Pick two of the three below:

1. Gratitude is a very popular positive psychology intervention.  In your opinion, what is special about gratitude, compared to other interventions? What is the evidence base that supports gratitude as more effective, compared to kindness, compassion, best possible selves, and the like?  And, most effective for what?  (please consider your own research goals in answering this part of the question).
2. Is gratitude a positive emotion, a cognitive process, or both?  Opinions differ, so be sure to cite multiple sides in your answer.
3. What more basic affective, physiological, or cognitive processes are affected by a person’s resolve to feel, and express, gratitude?  That is, what are the primary mediators of gratitude effects?  Be sure to discuss studies examining mediators in your answers.

Comprehensive Exam Answers: Ken Sheldon

1: Consider framing the comparison w/ the lens that many original works compared gratitude interventions to neutral or negative comparisons – and that comparisons against positive but nongratitude interventions are vital to affirming the conclusions of prior researchers.

In my opinion, there are many special elements on gratitude, compared to other interventions, such as:

(Dickens 2017 meta analysis) – ADD DETAILS OF META ANALYSIS TO PROVIDE SUPPORT FOR EVIDENCE BASE

Gratitude can be done on your own time, without access to other resources (Kindness and compassion generally requires other individuals to provide or other individuals to receive), and can be done cheaply

Compared to other positive interventions, we greater reported well-being at postintervention times

Otherwise, there were general benefits in happiness, life satisfaction, grateful mood, grateful disposition, and positive affect, and can result in decreases in depressive symptoms.

The authors note that there is a significant lack of differences between gratitude and other positive intervention conditions, and that perhaps there is no particularly unique effect for individuals, however, since there doesn’t seem to be a particular benefit, they can be offered as a tailored solution to those who most would benefit from it.

Classic Sheldon and Lyubomirsky (2006) paper covers comparison between gratefulness and best possible selves, two forms of positive psychology intervention, against a control.

We saw an average increase in positive affect for those in the gratitude and BPS conditions, while we saw a similar decrease in negative affect for both gratitude and BPS. Additionally, self concordant motivation increase was significant between the control and the BPS, but not the control and the gratitude, or gratitude and BPS. Lastly, we saw that initial SCM was strongly associated with exercise performance in gratitude and BPS condition Exercise performance, as expected, but there was also a slight significant interaction between BPS and exercise performance, as those who consistently engaged in BPS activity have higher affect than those consistently engaging in gratitude activity.

All three activities reduced negative effect, and BPS had seemed to have the largest relative amount of self concordant motivation. The general conclusion was that long term emotional benefits required sustained effort, and thus, is much easier to achieve if the ‘fit’ of the exercise with the individual goals are matched. THUS! Gratitude can have a unique benefit insofar as some subjects have individual difference preferences for activities, therefore, for these individuals, if gratitude exercises are more self concordantly motivated, they would have greater benefits to increases in PA and reductions in NA than for other activites.

Watkins et al 2014 also had a similar contrast, with three conditions, a positive recollection with gratefulness, a positive recollection without gratitude (pride based), and a neutral memory condition. We saw that compared against a generic ‘positive recounting’ pride condition, that gratitude had significantly greater impact on subjective well being, which seemed to improve after treatment. Furthermore, SWB continued to increase up till and including at 1 and 5 week follow-ups. This also indicated a parallel decrease in depression levels at the 5 week follow-up.

McCullough 2001 (more detail??): Has the perspective that some of the unique benefit to gratitude, insofar as it can compare to other interventions, is that the actual expression of gratitude in and of itself has interpersonal utility. In the form of a ‘moral barometer’, expressed gratitude provides valuable information that is particularly sensitive to changes in one’s social relationships. Regardless of whether or not the activity that one is grateful for is objectively ‘moral or immoral’, elicited changes in gratitude indicate that whatever has occurred is at least moral in the ‘local’ sense (thought to improve well-being of the recipient), which is valuable information to have in social interaction, perhaps even more so than information on the objective morality of a given behavior.

Life narrative work by McAdams, Reynolds, Lewis, and Bowman (2001): Furthermore, the very concept of gratitude itself has benefits in that it allows for positive framing of negative events (not necessarily possible in a BPS, kindness or compassion based intervention). “redemption sequences” are a distinct narrative style that contains a transformation from unpleasant circumstance to positive outcome – Notably, in these redemptive sequences there were feelings of thankfulness and appreciation (e.g. One sequence was that of an unwanted pregnancy and painful birth resulting in thankfulness and happiness for the pregnancy.) The benefit of gratefulness on helping shape redemptive narratives is unique and valuable.

