“Put Your Phone Down, and Say Hi!” Cultivating Positivity Resonance at UR

Natalie Szumel

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“Put Your Phone Down, and Say Hi!”
Cultivating Positivity Resonance at UR

by

Natalie Szumel

Honors Thesis

Submitted to:

Psychology Department
University of Richmond
Richmond, VA

May 1, 2020

Advisor: Dr. Kristjen Lundberg
“Put Your Phone Down, and Say Hi!”: Cultivating Positivity Resonance at UR

It is widely understood that social interaction benefits our mental and physical health. The more we talk to our friends and family the more likely it is that we experience psychological and physical benefits such as increased happiness, sense of belonging, and lower levels of chronic disease (Sandstrom & Dunn, 2014; Beckes & Coan, 2011). Some research has even gone so far as to suggest these benefits include decreased risk of mortality (House, Landis, & Umberson, 1988). The Social Baseline Theory asserts that social support is one of the most crucial factors that affect our physical and mental health (Coan et al., 2015). The brain understands a need for biological components such as food, water, and oxygen, but it also needs social resources for survival. Recently, researchers have been exploring how much social interaction is necessary to experience similar positive effects. Positivity resonance, or micro-moments of social connection defined by shared positive affect, mutual care and concern, and biobehavioral synchrony, is a helpful way to tap into the question of how even a little amount of social interaction can greatly benefit us (Fredrickson, 2016). The goal of this study is to advance our understanding of outcomes related to experiencing positivity resonance and additionally to examine the role of technology as a potential barrier to experiencing positivity resonance (PR). I expect to see positivity resonance associated with physical, psychological, and social well-being, while phone use will predict lower levels of positivity resonance.

Prior research investigating the effect of positivity resonance on well-being suggests that individuals who exhibit higher levels of positivity resonance experience a greater overall well-being, including lower levels of depression and loneliness, higher levels of flourishing mental health, and fewer mild illness symptoms (Major, Le Nguyen, Lundberg, & Frederickson, 2018).
Cultivating Positivity Resonance at UR

In this specific study, researchers controlled for general positive affect and social interactions, which suggests that there is a component beyond experiencing a positive affect in an interaction which holds unique psychological and physical benefits. This study will partially serve as a replication study for these findings with an additional exploration on technological barriers.

While positivity resonance exhibits a positive effect on our well-being, factors such as phone use have been linked to a decline in well-being. To investigate the effects of phone use on well-being, researchers have begun exploring whether technologically-mediated interactions can serve as a substitute for face-to-face interactions. Kim et al. (2017) studied this by examining the difference in an individual’s well-being between face-to-face interactions and virtual interactions. They found that face-to-face interactions are better for overall well-being and posited that this might be because individuals tend to remove themselves from their physical environment when they are on their phone. Further studies have found that young adults who engage in smartphone use report more depressive symptoms, poor sleep quality, reduced academic performance, and a decreased overall well-being (Li, Lepp, & Barkley, 2015; Redmayne, Smith, & Abramson, 2013). These studies suggest that virtual interactions do not benefit us to the same extent that face-to-face interactions do. Some studies have demonstrated that this may be due to the lack of eye contact, intonation, and body language (Mazur, Rosa, Faupel, Heller, Leen, & Thurman 1980; Slagter van Tryon & Bishop, 2009). Together, these findings suggest that phone use has negative consequences on our physical and psychological well-being.

One of the largest barriers to experiencing positivity resonance is the presence of hand-held technology, which can distract from the present moment. In a pilot study, we found that UR students engaged in phone use when others were present because (1) they saw others on their phones or (2) because they felt uncomfortable. While using a phone to escape a moment of
Cultivating Positivity Resonance at UR

discomfort seems helpful, it has potentially damaging consequences for our well-being. Not only are virtual interactions not as beneficial, but they distract us from potentially rewarding face-to-face interactions. If a phone vibrates in the middle of a meaningful interaction, it has potential to end that interaction, reducing the benefits that could have developed.

