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Who Can Be Uplifted? Person-Level Predictors of Moral Elevation in Clinical and Nonclinical Samples

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Abstract

Elevation, a positive emotion characterized by feeling uplifted and motivated toward prosocial behavior when witnessing others' acts of moral virtue (e.g., generosity or courage), has been theorized as an "emotional reset" fostering social wellbeing. However, little is known about individual differences that predict state elevation experiences in life beyond laboratory studies, and whether distress symptoms like depression and anxiety preclude elevation. This study examined person-level predictors of state elevation in daily life in (1) clinically anxious/depressed patients completing a week of diaries about their best event of the day (Study 1; N = 102; 465 records) and (2) a nonclinical sample randomly assigned to watch elevating vs. control videos over 7-12 days (Study 2; N = 198; 1,751 records). We hypothesized female gender, higher trait elevation, character strengths, and positive affect, as well as lower anxiety, depression, and negative affect, as predictors of daily state elevation. In multilevel models (MLMs), higher trait elevation and caring strengths predicted stronger state elevation in response to patients' best events (Study 1) as hypothesized. In Study 2, trait elevation and trait positive affect predicted higher daily state elevation as expected, but no traits amplified effects of experimental inductions of state elevation over time. Additionally, distress symptom effects were mixed, but did not consistently prevent experiencing elevation in response to uplifting events. Thus, some traits may predispose individuals to elevation states, but clinical symptoms may not consistently preclude elevation experiences, suggesting implications for elevation interventions.

Introduction

Moral elevation, or simply "elevation," is a powerful positive emotional response to witnessing or imagining the moral beauty of virtuous acts such as others' generosity, self-sacrifice, or forgiveness (Haidt, 2000, 2003). Experiences of elevation are characterized psychologically by feeling uplifted, moved, and inspired, and are experienced somatically as warmth in the chest and sometimes tingles, tears, or a lump in the throat (Algoe & Haidt, 2009; Silvers & Haidt, 2008). Additionally, elevation's action tendency is a surge of desire to connect with others, emulate virtuous exemplars, or engage in prosocial behavior. Prosocial motivations elicited experimentally in the laboratory include helping (Schnall et al., 2010), giving (Pohling et al., 2019), and compassion toward outgroup members (Lai et al., 2014; Oliver et al., 2015; for a review, see Thomson & Siegel, 2017). Beyond momentary experiences of elevation, some individuals report higher trait proneness to such experiences (Diessner et al., 2013). Thus, elevation represents a profoundly positive response to perceiving humanity at its best. However, little research has examined states of elevation in naturalistic contexts outside of the laboratory, as well as who is most prone to elevation, leaving questions about factors that might make it easier (e.g., character strengths) or more difficult to experience (e.g., mental health symptoms). This study examines person-level predictors of state elevation in clinical and nonclinical samples. First, we review relevant background literature.

State Moral Elevation and Its Relevance to Well-Being

Moral elevation may bear relevance for well-being. Elevation's positive subjective quality aligns with the broaden-and-build theory that positive emotions expand momentary thought-action repertoires to strengthen well-being and enhance social connection (Fredrickson, 2001). Simply experiencing more frequent positive affective states appears to support mental health and flourishing (Catalino & Fredrickson, 2011). Building on this idea, Haidt's (2003) "inspire and rewire" hypothesis proposes that elevation facilitates an emotional reset that counters cynicism and catalyzes positive social cognition and behavior.

Beyond general positive valence shared with other emotions, elevation may possess unique benefits. Namely, elevation shifts cognition toward noticing humanity's better actions, which might thwart excessive attention to threats or overgeneralized negative views of humanity. For instance, experimental inductions of elevation reduced prejudice (Lai et al., 2014) and increased charitable giving (Freeman et al., 2009; Van de Vyver & Abrams, 2015), volunteering (Han et al., 2017), altruistic perceptions in the workplace (Vianello et al., 2010), feelings of connection to humanity and charitable attitudes toward others of diverse racial and ethnic groups (Oliver et al., 2015), and spirituality (Van Cappellen et al., 2013). Given that prosocial striving and social connection have consistently predicted mental health benefits (e.g., Crocker et al., 2010), frequent states of elevation might contribute to well-being. Indeed, correlational studies have linked higher state elevation over time to adaptive interpersonal outcomes and lower daily depression and anxiety, even in clinical samples (Erickson & Abelson, 2012; McGuire & Mignogna, 2021).

