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A Goal-Directed Perspective on Dampening of Positive Affect

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Abstract

The crucial role of positive affect (PA) dysregulations in affective psychopathology is now widely recognized. One clinically significant phenomenon in this context is the dampening of PA, which refers to (attempts to) downregulate or downplay PA states using a variety of mental strategies. Although the transdiagnostic relevance of dampening as a vulnerability and/or maintenance factor for psychopathology is well established, knowledge about motives for individuals to engage in this affect regulation strategy remains underdeveloped and insufficiently integrated. To further the current understanding of dampening, we analyze dampening through the lens of a contemporary goal-directed theory (GDT). From this perspective, dampening of PA can be understood as a strategy to reduce discrepancies between current PA and the goal to maintain low PA levels. This *homeostasis goal* is assumed to be at the service of several superordinate goals. Based on empirical and anecdotal evidence from clinical practice, four types of superordinate goals are identified: a hedonic goal, a self-motivating goal, a social goal, and a self-verification goal. Finally, the GDT provides guidance to systematically organize existing interventions to diminish PA dampening. The common objective in these interventions is to encourage people to reorient from the homeostasis goal towards an *experience goal*, which involves allowing oneself to experience PA.

Keywords: dampening of positive affect, goal-directed framework approach, anhedonia

A Goal-Directed Perspective on Dampening of Positive Affect

Research on affective psychopathology has historically focused on understanding dysregulations in negative affect (NA), such as depressed mood or persistently elevated feelings of sadness (Dunn, 2017). In the past decades, examination of positive affect (PA) dysregulations has surged ahead, thereby establishing its pivotal role in affective psychopathology beyond NA dysregulations (e.g., Dunn, 2012, 2017; Silton et al., 2020; Treadway & Zald, 2013). These involve dysregulations in the experience of pleasurable feelings such as happiness, joy, relaxation, and enthusiasm (Carver, 2015; Heininga & Kuppens, 2021). One prominent expression of PA dysregulation involves average low levels of PA in daily life, also called anhedonia (Heininga et al., 2019). Anhedonia has been extensively studied as the other hallmark symptom of major depression, alongside depressed mood (American Psychiatric Association, 2013). In addition, anhedonia is an important transdiagnostic symptom, present in a variety of mental disorders such as schizophrenia, substance dependence, post-traumatic stress disorder (PTSD), and anxiety disorders (Guineau et al., 2023; Pizzagalli, 2022).

An interesting phenomenon that may be involved in the vulnerability to and maintenance of depression and anhedonia in particular is PA dampening. PA dampening is traditionally defined as "the tendency to respond to positive mood states with mental strategies to reduce the intensity and duration of the positive mood state" (Feldman et al., 2008, p. 509). These mental strategies are reflected in thoughts like "I don't deserve this positive feeling" or "This positive feeling won't last".

Over the years, multiple empirical studies have been conducted, collectively building a case for PA dampening as a clinically relevant phenomenon and supporting its role in the vulnerability to and maintenance of depression. This is confirmed by recent meta-analytic evidence for the bidirectional relationship between dampening and depressive symptoms

(Bean et al., 2022), found in cross-sectional and longitudinal studies. Similarly, research has demonstrated a positive relation between dampening and anhedonia, primarily in cross-sectional studies and, to a lesser extent, in longitudinal ones (Nelis et al., 2015; Nelis et al., 2018; Werner-Seidler et al., 2013). In addition, there is evidence for the predictive value of dampening after controlling for other key risk and maintenance factors for depressive symptoms, such as maladaptive NA regulation strategies, including rumination (McEvoy et al., 2018; Raes et al., 2012, 2014). Moreover, time-series studies demonstrated that higher levels of dampening in daily life are predictive of higher subsequent self-reported levels of depressive symptoms and lower levels of PA (Li et al., 2017; Vanderlind et al., 2022). Finally, dampening induction procedures in the lab and naturalistic controlled settings convincingly supported the existence of a causal link between dampening and affective experiences. They showed that PA dampening induction during the anticipation, occurrence, and recall of events resulted in increased sadness and decreased happiness (Burr et al., 2017; Dunn et al., 2018; Yilmaz et al., 2019).

While PA dampening is targeted at actual, ongoing PA, which is experienced in the moment, the experimental studies cited above highlight that it can be instantiated in at least three distinct ways. Accordingly, three types of PA dampening can be distinguished: dampening of consummatory PA during an ongoing event, dampening of anticipatory PA to an upcoming event (Li et al., 2019), and dampening of post-event or experienced PA during reminiscing of a past event (Speer & Delgado, 2017). Although this distinction is theoretically meaningful, in clinical contexts we expect dampening to be most pronounced and relevant in response to consummatory PA. Anticipatory and post-event PA first require cognitive approach behavior, namely anticipating future events and recalling past positive events. However, both forms of approach behavior are markedly reduced in depression (Dalgleish & Werner-Seidler, 2014; Hallford & Sharma, 2019), suggesting that there may be little

anticipatory or post-event PA available to be dampened in the first place. The current article therefore focuses on consummatory PA dampening.

Like anhedonia, there is increasing evidence for the transdiagnostic relevance of PA dampening. This is reflected by its positive relation with other types of psychopathology, such as psychosis (Damme et al., 2022), PTSD (Boelen, 2021; Kiefer et al., 2023; Wolkenstein et al., 2022), anxiety disorders (Buhk et al., 2020; Eisner et al., 2009; Everaert et al., 2020), prolonged grief (Lenferink et al., 2018), and eating disorders (Dworschak et al., 2023). While the majority of research to date remains concentrated within the domain of depressive symptomatology, the dimensional approach adopted in many recent empirical studies supports broader applicability beyond formal diagnostic categories.

Taken together and supported by the evidence outlined above, PA dampening is a frequently observed phenomenon that shows clear links with symptomatology, most convincingly demonstrated in the depression literature. Within this literature, several theories have been proposed to explain PA downregulation strategies (e.g., Swann, 2012; Vanderlind et al., 2020; Winer & Salem, 2016). Although some of these theories have addressed PA dampening, their main focus has been on related but distinct PA downregulation strategies such as PA avoidance (e.g., Winer & Salem, 2016). It is therefore useful to spell out how these strategies differ. While PA dampening concerns downregulating or downplaying actual PA, PA avoidance is a strategy that attempts to prevent PA from occurring in the first place. To illustrate, downregulating actual PA while being at a party is a case of PA dampening, whereas not organizing a party to avoid potential PA states counts as PA avoidance. This distinction aligns with the common distinction between withdrawal/escape vs. avoidance, or response-focused vs. antecedent-focused affect regulation (Gross, 1998).

The notion of PA avoidance is central to the Reward Devaluation Theory (RDT; Winer & Salem, 2016). Building on this and other theoretical accounts (e.g., Swann, 2012;

Vanderlind et al., 2020), which have inspired extensive empirical work, the present article aims to contribute to this vibrant area of research by analyzing PA dampening within a unique mechanistic framework: the goal-directed theory (GDT) of behavior causation developed by Moors (2022; Moors et al., 2017, 2021). This theory conceptualizes PA dampening as a covert behavior that can be directed at several goals. While the focus of the current article is on PA dampening, the framework also makes sense of closely related phenomena such as PA avoidance (see further), underscoring its integrative scope. By treating PA dampening as a covert behavior, which is not tied to a specific psychopathology, the goal-directed analysis does justice to the transdiagnostic relevance of this form of PA regulation. Finally, the GDT provides a coherent structure for organizing existing intervention programs aimed at modifying PA dampening, while also shedding light on the conditions under which these programs may be most effective. The article is organized as follows: The first section outlines the essential building blocks of the GDT. This sets the stage for the second section, which applies this theory to PA dampening. The third and final section showcases how the GDT helps organize interventions to reduce PA dampening.

Building Blocks of the GDT

In a nutshell, the GDT (Moors et al., 2017, 2021; Moors, 2022) starts from the idea that people strive to fulfill several goals or needs (Figure 1). Detection of a discrepancy between one of these goals (i.e., Goal 1, understood as the representation of a valued outcome; O_v) and the representation of a current or anticipated event or situation (S) will result in the goal to reduce this discrepancy (i.e., Goal 2). To achieve discrepancy reduction, individuals select one of three broad strategies: (a) changing the situation by selecting a behavior from their behavior repertoire (i.e., *assimilation* of the situation to the goal; R_{as}), (b) changing the first goal (i.e., *accommodation* of the goal to the situation; R_{ac}), and (c) reinterpreting the situation in line with the first goal (i.e., *immunization*; R_{im}).

