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WOMEN EXHIBIT LOWER AVERAGE WELL-BEING BUT HIGHER PREDICTIVE IMPACT OF POSITIVITY AND MINDFULNESS: A NEUROSCIENCE-INFORMED GENDER ANALYSIS

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ABSTRACT

This study examines gender differences in the impact of internal dominant focus on positivity and mindfulness in predicting subjective well-being using a combined attentional framework that has received limited empirical attention. Unlike prior research examining positivity or mindfulness independently, the present study integrates both constructs and interprets baseline and predictive differences through a neuroscience- and psycho neuroimmunology (PNI)-informed perspective. A cross-sectional survey was conducted with 385 adults from an urban Indian population (men = 256; women = 129). Standardized quantitative instruments assessed positivity, mindfulness, anxiety, and subjective well-being using five self-report measures: WHO-5 Well-Being Index, Positive and Negative Affect Schedule (PANAS), Satisfaction with Life Scale (SWLS), Mindful Attention Awareness Scale (MAAS), and Hamilton Anxiety Rating Scale (HAM-A). Descriptive statistics examined baseline gender differences in SUBJECTIVE WELL BEING, while correlation and multiple regression analyses evaluated the predictive effects of positivity and mindfulness on Subjective Well-Being across genders. Women demonstrated lower average Subjective Well Being ($M=68.44$) and higher variance (emotional inconsistencies, $V=337.48$) than men ($M=76.82$. $V=265.84$). Regression analyses showed that positivity was the strongest predictor of Subjective Well-Being in both genders, with a higher predictive impact in women ($R^2 = 0.75$) than men ($R^2 = 0.73$). Mindfulness predicted Subjective Well-Being more strongly in women ($R^2 = 0.29$) than men ($R^2 = 0.16$). The combined model of positivity and mindfulness further improved prediction in both groups, with greater explanatory power among women ($R^2 = 0.68$) than men ($R^2 = 0.63$). Stronger predictive effects of internal dominant focus on positivity and mindfulness in women indicate higher responsiveness to stress-regulatory systems, underscoring the importance of awareness-based and reconditioning approaches for reducing allostatic overload and enhancing subjective well-being.

KEYWORDS: subjective well-being; internal dominant focus; positivity; mindfulness; gender differences; allostasis; psychoneuroimmunology.

1 THE INTRODUCTION

Gender-related adaptability to life stressors and coping mechanisms has been extensively examined within both cognitive psychology and neuropsychology. The present study contributes to this body of research through a quantitative analysis examining gender-based differences in the perception of positivity, mindfulness, and subjective well-being among men and women.

Perceptions and expressions of positivity, mindfulness-related attentional styles, and subjective well-being differ across genders and are shaped by the interaction of biological sensitivity and social role conditioning (Hyde, 2014). In this study, which is a part of a doctoral thesis on *Impact of Internal Dominant Focus on Positivity & Well-Being (with age, gender & income variants)*; these constructs are examined using clearly defined operational measures, including positivity, mindfulness, internal dominant focus, and subjective well-being.

Positivity has been conceptualized as a deliberate cognitive orientation towards interpreting challenges with optimism, patience, hope, and constructive expectation, emphasizing favorable rather than adverse outcomes (Seligman, 2011). Since, there are differences in stressors affecting men and women, the same experiences can create learned helplessness or learned optimism.

Mindfulness is defined as deliberate present-moment awareness practiced intentionally, with a non-judgmental attitude, and has been shown to exert regulatory effects on stress responsivity and emotional balance across both men and women (Kabat-Zinn, 2003). Within a neuroscientific framework, mindfulness functions as a regulatory bridge between panic-based stress reactivity and adaptive emotional regulation by enhancing attentional control, cognitive flexibility, and reducing of stress-related neural and autonomic activation, in around 80% of cases (William & Farrias 2015; Tang, Hölzel, & Posner, 2015).

Subjective well-being (SWB) is the scientific construct used for measuring happiness. SWB is measured quantitatively through self-report assessments of life satisfaction, positive and negative affect. SWB reflects individuals' cognitive evaluations of their lives as well as emotional responses influenced by life circumstances, physical and mental health (Diener, Oishi, & Lucas, 2003). Subjective well-being is a perspective that differs between men and women as found in this survey, as SWB is not only an internal experience but also reflects reactivity on external circumstances. It includes the interaction of cognitive focus, emotional

regulation, and neurophysiological balance across experiences ranging over a lifespan.

