

GRATITUDE, RELIGIOUSNESS AND WELL-BEING

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SUMMARY

Background: Previous researches have identified the positive effects of gratitude on happiness and well-being. It has been found that spirituality can enhance gratitude and well-being. Our study aimed to examine the link between gratitude and subjective well-being among religious and non-religious people. Furthermore we tested if a 4-week long gratitude diary has a positive effect on subjective well-being.

Subjects and methods: In our online, qualitative investigation the sample consisted of 54 males and 169 females (mean age = 39.13, SD=15.90). 54.1% of respondents regarded themselves as “religious with a given religion”, 24.8% as “religious on my own way” and 21.2% as “non-religious”. The experimental group (leading a gratitude diary for 4 weeks) with 103 individuals and a control group with 120 individuals with no differences in age, gender and religiousness. We compared the questionnaires’ results (filled out both before and after the intervention) of the experimental group (n=103) with the results of the control group (n=120) similarly filled out on two different occasions. We applied Gratitude Resentment and Appreciation Test and Subjective Well-being Scale.

Results: Our results showed that religious people showed elevated level of gratitude ($F(2, 219)=23.66, p<0.001$) but same well-being ($F(2, 219)=1.97, p=0.142$) compared to non-religious groups. In the experiment group the gratitude and the subjective well-being both increased ($p<0.01$), and there was no significant changes in control group. 2x2 ANOVA showed significant interaction effect (Subjective well-being: $F(1, 221)=13.32, p<0.001$; Gratitude: $F(1, 221)=12.43, p<0.001$).

Conclusion: Religiousness is linked to higher gratitude and an increase in gratitude can result in an increase in subjective well-being. The importance of gratitude diary both among religious and non-religious people will be discussed.

Key words: religious – non-religious – gratitude – gratitude diary – subjective-well-being

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INTRODUCTION

There has been increasing attention paid lately to examining the impacts of belief, religion and spirituality on physical and mental health. Belonging to religious communities and other forms of positive personal religious commitments were found to be protective factors of mental health by many kinds of research (Kopp et al. 2004, Martos & Kézdy 2008, Pikó 2003).

In a great number of examinations positive relations were found between religiousness and well-being, coping with stress and happiness respectively (Pérez 2011, Hummer et al. 2010, Levin et al. 2011, Sullivan 2010, Konkoly Thege et al. 2013). Furthermore, several studies underlined the positive relation between religiousness or spirituality and aspects of subjective well-being such as satisfaction with life, optimism, sufficient self-esteem and the experience of a meaningful life (Whittington & Sher 2010, Martos et al. 2010, Steger & Frazier 2005). Besides, spiritual experiences spiritual attitude in itself may contribute to preventing suicides and may help recoveries from mental illnesses (Maltsberger 1986). Jakovljevic (2016, 2017a,b,c) has emphasized the importance of religion and spirituality in public and global mental health, as well as in contemporary psychiatry.

Spiritual well-being was also emphasized as key element of community resilience during COVID-19 crisis period (Jakovljevic 2020). Spirituality can become a coping mechanism after a traumatic experience (Jakovljević et al. 2012) and can be a determining element of post-traumatic growth (Tanyi et al. 2020).

Frequency of church-going and belief in eternal life is in positive correlation with well-being whereas church-going decreases distress (Ellison et al. 2001). Based on these it can be assumed that the social and community functions, as well as social support aspects of religion, contribute significantly to a higher level of subjective well-being.

Although gratitude is one of the most often experienced positive emotions in social context until the late 20th century it used to be considered mainly by social scientists. It was Melanie Klein (1957) who firstly regarded gratitude as a sign of emotional maturity demonstrated in the capacity of appreciating the goodness in ourselves and others. It was she, who also urged to use gratitude in therapies. Wood et al. (2010) considers dispositional gratitude an element of a broader life - orientation which means that gratitude helps to realize and appreciate the positive things in the world and our surroundings.

As the research of gratitude has gained more attention it has started to become investigated in relation to religion. Adler & Fagley (2005) proved that religious people claimed to have gained more appreciation than non-religious ones.

Further researches show that dispositional gratitude seems to correlate with religious attitude be it traditional institutional religion or spiritual experience (Emmons & Kneezel 2005, McCullough et al. 2002). This relation according to Watkins et al. (2003) may come from the fact that religious people consider God's caring love the source of all good things and are grateful to God for all these whereas they may be thankful for other people as well. Emmons & Kneezel (2005) underlined optimism and good faith as the engines of realizing and returning good deeds.

