



Should I say thank you? Gratitude encourages cognitive reappraisal and buffers the negative impact of ambivalence over emotional expression on depression



Jennifer L. Bryan^{a,*}, Chelsie M. Young^b, Sydnee Lucas^c, Michelle C. Quist^d

^a Houston Center for Innovations in Quality, Safety, and Effectiveness (IQEST), Michael E. DeBakey Veterans Affairs Medical Center, United States

^b University of Houston, United States

^c The University of Texas Health Science Center at Houston, United States

^d Pennsylvania State University, United States

ARTICLE INFO

Article history:

Received 5 July 2016

Received in revised form 9 November 2016

Accepted 9 December 2016

Available online 29 December 2016

Keywords:

Gratitude

Emotion regulation

Moderated mediation

Ambivalence over emotional expression

Cognitive reappraisal

Depressive symptoms

ABSTRACT

The present study assessed relationships among gratitude, ambivalence over emotional expression (AEE), cognitive reappraisal, and depressive symptoms. Three-hundred and fifty-two undergraduates (M age = 23.51 years, SD = 6.80) completed study materials. Findings revealed that higher levels of gratitude mitigated the positive relationship between AEE and depression. Those who were high in AEE and gratitude reported higher levels of cognitive reappraisal. Moreover, moderated mediation models showed that cognitive reappraisal mediated the relationship between AEE and depressive symptoms for those who reported high levels of gratitude. These results indicate that gratitude may be particularly useful for ameliorating depressive symptoms for those who are high in AEE through the use of cognitive reappraisal. These results can inform future interventions for those high in AEE and experiencing depressive symptoms.

Published by Elsevier Ltd.

1. Introduction

Depressive symptoms can lead to dangerous sequelae both physiologically and psychologically (DiMatteo, Lepper, & Croghan, 2000). Ambivalence over emotional expression (AEE) refers to conflict between the desire to express one's feelings and the fear of negative ramifications that one presumes may arise from displaying such emotion (King & Emmons, 1990). Prior research has found that AEE is positively linked to depressive symptoms (Katz & Campbell, 1994; Krause, Mendelson, & Lynch, 2003). The current study proposes that gratitude, or the state of being thankful and ready to show appreciation, may serve as a buffer against depressive symptoms for those high in AEE. In responding appreciatively and with kindness, gratitude offers the ability to reappraise a situation in a more positive light, which may then be associated with lower depressive symptoms. Thus, the present study was designed to evaluate relationships between AEE, depressive symptoms, cognitive reappraisal and gratitude.

Depression and its symptoms include but are not limited to: depressed mood, feelings of guilt and worthlessness, helplessness and hopelessness, loss of appetite, sleep disturbance, and psychomotor

retardation (Radloff, 1977). Depressive symptoms are associated with a host of social, legal, psychological, and physical health problems. Absences from obligations, unhealthy coping mechanisms such as drug and alcohol use, driving under the influence, and impaired relationships are all negative sequelae of depression (Camatta & Nagoshi, 1995; DiMatteo et al., 2000).

High levels of AEE can manifest in several debilitating ways. Psychological issues (Katz & Campbell, 1994; King, 1998), physical symptomatology, depression, anxiety (King & Emmons, 1990; King & Emmons, 1991), and poor interpersonal functioning can all result from AEE. Dissatisfaction in personal and marital relationships begin to arise when one or both persons exhibit high levels of AEE (King, 1993), along with a greater fear of intimacy (King & Emmons, 1991). Furthermore, Emmons and Colby (1995) found that high AEE was associated with perceptions of inadequate social support.

When emotional expression is ignored or avoided over extended periods of time, consequences can develop on intra- and inter-personal levels (Kennedy-Moore & Watson, 1999). King and Emmons (1991) found that people with high AEE had difficulty relating to and connecting with other's emotions in a conflict situation, due in part to constant overanalysing of stated emotions. Ineffective strategies in attempting to cope with stressful life events and depressive symptoms can lead those with high AEE to feel less well-being and more confusion and conflict over emotional expression. Personal relationships and social support systems serve as highly functional coping mechanisms for psychological health; however, those with high AEE tend to report little

* Corresponding author at: Houston Center for Innovations in Quality, Effectiveness and Safety, VA Health Services Research and Development Center, 2450 Holcombe Blvd, Suite 01Y, Houston, TX 77021, United States.

E-mail addresses: Jennifer.Bryan1@va.gov, Jenniferlynnbryan1@gmail.com (J.L. Bryan).

social support (Bryan et al., 2014). Furthermore, individuals high in AEE often employ avoidant coping strategies, which may further heighten fears of intimacy (Emmons & Colby, 1995). Given that those who are high in AEE experience difficulty expressing their emotions, other potential coping methods are needed.

One consideration for better equipping one's self against these stressors can be gratitude. Because gratitude offers increased satisfaction in life, decreases material desires, and acts as an important staple in the structure and maintenance of social relationships, it should be considered for the social hindrances associated with AEE (Emmons & McCullough, 2003; Lambert, Fincham, Stillman, & Dean, 2009). Gratitude may be a key factor in buffering the effects of depression, in particular among those high in ambivalence over emotional expression, as gratitude allows one to reappraise burdensome situations in a better light.