Questions about Person-Level Predictors of State Elevation

Much of the research on elevation has investigated *situational factors* that shape elevation—namely, experimentally manipulated exposure to moral beauty in the form of video-based narratives or cued reflection on witnessing inspiring acts. However, it remains important to understand *person-level predictors* that either predispose individuals to elevation states or interfere with them. Understanding who is most likely to experience elevation in daily life and in response to elevating stimuli bears relevance for interventions. Moral elevation inductions have been conceptualized as a positive psychological micro-intervention that shifts cognitive focus outward to goodness in others and fosters a sense of connection, with potential relevance to depression and anxiety—conditions characterized by negative emotion, demoralization, attentional self-focus, and social withdrawal. Several studies have piloted elevation inductions as an intervention, finding beneficial effects on social and emotional processes (Erickson et al., 2017; McGuire et al., 2023; McGuire & Mignogna, 2021), but it remains unknown whether individuals vary in their capacity for elevation in daily life. Extant literature suggests several variables that might impact proneness to experiencing elevation.

Gender

Gender might shape experiences of state elevation. Women have shown slightly higher levels of state elevation (Algoe & Haidt, 2009). Similarly, women have scored higher in engagement with moral beauty, a proxy for dispositional proneness to elevation (Diessner et al., 2013), and other trait measures of elevation (Landis et al., 2009). Knowing whether women are more prone to elevation could have implications for interventions, whereas lack of a gender effect would suggest less need for concern about differential responsivity.

Positive Psychological Traits

Trait elevation has correlated with personality traits such as gratitude, spiritual transcendence (Diessner et al., 2008), extraversion, openness to experience, agreeableness, and self-reported altruistic behavior (Landis et al., 2009), but little is known about which individual differences predict or moderate susceptibility to *state* elevation. Some evidence suggests limited predictability: in one experimental study, traits of honesty-humility and agreeableness did not moderate effects of watching elevating videos (Pohling et al., 2019). In contrast, individuals with higher moral identity reported stronger elevation when reading about an uncommon act of goodness (Aquino et al., 2011), and trait elevation predicted heightened state elevation in response to morally moving narratives in a clinical sample of veterans (Staley et al., 2022). Replicating this link is important to show that trait or dispositional elevation reflects not simply one's general self-concept but also actual proneness to emotional reactions to positive stimuli in ecologically valid contexts.

Linking personality and emotions also resonates with Fleeson's (2001) density-distributions model, which conceptualizes traits as distributions of states; people high in dispositional elevation should therefore experience it more frequently and intensely across situations. However, extant studies are limited to predicting state elevation in the lab rather than across multiple days in naturalistic contexts.

In addition, other positive traits might increase susceptibility to elevation. Trait positive affect captures a dispositional proneness to experience pleasant, high-arousal states (Watson et al., 1988). Although momentary positive affect fluctuates considerably from occasion to occasion, each person's average level is stable enough over time to function as an individual difference (Fleeson, 2001), which is what permits a single baseline assessment to serve as a person-level predictor of states reported across subsequent days. Trait positive affect is further theorized to reflect the subjective component of a broader behavioral activation or approach system (BAS; Watson et al., 1999). Because elevation has been conceptualized as an approach-oriented emotion reflecting BAS differences (Van de Vyver & Abrams, 2017), trait positive affect may facilitate state elevation.

Finally, the VIA framework conceptualizes character strengths as morally valued traits that elicit elevation rather than envy (Peterson & Seligman, 2004). Factor analyses suggest that VIA strengths can reduce to higher-order strengths of caring, inquisitiveness, and self-control (Han & McGrath, 2023; McGrath et al., 2022). Given the prosocial nature of elevation, interpersonal strengths of caring may be more closely associated with experiencing elevation than cognitive or self-regulation strengths. Although

rarely tested as predictors of state elevation, factor analytic work suggests that the caring factor, encompassing interpersonal and prosocial strengths, is especially likely to predispose individuals to elevation (Freidlin & Littman-Ovadia, 2020; McGrath et al., 2018). By orienting individuals toward noticing and valuing others' goodness, caring character strengths may be associated with stronger states of elevation.

Distress (Negative Affect, Anxiety, Depression)

Psychological distress takes many forms, including negative affect, stress, anxiety, and depression, each which features strong negative emotions that might interfere with elevation. Most broadly, trait negative affect reflects the tendency toward a range of aversive emotional states like fear, guilt, sadness, and irritability (Watson et al., 1988). Anxiety and stress are marked by threat sensitivity and self-focused attention, with anxiety also emphasizing physiological arousal (Ingram, 1990). Depression, frequently comorbid with anxiety (Knowles & Olatunji, 2020), involves persistent sadness, hopelessness, self-criticism, and blunted capacity to experience positive affect (American Psychiatric Association, 2022; Cohen et al., 2017). Individuals with depression have shown decreased activation in brain regions tied to social reward (Solomonov et al., 2023) and anxiety sometimes correlates with reduced positive affect (Iqbal & Dar, 2015). Such processes might interfere with fully processing or responding to moral beauty in others and thereby diminish state elevation. Alternatively, if these forms of distress do not diminish elevation experiences in response to positive events, elevation micro-interventions might have broader utility. Although a few studies suggest that populations in distress are capable of responding positively to elevating content (Erickson & Ableson, 2012; McGuire et al., 2023, 2024), we know little about whether pre-existing distress could blunt experiences of elevation in daily life.