This study is unique because it focuses on a college campus population and analyses how their well-being is affected by their social behaviors. This study is especially important for a campus like UR given how segregated and exclusive the student population has become, as it has potential to show the benefits that come with breaking down tight social groups and spontaneously interacting with peers in line, while walking to class, or at a communal table in the library (Davis, 2019). In turn, this research could inform positivity resonance interventions and potentially transform the UR campus into a more inclusive environment for all groups and increase the well-being of all students.

Method

Institutional Review Board

This study was approved by the University of Richmond Institutional Review Board (IRB). All participants were to provide informed consent before completing the study.

Participants

The study aimed to recruit 120 undergraduate students from the University of Richmond (UR) to participate. Twenty of those students were to come from the Introduction to Psychology class and be compensated with class credit. The remaining 100 were to be UR undergraduates recruited through campus announcements, campus flyers, and social media flyers. The sample size
was determined by the amount of funding available to offer participants an appropriate level of monetary compensation for a study of this nature. Exclusion criteria included individuals who failed both attention checks embedded in the survey.

**Procedure**

After their recruitment, the participant will read the consent form. If they choose to proceed, they are met with an attention check. Following this, they complete a Day Reconstruction Method (or DRM) about the prior day. The DRM allows the participant the ability to reflect on the past day in an episodic format. This in-depth reflection allows participants to better recall the prior day, which limits retrospective bias. This method also provides a richer source of information throughout each episode. Secondly, they fill out all of the above surveys and complete demographic information. Lastly, participants who were not receiving course credit were redirected to a secondary page where they received a $5 Amazon gift code.

Before running analyses, new variables would be generated. The primary variable is Average PR and would be calculated by first averaging the seven PR criterion in one DRM episode (see Item A4 in appendix) to create the average episodic PR. From this, we would average all the episodic PRs to create an overall average of the PR the participant experienced in the previous day.

**Measures**

For comprehensive information on all measures used, please refer to the Appendix.

*Phone Use*
The 20-item Problematic Mobile Phone Use Scale (Merlo, 2013) consists of 20 items relating to mobile phone usage behaviors such as ‘spending too much time using my cell phone’ and using it ‘when I knew I should be sleeping.’ Participants were to respond using a 5-point Likert scale ranging from *Strongly disagree* to *Strongly agree*.

**Positivity Resonance and Related Measures**

**In-Depth Reflection.** Participants are asked to complete the Day Reconstruction Method (DRM; Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004), in which they describe their previous day in chunks that we will refer to as episodes. Each episode consists of a title, starting time, duration, and emotions experienced. Participants are asked to begin their first episode at noon of the previous day and end when they went to bed. Once they complete their day, they are shown a summary of each episode and asked more specific questions in relation to each episode.

**Interactions.** This scale asked participants to report on the portion of time they spent interacting with those who were present. This would indicate the amount of time they did not take advantage of an opportunity to interact with others. The question was answered on a scale from 0 to 100.

**Positivity Resonance.** This 7-item measure was constructed by the components of PR and asked participants to report for what portion of time they experienced each item. Items were measured on a scale from 0 to 100. Examples include *experience a sense of mutual trust with the other(s)* and *did you feel energized and uplifted by the company of the other(s)*. This measure determined whether the participant engaged in quality interaction.

**Emotions.** This scale asked participants to report the greatest amount of pleasant and unpleasant emotions they experienced during the episode. Some examples of pleasant emotions (amusement, joy, hope, interest) and negative emotions (shame, fear, sadness, stress) were
Cultivating Positivity Resonance at UR

included. The scale is measured on a 5-point Likert scale from Not at all to Extremely. This measure further evaluated the valence of the interaction.

