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Procedia Social and Behavioral Sciences

Procedia - Social and Behavioral Sciences 187 (2015) 475 - 480

### PSIWORLD 2014

# Appreciating the positive protects us from negative emotions: The relationship between gratitude, depression and religiosity

## Bogdan Tudor Tulbure\*

Department of Psychology, West University of Timisoara, Bd. V. Parvan No. 4, 300223, Timisoara, Romania

#### Abstract

Noticing and appreciating the positive in life naturally contrasts with a depressive worldview witch involves a negative view of self, the world and the future. In this cross-sectional study we investigated whether participants' religious motivation play a role in the relationship between gratitude and depression. Romanian participants (N=113) completed online a series of self-report measures. As expected, an inverse relationship was found between gratitude and depression. More importantly, participants' religious motivation moderates the relationship between gratitude and depression, with highly religious individuals displaying less severe depressive symptoms. Finally, the implications of these findings and future research directions are highlighted. © 2015 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license

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Peer-review under responsibility of the Scientific Committee of PSIWORLD 2014.

Keywords: gratitude, depression, intrinsic religiosity, moderation

#### 1. Introduction

Gratitude was first conceptualized as a positive emotion experienced after someone altruistically offered his help or gave us a costly present (Wood, Maltby, Stewart, Linley, & Joseph, 2008). However, gratitude cannot be limited to the emotional aspects, being a wider concept. People can be grateful for waking up in the morning, for having a refreshing shower, for being healthy, or for achieving their daily goals. Therefore, gratitude was subsequently defined as a life orientation towards noticing and appreciating the positive in life (Emmons, 2008; Wood, Froh, Geraghty, 2010). This life orientation conceptualization of gratitude was supported by data showing that the higher order gratitude factor covers a wide range of situations and events that elicit gratitude including impersonal sources (i.e., nature) or non-human sources (i.e., God, animals) (Emmons & McCullough, 2003; McCullough, Emmons &

<sup>\*</sup> Corresponding author. Tel.: 040745753061; fax: + 40264434141. *E-mail address: bogdan.tulbure@e-uvt.ro* 

Tsang, 2002; Wood et al., 2010). When grateful, people generally perceive life from an enhanced perspective that allows them to appreciate what they already have. Therefore, gratitude is now considered an emotion, an attitude and a lifestyle that doesn't hinder individuals from seeking or receiving more, but encourages them to make the best of what they already possess.

Being a life orientation, gratitude was naturally correlated with other personality traits as the Big Five model. Gratitude was associated with extroversion, agreeableness, openness, and inversely related to neuroticism (McCullough et al., 2002; McCullough, Tsang, & Emmons, 2004; Wood, Maltby, Gillett, Linley, & Joseph, 2008; Wood, Maltby, Stewart et al., 2008). Gratitude was also associated with positive emotions and both subjective (Wood et al., 2010) and psychological well-being (Wood, Joseph & Maltby, 2009). Finally, gratitude was inversely related with a wide range of psychopathological conditions like depression (Kendler et al., 2003; Wood, Maltby, Gillett, et al., 2008), post-traumatic stress disorder (PTSD, Kashdan, Uswatte, & Julian, 2006), and suicide (Kleiman, Adams, Kashdan, Riskind, 2013).

The grateful orientation towards appreciating the positive life aspects sharply contrasts with the depressive worldview where the negative aspects are predominantly brought out. According to Beck's well known cognitive triad model, depressed individuals tend to view themselves, the world and the future from a dark and hopeless perspective (Beck, 1963). Actually, the first two DSM (Diagnostic and Statistical Manual) criteria for major depression show that the disorder is characterized by a sad mood and/or a loss of interest or pleasure in daily activities that persists for more than two weeks. No wonder recent studies demonstrated that depressed individuals tend to identify few, if any, gratitude reasons (Lambert, Clark, Durtschi, Fincham, & Graham, 2010).

Although the inverse relationship between gratitude and depression is well established, it is unclear whether individuals' religious interest or motivation plays any role is this relationship. To date, the impact of religious interests and practices for mental health remains understudied despite recent efforts devoted to empirically investigate and synthesize these findings. Recent studies show that religious motivation and practices tend to play a protective role in both physical and mental illness (Koenig, King, & Carson, 2012; Smith, McCullough, & Poll, 2003). In a large survey (n=2,621) it was found that intrinsic religious motivation was a protective factor for depression, while thankfulness appeared to reduce the risk for the disorder (Kendler et al., 2003). In another empirical study gratitude was positively related to religious commitment, and this relationship was fully mediated by gratitude to God (Rosmarin, Pirutinsky, Cohen, Galler, & Krumrei, 2011). So it appears that a religious framework promotes gratitude by providing additional opportunities to express this trait. Starting from this relatively young literature we designed a cross-sectional study to investigate the complex relationship established among gratitude, depression and religiosity. We first hypothesized that gratitude and religious motivation are both inversely related to depression, and that highly religious individuals are significantly more grateful when compared to their lessreligious counterparts. More importantly, we hypothesized that religious motivation moderates the relationship between gratitude and depression as we anticipate that gratitude and religious motivation will have an additive effect, protecting individuals from depression symptoms.

#### 2. Methods

#### 2.1. Participants and procedure

A total of 113 Romanian adults (age range 18–68, m=33.12, SD=10.80, 70% women) completed an online survey as part of a larger study. In terms of religious affiliation, the majority of this self-selected population declared to be Christian-Orthodox (75.2%), while the remaining 25% were divided between Roman-Catholics (7.1%), protestants (8.9%) and non-religiously affiliated or atheists (8.8%). A written informed consent was obtained from all participants by surface mail. Afterwards participants were directed to a secure server where all measures could be completed online in one or more sittings (according to participant's preferences).

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