

# Statistical Analysis of Internal Dominant Focus: Comparing Positivity and Mindfulness as Predictors of Subjective Well-Being

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## Abstract:

This study investigated the relationship between Internal Dominant Focus (IDF) on Positivity vs. Mindfulness (MAS) on Subjective Well-Being (SWB) among 385 adult participants using a quantitative, correlation and regression analysis on a cross-sectional research design. This paper compared the predictive influence of internal dominant focus on Mindfulness vs. internal dominant focus on Positivity. Mindfulness was measured using the Mindful Attention Awareness Scale (MAAS), while Positivity was assessed through a combination of established psychological instruments: the Positive and Negative Affect Schedule (PANAS), HAM-A Anxiety Scale, WHO-5 Well-Being Index, and Satisfaction with Life Scale (SWLS). SWB was computed as a composite score integrating mental (PANAS + SWLS). The mean and variance scores indicate that the participants exhibited a stronger focus on positivity ( $M = 8.48$ ,  $Var = 5.79$ ) compared to mindfulness ( $M = 4.81$ ,  $Var = 0.78$ ). Correlational analysis revealed a strong relationship between IDF on Positivity and SWB ( $r = 0.758$ ) and a moderate relationship for Mindfulness ( $r = 0.290$ ). Linear regression confirmed that IDF on Positivity ( $R^2 = 0.730$ ) is a more powerful predictor of SWB than Mindfulness ( $R^2 = 0.206$ ). A combined regression score including positivity & mindfulness ( $R^2 = 0.747$ ) explained 74.7% of the variance in SWB. These findings emphasize the developmental importance of training children & adults to develop an internal dominant focus on positivity with mindfulness for higher well-being.

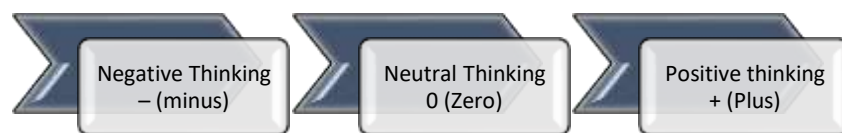
**Keywords:** Subjective Well-Being, Internal Dominant Focus, Mindfulness, Positivity, Regression Analysis, Mental Health, Positive Psychology

## THE INTRODUCTION

In the current world, where mental health problems have spiked up intensively in the last century, substantial efforts are being made to develop mental health awareness. There is a vast literature on mindfulness being a predictor of well-being with the several benefits that it entails such as speedier recovery from illness, reduced focus on negativity and a higher state of detached awareness. Mindfulness is helpful for most people but there is also a problem that about twenty percent of people using mindfulness are outliers. People who have immense repressed trauma, try to release it after intensive mindfulness practice and develop heightened states of detachment where they lose rationality between normal/abnormal behavior and start behaving insanely. (Farias, M.2025)<sup>i</sup>. A review published in 2020 (Meraldi.et.al)<sup>ii</sup>, that was taken over 40 years of research on 953 people found that in about ten percent of people

who practiced mindfulness, there were adverse effects like symptoms of anxiety and depression which later developed into psychosis, delusional disorders, dissociation or depersonalization. For example, it was seen that a lady who practiced mindfulness had to be admitted in a mental asylum after one month due to an episode of psychosis. Another man was found shooting people randomly outside a grocery shop after a few months of intensive meditation practice. (The Buddha Pill)<sup>iii</sup> Thus, while mindfulness has been seen to benefit eighty percent of people, about twenty percent people need further guidance by therapeutic help or more intensive practice of positive thinking than just using mindfulness to cope with internal psychological pressures. Positive thinking includes practicing mental states of awareness such as optimism, joy, gratitude, contentment, self-esteem (Cherry, K. 2023)<sup>iv</sup>. Mindfulness is usually a bridge between negative thinking and positive thinking as it allows a state of detachment to intervene on a state of worrying and allows positive thinking to come in. According to Shiva (2016)<sup>v</sup>, a gap state has to be practiced while moving from a negative state of mind to a positive state of mind. Shiva says that thinking always has to go through a mathematical energy frequency path when the mind needs to shift from a state of negative thinking to positive thinking.