**Positive Connections.** This scale was a multiple choice question to evaluate whether the participant experienced a brief moment of positive connection. The three options were No, Not at all, Yes, just once, or Yes, several times. Examples of brief moments include a shared laugh with a cashier at ETC and a smile or nod to greet others as you walk to class. This measure evaluated whether the participant was experiencing smaller scale moments of positivity resonance.

**Measures of Well-Being**

**Physiological.** Physiological well-being was to be assessed using the Illness Symptoms Inventory (Elliot et al., 1998). This 13-item scale asks participants to determine how often in the past two weeks they experienced any of the listed mild illness symptoms such as coughing, acne, congestion, nausea, and dizziness, ranging from not at all (1) to very frequently (7).

**Social Anxiety.** To evaluate social anxiety, this study used the Social Anxiety Scale (Liebowitz, 1987). This scale consists of 24 social situations and asks participants how much anxiety they would feel and how much avoidance they would engage in. Both questions are measured on a 4-point Likert scale from None to Severe. Examples of social situations provided are performing in front of a large audience, eating in public places, and going to a party.

**Perceived Social Support.** The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) evaluates how much social support an individual perceives from family and friends. For the purposes of this study on campus relationships, the scale was modified to include questions only related to friends. After the modification, there are a total of 8 items measured on a 7-point Likert scale from Very strongly disagree to Very strongly agree.
Cultivating Positivity Resonance at UR

**Social Integration.** Social integration assesses how connected an individual feels to their community. This Social Integration Scale was informed by theory and existing scales (see Morris, 2002). There are 6 prompts relating to perceived quality of peer relationships on the UR campus to be rated on a 7-point Likert Scale from *Strongly Agree* to *Strongly Disagree*. Prompts ask how satisfying relationships are, how influential they are, if it has been easy to connect with others on UR’s campus, and more.

**Depressive Symptoms.** The Depressive Symptoms Scale (Radloff, 1977) has participants reflect on their feelings from the past week. It consists of 14 items ranging from sleep behaviors, sad feelings, and eating habits. Participants respond using a 4-point Likert scale: *Less than 1 day*, *1-2 days*, *3-4 days*, and *5-7 days*.

**Mental Flourishing.** The Flourishing Scale (Keys, 2009) asks participants to reflect on if they felt happy, satisfied, belonging, and more over the past two weeks. There are a total of 14 items on the list measured using a 5-point Likert scale: *Never*, *Once or twice*, *About once a week*, *About 2-3 times a week*, and *Everyday*.

**Social Cognition.** The final measure this study used was the Reading the Mind in the Eyes (Baron-Cohen et al., 2001) to evaluate participants' social cognition. In this measure, participants see 18 sets of eyes in which they are asked to identify the emotion that individual is displaying. Below each set of eyes are four words, and participants are asked to select which word best represents that emotion.

**Expected Results**

Due to the disruptions caused by COVID-19, I did not gather sufficient data to conduct analyses. The following details expected analyses and results based on the pre-existing literature.
To begin my analyses, I planned to evaluate basic descriptive statistics involving my eight variables of interest, including means, standard deviations, and simple correlations. The expected valence of these simple correlations can be found in Table 1.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Positivity Resonance</strong></td>
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<td><strong>2. Phone Use</strong></td>
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<tr>
<td><strong>3. Depressive Symptoms</strong></td>
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<tr>
<td><strong>4. Mental Flourishing</strong></td>
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<td>-</td>
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<tr>
<td><strong>5. Illness Symptoms</strong></td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
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<td>+</td>
<td>-</td>
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<tr>
<td><strong>6. Social Integration</strong></td>
<td>+</td>
<td>-</td>
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<tr>
<td><strong>7. Perceived Social Support</strong></td>
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<tr>
<td><strong>8. Social Anxiety</strong></td>
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</table>

**Does Positivity Resonance Mediate the Relationship Between Phone Use and Well-Being?**

The first primary analysis will be a series of six multiple linear regressions with PROCESS macro (developed by Hayes, 2013) to determine if PR mediates the relationship between phone use and overall well-being. The six separate analyses will be evaluating well-being using depressive symptoms, mental health flourishing, illness symptoms, social anxiety, perceived social support, and social integration. Figure 1 serves as a conceptual model for what the mediation model is for depressive symptoms as the outcome variable. I expect to find what I predicted: each mediation model should produce a significant indirect effect.
Does Positivity Resonance Mediate the Relationship Between Phone Use and Well-Being?

