



# Mediating effects of loneliness on the gratitude-health link



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## ABSTRACT

The empirical study of gratitude has experienced unprecedented growth in the past decade. As such there is now a growing body of research showing the emotional, social and psychological health benefits of being grateful. More recently, emerging research is indicating that being grateful may also positively impact physical health. However, the underlying mechanisms explaining this effect are yet to be fully explored. This research examines the relationship between dispositional gratitude and self-reported physical health symptoms, and explores whether this relationship occurs because grateful individuals have fewer experiences of loneliness. In a sample of 118 adults, gratitude significantly predicted fewer physical health symptoms (sleep disturbances, headaches, episodes of respiratory infections and gastrointestinal problems) and experiences of loneliness. Simple mediation analysis revealed that the positive effect of gratitude on self-reported physical health symptoms was significantly mediated by lower reported levels of loneliness. Therefore participants who reported higher levels of gratitude, also reported lower levels of loneliness, and this then predicted better self-reported physical health symptoms. As attention to the intervening mechanisms underlying the relationship between gratitude and physical health has only begun to be investigated, the study offers novel preliminary information regarding the psychosocial mediators accounting for this association.

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## 1. Introduction

A growing body of research is now beginning to demonstrate the physical health benefits of being grateful. Gratitude has been conceptualized as part of a broad dispositional orientation towards perceiving and appreciating the positive in life (Wood, Froh, & Geraghty, 2010). Gratitude is often operationalized by assessing individual differences in the average rate with which gratitude as an emotion is experienced on a daily basis (Wood, Maltby, Stewart, Linley, & Joseph, 2008). A grateful response to life circumstances is considered a fundamental process by which everyday experiences are positively interpreted by people (Emmons & McCullough, 2003). Although the social and psychological benefits of gratitude are well documented (Emmons & Mishra, 2011), emerging studies are now evidencing that gratitude may serve a protective and predictive role in self-reported physical health (Hill, Allemand, & Roberts, 2013). Additionally, given the limited nature and recency of this research, the psychosocial process(es) underlying this effect are not fully understood. The current study sought to respond to these calls for research (Wood et al., 2010) and address this gap in the

literature by examining psychosocial mechanisms that may underlie the gratitude-health link.

### 1.1. Gratitude and physical health

Cross-sectional research, although limited, has shown that gratitude is negatively associated with self-reported somatic symptoms in adults (Hill et al., 2013) and children (Froh, Yurkewicz & Kashdan, 2009), and buffers against the harmful effects of stress on health (Krause, 2006). Additionally, independent of personality traits and social desirability, gratitude enhances physical health behaviours such as subjective sleep quality and duration, less daytime dysfunction, and sleep latency (Wood, Joseph, Lloyd, & Atkins, 2009). The relationship between gratitude and physical health in clinical populations has found similar findings. Ng and Wong (2013) for example, examined people with chronic musculoskeletal pain problems 76% of whom had insomnia and found that gratitude predicted significantly better sleep. Mills et al. (2015) examined the role of gratitude in patients with stage B asymptomatic heart failure. Correlation analyses showed that gratitude was related to improved sleep quality and less fatigue, with small-medium effect sizes observed. Patients who expressed more gratitude also displayed lower levels of inflammatory biomarkers; lower levels are cardio-protective.

Although cross-sectional studies show evidence that gratitude may be health-protective, results from experimental research are also

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promising, although less straightforward. In a single-blind randomised controlled trial, [Jackowska, Brown, Ronaldson, and Steptoe \(2015\)](#) compared a gratitude intervention with an active and no treatment control. After adjusting for age, BMI, and baseline diastolic blood pressure, there was a significant decrease in ambulatory diastolic blood pressure in the gratitude condition compared to the control. However, there were no differences between the conditions in systolic blood pressure, heart rate, or cortisol. In their seminal paper, [Emmons and McCullough \(2003\)](#) randomised participants to a gratitude journal, a daily hassles journal, or a daily events journal. Those who completed the gratitude journal once a week for nine weeks experienced fewer self-reported symptoms of physical illness and spent more hours exercising per week, than the daily hassles and daily events conditions; albeit, in a second study, with a slightly more intensive, but shorter two-week treatment period, these findings were not supported. As people are unlikely to alter exercise habits over a two-week period, this discrepancy was attributed to the shorter time frame. Taken together, these findings can be viewed as promising, however further research is needed to support and clarify this relationship between gratitude and physical health, and to test theoretically-driven mediational pathways that may elucidate this effect.

### 1.2. Psychological pathways underlying the gratitude-physical health relationship

Previous work has highlighted the need to examine whether psychological health serves as an underlying mechanism through which positive psychological constructs, such as gratitude in this instance, are related to physical health ([Schmidt, Rague-Bogan, Piontkowski & Schaefer, 2011](#)). To date, research examining this is very limited. In one study [Hill et al. \(2013\)](#) found that individuals who were more grateful experienced enhanced self-reported physical health. This relationship was explained, in part, due to their greater overall psychological health and engagement in healthy activities, and was more pronounced in older adults. One possible explanation for the positive influence of gratitude on physical health, that is yet to be tested, is through reducing subjective experiences of loneliness. In fact, loneliness has been linked to increased risk of morbidity and mortality ([Hawkley & Cacioppo, 2010](#)), somatic symptoms and other measures of physical health ([Ong, Uchino, & Wethington, 2015](#)) and the mechanism(s) behind this are still being elucidated. Thus, it could be that the both gratitude and loneliness may be working together to influence health.