**Figure 1: Energy Frequency of Mind Shifting from Minus to Zero to Plus**



*Source of Data: Shiva, S (2016): Emotional Energy Management<sup>vi</sup>*

This paper is part of a broader doctoral research project titled “*Impact of Positivity and Mindfulness on Well-Being.*” The following analysis has been derived for comparison of effects of positivity and mindfulness.

### *Variables of The Study:*

The four variables used in this research are: Internal dominant focus, subjective well-being, mindfulness, positivity.

Well-being is taken synonymous with Subjective Well-Being. Subjective well-being is the scientific term for happiness (Diener, 2016). It includes positive affect, negative affect and satisfaction with life. It is measurable through the questionnaires; PANAS (positive and negative affect schedule) and SWLS (Satisfaction with life scale)

Internal Dominant focus<sup>vii</sup> is the average internal focus of the person which he maintains on an average, internally while going through various activities on the surface. This internal dominant focus is the focus on positive feelings minus negative feelings, whichever is higher can revolve around a point of pain or pleasure. For example, a person in a relationship can have an internal dominant focus on love or pain in the relationship, which is, positive or negative focus. The positive focus can change to a negative focus during difficulties or a negative internal focus can change to a positive focus by training the mind to think optimistically and patiently.

Positivity is defined as focusing on thought with a positive vibrational frequency such as joy, optimism, happiness, contentment, satisfaction. (Cherry, K 2020) According to a positive psychology researcher Segerstrom (2019)<sup>viii</sup>, positivity helps in speedier recovery from setbacks.

“Internal dominant focus on positivity means that the person pre-dominantly indulges in thoughts with positive feelings such as optimism, joy, contentment, well-being, good self-esteem etc. than indulging in thoughts with negative feelings.”, Shiva (2016)<sup>ix</sup>.

Mindfulness<sup>x</sup> refers to the practice of non-judgmental awareness of the present moment, encompassing one's thoughts, feelings, bodily sensations, and the surrounding environment. Mindfulness carries the vibrations of detachment. It is attained through being in the present moment with the frequency of detachment and carries zero or neutral frequency which is higher than negative frequency or the state of being worried. According to Louks (2021), Mindfulness-based treatments have effectively lowered blood pressure, improved sleep, helped people cope with pain and reduce anxieties.

This study analyzed the comparative effect of an Internal dominant focus (IDF) on mindfulness and IDF on positivity.

*Aim of the Study:* To compare the impact of positivity and mindfulness on subjective well-being.

*Research Question:* Is mindfulness alone sufficient to enhance well-being, or is the practice of positive thinking also necessary?

*Null Hypothesis (H<sub>0</sub>):* There is no significant difference between the impact of internal dominant focus of mindfulness and positivity on subjective well-being.

## METHODOLOGY

This study utilized a cross-sectional design with a sample of 385 individuals in the east of Delhi (Metropolitan Capital of India). The study area is called Mayur Vihar 1. The inclusions included people willing to take the survey. Exclusions included people with disabilities.

- The age categories were: Young adults (YA:18-40 years), Middle adults (MA:40-65 years), Senior adults (SA:65 years and above)
- The gender categories were: male and female
- The income categories in Indian Currency were: low income < Rs 25000, middle income = Rs 25000 - to Rs 100000, high income > Rs 100000)

**Tools of The Study** The tools used were 5 standardized questionnaires. These survey questionnaires include the Well-being scale (WHO 5 Well-being Index)<sup>xi</sup>, Hamilton anxiety scale (HAM-A)<sup>xii</sup>, PANAS (positive and negative affect schedule)<sup>xiii</sup>, the Life Satisfaction Scale (SWLS)<sup>xiv</sup> and the Mindful Attention Awareness Scale (MAAS)<sup>xv</sup>. These are all standardized, rank order self-reported scales with high variability & reliability. They are non-parametric.