Present Study

This study investigates whether person-level variables related to gender, positive traits, and distress predicted experiencing elevation in response to positive events in daily life. We examined elevation states in naturalistic daily contexts in individuals with clinically diagnosed anxiety and depressive disorders reporting on their daily best event for 7 days (Study 1) and unselected individuals randomly assigned to exposure to elevating content over 7 to 12 days as an elevation micro-intervention relative to non-moral (amusing or neutral) content (Study 2); the latter assessed both immediate and sustained (later in the day) elevation following inductions. The study thereby investigates how people responded to positive events across both naturalistic events (Study 1) and manipulated stimuli (Study 2) during daily life.

In both studies, we hypothesized that female gender and higher trait moral elevation would predict higher daily state elevation. Regarding other positive traits, we expected that VIA strengths of caring in Study 1 (but not strengths of inquisitiveness or self-control) and trait positive affect in Study 2 would predict higher state elevation.

In contrast, we expected higher distress variables (depression and general anxiety in Study 1; trait negative affect, depression, anxiety, stress in Study 2) to predict lower state elevation. Additionally, in the experimental study, we expected that morally elevating videos would cause greater daily state elevation versus neutral or amusing video conditions, both immediately after induction and sustained several hours later, but also that female gender, trait elevation, and trait positive affect would amplify (moderate) the effect of the morally elevating videos relative to control conditions, whereas distress variables would blunt the experimental effect.

This study's hypotheses and analysis plan were preregistered on the Open Science Framework (OSF) prior to data analysis (using existing data), redacted for review.

STUDY 1 Method

Method

Participants

The clinical sample included individuals seeking treatment for anxiety and depression (*N* = 102; age *M* = 34.95, *SD* = 11.55). Of 112 participants who completed baseline assessments, 102 also completed at least one daily diary and formed the analytic sample; nine additional diary respondents lacked baseline data and were not analyzed. Participants identified as cisgender women (*n* = 67), cisgender men (*n* = 31), and nonbinary or gender non-conforming (*n* = 4). Participants identified as White (*n* = 71), Asian (*n* = 15), Multiracial (*n* = 10), Black or African American (*n* = 2), Hispanic or Latino (*n* = 2), American Indian or Alaska Native (*n* = 1), and another self-described identity (*n* = 1). Most (78.65%) received primary DSM-V diagnoses of anxiety and related disorders (e.g., generalized anxiety disorder, social anxiety disorder, obsessive compulsive disorder, posttraumatic stress disorder); 19.10% had primary mood disorders (e.g., major depressive disorder); one participant had somatic symptom disorder and another had adjustment disorder; 86.51% had comorbid anxiety or mood disorders.

Procedure

Eligibility for the clinical sample required primary diagnosis of anxiety and/or depressive disorder, and lack of active mania/psychosis/primary substance use disorder/acute suicidality. After a phone screen, informed consent, and a structured diagnostic interview, participants completed baseline surveys through Qualtrics, followed by one week of diaries rating the best event each day and associated emotions. Because some participants continued submitting diaries well beyond the one-week protocol (up to 114 days after their first entry), analyses retained only diaries submitted within 7 days of each participant's first diary; this excluded 109 entries from 25 participants. Participants received free, 12-week, group cognitive-behavioral therapy in a group and $40 for completing all surveys (results not reported here). The study was approved by the university institutional review board (IRB).

Measures

Baseline measures

Diagnostic assessment. Doctoral trainees conducted diagnostic interviews via the Anxiety and Related Disorders Interview Schedule for DSM-5 (ADIS-V; Brown & Barlow, 2014), a gold-standard for anxiety and commonly comorbid disorders. Assessors received training, completed multiple mock assessments with feedback, and received supervision from a licensed psychologist. The ADIS-V is an update to the ADIS-IV, which demonstrated interrater reliability (Brown et al., 2001). In our study, a random subsample (N = 47) suggested interrater reliability for diagnoses, κ = .80, p < .001.

Engagement with Beauty – Moral Beauty subscale (EBS). This six-item subscale (Diessner et al., 2008) assesses trait proneness to elevation in response to witnessing moral beauty (e.g., "an impressive act of charity, loyalty, kindness, compassion, forgiveness, sacrifice, or sincere service to others"). Participants rate their tendency to notice moral beauty and experience physical changes, upliftment, spirituality, and motivation to become a better person or engage in prosocial behavior, using a 7-point Likert scale from 1 (*very unlike me*) to 7 (*very much like me*). For example: "When I see someone perform an act of moral beauty, I feel a desire to be a better person." Diessner et al. (2008) reported internal consistency and moderate test–retest reliability over three weeks. For this sample, α = .89.

