

Running head: DOES THE CONSUMPTION OF NEWS AFFECT OUR MENTAL
HEALTH?

Investigating whether the consumption of news impacts measures for Anxiety, Stress,
and Well-being

Ben Lavelle

19764611

Supervisor: Dr. Michelle Kelly

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Name: Ben Lavelle

Student Number: 19764611

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Abstract

Aims: This study intended to investigate what impact the consumption of News has on mental health, more specifically, measures for Anxiety, Stress, and Well-being. There were three research questions that this study sought to answer: 1) Will a relationship be observed between engagement with news and measures for Anxiety, Stress, and Well-being? 2) Does the amount of time someone engages with news influence the measures for Anxiety, Stress, and Well-being? 3) Is there a difference between the participants who have watched the positive video first or the negative video first? **Method:** A questionnaire was administered to participants (n=65) via social media. It consisted of three measures, the Depression, Anxiety and Stress Scale (DASS-21)(Stress), the State-Trait Anxiety Inventory (STAI-Y1)(Anxiety), and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)(Well-being). **Results:** The results did not show any significant interaction between Engagement with news and measures for Anxiety, Stress, and Well-being. They also did not show a significant relationship between the amount of time someone engages with news influences the measures for Anxiety, Stress, and Well-being. Differences were observed between each of the variables and Group 1 and 2 over time. This indicated that watching either negative or positive videos first did affect each of the measures. **Conclusions:** While the first two findings may contradict previous literature. The conclusion that a small positive or negative video can affect measures for Anxiety, Stress, and Well-being shows the impact that a “clickbait” culture like society today has on people’s mental health.

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Literature Review

Introduction

News has always been a way in which any person from any background could find out the events of the world at that time. However, somewhere along the line, this benign journalism went from the pursuit of truth to the pursuit of attention. The type and quality of mass-mediated news content are crucial to the character and integrity of representative democracy, and that content is consistently slanted toward negative information (Soroka et al., 2019). Negativity in political campaigns, for example, tends to disenfranchise people, resulting in poor voter turnout and election participation (Park, 2015). The problem of negativity in the news and media is a characteristic of news coverage that influences millions of people's thoughts and decisions (Roberts & Doob, 1990; Donsbach, 2004; Hopmann et al., 2010). It is not only the amount of negative news that has increased it is also the amount of news consumed in general. In the United States, news consumption via social media has soared by more than 50% since 2009 (Weeks & Holbert, 2013). The ability to speak with individuals all over the world used to be an optimistic source of unity, but in the last ten years has turned into a hub for disseminating misinformation, fake news, and hate speech (Buder et al., 2020). This escalation is likely down to the increased use of social media with the expansion of companies such as Facebook, Instagram, and Twitter. News on social media is often subjective and can cause a lot of distrust and confusion (Lee et al., 2021).

This research project aims to investigate what effect, if any, this exponential growth in negative news has on, anxiety, stress, and wellbeing. The literature review will firstly provide a background for negativity bias and its relevance to this study before defining each variable associated. Followed by an evaluation of previous studies which are relevant to this study. These studies provide a background for the research this study aims to achieve. This review will outline any issues with previous studies and provide a rationale as to why this study should be undertaken. The final part of

this literature review is the introduction of the Research questions, Research aims, and Hypotheses for the study. These define the study and provide a base for which the rest of the study will follow.

Negativity Bias

Humans have a greater propensity for negative news than positive news (Soroka et al., 2019). Negativity biases, or the propensity to place a higher value on negative information, events, or feelings than good ones, have been well-documented in psychology (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001; Rozin & Royzman, 2001; Kiken & Shook, 2011). Negativity bias can have different meanings depending on the researchers, for example, greater attention tends to be given to negative than positive stimuli (Pratto & John, 2004; Oehman et al., 2001), negative information is weighted more heavily than positive information (Peeters & Czapinski, 1990; Gilovich, 1983), and negative emotions tend to be more influential than positive emotions (Heatherton & Tice, 1994) (Kiken & Shook, 2011).

Many social factors influence differences in negativity bias. Results from a study by Marin et al., (2012) suggest a potential mechanism by which media exposure could increase stress reactivity and memory for negative news in women. This study found that in women exposure to negative news greatly increases physiological reaction in the face of a new stressor (Marin et al., 2012), this was not observed in the male group and also not witnessed in the neutral news group.

Negativity bias also varies culturally with some countries having a higher tolerance to negativity bias than others, as it may be important to be more aware of negative stimuli in a developing country (Soroka et al., 2019). However, the negativity bias in the news in these countries is more congruent with the actual events of that country. This is not the case in developing nations where the news is essentially gatekept by editorial boards and journalists decide which global events make the news and which do not are decided by journalists and editorial boards. (van der Meer et al., 2018).

No factor regarding negativity bias may be as pertinent in society today as its intertwinement with politics (Meffert et al., 2006). There is evidence that negativity bias “may underlie the development of a liberal or conservative worldview” (Hibbing et al., 2014). There is many examples of this in the political sphere from Italians who implicitly connected symbols of the United States with negative thoughts were more inclined to vote against the proposed enlargement of a US military base, even if they had been previously uncertain on the topic, (Galdi et al. 2008) to a study by (Lodge & Taber, 2013) which found that participants offered fewer reasons to reject immigration after seeing photographs of a cheerful face for too short a period to register in conscious awareness, suggesting that quick, preconscious responses can influence political judgments. Both sides may retaliate against negative threats by asserting their ideological in-group and basic ideological principles in the face of danger (Hibbing et al., 2014).

However, an argument by Ludeke & DeYoung argues that the impact of negativity bias, appropriately clarified and specified in light of Hibbing and colleagues’ arguments, could underpin practically all of the wide range of human attitudes toward large-scale social organizations (e.g. Religiousness, Authoritarianism, Traditionalism, etc.). Not just political or social differences. Studies have been done showing the effect of mindfulness on negativity bias and have been shown to reduce symptoms of depression, anxiety, and other psychopathology, as well as increased subjective well-being (Brown, Ryan, & Creswell, 2007). It has also been shown to decrease the effects of negativity bias. This is relevant as studies have also shown negativity bias to be associated with psychological disorders like Insomnia (Koranyi et al., 2017), Depression (Robins & Block, 1989), and Anxiety (Müller-Pinzler et al., 2019)

Anxiety

Perugi et al., (2002) claim that Anxiety is a condition of disproportionate fear in the absence of real danger. In contrast, to the American Psychiatric Association, where Anxiety is defined as the anticipatory fear of future danger or negative event, accompanied by emotions of dysphoria or physical symptoms of tension (American Psychiatric Association, 1994). The more modern research pertains to the constituents and effects of anxiety. The descriptive statistics are well researched and most definitions of Anxiety would include at least one of these; a fear, concern, discomfort, or apprehension over a potential danger (Shri, 2010; Perrota, 2019).

