Thankful for the Little Things: A Meta-Analysis of Gratitude Interventions

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A recent qualitative review by Wood, Froh, and Geraghty (2010) cast doubt on the efficacy of gratitude interventions, suggesting the need to carefully attend to the quality of comparison groups. Accordingly, in a series of meta-analyses, we evaluate the efficacy of gratitude interventions (ks = 4-18; Ns = 395-1,755) relative to a measurement-only control or an alternative-activity condition across 3 outcomes (i.e., gratitude, anxiety, psychological well-being). Gratitude interventions outperformed a measurement-only control on measures of psychological well-being (d = .31, 95% confidence interval [CI = .04, .58]; k = 5) but not gratitude (d = .20; 95% CI [-.04, .44]; k = 4). Gratitude interventions outperformed an alternative-activity condition on measures of gratitude (d = .46, 95% CI [.27, .64]; k = 15) and psychological well-being (d = .17, 95% CI [.09, .24]; k = 20) but not anxiety (d = .11, 95% CI [-.08, .31]; k = 5). More-detailed subdivision was possible on studies with outcomes assessing psychological well-being. Among these, gratitude interventions outperformed an activity-matched comparison (d = .14; 95% CI [.01, .27]; k = 18). Gratitude interventions performed as well as, but not better than, a psychologically active comparison (d = -.03, 95% CI [-.13, .07]; k = 9). On the basis of these findings, we summarize the current state of the literature and make suggestions for future applied research on gratitude.

Keywords: gratitude, positive psychology, interventions, meta-analysis, life satisfaction

The positive psychology movement catalyzed a paradigm shift toward studying human strengths, virtues, and flourishing as a correction for problem-focused narratives, especially within applied psychology (Linley, Joseph, Harrington, & Wood, 2006; Seligman & Csikszentmihalyi, 2000; Waterman, 2013). Positive psychology has generated several well-developed research programs to promote well-being and virtues (e.g., Wade, Hoyt, Kidwell, & Worthington, 2014). Gratitude interventions were touted as one of the first fruits of positive psychology (Emmons & McCullough, 2003), yet a recent qualitative review of 12 published

This article was published Online First November 16, 2015.

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studies (Wood, Froh, & Geraghty, 2010) questioned the efficacy of gratitude interventions. Gratitude is defined as "as a generalized tendency to recognize and respond with grateful emotion to the roles of other people's benevolence in the positive experiences and outcomes that one obtains" (McCullough, Emmons, & Tsang, 2002, p. 112). After 5 additional years of accumulated research, the purpose of the current brief report was to address the efficacy of gratitude interventions using meta-analysis.

The most common strategy to promote gratitude has been to have participants regularly engage in brief activities designed to cultivate a sense of gratefulness. For example, in their seminal article, Emmons and McCullough (2003) had people list five things for which they were grateful several times per week. Building on this concept, others have had individuals cultivate gratitude internally and then express it in a letter or verbally (Boehm, Lyubomirsky, & Sheldon, 2011; DeMoss, 2004; Froh, Kashdan, Ozimkowski, Miller, 2009; Lambert, Clark, Durtschi, Fincham, & Graham, 2010; Ozimkowski, 2007; Roland, 2009). These interventions have typically been short. In fact, only a few labs have evaluated a traditional psycho-educational group designed to promote gratitude (e.g., Froh et al., 2014; Owens & Patterson, 2013; Perez, 2006; Tofangchi, Kajbaf, & Ghamarani, 2013).

Enthusiasm has characterized the writing for several reasons. First, gratitude activities are easy to understand and complete.

Second, people seem to enjoy them; in fact, initial evidence has suggested that participants are more likely to remain in an intervention that assigns gratitude activities relative to those that assign other homework (e.g., Geraghty, Wood, & Hyland, 2010). Third, gratitude activities are inherently social and lead people to recall deeply meaningful memories. Fourth, gratitude activities are theorized to be an other-oriented way to enhance well-being; gratitude occurs when one attends to unentitled benefits that one receives from others (McCullough, Kilpatrick, Emmons, & Larson, 2001). Fifth, gratitude activities are practical and align well with various types of psychotherapy, and so gratitude interventions might eventually augment other psychological treatments. For example, certain appraisals (e.g., seeing gifts as unobligated and valuable) make gratitude more likely, so a therapist practicing cognitive therapy might adapt homework designed to monitor and alter cognitions in order to help clients learn to make gratitudepromoting appraisals. Sixth, gratitude interventions might help people defy the so-called hedonic treadmill. Namely, most people tend to return to a baseline level of happiness following positive or negative events (e.g., Diener, Lucas, & Scollon, 2006; Mancini, Bonanno, & Clark, 2011), but some initial evidence has suggested that gratitude activities may cause long-term shifts in life satisfaction (e.g., Seligman, Steen, Park, & Peterson, 2005).