**Statistical Analysis** The data was non-parametric, rank order, ordinal scale with a normal distribution.

**Coding:** All self-report data was converted into ranks and the ranks were added for analysis. The ranking of each question was available in the self-report questionnaires itself.

**Variables of the Study:**

- Subjective Well-Being (SWB)
- IDF on Positivity
- IDF on Mindfulness

**Coding used for measurement:**

1. Internal Dominant Focus on Positivity = Well-Being Who 5 (WB)- HAM A Anxiety + Satisfaction with Life Scale (SWLS) + (+, -) PANAS
2. Internal Dominant Focus on Mindfulness = Mindful Attention Awareness Scale (MAAS)
3. Internal Dominant Focus on Positivity & Mindfulness = WB- HAM A+PANAS (+,-)+ SWLS+MAAS

4. Subjective Well Being = PANAS + SWLS

The statistical analysis included:

1. Mean Variance
2. Spearman's correlation co-efficient
3. Multiple Regression

## RESULTS

The mean variance was calculated to see dispersion of values from the mean and variance of consistency over the spread

**Table 1: The MEAN VARIANCE of Positivity, Mindfulness & Well-Being**

	Mean	Variance
IDF on Positivity	8.48	5.79
Mindfulness (MAAS)	4.81	0.78
Subjective Well-Being (SWB)	6.56	1.6

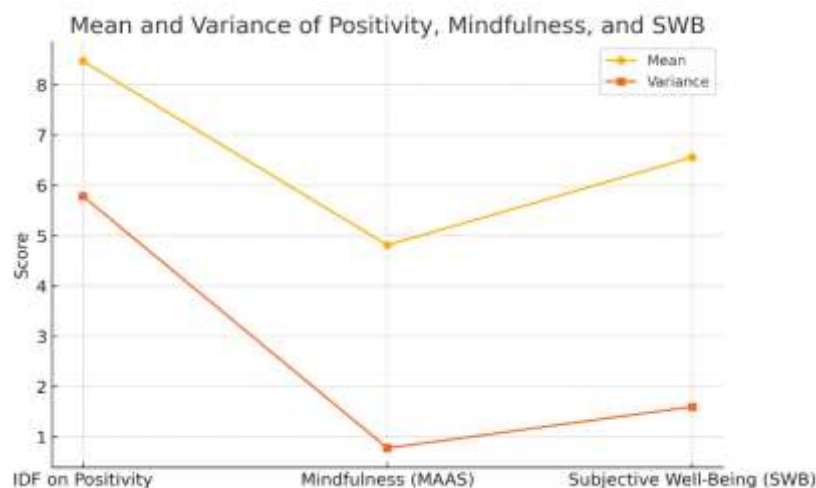
*Source of Study: Primary Survey, Self-Report Data*

*Range of Scores:*

*Interpretation*

The mean of positivity (M=8.48) was high and almost double than that of mindfulness (4.81). However, the variance of positivity was high (V=5.79) compared to mindfulness (0.78). This indicated that while the population was highly engaging in positive thinking, they were facing several polarities between positive thinking and negative thinking. Having a lower mindfulness indicates that preference of thinking was for positive thoughts as of joy, optimism, gratitude than of mindfulness or detachment, but there was a low variance in their engagement. (V=0.78) indicating that they could consistently pay attention to tasks they were doing. However, Subjective well-being was found moderate in the population (M=0.656) and variance was consistent (V = 1.6), indicating that they were moderately happy or focusing on subjective well-being. The figure shows mindfulness has a lower range than positivity and subjective well-being goes higher by including positive affect and life satisfaction to mindfulness

