Focusing on the Positive versus Reframing the Negative: The Role of Sharing Positive Experiences versus Positively Reframing Negative Experiences on Relationship and Mental Health

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FOCUSING ON THE POSITIVE VERSUS REFRAMING THE NEGATIVE: THE ROLE OF
SHARING POSITIVE EXPERIENCES VERSUS POSITIVELY REFRAMING NEGATIVE
EXPERIENCES ON RELATIONSHIP AND MENTAL HEALTH

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I would like to dedicate this dissertation to my beloved wife Olya for her constant love and support for me as I have pursued this higher degree. She has been my companion, my inspiration, and my sanity through this entire process.
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ABSTRACT

The overwhelming majority of research in family studies and psychology journals has been devoted to mental health dysfunctions and relationship problems. Positive relationship processes and positive emotions are victims of severe neglect. The current study examines how sharing positive experiences or positively reframing negative ones can impact mental health (gratitude and depression) as well as relationship outcomes (relationship satisfaction and relationship maintenance). The current study has three primary objectives and hypotheses, to 1) compare the effects of writing about or sharing a positive experience or reframe versus a neutral control on mental health and relationship well-being outcomes, 2) compare the effects of writing about or sharing positive experiences versus reframing or sharing reframes of negative experiences on mental health and relationship well-being outcomes; 3) compare and contrast the effect of sharing versus not sharing on mental health and relationship well-being outcomes. Participants that shared their positive experiences or positive reframes increased in gratitude relative to those who simply wrote about these topics. Possible explanations for these findings and their implications for future research are then discussed.
CHAPTER 1

INTRODUCTION

With the rise of positive psychology, there has been an increased focus on positive emotion and positive relationship processes, both of which have received comparatively little attention in the literature compared to their negative counterparts. The objective of the current study is to simultaneously examine variables I suspect would affect both positive relationship processes and positive emotion. The objective of the current study is to examine the effects of writing about or sharing a positive experience or reframing a negative experience on relationship well-being and mental health. I will begin by discussing theories of positive emotion and how the current study may confirm or even expand such theories. Then I will describe a series of eight preliminary studies I conducted on the effect of positive reframing and positive emotion on depression and how the current study can build upon these findings. Next, I will describe another set of preliminary studies I conducted to test the added benefit of sharing a positive experience, rather than simply thinking or writing about it and how the current study can extend these findings. Finally, I will describe the hypotheses and methodology for how I plan to implement the current study.

Theories of Positive Emotion

A useful theory in examining the role of positive emotion is the broaden-and-build theory of positive emotions. The broaden-and-build theory asserts that negative emotions, like the fear experienced in a threatening situation, narrow a person’s momentary thought-action repertoire to promote quick and decisive action such as “fight or flight.” In contrast, positive emotions broaden momentary thought-action repertoires, which widen the array of thoughts that come to mind. For instance, joy appears to broaden the thought-action repertoire by creating the urge to play, be creative, push the limits, and so on (Fredrickson, 2001). Likewise, a positive emotion such as curiosity creates the urge to explore and take in new experiences and information while expanding the self in the process. Fredrickson argued that such broadening of emotions builds enduring personal resources such as social bonds, health, and knowledge.

Besides broadening and building, positive emotions also have been shown to play a role in correcting or undoing the aftereffects of negative emotions. This tendency is termed the
undoing hypothesis (Fredrickson & Levenson, 1998; Levenson, 1988). For example, several studies on self-regulation (Aspinwall, 1998; Trope & Pomerantz, 1998) and coping (Folkman, 1997; Folkman & Moskowitz, 2000) have found that positive emotion functioned as a resource that helped individuals manage threats and stress. This theory has also been tested with physiological data (Fredrickson, Mancuso, Branigan, & Tugade, 2000). Participants that were experiencing anxiety-induced cardiovascular reactivity were shown a film that elicited positive, neutral, or negative emotions and those who reported positive emotional response experienced faster cardiovascular recovery than the other conditions. Thus, it appears that positive emotions play a dual role, broadening and building other positive emotions and “undoing” the aftereffects of negative emotion. My first set of preliminary studies examined whether that gratitude—through the paths of positive emotion and positive reframing—would exert an undoing effect on depression.