Gratitude often correlates with religious or spiritual attitudes (Emmons & Kneezel 2005) which serve as an important protective factor from the aspect of preserving psychological well-being (Martos & Kézdy 2008). Rothenberg et al. (2015) proved in an examination that religiousness significantly correlates with religious coping which in turn was proved to be correlating with increased gratitude. Krause in a 2006 study argued that gratitude towards God decreases health care frustration and depression caused by financial difficulties.

Many, among them longitudinal-researches certify that feeling gratitude contributes to physical, mental and psychological well-being (Jackowska et al. 2015, Wood et al. 2008). Regular experience of gratitude increases satisfaction with life (Boehm et al. 2011) decreases negative emotions (Emmons & McCullough 2003) and decreases the state of frustration and depression (Ramírez et al. 2014). A research among elderly people (ages 77-90) found that those who were more grateful for the positive events in their lives showed a higher level of well-being than those who were anxious about irreversible things (Hörder et al. 2013). Watkins et al. (2003) found a significant positive relation between gratitude as a trait and subjective well-being as well as happiness.

Our research aimed to reveal the connection between dispositional gratitude and well-being among people defining themselves as religious and non-religious respectively. Our further hypothesis was that a regular practice of gratitude i.e. keeping a gratitude diary will increase the feeling of gratitude and subjective well-being.

SUBJECTS AND METHODS

In our online quantitative research 54 men and 169 women participated. (mean age = 39.13, SD = 15.90). 54.1% of respondents regarded themselves as "religious with a given religion", 24.8% as "religious in my way" and 21.2% as "non-religious". The experimental group (KEEPING a gratitude diary for 4 weeks) with 103

individuals and a control group with 120 individuals with no differences in age, gender and religiousness. People applying for the examinations could decide if they wanted to fill in the questionnaires only (the control group consisted of them) or they were willing to keep a gratitude diary. The members of the experimental group were asked to list daily five different things they were grateful for (for 4 weeks) between two test records. We have called this document a gratitude diary. The control group did not get any task during this period. The questionnaires taken with the experimental group before and after the intervention were compared with those of the control group taken at the same time.

To measure dispositional gratitude we used Gratitude Resentment and Appreciation Test (GRAT), which was originally developed by Watkins et al. (2003). The test consists of 44 items, 14 are reversed score. The items fall into 3 subscales: Factor 1 "Sense of Abundance" (Ab), Factor 2 "Simple Appreciation" (SA), and Factor 3 "Appreciation of Others" (AO). Participants have to read each item and indicate their agreement/disagreement on a five-point Likert type scale (1=I strongly disagree, 5=I strongly agree with the statement).

To measure subjective well-being the Hungarian validated Bern subjective well-being questionnaire was used (Sallay 2004). The 39 item questionnaire describes subjective well-being along with two factors: satisfaction and illness-awareness (somatic problems). The four components making up the former are (1) Positive attitude towards life (2) positive self-esteem (3) the lack of depressive mood (4) pleasure. The components of the latter were: (5) personal problems (6) somatic symptoms and reactions. The respondents had to sign on a 5 rate Likert scale how much they found the statement relevant for themselves.

To judge personal religiousness one question was given: "Do you practice any religion and if yes in what way? Three options were given: "I am religious and I follow the teachings of the Church", "I am religious in my way", "I am not religious"

First we ran correlational and rank-correlational tests to unfold relations between gratitude, religiousness and well-being. We have applied ANOVA analyses to test differences between different religiousness groups (religious, non-religious, religious in own way) in gratitude and well-being. Further, we have tested with mixed 2x2 ANOVA (with within-person effect of time and between-person effect of leading or not leading a gratitude diary) how subjective well-being and gratitude have changed after 4 week long gratitude diary. We also ran a 3x2x2 ANOVA including effect of religiousness.

RESULTS

The descriptive results (mean, SD scores, range, normality parameters) can be seen in Table 1.

Table 1. Descriptive statistics of the scores on gratitude and well-being measures

	N	Range	min	Max	Mean Stat	SE	SD	Skewness Stat	SE	Kurtosis Stat	SE
GRAT											
Abundance	223	4.94	2.06	7.00	3.8842	0.06365	0.95046	1.099	0.163	1.792	0.324
Simple Pleasures	223	4.07	2.79	6.86	4.9603	0.05720	0.85423	-0.165	0.163	-0.802	0.324
Social	223	4.45	2.55	7.00	4.8754	0.06560	0.97961	0.313	0.163	-0.807	0.324
GRATITUDE	223	3.86	2.97	6.83	4.5733	0.05015	0.74890	0.823	0.163	0.882	0.324
Positive attitude	223	3.00	2.00	5.00	4.0073	0.04086	0.61020	-0.552	0.163	0.128	0.324
Self esteem	223	3.60	1.40	5.00	4.0063	0.05394	0.80547	-1.064	0.163	0.643	0.324
Lack of personal problems	223	3.13	1.63	4.75	3.4339	0.03587	0.53558	-0.572	0.163	1.198	0.324
Lack of somatic problems	223	3.38	1.63	5.00	3.9041	0.04366	0.65200	-0.755	0.163	0.390	0.324
WELL BEING	223	2.30	2.35	4.65	3.7296	0.02863	0.42755	-0.487	0.163	0.277	0.324

min: minimum; Max: Maximum; Stat: Statistic; SE: Standard Error; SD: Standard Deviation

