

Piloting a gratitude intervention in a community mental health team

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Abstract: ‘Gratitude is not only the greatest of all virtues, but the parent of all the others’ (Cicero). *Gratitude has been incorporated into a number of positive psychology intervention programmes, see for example Seligman’s gratitude visit. While its anecdotal benefits have long been known, empirical evidence for the benefits of gratitude, has only been accumulating in the last decade. The authors piloted two gratitude workshops, with a month of gratitude diary keeping, for nine service users attending a community mental health team. Pre and post questionnaire assessment showed a number of positive benefits resulting from the intervention. Participants reported being thankful for more things in their lives, had improved Life Satisfaction, greater environmental mastery, and higher social feelings. All four changes were statistically significant. Separate vignettes provide feedback from the workshop organiser, a service user co-facilitator and a participant. Suggestions are offered for taking this work forward.*

Key words: gratitude; thankfulness; positive psychology; workshops; CMHT

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Introduction

There is a long tradition of the importance of gratitude in human relationships, that occurs both historically and cross culturally (Emmons, 2007). There are several definitions of gratitude, which as Emmons points out has been 'depicted as an emotion, a mood, a moral virtue, a habit, a motive, a personal trait, a coping response and even a way of life.' Emmons conceives of gratitude in two stages. First, it is the acknowledgement of goodness in one's life. Second, gratitude is recognising that the source of this goodness lies at least partially outside the self.

The historical tradition concerning gratitude is largely anecdotal. The motivational speaker Jack Canfield in his cassette 'Self-Esteem and Peak Performance,' talks about 'cultivating the attitude of gratitude.' Apart from feeling good by doing this, Jack argues it also makes good 'business sense.' If we have properly thanked an individual, they are more likely to help us out in future. Until relatively recently, there was no empirical evidence to back up assertions like this, so-called 'folk wisdom.' This changed with the publication of the seminal study of Emmons and McCullough (2003).

The Emmons and McCullough (2003) study was important for two main reasons. First, it used randomised controlled trial methodology, which is the 'cornerstone' of evidence based approaches. Second, it showed the powerful effects of gratitude, even following a monitoring only intervention. Emmons and McCullough in fact reported on three studies, two with college students and a third with patients who had neuromuscular disorders. In the first study, 192 college students were randomly allocated to three groups. Group 1 was asked to 'think over the last week...and write down up to five things that you are grateful or thankful for.' A second group recorded 'hassles' and a third 'life events.' After six weeks of monitoring, participants in the gratitude group had better well-being ratings, more positive expectations of the week ahead, had fewer physical symptoms and exercised more. As this study had involved only weekly monitoring, the authors decided to conduct a second study, but this time with daily monitoring. Again 157 college students were randomly assigned to a gratitude group and a hassles group. Instead of a life events group, they added a 'social comparison'

group. In this group participants were asked to 'think about ways that you are better off than others, things you have and they don't.' Again the gratitude group seemed to do best, having higher levels of positive affect and were more likely to have helped someone. The third study used a sample of patients with neuromuscular diseases. They were allocated to the gratitude group or a monitoring only group, where they just completed rating scales over a three week period. The gratitude group, again had higher levels of positive affect, which was also noted by their spouses or significant others, greater optimism, better social connectedness and surprisingly better sleep. The gratitude intervention in these three studies only comprised daily or weekly monitoring, which Emmons and McCullough stated represented a 'rather minimal intervention.'

A recent review of the gratitude field by the first author (Carson, 2010), found 58 studies over the last eight years. Most of these were American, with 31% being experimental studies. Only three papers looked at gratitude and mental health. Two of these were descriptive accounts of how gratitude might be a helpful adjunct to other interventions (Bono and McCullough, 2006; Nelson, 2009). Only one paper was empirically based (Toussaint and Freedman, 2009). These American authors looked at 72 psychotherapy outpatients in a cross-sectional questionnaire based study. They found that gratitude correlated highly with well-being and suggested that gratitude interventions might therefore enhance well-being. As yet, no intervention has been conducted with a mental health population that has focussed only on gratitude. The first author, JC, wondered could the gratitude work developed by Emmons and McCullough (2003), be applied with people experiencing mental health problems?

Method

Nine service users who attended a local Recovery Group (Morgan and Carson, 2009), at a local community mental health teabase, were invited to join the gratitude intervention.