VIA Character Strengths. The VIA-120 (Peterson & Seligman, 2004) is a self-report of 24 character strengths with five items per strength (120 items total), rated from 1 (*very much unlike me*) to 5 (*very much like me*). For example: "I always finish what I start" (perseverance). We created composite scales for three higher-order virtues (averaging items) of Inquisitiveness (creativity, curiosity, and love of learning subscales), Caring (kindness, love, fairness, forgiveness, gratitude, and teamwork), and Self-Control (perseverance, prudence, and self-regulation). Previous research reported psychometric properties for these factors (McGrath et al., 2018; 2022). In this study, α = .77–.82.

Generalized Anxiety Disorder Questionnaire IV. The GAD-Q-IV (Newman et al., 2002) is a nine-item self-report assessing DSM criteria for generalized anxiety disorder (American Psychiatric Association, 2022). It includes five dichotomous items on core features of GAD (e.g., uncontrollable worry), a checklist of associated symptoms (e.g., fatigue, irritability) rated on a 9-point scale, a free-response item for worry topics, and ratings assessing distress and impairment. Scores are weighted and summed to a total ranging from 0 to 12. A sample item is: "Do you worry excessively about minor matters, more than seems reasonable?" Newman et al. (2002) documented internal consistency, test-retest reliability, and convergent for the GAD-Q-IV. For this sample, α = .85.

Patient Health Questionnaire-9. The PHQ-9 (Kroenke et al., 2001) is a nine-item self-report of depressive symptoms (e.g., "little interest or pleasure in doing things") over the past two weeks, on a 0 (*not at all*) to 3 (*nearly every day*) scale. Total scores range from 0 to 27, with higher scores indicating greater severity.

The PHQ-9 has demonstrated excellent internal consistency and validity as a measure of depression severity. For this sample, α = .85.

Daily measures

State Elevation. In diaries, participants gave open-ended descriptions of the situation they considered the best event of the day (not reported here), then completed a brief 3-item measure of state elevation (Erickson et al., 2024). They rated items (*inspired by others*, *morally uplifted by others*, and *moved by others*) from 0 (*not at all*) to 4 (*extremely*), which were then averaged. For this sample, multilevel reliability based on variance components analysis = .97

Data Analysis Plan

Multilevel models (MLMs) were the appropriate method for multiple days of state elevation nested within participants. MLM handles unbalanced and missing data. Person-level predictors (gender, trait elevation, character strengths, anxiety, and depression) at level 2 were modeled as single predictors of state elevation at level 1. Gender was coded 0 = men, 1 = women; the four nonbinary or gender non-conforming participants were too few to model as a separate group and were omitted from the gender model only. Models included random intercepts to handle the non-independence of repeated measures data, as well as autoregressive (AR1) covariance structure given repeated measures. Baseline predictors were centered around their grand means to facilitate interpretation. A priori power simulations (Arend & Schäfer, 2019) indicated that, with approximately 90 participants, 7 repeated measures, and α = .05 (two-tailed), our models achieved power of at least .80 to detect medium-sized main effects.

Results

In preliminary analyses, skewness and kurtosis values indicated acceptable normality for all variables, and no significant outliers were detected based on standardized scores ($z > 3.29$). Scatterplots suggested no nonlinear relationships between predictors and state elevation. An unconditional or "no predictors" MLM confirmed significant variability in state elevation between participants ($p < .001$), validating our decision to use MLMs. Participants completed an average of 4.56 diaries ($SD = 2.08$; range = 1–7), yielding 465 diary records. The same pattern of significant effects emerged when using a 14-day window or retaining all diaries.

As hypothesized, baseline levels of trait elevation and VIA caring strengths, but not inquisitiveness or self-control, predicted higher subsequent daily state elevation (see Table 1 for all Study 1 parameter estimates). Gender did not predict state elevation. Unexpectedly, baseline depression did not predict lower daily state elevation, and generalized anxiety symptoms predicted higher elevation, suggesting that people who worry chronically might also be prone to feeling uplifted. Thus, while prosocial traits of elevation and caring were associated with stronger elevation in response to participants' most positive

daily events, no variables precluded elevation experiences in the daily lives of people seeking treatment for clinical distress.

Table 1
Study 1 Multilevel Model Estimates Predicting State Elevation

Predictor	***B***	***SE***	***p***	***pr***
Gender	0.12	0.19	.519	.07
Trait Elevation	**0.21**	**0.06**	**.001**	**.32**
VIA Caring	**0.51**	**0.25**	**.045**	**.26**
VIA Inquisitiveness	0.00	0.20	.986	.00
VIA Self-Control	0.08	0.19	.657	.06
GADQ-IV Anxiety	**0.06**	**0.03**	**.047**	**.20**
PHQ9 Depression	0.10	0.13	.471	.07

Note. Bold font indicates statistically significant effects. *N* = 102 participants (465 diary records). Gender coded 0 = men, 1 = women. VIA strengths were available for 61 participants.