In neuroscientific terms, positivity is closely associated with reward-related motivational processes (e.g., feeling joy, contentment or gratitude reflected by internal increased dopaminergic activity and attenuated stress with reduced cortisol responses), while mindfulness is linked to enhanced prefrontal inhibitory control and parasympathetic activation that lowers the allostatic overload (Tang, Hölzel, & Posner, 2015).

From a psychoneuroimmunology perspective, rising subjective well-being is often experienced as a state of inner emotional harmony and reduced allostatic overload.

Allostasis is defined as "Stability through change". It refers to the process by which the body actively adjusts neurophysiological systems along with neural, hormonal, and immune mechanisms, to meet environmental demands while maintaining a functional equilibrium. The equilibrium maintained can be non-optimal or optimal, negative or positive and includes change with flexibility unlike the previous construct of homeostasis (McOven, 2007). The allostasis theory, was originally introduced by Sterling and Eyer (1988) and later expanded by McEwen to describe the cumulative physiological cost of chronic stress, termed as *allostatic load*.

Central to the present research is the concept of Internal Dominant Focus (IDF), which refers to an individual's prevailing cognitive-emotional orientation and its role in regulating stress, emotional balance, and subjective well-being. *The IDF construct aligns conceptually with allostasis theory, which emphasizes dynamic regulation rather than fixed equilibrium.*

In psychological terms, internal focus reflects the dominant attentional and emotional orientation of an individual, which can be positive or negative. Internal dominant focus is measured through decoding the dominating thinking pattern of a person which may be primarily oriented toward stress and worry or toward positivity and emotional detachment. This prevailing orientation is called the Internal Dominant Focus (IDF) in the present study and affects the allostasis overload.

Internal Dominant Focus on positivity and mindfulness is quantitatively assessed through composite scores derived from standardized self-report measures. IDF is classified as negative when cumulative negative affect and anxiety scores (PANAS (minus), HAM-A Anxiety Scale) exceed positive affect and well-being scores. IDF is positive when cumulative positive affect, well-being, and life

satisfaction scores (PANAS (plus), Well-being WHO5 Index, SWLS) exceed negative affect and anxiety scores. A combined IDF of positivity and mindfulness incorporates mindfulness by adding scores from the Mindful Attention Awareness Scale (MAAS).

Repetitive emotional and cognitive states are associated with sustained patterns of neural activation and neurochemical signalling that influence stress-regulatory systems, including the hypothalamic-pituitary-adrenal (HPA) axis. Persistent patterns of negative cognition are linked with prolonged stress activation, whereas adaptive emotional regulation supports neurophysiological balance and well-being. Over time, such repeated cognitive-emotional states may shape stress reactivity and subjective well-being through neuroendocrine and autonomic mechanisms. (McOwen,2007).

Neuroscience demonstrates that thoughts are not abstract experiences but functional neural events translated into electrochemical signals that continuously influence bodily systems (McEwen, 2007). Repeated cognitive-emotional patterns become conditioned within neural circuits, through training and improve well-being by neuroplasticity in the amygdala that leads to stable attentional habits and lower stress-response tendencies. (Davidson & McEwen, 2012) Psychoneuroimmunology provides an integrative framework for understanding how these conditioned thought patterns regulate autonomic activity, neurotransmitter release, hormonal balance, and immune functioning (Ader et al. 1995). Within this framework, positivity and mindfulness function as measurable regulators of the brain-body interface. Positivity supports neurochemical states associated with adaptive motivation and emotional stability, while mindfulness facilitates attentional detachment from stressors, reducing allostatic load and promoting parasympathetic regulation. Studies have shown that mindfulness increases grey matter in the brain thus improving learning memory and capacity for well-being. (Carmody et al.2008)

Every repetitive thought with an underlying emotion/electric signal (positive or negative in vibrational frequency), influences the allostasis by firing neurons and hormones from the HPA Axis in response to the emotionally charged positive, neutral or negative electric signals received by the brain. Cognitive and emotional states are not isolated phenomena but are integrated brain-body processes, whereby sustained patterns of thought and attention influence neurophysiological regulation and Vica

versa where neurophysiological and allostatic regulation influences the receiving of thoughts and processing of emotions. (Silberstein et al., 2011). A calmer allostasis allows receiving of more calming electric signals from the environment whereas an overloaded allostasis receives higher excitatory and inflammatory electric signals. An internal dominant focus which is more negatively focused internally rejects positive signals by mis-matching frequencies wherein most positive affirmations are thrown out as useless subconsciously and focus is more on pessimism, compared to a positive IDF that receives more positive electric signals passed from the brain and hence is more receptive to positive affirmations, higher self-esteem and optimism.