The gratitude intervention

The intervention comprised two 2 hour workshops, a month of monitoring and attendance at a meal. The objectives of the workshops were to:

1. Gain a better understanding of the concept of gratitude.
2. See how the practice of gratitude might impact on each of our lives.
3. Explore the link between gratitude and mental health problems.

All participants were given a free copy of *Thanks: How the New Science of Gratitude Can Make You Happier*, by Professor Robert Emmons, (Emmons, 2007). They were also provided with comprehensive handouts. A week after the second workshop they were taken out for a three course meal at a local restaurant and given a £10 voucher for participating in the project. They were all expected to attend both workshops and to complete a gratitude diary for a month.

Workshop 1

This was facilitated by JC and MM. As we were doing introductions, and unprompted by the facilitators, participants not only introduced themselves but also gave their diagnoses. Three people described themselves as suffering with bipolar disorder, three with psychosis and three as having anxiety and depression. MM described, then asked participants, to complete the Life Thankfulness Review. They were given 10 minutes to finish this. JC then provided a scientific and literary overview of the concept of gratitude. MM then spoke about what gratitude meant for her. Each participant was asked to state what gratitude meant for them. MM then explained about the monthly monitoring and handed out the monthly diaries. All participants were given five 'Thank You' cards and stamps. JC then gave a brief summary

of the course book 'Thanks.' Participants were expected to monitor their gratitude for the month of April. Each day they were expected to write down three things they were thankful for and why? They also had to record who they sent their five 'Thank You' cards to.

Workshop 2

We started this by asking participants to choose what they wanted from the restaurant menu, for the following week. We then asked each of them to feedback on their experience of gratitude from the month of recording. We had also asked them to bring anything with them that reminded them of gratitude. One participant brought along a letter written by her grandson, after the death of his grandfather (her husband). Another spoke of sending one of his 'Thank You' cards to a friend he had not spoken to for many years. This friend had then called him and they renewed their friendship. SC then did a presentation on what gratitude meant for her. She showed the group the gratitude diaries that she had kept for several years. She then did a short presentation on well-being. She had the group take part in some exercises that had been used in positive psychology research, eg. reading the statements used in the famous Nun's study. After this, JC then thanked each participant individually for work they had done. MM asked people to complete the Life Thankfulness Review. The following week the group reconvened for a meal at a local restaurant. Here they were given certificates and a £10 M&S gift voucher. Two weeks later they were sent the study questionnaires. When these had been received and scored, AC provided each participant with an individualised feedback on their results.

Measures

All participants completed a batch of questionnaires before the workshop and two weeks after the meal. The measures were as follows:

1. *The Gratitude Measure*
This is a six item scale (McCullough et al, 2002). Scores range from 6 to 42, eg. item 4, 'I am grateful to a wide variety of people.' Responses are scored on a 7-point scale from strongly agree to

strongly disagree. This measure is reported to be more of a measure of 'trait' gratitude.

2. *The Ryff Well-Being Scales*

This is an 84 item scale devised by Professor Carol Ryff (Ryff, 1989). Items are rated on a 6-point scale, again from strongly agree to strongly disagree, unlike the Gratitude Measure, there is no neutral mid-point. The scale has six subscales. These are, Positive Relations with Others (eg. 'maintaining close relationships has been difficult and frustrating for me'), Autonomy (eg. 'sometimes I change the way I act or think to be more like those around me'), Environmental Mastery (eg. 'in general, I feel I am in charge of the situation in which I live'), Personal Growth (eg. 'I am not interested in activities that will expand my horizons'), Purpose in Life (eg. 'I have a sense of direction and purpose in life'), and Self-Acceptance (eg. 'in general I feel confident and positive about myself'). There are 14 items on each subscale and scores range from 14 to 84.

3. *Lambeth Well-Being Indicator*

We extracted a 21 item scale from the pool of items that make up this scale, which was developed for evaluating community initiatives in Lambeth, by the New Economics Foundation (Lambeth is one of the most deprived urban boroughs in London). The scale covers four domains. Personal Feelings has six items, happiness, life satisfaction, optimism, self-esteem, depression and aspirations. Personal Functioning has five items and looks at autonomy, competence, meaning and purpose, resilience and interest in learning. Social Feelings covers social isolation, sense of belonging, respectful and fair treatment, social progress and social support. Finally, Social Functioning covers caring, altruism, volunteering and social engagement and participation (New Economics Foundation, 2008).