Table 2. Correlation between well-being and gratitude

	GRAT: Abundance	GRAT: Simple Pleasures	GRAT: Social	GRATITUDE
Positive attitude	0.406**	0.321**	0.370**	0.455**
Personal problems	-0.213**	-0.020	-0.062	-0.124
Somatic problems	-0.311**	-0.003	-0.079	-0.167*
Self esteem	-0.049*	-0.186**	-0.177**	-0.169**,*
Pleasures	0.049**	0.186**,*	0.177**	0.169**,*
Lack of personal problems	0.213**	0.020	0.062	0.124
Lack of somatic problems	0.311**	0.003	0.079	0.167*
WELL BEING	0.384**	0.089	0.127	0.252**

** Correlation is significant at the 0.01 level (2-tailed); * Correlation is significant at the 0.05 level (2-tailed)

It shows that both main scores (gratitude and well-being) both had skewness and kurtosis between -1 and 1 and therefore can be regarded as having normal distribution. On the other hand, two subscales (abundance and Lack of personal problems) had somewhat higher scores (in absolute value) than the perfect normal distribution parameters, however according to some researchers (Kim 2013) also ranges between -2 and 2 can be regarded as having normal distribution.

Our correlational results (see Table 2, for detailed correlational and rank-correlational tables, contact Corresponding author) showed that gratitude was moderately and positively related to well-being scale score. At strongest, it was related to positive attitude ($r=0.455$, $p<0.001$).

With relation to religiousness, we found that religiousness was both linked to well-being and gratitude, but stronger link with gratitude ($\rho=0.463$, $p<0.001$) was observed (see Table 3).

ANOVA results (see Table 4) also showed that religious people showed elevated level of gratitude ($F(2, 219)=23.66$, $p<0.001$) but same well-being ($F(2, 219)=1.97$, $p=0.142$) compared to the two non-religious groups.

Then we tested if gratitude-diary could change level of gratitude and well-being. In the experiment group the gratitude and the subjective well-being both increased ($p<0.001$), and there was no significant

changes in control group. 2x2 ANOVA showed significant interaction effect (Subjective well-being: ($F(1, 221)=13.32$, $p<0.001$); Gratitude: ($F(1, 221)=12.43$, $p<0.001$). The 3x2x2 ANOVA, including religiousness as another between-group variable showed that religiousness did not interact with other effects (see Table 3). In both cases, time and interaction of time and experimental group membership became significant. Furthermore, basic level of gratitude was higher among religious people (as it was shown in other analyses as well).

Table 3. Spearman rank correlation of religiousness and gratitude/ well-being

	Religiousness
Positive attitude	0.186**
Lack of personal problems	0.148*
Lack of somatic problems	0.127
Self esteem	0.059
Pleasures	-0.004
WELL BEING	0.093
GRAT: Abundance	0.074
GRAT: Simple Pleasures	0.407**
GRAT: Social relations	0.515**
GRATITUDE	0.463**

** Correlation is significant at the 0.01 level (2-tailed);

* Correlation is significant at the 0.05 level (2-tailed)

Table 4. 3x2x2 ANOVA with dependent variable of gratitude and well being (independent variables (1) 3 religiousness groups, (2) experimental/ control group, (3) time)

	Type III Sum of Squares	df	Mean Square	F	Sig.
GRATITUDE: Tests of Within-Subjects Contrasts					
time	1.166	1	1.166	11.355	0.001
time * experimental group	0.876	1	0.876	8.533	0.004
time * religiousness	0.588	2	0.294	2.863	0.059
time * experimental group * religiousness	0.132	2	0.066	0.644	0.526
GRATITUDE: Tests of Between-Subjects Effects					
experimental group	2.224	1	2.224	2.370	0.125
religiousness	53.551	2	26.775	28.544	0.000
experimental group * religiousness	2.897	2	1.448	1.544	0.216
WELL BEING: Tests of Within-Subjects Contrasts					
time	0.464	1	0.464	15.180	0.000
time * experimental group	0.336	1	0.336	11.001	0.001
time * religiousness	0.013	2	0.006	0.209	0.812
time * experimental group * religiousness	0.015	2	0.008	0.250	0.779
WELL BEING: Tests of Between-Subjects Effects					
experimental group	1.041	1	1.041	3.064	0.081
religiousness	1.351	2	0.675	1.987	0.140
experimental group * religiousness	0.478	2	0.239	0.704	0.496