The second primary analysis would evaluate whether there is a unique benefit to PR independent of general positivity. To investigate this, I would run a multiple linear regression using PROCESS macro to determine whether PR is uniquely predictive of overall well-being when controlling for general positive emotions (whether experienced during an interaction or not). If the hypothesis is supported, the results should demonstrate a significant indirect effect.

Further Exploratory Analysis

As a secondary exploratory analysis, we would run a Pearson’s $r$ correlation analysis to determine if there is a relationship between PR and social cognition. Positive interactions may serve as practice for positivity resonance and supply individuals with a greater amount of social tools (such as social cognition). This exploratory analysis was a measure of social cognition using the Reading the Mind in the Eyes Task. A positive correlation between PR and social cognition would support this idea.
In this study, the hypothesis would be supported if PR and phone use are negatively correlated. This finding would be crucial in suggesting that phones serve as a distraction and an escape from positivity resonance experiences. The first set of simple linear regressions would demonstrate that more positivity resonance predicted fewer mild illness symptoms, fewer depressive symptoms, and more flourishing mental health. This finding would serve as a replication of Major et al. (2018)’s findings that individuals who exhibit higher levels of PR also experience a greater physical and psychological well-being. Additionally, a significant and positive correlation between PR and a) social integration and b) perceived social support alongside the significant and negative correlation between PR and social anxiety would suggest there are additional social well-being benefits to experiencing more PR. This finding would suggest experiencing PR encourages individuals to engage with others by mitigating negative feelings (ie. social anxiety) and intensifying positive feelings (ie. perceived social support and social integration).

Should all six mediation models report a significant indirect effect, it would be indicative that PR mediates the relationship between phone use and physical, psychological, and social well-being. This finding would indicate that phone use is a barrier to experiencing positivity resonance, as it distracts from meaningful interactions that improve overall well-being. Additionally this suggests that PR might be difficult to experience by virtual means, signaling one reason virtual interactions do not result in the same positive well-being outcomes that are noted with face-to-face interactions. Key components of PR are a sense of synchrony and and connectedness, which may be harder to experience over a text or email.
Cultivating Positivity Resonance at UR

The second multiple linear regression would display a significant indirect effect for PR when controlling for positive emotions, demonstrating that the benefits of experiencing PR are not derived from the positive emotions they frequently generate. Rather, this finding would suggest there are unique benefits to the social interaction that comes with PR more than simply experiencing positive emotions. Some evidence has suggested that eye contact, intonation, and body language are crucial in social connectedness, as they facilitate non-verbal communication (Mazur et al., 1980; Slagter van Tryon & Bishop, 2009). More research should be conducted to determine what aspects of positivity resonance impact our well-being.

These expected conclusions suggest that we need to put our phones down more often in order to engage with the individuals around us in order to benefit our overall well-being. Instead of using phones as a social crutch, we should engage with the people around us. Furthermore, positivity resonance is not present in the interactions with those closest to us but can be found even in passing. This might indicate that moments as mundane and simple as sharing words with someone while waiting in line for your morning coffee have the potential to positively benefit multiple facets of well-being. Additionally, these interactions may supply you with the social tools, such as social cognition, to help you more meaningfully engage and better read others.