Self-related beliefs are known to induce anxiety (Müller-Pinzler et al., 2019), these beliefs can be positive or negative biases that a person has about themselves. Individuals who suffer from depression (Moore & Fresco, 2012) and or social anxiety disorder (Vroling & de Jong, 2008; Garner et al., 2006) are more susceptible to personal negativity biases than others and can even lead to lower intrinsic motivation or avoidance behaviour, potentially escalating a self-perpetuating cycle of negative self-related thoughts (Heimberg et al., 2010). The previously mentioned study by Muller-Pinzler explored individuals' ability to update ideas about their talents and compared it to how they update beliefs about others. They sought to untangle situational, motivational, and inter-individual aspects to enable a better understanding of learning biases and their importance for the formation of self-concepts. The findings indicated that negative feedback on their performances had more of an impact than positive feedback. They also found that individuals have an updated bias toward negative information about their performance (Müller-Pinzler et al., 2019). These findings contradict previous research by Sharot & Garrett, (2016) who previously portrayed the viewpoint that self-related learning is positive in general.

People are known to turn to the media in crises because individuals often want more information during these times to alleviate the tension produced by the crisis's ambiguity. However, studies investigating the effects of the media after critical public events like 9/11 (Bourne et al.,

2012), the Ebola outbreak (Thompson et al., 2017), the Pulse nightclub massacre in Orlando in 2016, and the 2013 Boston Marathon bombing (Garfin et al., 2015) all showed psychological trauma, distress and importantly anxiety. The negative feedback loop produced from a disaster like this has massive impacts on the mental health of large portions of the population. A study similar to this by Liu & Liu, (2020) investigated the impact media exposure had on anxiety following the COVIDS-19 outbreak in China. This study took online data from 1118 people across China and asked them to record their media exposure throughout the pandemic. The study used the Self-rating Anxiety Scale (Zung, 1971). They looked at four different types of media (Official media, Commercial Media, Social Media, and Overseas Media). Commercial media (in china this is non-state-run media) was found to have the highest increase in anxiety and traumatization, followed by overseas media, social media, and official media (Liu & Liu, 2020). This study made interesting findings concerning this final year project; Liu & Liu showed that the effect of media-induced vicarious traumatization will be more harmful to persons who are media-dependent yet have had a less direct traumatic experience. When people are directly exposed to higher degrees of trauma, the impact of media exposure in creating vicariously traumatization is reduced.

Stress

The explanation for the many definitions of stress is due to previous psychologists operationalising stress into various types, parenting stress (Lee, Gopalan, & Harrington, 2016), daily hassles (Rollins, Garrison, & Pierce, 2002), posttraumatic stress (Torres, Skidmore, & Gross, 2012) and perceived stress (Nielsen et al., 2016) (Robinson, 2018). The latter being the variant most pertinent to this study however is perceived stress as that is what will be measured. Measuring perceived stress is not straightforward due to the many measures like the Perceived Stress Scale (Nielsen et al., 2016) and the Depression Anxiety & Stress Scales (Lovibond, & Lovibond, 1995).

A study by Schuster et al (2001) outlines the effects media exposure can have on Stress. It investigated the impact of media exposure following the September 2001 terror attacks. They used

modified versions of the Posttraumatic Stress Disorder Checklist (Asmundson et al., 2000) and the Diagnostic Interview Schedule for Children, Version IV (parent's version) (Shaffer et al., 2000). Following the analyses it was found that forty-four percent of individuals reported at least one of five significant stress symptoms, with 68 percent reporting at least one symptom "moderately" and 90% reporting at least one symptom "a little bit. In conjunction with many other studies looking at media consumption on Anxiety or Stress (Anderson et al., 1996; Bernstein et al., 2007; Walsh, 2010), the amount of television viewing was linked to the level of stress. Television gave information on what to do and whether the scenario represented a personal threat; it may therefore have worked as a coping mechanism for some people, according to threat-appraisal coping and stress theories (Lazarus & Folkman, 1984). For some, however, particularly children, watching television may have increased or induced stress, particularly when horrifying pictures were repeatedly shown. Unmeasured variables of the respondents (for example, a lack of social support) may have also contributed to higher television consumption and stress reactivity (Pfefferbaum et al., 2001).

Many studies reviewed the effects of news coverage following a natural disaster on Stress (usually Posttraumatic Stress Disorder), however very few take into account the effect of everyday news stories on Stress. One such recent study which does investigate everyday news coverage surrounding the COVID-19 pandemic is by Mukherjee & Maity (2021). It was an Indian study investigating media use over the course of the pandemic. The findings displayed that thirty-nine percent displayed stress symptoms in some way. Another finding was during the pandemic there was an increase in media usage, which is supported by previous studies on this subject (Gao et al., 2020). While these studies do shed light on the relationships between stress and news it is important to understand the context they were implemented in; Following a terrorist attack and during a global pandemic. Other factors have to be taken into consideration in regards to the findings of these studies such as the other mental health factors that would arise following consumption of news at such a critical time.

Wellbeing

The WHO (1946) statement that "health is not merely the absence of diseases but a state of wellbeing" is frequently cited in contemporary discourse. While this definition connects the notions of health and happiness, it also tends to downplay the importance and complexity of happiness as a concept (La Placa et al., 2013). This began a contradictory period for the study and definition of wellbeing which continues to this day, Forgeard et al., (2011) exclaim that some researchers have chosen to ignore the complex nature of well-being in favour of equating it with a single construct (typically life satisfaction), resulting in the removal of other significant dimensions of wellbeing. This is true for a great deal of early research in the subject (Bradburn, 1969; Diener, 1984; Kahneman et al., 1999; Lyubomirsky & Lepper, 1999). However, the more modern approach to defining wellbeing, while still somewhat contradictory, is much more multi-dimensional (Diener, 2009; Michaelson et al., 2009; Stiglitz et al., 2009). A more modern definition of wellbeing is "the point of equilibrium between a person's psychological, social, and physical resource pool and the psychological, social, and physical challenges faced" (Dodge et al., 2012).