Sirosis and Wood (2017): Sirosis and Wood examined the longitudinal associations of gratitude to depression, and importantly, if the construct of gratitude is unique in predicting depression. “It is possible that the expected effects of gratitude are simply reflective of a wider range of positive psychology constructs that may be equally beneficial for adjustment to chronic illness. For example, psychological thriving”. The authors provided a more stringent test of the unique predictive value of gratitude for explaining depressive symptoms in relation to other relevant positive psychology constructs, by adding psychological thriving to the model to examine if the proposed effects of gratitude would hold. For both Arthritis and chronic IBD, gratitude predicted lower levels of depression over a 6 month period above and beyond initial levels of depression, and a large set of demographic, disease-related, and psychological variables known to predict depression, including age, respondent gender, disease duration, self-rated health, illness cognitions, and changes in pain, social support, and perceived stress. Interestingly enough, gratitude was moderately associated with psychological thriving, but it still explained significant incremental variance in depression in both samples over and above that explained by the effect of thriving by itself. Note that the study clearly controlled for time 1 depression, illness cognition, and changes in other relevant variables!

Parks 2014 Book Chap: Dispositional gratitude does uniquely and incrementally contribute to SWB, and has benefits above and beyond that of general positive affect.

Seligman 2005: Found evidence that the ‘gratitude visit’ intervention was significantly more impactful than the other options, a ‘3 good things’ gratitude exercise, a ‘Best possible selves”, using “signature strengths” in a unique way, using ‘signature strengths’ more often, and a placebo. The gratitude visit caused the largest changes in magnitude of measured happiness and decreased depression symptoms!

Kerr 2015: Compared gratitude with kindness intervention in a clinical sample of subjects seeking psychological treatment in Australia, who were on the ‘waiting list’ for help. The gratitude intervention enhanced hedonic well-being (higher satisfaction with life and higher optimism than control), but no difference in eudaimonic well being. General functioning improves in all conditions, with gratitude/kindness having less anxiety as well. Additionally, gratitude was able to actually be increased in the gratitude condition, and kindness was NOT able to be increased in the kindness condition, with the minimalistic intervention they designed. Add more??

However, some literature has taken the perspective that there are no specific benefits to gratitude over other positive psychology interventions:

Meta-analysis (Sin and Lyubomirsky 2009) show that positive psych interventions work well overall, but they did no comparison to see if gratitude had an effect above and beyond that of others.

Additionally, (Boiler et al 2013) meta analysis found no significant difference for gratitude specifically, as it was too broad and inclusive for that to be the purpose of the work.

**## DAVIS ##**

The evidence that supports gratitude as more effective is:

From my understanding, gratitude is most effective for:

2:

There are many basic affective, physiological, and cognitive processes that are affected by a person’s resolve to feel, and express, gratitude, including:

These are considered mediators for these benefits of gratitude:

McCullough 2001: Dispositional gratitude encourages more positive social interactions, in theory, making people better adjusted and accepted by people around them, and thus, resulting in increased SWB.

Watkins 2014: Gratitude improves the proportion of recalled ‘good’ memories, as it is easier to recall more positive memories – This theory indicates that the long-lasting effect is due to ‘training’ of cognitive biases conducive to high SWB. Greater awareness of benefits in life can train individuals to ‘look’ and be ‘primed’ for positive events and gain benefits.

Emmons 2003: FILL LATER \*\*\*\*

Jackowska 2015: This study specifically looked at potential biological factors, and provided a neutral and active control. They measured cortisol, sleep quality, BP, and HR. Goal was to see if gratitude would have a good outcome on cardiovascular and neuroendocrine activity. Greater decrease in distress for gratitude and greater optimism. These improvements in SWB were strongly correlated with improved biological functions, such as improvements in sleep quality and diastolic BP! This is consistent with the hypothesis that gratitude contributes towards lower morbidity and mortality through healthier biological function and restorative health behavior.

Hill 2013: Study that EXACTLY looks at several mediational hypotheses on the function and effects of gratitude. Does dispositional gratitude predict greater physical health, and why? Gratitude does positively correlate with physical and psychological health, propensity for healthy activities, and willingness to get help for health concerns. Each of these variables ALSO serve as a significant mediator for the link between gratitude and physical health, and psychological health served as a full mediator. Additionally, there was a significant moderator in the form of age. Gratitude has a larger effect on physical health, through psychological health, as you get older. Gratitude also has larger effect on physical health, through engagement in ‘healthy activities’, as you get older. This study was unique in that it provides evidence towards moderated mediation for indirect effects of various covariates on gratefulness and general health. This means, better health due to greater psychological health, better likelihood of good activities, and willingness to get help when needed. Additionally, these mediators have a stronger effect on adults as compared to youths.

Fredrickson 2003: Study looking at the mediational effects of gratitude and other positive emotions, on later development of depressive symptoms or growth, following a crisis, from the direct effect of precrisis resilience. For the question, are Resilient People Are Buffered From Depression by Positive Emotions? The data indicated full mediation; trait resilience was no longer a predictor of depressive symptoms when positive emotions (including gratitude) were controlled). Additionally, for improving thriving post crisis, we saw that the effect of ‘resilience’ on thriving, was completely mediated by an index of positive emotions, including gratitude.

Cohn 2014: Very early study focusing on establishing relative efficacy compared to a neutral activity control group. DAHLIA intervention that contained multiple positive skills based interventions, including gratitude, for people with Diabetes that are on a waitlist. Reduced depression significantly??