It is rational to hypothesise that gratitude has an effect on loneliness. Gratitude draws one's attention to interpersonal help and support received and promotes the reciprocation of aid ([McCullough, Kilpatrick, Emmons, & Larson, 2001](#)) which fosters the development of lasting supportive relationships ([Oatley & Jenkins, 1996](#)). [Wood et al. \(2010\)](#) contends that a grateful life orientation draws one's attention to the perception of anything in the world that can be appreciated, which then fosters personally and socially productive behaviours. Gratitude is strongly related to, and integral in maintaining high quality relationships, strengthening social bonds and encouraging relationship formation and connectedness ([Algoe, Haidt, & Gable, 2008](#); [Wood et al., 2008](#)). This association is important, as social ties and social support are the most substantially evidenced psychosocial factors influencing physical health outcomes ([Umberson & Montez, 2010](#)).

Conversely, feelings of loneliness can emerge from the perceived absence of positive social relationships and inadequacy in the perceived quality of one's social interactions, and therefore, plays a significant role in the formation and maintenance of social relationships ([Wu & Yao, 2008](#)). Loneliness reflects a distressing subjective experience of lacking desired connection and closeness to others ([Ong et al., 2015](#)). Therefore, given gratitude's facilitation of social relations, it is theoretically likely that those who have higher dispositional levels of gratitude, or who cultivate an attitude of gratitude, may be less susceptible to and less likely to experience loneliness, in that they perceive and develop

more satisfying interpersonal relationships. More recently, the find-remind-and-bind theory of gratitude ([Algoe, 2012](#)) offers insight into how gratitude is imperative in strengthening interpersonal bonds, thereby reducing feelings of loneliness. It posits that feelings of gratitude towards someone causes one to become aware of new valuable qualities in that person, or acts as a reminder of the identified good in the person. This therefore binds both individuals closer together. Similarly, propositions put forward in the broaden-and-build theory of positive emotions ([Fredrickson, 2002](#)) support the potential for gratitude to serve as an antecedent to improvements in perceptions of loneliness. Gratitude contributes to broadening cognitive schema, whereby people develop new skills for expressing appreciation to others, which is argued to build social bonds over time ([Fredrickson, 2013](#)). Consequently, gratitude serves as a catalyst for deepened social closeness and relationship satisfaction, which then alleviates, or greatly reduces occurrences of loneliness.

Further, in more recent research, gratitude has shown to be negatively correlated with loneliness ([Ni, Yang, Zhang, & Dong, 2015](#)), and [Caputo \(2015\)](#) found that gratitude contributed to reduced feelings of loneliness, whilst controlling for measures of subjective happiness, life satisfaction, social desirability, and socio-demographic variables. Moreover, intervention work indicates the potential for gratitude to serve as a precursor for improved interpersonal relationships ([Lambert, Clark, Durtschi, Fincham & Graham, 2010](#); [O'Connell, O'Shea, & Gallagher, under review](#)) serving as further support for these directional claims. It is plausible that those who have higher levels of gratitude may also experience less loneliness, and subsequently less somatic symptoms. Therefore the current study examined loneliness as a potential underlying psychosocial mechanism or psychological pathway explaining the gratitude-physical health relationship. The hypotheses were as follows:

**Hypothesis 1.** : Gratitude will be significantly negatively related to self-reported impaired physical health

**Hypothesis 2.** : This relationship will be mediated by perceptions of loneliness.

## 2. Methods

### 2.1. Participants and procedure

A convenience sample of 118 people (67.8% female) took part in this cross-sectional study. The majority of participants identified as Irish (92.4%), with five Americans, two Europeans, one Australian, and one Canadian. Ages ranged from 18–59 years ( $M = 30.6, SD = 10.7$ ). Ethical approval for this study was granted by the host university's Research Ethics Committee. Participants were recruited to take part in the study online, via advertisements circulated on Facebook, email advertisements availed of through the university, or through word of mouth. These online recruitments included a link to the survey which was created using Qualtrics online survey software. All those recruited provided informed consent prior to participation by ticking a box which appeared after the study information page. No compensation was given for completing the survey.

### 2.2. Measures

Participants first responded to demographic items (age, gender, and nationality) and completed assessments of gratitude (predictor variable), loneliness (mediator variable), and physical health (outcome variable).

Gratitude was measured using the Gratitude Questionnaire-Six Item Form (GQ-6; [McCullough, Emmons, & Tsang, 2002](#)). This is a self-report scale measuring the frequency and strength with which one experiences gratitude. Participants indicate how much they agree with six statements, for example 'I have so much in life to be thankful for'. Two

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