Of course, the promise of gratitude interventions depends on their efficacy. A decade after the seminal intervention article by Emmons and McCullough (2003), this question has not been fully addressed. In a recent qualitative review of 12 published studies, Wood et al. (2010) cautioned against premature enthusiasm about gratitude interventions. At the time of their review, gratitude interventions had consistently outperformed a hassle condition (i.e., listing and writing about daily hassles) but not a measurement-only control condition. As Wood and colleagues argued, comparison to a hassle condition is ambiguous, because differences may be due to positive effects of the gratitude condition or negative effects of thinking about stressful events. Therefore, the authors concluded that additional studies with less-ambiguous comparisons conditions (e.g., comparison to measurement-only control groups) were needed to properly evaluate the efficacy of gratitude interventions.

The current review builds on Wood et al. (2010) in three key ways. First, additional outcome studies on gratitude interventions have been conducted within the last 5 years, and thus the body of literature is now more robust. Second, Wood et al. did not include unpublished studies, which may have introduced publication bias into their conclusions. We located a total of 32 samples relative to 12 from the Wood et al. review. Third, theirs was a qualitative review. Meta-analytic reviews offer several advantages, including the ability to summarize effect sizes across studies and test for moderator variables (Henson, 2006).

Meta-Analytic Review of Gratitude Interventions

The purpose of the current meta-analytic review was to reevaluate the efficacy of gratitude interventions. We were especially interested in addressing Wood et al.'s (2010) critique regarding the need for careful interpretation of comparison groups. We summarized effect sizes at posttest for randomized clinical trials on gratitude interventions. Specifically, our primary research question was whether gratitude interventions would outperform (a)

measurement-only control conditions or (b) alternative-activity conditions. We examined this hypothesis for three primary outcomes: gratitude, anxiety, and psychological well-being (measures of life satisfaction and depression were aggregated, consistent with prior reviews; e.g., Nelson, Kushlev, & Lyubomirsky, 2014).

Most studies included a measure of psychological well-being; thus for this outcome, we were able to subdivide the alternativeactivity conditions into two groups: matched-activity condition and psychologically active condition. In matched-activity conditions, participants were assigned a presumably inert activity that paralleled the gratitude condition (e.g., listing something daily). In psychologically active conditions, participants were assigned an activity with some theoretical or empirical evidence that it might enhance psychological well-being, such as acts of kindness (e.g., Kerr, O'Donovan, & Pepping, 2014), imagining one's best self (e.g., Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011; Sheldon & Lyubomirsky, 2006), or cognitive interventions such as thought records or progressive muscle relaxation (e.g., Flinchbaugh, Moore, Chang, & May, 2012). A psychologically active condition ought to engage a stronger placebo effect relative to a matched-activity condition, given that participants might reasonably expect engagement to promote greater psychological wellbeing (Wampold, Minami, Tierney, Baskin, & Bhati, 2005). Thus, on the basis of suggestions by Wood et al. (2010), we examined how gratitude interventions performed relative to these two types of alternative activities. We expected that gratitude interventions would outperform a matched-activity condition. Because it is difficult to show that an intervention outperforms another established intervention (i.e., dodo bird hypothesis; Wampold et al., 1997), we expected that gratitude interventions would perform at least as well as a psychologically active condition.

For studies that included psychological well-being as an outcome, we were also able to formally examine several moderators. The first moderator we examined was type of gratitude intervention. These included (a) gratitude lists or other journaling activities, (b) activities involving the expression of gratitude to another person, or (c) psycho-educational groups designed to promote gratitude. Although relatively little theory has addressed this issue, we hypothesized that psycho-educational groups and activities involving the expression of gratitude would show the strongest effect sizes when compared to the gratitude lists or other journaling activities, because these activities involve both intrapersonal and interpersonal aspects of gratitude. These interpersonally focused interventions might be more engaging, because they require more psychological (increasing cognitive processing) and emotional (increasing emotional engagement) effort to accomplish.

The second moderator we examined was *dose*, which is one of the more well established treatment moderators in psychology (Howard, Kopta, Krause, & Orlinsky, 1986). For example, in prior work in positive psychology, more time spent working on forgiveness, regardless of theoretical approach, predicted larger effect sizes (Wade et al., 2014). We examined dosage as a moderator for studies that included psychological well-being as an outcome and that used gratitude lists or journals. Specifically, we examined the (a) number of days of the intervention and (b) minutes of activity assigned. We expected a higher dose to be associated with a stronger effect size.

Method

Procedure

Inclusion criteria. In the present review, we included only experiments using random assignment to a gratitude intervention and either a measurement-only control condition or an alternative-activity condition. We excluded studies that were written in a language other than English. We also excluded interventions that were not primarily focused on gratitude (e.g., forgiveness interventions that incorporated gratitude as part of a larger intervention) or social/personality psychology studies including a gratitude prime (e.g., reading a scenario or receiving a small gift). If a study did not contain sufficient data to calculate the effect size, then we requested the missing data from the corresponding author. If the

author did not supply the missing information, we excluded the study.