Studies looking at the influence exposure to negative news has on well-being are scarce. One such study investigated the effects of News and people's trust in news over the COVID-19 pandemic (Jain, 2021). Again like many other studies referenced in this literature review the results showed a huge increase in News consumption since the start of the pandemic, mostly due to people trying to gain information regarding the pandemic. More crucially, this research discovered that news exposure reduced levels of gratitude ($b = -0.47, p < .001$) and life satisfaction ($b = -0.55, p < .01$) (their measures for well-being) (Jain, 2021).

Interestingly, these findings discovered that overall exposure to news was more detrimental to levels of gratitude and life satisfaction than pandemic-specific news. While this study provides important novel information regarding the effects of news on well-being, the problems with defining well-being arise again. As Forgeard and colleagues have shown that using life satisfaction and

gratitude as a measure for well-being results in other significant dimensions of well-being standing to be lost.

Rationale

. Previous studies regarding this research have investigated what effects negative media has on negative mental health aspects following either a natural disaster, terrorist attack, or pandemic (Bernstein et al., 2007; Garfin et al., 2015; Thompson et al., 2017; Gao et al., 2020). Preceding research has focused on the impact of media and news on people in the aftermath of a crisis, but not the impact of the crisis itself on mental health variables. Only a few studies look at the effect prolonged exposure to much less critical or severe negative news has on mental health (Liu & Liu, 2020). This research project investigates any relationship positive or negative between news and Anxiety, Stress, and Well-being. This study unlike many others will investigate the effect it has on not only negative aspects of mental health like Anxiety or Stress but if it has any positive influence on mental Well-being.

Firstly, the research aim is to investigate the relationship between engagement with news and measures for Anxiety, Stress, and Well-being. The three research questions which will be answered in this study are as follows;

- 1) Will a relationship be observed between engagement with news and measures for Anxiety, Stress, and Well-being?
- 2) Does the amount of time someone engages with news influence the measures for Anxiety, Stress, and Well-being?
- 3) Is there a difference between the participants who have watched the positive video first or the negative video first?

Finally, the hypotheses for this study are:

1) *A relationship will be observed between engagement with news and measures for anxiety, stress, and wellbeing.*

2) *The amount of time someone engages with news will affect measures for Anxiety, Stress, and Well-being.*

3) *A difference will be observed between participants who watched the positive video first and participants who watched the negative video first.*

Methods

Participants

There were no exclusion criteria for my participants providing they were over eighteen. The surveys were separated with 32 participants in Group 1 and 33 participants in Group 2. Group 1 showed the positive video first and Group 2 showed the negative video first. A combination of convenience and snowball sampling was used to acquire participants. My survey was posted on my social media (Instagram and Snapchat) and was also sent into many social media group chats. This first group of participants was then encouraged to pass on the survey to other group chats and individuals. This led to a high variance in the age and nationality of many participants. There were participants from seven different countries (Austria, Australia, Belgium, France, Ireland, the United Kingdom, and the United States of America) over the two groups. Efforts were made to make the groups as similar as possible. The range for both groups is quite similar with Group 2 in age ranging from 21 to 73 and Group 1 ranging from 18 to 69. There are differences when you look at the mean age for both groups: Group 1 had a mean age of 28.5 and Group 2 had a mean age of 41.36. The overall mean age was 35.14.

Design

A quantitative, experimental, within and between participants design was used, as the goal was to test hypotheses about the relationship of the dependent variables (Anxiety, Stress, and Well-being) and the independent variable (News stories) and the differences between Groups (Positive first vs Negative first). The news clips that the participants viewed first depended on which group they were in. Group 1 was shown the positive news clip followed by the negative clip and Group 2 was shown the negative news clip first with the positive clip second. It was achieved in the form of a survey created on google documents. A correlation and a standard linear regression were performed to investigate the relationships between News stories (Predictor Variable) and Anxiety, Stress, and Well-being (Criterion Variables). Three separate 2x4 mixed

ANOVAs were conducted to assess the impact of Group and Time on each of the three dependent variables.

Materials

The first scale which the participant's answer is the Depression, Anxiety, and Stress Scale (DASS-21) (see Appendix I). It is a concentrated version of the original DASS scale which comprises 42 items. It consists of three subscales; Depression, Anxiety, and Stress. Each of these subscales consists of seven items. For this study, the depression subscale was removed as the aim was not to measure depression. The rating scale is as follows, 0) Did not apply to me at all, 1) Applied to me to some degree, or some of the time, 2) Applied to me to a considerable degree or a good part of the time, and 3) Applied to me very much or most of the time. Studies like Henry and Crawford (2005) have tested the validity and reliability of the DASS-21. They investigated the validity by determining Pearson product-moment correlations between each of the DASS-21 subscales and two independent anxiety and depression measures, the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) and the Personal Disturbance Scale (Bedford & Foulds, 1978) (Henry & Crawford, 2005). When compared to other validated depression and anxiety measures, the key findings show that the DASS-21 has strong convergent and discriminant validity. The reliabilities of the DASS-21 scales were .88 for Depression, .82 for Anxiety, .90 for Stress, and .93 for the Total scale (Henry & Crawford, 2005). If an instrument is to be used to make conclusions about a person, according to Anastasi (1990), it should have a value of at least .85. The Depression, Stress, and Total measures all met this requirement, although the Anxiety scale fell short, albeit only by a little margin. These findings were supported by similar preceding studies by Antony et al., (1998) and Brown et al., (1997). The score for each of the item groups, Anxiety, and Stress for this study, has to be multiplied by two, this is because the DASS-21 (21-items) is a shortened version of the DASS scale (42-items). Following this, each

score should now be transferred to the DASS profile sheet (see Appendix IX), which allows for comparisons across the two scales as well as percentile rankings and severity designations.

The second scale used was the State-Trait Anxiety Inventory STAI-Y1 (see Appendix II). This is the first section of the full State-Trait Anxiety Inventory by Charles D. Spielberger. This was used as it is more pertinent to what the study aims to measure. It also shortens the length of the survey making it more digestible for participants. There are 20 items on the form Y1. It aims to diagnose state anxiety and to distinguish it from depressive syndromes. There are anxiety absent and anxiety present questions. Statements like "I feel secure," represent the absence of anxiety. Statements like "I'm worried," show the presence of anxiety. This is the rating scale: 1) Not at all, 2) Somewhat, 3) Moderately so, 4) Very much so. Internal consistency reliabilities for both scales of the STAI were reasonably constant across investigations, especially for the scale this study is using: the state anxiety scale. Stability reliability was lower for scores on the state scale than for scores on the trait scale, as one might predict for a state-dependent feature. $M = .91$, $SD = .05$ (Barnes et al., 2002). Although the two types of coefficients for the trait scale were quite comparable, state scale test-retest coefficients were lower than internal consistency coefficients (Barnes et al., 2002). Other studies have also shown its utility, reliability, and validity in clinical settings (Oei et al., 1990).

