

## **ARE GRATITUDE AND SPIRITUALITY PROTECTIVE FACTORS AGAINST PSYCHOPATHOLOGY?**

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### **ABSTRACT**

Anxiety and depression are common responses to trauma and bereavement. However, gratitude and spirituality may be helpful to individuals experiencing anxiety and depression in response to a loss, and therefore empirical investigation into the links between these variables is warranted. This study investigated the relationships between gratitude, spiritual/religious variables, anxiety and depression across multiple religious groups. Two independent samples consisting of  $n = 120$  Christians (Catholic, Mainline Protestant, Evangelical Protestant and Mormon) and  $n = 234$  Jews (Orthodox,

Conservative, Reform and Other) were recruited. Measures of gratitude, general religiousness, religious practices, and positive core beliefs about God (trust in God) were administered alongside measures of trait anxiety and depression. Statistically significant correlations emerged between all variables, suggesting that gratitude and spirituality are protective factors against anxiety and depression.

### **INTRODUCTION**

In recent years, the field of positive psychology has made significant inroads into the study of gratitude and spirituality, and the importance of these variables to mental health is being recognized. As discussed by philosophers for centuries, there is substantial reason to believe that both gratitude and spirituality may serve as a buffer against the development of anxiety and depression. The emotion of gratitude involves the feeling of appreciation for favors received (Watkins, Woodward, Stone & Kolts, 2003). Gratitude, in of itself, is a pleasant emotion (Lazarus & Lazarus, 1994) and grateful people may thus experience heightened positive emotions and well-being in response to positive outcomes. Grateful individuals may also view themselves as the beneficiaries of kindness during difficult times. In this manner, gratitude may serve as a psychological resource in trying times. With regard to spirituality, belief in a loving and guiding Divine force may be a psychological resource during bereavement. Faith may also promote optimism and prevent hopelessness in times of distress, and thus be protective against depression. It is also worth noting that spirituality and

gratitude are also associated with one another. Many religious traditions place a high value on gratitude (Emmons & Crumpler, 2000) and gratitude is a highly valued theme in prayer and religious literature (Emmons, 2007). As well, while interpersonal gratitude can be experienced by anyone, religious and spiritual individuals can attribute beneficence to the Divine, and thus experience gratitude on a broader scale. For example, the perception of sacredness in various aspects of life may trigger spiritual emotions such as gratitude (Pargament & Mahoney, 2005). Thus, spirituality may enhance and increase the experience of gratitude, and the combination of these variables may be particularly helpful for those experiencing anxiety and depression following bereavement and trauma.

On this theoretical basis, this study sought to investigate empirical links between gratitude, spirituality/religiousness, anxiety and depression among Jews and Christians. It was hypothesized that both gratitude and spirituality/religiousness would be inversely related to indices of anxiety and depression.

## METHODS

### *Participants*

Two independent samples were recruited, consisting of  $n = 120$  Christians (Catholic, Mainline Protestant, Evangelical Protestant and Mormon) and  $n = 234$  Jews (Orthodox, Conservative, Reform and Other). Across both samples, the mean age was 36.2 years ( $sd = 14.1$ ) and 61.3% of participants were female.

### *Measures*

*General Religiousness/Spirituality.* A 4-item measure of general religiousness and spirituality was created using the following questions: (1) How religious do you consider yourself to be? (Response anchors: Very,

Moderately, Slightly, Not at All); (2) How spiritual do you consider yourself to be? (Response anchors: Very, Moderately, Slightly, Not at All); (3) How important is being Christian/Jewish to you? (Response anchors: Very, Somewhat, Not very, Not at all); and (4) How do you feel about being Christian/Jewish? (Very positively, Somewhat positively, Indifferently, Somewhat negatively, Very negatively). This scale demonstrated an adequate level of internal reliability ( $\alpha = .69$ ).

*Religious/Spiritual Practices.* A 4-item measure of religious and spiritual practices was created using the following questions: (1) How has your level of religious activity changed compared to five years ago? (Response anchors: Increased substantially, Increased somewhat, Stayed the same, Decreased somewhat, Decreased substantially); (2) How often do you speak to God or pray? (3) How often do you attend religious services? and (4) How often do you read religious literature or attend a religious sermon or lecture? (Response anchors: Several times a day, Once a day, A few times a week, Once a week, A few times a month, Once a month, A few times a year, Once a year or less, Never). This measure demonstrated a high level of internal reliability ( $\alpha = .82$ ).

*Trust in God.* An 11-item measure of core positive beliefs about the Divine was created. This measure demonstrated a high level of internal reliability ( $\alpha = .96$ ).

