



Instructional support decreases desirability and initiation of a gratitude intervention



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ABSTRACT

Gratitude interventions tend to be effective at increasing well-being, yet they are not commonly initiated and completed. Prior experimental evidence suggests that provision of social support (i.e., supportive and encouraging statements) increases the effectiveness of positive psychological interventions. The type of support, however, may differentially impact motivation. In the current study, we hypothesized that instructional support (i.e., advice about how to best conduct the intervention) increases the desirability of a gratitude intervention and the probability of initiation. 274 participants received leaflets about a voluntary, web-based gratitude intervention. Half of the participants were randomly assigned to receive instructional support in which they read testimonials on how to best conduct the intervention. Next, participants were asked about utility beliefs, social norm beliefs, self-control beliefs, and intentions to participate in the intervention. Contrary to our hypothesis, provision of instructional support decreased desirability of the gratitude intervention, which indirectly hindered intentions to participate in the intervention. Thus, informing recipients about how to navigate an intervention had a paradoxical effect. It may be more effective to allow participants to recognize and handle intervention challenges on their own.

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1. Introduction

Gratitude interventions assist individuals in the pursuit of greater quality of life (Emmons & McCullough, 2003; Froh, Kashdan, Ozimkowski, & Miller, 2009; Seligman, Steen, Park, & Peterson, 2005). Yet, little is known about who initiates these self-help opportunities. This is important because individuals who self-initiate interventions report greater gains in well-being than those who do not self-initiate (Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011; Sin & Lyubomirsky, 2009). Research has begun to identify personality characteristics (Kaczmarek, Kashdan, Kleiman, et al., 2013), and how they interact with motivational belief systems about the intervention (Kaczmarek, Kashdan, Drążkowski, Bujacz, & Goodman, Manuscript under review), to predict self-initiation into a gratitude intervention. Less is known, however, about other contextual variables that influence belief systems and who will self-initiate these interventions.

In addition to personality characteristics and beliefs systems, whether or not participants receive external support for the intervention might predict the likelihood of self-initiation and completion. Researchers have considered how receiving social support, such as encouraging statements from former participants, influences gratitude intervention outcomes (Layous & Lyubomirsky, in press). Prior investigations, however, focused exclusively on how support provision increases the efficacy of the intervention (Della Porta, Jacobs Bao, Lee, Choi, & Lyubomirsky, 2013; Layous, Nelson, & Lyubomirsky, 2012). That is, to what extent does receiving support result in incremental gains in well-being? While this is important for the delivery of interventions, support provision is a multifaceted construct. Support can be delivered by multiple sources (e.g., experimenters, peers, former participants), at multiple time points (e.g., before, during, after an intervention) and in multiple forms (e.g., instructional support, autonomy support). No research to date has tested how support can influence the desire to self-initiate a gratitude intervention. We examined how providing participants with instructional support before a gratitude intervention affects motivation and intentions to self-initiate the intervention.

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1.1. Motivation to perform a gratitude intervention

The theory of planned behavior (TPB; Ajzen, 1991, 2011) posits that intentional behavior arises from three motivational belief systems about a given behavior: beliefs about the consequences of the behavior (utility beliefs), beliefs about others' expectations of the behavior (social norm beliefs), and beliefs about being able to cope with or handle challenges (self-control beliefs). These belief structures predict behavioral intentions that increase the likelihood of behavior.

Intentions to participate in a gratitude intervention have been strongly linked to self-initiation of the intervention (Kaczmarek, Kashdan, Drązkowski, et al., Manuscript under review). To be specific, individuals with high intentions to participate were 2.2 times more likely to self-initiate into a gratitude intervention than individuals with low intentions (Kaczmarek, Kashdan, Kleiman, et al., 2013). With regards to the TPB framework, favorable utility beliefs, social norm beliefs, and perceptions of high self-control predicted greater intentions to try out the intervention (Kaczmarek, Kashdan, Drązkowski, et al., Manuscript under review). These findings build upon studies that have used more basic measures of intrinsic and extrinsic motivation to predict the initiation into a positive psychological intervention (e.g., Nelson et al., Manuscript under review; Sheldon & Lyubomirsky, 2006). Taken together, researchers should target specific belief systems about an intervention to increase the likelihood of participation.