The final scale this study used is was the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (see Appendix III). It is a 14 item scale used to measure subjective wellbeing and psychological functioning. The rating scale is as follows 1) None of the time 2) Rarely 3) Some of the time 4) Often 5) All of the time. The scoring is done by evaluating each of the 14 item responses on a scale of 1 to 5 (none of the time) to 5 (all of the time), and the overall scale score is determined by adding the 14 individual item scores. All items are scored positively. The lowest possible score is 14 and the highest is 70. As a result, a higher WEMWBS score indicates a higher level of mental health. According to Stewart-Brown & Janmohamed, the average population mean

is around 51. The WEMWBS was initially validated using many student samples from across the UK and also some Scottish general population samples. The construct validity was determined by examining the relationships between the WEMWBS and other mental health measures, as well as general health and emotional intelligence scores. Correlations were moderately high between WEMWBS and the: Scale of Psychological Well-being (0.73); Satisfaction with Life Scale (0.72); Short Depression Happiness Scale (0.76); Positive and Negative Affect Scale – positive subscale (-0.55); and the WHO-Five Well-being Index (0.77). WEMWBS showed moderate to low correlations with the EQ-5D thermometer (a measure of overall physical and emotional health) (0.42) and the Emotional Intelligence Scale (0.51)(Stewart-Brown, & Janmohamed, 2008). This is to be expected, given that these two measures assess notions that are distinct from (but linked to) positive mental health. Only student samples were used to establish test-retest reliability, which was achieved by calculating the correlation between two sets of scores for the same group of people who repeated the test after one week. Correlation $\alpha = 0.83$ after one week ($n = 124$). This high score suggests that the WEMWBS is a reliable scale.

Procedure

The survey started with a Participant Information Sheet (see Appendix IV) followed by a Consent page (see Appendix V). These two pages outline what the participant should expect from the survey and whether or not they consent to participation. It will explain that participants can withdraw at any time and that this project is completely anonymous. If the participant consents, they will be brought to the “demographics” section where they will be asked their gender, age, and what country they are currently living in. They will then be asked questions regarding their relationship with news. Firstly, do they engage with news, followed by how often they engage with news, their preferred method of engaging with news, and finally they are asked what is the duration of engagement with news daily. They are then brought to the first news clip. Following this, they had to answer the first scale, the Depression, Anxiety and Stress Scale (DASS-21),

which measured general Anxiety and Stress. The second scale participants had to answer was the State-Trait Anxiety Inventory (STAI-Y1) which also measured Anxiety. The final scale for the participants to answer for the first video was the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) which measures Well-being. Succeeding the completion of the three scales the participant was brought to the second news clip. After the conclusion of the second video, the same procedure is followed as the first video due to the same scales being used. After the completion of the survey a participant debriefing sheet (see Appendix VI) is displayed outlining that the actual title for my project is “Effect of Negative News on Depression, Anxiety, Stress and Well-being” rather than “Investigating the impact of news stories on Anxiety, Stress, and Well-being”. This information was withheld to get an honest reaction to the negative news video without prior acknowledgment on the participant's behalf. This sheet also thanks the participants for their involvement and shows contact emails for me and my supervisor.

Results

Descriptive Statistics

The current data is taken from a sample of 65 participants (n = 65). Consisting of 50.8% Males (n = 33), 46.2% Females (n = 30) and 3.1% Non-Binary (n = 2). The majority of people 76.9% (n= 50) lived in Ireland; 7.7% (n = 5) lived in Austria, 6.2% (n = 4) lived in the U.S.A., 4.6% (n = 3) lived in the U.K. and 3% of participants lived in Australia (n = 1) and France (n = 1) combined. People engaged with news the most through Social media with 35.4% (n = 23), followed by News Broadcasters with 20% (n = 13), Radio with 18.5%, News applications with 13.8% (n = 9). 10.7% (n = 7) of people consumed news through newspapers (Broadsheets 9.2%, n = 6; Tabloid 1.5%, n = 1). 1 person consumed their news through YouTube (1.5%, n = 1). 90.8% (n = 59) of people engage with news while 9.2% (n = 6) of people do not.

Table 1

Variable	Frequency	Valid %
Gender		
Male.	33	50.8%
Female	30	46.2%
Non-binary	2	3.1%
Country of residency		
Australia	1	1.5%
Austria	5	7.7%
France	1	1.5%
Ireland	50	76.9%
United Kingdom	3	4.6%
United States of America	4	6.2%
Preferred method of consuming news		
News Applications	9	13.8%
News Broadcasters	13	20%
Newspaper Broadsheets	6	9.2%
Newspaper Tabloids	1	1.5%
Radio	12	18.5%
Social Media	23	35.4%
YouTube	1	1.5%
Do you engage with news of any type		
Yes	59	90.8%
No	6	9.2%

There are three continuous variables, Age, How many times a day a participant engaged with News, and Average duration of engagement with news. Measured below are the Mean, Median, Standard deviation, Minimum and Maximum scores are shown below in table 2.

Table 2

Variable	Mean	Median	SD.	Skewness.	Kurtosis.	Min.	Max.	Range
Age	35.14	35	14.93	.746	-.443	18	73	55
How many times a day do participants engage with news	1.97	2	.951	.736	-.329	1	4	3
The average duration of engagement with News	2.94	3	1.35	.195	-1.00	1	5	4

Inferential Statistics

The relationship between engagement with news and measures for Stress, Anxiety, and Well-being was investigated using a Spearman's (ρ) rank correlation coefficient. This was used as three of the dependent variables (DASS Total Pre, DASS Total Post, and STAI Y1 Total Post) were not normally distributed (Shapiro-Wilk, $p < 0.05$). There was no correlation between Engagement with News and Stress (Pre: $p = .779$, Post: $p = .449$), Anxiety (Pre: $p = .627$, Post: $p = .832$) or Well-being (Pre: $p = .268$, Post: $p = .730$). Strong positive correlations were observed between DASS Total Pre and Wellbeing (Pre: $p = .040$, Post: $p = .025$). Other positive correlations were also observed, however they are not significant enough to report. (see Table 3)

Table 3

Variable	Engagement with News	DASS Total Pre	DASS Total Post	STAI Y1 Total Pre	STAI Y1 Total Post	WEMWBS Total Pre	WEMWBS Total Post
1. Engagement with News	...	...	...	...	...	...	...
2. DASS Total Pre	.779	...	...	...	...	...	...
3. DASS Total Post	.449	.705	...	...	...	...	...
4. STAI Y1 Total Pre	.627	.979	.000	...	...	...	...
5. STAI Y1 Total Post	.832	.045	.208	.002	...	...	...
6. WEMWBS Total Pre	.268	.040	.029	.001	.441	...	...
7. WEMWBS Total Post	.730	.025	.298	.079	.005	.000	...