If this study were to have been completed, there would be a few limitations. First, there is potential for this study to have lower construct validity given most of the measures utilized in this study were self-report. Self-report measures can result in lower construct validity given the participant has a unique interpretation of the items and may perceive themselves in a different light than others. One way to improve this aspect of the study would be to confirm the amount of positivity resonance experienced with every individual our participants interacted with. Second, the survey was administered remotely, so there is a possibility our participants were not paying
attention. To counteract this, we administered an attention check early on in the survey to increase participant engagement.

This study examined how the quality of interactions can affect general well-being, but future research might examine whether the quality or the overall quantity of daily interactions has a greater effect on positivity resonance. For example, does the individual who interacts with five good friends experience more positivity resonance than the individual who interacts with thirty acquaintances? This research would benefit the larger society by indicating what social behaviors might lead to more PR and, in turn, a greater overall well-being. Additionally, future research can investigate other conditions that might prevent positivity resonance. The expected findings from this study demonstrate that technologically-mediated interactions are not as beneficial to our overall well-being when compared with face-to-face interactions. Does this suggest that technologically-mediated face-to-face interactions (such as video chats) are just as beneficial for our well-being? More research should be conducted on these areas, as the presence of virtual interactions is only increasing in our lives.
Cultivating Positivity Resonance at UR

References


Fredrickson, B. (2016). Positivity Resonance as a Fresh, Evidence-Based Perspective on an Age-Old Topic.


Cultivating Positivity Resonance at UR


Cultivating Positivity Resonance at UR

Cultivating Positivity Resonance at UR

Appendix

Item A. Day Reconstruction Method (DRM)

Item A1. Afternoon/Evening Episode [1]
- Episode name _______
- Notes to yourself: What did you feel? _______
- What time did it start? (please designate AM or PM) _______
- How many minutes did it last? _______

Item A2. We'd like to know if you were interacting with anyone during this episode. An interaction is defined as any encounter (including by phone, text messaging, email, social media, etc.) of a few minutes or longer with another person(s) in which the participants attended to one another and adjusted their behavior in response to one another.

- Yes
- No

Item A3. First, we'd like to know the extent to which other people were present during this episode, even if you weren't interacting with them. For the following question, we simply want to know the proportion of time you were around other people during this episode.

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>What proportion of the time during this episode were other people present (even if you weren't interacting with them)?</td>
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</tbody>
</table>

Item A4. For what proportion of time during this episode (from 0 to 100 percent)…(Note: These do not need to sum to 100%)

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>
Item A5. Now think about how you felt during this episode. Think about whether or not you felt any pleasant or unpleasant emotions.

Pleasant emotions include: amusement, awe, joy, gratitude, hope, inspiration, interest, love, pride, compassion, contentment. Unpleasant emotions include: anger, shame, fear, hate, disgust, embarrassment, guilt, sadness, stress.

Then, using the scale below, indicate the greatest amount that you experienced each of these emotions during this episode.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasant Emotions</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpleasant Emotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Item A6. Now we want to know if you had any brief moments of positive connection during this episode. A brief moment of positive connection is any interaction in which you connected with one or more people over a mutual good feeling. This type of encounter may have lasted a few minutes or may have been so brief that you might not have even thought of it as an interaction.

Some examples might include: a shared laugh with a cashier at ETC, a hug or high-five to celebrate a shared triumph between you and a friend or classmate, a smile and a nod to greet others
Cultivating Positivity Resonance at UR

as you walk to class or D-Hall, a shared smile with a peer as you take your seat in class or the library. During this episode, did you have any brief moments of positive connection?

- No, Not at all
- Yes, just once
- Yes, several times
Cultivating Positivity Resonance at UR

**Item A. Mild Illness Symptoms Scale**

How often have you experienced each of the following symptoms during the past 2 weeks or so? Please use the scale below to indicate your response.