Allostatic mechanisms involve the measurement of internal dominant focus automatically for neurochemical modulation, including cortisol release during states of psychological or environmental disharmony and dopamine-related regulation during periods of perceived stability and reward. Prolonged or excessive activation of these adaptive mechanisms results in allostatic overload, a condition associated with emotional dysregulation, reduced well-being, and compromised stress resilience (McEwen, 2006).

The findings of this survey demonstrated strong quantitative convergence with established neurophysiological and psychological principles of well-being and emotional adaptation. Hence, the data were interpreted using a neuroscience-informed framework alongside conventional psychological analysis. From this perspective, emotional well-being is restored not by eliminating stress entirely, but by recalibrating the neurophysiological focus of the person internally towards positivity and mindfulness, thereby reducing allostatic overload and supporting sustainable neurophysiological balance or a stable allostasis through change. The present study extends this conceptual model by empirically examining how positivity and mindfulness function as measurable regulators of well-being across gender.

While subjective well-being reflects the dynamic balance between positive affect, negative affect, and life satisfaction, from a neuroscience perspective, positive emotional states are associated with the modulation of neurotransmitters such as dopamine and serotonin, which contribute to emotional stability, motivation, and calmness. These neurochemical shifts occur when the body transitions from a state of stress-related allostatic overload toward adaptation, allowing the hypothalamic -pituitary - adrenal (HPA) axis to

reduce cortisol-driven stress responses and restore physiological balance.

Gender-linked differences in stress perception and emotional processing influence how subjective well-being is evaluated and regulated. Neuroimaging studies indicate that men and women differ in the neural implementation of emotion regulation.

During cognitive reappraisal of negative stimuli, men show smaller increases in prefrontal regions associated with regulatory effort, greater decreases in amygdala activity linked to emotional responding, and lower engagement of ventral striatal reward-processing regions, compared with women. These findings suggest that men may rely more on automatic or less effortful regulatory mechanisms, whereas women engage more cognitively during emotional regulation (Gross, 2007; Ochsner & Gross). This maybe because research has shown that childhood physical and emotional adversity influences automatic emotion regulation, leading to long-term difficulties in responding to emotional conflict and affective modulation, particularly amongst men who are trained not to cry or express emotionally (Teicher & Samson, 2016).

Long-standing survival roles and social conditioning have shaped baseline attentional styles, with historically male roles emphasizing vigilance, silence, and present-moment directed alertness, whereas female roles emphasized nurturing, home management, and child safety, which require sustained monitoring and anticipatory responsiveness rather than detached attentional focus (Cahill, 2006).

Developmental exposure to heightened stress and gender-linked social conditioning have shaped attentional framing and emotional regulation patterns that have persisted historically differently between men and women. This allostasis balance once conditioned from early adolescence years does not become normal in adult years, as the process of change requires unbalancing the allostasis. Any change in the existing homeostasis balance activates the fight/flight mechanism in the para sympathetic nervous system. Imbalance creates inflammatory conditions in the body. Hence, a more optimal state of balance is resisted by the existing non optimal state of allostasis balance in the body. The polyvagal theory (explains how the autonomic nervous system responds to safety, danger & threat) suggests that the functions of the autonomic nervous system are mitigated by interpersonal social behavior (Porges, 2011) and threat is considered a third component along with fight/flight mechanisms. In face of threat,

repeated emotional conflict and victim-based cognition sustain sympathetic arousal and elevated cortisol that sustains stress in the internal mechanisms (Uvnäs-Moberg, 2015)

Neurophysiological evidence indicates that silence and inward attentional stillness with cognitive calmness, which men are trained into from war history, activate parasympathetic regulation, reduce stress (cortisol), and enhance calmness (serotonin and oxytocin activity). Mindfulness helps in increasing focus on the present moment with intention and without judgement. It is similar to being still or focused on only one activity in the mind. Stillness is a mechanism which was extensively used by men in wars or hunting and is also currently used in sports or work, where focus is only on the goal and otherwise, stillness is maintained in the mind with a deliberate focus to not get distracted. Neuroscientific evidence indicates that such focused attention is associated with increased GABAergic and serotonin activity, stabilization of dopamine signaling, and reduced noradrenaline hyperarousal, allowing attention to remain steady without compulsive shifting. Focused attention on partial mindfulness, particularly amongst men practiced as present moment awareness with goal centeredness needed by work goals, attenuates HPA-axis activation, leading to lower cortisol levels and improved autonomic balance. This neurochemical environment where attention can be maintained at a single activity, supports mental clarity, emotional stability, and resistance to distraction, enabling attention to remain anchored in the present moment without effortful suppression of thoughts.