**Link between Gratitude, Positive Reframing, Positive Emotion, and Depression**

For the preliminary studies, I selected depression as my primary target of focus for examining the effect of gratitude, positive reframing, and positive emotion on mental health. Depression is defined in part as an absence of positive thoughts and plans, as well as an inability to experience positive emotions (NIMH, 2009). I anticipated that gratitude could fill the positive-emotion void experienced by depressed individuals, and tested a theoretical model to determine how gratitude relates to depression. The model includes a direct negative relationship between gratitude and depression, which would be mediated by two mechanisms: positive reframing and positive emotion. I first describe evidence suggesting a direct relationship between gratitude and depression followed by a discussion of the indirect paths through positive reframing and positive emotion.

Consistent with prior research, there should be a direct link between gratitude and depression. I proposed an indirect path for the effect of gratitude on depression through positive reframing. Specifically, I proposed that individuals high in trait gratitude will have a greater tendency to positively reframe negative or neutral situations which will trigger a grateful state within themselves. Over time, according to the undoing hypothesis, the accumulation of grateful states should decrease depression. I proposed another indirect path through positive emotions such as joy or happiness, which are inimical to depression. These positive emotions should
mediate the effect of gratitude on depression. My proposed conceptual model (see Figure 1 below) illustrates these indirect paths. I now describe each of these paths in greater detail.
Figure 1. Theoretical model for the effect of gratitude on depression.
**Gratitude and Depression: the Direct Path**

As noted, there is some evidence that gratitude is associated with lower depression (Krause, 2007; Wood, Maltby, Gillett, Linley, & Joseph, 2008). Seligman, Steen, Park, and Peterson (2005) tested the effect of gratitude on depression experimentally simply by having participants write and deliver a letter of gratitude to someone for whom they were grateful. Those who participated in this simple act of gratitude expression reported fewer depressive symptoms than control participants, lending credibility to the notion that gratitude can reduce depression.

Nonetheless, it is surprising how little research has been conducted on the link between gratitude and depressive symptoms, given that such symptoms can have serious consequences for mental and physical health (e.g., suicide, Maris, Berman, Maltsberger, & Yufit, 1992). Gratitude has been shown to be a phenomenon that is susceptible to manipulation (e.g., Lambert, Fincham, Stillman, & Dean, 2009); thus, it appears to be an ideal antidote for depressive symptoms.

In short, there is some empirical evidence indicating that higher levels of gratitude correspond to lower levels of depression, yet the means by which gratitude reduces depression have not been elucidated. I proposed that the effects of gratitude on depression occur via two indirect paths—positive reframing and positive emotion.

**Indirect Path through Positive Reframing**

**Gratitude and Positive Reframing**

I proposed that individuals higher in trait gratitude will be more inclined to positively reframe negative events or situations, which should elicit a grateful state and thereby reduce depressive symptoms. Positive reframing is to perceive something previously viewed as negative in a positive light. For example, people might come to think about a seemingly negative experience as an opportunity to learn something new, gain a new skill, or deepen a relationship (Lambert, Graham, Fincham, & Stillman, in press). Positive reframing may be used as one method for achieving a grateful state. For example, consider an individual who is laid off from paid employment, but who reframes the unfortunate situation as an unexpected opportunity to start a new career path. Perceiving the positive aspects of a negative situation, like unemployment, should lead the individual to perceive the situation in a new light that makes it
more meaningful and even valuable, thus eliciting a grateful state and reducing depressive symptoms.

There is some empirical evidence indicating a relationship between positive reframing and gratitude. For example, gratitude has been associated with making positive attributions (Wood et al., 2008; Wood, Maltby, Stewart, Linley, & Joseph, in press), which is a key aspect of positive reframing. Wood, Joseph, and Linley (2007) found that gratitude was positively correlated with a coping style called positive reinterpretation and growth, which is conceptually similar to positive reframing. Another study demonstrated that people who positively reframed a negative experience felt more grateful for that experience than control participants (Lambert, Fincham, & Stillman, 2010). I proposed that individuals high in trait gratitude will be inclined to positively reframe negative or neutral events, which will then elicit a grateful state and in turn lead them to experience fewer depressive symptoms (See Path B in Figure 1).