To illustrate, a young researcher may strive to be a successful scientist (Goal 1; O^v). However, when they receive a few critical remarks on their proposed study design from a senior colleague (S), this gives rise to a discrepancy with their goal to be a successful scientist, triggering a further goal to reduce this discrepancy (Goal 2). To this end, the researcher could adapt the study design and present it again at the next lab meeting (i.e., assimilation). Alternatively, the researcher could try to downplay the value of the goal to be a successful scientist and develop more interest in other life domains (i.e., accommodation). Finally, the researcher could reinterpret the critical remarks as a sign of the senior colleague being overly finicky rather than as meaningful feedback on their scientific success (i.e., immunization).

According to the theory, the selection of the strategies of assimilation (R_{as}), accommodation (R_{ac}), and immunization (R_{im}), as well as the selection of a concrete behavior option (in the case of assimilation), will be determined by the weighing up of the expected utilities of these strategies and/or behavior options. The expected utility refers to the expectancy that the strategy or behavior option will result in the valued outcome (i.e., a reduction of the goal discrepancy and/or achieving Goal 1 in the case of assimilation). Once a behavior option is selected (in the case of assimilation), it activates the intention to engage in selected behavior (i.e., Goal 3). After the behavior (R) is executed, an actual outcome is produced (O), which is fed back as the situation input (S) for the next run of the cycle. This process is repeated until the discrepancy is resolved or until a discrepancy with another, more important goal is detected.

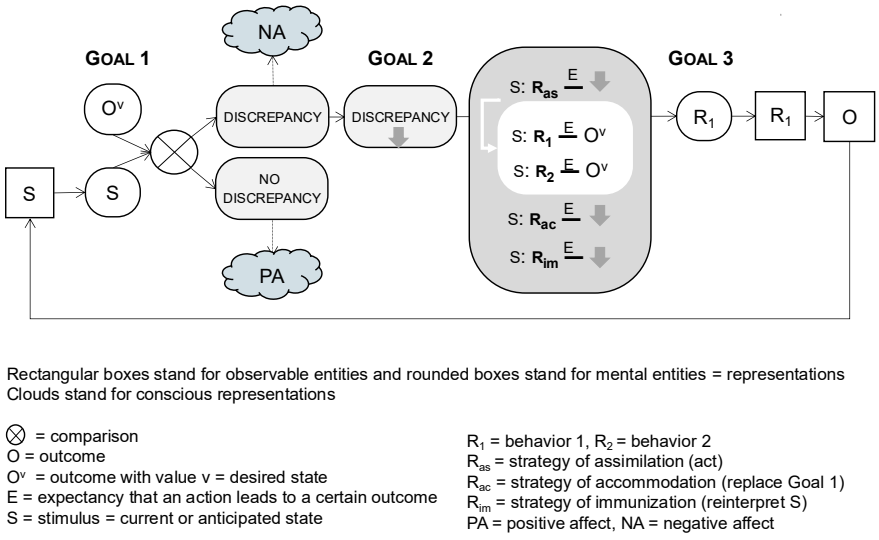
Expectancies of behavior options are shaped according to reinforcement learning principles (Moors, 2022, in press). In particular, when the actual outcome (O) is fed back as the new situation (S) to the cycle to be again compared to the valued outcome (Goal 1), the latter outcome is no longer merely valued at that point but also expected. Therefore, any

discrepancy with this valued and expected outcome qualifies as a reward prediction error. Reward prediction errors serve to update the expectancies of the strategies and behavior options in the individual's behavior repertoire.

Especially relevant for our purposes is that the detection of an actual (or anticipated) discrepancy not merely drives strategy selection and behavior, but also produces feelings, in particular NA. Conversely, PA is elicited when a current or anticipated discrepancy is reduced or absent (Moors et al., 2021).[1]

Figure 1

Visualization of the Essential Building Blocks of the GDT



Note. Adapted from *Demystifying Emotions*, by A. Moors, 2022, Cambridge University Press (https://doi.org/m7rh). Copyright (2022). Adapted with permission.

Given that individuals pursue multiple goals, the simple picture above needs to be expanded in three ways. First, the total expected utility of a behavior option does not

[1] PA and NA may not only arise at the stage of discrepancy detection, but also at the stage of strategy/action selection. If, after the detection of a discrepancy, the person has strategy/behavior options in their repertoire with a high expectancy to reduce this discrepancy, they may soon experience PA, as this signals an impending reduction or absence of discrepancy during the next run of the cycle (Moors, in press; Moors et al., 2021).

exclusively depend on its expectancy for reaching the first goal in the cycle, but also on its expectancy for reaching other (potentially competing) goals. In our example of the young researcher, revising the study design may have a high expectancy for becoming a successful scientist, but a low expectancy for spending time with family and friends.

Second, goals are organized in a goal hierarchy, in which superordinate goals give rise to (various levels of) subordinate goals, which in turn drive behavioral goals. Goals at lower levels of the hierarchy stand in a means-end relation to goals at higher levels. This implies that cycles for subordinate goals are embedded in cycles for superordinate goals. Thus, the first goal in the cycle (e.g., to be a successful scientist) was itself selected because it had a high expectancy for reaching one or more superordinate goals (e.g., to be useful to society or to gain social status).

Third, the goal-directed cycle described so far starts with the discrepancy between a goal and an *external* event in the world (i.e., a current or anticipated situation; S). However, the set of events that can be discrepant with a goal can easily be extended to *internal* events in the individual, such as feelings or affect. Discrepancies with internal events can be reduced by all kinds of covert behavior, known as affect regulation strategies (see Moors, 2022, p. 242). Such an extension to internal events is exactly what we need to gain insight into the dampening (i.e., covert behavior) of PA (i.e., internal event).

Because goal-directed processes rely on representations of outcomes of behaviors, they can flexibly adapt to changes in these outcomes (Moors et al., 2017). This is why goal-directed processes are typically invoked to explain rational or adaptive behavior (i.e., behavior that maximizes goal satisfaction). Nevertheless, the theory also proposes (at least) two ways to account for behavior that is or seems irrational or maladaptive (Moors, 2022, 2025, in press). First, some behavior may *seem* irrational because it is instrumental for “hidden” goals; that is, goals that are unconscious or less obvious (to the agent or outside observers). Second,

the theory explains genuinely irrational behavior as the result of biases or mistakes in one or more steps of the goal-directed cycle. Some biases pertain to the *content* of representations, such as misestimations of discrepancies, values, or expectancies. Other biases pertain to the *salience* or activation level of representations, such as when stimuli, goals, or behavior options become too salient or are not salient enough. The likelihood of making mistakes increases when opportunity, capacity, and/or motivation are reduced, for instance, due to time pressure, stress, or fatigue. Because the GDT can account for irrational or maladaptive behavior, it is well-suited to provide insight into various psychopathologies and transdiagnostic phenomena, including PA dampening (see next section). Its explanatory scope is further supported by recent applications to various symptoms prevalent in substance use disorder (Buabang et al., 2025) and obsessive-compulsive disorder (OCD; Avbersek et al., 2025).

The GDT Applied to PA Dampening

To explain how PA dampening can be understood through the lens of the GDT (see Figure 2), let us return again to the young researcher example. Imagine that this time, the researcher receives positive feedback and is even praised by the senior colleague for their study design. The representation of this situation (S_1) enters the goal-directed cycle where it is compared to the goal to be a successful scientist (O_1^v). In this case, the researcher detects the absence or reduction of a discrepancy between S_1 and O_1^v, resulting in the initiation of PA. If the researcher is "a dampener", however, they will also have the goal to maintain affective homeostasis in the form of low PA (O_2^v). Although this goal may seem counterintuitive, the GDT suggests that some individuals select this goal because it has a high expectancy of leading to other superordinate goals (O_3^v), which may be more or less "hidden", such as avoiding negative emotional shifts or staying focused (see further). Regardless of the origin of the goal, the idea is that the momentary PA (S_2) resulting from progress towards the goal to be

a successful scientist (O_1^v or Goal 1* in Figure 2) enters another goal-directed cycle where it constitutes a discrepancy with the goal to maintain low PA (O_2^v or Goal 1 in Figure 2). This discrepancy, in turn, activates a second goal to reduce the discrepancy (Goal 2 in Figure 2).

In order to achieve this second goal, the researcher could resort to assimilation, accommodation, or immunization. Only the first and the last of these strategies clearly correspond with PA dampening as commonly understood. Let us dive deeper into these two strategies.