A standard linear regression was performed to investigate whether the amount of time someone engages with news for, influences measures for Stress, Anxiety, and Well-being. Results indicate that the amount of time engaging with news is not a significant predictor of levels of Stress (Pre $p = .444$, Post $p = .535$), Anxiety (Pre $p = .408$, Post $p = .600$), and Well-being (Pre $p = .866$, Post $p = .810$) (see Table 4)

Table 4

Variable	R ²	B	SE	β	t	p
DASS Pre	0.9%	.139	.181	0.097	.770	.444
DASS Post	0.6%	.123	.197	.078	.624	.535
STAI Y1 Pre	1.1%	.150	.180	.104	.834	.408
STAI Y1 Post	0.4%	.093	.177	.066	.527	.600
WEMWBS Pre	0%	-0.31	.184	-0.21	-.169	.866
WEMWBS Post	0.1%	-0.51	.209	-.030	-.242	.810

Note:

Three 2x4 mixed ANOVAs were conducted to assess the impact of group (Group 1, who witnessed the positive video first, $n = 32$ and Group 2, who witnessed the negative video first, $n = 33$) and time (1,2) on DASS-21, STAI Y1, and WEMWBS scores. The within-participant factor was time (2 levels) and the between-participant factor was group (two levels). The dependent variables were the DASS-21, STAI Y1, and WEMWBS scores. Results for Stress (DASS-21) showed a significant interaction effect between group and time, $F(1, 63) = 45.15, p = .000$, Effect size analysis using multivariate partial eta squared (.42) indicated a small change over time. Signifying that Group and Time had an impact on DASS scores with participants who watched the positive video first showing an increase in Stress scores after watching the second negative video. This result was also observed in the other direction with participants who viewed the negative video first reporting a decrease in stress following the second positive video. (See Appendix VII).

Results for Anxiety were significant and showed a small significant interaction between group and time, $F(1, 63) = 9.21, p = .003$. Effect size analysis using multivariate partial eta squared (.13) indicated a very small change over time. These results showed a very small yet unexpected change in Anxiety levels. Group 1 reported higher levels of anxiety initially followed by a decrease after watching the negative video. Again, this was observed in the other direction with Group 2 registering lower levels of anxiety initially followed by an increase in Anxiety scores following the positive video. The effect size was very small.

Finally, results in regards to Well-being also showed an interaction effect between group and time, $F(1, 63) = 40.56, p = .000$, Partial eta squared (.39) indicated a small change over time. This indicated a change in wellbeing following the second video for both groups with an increase for Group 2 (negative first) and a decrease for Group 1 (positive first) (see Appendix VIII).

Discussion

The current study aimed to investigate any possible positive or negative relationships between news and Anxiety, Stress, and Well-being. It also aimed to investigate any differences in scores for Anxiety, Stress, and Well-being between Groups (positive video first vs. negative video first). Previous research has primarily looked at the effect of media and news on people following a crisis (disaster, pandemic, etc.) (Bernstein et al., 2007; Garfin et al., 2015; Thompson et al., 2017; Gao et al., 2020) while not taking into account the effects the crisis itself has on mental health variables. This study unlike others will investigate the effect it has on not only negative aspects of mental health like Anxiety or Stress but if it has any positive influence on mental Well-being.

The first hypothesis: *A relationship will be observed between Engagement with news and measures for anxiety, stress, and wellbeing.* This was contradicted by the results of a Spearman's (rho) rank correlation coefficient analysis which showed no significant relationship between engagement with news and Anxiety, Stress, or Well-being. A strong positive correlation was observed between Stress (DASS Total Pre) and Well-being. These results do not coincide with results from previous research findings from studies like McNaughton-cassill's, (2001) showed a significant positive correlation between media engagement and stress. Liu & Liu (2020) observed positive and significant relationships between anxiety and media, especially in the use of commercial media and overseas media. Finally, Jain, (2021) showed that news access significantly negatively predicts well-being levels. These results may differ due to all of the aforementioned studies being conducted following a crisis which may affect these variables more than the current study which aimed to look at the effects of the engagement with news in a common setting. Also, the current

study's mean age was 35.14 which indicates a fairly young sample. Younger people may grow desensitized as a result of their exposure to so much information on social media and video games, making it more difficult to elicit a stress or anxiety response from a news segment. Research backs up this assertion. (Smith & Donnerstein, 1998; Funk et al., 2004; Krahe et al., 2011).

The second hypothesis was as follows:) *The amount of time someone engages with news will affect measures for Anxiety, Stress, and Well-being.* This was investigated using a standard linear regression. Unfortunately, the results contradicted the hypothesis with time spent engaging with news having no significant relationship with measures for Anxiety, Stress, and Well-being. Again these results are not congruent with previous similar research, an eight-year longitudinal study by Coyne and colleagues, (2020) displayed a moderate relationship between time spent on social media and mental health symptoms such as Anxiety. These findings support a slew of other research that suggests that time spent on social media is linked to mental health difficulties (e.g., Lin, Sidani, Shensa, Radovic, Miller, Colditz, 2016; Barry, et al., 2017). Other studies which look at how close people engaged with news in a Covid-19 setting have also shown significant positive correlations with psychological distress (Stainback et al., 2020). The current study's results may differ as the nature of this study was to record levels of anxiety, stress, and well-being following two news clips. The duration of these news clips did not vary. A question was posed asking their average duration of watching the news, however, this would not have affected their results for Anxiety, Stress, or Well-being at the moment of answering the survey. Also, the question was asked before the showing of the videos. Future research should investigate this question using more general scales for anxiety, stress, and well-being, or varying the duration of the news clips the participants watched.