**Figure 1: Mean & Variance of Positivity & Mindfulness**



*Source of Study: Primary Data, Self-Report*

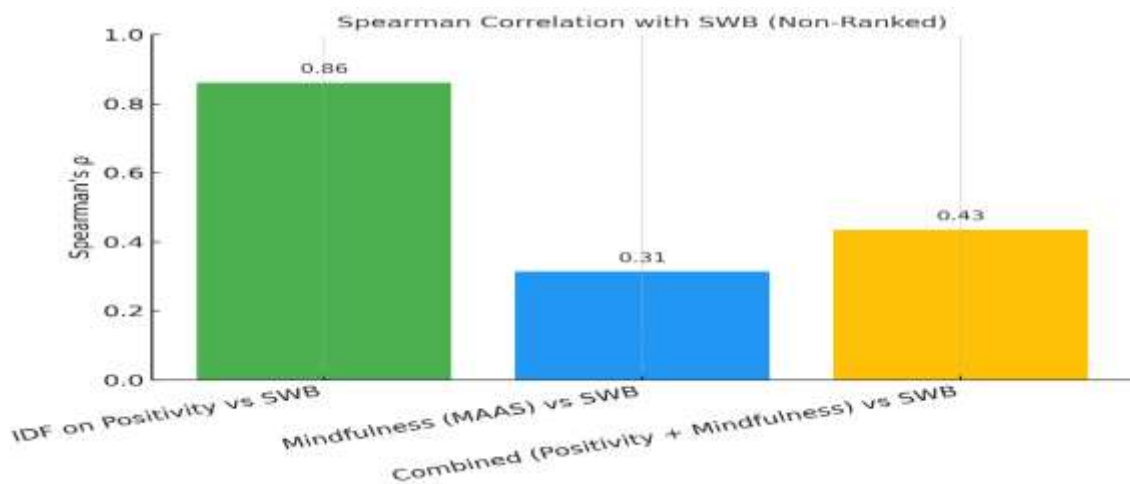
## • Spearman correlation

- IDF on Positivity and SWB:  $r = 0.854$
- MAS and SWB:  $r = 0.314$
- IDF on Positivity & Mindfulness:  $r = 0.454$

### *Interpretation:*

The correlation analysis showed that the relationship between internal dominant focus on positivity and subjective well-being was very strong while the correlation between mindfulness and subjective well-being was weaker but had a moderate impact. There was moderate correlation between the combined scores of positivity and mindfulness on subjective well-being indicating that when positivity had to be subdued by mindfulness or attention the present moment, subjective well-being or happiness reduced but the combined focus still had a moderate impact and raised SWB as the diagram shows.

A multiple regression analysis was conducted to find the predictive power of the independent variables on the dependent variable (SWB).



**Figure 2 : Correlation , Psitivity vs Mindfulness, on SWB**

*Source of Study: Primary Data, Self -Report*

## • Regression Analysis:

- IDF on Positivity predicting SWB:  $R^2 = 0.730$
- MAS predicting SWB:  $R^2 = 0.206$
- Combined model (IDF on Positivity + MAS):  $R^2 = 0.747$
- Regression Equation:  $SWB = 3.45 + 0.51(\text{IDF Positivity}) - 0.25(\text{MAS})$

## DISCUSSION

Findings indicate that internal dominant focus on positivity is a stronger and more consistent predictor of subjective well-being than mindfulness. While MAS does contribute to well-being in a bivariate model, its unique contribution diminishes in the presence of IDF on Positivity, possibly due to conceptual overlap or multicollinearity. These results support the hypothesis that internal psychological orientation plays a central role in shaping well-being, and interventions may benefit from emphasizing positive cognitive focus over mindfulness alone.

Future research could explore longitudinal impacts, test interaction effects, and apply this model across cultural contexts. The high explanatory power of the combined model ( $R^2 = 0.747$ ) underscores the relevance of internal psychological strengths in the pursuit of well-being.



Continuing or forcing a state of mindfulness after reaching a positive state of mind has a negative effect or a frequency lowering effect on the mind where positivity reduces for mindfulness to set in. Some people have reported that mindfulness causes a vacuuming<sup>xvi</sup> effect on the mind which is peaceful for most but can cause emptiness in some.