**Positive Reframing and Depression**

Most of the extant literature on positive reframing has focused on its effects on the mental health of individuals with serious, life threatening illnesses (which can often result in depressive symptoms). Though most of this literature does not include depression measures per se, the outcomes are very relevant to depression. For example, among persons with cancer, benefit-finding (conceptually similar to positive reframing) was related to lower distress (Fife, 1995; Katz, Flasher, Cacciapaglia, & Nelson, 2001; Taylor et al., 1984; Urcuyo, Boyers, Carver, & Antoni, 2005; Vickberg et al., 2001), greater well-being (Carpenter, Brockopp, & Andrykowski, 1999; Curbow, Somerfield, Baker, Wingard, & Legro, 1993; Urcuyo et al., 2005), more positive affect (Katz et al., 2001), greater levels of current and anticipated life satisfaction (Curbow et al., 1993), and fewer symptom reports and medical appointments (Stanton, Danoff-Burg, & Huggins, 2002).

A study on patients with multiple sclerosis similarly found that benefit finding was related to life satisfaction, positive affect, and dyadic adjustment (Pakenham & Cox, 2008). One study of mothers who lost a child found that those who engaged in positive reframing reported less intense grief reactions (Riley, LaMontagne, Hepworth, & Murphy, 2007). Other research shows a significant negative relationship between positive reframing and depression in the expected direction for patients undergoing pediatric bone marrow transplant (Manne et al., 2003). I suspect that this process is also important to individuals that are not currently coping
with a major life crisis and I hypothesize that individuals that engage in positive reframing will report fewer depressive symptoms and higher levels of gratitude. Although numerous studies have been conducted on the outcomes of positive reframing, it is surprising that none have examined depression.

Overall, there is some evidence that gratitude reduces depressive symptoms by encouraging people to positively reframe negative events. However, positive reframing is likely not the only mechanism in this relationship. I proposed that positive emotion also mediates the gratitude-depression association.

**Indirect Path through Positive Emotion**

**Gratitude and Positive Emotion**

Consistent with broaden-and-build theory (Fredrickson, 2001), gratitude may reduce depression insomuch as it builds other positive emotions or states that are inimical to depression, such as satisfaction with life or positive affect. As noted, researchers have found a correlation between gratitude and life satisfaction (McCullough, Emmons, & Tsang, 2002) and participants primed with gratitude reported higher life satisfaction scores than control participants (Lambert, Fincham, Stillman & Dean, 2009). Furthermore, Emmons and McCullough (2003) found that individuals who kept a gratitude journal for 13 days reported higher positive affect than control participants. Thus, there appears to be a relationship between gratitude and positive emotion.

**Positive Emotion and Depression**

Depression is defined, in part, as an absence of positive thoughts and plans and an inability to experience positive emotions (NIMH, 2009). Thus, positive emotions are at odds with a fundamental aspect of depression and according to the undoing hypothesis (Fredrickson & Levinson, 1998), positive emotions correct the aftereffects of negative emotions. Furthermore, low positive emotionality, defined as a dispositional tendency to experience pleasurable emotional states (Watson, 2002), or a chronic disinclination to experience positive emotions, is a risk factor for developing a mood disorder such as major depression; individuals who demonstrated low positive emotionality initially were more likely than others to experience major depression months later (Clark, Watson, & Mineka, 1994; Watson, 2000). Similarly, melancholic temperament, which is chronic high levels of negative emotionality and low levels of positive emotionality, contributes to depression and other mental disorders (Watson & Clark, 1995).
Mood disorders, unlike most other forms of mental illness, have well-defined cycles—fluctuating daily (symptoms are worst in the morning) and seasonally (as evidenced by seasonal affect disorder). These same patterns are observed for positive emotionality, with positive emotionality at its lowest in the morning and during extended stretches of poor weather (Watson, 2002). It seems likely that the cyclical nature of mood disorders is at least partly attributable to the cycle of experiencing positive emotions, with an absence of positive emotions contributing to more mood disorder symptoms.