(1) The strategy of assimilation (R_{as}) corresponds here to the active attempt to downregulate PA. This can be done by selecting direct or indirect affect regulation strategies (see Moors, 2022, p. 238). In our example, the young researcher may *directly* downregulate PA (i.e., R_{A1} = change S_2), reflected by thoughts like "I don't deserve this positive feeling" or "Other people would enjoy this more". The researcher may also try to downregulate PA in an *indirect* way by changing the information process that gave rise to the PA (S_2) in the first place. Thus, the researcher could direct their attention away from the positive feedback and onto the next task on their to-do list (i.e., R_{A2}).[2] Alternatively (i.e., R_{A3}), the researcher could reappraise the absence of a discrepancy between the positive feedback (S_1) and the goal to be a successful scientist (O_1^v) either by downplaying the size or weight of the event itself (S_1), the value of the goal to be a successful scientist (O_1^v), or the absence of the discrepancy between the event (S_1) and the goal to be a successful scientist (O_1^v). Examples of thoughts that mirror these reappraisals are "Receiving positive feedback is just an exception, next time I won't be as fortunate" or "I only received positive feedback from my colleague because they wanted to do me a favor" (i.e., downplaying the weight of the event itself), "I might be capable as a researcher in my job, however, I'm not investing enough time in my family" (i.e.,

[2] Note that the redirecting of attention may appear similar to the redirecting of attention presented as a strategy for PA *avoidance*, central to the RDT (Winer & Salem, 2016; see Box 1). Yet it is better understood here as a strategy for PA *withdrawal*, because PA is already present and therefore can no longer be avoided.

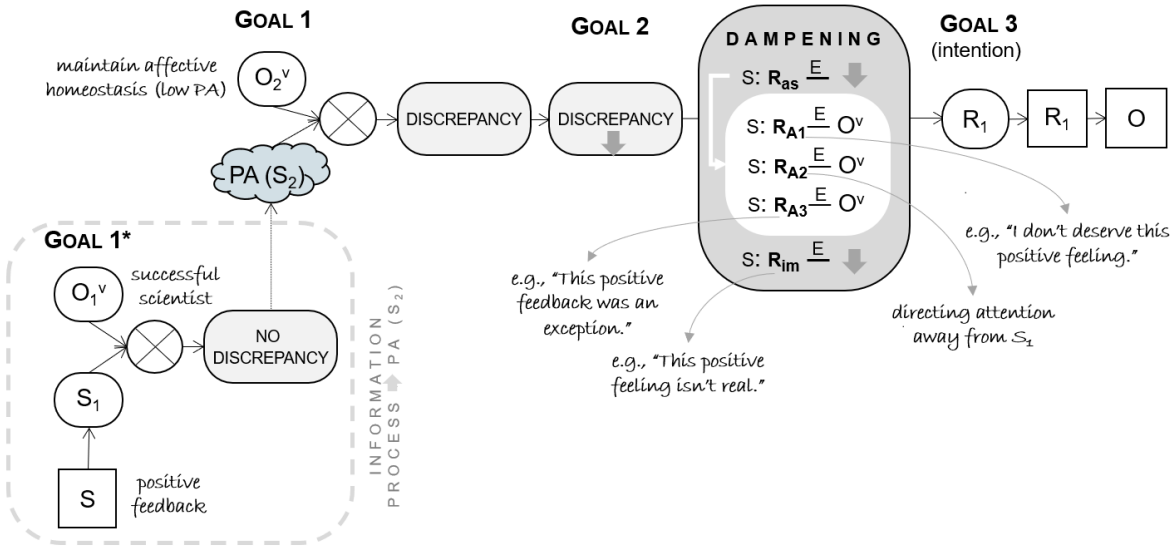
downplaying the value of the goal), or "I collaborated with esteemed colleagues or received input from my supervisor in an earlier phase, so it is not really my own accomplishment and hence does not constitute a match with my goal to be a successful scientist" (i.e., downplaying the absence of the discrepancy between the event and the goal to be a successful scientist).[3] Once the strategies or covert behaviors aimed at downregulating PA are executed, they may or may not lead to the successful downregulation of PA. This actual outcome is then fed back as the input to the next run of the cycle. If PA downregulation was successful, the low PA no longer constitutes a discrepancy with the homeostatic goal, resulting in an exit of the goal-directed cycle.

(2) The strategy of immunization (R_{im}) in this cycle amounts to downplaying one's current PA, that is, reinterpreting this PA as not so positive after all. This is echoed in thoughts like "This positive feeling is not real" or "I cannot trust this positive feeling". By reinterpreting the initial PA (S_2), the goal of maintaining affective homeostasis (O_2^v) is no longer frustrated, thereby not requiring any further regulation. Note that within the current framework, immunization is strictly speaking not an affect regulation strategy. Here, the initial PA (S_2) is reinterpreted or refuted, instead of being acknowledged and actively altered, as is the case in assimilation.

Figure 2

The GDT Applied to Dampening

[3] It should be mentioned that even though this second strategy involves reappraisal of S_1, O_1^v , or the absence of a discrepancy S_1 and O_1^v, it is classified as an assimilation strategy because it is aimed at changing, here downregulating the *actual* PA (S_2). Immunization involves merely trying to change the *perception* of PA. We acknowledge that this is a subtle difference.



Note. Adapted from *Demystifying Emotions*, by A. Moors, 2022, Cambridge University Press (https://doi.org/m7rh). Copyright (2022). Adapted with permission. Handwritten text refers to the dampening example outline in the text. Dampening strategies R_{A2} and R_{A3} should be considered as indirect, as they target the information process that gave rise to PA (S_2; see dotted frame). The direct downregulating strategy R_{A1} and immunization (R_{im}), by contrast, are both directed at PA itself (S_2).

While assimilation and immunization align with dampening as commonly understood, the strategy of accommodation involves moving away from the homeostasis goal and towards a different goal. If the latter goal is the goal to allow oneself to (more fully) experience PA, then accommodation can be considered as a strategy that should be encouraged in dampeners through therapeutic interventions, as outlined in the third section.

The selection of the broad strategy (assimilation, immunization, accommodation) and the concrete affect regulation strategy (in the case of assimilation) to obtain discrepancy reduction is determined by the weighing up of the expectancies that these strategies will indeed bring about the intended discrepancy reduction. Thus, if an individual chooses to dampen PA (assimilation or immunization), this reflects their expectancy, based on prior learning and/or current estimation, that this dampening will indeed result in less PA (assimilation) or at least in the perception of less PA (immunization). PA dampening strategies may be deployed in tandem or in alternation, and their combined use may amplify their effectiveness, thereby producing worse outcomes in terms of mental health.

The objection could be raised that if the selected PA dampening strategy is successful and the goal of having low PA is satisfied, this should paradoxically lead to an increase in PA again. This would again create a discrepancy with the goal to maintain low PA. Our reply to this concern is two-fold. First, it is possible that dampeners do not strive to alleviate all kinds of PA but only PA that is experienced as too intense. The PA resulting from a return to affective homeostasis may be sufficiently low not to cause reason for further dampening. Second, as indicated earlier, the goal to maintain low PA is embedded in a goal hierarchy. Dampeners select this goal because it serves other, superordinate goals (e.g., avoiding negative emotional shifts; see further), which, if unattained, are associated with NA. Because the PA resulting from successful dampening is situated on a subordinate level, the impact of this PA on the person's overall affective state is likely to be minimal and fleeting (Moors et al., 2021).

Over time, the likelihood of selecting PA dampening strategies is assumed to increase. More frequent use of dampening over time and its emergence as a default response can be attributed to two processes in the goal-directed cycle (Moors, 2025). First, PA dampening is more likely to be selected if it has previously led to valued outcomes, thereby generating a high expectancy of leading to these valued outcomes. Second, repeated selection of dampening as a strategy increases its salience and therefore its accessibility within the individual's behavioral repertoire. So, when PA dampening is consistently reinforced, both its expectancy and salience increase, making it more likely to be selected on future occasions.