The multiple regression analysis using both IDF on Positivity and Mindfulness (MAS) to predict Subjective Well-Being (SWB) yields:

**Table 3: Impact of Positivity & Mindfulness on SWB: Regression Analysis**

Model	R <sup>2</sup>	β (Positivity)	β (Mindfulness)	p-value (Positivity)	p-value (Mindfulness)	Intercept
Positivity only	0.73	0.449	-	0.0001	-	3.45
Mindfulness only	0.206	-	0.043	-	0.0001	3.45
Positivity + Mindfulness	0.747	0.508	-0.017	0.0001	0.0001	3.45

*Source of Data: Primary Survey, 385 respondents, Delhi, India*

### Interpretation:

$R^2 = 0.747 \rightarrow$  About 74.7% of the variance in SWB is explained by the combined model.

The analysis showed that SWB increased by one unit with approximately 0.508= 0.51 units of increase in positivity with a significance of  $p < .0001$ , while the mindfulness intercept was negative at 0.17 though had significant impact at 0.01 p value. This may not be a totally negative effect and may indicate a statistical overlap, as the combined value of positivity and mindfulness ( $R^2 = 0.747$ ) is higher than the single value of positivity ( $R^2 = 0.73$ ) and the single value of mindfulness ( $R^2 = 0.206$ ) which means that there is no negative impact of mindfulness on SWB.

### Discussion

The results of the correlation analysis indicate that positivity has a significantly stronger relationship with subjective well-being ( $r = 0.854$ ) than mindfulness ( $r = 0.314$ ). Correspondingly, regression analysis reveals that positivity explains 73% of the variance in well-being ( $R^2 = 0.730$ ), whereas mindfulness accounts for only 20.6% ( $R^2 = 0.206$ ).

In layman's terms, this suggests that individuals tend to experience greater happiness when engaging in positive emotional states, such as joy, gratitude, optimism, satisfaction, and excitement (Cherry, 2020), than when simply practicing mindful awareness, which entails focusing entirely on the present moment without concern for past or future thoughts. While mindfulness promotes present-centered attention, it does not, by itself, sustain high levels of emotional well-being for most individuals.

However, mindfulness plays a critical transitional role, especially when individuals are facing intense negative emotional states such as sadness or anxiety. From an energy psychology perspective, emotional healing follows a negative–neutral–positive trajectory. Mindfulness enables a neutral state of non-reactivity, serving as a bridge from emotionally charged negative thinking to uplifted positive thinking.

This aligns with fundamental laws of energy: emotional currents—like electrical impulses—cannot remain in a neutral state indefinitely. Just as a car cannot stay in neutral gear without motion, the mind's energy currents will inevitably shift, either toward negativity or positivity. In such transitions, mindfulness facilitates detachment from pain, but positive thinking is what elevates well-being by aligning the mind to a higher vibrational frequency (Shiva, 2016).

## CONCLUSION

This study concludes that mindfulness alone may not be a sufficient tool to manage extreme emotional distress, especially in cases involving trauma, abuse, or chronic stress. While mindfulness fosters presence, emotional currents inherently require movement, and without deliberate effort, these currents may gravitate toward negativity due to psychological and physiological inertia.

The research underscores that positive thinking is an active, upward movement in consciousness. Unless deliberately practiced, the gravitational pull of negative thinking can dominate the mind. Therefore, mindfulness should be recognized as a transitional state, not an end state. Sustained well-being requires intentional cultivation of positive emotional habits.

Furthermore, studies have shown that mindfulness practices may have adverse effects in 10–20% of individuals, especially among those with unresolved trauma. This is explored in critical analyses such as *The Buddha Pill* (2026), which reports instances of increased psychological distress during meditative practices.

Given the significantly higher statistical impact of positivity on well-being, it is imperative to embed structured training in positive psychology into education systems. Schools should foster habits of gratitude, patience, motivation, perseverance, self-esteem, and contentment from early childhood through adolescence. Positive thinking should be taught not just as a cognitive skill, but as a core emotional competence, reinforced through family, media, therapy, and social frameworks. In doing so, societies can move toward higher collective well-being and sustainable peace.

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