4. *The Life Satisfaction Scale*

This has five items rated on a 7-point scale, eg. 'I am completely satisfied with my life,' (Pavot and Diener, 2009).

5. *The General Happiness Scale*
This four item scale was taken from Seligman's book, eg. 'In general I consider myself to be...' 'not a very happy person' (score of 1), to 'a very happy person' (score of 7), (Seligman, 2005).
6. *Life Thankfulness Review.*
This was given at the start of the first workshop and at the end of the second. Participants were all given a form which they had to complete in the session. It stated, 'When I think about my life at this point in time (today's date), I am grateful and thankful for the following things...' 'Write down as many things as you can think of.' They were given 10 minutes to do this task.
7. *Monthly Diary*
Each participant was given a diary for the month of April. The instruction at the top of the diary read, 'For each day, write down three things that you are thankful or grateful for that have happened today and why? Try to do this at the end of each day.'

While some of the measures we utilised have extensive information on their reliability and validity, eg. the Gratitude Measure, the Ryff Well-Being Scales and the Life Satisfaction Scale, others were developed more theoretically and had 'culled' items from other established scales, eg. the Lambeth Well-Being Indicator. The Diary and Life Thankfulness Review, were developed just for this study.

Results and vignettes

1. *The Gratitude Measure*
The average score on the Gratitude Measure at the start of the workshop was 30.56 (range 25-42). After the workshops the mean score was 29.75 (range 23-40). Two participants scored the same on both occasions, three improved and three scored worse. Interestingly 7/9 and 8/9 at pre and post workshops respectively, scored in the bottom 25% on this scale.

2. *Ryff Well-Being Scales*

Table 1 shows the Ryff Well-Being scores for the nine participants. There were improvements on five subscales, but only one, Environmental Mastery, was significantly different. Taking a criterion of five points or more between pre and post scores, shows there were more improvers on each subscale, with the exception of Personal Growth.

Table 1
Ryff Well-Being Scores Pre and Post Workshops

Subscale	Pre	post	significance	improvers	worse
Positive Relations with Others	63.56	64.11	n.s.	4	2
Autonomy	55.98	60.00	n.s.	5	1
Environmental					
Mastery	42.11	46.11	P<0.05	5	1
Personal Growth	64.89	64.57	n.s.	1	1
Purpose in Life	51.00	51.89	n.s.	4	1
Self-Acceptance	44.00	49.33	n.s.	5	1

3. *Lambeth Well-Being Indicator*

Participants improved at post workshop on all four subscales of the Lambeth Well-Being Indicator, though the difference was significant only for Social Feelings. Taking a criterion of three or more to denote improvements or any deterioration, shows that again more service users improved after the workshops.

Table 2
Lambeth Well-Being Indicator Scores Pre and Post Workshops.

Subscale	pre	post	significance	improvers	worse
Personal feelings	18.33	19.00	n.s.	2	0
Personal Functioning	14.22	15.44	n.s.	3	0
Social Feelings	14.44	15.56	P<0.05	2	0
Social Functioning	14.77	17.00	n.s.	4	1

4. *Life Satisfaction Scale*

The average score before the workshops was 15.22. This had risen to 21.50 after the workshops ($p < 0.05$). On this scale 7/9 participants scored higher after the workshops. No one scored lower on the second occasion.

5. *General Happiness Scale*

The mean score before the workshops was 3.86. This was higher after the workshops at 4.37, though this difference was not statistically significant. Some 6/9 participants scored higher after the workshops, with only one scoring lower.

6. *Life Thankfulness Review*

At the first workshop participants reported an average of 14.33 items that they were thankful for in their lives. At the end of the second workshop this had risen to 20.44 ($p < 0.05$). All participants had higher scores on the second occasion, with the exception of one participant, whose scores went down.

