



Gratitude, abstinence, and alcohol use disorders: Report of a preliminary finding



Amy R. Krentzman

University of Minnesota, School of Social Work, 1404 Gortner Avenue, Saint Paul, MN 55108, USA
University of Michigan, Department of Psychiatry, 4250 Plymouth Rd, Ann Arbor, MI 48109, USA

ARTICLE INFO

Article history:

Received 19 February 2016
Received in revised form 30 March 2017
Accepted 20 April 2017
Available online xxxx

Keywords:

Gratitude
Alcohol use disorders
Drinking
Spirituality

ABSTRACT

Gratitude is a central component of addiction recovery for many, yet it has received scant attention in addiction research. In a sample of 67 individuals entering abstinence-based alcohol-use-disorder treatment, this study employed gratitude and abstinence variables from sequential assessments (baseline, 6 months, 12 months) to model theorized causal relationships: gratitude would increase pre-post treatment and gratitude after treatment would predict greater percent days abstinent 6 months later. Neither hypothesis was supported. This unexpected result led to the theory that gratitude for sobriety was the construct of interest; therefore, the association between gratitude and future abstinence would be positive among those already abstinent. Thus, post-treatment abstinence was tested as a moderator of the effect of gratitude on future abstinence: this effect was statistically significant. For those who were abstinent after treatment, the relationship between gratitude and future abstinence was positive; for those drinking most frequently after treatment, the relationship between gratitude and future abstinence was negative. In this preliminary study, dispositional tendency to affirm that there is much to be thankful for appeared to perpetuate the status quo—frequent drinkers with high gratitude were drinking frequently 6 months later; abstinent individuals with high gratitude were abstinent 6 months later. Gratitude exercises might be contraindicated for clients who are drinking frequently and have abstinence as their treatment goal.

© 2017 Published by Elsevier Inc.

1. Introduction

The study of gratitude and its relationship to addiction recovery has been sparse, despite anecdotal relevance in recovery circles. Gratitude is a consistent theme in Alcoholics Anonymous (AA) (AA World Services, 1953) and is central to the recovery experiences of many. Its relationship to successful recovery warrants further empirical exploration.

The fields of psychology, theology, sociology, and philosophy have made rich contributions to the knowledge base that describes and defines the complex construct of gratitude. Gratitude has been identified as central to the tenets of Judaism (Schimmel, 2004), Islam (Esposito, 2004), and Christianity (Shelton, 2004). Philosophers have pondered the elements, forms, and functions of gratitude (Kristjánsson, 2013; Manela, 2015). Gratitude has been understood as a mechanism which prompts reciprocity in gift exchange (Komter, 2004) and has been understood as essential to interpersonal bonding (Algoe, 2012; Algoe, Haidt, & Gable, 2008). Gratitude's emotional dimensions have been noted as has its function as a moral virtue (Emmons & Shelton, 2002). Gratitude in the scholarly canon has been associated mostly with

positive bio-psycho-social phenomena. Gratitude has correlated positively and significantly with aspects of well-being such as positive affect, life satisfaction, vitality, optimism, and hope (McCullough, Emmons, & Tsang, 2002) and has been associated with constructs related to physical and mental health, such as better sleep (Mills et al., 2015), higher ratings of physical health (Hill, Allemand, & Roberts, 2013), and lower levels of depression (Lambert, Fincham, & Stillman, 2012; Mills et al., 2015).

1.1. Gratitude and its potential to change

Basic terms are defined here before discussing the relationship between gratitude and addiction recovery. *State gratitude* refers to shorter- or longer-term feelings of gratitude, thankfulness, or appreciation that arise in response to a specific event such as receiving help or assistance (McCullough et al., 2002; Solom, Watkins, McCurrach, & Scheibe, 2017; Wood, Froh, & Geraghty, 2010; Wood, Maltby, Stewart, Linley, & Joseph, 2008). *Trait gratitude* has been described as a stable personality characteristic, a “life orientation toward noticing and appreciating the positive” (Wood et al., 2010, p. 891). *Gratitude practices* are intentional activities related to “systematically paying attention to

E-mail address: akrentzm@umn.edu.

what is going right” (Emmons & Stern, 2013) such as making a daily list of things one is grateful for.

Could *trait* gratitude, by definition a stable characteristic, increase secondary to a gratitude intervention or a life-changing experience, such as getting sober? The research evidence is mixed on this question. Some studies have reported that gratitude exercises were associated with increases in trait gratitude (Emmons & McCullough, 2003; Froh, Sefick, & Emmons, 2008; Rao & Kemper, 2017; Redwine et al., 2016) while other studies have reported no change in trait gratitude as the result of gratitude practices (Harbaugh & Vasey, 2014; Killen & Macaskill, 2015; Krentzman et al., 2015; Toepfer, Cichy, & Peters, 2012). Could trait gratitude increase with the onset of addiction recovery, in the absence of gratitude exercises? Previous research suggests that mental illness, including addictive behavior, is associated with lower levels of gratitude and absence of mental illness with higher levels of gratitude. For example, negative relationships have been reported between gratitude and depression (Kendler et al., 2003; Van Dusen, Tiamiyu, Kashdan, & Elhai, 2015) and gratitude and post-traumatic stress disorder (Kashdan, Uswatte, & Julian, 2006; Van Dusen et al., 2015). In addition, Kendler et al. (2003) found that higher scores on a thankfulness variable were associated with significantly decreased odds of lifetime generalized anxiety disorder, phobia, bulimia nervosa, and most relevant to the current study, nicotine, alcohol, or drug dependence. A return to wellness such as that which attends addiction recovery therefore could be associated with more frequent state gratitude leading to increases in trait gratitude. Therefore, we might observe increases in trait gratitude pre-post substance-use disorder treatment. Thus far, only one other study has assessed the trait gratitude of individuals with alcohol use disorders pre-post treatment. The study was conducted in Poland and the time between pre and post measurement was five to seven weeks. The researcher employed the Polish version of the Gratitude Questionnaire (Kossakowska & Kwiatek, 2014); the original English version of this instrument is employed in the current study (McCullough et al., 2002). Pre-post treatment, women's average trait gratitude increased significantly from 29.4 (SD = 6.7) to 31.6 (SD = 6.5). Men's average trait gratitude before and after treatment was 30.2 (7.1) and 31.0 (6.4), respectively, but this difference was not statistically significant (Charzyńska, 2015). Gratitude exercises were not a component of treatment in this study yet we see increases in gratitude for women but not for men (E. Charzyńska, personal communication, December 15, 2016). Taken together, this body of work has been mixed. Trait gratitude has been observed to increase after gratitude exercises—in some but not all studies—and trait gratitude in one study has been observed to increase after addiction treatment without gratitude exercises—for women but not for men.