Gratitude puts its benefactor into an emotion or state of consciousness resulting from both an awareness and appreciation of that which is valuable, meaningful, and fulfilling (Lambert, Graham, & Fincham, 2009). Wood, Maltby, Gillett, Linley, and Joseph (2008); Wood, Froh, and Geraghty (2010) found that several determinants can lead to the emotional state of gratitude which include (a) general appreciation of other people in one's life, (b) appreciation of nature and the world, (c) a focus on personal benefits and positive circumstances, and (d) aspects of interpersonal relationships and transactions. Gratitude has been linked to stronger social support networks, active coping, and an overall improvement in well-being (Lin & Yeh, 2013). In a study conducted by Emmons and McCullough (2003), three week, daily entries of things participants were grateful for resulted in improvements to mood, better coping behaviors, and even suggested there might be potential improvements to physical health symptomatology. It is not surprising, then, that gratitude has also been shown to decrease drinking and tobacco use (Chen, Ye, Hu, Li, & Jiang, 2012).

When examined as a buffer for depression, research suggested gratitude was highly effective. Researchers then further tested this suggestion, and the capabilities of gratitude in dealing with depression. Chang, Li, Teng, Berki, and Chen (2013) found that within marriages, husbands' dispositional gratitude negatively correlated with wives' depressive emotions. Further, they showed that wives' depression could be eased if husbands expressed appreciation and did not communicate daily stressors (Chang et al., 2013). In two longitudinal studies, the authors examined the direction of relationships between gratitude, perceived social support, stress, and depression during a life transition. Findings showed that gratitude directly fostered social support, and served as a protective agent against stress and depression. Similar findings showed that gratitude led to higher levels of perceived social support, and lower levels of stress and depression. In comparison, no other variable led to feelings of gratitude (Wood et al., 2008). It is therefore hypothesized that the relationship between AEE and depression will be weaker among those displaying higher levels of gratitude.

Cognitive reappraisal is the act of reframing one's thoughts and reactions to a stimulus in order to change its emotional impact (Gross, 1998). The ability to cognitively-reappraise situations is associated with better psychological health, and is particularly important for coping with highly stressful lifestyles (Troy, Wilhelm, Shallcross, & Mauss, 2010). In regulating emotions, one becomes critically involved in overall psychological health, and the reappraisal of thoughts, emotions, and reactions is an encouraged, adaptive strategy (Gross & John, 2003; Kring & Werner, 2004). The adaptability of cognitive reappraisal was found to be associated with better psychological health, particularly in regards to depressive symptoms and those experiencing high levels of otherwise uncontrollable stress (Aldao et al., 2010; Gross & John, 2003; Webb, Miles, & Sheeran, 2012; Troy, Shallcross, & Mauss, 2013).

When altering perception through the use of gratitude, research indicates that the expression of gratitude is the strongest predictor of perceived domestic labor fairness for dual-earner wives (Hawkins, Marshall, & Allen, 1998). Similarly, in a study by Hawkins, Marshall,

and Meiners (1995), the gratitude a wife received from her husband directly related to a perception that the division of labor was fair. Additionally, when costs, such as sacrifices made for a partner, were perceived as appreciated, the couple experienced greater relationship satisfaction; however, when costs did not appear to be appreciated, evidence suggested lower relationship satisfaction (Berger & Janoff-Bulman, 2006).

Gratitude has been shown to positively correlate with attempts at pursuing both emotional and instrumental social support, positive reinterpretation and growth, active coping, and planning and has been negatively correlated with behavioral disengagement, self-blame, substance use, and denial (Wood, Joseph, & Linley, 2007). Thus, we hypothesized that those who are high in AEE and high in gratitude will report more cognitive reappraisal. Furthermore, cognitive reappraisal is expected to mediate the relationship between AEE and depression among those with higher levels of gratitude, such that individuals who are higher in both AEE and gratitude will engage in more cognitive reappraisal and thus will report less depressive symptomatology.

1.1. Current study

The current study was designed to evaluate the relationship between AEE and depressive symptoms and the effects of gratitude and cognitive reappraisal. Our first hypothesis predicted that gratitude would moderate the association between AEE and depression such that the relationship between AEE and depressive symptoms would be positive, and this would be weaker among those high in gratitude. Our second hypothesis anticipated gratitude would moderate the positive association between AEE and cognitive reappraisal such that the relationship between AEE and cognitive reappraisal would emerge among those high in gratitude. Our final hypothesis projected gratitude would moderate the association between AEE and cognitive reappraisal (the *a* path) such that those high in gratitude would have higher levels of cognitive reappraisal especially if they are high in AEE, and that this association would be negatively related to depressive symptoms. In other words, the relationship between AEE and depressive symptoms would be less strong for those who are high in gratitude, with the underlying mechanism explaining this relationship in part being cognitive reappraisal.

2. Method

2.1. Participants

Three-hundred and fifty-two undergraduates from a large southern university completed study materials including measures of gratitude, cognitive reappraisal, AEE, and depressive symptoms. Participants ranged in age from 18 to 58 years old (Mean age = 23.51, SD = 6.80, 84.4% female). The sample was ethnically diverse: 36.1% Caucasian, 20.2% Black/African American, 21.6% Asian/Pacific Islander, 6.0% Multi-Ethnic, 1.1% Native American/American Indian, and 14.2% other.

2.2. Procedure

Students were invited to participate via email, flyers, and announcements made in classrooms from psychology, health, and education departments. Participants aged 18 and up were eligible to take the online survey. Once they completed their survey, they received extra course credit for their participation.

2.3. Measures

2.3.1. Demographics

Participants provided demographic information such as age, gender, and racial/ethnic background.

Download English Version:

<https://daneshyari.com/en/article/5035546>

Download Persian Version:

<https://daneshyari.com/article/5035546>

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