7. *Monthly Diary*

Seven out of nine participants returned diaries. Of these, three were 100% complete. One of these commented, 'Doing this exercise has helped me develop and maintain a more positive outlook.' Another noted, 'the intractability of depression doesn't necessarily mean that a recognition of gratitude means a lifting of mood.' The third stated, 'I'm not sure how much it helped me. I am already pretty grateful for things that I have, but maybe it deepened that gratitude.' Two returned almost complete diaries, one had 26/30 days completed, the other 22/30. One observed, 'On days when I was feeling negative, the diary helped pick me up a bit.' Two further participants were partial completers. One did 7/30 days and the other 12/30 days. Two participants did not return any diaries. In addition to the diaries, participants had been given five 'Thank You' cards and stamps, with a form to record who they sent these too. The three 100% diary completers, had also filled out this form and sent all five of their 'Thank You' cards. Another three sent 'six', four and three cards each during the monitoring month. Three participants did not complete this exercise. Indeed, one had tried to refuse to

accept the 'Thank You' cards at the start, claiming that recipients of the cards might expect them to do this later on as routine!

Vignette 1: The organiser's prespective. Jerome.

The Trust Member's Council came up with an idea called 'Can Money Buy You Happiness?' They offered to give up to £500 for any proposals from staff or service users that might improve happiness and well-being. I came up with the idea to run a short gratitude intervention for service users, based on research that showed the beneficial aspects of gratitude for well-being. However this was not funded. I was puzzled by this and asked what they had funded in the end. I received no reply to this query, but out of the blue, it was suggested that Tony Coggins would fund my intervention from his Health Promotion budget, at a cost of £380. I asked Margaret to help me facilitate the two workshops and a colleague, Sherry Clark, did some teaching at the second. The intervention ended with a meal at a restaurant, when all the participants received a certificate and a £10 M&S gift voucher. The issue of gratitude is one I believe passionately in, and it's my second personal 'signature strength' on the Petersen and Seligman strengths survey (see www.viastrengths.org). While I believed in the importance of 'cultivating an attitude of gratitude' from the work of Jack Canfield amongst others, this was based purely on anecdote. I was not aware that there was an evidence base, until I read a newspaper article, which cited the Emmons and McCullough study (Ben-Shahar, 2007). It had always struck me that some of our service users with serious mental health problems were unaware of the importance of gratitude. For example, after being successfully rehoused by the council, I mentioned to one woman that I was going to write and thank the Housing Department, something I'd never done before. She told me, 'Would you thank them from me?' In fact experience has taught me that many of our service users are very good at expressing gratitude. Some of our staff on the other hand.... I would be intrigued to run this intervention again but this time to do two sets of workshops with service users and two with groups of staff.

Vignette 2. The facilitator's perspective. Margaret

Never having been a facilitator, always a participant, I was faced with a big challenge and I was extremely nervous. Entering the room with chairs in a circle, I was faced with many familiar faces amongst the participants. I am not sure whether this made it easier for me or not. Not long after starting the gratitude workshop, I was introducing one of the experiential exercises. Jerome stopped me and said 'Margaret, that's not the right exercise!' This could have been very embarrassing, however the participants 'roared' with laughter, which broke the ice, and from then on I was more relaxed.

Later on in the workshop, I shared with the participants many of the things we should all be grateful for. Sunrise, sunset, the stars, everything about Nature, family, friends. The sun setting through my living room, which gives a beautiful glow in the half light at dusk etc.

After the two workshops were over, I received a few 'Thank You' cards, one of which said, 'I am now thankful for things that I've never been thankful for before.' It was then that I realised that my involvement in the gratitude workshop hadn't been in vain.

Since the pilot study, I have sent many 'Thank You' cards to many people. It makes them feel appreciated for what they do for others and I get a warm glow from this. At times I still have to remind myself of all the things I have to be thankful for. I'm sure the workshops have been of great benefit to the participants and I am looking forward to co-facilitating more gratitude workshops.

The participant's perspective. Elizabeth

When I was asked to join the gratitude workshop I was both apprehensive and sceptical, because I had never been involved in such a project before and certainly didn't regard myself as a 'groupie'. However I found it a very positive experience in many ways.

Firstly, because I was involved with a group of people who had all sorts of different mental health problems but were focusing on the subject in hand and I got to know a number

of them quite well, some of whom have subsequently become friends.

Secondly, because it gave me some insight into distinguishing between what I had been brought up to - i.e. polite gratitude ('Thank you for your gift', 'Thank you for having me') and real heartfelt gratitude, where you really recognise and acknowledge the contribution someone else has made to your life, however small, and the importance of saying that to them and not just to yourself. (Though it has to be said that when a friend was looking after me when I had a hip replacement last December, she did say to me 'For goodness' sake stop saying thank you!' - but maybe that was her problem rather than mine!). And I did write my gratitude diary assiduously each day, which made me think, even if it made for pretty boring reading.