STUDY 2 Method

Study 2 complemented Study 1 by shifting from correlational to experimental design—from experiencing elevation in response to positive daily events to deliberate exposure to elevating stimuli. It also broadened from a clinical to a nonclinical sample that was not treatment-seeking but had elevated mean distress. Lastly, Study 2 differentiated between elevation states immediately after intervention versus sustained effects later in the day.

Method

Participants

Undergraduate psychology students (*N* = 198; age *M* = 19.72, *SD* = 2.77) at a private university in the Pacific Northwest participated for credit. Participants identified as cisgender women (*n* = 145), cisgender men (*n* = 48), or did not respond (*n* = 5). Participants identified as White (*n* = 137), Asian (*n* = 25), Multiracial (*n* = 10), Hispanic or Latino (*n* = 8), Black or African American (*n* = 7), American Indian or Alaska Native (*n* = 1), Native Hawaiian or Pacific Islander (*n* = 1), or did not respond (*n* = 10).

Procedure

The parent study (Author, omitted for review) reported on between-group comparisons over time (7–12 days) in three subsamples which tested elevation inductions versus neutral and/or amusing stimuli, which included brief videos and some cued recall tasks of events witnessed (e.g., examples of humanity's better nature). However, that study did not examine baseline predictions of these effects as emphasized here. We aggregated data across the three subsamples. Specifically, after informed consent, participants completed online pretest surveys and were randomly assigned to elevation (*n* = 85), neutral (*n* = 59), or amusement (*n* = 54) groups; in this study, the latter two groups were combined into one non-elevating control condition (*n* = 113).

Each day, participants received e-mail links at 6 am to a new video or recall task and measures of immediate effects to complete by noon. Participants were instructed to minimize distractions and notice emotions during inductions, which lasted between three and six minutes. Afterward, participants free-reported motivations ("What did you feel like doing after watching the video?') and ways they could pursue such motives that day (not analyzed here). Participants rated immediate state elevation (see below). They received links to "sustained" measures at 6 pm to complete at least six hours post-induction. Monitoring suggested reasonable compliance in Study 1 (98%), 2 (84%) and 3 (98%); missing a day triggered reminders to resume the next day. This study was approved by the university IRB.

Elevating videos depicted virtuous actions (e.g., a teenager helping others escape gangs, a father pulling his paralyzed son in marathons, a softball player carried around bases by the opposing team after injury, and a teenager creating artwork for his ill sister). Neutral videos were chosen to evoke interest without elevation (e.g., how gold chains or marbles are made, how to make pie). Amusing videos were entertaining or humorous but not morally uplifting (e.g. children singing or talking about kittens, stand-up comedy, and "flash mobs" singing in public). Independent samples *t*-tests indicated that elevating videos scored significantly higher than comparison videos on ratings of virtue (all $p < .001$); virtue ratings were drawn from an unpublished moral emotion video validation library (Smith & Haidt, 2010).

Measures

Baseline measures

Engagement with Beauty – Moral Beauty subscale (EBS; Diessner et al., 2008). The same measure was used as in Study 1, with α = .82.

Positive and Negative Affect Schedule. The 10-item short form of the PANAS (Mackinnon et al., 1999) is a measure of positive affect (PA) and negative affect (NA), using a scale from 1 (*very slightly or not at all*) to 5 (*extremely*). Sample items for positive affect include "enthusiastic" and "inspired"; for negative affect, "upset" and "ashamed" (α here = .80 and .80)

Depression Anxiety Stress Scales. The DASS-21 (Henry & Crawford, 2005) is a scale of negative emotional symptoms related to depression, stress (general anxiety), or anxiety (panic) over the past week using a 0 (*did not apply to me at all*) to 3 (*applied to me very much, or most of the time*) scale. Scores are summed for each scale. The DASS has demonstrated sound psychometric properties in clinical samples (Brown et al., 1997). The depression factor is characterized by dysphoric mood and low positive emotion/motivation. The stress factor is characterized by nervousness and difficulty relaxing (i.e., generalized anxiety symptoms), whereas anxiety represents somatic anxiety (i.e., trembling, breathlessness, heart palpitations). In this study, α ranged .80-.86. Means for depression (11.16, *SD* = .3.97), anxiety (9.34, *SD* = 2.61), and stress (11.70, *SD* = 3.78) were at 95th, 96th, and 92nd percentiles of the normative sample (Henry & Crawford, 2005), suggesting high levels of symptoms in this nonclinical sample.

Daily measures

Immediate induction effects. We assessed state elevation immediately after inductions including items from previous research (Erickson et al., 2017), on a 0 (*not at all*) to 4 (*extremely*) scale. Items included subjective (*morally uplifted, inspired*) and somatic features of elevation (*warmth in the chest, lump in the throat, chills/tingles, and tears in the eyes*). Here, multilevel reliability = .92

Sustained effects. Participants rated feeling *uplifted by others, moved by others*, and *inspired by others* (same as in Study 1) during the afternoon/evening, on a 0 (*not at all*) to 4 (*extremely*) scale. This measure correlated strongly with a longer measure of daily elevation (Erickson & Abelson, 2012). For this sample, α = .92.