Literature search. Our literature search involved a manual search of the references of prior reviews (e.g., Wood et al., 2010) on PsycINFO and Google Scholar and contacting researchers for file-drawer studies. On March 3, 2014, we conducted searches for articles on gratitude or gratitude interventions (see Figure 1). This search yielded over 1,000 abstracts, which we reviewed for relevant interventions. If the article met inclusion criteria, we retrieved the article through library resources at Georgia State University. We manually reviewed all acquired articles according to the inclusion criteria. Overall, a total of 32 samples met inclusion criteria. A supplemental Appendix is available online with tables summarizing the method of studies including in meta-analyses. We

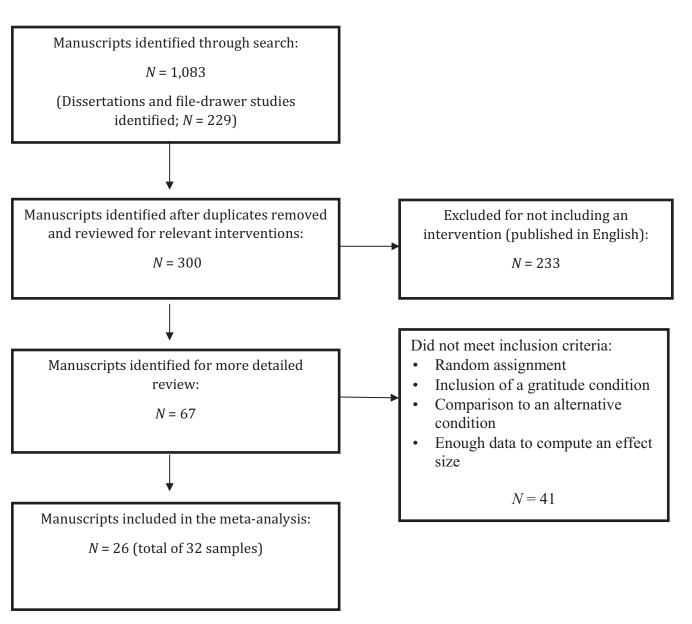


Figure 1. Summary of literature search results.

conducted separate meta-analyses for each outcome and for studies involving a measurement-only control or alternative-activity condition. We did this in order to optimize the number of effect sizes used in each meta-analysis. The number of studies and participants included in each meta-analysis are summarized in Table 1. The method of included studies are summarized in Tables 2–8.

Effect size. The effect size used in this review was the standardized mean difference (d), which summarizes the posttest or follow-up difference between the gratitude condition and the comparison condition (i.e., control, alternative activity). A positive (or negative) d indicates that the gratitude condition had a higher (or lower) mean than did the comparison condition.

Coding. In addition to securing information needed to calculate effect sizes, we also coded variables associated with the sample, measures, and intervention conditions. Regarding sample characteristics, we coded percentage female, percentage White, and age (i.e., school-aged, university students, adult community members, or senior citizens). As described earlier, we coded three different outcomes measures (i.e., gratitude, anxiety/stress, and psychological well-being), three types of gratitude interventions (i.e., lists/journals, expression, psycho-educational groups), and for gratitude lists/journals we coded dose (i.e., time span in days, time span in minutes assigned). Moreover, we coded the comparison condition as either a measurement-only control or alternative activity. Namely, a measurement-only control group involved completing assessment measures but no other activities. An alternative-activity condition involved assignment to activities that altered one's daily or weekly routine. We also coded the alternative activity as either a matched-activity condition or psychologically active condition. A matched-activity condition involved assignment of a task that matched the gratitude condition in activity level but was presumed to be psychologically inert. For example, if the participants in the gratitude condition listed five benefits, then participants in the matched-activity condition might list five things one had done that day. A psychologically active condition involved assignment of a task that one might reasonably assume would promote psychological well-being, such as engaging in acts of kindness, thinking of one's best self, or engaging in progressive muscle relaxation. We had a second coder rate moderators involving subjective decisions, including whether alternative activities were a matched activity or psychologically active ($\kappa = .80$) and type of intervention ($\kappa = .67$). The coders discussed any discrepancies until the two coders reached a consensus.

Data Analysis

To analyze data, we used Comprehensive Meta-Analysis Version 2.2 (Borenstein, Hedges, Higgins, & Rothstein, 2005). Random effects models were used because there was no reason to assume population effect sizes would be invariant. Studies were weighted by the sum of the inverse sampling variance plus tausquared (Borenstein, Hedges, Higgins, & Rothstein, 2009). To avoid dependencies in the data, we created an aggregate d if a sample included more than one effect size for an outcome or compared the gratitude condition to more than one alternativeactivity condition. This aggregate was created by averaging ds across relevant outcomes from the same sample; the variance for this aggregate was calculated according to the method described by Borenstein et al. (2009). The correlation between outcomes from different conditions was assumed to be zero. To estimate possible effects of publication bias, we also used the trim-and-fill procedure (Duval & Tweedie, 2000). This method generates a conservative estimate of the effect size by imputing potentially missing studies on the basis of the assumption that studies ought to be symmetrically distributed to the left and right of the aggregate effect size.

Results

Gratitude Versus a Measurement-Only Control Condition

We examined whether participants assigned to a gratitude intervention had better outcomes compared to a measurement-only control condition on the three outcomes. For gratitude, the d was .20 (95% confidence interval [CI = -.04, .44]; Q[3] = 6.70, p = .082) across four samples. For anxiety, there was only one study, so we did not conduct a meta-analysis. For psychological wellbeing, the d was .31 (95% CI [.04, .58]; Q[4] = 16.14, p = .003) across five samples.