1--2--3--4--5--6--7

Items:
- headaches
coughing or sore throat
shortness of breath
stiff or sore muscles
chest or heart pain
faintness or dizziness
acne or pimples
stomach ache or pain
runny or congested nose
hot or cold spells
numbness or tingling in parts of your body
nausea or upset stomach
feeling weak in parts of your body

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Item B. Social Anxiety Scale

Fear or Anxiety:
None --- Mild --- Moderate --- Severe

Avoidance:
None --- Mild --- Moderate --- Severe

1. Telephoning in public (speaking on the phone in public)
2. Participating in small group (having a discussion with a few others)
3. Eating in public places (do you tremble or feel awkward handling food)
4. Drinking with others in public places (refers to any beverage including alcohol)
5. Talking to people in authority (e.g., a boss or teacher)
6. Acting, performing, or giving a talk in front of a large audience
7. Going to a party (an average party to which you may be invited; assume you know some but not all people at the party)
8. Working while being observed (any type of work you might do including school work and housework)
9. Writing while being observed (e.g., signing a check in a bank)
10. Calling someone you don't know very well
11. Talking with people you don't know very well
12. Meeting strangers (assume others are of average importance to you)
13. Urinating in a public bathroom (assume that others are sometimes present, as might normally be expected)
14. Entering a room when others are already seated (refers to a small group, and nobody has to move seats for you)
15. Being the center of attention (telling a story to a group of people)
16. Speaking up at a meeting (from your seat in a small meeting or standing in place in a large meeting)
17. Taking a written test
18. Expressing appropriate disagreement or disapproval to people you don't know very well
19. Looking at people you don't know very well in the eyes (appropriate eye contact)
20. Giving a report to a group (an oral report to a small group)
21. Trying to pick someone up (a single person attempting to initiate a relationship with a stranger)
22. Returning goods to a store where returns are normally accepted
23. Giving an average party
24. Resisting a high pressure salesperson (avoidance refers to listening to the salesperson for too long)

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Cultivating Positivity Resonance at UR

Item C. The Multidimensional Scale of Perceived Social Support (mod.)

Very strongly --- Strongly --- Mildly --- Neutral --- Mildly --- Strongly --- Very strongly
Disagree       Disagree       Disagree                Agree       Agree                Agree

1. There are special people who are around when I am in need.
2. There are special people with whom I can share joys and sorrows.
3. I have special people who are a real source of comfort to me.
4. My friends really try to help me.
5. I can count on my friends when things go wrong.
6. I have friends with whom I can share my joys and sorrows.
7. There are special people in my life who care about my feelings.
8. I can talk about my problems with my friends.

Item D. Social Integration

Cultivating Positivity Resonance at UR

Strongly Agree - Agree - Somewhat Agree - Neutral - Somewhat Disagree - Disagree - Strongly Disagree

1. I have developed close personal relationships with other UR students.
2. My interpersonal relationships with other students have had a positive influence on my intellectual growth and interest in ideas.
3. The student friendships I have developed this past year have been personally satisfying.
4. My interpersonal relationships with other students have had a positive influence on my personal growth, values, and attitudes.
5. It has been difficult for me to meet and make friends with other students.
6. Few of the UR students I know would be willing to listen to me and help me if I had a personal problem.
Cultivating Positivity Resonance at UR

**Item E. Problematic Mobile Phone Use (PUMP) Scale**

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Mildly</th>
<th>Neutral</th>
<th>Mildly</th>
<th>Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>Disagree</td>
<td>Agree</td>
<td>Agree</td>
<td></td>
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</tbody>
</table>