And thirdly, because it gave me the opportunity to do some reading on the subject. Robert Emmons, whose book 'Thanks!' we were given to read, provoked a pretty hostile response in me, because of his sanctimonious and judgmental approach. He talks of ingratitude as 'a profound moral failure' and 'an unnatural crime' and cannot understand why the Iraqi football team at the 2004 Summer Olympics did not express deep gratitude to the Americans for liberating their country, but were instead outspoken in their disapproval. Martin Seligman, whose books were not prescribed, I found much more congenial, interesting and informative, if a bit too reliant on quantification (Seligman, 2005).

On the subject of quantification, unlike most other participants, I didn't score significantly higher on the final tests than on the preliminary ones. But nevertheless I gained a great deal from the experience. One cannot necessarily quantify the immeasurable - the infinite variety of the human mind and spirit.

Discussion

As this was a gratitude intervention, the most important measures from the evaluation are those pertaining to the measurement of gratitude. The fundamental question to ask, is did the gratitude intervention lead to improvements in the levels of gratitude of participants? The findings on this were mixed. On the six item Gratitude Measure, there was no change in scores after the study. Looking at the American norms, 8/9 of the study participants still scored in the bottom 25% of the population at the end of the study. While there may of course be cultural differences in the expression of gratitude, this does not explain the lack of change. It seems more likely that the Gratitude Measure is a measure of 'trait' gratitude. It is unlikely that such a short intervention is going to change specific personality traits. In contrast, there were significant improvements on the Life Thankfulness Review measure. At the start of Workshop 1, participants reported being thankful for an average of 14.33 things in their life at that time. At the end of Workshop 2, this had risen to an average of 20.44. Some 8/9 participants improved on this measure. This is a 'state' measure of gratitude and was probably positively influenced by the group experience.

The main feature of the Emmons and McCullough (2003) studies was self-monitoring. They suggested theirs was a 'rather minimal intervention.' Two of our nine participants did not complete the self-monitoring, and only three completed their diaries each day. Completing diaries every day proved difficult for several of our mental health participants. Of the authors, EW and MM, have both completed diaries over this time period, while JC and SC have completed gratitude self-monitoring for a year and longer. In her vignette, EW commented, that while she 'did complete my diary assiduously every day,' she found this to be quite repetitive. Lyubomirsky (2007), recommends weekly gratitude monitoring, which might be more effective if conducted over a longer period.

Toussaint and Freedman (2009), suggested that gratitude interventions might enhance well-being. We found some support for this idea. On the Ryff Well-Being Scales, there were improvements on most subscales, yet the differences were significant only on Environmental Mastery. On the Lambeth Well-Being Scales, there was a significant improvement on Social Feelings. Similarly General Happiness levels

and Life Satisfaction were both better after the intervention, but only the latter was a significant difference.

This is the first study that has evaluated a gratitude intervention with a mental health population. Indeed it is the only published study to date (Carson et al, 2010). It is however only a small pilot study and as such has a number of methodological shortcomings. First, it involved only nine service users. It is really not possible to generalise from this small group to the wider mental health population. Second, participants were chosen by the first author, which may have introduced a selection bias. Third, there was no comparison or control group. Fourth, the study added more elements than 'the rather minimal intervention' of Emmons and McCullough (2003). Participants attended two workshops, received a copy of Professor Emmons' book, were taken out for a meal and received a gift voucher. Fifth, there was no follow-up, so we do not know if the benefits of the intervention lasted. Last, there was no qualitative element to the evaluation. As EW also points out in her vignette, there were probably changes taking place in participants that were not picked up by the quantitative measures used in the study.

Conclusion

This study, though a small pilot study, is the first to use gratitude as an intervention with a group of mental health service users. The results of this study show some promise, with significant improvements in 4/14 possible pre-post intervention comparisons. It is worth conducting a further test of the intervention, probably based on weekly rather than daily gratitude monitoring, and addressing some of the methodological shortcomings of the present study. The approach described in the paper could just as easily be applied to mental health professionals and it would be intriguing to apply it to a staff group as well as service users.

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