Gratitude Versus an Alternative-Activity Condition

Next we examined whether participants assigned to a gratitude intervention had better outcomes compared to an alternative-activity condition on the three outcomes. For gratitude, the d was .46 (95% CI [.27, .64]; Q[14] = 45.75, p < .001) across 15 samples. For anxiety, the d was .11 (95% CI [-.08, .31]; Q[4] = 6.38; p = .172) across five

Table 1 Summary of Effect Sizes From Meta-Analysis of Gratitude Interventions

Outcome variable	d	95% CI	k	n	Q	I^2	k^*	d'	95% CI
Measurement-only control									
Gratitude	.20	[04, .44]	4	631	6.70	55.20	0	.20	[04, .44]
Psychological well-being	.31	[.04, .58]	5	664	16.14	75.23	0	.31	[.04, .58]
Alternative-activity condition									
Gratitude	.46	[.27, .64]	15	1,392	45.75**	69.40	3	.55	[.34, .75]
Anxiety/stress	.11	[08, .31]	5	395	6.38	37.32	1	.05	[08, .18]
Psychological well-being	.17	[.09, .24]	20	1,755	15.58	.00	1	.16	[.08, .24]
Activity-matched	.14	[.01, .27]	18	1,391	30.88**	44.94	4	.02	[07, .20]
Psychologically active	03	[13, .07]	9	1,012	5.50	.00	3	07	[17, .02]

Note. $d = \text{effect size based on mean difference between conditions; CI = 95% confidence interval; } k = \text{number of samples; } l^2 = \text{ratio of true heterogeneity to total variation in the observed samples; } k^* = \text{number of imputed studies; } d' = \text{effect size adjusted after imputing studies.}}$

Table 2
Gratitude Compared to Measurement-Only Control (Gratitude Outcome)

Study	N	Measure of gratitude	Gratitude intervention	Control condition	d
Toepfer et al. (2012)	183	GQ-6 (McCullough et al., 2002)	Gratitude letter	Measurement only	.24
Geraghty (2010)	149	GQ-6 (McCullough et al., 2002)	Gratitude list	Measurement only	.52
Baker (2011)	165	GQ-6 (McCullough et al., 2002)	Gratitude list	Measurement only	.12
Froh et al. (2008)	134	GAC (Emmons & McCullough, 2003)	Gratitude list	Measurement only	09
Total					.20

Note. GQ-6 = Gratitude Questionnaire—six-item form; GAC = Gratitude Adjective Checklist.

samples. For psychological well-being, the d was .17 (95% CI [.09, .24]; Q[19] = 15.58, p = .685) across 20 samples.

Gratitude Versus Matched-Activity or Psychologically Active Condition

For studies with psychological well-being as the outcome, we examined different types of alternative-activity conditions. Specifically, we examined whether participants assigned to a gratitude interventions had better outcomes compared to matched-activity and psychologically active conditions. Results showed that the gratitude interventions performed marginally better than the matched-activity comparison condition (d = .14; 95% CI [.01, .27]; Q[17] = 30.88, p < .001) but not better than the psychologically active condition (d = -.03; 95% CI [-.13, .07]; Q[8] = 5.50, p = .703).

Potential Publication Bias

Trim-and-fill adjusted estimates are also reported in Table 1. On the basis of this method, the estimates comparing gratitude interventions to a control condition did not require imputing additional studies to adjust for publication bias. However, all five estimates involving comparisons to an alternate-activity suggested some degree of potential publication bias. Although the method did not largely affect conclusions, there was one important exception. Namely, gratitude interventions led to greater psychological well-being than did an activity-matched control (d = .14, 95% CI [.01, .27]), but after imputing four studies using the trim-and-fill method this effect no longer differed from zero (d = .02, 95% CI [-.07, .20]).

Moderators

There were enough samples (k = 20) to example several potential moderators for studies that examined how gratitude intervention affected psychological well-being relative to an alternate activity. First, we examined whether type of gratitude intervention (i.e., journals/lists, expression, psycho-educational group) moderated the relationship between gratitude intervention and effect size. Namely, for example, we hypothesized that groups or expressions of gratitude might work better than journals or lists because they involve an interpersonal element. Unfortunately, only one study used psycho-educational groups, so we excluded this study from the analysis, Q(18) = 25.24, p = .12, $i^2 = 28.69$. Interventions that used expressions of gratitude had an effect size (d = .20; 95% CI [-.06, .46]) to similar that for interventions that used journals/lists (d = .20; 95% CI [.08, .33]; Q[1] = .01, p = .98). So this hypothesis was not supported. Second, there were enough studies using journals or lists to examine a potential dose effect (Q[14] =23.71, p = .050, $i^2 = 40.95$). Neither days (p = .233) nor minutes (p = .760) of participation moderated the effect size with psychological well-being. Thus, this hypothesis was not supported either.