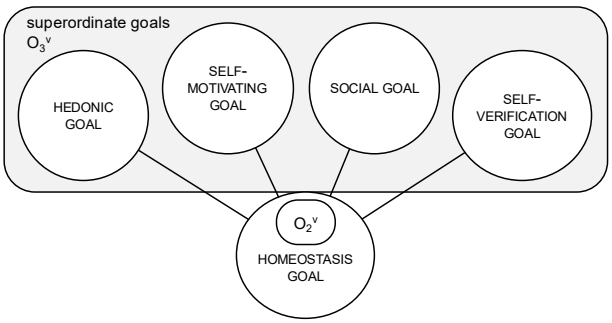
Frequent use of PA dampening may not only lead to its becoming the default affect regulation strategy, but may also evolve into more pervasive PA avoidance, thereby reducing the need for actual or "active" PA dampening. Although the focus of the present article is on PA dampening, the GDT can also make sense of PA avoidance. As indicated earlier, PA dampening refers to the downregulation of *actual*, ongoing PA, whereas PA avoidance refers

to the downregulation of *anticipated* PA. Thus, when an individual anticipates that a current or future event (S_1) will satisfy a personal goal (O_1^v), they may anticipate that this will produce PA in the future. To reduce this anticipated discrepancy, the individual may turn to various strategies (R_{ass}) aimed at avoiding experiencing this future PA (S_2), such as drawing attention away from a goal-satisfying event. These PA avoidance strategies will be selected when the individual expects them to have a high expectancy of satisfying the homeostasis goal (and a high total expected utility). Box 1 takes a closer look at how this goal-directed analysis compares to the leading, stimulus-driven explanation offered by the RDT (Winer & Salem, 2016).

In the following section, we zoom in on four types of superordinate goals that may drive dampening behavior: a hedonic goal, a self-motivating goal, a social goal, and a self-verification goal (see Figure 3). These goals were drawn from the literature and supported by anecdotal evidence and/or preliminary research findings. We conclude the section by drawing attention to the pivotal role of expectancies and beliefs in this literature.

Figure 3

Possible Superordinate Goals (O_3^v) Served by the Subordinate Goal for Affective Homeostasis (O_2^v)



Superordinate Hedonic Goal

The goal for affective homeostasis in the form of low PA may be at the service of a superordinate *hedonic goal.* More specifically, some individuals believe that they will not be able to bear the emotional shift from feeling positive to their default affective state, which is often negative in the context of depression. Thus, dampening may stifle an affective uplift in order to avoid the unwanted subsequent wave of emotional distress while returning to one's default somber state (i.e., when PA dissipates). This fits with the suggestion rooted in the Contrast Avoidance Model (CAM; Newman & Llera, 2011; Newman et al., 2013; Newman et al., 2023) that PA dampening may be a way to reach the superordinate goal to avoid unwanted negative emotional contrasts (NECs; e.g., Bean et al., 2022; Buhk et al., 2020; Dunn & Roberts, 2016; Malivoire et al., 2022; Vanderlind et al., 2021). It should be noted that the CAM originally stated that some individuals seek to avoid NECs in the form of sharp increases in NA and that they do so by keeping NA levels high via worry or rumination (Newman & Llera, 2011). In the context of PA dampening, however, the NECs that individuals seek to avoid are sharp decreases in PA rather than increases in NA, though these decreases in PA may themselves be experienced as NA.

Empirical support for the idea that dampening serves to avoid NECs (including sharp decreases in PA) comes from research showing a positive association between dampening and the general tendency to avoid NECs in cross-sectional studies in a sample with generalized anxiety disorder (Malivoire et al., 2022) and an adult community sample (Bogaert et al., 2024).

A somewhat related but different idea, rooted in the RDT (Winer & Salem, 2016; see also Box 1), is that the striving for low PA may stem from the belief that positivity will have negative consequences due to previous associations with adverse outcomes. For instance, if enthusiasm or hope was repeatedly followed by critical remarks or disappointment in the past,

then PA states may signal adverse outcomes. The belief that PA will be followed by negative outcomes is also at the heart of research on the phenomenon of fear of happiness (FOH; Gallagher et al., 2023; Blasco-Belled et al., 2021; Gilbert et al., 2012, 2014; Joshanloo & Weijers, 2014). Thus, in the GDT, a person who anticipates that PA will be followed by NA or negative outcomes may dampen PA to avoid these negative outcomes. Note that while the decrease in PA (or increase in NA) due to NECs discussed above is an inevitable consequence of a return to baseline affect, the NA at stake here is the result of a prior learning history in which PA was followed by external goal-discrepant events.

Another related concept is fragility of happiness. This refers to the belief that all happiness is transient and short-lived, and that it can easily turn into a less favorable state as it is not (completely) within human control (Joshanloo et al., 2015). Such beliefs are conceptualized as mainly culturally rooted (Joshanloo et al., 2015). For individuals who endorse this belief, dampening may serve the hedonic goal of not wanting to experience positivity because shortly after positivity, other less favorable negative feelings are likely to kick in (e.g., “There will be rain after sunshine”). Fragility of happiness has been found to be associated with lower subjective well-being across national groups (Joshanloo et al., 2015; Lambert et al., 2022).

Superordinate Self-Motivating Goal

Downregulating PA to maintain affective homeostasis in the form of low PA may also be applied to serve a *self-motivating goal*. Some individuals believe that enjoying PA (i.e., resulting from the fulfillment of particular goals) distracts them from the problem-solving mindset they think they need to fulfill other, not yet attained, goals. Hence, PA should be downregulated or downplayed. For example, the young researcher in our example might engage in dampening to prevent themselves from being distracted from finishing other tasks, such as writing a grant proposal or manuscript. Support for this assumed relation between the

self-motivating goal and PA dampening comes from the finding that elevated depressive symptoms are associated with the reduced integration of positive performance feedback into prior performance expectations (Kube & Glombiewski, 2020).[4]

Put to the extreme, some individuals may not allow themselves to enjoy any PA until all their other goals have been fulfilled, and hence all NA has been eliminated. This suggests that the self-motivating goal may ultimately serve a superordinate hedonic goal itself. Indirect support for the relevance of such a self-motivating goal for PA dampening comes from research showing that individuals with high levels of depressive and anxious symptomatology also score high on distress intolerance and/or the non-acceptance of NA (Aldao et al., 2010; Dickson et al., 2016; Keough et al., 2010; Yoon et al., 2018), which suggests that they ultimately dislike NA. More direct support for the role of a superordinate self-motivating goal in PA dampening can be found in research in which adults from a community sample reported the following reasons to downregulate positivity: uselessness of PA ("There is no point to feeling good"), priority of NA ("Negative feelings need to be experienced and/or solved first before there can be room for positive feelings"), and incompatibility of NA and PA ("Negative and positive feelings cannot co-exist"; Bogaert et al., 2023). Moreover, research on the nature of the relationship between momentary NA and PA (Dejonckheere et al., 2018) revealed that individuals who reported more depressive symptoms showed a stronger inverse correlation between momentary PA and NA. This indicates that they consider PA and NA as two poles on a single affective dimension (i.e., as interdependent) rather than as two separate dimensions (i.e., as independent; Dejonckheere et al., 2018). For these individuals, an increase in NA necessarily comes with a decrease in PA rather than that they would co-exist. Against

[4] For completeness, higher depressive and anxious symptoms have also been found to be associated with impaired updating of non-performance related negative beliefs by contradictory positive evidence, as measured via the emotional Bias Against Disconfirmatory Evidence (BADE) task (Everaert et al., 2018). This link is mediated by elevated PA dampening (Everaert et al., 2020).

this backdrop, it can be understood that people with depressive symptoms believe they need to eliminate all NA (or as much NA as possible) before they can experience PA.

It is finally worth noting that the self-motivating goal potentially driving PA dampening is also prominent in current accounts of the imposter syndrome, often observed in contexts characterized by high competition and modest success rates (e.g., an academic context; Gadsby, 2022). It has been asserted that individuals' belief of being incompetent, together with the belief that incompetence can be compensated for by effort, motivates them to continue investing considerable effort required to succeed (Gadsby, 2022). Holding on to the (false) belief of being incompetent and ignoring disconfirming positive evidence (e.g., receiving positive feedback) may provide them a motivational benefit of sustained effort (Gadsby, 2022). Indeed, participants scoring high on imposter syndrome have been found to be biased towards negative performance evaluations, irrespective of objective information (Gadsby & Hohwy, 2023). This process of disregarding objective positive information may in fact reflect PA dampening strategies. This interpretation is supported by the fact that several items of the Clance Imposter Phenomenon Scale (Clance, 1985), such as "I feel my success was due to some kind of luck rather than competence" and "I tend to discount the importance of what I have done", are typically classified as dampening thoughts.

Superordinate Social Goal

The goal to maintain affective homeostasis in the form of low PA may also be linked to a superordinate *social goal.* Elevated rejection sensitivity might be associated with the belief that openly enjoying positivity increases the risk of social exclusion or rejection (e.g., "I'd better not enjoy this too much because others will think I'm bragging"). Indirect support arises from meta-analytic evidence that rejection sensitivity – a personality disposition characterized by oversensitivity to social rejection – is positively and moderately associated with impaired mental health, including depression and anxiety (Gao et al., 2017).