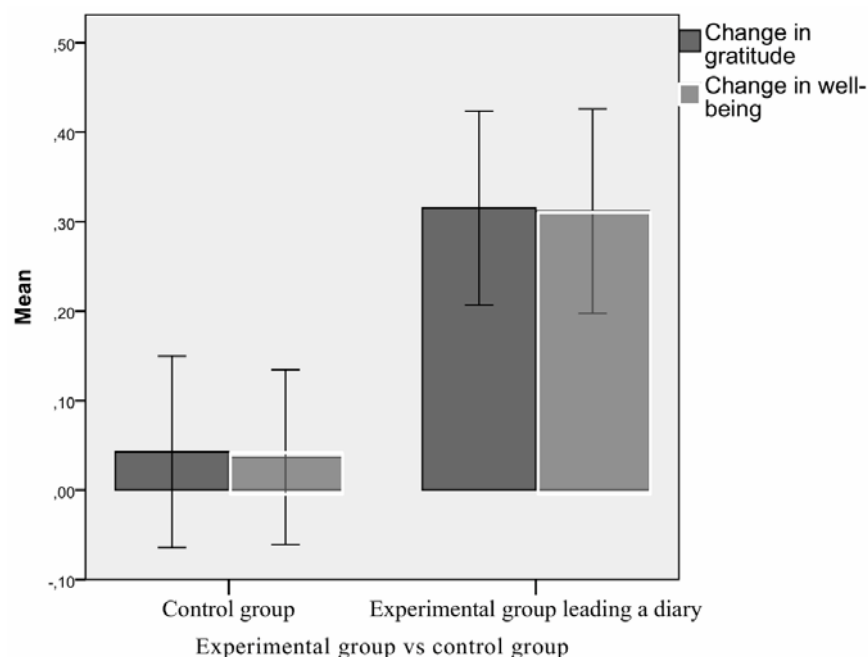


Figure 1. Change in well-being and in gratitude in experimental and control group

Summarizing ANOVA results, we could see there was significant increase in gratitude and well-being after the 4-week-long diary in experimental group, but only in experimental group. See Figure 1. As religiousness did not interact with these effects, there were no significant differences in the level of changes between different religiousness groups.

DISCUSSION

Although based on earlier results (e.g. Witter et al. 1985) our research started with the assumption that

religiousness must be positively connected to subjective well-being our results, in turn, showed that whereas religiousness is not significantly related to well-being total score it does show a significant link to gratitude level. With this outcome, we reaffirmed earlier study results concerning higher dispositional gratitude in cases of religious people irrespective of whether they are traditional church-going believers or people experiencing spirituality in some alternative form (Emmons & Kneezel 2005, McCulloch et al. 2002). Furthermore, gratitude was linked to well-being especially to positive attitude subscale.

Those people then who can be characterized with higher dispositional gratitude i.e. they tend to experience gratitude as a positive emotion more, and also tend to approach life and the things of the world with a more positive attitude will report fewer personal problems and somatic symptoms than others. All this shows that religiousness is linked to higher gratitude, and an increase in gratitude may increase subjective well-being.

In order to test the hypothesis if the increase in gratitude is linked to an increase in well-being we tested the effects of a 4-week-long gratitude diary. Our ANOVA results confirmed that a gratitude diary did impose an increase on both gratitude and well-being levels. As no interaction effects with religiousness were present, there were no significant differences in the level of changes between different religious groups.

CONCLUSION

The gratitude diary can be an effective way of increasing both gratitude and the well-being of people regardless of religiousness. Gratitude seems to reshape emotions in connection to life and existence which in turn may change the relation to life in general. Instead of how things work the existence of things itself – i.e. the stunning fact that there is existence as such – will be focused on. To see how gratitude diary supports mental health, let us finish with a quotation from one of the gratitude diaries. “Gratitude – as I go through the things that have happened to me during the day in my daily gratitude list – has started to rewrite the history of my life in this presence and I feel as if I was dragged from fire, rescued and helped to survive.”

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Contribution of individual authors:

Andrea Ferenczi: design of the study and hypothesis, literature searches, interpretation of data, first draft, approval of the final version.

Zsuzsanna Tanyi, Zsuzsanna Mirnics, Dóra Kovács, Veronika Mészáros & Andrea Hübner: revision of manuscript, agree with results and conclusions and accept final manuscript.

Zsuzsanna Kövi: statistical analyses, interpretation of data, agree with results and conclusions and accept final manuscript.

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