Discussion

The science of gratitude has advanced rapidly over the last decade, and it is time to take stock regarding interventions to promote gratitude. The most common strategies for promoting gratitude (i.e., listing things for which one is grateful, journaling, or expressing one's gratitude to the person to whom one is grateful) are simple and

Table 3
Gratitude Relative to Measurement-Only Control (Psychological Well-Being Outcome)

Study	N	Measure of life satisfaction/depression	Gratitude intervention	Comparison condition	d
Henrie (2006)	90	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Measurement only	04
Geraghty (2010), Sample A	149	Patient Health Questionnaire—9 (Kroenke et al., 2001); Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Measurement only	.74
Geraghty (2010), Sample B	108	Patient Health Questionnaire—9 (Kroenke et al., 2001)	Gratitude list	Measurement only	.54
Froh et al. (2008)	134	Rate how one felt about life as whole (Emmons & McCullough, 2003); Brief Multidimensional Students' Life Satisfaction Scale (Seligson et al., 2003)	Gratitude list	Measurement only	.05
Toepfer et al. (2012)	183	Center for Epidemiologic Studies Depression Scale (Lorig et al., 2001; Radloff, 1977)	Gratitude letters	Measurement only	.24
Total					.31

Table 4
Gratitude Versus Alternative Activity (Gratitude Outcome)

Study	N	Measure of gratitude	Gratitude intervention	Control condition	d
Ki (2009)	161	GQ-6(McCulloughetal.,2002)	Gratitudelist	Hassleslist	1.06
Emmons & McCullough (2003), Study 2	101	GAC (McCullough et al., 2003)	Gratitude list	Hassles list	.88
Ozimkowski (2007), 3rd grade	29	GAC (McCullough et al., 2003)	Gratitude letters	Express feelings	.7
Martínez-Martí et al. (2010)	71	State Gratitude (three items; Martínez-Martí et al., 2010)	Gratitude list	Daily activity list	.61
Geraghty (2010)	129	GQ-6 (McCullough et al., 2002)	Gratitude list	Automatic thought record	.6
Gilek (2010)	60	GAC (McCullough et al., 2003); GQ-6 (McCullough et al., 2002)	Gratitude list	Daily activity list	.58
Emmons & McCullough (2003), Study 1	131	GAC (McCullough et al., 2003)	Gratitude list	Hassles; events that affected you	.42
Froh et al. (2014), Study 1	122	GAC (McCullough et al., 2003)	Group session	Group sessions on daily activities	.38
Froh et al. (2009)	89	GAC (McCullough et al., 2003)	Gratitude letters	Daily activities and feelings journal	.37
Otsuka, Hori, & Kawahito (2012)	38	GAC (McCullough et al., 2003)	Gratitude list	Life event lists	.31
Froh et al. (2008)	149	GAC (McCullough et al., 2003)	Gratitude list	Hassles list	.27
Ozimkowski (2007); 8th grade	39	GAC (McCullough et al., 2003)	Gratitude letters	Express feelings	.25
Froh et al. (2014), Study 2	82	GAC (McCullough et al., 2003)	Group Sessions	Group sessions on daily activities	.24
Ozimkowski (2007), 12th grade	21	GAC (McCullough et al., 2003)	Gratitude letters	Express feelings	.13
Gavian (2011)	171	GQ-6 (McCullough et al., 2002)	Gratitude list	Progressive muscle relaxation; daily schedule	04
Total				•	.46

Note. GQ-6 = Gratitude Questionnaire—six-item form; GAC = Gratitude Adjective Checklist.

relatively easy to incorporate into a variety of treatment strategies. Some advocates have been hopeful that perhaps spending just a few minutes per day to turn one's mind to social benefits of being grateful could help people avoid ruts in thinking that lead to anxiety, depression, or other symptoms that undermine mental health (e.g., Seligman et al., 2005). To evaluate the efficacy of gratitude interventions, we meta-analytically summarized studies that randomly assigned participants to a gratitude condition and either a measurement-only control or alternative-activity condition.

Our results provide weak evidence for the efficacy of gratitude interventions. Gratitude interventions outperformed a measurement-only control with psychological well-being as an outcome (small

effect size with only five samples) but not with gratitude as an outcome. Gratitude interventions outperformed an alternative activity with gratitude or psychological well-being as the outcome but not with anxiety as the outcome. Furthermore, even this finding should be interpreted with caution, because, as Wood et al. (2010) noted, this estimate is inflated by studies that compared gratitude to a hassle condition that may actually increase stress.

Taking heed of this caution, we were able to follow Wood et al.'s (2010) suggestion to hone in on the quality of the comparison group for studies that assessed psychological well-being as an outcome. Gratitude interventions performed marginally better than did a matched-activity conditions, but the confidence interval for this effect

Table 5
Gratitude Versus Alternate Activity (Anxiety Outcome)

Study	N	Measure of anxiety	Gratitude intervention	Comparison condition	d
Kerr et al. (2015)	31	Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995)	Gratitude list	Kindness list; mood diary	.33
Gavian (2011)	171	Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995)	Gratitude list	Progressive muscle relaxation audio recordings; describe daily schedule	06
Roland (2009)	24	Marital Satisfaction Inventory— Revised (Snyder, 1998)	Communicate gratitude	Gratitude and criticism list	08
Geraghty (2010)	80	Penn State Worry Questionaire (Stöber & Bittencourt, 1998); General Anxiety Disorder Scale Brief (Spitzer et al., 2006)	Gratitude list	Worry list	.03
Watkins et al. (2008)	90	Revised Impact of Event Scale (Weiss & Marmar 1997)	Gratitude journal	Unpleasant event journal; daily plans journal	.33
Total		,	3	1 3	.11