Another potentially related belief, especially relevant in the context of (sub)clinical depression, is that (important) others will interpret the experience of PA as a sign of (full) recovery. This may then raise unrealistic expectations concerning the activities one is capable of performing, and eventually result in the discontinuation of social support (e.g., attention and care). For instance, an individual suffering from depressive symptoms may manage to do some gardening chores and even start to feel satisfied while doing so. However, at the same time, it may concern them that the neighbors will interpret this as a sign of recovery, which may result in less understanding and help in the (near) future (e.g., "I'd better not feel too optimistic, because others will expect that I will feel good from now on and will be able to resume my old duties").

Evidence for the high value that individuals place on (perceived) social support comes from the finding that depressed clients identified social support as a key factor for their prognosis (Memon et al., 2016). Moreover, higher levels of perceived social support have consistently been associated with lower levels of various psychopathologies, including depression (Gariépy et al., 2016; Grey et al., 2020; Santini et al., 2015; Scardera et al., 2020; Rueger et al., 2016), anxiety (Scardera et al., 2020), and post-traumatic stress disorder (Brewin et al., 2000).

Critical readers may argue that social goals (e.g., social approval or social support) only function as superordinate goals for the subordinate goal to downregulate the *expression* of PA rather than the *experience* of PA. However, we argue that the initial subordinate goal to not express PA may become internalized over time, eventually establishing the subordinate goal to not experience PA either. For instance, an adolescent who initially enjoyed watching an entertaining TV show may first start to no longer express their enjoyment when their father is around because he openly disapproves of it. After a while, the disapproval of the father may eventually give rise to thoughts like "I'd better not enjoy this too much, because my father

disapproves of it", which then reflects the internalized goal to no longer enjoy it at all. This reasoning fits with existing classifications of PA dampening as an affect regulation strategy that is linked to simultaneously endorsing the goal to neither express nor experience PA (Greenaway & Kalokerinos, 2019).

Superordinate Self-Verification Goal

Striving for affective homeostasis in the form of low PA may also serve a *self-verification goal,* an idea inspired by the Self-Verification Theory (SVT; Swann, 2012). Importantly, this self-verification goal has already been suggested as a possible explanation for the inhibition of positive information in high-anxious individuals (Winer et al., 2011). This theory proposes that confirmation of one's self-view is reinforcing. Thus, given that the self-view of individuals struggling with depressive symptoms is generally negatively colored (Vanderlind et al., 2021), striving for low PA can be considered as a way to bring their current affect in line with the affective tone of their self-view. This self-verification goal can be subsumed under the goal for cognitive consistency, a goal that can be achieved either by adjusting one's beliefs in line with the world or by making changes in the world to bring it more in line with one's beliefs (see van Kampen, 2019, for an overview). To illustrate the latter option, individuals who believe they are worthless and do not deserve happiness may engage in downregulating PA to increase consistency with their negative self-view.

Preliminary empirical evidence for this account comes from research on self-esteem. For instance, self-esteem and dampening were found to be negatively associated in undergraduate students and adolescents (Gomez-Baya et al., 2018; Wood et al., 2003), and low self-esteem has been associated with various forms of psychopathology (e.g., depression, anxiety, eating disorders, obsessive-compulsive disorder; Zeigler-Hill, 2011). In addition, the perceived self-verifying function of listening to sad music clips and the self-reported preference for sadness were more strongly linked in clients suffering from major depressive

disorder than in non-depressed controls (Arens & Stangier, 2020). Finally, a community-based network analysis in a student sample demonstrated a strong link between the endorsement of a negative self-view and the belief that one does not deserve the experience of PA (Collins et al., 2021), an item traditionally measured in dampening scales (e.g., Responses to Positive Affect scale; Feldman et al., 2008).

Expectancies and Beliefs

As alluded to in the description of the four types of superordinate goals, it is not just the values of these goals that cause problems, but also the expectancies or beliefs[5] that pursuing the homeostasis goal is conducive to these goals, while pursuing the experience goal will create discrepancies with them. For instance, some individuals expect that experiencing PA will result in social rejection (i.e., discrepancy with a social goal) or that it will hinder the attainment of performance goals (i.e., discrepancy with a self-motivating goal).

In line with cognitive models of depression (e.g., Beck et al., 1979), we maintain that these expectancies or beliefs originate in a person's learning history either through experienced contingencies or rules told by (important) others (Skinner, 1969), also called rule-governed beliefs. A prototypical example of such a rule, expressed by the saying "Pride comes before a fall", is when parents tell their child to always be modest about personal achievements because overconfidence can invite future failures. Preliminary empirical support for the involvement of rule-governed beliefs in the context of dampening is provided by a study of Nelis et al. (2019). This study demonstrated that parental dampening towards adolescents' PA predicts concurrent levels of engagement in dampening in these adolescents.

[5] The notion of expectancy in the GDT aligns with the notion of belief used in this literature, although there are subtle differences between the two terms. Both expectancies and beliefs are propositions (i.e., qualified relations) stating that responses lead to certain outcomes. However, expectancies may not count as full-fledged beliefs, which are consciously endorsed (i.e., accepted as true). Accordingly, we use the term *expectancies* when describing and applying the GDT, but revert to the term *beliefs* when discussing the superordinate goals involved in PA dampening, as this terminology is commonly used in this literature.

The content of the dampening thoughts that people entertain or express may more or less clearly reflect the associated superordinate goal. For example, the thought "I'd better not enjoy this positive feeling too much because others might think I'm bragging" clearly reflects a social superordinate goal. In contrast, a thought like "I used to enjoy this more in the past" does not explicitly refer to a specific superordinate goal and might require further dialogue with the individual to uncover the relevant one.

Building on this, identifying the specific superordinate goal(s) that drive individuals' dampening practices can help to tailor interventions. The next section outlines how existing interventions can be organized, using insights from the GDT of PA dampening.

Box 1

Comparison of the Mechanisms for PA Avoidance Offered by the RDT and the GDT

The GDT states that PA avoidance occurs when an individual anticipates PA to result from the satisfaction of a personal goal and expects PA avoidance to be effective in preventing the PA from occurring. The RDT (Winer & Salem, 2016) states that individuals with depression not only inhibit approach behaviors of positivity but also actively avoid positive material (Winer & Salem, 2016). According to the RDT, this PA avoidance is rooted in reward and PA devaluation. The latter refers to rewards and PA becoming more negative and/or ambivalent over time, due to repeated behavioral inhibition of reward-approach behavior (Winer & Salem, 2016). This explanation of the RDT suggests that PA avoidance rests on a stimulus-driven process, that is, the activation of an association between the now ambivalent reward (S) and avoidance (R).

The RDT is supported by a large body of empirical evidence. For instance, meta-analytic findings suggest that individuals with depressive symptoms exhibit an attentional bias away from positive stimuli in comparison to neutral stimuli (Winer & Salem, 2016). More

recent evidence even suggests that PA avoidance biases are maintained at the cost of being objectively wrong (Urena et al., 2025). However, the current experimental paradigms do not allow disambiguating PA avoidance from PA dampening, nor whether the redirection of attention away from certain positive stimuli is a stimulus-driven process (i.e., activation of the "ambivalent stimulus → avoidance/dampening" association) as suggested by the RDT, or a goal-directed process (i.e., in which PA avoidance/dampening is selected because it has a high expectancy of leading to affective homeostasis) as suggested by the GDT. The observation that the redirection of attention happens in an automatic way (e.g., fast, efficient, unconscious) does not overrule a goal-directed interpretation, given that goal-directed processes can also proceed in an automatic way (for empirical arguments, see Moors et al., 2004, 2017). Even the finding that participants direct attention away from positive stimuli when this produces a cost to accuracy (Urena et al., 2025) does not force us to accept a stimulus-driven explanation. It may still be compatible with the GDT if (a) the homeostasis goal has a higher value than the goal to be accurate on this particular task and/or (b) the contingency "PA avoidance/dampening strategy (R_{ass}) → homeostasis (O_2^v)" was overtrained and therefore the most accessible strategy (Buabang et al., 2023).

Future research could explore ways to experimentally disentangle stimulus-driven from goal-directed explanations. One key falsifiable prediction that flows from the mechanistic difference between the two explanations is that manipulating the value of the homeostasis goal (e.g., via outcome devaluation) or manipulating the expectancy that PA dampening/avoidance would satisfy this goal (e.g., via contingency degradation) should influence the selection of these covert behaviors under the GDT. The same manipulation should not meaningfully alter behavior under the RDT, which assumes behavior to be stimulus-driven.