On the other hand, women have been conditioned in multiple focused activities such as domestic management with child rearing, which forces them to not be still and be on the move excessively with continued internal imbalance created due to child rearing. Women have been associated with postpartum depression after childbirth and during menopause when the allostatic overload suddenly increases and the body is not able to cope with the neurophysiological changes. In individuals with depression, research consistently demonstrates elevated levels of pro-inflammatory markers, particularly interleukin-6 (IL-6), tumor necrosis factor- α (TNF- α), interleukin-1 β (IL-1 β), and C-reactive protein (CRP). Increased inflammatory signaling activates the hypothalamic-pituitary-adrenal (HPA) axis, leading to sustained cortisol secretion and disruption of monoamine systems, including reduced serotonin and dopamine availability (Dantzer et al. 2008). These

neuroimmune changes impair neuroplasticity and are associated with fatigue, low mood, anhedonia, and cognitive fog. Consequently, depression is increasingly conceptualized as a neuroimmune condition rather than solely a psychological disorder. Repetitive guilt syndrome, shaming and self-blame rumination, which women face often, are associated with sustained HPA-axis activation, elevated cortisol (McEwen, 2007), reduced serotonergic and noradrenergic regulatory function and reduced dopaminergic activity (Ressler & Nemeroff, 2000; Treadway & Zald, 2011), diminished pre-frontal cognitive activity (Arnsten, 2009), GABAergic inhibition (Hasler et al., 2007), and, in chronic states, heightened pro-inflammatory cytokine signaling leading to depression (Dantzer et al., 2008). Psychosocial expectations have been found to increase inflammatory conditions and depression. Often, anti-depression therapy has been associated with reducing proinflammatory cytokines. (Miller et al., 2009).

Mindfulness and attentional stillness in the mind reduce allostatic overload by promoting neurophysiological regulation and autonomic balance, thereby creating conditions that support the emergence of positive cognitive and emotional states, particularly amongst women. Through deliberate periods of non-reactive awareness, mindfulness attenuates stress-related inflammatory signalling and stabilizes neurochemical activity, facilitating a shift toward adaptive allostatic regulation. Within this regulated state, the subsequent application of positive cognitive focus has been shown to further enhance subjective well-being, indicating that mindfulness functions most effectively as a stabilizing foundation upon which positivity exerts its regulatory effects (Tang, Hölzel, & Posner, 2015).

Gender-related neuroscience research indicates that, on average, women exhibit greater limbic reactivity, higher tendencies toward rumination, and heightened hypothalamic-pituitary-adrenal (HPA) axis stress responsivity compared with men. Importantly, these stress-reactive patterns may persist across the lifespan, even in later adulthood, reflecting long-term neuroplastic adaptations to chronic role-related stress rather than fixed or inherent vulnerability, thus, leading to autoimmune diseases (Kudelka et al. 2005), which is much higher in women than men. Consequently, although women may exhibit lower baseline/ average trait mindfulness, due to memory retention of the past imbalances, stronger regulatory gains in well-being can emerge if they are made aware that being silent internally will reduce recurrence of stress from

memories, thus reducing the fear of allostatic overload which will help them feel more safe and positive.

The statistical analysis of the survey taken of 385 participants in this research suggest that women have a lower average mean & variance score of well-being but higher predictive scores of impacts of positivity and mindfulness on well-being, indicating that wellness can be restored by practicing focus on mindfulness and positivity than on fear of imbalances. Mindfulness acts as a bridge which helps in the neurophysiological shift from negative to neutral to positive thinking. The neutral state of mind attained by mindfulness helps in developing a positive state of mind that focuses deliberately more on positive aspects of life, gratitude, joy, optimism etc. *With a deliberate choice to reduce focus on stress, the converting the internal perception of reality from negative to positive, which overtime reduces allostatic overload, improves physical and mental health and helps in creating a positively uplifted allostatic balance and internal dominant focus thus increasing well-being in life.* (Shiva, 2016)

2 GAP IN RESEARCH

Despite extensive research on gender differences in stress responsivity, emotion regulation, and subjective well-being, the mechanisms through which repeated attentional habits shape long-term neurophysiological regulation remain insufficiently integrated within existing research models. Prior studies have largely examined mindfulness and positivity as independent psychological constructs, with limited investigation of their combined regulatory influence on allostatic load and well-being across gender. Furthermore, while sociocultural and caregiving role demands have been widely acknowledged, few quantitative studies have explicitly linked role-conditioned attentional patterns, such as sustained vigilance versus attentional stillness, to neuroendocrine stress regulation and subjective well-being outcomes. As a result, it remains unclear whether observed gender differences in well-being reflect fixed baseline disparities or can be trained through differential responsiveness to attentional orientation and cognitive flexibility training. Addressing this gap required an integrative, neuroscience-informed psychological framework capable of capturing dominant attentional orientation (the internal dominant focus), as a modifiable regulator of well-being.

