



Who self-initiates gratitude interventions in daily life? An examination of intentions, curiosity, depressive symptoms, and life satisfaction

Lukasz D. Kaczmarek^{a,1,*}, Todd B. Kashdan^{b,1}, Evan M. Kleiman^b, Blazej Baczkowski^a, Jolanta Enko^a, Adrianna Siebers^a, Agata Szäefer^a, Marek Król^a, Barbara Baran^a

^a Adam Mickiewicz University, Poland

^b George Mason University, USA

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ABSTRACT

Despite a variety of interventions to increase well-being, little is known about who is interested in and initiates exercises on their own. We explored individual differences that predict who is most likely to participate in a voluntary gratitude intervention. College students ($n = 226$) completed measures of curiosity, depressive symptoms, life satisfaction, and intentions to change their lifestyle. Afterwards, participants received a personalized invitation to take part in a web-based intervention to enhance their well-being (anonymous and strictly voluntary). Results suggested that 11.5% of participants started the gratitude intervention. Individuals endorsing strong intentions to change their lifestyle (+1 *SD* above mean) were 2.2 times more likely than their peers to start the gratitude intervention. People with greater trait curiosity endorsed greater intentions to start this intervention; people with greater depressive symptoms endorsed weaker intentions. Both curiosity and depressive symptoms indirectly influenced initiation of the gratitude intervention via intentions. These findings provide support for particular paths that lead to the initial behavioral effort towards healthy change. We discuss the implications for attempting to increase and sustain people's well-being.

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In the past 35 years, researchers have created nearly 100 exercises to directly enhance positive emotions, happiness, and character strengths such as gratitude (e.g., Seligman, Steen, Park, & Peterson, 2005; Sin & Lyubomirsky, 2009). A considerable number of gratitude interventions have been shown to be efficacious (Wood, Froh, & Geraghty, 2010). To date, researchers have limited their research designs to controlled trials where participants are assigned to take part in an intervention (or not). There is an absence of research on who is interested in well-being enhancing interventions and in turn, initiates them on their own. The first step to becoming happier and more grateful is a desire to change. The second step is taking action to initiate change. We explored the link between intentions and actual change, with consideration of individual differences that influence the likelihood of starting a gratitude intervention.

1. Science of gratitude

Gratitude occurs when an individual attends to the benefits and gifts that are attributable to the kindness of others (McCullough,

Kilpatrick, Emmons, & Larson, 2001). Gratitude has been associated with less frequent negative emotions, more frequent positive emotions, greater meaning in life, better strategies to cope with life stress, and healthier social relationships (e.g., DeWall, Lambert, Pond, Kashdan, & Fincham, 2012; McCullough, Emmons, & Tsang, 2002).

By intentionally attending to moments of gratitude each day over the course of a week, individuals experience greater well-being for periods ranging from one week to six months (e.g., Emmons & McCullough, 2003; Seligman et al., 2005). One particular benefit of gratitude interventions is that they are easily conducted over the internet at low financial cost and time burden for participants. Although there is a growing body of evidence for the efficacy of gratitude interventions, including online interventions (Emmons & McCullough, 2003; Froh, Kashdan, Ozimkowski, & Miller, 2009; Seligman et al., 2005), there is no study to our knowledge that examined the question of who initiates gratitude exercises on their own. To address this issue in the present study, we separated intentions from actual behavior, to better understand the nature of self-change.

2. Distinguishing intention and behavior

Intentions reflect the extent that individuals are interested in exerting effort to perform a certain behavior (Ajzen, 1991).

* Corresponding author. Address: Institute of Psychology, Adam Mickiewicz University, 89 Szamarzewskiego Street, PL-60-568 Poznan, Poland.

E-mail address: Lkacz@amu.edu.pl (L.D. Kaczmarek).

¹ Equal contribution.

Theorists have argued that greater intention to complete exercises to increase well-being accounts for substantial variance in the efficacy of well-being interventions (Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011). Failing to account for intention as an antecedent of behavior misses crucial information about which individuals are likely to initiate and complete a gratitude intervention.

The relationship between intentions and actions is straightforward if the behavior is completely under volitional control (Ajzen, 1991). If the psychological or physical resources necessary to control behavior are unavailable, the association between intentions and actual behavior can be tenuous. The availability of necessary resources to initiate interventions is a neglected variable in trying to understand well-being interventions. Experimental studies, with participants assigned to gratitude intervention or comparison conditions, have provided insights into the malleability of gratitude (Emmons & McCullough, 2003; Froh et al., 2009; Lyubomirsky et al., 2011; Seligman et al., 2005). But the constraints of laboratory designs limit researchers' ability to extrapolate how people engage in interventions on their own under real-life circumstances where there are natural stressors and barriers that need to be overcome. Certain individual difference factors might increase the probability of behavioral change.