Table 6
Gratitude Versus Alternative Activity (Psychological Well-Being Outcome Combined)

Study	N	Measure outcome	Gratitude intervention	Comparison condition	d
Rash et al. (2011)	45	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Memorable event list	.08
Kerr et al., 2015		Purpose in Life Test (Crumbaugh & Maholick, 1964); Depression, Anxiety, and Stress Scale (Lovibond & Lovibond, 1995; Henry & Crawford, 2005)	Gratitude list	Kindness list; mood diary	.06
Ganser (2012)	60	Satisfaction with Life Scale (Diener et al., 1985); Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)	Gratitude list	Acts of kindness; daily activities	.12
Otsuka et al. (2012)	38	S Satisfaction with Life Scale-Japanese Version (Diener et al., 1985); Subjective Happiness Scale—Japanese Version (Shimai et al., 2004; Lyubomirsky and Lepper, 1999)	Gratitude list	Life event lists	32
Gavian (2011)	171	Satisfaction with Life Scale (Diener et al., 1985); Depression, Anxiety, and Stress Scale (Lovibond & Lovibond, 1995; Henry & Crawford, 2005)	Gratitude list	Progressive muscle relaxation; describe daily schedule	.14
Henrie (2006)	82	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Psycho-education reading (how to be happier)	05
Gilek (2010)	60	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Daily activity list	.43
Ki (2009)	161	Satisfaction with Life Scale (Diener et al., 1985); Center for Epidemiologic Studies Depression Scale (Andresen et al., 1994; Radloff, 1977)	Gratitude list	Hassles list	.87
Geraghty (2010), Sample A	129	Patient Health Questionnaire—9 (Kroenke et al., 2001); Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Thought record	.18
Geraghty (2010), Sample B		Patient Health Questionnaire—9; Kroenke et al., 2001)	Gratitude list	Worry record	.15
Smullen (2012)	35	Satisfaction with Life Scale (Diener et al., 1985); Geriatric Depression Scale (Sheikh & Yesavage, 1986)	Gratitude list	Daily activity list	.00
Froh et al. (2008)	149	 Feelings about life (Emmons & McCullough, 2003); Brief Multidimensional Students' Life Satisfaction Scale (Seligson et al., 2003) 	Gratitude list	Hassles list	.28
Boehm et al. (2011)	133	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude letters	Best possible self and life journal; activity journal	.09
Dickerhoof (2007)	221	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude letters (not sent)	Best possible future journal; activity journal	.12
Lyubomirsky et al. (2011)	135	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude letters (not sent)	Best possible self journal; activity journal	.13
Peters et al. (2013)	54	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Best possible self journal; daily activities list	.20
Ozimkowski (2007), 12th grade	21	Brief Multidimensional Life Satisfaction Scale (Seligson et al., 2003); Center for Epidemiological Studies Depression Scale for Children (Weissman et al., 1980)	Gratitude letters	Express feelings	.52
Ozimkowski (2007), 8th grade	39	 Brief Multidimensional Life Satisfaction Scale (Seligson et al., 2003); Center for Epidemiological Studies Depression Scale for Children (Weissman et al., 1980) 	Gratitude letters	Express feelings	.24
Ozimkowski (2007), 3rd grade	29	 Brief Multidimensional Life Satisfaction Scale (Seligson et al., 2003); Center for Epidemiological Studies Depression Scale for Children (Weissman et al., 1980) 	Gratitude letters	Express feelings	.49
Froh et al. (2014)	82	Brief Multidimensional Life Satisfaction Scale (Seligson et al., 2003)	Group session	Group sessions on daily activities	.61
Total					.17

includes zero when we adjusted for publication bias. Moreover, gratitude interventions did not outperform psychologically active conditions—a result that is somewhat ambiguous, because we could not precisely estimate the effectiveness of the psychologically active comparisons in the present review. If they had been moderately effective, then this finding would be a good sign, because it would mean that gratitude performed as well as other effective interventions, and it is difficult to show that an intervention outperforms another effective intervention (i.e., dodo bird hypothesis; Wampold et al., 1997). However, if the psychologically active conditions were only minimally effective, then it would not bode well that gratitude interventions were unable to outperform a weak comparison.