Purpose of the Present Study

The present study examines how gender-linked attentional conditioning and the applied practice of positivity and mindfulness interact to influence

subjective well-being. Using standardized psychological measures and regression-based statistical modelling, the analysis evaluates baseline differences in subjective Mindf;e well-being as well as gender-specific variation in the predictive strength of positivity and mindfulness. The study further aims to provide a psychological and psychoneuroimmunology-informed explanation for observed differences in responsiveness to mindfulness-based emotional regulation for increasing positive thinking, with particular attention to whether evidence-based cognitive understanding enhances the effective application of positivity and mindfulness among women.

Aim of the Study

The aim of this study is to examine the impact of internal dominant focus of positivity and mindfulness on subjective well-being across male and female genders.

Objective of the Study

The objective of this study is to analyze how internal dominant focus on positivity and mindfulness influences subjective well-being in men and women.

Research Question

Is there a significant impact of internal dominant focus of positivity and mindfulness on subjective well-being across genders which can be explained within a quantitative, psychology and psychoneuroimmunology framework?

Hypothesis:

H₀: There is no statistical difference in the impact of internal dominant focus of positivity and mindfulness on subjective well-being across genders.

3 MATERIALS AND METHODS

Study Design

The study employed a cross-sectional design, in which data were collected at a single time point to examine relationships among internal dominant focus, positivity, mindfulness, anxiety, attitude, and subjective well-being. A cross-sectional approach was selected to assess participants' naturally occurring cognitive-emotional focus without providing any formal intervention or training. Responses to standardized questionnaires were used to capture participants' routine patterns of attention and emotional orientation.

Sample Size

The population of the study area comprised 78,511 individuals. Sample size was calculated using the standard formula for an infinite population and

subsequently adjusted for the known population size. The final sample included 385 adult participants. Although the study primarily categorized participants by age, data on gender and income were collected simultaneously for subgroup analyses.

The following formulas were used:

Formula 1: Sample size formula for infinite population

$$S = Z^2 \times P \times (1-P) / M^2$$

Formula 2: Adjusted sample size

$$\text{Adjusted Sample Size} = (S)1 + (S-1) \text{ Population}$$

Where: S = sample size for infinite population

Z = Z score

P = population proportion (assumed as 50% or 0.5)

M = Margin of error

A margin of error of 5% (0.05) was used, consistent with a 95% confidence level (Z = 1.96). This approach ensured adequate statistical power for subgroup analyses.

Study Area

The research was conducted in Delhi (capital of India) in a residential area called Mayur Vihar 1, East Delhi to include a varied demographic population in terms of income levels, professions, and lifestyle diversity. Data was collected from a metropolitan, urban locality

Inclusion Criteria

Mentally healthy males and females. Individuals from all socio-economic backgrounds including working, non-working, students, professionals, and those from rich, middle-or poor-income groups. Individuals had exposure to the internet, social media and television podcasts on meditation, gratitude and happiness. There was no experimental training given. Only self-report questionnaires were used.

Exclusion Criteria

Individuals with diagnosed learning disabilities that impair judgment or comprehension. Only the diagnosed people who had certificates or visible impairment or learning disability were ruled out.

Sampling Technique

Random purposive sampling was used with the cross-sectional design. Random Sampling is the method of collecting data where each and every person in the selected population has a chance to participate. Purposive sampling was added as only people who were willing and did not have any learning disability were targeted.

Consent

Informed Consent Form was taken. All the

respondents signed on an informed consent form. Confidentiality was maintained and there was no disclosure of name or identity of the participants.