3. Curiosity

Curious individuals are predisposed to recognizing and seeking out new information and experiences (Loewenstein, 1994). Prior research suggests that curiosity is associated with greater life satisfaction (Peterson, Ruch, Beermann, Park, & Seligman, 2007) and self-regulation (Thoman, Smith, & Silvia, 2011). One reason that curious individuals experience greater well-being is that they are more motivated and willing to initiate new behaviors that might be rewarding (Spielberger & Starr, 1994).

Curious people may be more likely to initiate an activity that might increase their well-being because they believe they have the ability to effectively cope with or make sense of the novelty, distress, and uncertainty that accompanies lifestyle changes (Silvia, 2005, 2008). Curious individuals intentionally choose activities that can stretch and develop their skills and potential. They show a greater tendency to approach rather than avoid activities with uncertain outcomes. If curious individuals intentionally initiate novel activities requiring effort expenditure then we might expect a greater intention to experiment with well-being interventions.

4. Depressive symptoms

In a recent meta-analysis, researchers found that individuals with greater depressive symptoms benefit more from well-being exercises possibly because they have more "room to grow" (Sin & Lyubomirsky, 2009). Recent research suggests that people with greater depressive symptoms are more likely to seek out happiness interventions via self-help books and web-based interventions (Parks, Della Porta, Pierce, Zilca, & Lyubomirsky, 2012). Yet, greater depressive symptoms predict decreased motivation, reactivity to, and participation in rewarding activities (e.g., Bylsma, Morris, & Rottenberg, 2008). For example, diagnoses of depression are associated with less physical activity (Goodwin, 2003) and decreased approach-related motivation (e.g., Forbes & Dahl, 2012). With two competing hypotheses, our study can be considered an exploration of whether depressive symptoms have an inhibiting or enabling effect on behavioral intentions and the actual initiation of well-being exercises.

5. Life satisfaction

Life satisfaction has been positioned as a central component of well-being, along with positive and negative emotions (Diener & Lucas, 1999). Although heavily researched as an outcome variable, little attention has been given to life satisfaction as a predictor of lifestyle changes. There are several reasons why life satisfaction might be relevant to the initiation of gratitude interventions. First, individuals with greater life satisfaction might be less motivated to increase their well-being since they are, by definition, already satisfied with their life. Second, there is evidence that grateful individuals experience greater life satisfaction (Emmons & McCullough, 2003). This means that individuals with greater life satisfaction tend to experience frequent, intense gratitude and are unlikely to start an intervention designed to further increase gratitude.

6. The current study

Building on prior work in clinical and health psychology (Ajzen, 1991; Prochaska & Velicer, 1997) we tested the degree to which intentions to improve one's lifestyle predicted actual behavior to increase gratitude via an online intervention. Unlike prior gratitude intervention work, participants were not assigned to a gratitude intervention, instead participants were informed about the presence of an available, voluntary intervention. Second, we explored three individual difference factors—curiosity, depressive symptoms, and life satisfaction—that might influence both intentions and the actual initiation of gratitude exercises. We focused on curiosity because this construct reflects the urge to seek out and thrive on novel interactions with the world (Kashdan et al., 2009). Curiosity can serve as the motivation for experimenting with new strategies that might enhance well-being. As additional individual differences, depression was included because depressed people show deficits in approach motivation and reward sensitivity and greater life satisfaction was included because happier people are inclined to keep the status quo (which is working well for them). We expected individuals with greater curiosity to form higher intentions to start well-being exercises that in turn, influences actual behavioral effort. We also hypothesized that life satisfaction would be related to less intention to start a well-being intervention and in turn, actual initiation of a gratitude intervention.

7. Method

7.1. Participants

Participants were 226 undergraduates (71.2% female) from a university in Poland between the ages 18 and 29 years ($M = 21.36$, $SD = 1.66$). Groups of students were approached before classes by experimenters. Volunteers remained anonymous and were not offered incentives. Offering no incentives such as research credit in classes (popular in western countries) is common for brief surveys completed by students for scientific purposes in Poland.

Seven participants were excluded for failing to complete the intention questionnaire. Missing data from remaining participants (<1%) were determined to be random via Little's (1988) chi-square test, $\chi^2(100) = 78.73$, $p = .943$, except for depressive symptoms, $\chi^2(151) = 239.03$, $p < .001$. Yet, only seven participants omitted a single depressive symptom item. Missing values were imputed using Expectation-Maximization algorithm (Enders, 2001) in SPSS 20.

7.2. Procedure

Assembled in groups participants reported their age and gender and completed self-report questionnaires. Next they received a

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