Finally, having clarified how the GDT accounts for PA avoidance, we return to the path described earlier, in which effective PA dampening may gradually evolve into more PA avoidance. Although the GDT concurs with the RDT that PA dampening is unlikely to be entirely replaced by PA avoidance, it provides a different explanation for the continued use of PA dampening. The RDT posits that devaluation is rarely complete and more often results in ambivalence, such that residual PA continues to require PA dampening (see earlier). The GDT, on the other hand, argues that dampeners are likely to pursue at least a minimal set of additional personal goals beyond the homeostasis goal, such as achieving professional success or maintaining interpersonal relationships. PA dampening would become only obsolete in extreme cases in which individuals no longer pursue any of these other goals, or in which the homeostasis goal consistently outweighs them. Evidence suggests that such extreme cases are rare. Research indicates that depressed (vs. non-depressed) individuals do not pursue fewer personal goals; rather, they represent their goals more abstractly (Dickson & Moberly, 2013) and are more pessimistic about attaining them (Dickson et al., 2011; Dickson & Moberly, 2013). Thus, even if dampeners may progressively learn to anticipate and avoid PA, they are likely to continue experiencing PA when other goals are fulfilled and to resort to dampening to downregulate this PA.

Insights From the GDT to Guide Dampening Interventions

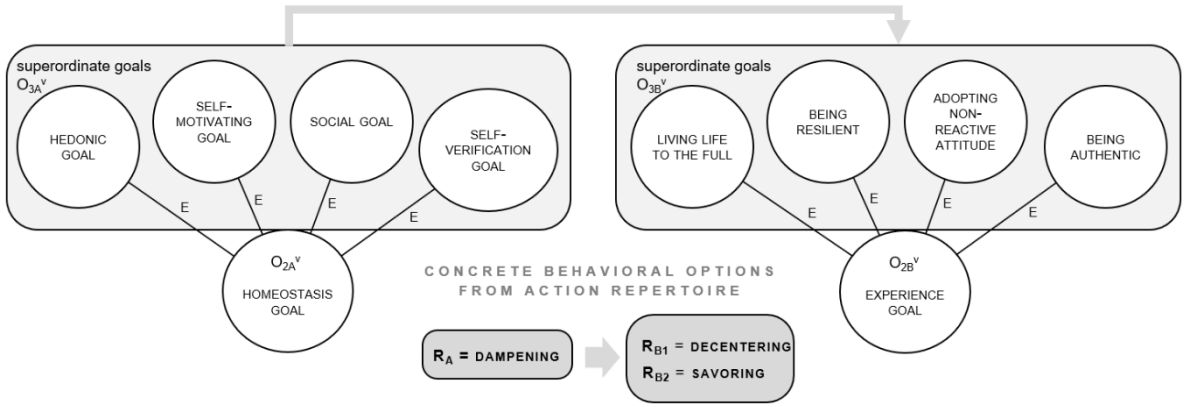
The previous section analyzed dampening of PA through the lens of the GDT. In essence, PA dampening reflects an affect regulation strategy, adopted to reduce a discrepancy between the internal state of experiencing PA (S_2) and the goal to maintain affective homeostasis in the form of low PA (O_2^v). More specifically, dampening can take the form of assimilation, which tries to downregulate PA, either directly, by targeting the PA itself, or indirectly, by changing the information process that gave rise to the PA. Dampening can also

take the form of immunization by downplaying the PA in such a way that it seems no longer or less discrepant with the goal of having low PA.

Irrespective of the precise form it takes, PA dampening is robustly linked to affective psychopathology, and individuals with a tendency to dampen PA likely forego mental health benefits associated with PA (Fredrickson, 2000, 2001; Tugade et al., 2004), such as higher psychological resilience and well-being (Polizzi & Lynn, 2021). This calls for interventions to assist individuals in disengaging from dampening, thereby enabling them to reap PA-related mental health benefits. Adopting the terminology of the GDT, we should encourage individuals who dampen excessively to select the strategy of accommodation: abandon the goal to always maintain affective homeostasis in the form of low PA (in short, the *homeostasis goal*; $O_{2A}{}^{v}$) and reorient towards the alternative goal to allow experiencing PA (in short, the *experience goal*; $O_{2B}{}^{v}$; Figure 4).[6]

Figure 4

Intervention Approaches to Dampening Inspired by the GDT



Note. Interventions involve the reorientation from the homeostasis goal ($O_{2A}{}^{v}$) – obtained via the behavioral goal of dampening (R_A) to the experience goal ($O_{2B}{}^{v}$) – obtained via the behavioral goals of decentering (R_{B1}) and savoring (R_{B2}; accommodation). Note that the superordinate goals ($O_{3B}{}^{v}$) are illustrative of possible helpful alternatives for the superordinate goals related to the homeostasis goal ($O_{3A}{}^{v}$). This is not an exhaustive list, and the exact set of helpful alternative goals may vary across individuals.

[6] Although beyond the scope of this article, similar interventions may help address PA avoidance or PA devaluation strategies by shifting the focus from the homeostasis goal to the experience goal and building behavioral skills with a high expectancy of reaching it. Most likely, if individuals really devalue PA, more attention will be needed to install that shift. In such cases, the homeostasis goal is assumed to consistently win the competition with other goals, and is likely being over-valued to a greater extent than in instances merely involving PA dampening.

To achieve this accommodation, two possible approaches can be taken. A first approach, which comes down to psychoeducation, is to point out to dampeners that they are currently overestimating the value of the homeostasis goal and underestimating the value of the experience goal. While this first approach aims to correct over- or underestimations of the current values of these goals, a second approach seeks to effectively change the values of these goals through guided interventions, both within and outside of a therapeutic context (see Köster et al., 2021). After accommodating the homeostasis goal and reorienting to the pursuit of the experience goal, individuals must also master appropriate concrete affect regulation strategies or covert behavioral options with a high expectancy for reaching this experience goal. Two well-known strategies suited for this purpose are decentering and savoring (R_{B1} and R_{B2} in Figure 4). After discussing the two approaches for achieving accommodation and the relevance of decentering and savoring as strategies to expand dampeners' behavioral repertoire, we conclude this section with a set of nuances that characterize the reality of clinical practice.

Approach 1: Correcting Over- or Underestimations of Current Values of Homeostasis and Experience Goals

A first set of interventions consists of correcting over- or underestimations of current values of homeostasis and experience goals (Approach 1). This can in theory be achieved in a *direct* way, by merely communicating about the predominantly low value of the homeostasis goal and the high value of the experience goal. However, this approach is more likely to be effective if it is done in an *indirect* way, namely by making reference to the superordinate goals to which the homeostasis and experience goals contribute (i.e., *indirectly* communicating about the values). More specifically, the low value of the homeostasis goal can be conveyed by (a) putting the presumed benefits of striving for the superordinate goals of this homeostasis goal in perspective (i.e., downplay benefits of O_{2A}) and (b) bringing the

neglected costs of this goal on the individual's radar (i.e., amplify costs of O_{2A}). Conversely, the high value of the experience goal can be elucidated by (a) bringing the neglected benefits of striving for the superordinate goals of this experience goal on the radar (i.e., amplify benefits of O_{2B}) and (b) putting the presumed costs of this goal in perspective (i.e., downplay costs of O_{2B}). We discuss each of these four types of interventions in turn.

The first type of intervention – putting the presumed benefits of the homeostasis goal in perspective – can be achieved by helping clients understand their endorsement of this goal through the lens of their personal learning history. By reflecting on their past, clients can gradually realize that while the homeostasis goal may have been effective for reaching certain superordinate goals in the past, it is no longer effective today. For example, a client who grew up in a family where being proud was systematically followed by ridiculing comments conveying rejection may have pursued the homeostasis goal to avoid such comments (i.e., social goal). Although this client may have had good reason to endorse a homeostasis goal in the past, they are invited to reevaluate the effectiveness of this goal for reaching social goals in their current life contexts (e.g., in interaction with their partner, friends, or therapist).