Data Analysis Plan

To examine how person-level variables predicted daily state elevation, we conducted MLMs using assumptions and procedures like Study 1 (e.g., grand-mean centered predictors, random intercepts, AR1 covariance structure). Initial models examined main effects of single predictors as in Study 1 but conducted separately for immediate and sustained effects following the video induction to distinguish short-term versus lingering elevation. The final set of models examined immediate effects and included not only a baseline predictor but also condition (elevation vs. control group) and the predictor by condition interaction. Interaction models were restricted to immediate outcomes, because moderation was conceptualized as differential responsiveness to the induction itself, and sustained ratings collected six or more hours later also reflect intervening daily events.

A priori power simulations (Arend & Schäfer, 2019) indicated that, with a sample above 150, 7–12 repeated measures, and α = .05 (two-tailed), our models achieved power of at least .80 to detect medium-sized cross-level interaction effects.

Results

Data screening suggested acceptable skew and kurtosis, no significant outliers, and no evidence of nonlinear relationships. Participants completed a mean of 8.85 records (*SD* = 2.24).

Regarding main effects of baseline predictors on immediate outcomes across the sample (all conditions; see Table 2 for all Study 2 main-effect parameter estimates), as hypothesized, trait elevation predicted higher state elevation right after inductions. Positive affect trended toward a positive effect but was not statistically significant. Negative affect, depression, anxiety, and stress symptoms did not predict immediate elevation levels, contrary to expectations.

As hypothesized in models predicting sustained elevation, trait elevation and positive affect predicted higher state elevation hours after inductions, whereas depression symptoms predicted lower sustained elevation. In contrast, negative affect, anxiety, and stress symptoms did not predict sustained elevation levels, contrary to hypotheses.

Table 2
Study 2 Multilevel Model Estimates Predicting Immediate and Sustained Elevation

Predictor	***B***	***SE***	***p***	***pr***	***B***	***SE***	***p***	***pr***
Immediate Outcome					Sustained Outcome			
Gender	-0.02	0.21	.608	.04	-0.02	0.12	.877	.01
Trait Elevation	**0.05**	**0.02**	**.005**	**.20**	**0.05**	**0.01**	**< .001**	**.38**
Positive Affect	0.04	0.02	.110	.16	**0.05**	**0.01**	**< .001**	**.40**
Negative Affect	0.01	0.02	.550	.06	0.02	0.01	.120	.16
DASS Depression	-0.03	0.02	.190	.11	**-0.04**	**0.01**	**.011**	**.21**
DASS Anxiety	-0.01	0.03	.670	.04	-0.01	0.02	.760	.02
DASS Stress	-0.03	0.02	.160	.12	-0.02	0.02	.210	.10

Note. Bold font indicates statistically significant effects.

The final set of models tested predictor by condition interactions—controlling for predictor and condition main effects—to determine whether person-level variables amplified or blunted effects of elevation induction relative to the control group (see Table 3). As expected, the elevation condition was associated with greater daily state elevation relative to the comparison condition over time in all models, with large effect sizes suggesting robust effects. Predictor main effects (which indicate effects only in the comparison condition) suggested that only positive affect and no other variables predicted higher immediate state elevation in that group. Counter to hypotheses, no predictor*condition interactions attained significance, although interaction term for stress was in the expected direction (B = − 0.04, p =

.069), indicating a somewhat smaller effect of the elevation induction among participants higher in stress. Thus, person-level variables predicted free-floating levels of state elevation in a few cases but generally did not make people more or less likely to experience elevation in response to inductions.

Table 3

Study 2 Multilevel Model Estimates – Interactions Predicting Immediate Elevation

Predictor	***B***	***SE***	***p***	***pr***
Gender	-0.01	0.19	.976	.00
Condition	**1.81**	**0.15**	**< .001**	**.66**
Gender x Condition	-0.06	0.30	.831	.02
Trait Elevation	0.02	0.02	.292	.08
Condition	**1.76**	**0.13**	**< .001**	**.71**
Trait Elevation x Condition	0.03	0.02	.177	.10
Positive Affect	**0.05**	**0.02**	**.020**	**.23**
Condition	**1.69**	**0.20**	**< .001**	**.65**
Positive Affect x Condition	-0.04	0.03	.199	.13
Negative Affect	0.01	0.03	.621	.05
Condition	**1.72**	**0.20**	**< .001**	**.65**
Negative Affect x Condition	0.02	0.04	.505	.07
Depression	-0.00	0.01	.723	.03
Condition	**1.63**	**0.09**	**< .001**	**.82**
Depression x Condition	-0.04	0.03	.153	.12
Anxiety	0.01	0.02	.811	.02
Condition	**1.65**	**0.09**	**< .001**	**.82**
Anxiety x Condition	0.01	0.04	.794	.02
Stress	0.00	0.02	.781	.02
Condition	**1.63**	**0.09**	**< .001**	**.82**
Stress x Condition	-0.05	0.02	.061	.15
Note. Bold font indicates statistically significant effects.				
Condition = Elevation induction versus comparison inductions				

