approved by the Standards Committee of the Faculty of Education, Psychology and Social Work, University of Lleida.

INFORMED CONSENT

All participants were informed about the research and gave explicit consent to treat anonymously their data.

PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1002/jclp.23165>.

DATA AVAILABILITY STATEMENT

The data and syntaxes that support the findings of this study are openly available in the Open Science Framework website: <https://osf.io/caeks/>. The Spanish adaptation of the FHS is available in the supplementary material of this article.

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APPENDIX A

TABLE A1 Standardized factor loadings and corrected item-total correlation of the Fear of Happiness Scale within the current study

Item	r_{IT}	Factor loading
Fear1	0.53	0.67
Fear2	0.69	0.89
Fear3	0.19	0.19
Fear4	0.62	0.74
Fear5	0.55	0.61

TABLE A2 Standardized factor loadings and corrected item-total correlation of the Subjective Happiness Scale

Item	r_{IT}	Factor loading
Happiness1	0.57	0.82
Happiness2	0.60	0.87
Happiness3	0.48	0.71
Happiness4	0.07	0.06

TABLE A3 Standardized factor loadings and corrected item-total correlation of the Patient Health Questionnaire-9

Item	r_{IT}	Factor loading
Depression1	0.40	0.45
Depression2	0.74	0.81
Depression3	0.48	0.51
Depression4	0.69	0.73
Depression5	0.58	0.61
Depression6	0.69	0.76
Depression7	0.60	0.64
Depression8	0.54	0.58
Depression9	0.58	0.65

TABLE A4 Standardized factor loadings of the measurement part of the SEM model

Item	Fear of Happiness	Happiness	Depression
Fear1	0.67		
Fear2	0.90		
Fear3	0.17		
Fear4	0.73		
Fear5	0.61		
Happiness1		0.85	
Happiness 2		0.84	
Happiness 3		0.71	
Happiness 4		0.09	
Depression1			0.45
Depression2			0.81
Depression3			0.51
Depression4			0.72
Depression5			0.61
Depression6			0.78
Depression7			0.63
Depression8			0.57
Depression9			0.66

SPANISH FEAR OF HAPPINESS SCALE

1. Prefiero no estar demasiado alegre, porque normalmente la alegría va seguida de tristeza.
2. Creo que cuanto más animado/a y feliz estoy, más debo esperar que ocurran cosas malas en mi vida.
3. A menudo la buena fortuna va seguida de desastres.
4. Tener mucha alegría y diversión provoca que sucedan cosas malas.
5. La alegría excesiva tiene algunas consecuencias malas.