1.2. Gratitude and recovery

Theoretical and empirical evidence support the supposition that gratitude positively reinforces addiction recovery once recovery is underway. Recovery might foster increasing feelings of gratitude and gratitude might in turn promote and reinforce recovery. Why might this be the case? Studies have found that quality of life improves with length of sobriety (Best et al., 2012; Laudet, Morgen, & White, 2006; McGaffin, Deane, Kelly, & Ciarrochi, 2015; Subbaraman & Witbrodt, 2014). Such improvements might naturally foster increases in frequency of state gratitude. Life improves with recovery, such improvement is recognized and appreciated, and gratitude is the natural consequence. Relief and thankfulness likely would attend the lifting of the substantial burden of addiction. Therefore, recovery itself might prompt gratitude.

Two theories provide frameworks for understanding the reverse association, that is, the ways in which gratitude might sustain a state of recovery. The first is a theory of the impact of gratitude on mood. Gratitude might shift affect from negative to positive, countering the negative mood which predominates in early recovery (Koob, 2008). Thus far, one pilot study supports this hypothesis. A randomized

controlled pilot tested the effects of a 14-day gratitude exercise among individuals in treatment for alcohol-use disorders and found that the practice was associated with a decrease in negative affect (e.g., feeling angry, irritated, upset) and an increase in unactivated positive affect (e.g., feeling calm, at ease, relaxed) (Krentzman et al., 2015). The second theory of gratitude's support for recovery is a cognitive theory of the effect of gratitude on outlook. State gratitude might support and reinforce the cognitive viewpoint that life in recovery is better than life during active addiction. Kelly, Myers, and Brown (2000, 2002) argue that AA provides continual reminders of the downside of active addiction as well as the benefits of sobriety; the current study posits that gratitude might arise as a result of such reminders within or outside of AA. Thus, gratitude can arise because active addiction has ceased and gratitude can arise because good things are happening in recovery. In a pilot study, participants recovering from alcohol use disorders were asked to write about three good things that happened each day and why they happened (Krentzman et al., 2015). Participants repeatedly stated that good things happened in their lives because they were sober. Repeated assertion of the causal link between sobriety and good things should reinforce recovery.

The current study is built on the idea that gratitude and recovery mutually support, inspire, sustain, and give rise to each other. This study makes the assertion that this is a naturally occurring dynamic in addiction recovery activated with or without behaviors that would reinforce this mutual relationship, such as active gratitude practices or attending AA meetings where the frequent theme of gratitude might “teach” a grateful outlook. This study posits that increases in the frequency of experiences of state gratitude would lead over time to increases in trait gratitude and therefore a measure of trait gratitude should capture changes that attend recovery. The theories that undergird this study address the relationship between gratitude to active recovery. As such, these theories prompt investigation of how gratitude changes pre-post treatment, with treatment serving as the engine to initiate recovery, and how post-treatment gratitude supports future abstinence.

1.3. Aims of the current study

The current study is designed to obtain basic empirical evidence to support or refute this theory of the reciprocal relationship between gratitude and recovery by studying the relationship between gratitude and abstinence among individuals with alcohol use disorders who were newly enrolled in abstinence-based treatment at baseline. Specifically, the current study examines the correlation between gratitude and abstinence and hypothesizes that among individuals with alcohol use disorders, this relationship would be positive: abstinence would be attended by increases in wellness, and therefore gratitude would increase with abstinence. Further, the current study focuses on increases in gratitude pre-post treatment, hypothesizing that gratitude will increase as abstinence increases. Finally, gratitude 6-months post-treatment is tested as a predictor of increased abstinence 12-months post-treatment. In summary, the current study seeks to gain preliminary empirical grounding for the relationship between gratitude and addiction recovery, and therefore was guided by the following a priori hypotheses: (1) the relationship between abstinence and gratitude will be positive, (2) abstinence will increase between baseline and 6-months; (3) gratitude will increase during this period; and (4) gratitude at 6 months will predict greater abstinence at 12-months.

2. Materials and methods

2.1. Parent study characteristics

Data for the current study were drawn from a larger prospective longitudinal study of individuals diagnosed with alcohol dependence. The parent study followed 364 individuals measuring spirituality, drinking,

Download English Version:

<https://daneshyari.com/en/article/4932342>

Download Persian Version:

<https://daneshyari.com/article/4932342>

[Daneshyari.com](https://daneshyari.com)