Discussion

This study investigated whether some people are more or less likely to feel elevated in response to events in daily life. Across a treatment-seeking clinical sample reporting on the best events of daily lives (Study 1) and a nonclinical undergraduate sample randomly assigned to repeated exposures to elevating, amusing, or neutral video content (Study 2), we examined whether person-level characteristics predicted experiencing state moral elevation in naturalistic contexts. Three broad patterns emerged: prosocial dispositions were associated with higher state elevation in daily life, distress symptoms did not consistently preclude elevation, and the effect of elevation inductions was not strengthened or weakened by person-level variables.

First, the most consistent finding across studies was that trait elevation predicted higher state elevation in daily life, an effect that held for clinically distressed adults describing the best events of their day, for immediate responses to elevating videos in undergraduates, and for sustained elevation hours later. The robustness of this association across samples, methods, and timepoints provides meaningful construct validation for trait elevation as measured by the Engagement with Beauty Moral Beauty subscale (Diessner et al., 2008, 2018). Prior work has primarily linked dispositional elevation to other dispositional measures (e.g., personality, prosocial self-perceptions; Landis et al., 2009) or to states elicited in controlled laboratory settings (McGuire et al., 2023, 2024). The present results extend this by showing that the tendency to be moved by others' virtue is not merely a cross-sectional artifact, and that people who describe themselves as easily moved by others' virtue actually report higher state levels in daily life.

Beyond trait elevation, the broader pattern of trait predictors offers a refinement to our understanding of who is prone to elevation. In Study 2, trait positive affect predicted higher sustained elevation hours after the induction exercise, but not elevation immediately after inductions. The former fits with the idea that general proneness to positive affect may make one more likely to experience "free-floating" positive emotions in the flow of daily life; however, the lack of prediction of immediate effects suggests that situational factors (i.e., engagement with a stimulus) were strong enough to wash out individual differences.

The links of general moral sensitivity (trait elevation) and general positive affect to endorsing positive daily states is unsurprising and might suggest nonspecific shared variance among positive traits and states, but the findings for VIA strengths provide greater specificity.

In Study 1, VIA caring strengths—encompassing kindness, love, fairness, forgiveness, gratitude, and teamwork—predicted higher daily elevation, whereas the inquisitiveness and self-control factors did not. In Study 2, trait positive affect predicted higher sustained elevation. These findings may suggest a selectivity within Peterson and Seligman's (2004) 24-strength framework; although they argued that all character strengths are morally elevating, interpersonally oriented strengths in particular may be more important for elevation than those oriented toward cognition (e.g., curiosity, judgment) or self-regulation (e.g., perseverance, prudence). Specifically, the strengths that orient a person outward and toward others appear to amplify elevation, consistent with broaden-and-build accounts of positive emotion

(Fredrickson, 2001) and with the fundamentally interpersonal nature of elevation itself. The non-significant effects of inquisitiveness and self-control provide discriminant validity: not all morally valued or socially desirable traits increase likelihood of experiencing elevation. Future research could replicate this effect, examining the specificity of interpersonally oriented strengths against cognitive or self-regulatory virtues in shaping elevation responses to uplifting stimuli or stories centered on interpersonal vs. other virtues.

Perhaps the most surprising and practical findings concern distress variables. We hypothesized that symptoms of anxiety, depression, stress, and negative affect might each interfere with state elevation, given how they thwart attention to positive social cues, blunt positive reactivity, and diminish prosocial motivation. However, distress variables did not consistently predict lower daily state elevation. In Study 1, even in clinically distressed patients, current depression levels did not predict lower elevation reported in response to one's best daily event, suggesting that despite overall emotional difficulties, people could still feel uplifted during their day. In Study 2, depression, anxiety, stress, and negative affect failed to predict elevation levels immediately after inductions. Only depression predicted (lower) elevation later in the day. This may reflect a general vulnerability to the erosion of positive emotional states across the day, perhaps as daily fatigue and cognitive depletion accumulate, blunting the capacity to hold onto any uplifted feelings of elevation initially produced. Depression may not impede the spark of elevation in response to moral beauty, but might shorten its half-life, consistent with the broader literature on blunted positive affect persistence in depression (Heller et al., 2009). Depressed individuals can be moved, but the feeling might dissipate more rapidly. If replicated, this distinction between elevation accessibility and durability might point to augmentation strategies such as savoring, reflective journaling, or planned re-exposure to elevating events across the day. Nonetheless, in no model did distress symptoms moderate the effect of the elevation induction (DASS stress trended toward blunting it but did not reach significance). People across the distress spectrum responded to elevating videos with comparable increases in elevation. Thus, our findings suggest no reason to think distress symptoms preclude people from experiencing the "emotional reset" of elevation experiences, corroborating and extending findings that people with mental health struggles or diagnoses (Erickson & Abelson, 2012; McGuire & Mignogna, 2021) are not exempt from this emotion.