Thus, our findings might lead some readers to seriously question whether it is worth further investment in gratitude interventions. In fact, a cautious interpretation of our findings is that gratitude interventions may operate primarily through placebo effects. Placebo effects are most likely when participants expect that an activity might lead to positive outcomes, such as the psychologically active conditions (Wampold et al., 2005). Consistent with this idea, in a review of self-directed interventions to promote psychological well-being, Lyubomirsky and Layous (2013) concluded that engaging in any regular activities involving self-discipline seems to promote psychological well-being. Perhaps there are other positive psychology constructs that are simply more promising for applied work. Although we

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Table 7
Gratitude Versus Activity-Matched Comparison (Psychological Well-Being Outcome)

Study	N	Measure of life satisfaction/depression	Gratitude intervention	Comparison condition	d
Rash et al. (2011)	45	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Memorable event list	.08
Kerr et al. (2015)	31	Purpose in Life Test (Crumbaugh & Maholick, 1964); Depression, Anxiety, and Stress Scale (Henry & Crawford, 2005; Lovibond & Lovibond, 1995)	Gratitude list	Mood diary	.34
Dossett (2011)	64	Satisfaction with Life Scale (Diener et al., 1985); Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)	Gratitude list	Daily activity list	.52
Ganser (2012)	61	Satisfaction with Life Scale (Diener et al., 1985); Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)	Gratitude list	Daily activities	.08
Otsuka et al. (2012)	38	Satisfaction with Life Scale—Japanese Version (Diener et al., 1985); Subjective Happiness Scale—Japanese Version (Shimai et al., 2004; Lyubomirsky and Lepper, 1999)	Gratitude list	Life events list	32
Henrie (2006)	82	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Read how to be happier	06
Gilek (2010) Gavian (2011)	60 174	Satisfaction with Life Scale (Diener et al., 1985) Satisfaction with Life Scale (Diener et al., 1985); Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995)	Gratitude list Gratitude list	Daily activity list Daily activity journal	.43 .26
Smullen (2012)	35	Satisfaction with Life Scale (Diener et al., 1985); Geriatric Depression Scale (Sheikh & Yesavage, 1986)	Gratitude list	Daily activity list	.00
Boehm et al. (2011) Dickerhoof (2007)	131 220	Satisfaction with Life Scale (Diener et al., 1985) Satisfaction with Life Scale (Diener et al., 1985); Subjective Happiness Scale (Lyubomirsky & Lepper, 1999); positive and negative affect	Gratitude letters Gratitude letters	Daily activity journal Daily activity journal	.29 15
Lyubomirsky et al. (2011)	136	Satisfaction with Life Scale (Diener et al., 1985); Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)	Gratitude letters	Daily activities journal	15
Peters et al. (2013)	54	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list and imagery exercise	Daily activities list and imagery exercise	.23
Ozimkowski (2007), 12th grade	21	Brief Multidimensional Life Satisfaction Scale (Seligson et al., 2003); Center for Epidemiological Studies Depression Scale for Children (Weissman et al., 1980)	Gratitude letters	Express feelings	.52
Ozimkowski (2007), 8th grade	39	Brief Multidimensional Life Satisfaction Scale (Seligson et al., 2003); Center for Epidemiological Studies Depression Scale for Children (Weissman et al., 1980)	Gratitude letters	Express feelings	24
Ozimkowski (2007), 3rd grade	29	Brief Multidimensional Life Satisfaction Scale (Seligson et al., 2003); Center for Epidemiological Studies Depression Scale for Children (Weissman et al., 1980)	Gratitude letters	Express feelings	.49
Froh et al. (2014)	82	Brief Multidimensional Students' Life Satisfaction Scale (Seligson et al., 2003)	Group session	Group sessions on daily activities	.62
Lambert et al. (2012)	89	State depressive symptoms (Andresen et al., 1994)	Gratitude journal	Insight journal	.33
Total		,			.14

believe such a conclusion is premature, our results certainly suggest the need for researchers to immediately consider how to bolster effect sizes and examine evidence of specificity.

Limitations and Future Research

Changes in samples. Meta-analyses are burdened by the limitations present in the studies reviewed. Most of the studies involved college students rather than people seeking treatment. Sev-

eral samples had near ceiling levels of gratitude before engaging in the intervention (Wood et al., 2010). Thus, more studies are needed on clinical samples having difficulty regulating emotions (e.g., depression, grief, or trauma), so that there is greater potential for change to occur. For example, it would be interesting to randomly assign clients being treated for anxiety or depressive symptoms to engage in adjunctive gratitude activities or treatment as usual. Gratitude activities may provide a potent and consistent way for clients to increase positive affect and social connection

Table 8
Gratitude Versus Psychologically Active Comparison (Psychological Well-Being Outcome)

Study	N	Measure of life satisfaction/depression	Gratitude intervention	Comparison condition	d
Kerr et al. (2015)	32	Purpose in Life Test (Crumbaugh & Maholick, 1964); Depression, Anxiety, and Stress Scale (Lovibond & Lovibond, 1995; Henry & Crawford, 2005)	Gratitude list	Kindness list	23
Ganser (2012)	59	Satisfaction with Life Scale (Diener et al., 1985); Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)	Gratitude list	Acts of kindness	.16
Gavian (2011)	167	Satisfaction with Life Scale (Diener et al., 1985); Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995)	Gratitude list	Progressive muscle relaxation	.02
Geraghty (2010), Sample A	129	Patient Health Questionnaire—9 (Kroenke et al., 2001); Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list	Automatic thought records	.18
Geraghty (2010), Sample B	80	Patient Health Questionnaire—9 (Kroenke et al., 2001)	Gratitude list	Worry records	.15
Boehm et al. (2011)	135	Satisfaction with Life Scale (Diener et al., 1985).	Gratitude letters	Best possible self and life journal	11
Dickerhoof (2007)	222	Satisfaction with Life Scale (Diener et al., 1985); Subjective Happiness Scale (Lyubomirsky & Lepper, 1999); positive and negative affect	Gratitude letters	Best possible future self journal	10
Lyubomirsky et al. (2011)	134	Satisfaction with Life Scale (Diener et al., 1985); Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)	Gratitude letters	Best possible self journal	11
Peters et al. (2013)	54	Satisfaction with Life Scale (Diener et al., 1985)	Gratitude list and imagery exercise	Best possible self journal and imagery exercise	.17
Total					03

and decrease negative affect, but more work is needed to determine the potential of such strategies.