The final hypothesis was: *A difference will be observed between participants who watched the positive video first and participants who watched the negative video first.* This hypothesis was tested using three 2x4 mixed ANOVAs for each of the dependent variables (Anxiety, Stress, and Well-being). The results supported the hypothesis this time as a significant difference was observed between the group, time, and all three of the variables. The first variable investigated was Stress. Results showed a small significant interaction effect between stress and group and time. Participants who watched the positive video first reported higher levels of stress following the second more negative video, the opposite was reported for group 2 who watched the negative video first. The results showed a decrease in stress scores after group 2 watched the positive video (see graph 1). This is supported by many previous studies investigating recency bias (Westerman et al., 2013; Rudiawarni et al., 2020) and also by others which illustrate the impact recency bias has on the self-reported severity of stress (Wethington, 2000; Gao et al., 2020) The second variable that was investigated was anxiety. Results showed an unexpected and interesting change in anxiety levels for both groups. A very small yet significant interaction between Anxiety and group and time. The surprising part was the direction of the interaction for both groups. After watching the positive clip, Group 1 reported increased levels of anxiety initially, then a reduction following the negative video. Again, this was seen in the other orientation, with Group 2 experiencing lower anxiety at first, followed by a rise in anxiety following the positive video. The size of the effect was quite minor. This is very different from what many studies have shown regarding recency bias and its effects on anxiety (Coles et al., 2007; Westerman et al., 2013). While the result was unanticipated and the effect size was small the interaction was significant so therefore cannot be overlooked. The final variable was Well-being. Results showed another small significant interaction effect between Well-being and

group and time. Scores for well-being decreased for group 1 after watching the negative video and increased for group 2 after watching the positive video (see graph 2). Like Stress, this is congruent with existing literature which showed that recency bias can also affect measures for well-being (Adler & Hershfield, 2012; Elmer et al., 2017).

Implications

This study has implications has important theoretical and practical implications. Practically the problem of excess negative news and fear-mongering in our daily lives needs to be understood and comprehended much better. Theoretically, while all of the hypotheses were not met, the final hypothesis shows the difference even a small one-minute clip can have on mental health symptoms. Future research should specifically look at the relationships between Stress, Anxiety, and well-being in regards to the news while controlling for age. I believe that older populations tend to be more affected by news due to the desensitization of younger generations through social media. An aspect of the current study which was implausible to achieve due to potential ethical issues was to vary the emotional strength of the videos much more. Future studies may be able to find better results by making the negative videos more negative and the positive more positive. As the current study was bound by ethical considerations and time constraints the videos were potentially too mild for them to elicit a significant response from the participants. Finally, while this study does not specifically look at the effects of news during and following a crisis I believe more should do so, especially in the midst of a war in Ukraine, more studies should be done to firstly persuading the media to restore the truth and increase readability to the greatest extent feasible, but it should also consider media ethics and humanistic care. They should make every effort to avoid either devouring the public affection and privacy of victims or causing

additional trauma to audiences, particularly during a crisis event when the public is already experiencing significant bodily and psychological hardship.

Strengths and Limitations

A main limitation of the current study would be to increase the emotional strength of the videos as previously mentioned. However, others may include that Group 2 ($m = 41.36$) had an older population than Group 1 ($m = 28.5$) which may have affected results, especially considering the aforementioned issue of not taking into account the desensitisation of young people. An aspect of this study that could be seen as a strength or limitation would be the many nationalities that took part in the study. For future studies, I would recommend controlling for the various nationalities as, although it gives a more random sample, people's affinity, interest, and trust in the news can vary greatly from country to country. A final limitation would be not including recency bias in the literature review as it turned out to be an important part of the study and helped explain the findings in regard to my third hypothesis. A strength of this study would be the format and layout of the questionnaire. While not all hypotheses were met I believe the strengths of this study lay not in the videos but the accompanying questions (descriptive and the measures). If the sample may have been controlled better and videos made to be more emotionally reactive I do believe all of the hypotheses would have been met.

Conclusion

This study aimed to explore the relationship between news and measures for Anxiety, Stress, and Well-being, while a significant relationship was not achieved in contrast with previous literature covering this subject. I believe with a few minor changes significant interactions would have been observed. This study also aimed to look at whether a difference would be observed between Group 1 (Positive first) and Group 2 (Negative first). A difference was observed in every variable, though not the way we expected in regards to Anxiety which increased after watching the positive videos. For the other two (Stress and Well-being) the results were supported by existing literature. Following the negative video, Stress increased and Well-being decreased. It shows how much a small one-minute video can affect the current mental state of that individual. This is an important finding, particularly nowadays with more and more people getting their news on social media, for example in this study 35.4% of participants said they consumed their news through social media with one person even claiming they use TikTok. This short news clip version of the news is becoming increasingly popular and the findings discovered in this study among others illustrate the impact it can have on mental health.

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Appendices

Appendix 1

DASS-21

Please read each statement and circle a number 0, 1, 2, or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

1. 0 Did not apply to me at all
 2. 1 Applied to me to some degree or some of the time
 3. 2 Applied to me to a considerable degree or a good part of the time
 4. 3 Applied to me very much or most of the time
- 1) I found it hard to wind down
 - 2) I was aware of the dryness of my mouth
 - 3) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)
 - 4) I tended to over-react to situations
 - 5) I experienced trembling (e.g. in the hands)
 - 6) I felt that I was using a lot of nervous energy
 - 7) I was worried about situations in which I might panic and make a fool of myself
 - 8) I found myself getting agitated
 - 9) I found it difficult to relax
 - 10) I was intolerant of anything that kept me from getting on with what I was doing
 - 11) I felt I was close to panic
 - 12) I felt that I was rather touchy

- 13) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)
- 14) I felt scared without any good reason

Appendix II

SELF-EVALUATION QUESTIONNAIRE STAI Form Y-1

Please provide the following information:

Name _____ Date _____ S _____

Age _____ Gender (Circle) **M** **F** T _____

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right* now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

NOT AT ALL
SOMEWHAT
MODERATELY SO
VERY MUCH SO

- 1. I feel calm..... 1 2 3 4
- 2. I feel secure 1 2 3 4
- 3. I am tense 1 2 3 4
- 4. I feel strained 1 2 3 4
- 5. I feel at ease 1 2 3 4
- 6. I feel upset 1 2 3 4
- 7. I am presently worrying over possible misfortunes 1 2 3 4
- 8. I feel satisfied 1 2 3 4
- 9. I feel frightened 1 2 3 4
- 10. I feel comfortable 1 2 3 4
- 11. I feel self-confident 1 2 3 4
- 12. I feel nervous 1 2 3 4
- 13. I am jittery 1 2 3 4
- 14. I feel indecisive..... 1 2 3 4
- 15. I am relaxed 1 2 3 4
- 16. I feel content 1 2 3 4
- 17. I am worried 1 2 3 4
- 18. I feel confused..... 1 2 3 4
- 19. I feel steady..... 1 2 3 4
- 20. I feel pleasant..... 1 2 3 4

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STAI-P-AD Test Form Y
www.mindgarden.com

Appendix III

The Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick–Edinburgh Mental Well-being Scale (WEMWBS)
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Appendix IV**Participant Information Page****Investigating the effect of news stories on Anxiety, Well-being, and Stress.**

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being done and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

What is this study about?