Resources/Tools Used for Data Collection:

Five Self-Report Questionnaires:

1. Well-Being (WHO-5 Well-Being Index) – A 5-item self-report scale assessing positive mood, vitality, and general well-being (Topp et al., 2015).
2. Anxiety (Hamilton-D Anxiety Scale) – A widely used clinical measure for assessing the severity of anxiety symptoms (Hamilton, 1959).
3. Positivity and Negative Affect Schedule (PANAS Schedule) – Measures the balance of positive vs. negative affect, reflecting one's dominant emotional orientation (Watson, Clark & Tellegen, 1988).
4. Satisfaction With Life (SWLS) – Evaluates global cognitive judgments of life satisfaction (Diener et al., 1985).
5. Mindfulness (MAAS – Mindful Attention Awareness Scale) – Captures the frequency of present-moment attention and awareness in daily life (Brown & Ryan, 2003)

These resources/tools were selected due to their standardization, with high reliability and validity in assessing internal dominant focus on emotional states, mindfulness, anxiety, and subjective well-being.

Variables of the Study

Measured Variables (Source Scales)

Five standardized self-report measures were used as source variables:

1. **Well-Being** – WHO-5 Well-Being Index
2. **Anxiety** – Hamilton Anxiety Rating Scale (HAM-A)
3. **Positive and Negative Affect** – Positive and Negative Affect Schedule (PANAS)
4. **Life Satisfaction** – Satisfaction With Life Scale (SWLS)
5. **Mindfulness** – Mindful Attention Awareness Scale (MAAS)

Derived Composite Variables (Internal Dominant Focus Indices)

Based on the above measures, four composite indices were computed to operationalize Internal Dominant Focus (IDF) constructs:

1. **IDF of Positivity** = Who-5 Well-Being Scale + Panas (+, -) +SWLS- Ham-A
2. **IDF (Mindfulness)** = MAAS (Mass Attention Awareness Scale)
3. **IDF (Well Being)** =SWB= PANAS (+, -) + SWLS

(Satisfaction With Life Scale)

4. **Composite IDF of Positivity & Mindfulness** = Who-5 Well-Being Scale + Panas (+, -) +SWLS+MAAS- Ham-A

These composite indices were used as *predictor variables* in correlation and regression analyses examining their relationship with subjective well-being across gender.

Study Population

The study sample comprised 385 adult respondents. Gender-based distribution was as follows: 256 males (66.49%) and 129 females (33.51%).

Statistical Analysis

Statistical analyses were conducted using the latest SPSS version and Python version 3.12. Both descriptive and inferential statistical methods were employed.

Descriptive statistics included measures of central tendency and dispersion, specifically mean and variance, to examine baseline differences across gender. Inferential analyses included hypothesis testing, correlation analysis, and regression modelling to evaluate relationships between positivity, mindfulness, internal dominant focus indices, and subjective well-being.

Statistical significance was assessed using p-values, representing the probability that observed results occurred by chance. Two significance thresholds were applied: $p < 0.01$, indicating a very strong effect, and $p < 0.05$, indicating a statistically significant relationship. Values of $p \geq 0.05$ were considered non-significant.

4 RESULTS AND DISCUSSION

There are two genders considered for this research:

1- Male, 2 - Female

Male = 256 respondents = 66.49%

Female =129 respondents = 33.51%

Table 4.3: Mean & Variance of Subjective Well-Being

Statistic	Men	Women
Mean	76.02	68.44
Variance	265.04	337.48

Source of data: Primary Survey (2024)

Interpretation

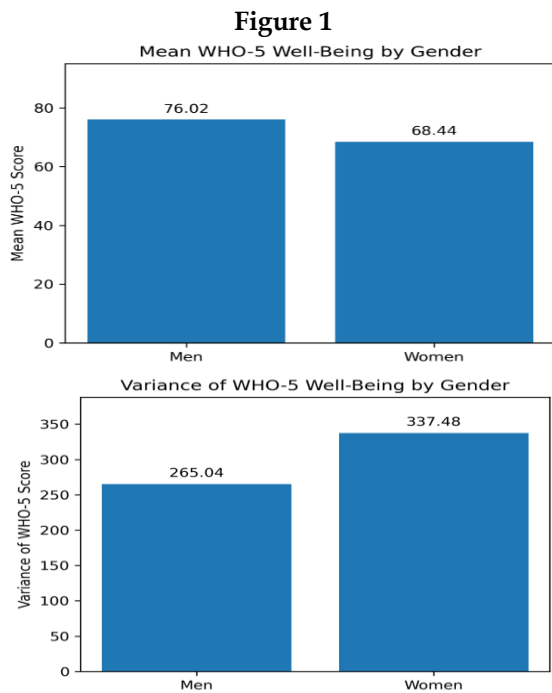
In the male gender, the Mean is 76.02, (range 0-100) –The mean is high.