The second type of intervention – bringing the costs of the homeostasis goal to the individual's attention – can be implemented by pointing at the paradoxical effects of trying to reach certain superordinate goals via the homeostasis goal. Indeed, as the empirical evidence suggests (Burr et al., 2017; Dunn et al., 2018; Yilmaz et al., 2019), not allowing oneself to experience PA to eventually avoid NA (i.e., hedonic goal) paradoxically results in an accumulation of NA. Moreover, striving for the fulfillment of all other goals before allowing oneself to experience PA (i.e., self-motivating goal) is a hopeless endeavor because the day that all one's goals are fulfilled may never come. Thus, striving for these superordinate hedonic and self-motivating goals via a homeostasis goal may paradoxically lead to a negatively colored life. Likewise, pursuing low PA to ensure sustained effort to achieve

performance goals in the short term (i.e., self-motivating goal) carries the risk of chronic stress or burnout, which again paradoxically impairs progress towards these performance goals in the long run. In a similar way, the short-term benefits related to the social and self-verification goals, such as the short-term relief of preventing social rejection and the confirmation of negative pre-existing self-views, are likely to result in undesirable outcomes such as unauthentic relationships and a stagnated negative self-view.

The third type of intervention – pointing out the high value of the experience goal – can be done by informing about the superordinate goals that are fostered by the experience goal such as striving for *meaningfulness in life* (Steger, 2017), *authenticity* (Sutton, 2020), *non-reactivity* towards affective experiences (Zou et al., 2020), and *self-compassion* (Neff & Vonk, 2009). The benefits that these superordinate goals themselves have for further superordinate goals can even be pointed out. For instance, *meaningfulness in life* leads to higher well-being and better mental health (which we consider as generally valued outcomes). *Striving for authenticity* is shown to be accompanied by strong feelings of social approval (Venaglia & Lemay, 2017), and striving for *self-compassion* (vs. self-verification goal) may result in more stable feelings of self-worth (Neff & Vonk, 2009). It can as well be conveyed that the experience goal has a high expectancy for the superordinate goals to *be resilient*, for instance, by stressing the buffering effect of PA against (chronic work) stress (vs. self-motivating goal; Tugade et al., 2004; van Steenbergen et al., 2021).

Finally, the fourth intervention – putting the presumed costs of the experience goal into perspective – can be done primarily by balancing these costs against the multiple benefits linked to the experience goal. For instance, if a client refers to the feared or unwanted emotional shift (related to the superordinate hedonic goal) that may arise after allowing oneself to experience PA, the short-term unpleasantness of this shift could be balanced against

the mental health benefits linked to PA (Fredrickson, 2000, 2001; Tugade et al., 2004), such as higher psychological resilience and overall well-being (Polizzi & Lynn, 2021).

Approach 2: Changing Values of Homeostasis and Experience Goals

A second set of interventions consists of actually changing the values of the two types of goals: reducing the value of the homeostasis goal and increasing the value of the experience goal. This can be done by contingency management techniques. In theory, these could involve (a) adding novel costs to the homeostasis goal (i.e., *positive punishment procedure*) and (b) removing presumed benefits from this goal (i.e., *negative punishment procedure*). It can also be done by (a) adding novel benefits to the experience goal (i.e., *positive reinforcement procedure*) and (b) removing presumed costs from this goal (i.e., *extinction or exposure procedure*).

We will focus our discussion on the latter three interventions because these are the most desirable ones from an ethical point of view. The first of these – removing the presumed benefits from the homeostasis goal – can be done by having the therapist omit any form of positive reinforcement of dampening behavior. Indeed, the therapist should be especially careful not to give (subtle) social approval or encouragement of in-session manifestations of the client's daily-life maladaptive behavior[7], such as self-deprecating remarks or undue modesty about personal accomplishments or treatment progress. Instead, the therapist should briefly take notice of such behavior and ensure that the client is fully aware of it by referring to a self-selected metaphor or using a physical prop that symbolizes dampening. For example, one of the authors, who actively works as a behavior therapist, playfully draws clients' attention to in-session dampening behavior by gently waving a candle snuffer. A candle snuffer extinguishes a flame just as dampening extinguishes PA (inspired by Dunn, 2020).

[7] In Functional Analytic Psychotherapy terminology (FAP; Kohlenberg & Tsai, 1991), this behavior is referred to as clinically relevant behavior of the first type (CRB1s).

The second type of intervention – adding novel benefits to the experience goal –can be done by having the therapist verbally reinforce any form of PA approach behavior.[8] For instance, if the client shares that they have enjoyed a social activity or hints at progress in line with the experience goal, the therapist should pay attention to and acknowledge this PA. In addition, if the client does not spontaneously recognize their subtle improvements in PA approach behavior, employing Socratic questioning could be an effective technique to uncover and bring attention to it (Khazanov et al., 2022).

The third type of intervention – the removal of presumed costs of the experience goal – can be done via extinction procedures, also known as exposure. Exposure is assumed to disconfirm tenacious expectancies that adopting an experience goal will lead to negative outcomes by creating novel learning experiences. For instance, some dampeners strive to avoid NECs (hedonic goal) because they expect that they will not be capable of bearing the emotional distress accompanying these NECs. However, if an individual (repeatedly) experiences PA and subsequent NECs without the occurrence of that anticipated, negative outcome, the superordinate hedonic goal will likely be devalued more easily. In traditional learning terminology, the fear or aversiveness towards the conditional stimulus (CS; i.e., NEC following the PA experience) is likely to be extinguished following repeated exposure of the CS without the unconditional stimulus (US; i.e., being overwhelmed by the NECs following the PA experience). We expect the extinction of the CS-US association to facilitate the adoption of the experience goal. Similarly, for dampeners who strive to avoid the negative outcome of social exclusion, exposure can be used as well. Here, the person should learn that expressions of PA (CS) are not followed by social disapproval (US). Importantly, state-of-the-art recommendations should be followed to optimize the effects of exposure techniques, including generalization across contexts and stimuli (see Craske et al., 2018, for an overview)

[8] In FAP terminology (Kohlenberg & Tsai, 1991), this is known as clinically relevant behavior of the second type or CRB2s.

Affect Regulation Strategies with a High Expectancy for Reaching the Experience Goal

Once reorientation towards the experience goal took place by adopting the two above-mentioned approaches, concrete affect regulation strategies (covert behavioral options) with a high expectancy of reaching the experience goal should be available. Two affect regulation strategies that are promising in this regard and can be trained are decentering and savoring (Figure 4). Decentering involves being able to notice (subjectively experienced) inner events (here PA) from a detached perspective without excessively and inappropriately reacting to them (Bernstein et al., 2015). Across scientific traditions, different terms have been used to refer to (aspects of) this decentering ability, including cognitive defusion, self-as-context, or self-distancing (for an overview, see Bennett et al., 2021; Bernstein et al., 2015; Hayes et al., 2001; Hayes et al., 2002; Hayes et al., 2011; Kross et al., 2005; Safran & Segal, 1990). The crucial element that all these constructs share is the diminished reactivity to inner experiences or the ability to allow experiences to come and go without getting carried away by them (Baer et al., 2006).

Savoring, on the other hand, involves appreciating pleasurable life events, thereby allowing individuals to purposefully maintain, intensify, or prolong PA (Bryant, 1989; Bryant & Veroff, 2007). In contrast to dampening, savoring has been associated with greater frequency of PA (Smith et al., 2014), greater happiness, and lower levels of anhedonia and depression (Bryant, 2003). In addition, several recent studies have already lent support to the effectiveness of savoring interventions in community and clinical samples (Klibert et al., 2022; LaFreniere & Newman, 2023; Smith & Hanni, 2019; Villani et al., 2023).

Closing Remarks Related to the Reality of Clinical Practice

In this section, we add several nuances to the framework outlined above. We aim to do justice to the complexity of clinical practice and to emphasize the importance of adopting an approach tailored to the client. First, striving for accommodation of the homeostasis goal is

not black-and-white. Under certain circumstances, it might be helpful to temporarily downregulate one's own PA in order to reach a valued superordinate goal. For instance, guided by the superordinate goal of social connectedness, one might deliberately choose to downregulate PA to be empathic and not hurt the feelings of someone who is going through tough times. Nevertheless, based on the available empirical evidence, the goal to virtually always downregulate or downplay PA should be abandoned, as this results in foregoing most of the mental health benefits associated with PA. To shed light on patterns of dampening behavior and on the activated superordinate goals, the therapist may invite the client to complete daily registration forms based on traditional Antecedent-Behavior-Consequences analyses (Hanley et al., 2003).