My name is Ben Lavelle and I am a final year student in the Bachelors in Psychology programme at the National College of Ireland in Dublin. As part of our final degree, we must carry out an independent research project. This study aims to investigate the link between News stories and Anxiety, Well-being, and Acute Stress. This study is supervised by Dr. Michelle Kelly.

What will taking part in the study involve?

If you decide to participate in this research, you will be asked to watch two short news clips, after each clip, there will be a few questions for you to answer. The questions should be answered fully and truthfully to what you are experiencing at that moment. The whole study should take about 10-15 minutes.

Who can take part?

Anyone can take part in this study unless you fall into one of these two categories

- 1) You are under the age of 18
- 2) If you have been told by a doctor that you have a diagnosis of dementia or a problem with your memory or thinking that interferes with your day-to-day life.

Do I have to take part?

This study is completely voluntary, you do not have to take part, this will have no consequences on you or the data. If you do decide to participate you can withdraw at any time by leaving the website or informing me.

Can I withdraw?

You can withdraw at any point while you are watching the videos, however, once the final question sheet is submitted it will not be possible to withdraw you from the study as the data you have submitted is anonymous and individual responses will be fully de-identified.

What are the possible risks and benefits of taking part?

This study will have no direct benefits to you as a participant. However, the information gathered will contribute to research that helps us understand the effect of news on our mental health. This is relevant due to how news-heavy our society is today; social media has drastically increased the amount of news people see daily so understanding the effects this has on our mental health symptoms could be very pertinent moving forward. There is a very small risk that some may see something mildly distressing in the videos. Similarly, some participants may find the questions to cause some distress. If either of these is the case, you are more than welcome to take a break or withdraw completely. If the distress persists after the study contact numbers for me, my supervisor and helplines will be included in the debriefing sheet.

Will taking part be confidential and what will happen to my data?

This study is completely anonymous, it is not possible to identify any participant based on what they have answered. Even still, all data collected will be treated in the strictest confidence. The data will be retained for 5 years in accordance with the NCI data retention policy. It will be stored on a hard drive separate from any laptop or computer to ensure maximum respect and confidentiality. Only I will have access to the data and following the 5 years, the data will be destroyed.

What will happen to the results of the study?

The results of this research project will be presented in my final dissertation, which will be submitted to the National College of Ireland.

Who should you contact for further information?

Ben Lavelle – Researcher

E-mail: X19764611@student.ncirl.ie

Dr. Michelle Kelly – Supervisor

E-mail: Michelle.Kelly@ncirl.ie

Appendix V

Consent Page

In agreeing to participate in this research I understand the following:

This research is being conducted by Ben Lavelle, an undergraduate student at the School of Business, National College of Ireland.

The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.

If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage.

I have been informed as to the general nature of the study and agree voluntarily to participate.

There are no known expected discomforts or risks associated with participation.

All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. No participant's data will be identified by name at any stage of the data analysis or in the final report.

At the conclusion of my participation, any questions or concerns I have will be fully addressed.

I may withdraw from this study at any time and may withdraw my data at the conclusion of my participation if I still have concerns.

If you have read the information sheet and consent form and consent to take part in this study, please mark the box below.

By clicking the box below, I confirm that I have read the above information page and consent page outlining the terms of the study and that I am 18 years of age or above.

I consent

Appendix VI

Participant Debriefing Leaflet

Effect of Negative News on Depression, Anxiety, Stress, and Well-being

This is the actual study title, I had to alter the title for the information sheet as I did not want you, the participant, to know whether the videos were negative or positive as it may affect the data which, in turn, may affect my results. I hope you understand why I withheld this information.

I want to wholeheartedly thank you for your time and involvement in this study, it greatly helped me in my final dissertation.

Again, any data collected in this study is completely anonymous and confidential.

I would like to encourage you to pass on the link to this study to anyone you know who may be interested in participating in this study. This would be greatly appreciated.