Variance is 265.04.(range 0-400) – Variance is also high, indicating a mix of flourishing and fatigued individuals in the group.

Males show higher well-being & lower variance,

indicating that they display more emotional stability.

In the female gender, the Mean is 68.44, and Variance is 337.48. Females show lower mean well-being and higher variance indicating that they experience a wider range of diverse emotional experiences, with higher inconsistencies in stress and perceived subjective well-being.



Source of Data: Primary Survey (2024)

5 DISCUSSION

Mean score comparisons revealed lower baseline well-being among women than men, while variance patterns indicated greater emotional and contextual load among female participants and relatively higher stability among males. As all women who consented completed the assessments fully, the observed

variance reflects genuine psychosocial differences rather than response inconsistency. A higher proportion of women declined participation prior to consent, largely due to social, familial, and relational constraints. Among participating women, stress was frequently linked to family and intimate relationships. From a psychoneuroimmunology (PNI) perspective, sustained relational stress is associated with chronic activation of the hypothalamic-pituitary-adrenal axis, elevated cortisol, and reduced neurochemical states supporting well-being (McEwen, 1998).

Male participants demonstrated higher participation readiness and fewer evaluative concerns, with responses predominantly self-referential rather than relational. This pattern suggests a more individual-centered Internal Dominant Focus, which may reduce cumulative allostatic load through better attentional regulation and emotional buffering (Tang et al., 2015). Overall, the findings indicate that gender differences in well-being are shaped more by differential stress exposure and attentional focus than by intrinsic emotional vulnerability.

While Figures 1 and 2 depict baseline gender differences in well-being level and variability, subsequent regression analyses examine the predictive roles of positivity and mindfulness within each gender.

Correlation and Regression Analysis:

Male and Female Categories were assessed on three variables. Three dependent variables were computed and compared for analysis.

- Positivity on Well-Being
- Mindfulness on Well-Being
- Positivity and Mindfulness on Well-Being

Table 4.23: Correlation & Regression Analysis by Gender

Gender (2)	Predictor (3)	Pearson r- Correlation	R ²	Beta (B)	p-value
Female	Positivity → Subjective well being	0.866	0.750	0.437	0.000
Female	Mindfulness → Subjective Well being	0.541	0.293	0.049	0.000
Female	Positivity & Mindfulness → SWB	0.826	0.682	0.323	0.000
Male	Positivity → SWB	0.852	0.726	0.469	0.000
Male	Mindfulness → SWB	0.393	0.155	0.040	0.000
Male	Positivity & Mindfulness → SWB	0.796	0.633	0.350	0.000

(Source of Data: Primary Survey (2024))

Interpretation

Positivity is the strongest predictor of SWB for both genders (R² = 0.75 in Females, 0.73 in Males). Mindfulness shows a moderate effect in Females (R² = 0.29) but is weak in Males (R² = 0.16).

Combined Positivity & Mindfulness improves prediction for both groups (R² = 0.68 in Females, 0.63

in Males).

Women show a higher predictive strength of positivity. Positivity consistently dominates as the main predictor of Well-Being across genders, while Mindfulness contributes more for Females than Males.

Discussion

Women in the present sample exhibited lower baseline well-being and greater variability than men, indicating a baseline internal dominant focus more frequently oriented toward relational, contextual, and responsibility-driven attentional content. From a neurophysiological perspective, such an externally anchored internal dominant focus increases sustained activation of stress-regulatory systems, including the hypothalamic-pituitary-adrenal (HPA) axis, thereby reducing serotonergic and dopaminergic release and lowering baseline well-being (McEwen, 2007; Davidson & McEwen, 2012). Importantly, this pattern reflects attentional allocation rather than emotional weakness. Women's baseline IDF appears more dispersed across interpersonal demands, which elevates stress without any encouragement to focus on self with training in diminishing the allostasis overload through mindfulness and positive thinking.

Men, by contrast, showed higher baseline well-being and lower variance, consistent with a more self-referential and autonomous internal dominant focus. Such an attentional orientation limits cumulative relational stress exposure and supports greater emotional stability through reduced allostatic burden (Sapolsky, 2004). Focus on self for goal attainment is more conditioned in men than in women.

Neuroscience Compatibility Through Neuroimaging Results

Higher variance in women's well-being scores reflects greater sensitivity to environmental and relational demands. Neuroimaging evidence indicates stronger coupling between emotion appraisal regions and regulatory circuits in women, enabling rapid shifts in attentional focus depending on situational stressors (Cahill, 2006; McRae et al., 2008). Within the IDF framework, this translates to greater attentional permeability, producing wider variability rather than instability. Psychoneuroimmunology findings further support this interpretation, as heightened emotional engagement is associated with increased inflammatory signaling under stress, contributing to heterogeneity in subjective well-being (Dantzer et al., 2008).