Second, reorientation towards the experience goal is a gradual process of change that the therapist should carefully guide. This starts with a stage in which the therapist normalizes, validates, and verbalizes compassion for the client's choice for the homeostasis goal and dampening behavior, given the past functionality of this behavior. This may help the client to develop a sense of self-compassion, which facilitates reorientation towards the experience goal. After this, the therapist should adopt a step-by-step approach because behavior conducive to the experience goal may evoke ambivalent feelings (Dunn et al., 2023). For instance, receiving social approval from the therapist for PA approach behavior, such as through a compliment, likely fulfills the client's goal to get social approval (i.e., novel benefit). However, the PA state generated by this fulfillment may initially be perceived as discrepant with the homeostasis goal (i.e., presumed cost), which may lead the client to downregulate the PA evoked by the compliment in the session. During a step-by-step process, the therapist could help the client anticipate and normalize ambivalent feelings arising from the detection of discrepancies with the homeostasis goal, and gradually learn to allow the

short-term presence of these unwanted feelings. This form of self-compassion may eventually make the client more open to engage in behaviors conducive to the experience goal.

In support of the need for a gradual approach and careful contextualization of initiating a mild PA focus, potential motivational barriers have been identified in research. For instance, in a recent study on treatment preferences in individuals with high levels of FOH, depression treatments that explicitly focused on enhancing positivity were perceived as less suitable, less preferred, and less effective than an alternative approach without such a focus (Bryant et al., 2023). Further support follows from concerns reported by individuals with depression or anxiety regarding the perceived usefulness of online positive psychology interventions (Walsh et al., 2018). For instance, they expressed concerns about the perceived irrelevance or incongruence of positivity with their current affective state, anticipating difficulties in identifying positivity. Additionally, some individuals reported reluctance rooted in feelings of being misunderstood due to a perceived lack of recognition of their emotional pain (Walsh et al., 2018). These concerns echo findings in community adults, who reported difficulties in noticing positivity and in perceived inappropriateness of positive feelings in the presence of negative feelings as two reasons for avoiding positive experiences (Bogaert et al., 2023). Moreover, a training program aimed at promoting preferential processing of positive content (rather than inhibition) produced training-incongruent effects in individuals with high depression scores, as it resulted in reduced recall of new positive content and positive self-referential ratings (Kardosh & Mor, 2025). Finally, individuals scoring higher on depressive expectations indicated lower acceptance of unexpected positive social feedback, using a novel video-based approach in a subclinical sample (Kirchner et al., 2024).

Such motivational barriers may likewise contribute to the mixed results observed for the behavioral strategy of positive rumination. Positive rumination involves recurrently reflecting on positive self-qualities, affective experiences, or favorable life circumstances (Feldman et

al., 2008). In contrast to savoring, which entails both cognitive and behavioral aspects, positive rumination is exclusively cognitive in nature (Bryant & Veroff, 2007) and has two components, namely emotion-focus (e.g., thinking about how happy you feel) and self-focus (e.g., thinking that you are achieving everything; Feldman et al., 2008). On the one hand, positive rumination has been shown to be negatively associated with depression severity over time (Gallagher et al., 2025; Li et al., 2017; Werner-Seidler et al., 2013). On the other hand, longitudinal research has indicated that positive rumination can prospectively predict hypomanic symptoms (Bijttebier et al., 2012; Gruber, 2011) and is even a risk factor for prospective emotional disturbances (Gruber et al., 2011).

Further research is needed to clarify the role of positive rumination (Kovács et al., 2023), and the GDT provides a useful framework for generating testable hypotheses about the conditions under which it is likely to be effective or ineffective. From a GDT perspective, positive rumination can only be effective if the individual selects the goal to engage in it. Such goal selection is more likely when positive rumination does not conflict with other salient goals, such as the goal to feel understood and the goal for autonomy. Following this reasoning, the GDT predicts that positive rumination may be more effective when the individual's homeostasis goal is first acknowledged and when instructions are framed in an autonomy-supportive rather than a coercive manner.

Third, interventions promoting accommodation – where the homeostasis goal is pursued less and the experience goal more – and concrete assimilation strategies to reach the experience goal, such as decentering and savoring, were discussed separately in this paper for didactic purposes. In clinical reality, the two types of interventions are often intertwined. For instance, PA approach behavior performed during a PA exposure session will, to a certain extent, involve both decentering and savoring behavior. If the client's abilities allow it, the therapist will incorporate training of these concrete behavior options in the exposure sessions.

Fourth, identification of alternative superordinate goals that foster well-being may be challenging for some clients because it is well known that people with depressive symptoms (including dampeners) have a tendency to form impoverished cognitive representations and abstract construals of personal goals (Dickson & Moberly, 2013). One promising intervention in this regard is the exploration of personal values, which we assume to align with existing superordinate goals. Value-based tools (for reviews, see Barrett et al., 2019; Reilly et al., 2019), rooted in Acceptance and Commitment Therapy (ACT; Hayes et al., 2001, 2011), may be useful in this regard.

Fifth, the therapist should not lose sight of the role of culturally endorsed values or norms, since alignment of affective experiences with such norms is associated with higher well-being and lower symptom reporting (Mesquita et al., 2016). For instance, in Western cultures, happiness is assumed to be a personal hedonic experience, which helps to achieve success, whereas it entails social and ambivalent elements in Eastern, collectivist cultures (Mesquita et al., 2016). Because experiencing PA may be generally less desirable in Eastern than in Western cultures (Eid & Diener, 2001), dampening behavior may pose less threat to mental health in the former than in the latter cultures. Thus, well-tailored intervention programs should also consider cultural values or norms when determining the centrality of reducing dampening.

Finally, the suggested PA dampening interventions may complement, rather than replace, existing evidence-based treatment programs that foster clients' engagement with PA, and may thereby further enhance their effectiveness. For instance, Behavioral Activation (BA; Martell et al., 2010) essentially aims to increase contact with rewarding activities, yet its effectiveness may be undermined when PA dampening remains unaddressed. This statement is supported by the empirical evidence outlined earlier, showing that inducing dampening during positive activity scheduling, a brief BA approach, reduces PA and even increases NA

(Burr et al., 2017). More recently developed multicomponent programs to treat anhedonia (see overview by Sandman & Craske, 2022) already include several PA upregulating strategies, such as experiential practices, savoring, and reminiscing, which are key interventions to counteract PA dampening. By explicitly accounting for clients' individual goal hierarchies, the GDT may help to identify the conditions under which these programs are most likely to be effective, thereby potentially maximizing their effectiveness. Even when clinicians are not working within a manualized treatment framework, a shared GDT perspective can provide useful structure, as it may support person-tailored decisions about when to implement, adapt, or withhold specific interventions.

Discussion

The theoretical exercise undertaken in this article deepens our understanding of dampening of PA, as a transdiagnostic phenomenon, linked to PA dysregulations in multiple ways. The analysis of PA dampening through the lens of the GDT clarifies how the employment of this affect regulation strategy, counterintuitive at first glance, may be understood. In essence, dampening reflects an assimilation or immunization strategy to ultimately reduce detected discrepancies between internal PA states and the homeostasis goal, which is the goal to maintain affective homeostasis in the form of low PA. Individuals may endorse this homeostasis goal, which is part of a person's goal hierarchy because it serves one or multiple superordinate goals.

We suggested four major types of such superordinate goals: a hedonic goal, a self-motivating goal, a social goal, and a self-verification goal. In so doing, our theoretical exercise also manages to bring together existing theoretical explanations for PA dampening. Moreover, it allows us to illustrate how the GDT can guide programs in addressing PA dampening in a more systematic way, or in identifying optimal circumstances under which existing programs are most effective. More broadly, the GDT may provide clinicians with a

coherent framework for understanding why certain interventions are more or less appropriate in a given context. The common ground between these interventions is that they try to encourage accommodation of the homeostasis goal and reorientation towards the experience goal, which refers to allowing oneself to experience PA.

Applying the GDT to PA dampening also highlights directions for future research aimed at identifying the mechanisms underlying the phenomenon. Support for the GDT would be indicated if experimentally manipulating valued outcomes at different levels in the goal hierarchy, as well as expectancies that PA dampening will produce those outcomes, affects the selection of PA dampening. Furthermore, regarding the transition from PA dampening into PA avoidance, the GDT predicts that this is more likely when individuals pursue fewer personal goals beyond the homeostasis goal or when the latter goal carries a higher value. Finally, the GDT allows for concrete predictions about when specific interventions or existing programs may be most effective, namely when they do not conflict with other goals, such as the need for understanding or autonomy.

As a final note, we believe that the current application of the GDT not only deepens our understanding of dampening of PA per se, but also showcases how the framework can be fruitfully applied to affective dysregulations more broadly. This may, in turn, inspire future applications of the GDT to other psychopathological phenomena.

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