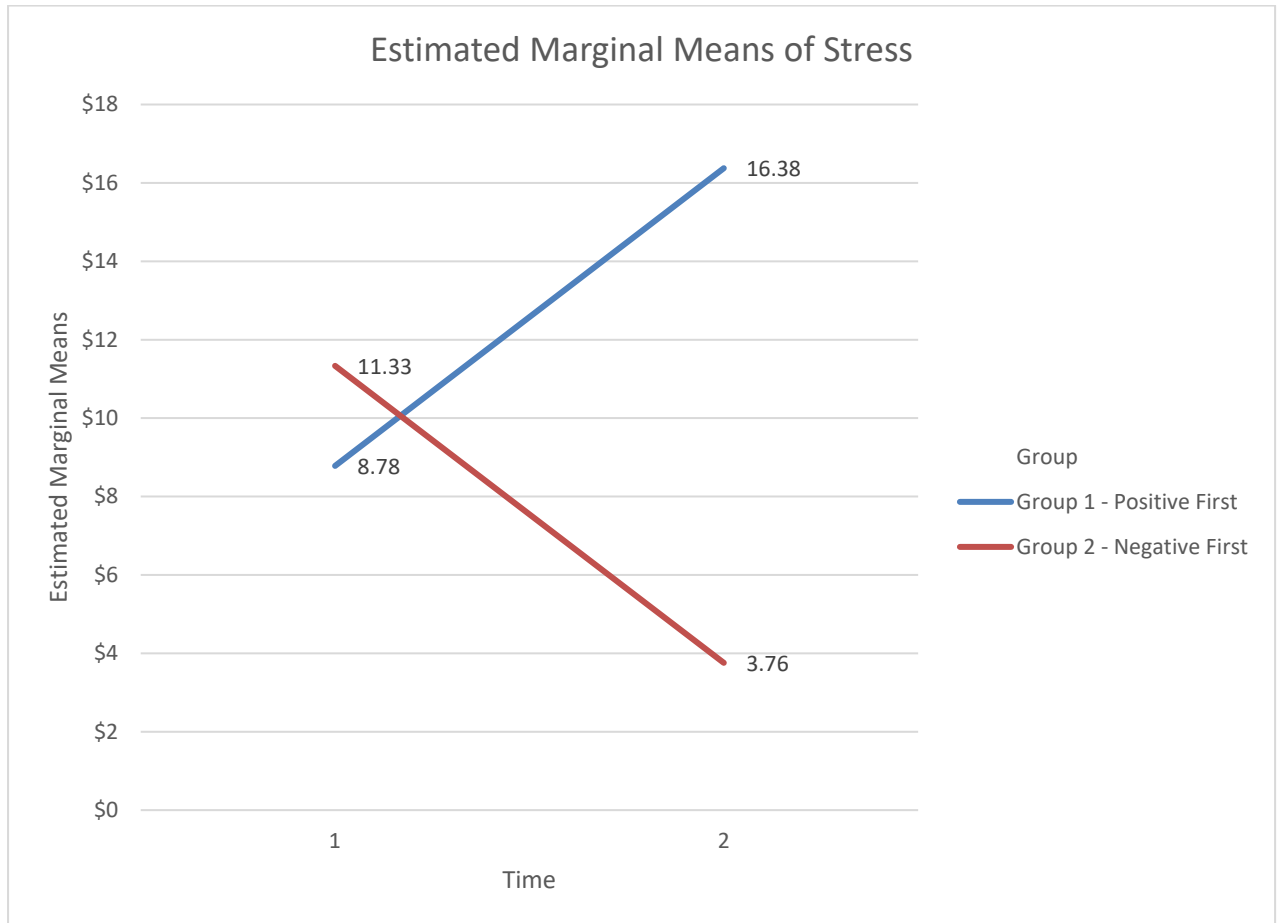
Contact Information

Ben Lavelle – Researcher E-mail: X19764611@student.ncirl.ie

Dr. Michelle Kelly – Supervisor. E-mail: Michelle.Kelly@ncirl.ie

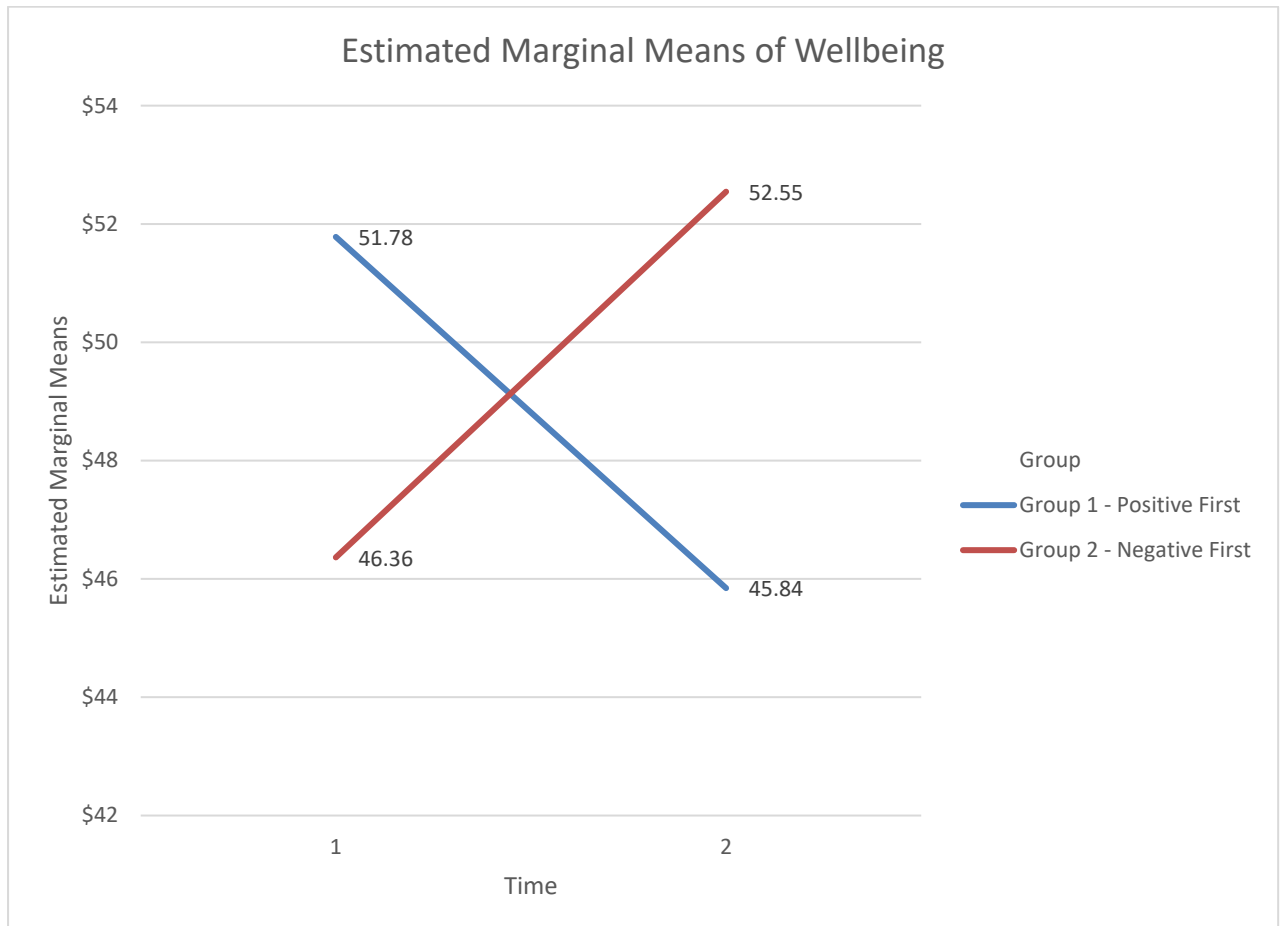
Appendix VII

Graph 1



Appendix VIII

Graph 2



Appendix IX

Severity	Anxiety	Stress
Normal	0-7	0-14
Mild	8-9	15-18
Moderate	10-14	19-25
Severe	15-19	26-33
Extremely Severe	20+	34+