Regression Analysis Shows Higher Predictive Strength for Improving Well-being

Regression analyses revealed that positivity was the strongest predictor of well-being in both genders, consistent with its role as a foundational IDF

stabilizer. Positivity reorients attentional focus toward reward, meaning, and agency, enhancing dopaminergic motivation and serotonergic emotional balance (Seligman, 2011). Women showed a higher explained predictive possibility (R^2) for positivity, indicating that when internal dominant focus is trained toward positive cognitive-emotional content, women may derive greater benefit due to awareness of the art of detachment, to be mindful and positive.

Mindfulness also demonstrated a stronger predictive effect among women, though with lower predictive scores than positivity, highlighting its role as a stabilizing mechanism. Mindfulness shifts internal dominant focus from anticipatory worry and excessive care for others needs more than self, to present-moment awareness, thereby downregulating limbic reactivity and HPA-axis activation (Kabat-Zinn, 2008; Tang et al., 2015). Women's stronger response to mindfulness suggests that internal dominant focus has the potential of finding more peace & positivity which improves health and focus, reducing stress significantly amongst women.

Baseline Scores vs higher positive scores creating Neuroplasticity

A key theoretical implication of this study is the distinction between baseline orientation and attained, aware focus which creates neuroplasticity in the brain that changes neural network towards a more optimal allostasis. Although women displayed lower baseline well-being, their stronger responsiveness to positivity and mindfulness reflects greater ability for improvements through neuroplasticity, facilitated through training in detachment and in reducing stress overload. From an allostatic perspective, attentional systems exposed to higher stress load may show greater adaptive recalibration when effective regulatory inputs are applied (McEwen & Wingfield, 2003).

Implications for Gender-Sensitive Interventions

Framing gender differences through a framework of internal dominant focus and allostasis optimization offers a non-pathologizing and mechanistic understanding of well-being disparities. Women's lower baseline scores reflect an externally distributed internal dominant focus shaped by social and relational demands, while their stronger predictive gains underline significant capacity for improvement through targeted interventions. Interventions that train positive attentional anchoring and present-moment regulation may

therefore be particularly effective in reducing stress load and enhancing well-being in populations experiencing elevated psychosocial complexity.

Overall, the Internal Dominant Focus, IDF framework integrates mean differences, variance patterns, and regression effects into a unified attentional-neurophysiological model, advancing beyond trait-based explanations toward a dynamic, systems-oriented understanding of gender differences in psychological well-being.

Hypothesis Testing:

H₀: Impact of Positivity and Mindfulness on Well-Being = REJECTED

H₁: There is a statistical difference in the impact of internal dominant focus of positivity and mindfulness on subjective well-being across genders. = ACCEPTED

Conclusion and Suggestions

In summary, the observed gender differences in subjective well-being are best understood through a psychological and neurophysiological framework that distinguishes baseline internal dominant focus states from trained internal dominant focus responsiveness. Women exhibited lower average baseline well-being and greater variability, likely reflecting higher chronic exposure to relational, caregiving, and demand-based stressors, alongside heightened neuroendocrine sensitivity.

Crucially, positivity and mindfulness exerted stronger predictive effects on well-being more

among women, indicating that stress-regulatory and attentional systems in women are highly trainable and responsive when consciously engaged. Positivity training appears to re-anchor the internal dominant focus toward emotional well-being, optimism, and higher self-esteem, while mindfulness training facilitates deconditioning from habitual vigilance, anticipatory worry, and relational over-dependence. Mindfulness acts as the bridge between negative thinking and positive thinking, that helps in sustenance of positive thinking and a balanced allostasis that elevates well-being. Together, these practices reduce allostatic overload by attenuating HPA-axis activation and restoring neurochemical balance.

These findings underscore the need for structured training in positive thinking and mindfulness specifically tailored differently for men and women, with an explicit focus on deconditioning from stress. Men are usually focused on a singular activity and may benefit from longer periods of mindfulness followed by positive thinking while women may need to divide the period of practice over multiple task focusing, by practising for shorter periods and indulging in positive thinking over rumination as a practised self-controlled habit of thinking. Interventions that shift Internal dominant focus away from continuous external monitoring and toward stable internal regulation may yield significant gains in subjective well-being, health, contentment and happiness amongst both men and women.

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