*Gratitude.* We utilized the 6-item Gratitude Questionnaire (GQ-6), a measure of general gratitude that has demonstrated satisfactory levels of internal reliability and discriminant validity (McCullough, Emmons & Tsang, 2002). Items (e.g. "I have so much in my life to be thankful for") are rated using a 7-point Likert scale ranging from 1 (strongly dis-

agree) to 7 (strongly agree).

*Trait Anxiety.* The trait subscale of the State-Trait Anxiety Inventory (STAI; Spielberger & Sydeman, 1994) was used as a measure of general trait anxiety. The STAI contains 20 statements about emotional states (e.g. “I feel nervous and restless”) that respondents are asked to rate the extent to which they generally experience using a 4-point Likert scale ranging from 1 (not at all) to 4 (very much so).

*Depression.* The Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977) is a 20-item self-report scale that has been validated extensively in community settings as a measure of general depressive symptomatology (Orme, Reis & Herz, 1986). It was used in the present study as a measure of past-week depression.

### PROCEDURE

Data was collected from August, 2007 through April, 2008 using an on-line survey format. An invitation to participate in the study was sent by email to friends, family and colleagues and information about the study was posted on community websites. Participants were asked to inform their friends and associates about the study in order to aid in

recruitment. Participants were not compensated monetarily or otherwise for completion of the questionnaire. Upon receiving the email invitation, participants were directed to a website where they were presented with information about the study and the research questionnaire. After completing the questionnaire, participants were directed to a final screen where they were thanked for their participation.

### RESULTS

#### *Spirituality, Gratitude, Anxiety and Depression*

The partial correlations between measures of spirituality, gratitude, anxiety and depression for the Christian and Jewish samples are presented in tables 1 and 2. In both the Christian and Jewish samples, gratitude was a significant predictor of trait anxiety as were general religiousness/spirituality, religious/spiritual practices and trust in God. Specifically, higher levels of gratitude and spirituality associated with lower levels of anxiety. Gratitude was also significantly predicted by all three measures of spirituality/religiousness, with higher levels of spirituality/religiousness associated with increased levels of gratitude.

TABLE 1  
Spirituality, Gratitude, Anxiety & Depression in the Christian Sample.

	Anxiety	Depression	Gratitude
General Relig & Spirituality	$r = -.28, p < .01$	$r = -.35, p < .01$	$r = .42, p < .01$
Relig/Spiritual Practices	$r = -.19, p < .05$	$r = -.29, p < .01$	$r = .26, p < .01$
Trust in God	$r = -.39, p < .01$	$r = -.39, p < .01$	$r = .40, p < .01$
Gratitude	$r = -.28, p < .01$	$r = -.28, p < .01$	-----

TABLE 2  
Spirituality, Gratitude, Anxiety & Depression in the Jewish Sample.

	Anxiety	Depression	Gratitude
General Relig & Spirituality	$r = -.15, p < .05$	$r = -.20, p < .01$	$r = .42, p < .01$
Relig/Spiritual Practices	$r = -.14, p < .05$	$r = -.19, p < .01$	$r = -.28, p < .01$
Trust in God	$r = -.16, p < .05$	$r = -.20, p < .01$	$r = -.37, p < .01$
Gratitude	$r = -.46, p < .01$	$r = -.47, p < .01$	-----

### DISCUSSION

While philosophers and theologians have speculated about the importance of spirituality and gratitude to human psychology throughout the ages, the field of positive psychology has only discovered the importance of these constructs in recent years. In this brief inquiry, increased levels of spirituality and gratitude were associated with decreased levels of anxiety and depression among Jews and Christians. This lends support to the notion that spirituality and gratitude are protective factors against anxiety and depression. The results of this study have implications for the psychological treatment of individuals experiencing anxiety and depression in the face of trauma and loss. First, it may be important to assess for gratitude and spirituality in the course of psychotherapy. This may take the form of formal assessment, or simply asking questions about spirituality and gratitude as they relate to a client's life. Second, when treating individuals suffering from anxiety and depression, it may be helpful to attempt

to foster a greater sense of gratitude. One method for doing this is to ask clients to write down on a weekly (or greater) basis, a list of five large or small things that they feel grateful for (Emmons & McCullough, 2003). Furthermore, in accordance with recent research suggesting that some individuals prefer spiritually-integrated psychotherapy (Puchalski, Larson & Lu, 2001), it may be appropriate in some cases to add a spiritual dimension to treatment (Pargament, 2007). The theoretical and empirical links between spirituality and gratitude would appear to make these constructs well suited for combination. For example, it may be particularly helpful to add a spiritual dimension to the aforementioned gratitude-building exercise by encouraging religiously/spiritually inclined clients to think about the Divine source of that which they are grateful for, and perhaps to utter thanks to the Divine on a regular basis for blessings received.

It is hoped that the coming years will see an increase in empirical research on this subject as well as the development of psychotherapeutic interventions that utilize gratitude and spirituality in the treatment of anxiety and depression.

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