1. When I decrease the amount of time spent using my cell phone I feel less satisfied.
2. I need more time using my cell phone to feel satisfied than I used to need.
3. When I stop using my cell phone, I get moody and irritable.
4. It would be very difficult, emotionally, to give up my cell phone.
5. The amount of time I spend using my cell phone keeps me from doing other important work.
6. I have thought in the past that it is not normal to spend as much time using a cell phone as I do.
7. I think I might be spending too much time using my cell phone.
8. People tell me I spend too much time using my cell phone.
9. When I am not using my cell phone, I am thinking about using it or planning the next time I can use it.
10. I feel anxious if I have not received a call or message in some time.
11. I have ignored the people I’m with in order to use my cell phone.
12. I have used my cell phone when I knew I should be doing work/schoolwork.
13. I have used my cell phone when I knew I should be sleeping.
14. When I stop using my cell phone because it is interfering with my life, I usually return to it.
15. I have gotten into trouble at work or school because of my cell phone use.
16. At times, I find myself using my cell phone instead of spending time with people who are important to me and want to spend time with me.
17. I have used my cell phone when I knew it was dangerous to do so.
18. I have almost caused an accident because of my cell phone use.
19. My cell phone use has caused me problems in a relationship.
20. I have continued to use my cell phone even when someone asked me to stop.
Item F. Depressive Symptoms

In this section, you will see a list of the ways you might have felt or behaved. Please indicate how often you have felt this way during the past week. There are 14 items in this section.

<table>
<thead>
<tr>
<th>Rarely or none</th>
<th>Some or a little of the time</th>
<th>Occasionally or a moderate amount of the time</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(less than 1 day)</td>
<td>(1-2 days)</td>
<td>(3-4 days)</td>
<td>(5-7 days)</td>
</tr>
</tbody>
</table>

1. I was bothered by things that usually don’t bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from my family or friends.
4. I felt I was just as good as other people.
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. My sleep was restless.
10. I was happy.
11. I felt lonely.
12. I enjoyed life.
13. I felt sad.
14. I could not get “going.”

---

Cultivating Positivity Resonance at UR

**Item G. Flourishing Scale**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Never</th>
<th>Once or</th>
<th>About once</th>
<th>About 2-3</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>twice</td>
<td>a week</td>
<td>a week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the past two weeks, how often did you feel…

1. …happy?
2. …interested in life?
3. …satisfied?
4. …that you had something to contribute to society?
5. …that you belonged to a community/social group?
6. …that our society is becoming a better place for people?
7. …that people are basically good?
8. …that the way our society works makes sense to you?
9. …that you liked most parts of your personality?
10. …good at managing the responsibilities of your daily life?
11. …that you had warm and trusting relationships with others?
12. …that you have experiences that challenge you to grow and become a better person?
13. …confident to think or express your own ideas and opinions?
14. …that your life has a sense of direction or meaning to it?
Item H. Reading the Mind in the Eyes

In this next section, you will see pictures of eyes. For each set of eyes, choose which word best describes what the person in the picture is thinking or feeling. You may feel that more than one word is applicable but please choose just one word, the word that you consider to be most suitable. Before making your choice, make sure that you have read all 4 words. You should try to do the task as quickly as possible. You must choose a word before moving on to the next set of eyes. There are 18 questions in this section.

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Cultivating Positivity Resonance at UR

- Irritated
- Sarcastic
- Worried
- Friendly

- Aghast
- Fantasizing
- Impatient
- Alarmed
Cultivating Positivity Resonance at UR

- apologetic
- friendly
- uneasy
- dispirited

- despondent
- relieved
- shy
- excited
Cultivating Positivity Resonance at UR

- annoyed
- hostile
- horrified
- preoccupied

- cautious
- insisting
- bored
- aghast
Cultivating Positivity Resonance at UR

- terrified
- amused
- regretful
- flirtatious

- indifferent
- embarrassed
- skeptical
- dispirited
Cultivating Positivity Resonance at UR

- decisive
- anticipating
- threatening
- shy

- irritated
- disappointed
- depressed
- accusing
Cultivating Positivity Resonance at UR

- contemplative
- flustered
- encouraging
- amused

- irritated
- thoughtful
- encouraging
- sympathetic

33
Cultivating Positivity Resonance at UR

- doubtful
- affectionate
- playful
- aghast

- decisive
- amused
- aghast
- bored