In a similar vein, we wonder what factors block people from experiencing gratitude during interventions. For example, individuals higher in perfectionism or lower in agreeableness (especially trust) might have neutral or even negative reactions when they think of benefits received from others. Indeed, difficulty experiencing and expressing gratitude may underlie the individual's symptoms. For example, some clients may avoid attending to benefits because they fear feeling indebted to others. In such cases, gratitude activities may cause anxiety, guilt, or other adverse reactions. Examining gratitude in the context of therapy or ongoing psycho-educational groups may provide a way of addressing this issue. Namely, therapists can assess for ambivalence and intervene to help clients resolve their ambivalence. In a self-directed format, some individuals may lack the ego strength or support to remain engaged in the intervention when they experience adverse reactions

Modifications to gratitude interventions. A few strategies seem worth exploring. We note that there was a restricted range of dosage in the studies to date. Furthermore, only one study in our review investigated a psycho-educational group (cf. forgiveness interventions; for a meta-analysis, see Wade et al., 2014). Given the weak effect sizes in the present review, the next wave of applied work on gratitude interventions needs to clarify the clinical and theoretical focus of gratitude interventions. For example, if the purpose is to induce gratitude, brief interventions may work fine. But if the purpose is to contribute to better mental health, then researchers will likely need to employ several strategies to enhance effect sizes, such as increasing dosage, using groups to generate

strong norms, and targeting individuals having difficulty regulating emotion. These adaptations may help clarify the importance of gratitude interventions relative to other treatments.

To achieve optimal effect sizes, researchers may need to develop a time-intensive curriculum that uses a variety of strategies to shift one's level of gratitude. In particular, Emmons and Mc-Cullough (2003) suggested that gratitude entails a two-step cognitive process: (a) recognizing that one has received a benefit and (b) recognizing the external source of that benefit. Whereas many gratitude interventions aim to cultivate an inward attitude of gratitude, the beneficial effects of gratitude may not be fully realized until one's gratefulness is expressed outwardly (Lambert et al., 2010). Thus, a grateful beneficiary may not experience optimal benefits of gratitude activities (i.e., psychological well-being, presence of meaning, communal strength) apart from developing habits of sharing gratitude with benefactors. Researchers might also explore culturally adapted interventions for individuals who are strongly religious or spiritual. For example, prayer or meditation may provide individuals with a potent and always available opportunity to both cultivate and express gratitude. Researchers might also explore different strategies regarding when to practice gratitude. Prior work has typically focused on cultivating the regular habit of turning one's mind to gratitude, but it seems worth exploring gratitude activities as a way of coping with distressing emotions. For example, one model of forgiveness teaches participants to juxtapose gratitude or other positive emotions in order to regulate negative emotions associated with unforgiveness (Wade et al., 2014).

Modifications in dependent variables. Once adjustments are made to strengthen effect sizes, we also encourage future research

to carefully consider dependent measures based on the target population and theory of change used to design the intervention. Gratitude, as a moral affect (Emmons & McCullough, 2003), is theorized to affect people's bodies and moods, not just their sense of gratefulness. Future research needs to include not just distal outcomes associated with physical or mental health but also theorized proximal mechanisms, such as biomarkers, mood, positivity, or spirituality.

In addition to these limitations, the methods we employed also limited the results of our meta-analyses. We examined moderators independently, but future work might use strategies to examine moderators simultaneously. Furthermore, we examined outcomes at posttest, which may have contributed to the weak effect sizes in our results, and future meta-analyses might explore the long-term effects of gratitude interventions.

Conclusion

The first fruits of gratitude interventions are in, and they show positive but limited promise. Although we do not believe the potential of gratitude interventions has been fully realized, enthusiasm for gratitude interventions should be tempered until longer, more-powerful interventions that have demonstrated stronger evidence of efficacy. We hope the results of this review will help consolidate prior work and reenergize the next phase of applied work on the virtue of gratitude.

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Received December 29, 2014
Revision received June 22, 2015
Accepted July 7, 2015

A special issue of *Psychological Services* on "Military Sexual Trauma" releases in November, 2015. MST is a term used by the United States Department of Veterans Affairs (DVA) to refer to rape, sexual assault and sexual harassment that occurs during military service. The issue, guest edited by Michi Fu and Tracy Sbrocco, features 13 articles that include sexual trauma in male and female service members, sexual intimate partner violence, utilization of healthcare, and a training program to treat MST. The issue examines MST among non-traditional populations as well as treatment recommendations. An anonymous piece offers a first-hand experience of MST. The table of contents is available at http://psycnet.apa.org/journals/ser/12/4.