The unexpected finding that higher generalized anxiety predicted greater daily elevation in the clinical sample merits careful interpretation. One possible explanation is that the association was spurious, awaiting replication. Alternatively, generally anxious people often view their chronic worry as an extension of caring ("Worrying means I care"), often endorsing prosocial and affiliative interpersonal styles (Erickson et al., 2016); links of anxiety to elevation might reflect this sense of identity. GAD-Q-IV anxiety, a worry-focused measure, predicted elevation whereas DASS stress and anxiety subscales which are worry-heavy did not, which may be suggestive. Lastly, the same heightened sensitivity to emotionally salient cues that characterize anxiety, typically directed toward threat, may also generalize to responses to social or moral beauty. Worry is a form of prospection, in which the mind generates and rehearses imagined future scenarios. Witnessing moral virtue invites a parallel construction in a positive direction: the felt experience of elevation may involve imagining what such goodness could look like in one's own

life and relationships. Future studies could examine whether individual differences in episodic future thinking or mental simulation predict elevation responsiveness, and whether the anxiety-elevation link is specific to the type of worry.

The last take-away from this paper is the absence of person variables moderating the effect of positive experiences on state elevation, replicating previous lab-based research (Pohling et al., 2019) but extending it to naturalistic daily contexts.

On one hand, because Study 1 examined prediction of elevation in response to daily positive events, one might consider main effects of predictors as akin to moderation effects. However, because Study 1 did not test predictors across multiple types of stimuli, it did not formally test interactions. It also remained correlational in design, whereas Study 2 employed experimental design and detected no significant interaction effects.

This is encouraging for dissemination because elevation induction strongly evoked state elevation across diverse individuals. Elevation inductions are therefore robust to common variation in traits, temperament, and clinical symptoms. This is consistent with emerging work on elevation inductions in individuals with PTSD (McGuire et al., 2024) and strengthens the case for elevation as a micro-intervention to enhance socio-emotional well-being in distressed and healthy individuals. The null finding for gender, contrasting with some prior reports of slightly higher elevation among women (Algoe & Haidt, 2009), reinforces this picture. Elevation is unlikely to function as a standalone treatment for anxiety or depression, but its accessibility across individuals and robustness to individual differences suggests it may be a viable component of broader positive psychology micro-intervention protocols, particularly given scalability and low burden of delivery (e.g., videos and books).

Several limitations should be acknowledged. Although both samples included a substantial minority of people of color, both samples were drawn from primarily Western populations, limiting cross-cultural generalizability. Whether the structure and triggers of elevation generalize across different moral frameworks and sociocultural contexts remains an open question. The reliance on self-report introduces potential demand characteristics and recall biases, though daily diary and prompt-based designs mitigate some retrospective bias relative to cross-sectional methods. Sample sizes, while reasonable for multilevel modeling, may have been insufficient to detect small interaction effects. The use of different symptom measures across the two studies provides methodological diversity but also complicates direct comparison. Although the central association between trait and state elevation replicated across two independent samples, external replication in larger and more diverse samples is needed before firm conclusions are drawn; the null moderation effects in particular should be read in light of our sensitivity to detect only medium-sized interactions. Finally, our elevation outcomes, though internally consistent and validated, capture a narrow window of the elevation experience; incorporating physiological markers, behavioral measures, and downstream prosocial outcomes would enrich understanding of what elevation does in daily life.

In conclusion, across clinical and nonclinical contexts, moral elevation was frequent, inducible, and only modestly constrained by individual differences. People with stronger prosocial dispositions, were somewhat more readily uplifted, but the experience of elevation was not unique to any specific personality profile. Most striking, distress did not preclude elevation and might even invite elevation in some cases. In everyday terms, witnessed goodness still gets in, even when life is hard, and perhaps sometimes especially then. These findings support the viability of moral elevation inductions as a scalable, accessible target for emotional reset and prosocial motivation, and raise new questions about the cognitive and affective mechanisms that allow humans, in even their most distressed moments, to be moved by the better nature of others.

Declarations

Author Contribution

All authors contributed equally to this work. J.M. conducted the data preparation and statistical analyses. R.V. led the literature review and background research and served as the primary reader and reviewer of the manuscript throughout its development. T.M.E. provided mentorship and supervision, contributed to the analysis code, and edited the manuscript. All authors reviewed and approved the final manuscript.

Data Availability

The data analyzed in this study are not publicly available because they contain sensitive information from a treatment-seeking clinical sample and an undergraduate sample, and public release could compromise participant privacy. De-identified data are available from the corresponding author on reasonable request, subject to approval by the institutional review board that approved the studies and a data use agreement. The analysis code is available from the corresponding author on request.

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