1.2. Providing instructional support for a gratitude intervention

Providing participants with instructional support, defined as the provision of information and advice about the intervention, might modify TPB belief systems and subsequently increase the likelihood of self-initiating into the intervention. First, practical advice on how to best employ the intervention can help participants more accurately gauge the usefulness and benefits of the intervention (i.e., utility beliefs). This reduction in uncertainty might lead individuals to have more favorable beliefs about the utility of the intervention, which in turn can increase likelihood of self-initiating (Kaczmarek, Kashdan, Drązkowski, et al., Manuscript under review). Second, receiving instructions from peers or former intervention participants can alter social expectations or social pressures (i.e., social norm beliefs). For example, advice from former participants provides evidence that an intervention can be successfully completed. This might lead to more favorable social norm beliefs ("Others have tried this"), and as a result, increase the likelihood of self-initiating (Kaczmarek, Kashdan, Drązkowski, et al., Manuscript under review). Likewise, prior research found that participants who read peer testimonials benefited more from a positive writing intervention than those who did not (Layous et al., 2012). Layous and colleagues attributed this finding to increases in participants' beliefs about the utility of the intervention. It is equally likely, however, that reading peer testimonials affected participants' social norm beliefs about the intervention. Third, instructional support can reduce perceptions of the difficulty of an intervention (i.e., self-control beliefs). Directions and advice from participants can reduce the uncertainty of the novel intervention and accordingly increase participants' feelings of control. Higher perceptions of self-control have been associated with a higher likelihood of self-initiating into a gratitude intervention (Kaczmarek, Kashdan, Drązkowski, et al., Manuscript under review).

1.3. The present study

In the present study, we examined how the receipt of instructional support influenced motivational belief systems to predict the initiation into a gratitude intervention. We build on the theory

of planned behavior (Ajzen, 1991, 2011) and hypothesized that provision of instructional support would result in more favorable utility beliefs, social norm beliefs, and self-control beliefs about the intervention. We predicted that such modifications in beliefs would in turn lead to greater intentions to participate, and thus lead to self-initiation. As a secondary aim, we were interested in evaluating whether prior findings from a community sample are replicable and generalizable to additional populations (Kaczmarek, Kashdan, Drązkowski, et al., Manuscript under review). Robustness is necessary so that finite resources are devoted to reducing the potency of salient risk factors and increasing the potency of salient resiliency factors.

2. Method

2.1. Participants

Participants were 274 undergraduates (82.1% female) from a university in Poland between the ages 18 and 43 years ($M = 20.93$, $SD = 2.58$). Groups of students were approached before classes by experimenters. Volunteers remained anonymous and were not offered incentives. Listwise deletion was used to handle missing data (0.2%). Written informed consent was obtained from each participant.

2.2. Procedure

Participants received leaflets with a description of the gratitude intervention. Subsequently, participants reported their utility beliefs, social norm beliefs, and self-control beliefs regarding this intervention. They were informed that if they wanted to try out this intervention they should enter a dedicated website with instructions within the next seven days. Following that, behavioral intentions towards the intervention were measured.

2.3. Measures

We used four generic scales to measure utility, social norm, and self-control beliefs, as well as behavioral intentions. These scales were formulated according to guidelines provided by methods experts within the field of the TPB (Francis et al., 2004) and used in prior studies (Ajzen, Czasch, & Flood, 2009).

Utility beliefs, or attitudes about likely consequences of the gratitude intervention, were assessed with three 7-point bipolar evaluative adjective scales: "unpleasant–pleasant", "bad–good", and "useless–useful" ($\alpha = .82$).

Social norm beliefs, or beliefs about what others think about participating in the intervention, were assessed with three items about the expectations of important or valued others, e.g., "Most people who matter to me would approve my doing this intervention." Participants responded to items on a 7-point scale from 1 = "completely disagree" to 7 = "completely agree" ($\alpha = .69$).

Self-control beliefs, or beliefs about being able to effectively cope and handle the exercises, were measured with three items about the feasibility of the intervention and the effort it would require, e.g., "Performing this intervention would be very easy for me." Participants responded to items on 7-point scale from 1 = "completely disagree" to 7 = "completely agree" ($\alpha = .89$).

Behavioral intentions were assessed with three items about specific actions in the intervention. Preceded by the phrase "I intend to..." items included the following actions: "enter the intervention website", "read information from the website", "learn more about this positive intervention". Participants responded to items on 7-point scale from 1 = "completely disagree" to 7 = "completely agree" ($\alpha = .93$).

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