In short, positive emotions are inimical to depression (cf. Watson, 2000; Watson, Clark, & Carey, 1988) and have been shown to undo the effects of negative emotions (Fredrickson, Mancuso, Branigan, & Tugade, 2000). When positive emotions are experienced, depressed mood is less likely to be experienced. It is therefore reasonable to assume that increasing the frequency or intensity of positive emotions would decrease depressive symptoms.

Preliminary Studies

I began testing my proposed theoretical model (see Figure 1) in a series of eight studies (Lambert, Fincham, & Stillman, 2010).

Direct Effect Path A

Study 1—Path A

Using a longitudinal design, Time 1 trait gratitude predicted later depression, even when controlling for baseline levels of depression. Thus, Study 1 provided evidence for Path A.

Positive Reframing Path B

Study 2—Path B2 (Positive Reframing → State Gratitude)

In this study participants were randomly assigned to one of two conditions in which they wrote about either (1) the positive aspects of major life challenge (positive reframing condition), or (2) the notable aspects of the experience (control condition). Those who positively reframed their negative experience reported feeling more grateful for the negative event and reported a less negative impact of recalling the event on their current state, which should have implications for depressive symptoms.

Study 3—Path B2

The objective of this study was to rule out the possibility that simply thinking positive thoughts accounted for the results of Study 2. In Study 3 participants wrote about a major life challenge and the experimental participants reframed this negative event as before. However, this
time, control participants wrote about positive aspects of their favorite TV show to ensure any results obtained for state gratitude and state depression were due to reframing rather than simply positive thinking. Afterwards, participants who reframed their negative life experience reported feeling more grateful for the experience and less negatively affected by it than did control participants. Studies 2 and 3 provide evidence that positive reframing leads to event-specific gratitude (Path B2) and lower event-specific negative feelings that should enhance depressive symptoms.

**Study 4—Path B3 (State Gratitude → Depression)**

In this study one group of participants was randomly assigned to think and write about their opportunities and blessings (gratitude condition) and the other group was assigned to think and write about some of the things they had been learning in class (control condition). Participants in the gratitude condition reported higher levels of gratitude (manipulation check) and lower levels of state depression (Path B3).

**Study 5—All Paths B (Positive Reframing)**

Participants completed measures of gratitude, positive reframing, and depression at Time 1 and then again 12 weeks later. Even when controlling for initial levels of depression, gratitude predicted later depression and this effect was mediated by positive reframing. In the following studies, I sought to test my other proposed mediator—positive emotion.

**Positive Emotion Path C**

**Study 6—Path C**

Participants completed all measures at Time 1 and then again 12 weeks later. In this study I operationalized positive emotion using the positive dimension of the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988). Even when controlling for initial levels of depression, gratitude predicted later depression and this effect was mediated by positive emotion. Thus, there is evidence for the indirect path of gratitude affecting depression through positive emotion, Path C.

**Study 7—Path C**

The study used a longitudinal, experimental design that included pre and posttest assessments and two conditions to which participants were randomly assigned. Participants in the experimental condition were instructed to complete a gratitude journal each day for four weeks.
Control participants were assigned to a neutral condition and were instructed to keep a daily journal record of insights they had gained in their college courses. The purpose of this control condition was to ensure that engaging in daily reflection and writing was not driving the study results. Participants in all groups signed into an online journal twice a week and transferred their daily journal record into this online format as a way to ensure that they actually completed their assigned task. Participants assigned to the gratitude condition reported greater positive affect and lower depression than the neutral condition at the conclusion of the four weeks even when controlling for baseline levels of depression. Positive emotion (affect) mediated the relationship between experimental condition and depression scores. These results provide experimental evidence suggesting that gratitude causes increases in positive affect and decreases in depression over time (Path C).

Full Model

Study 8—All Paths

The last study tested all paths (A, B, & C) simultaneously to see if positive reframing and positive emotion would both function as mediators if included in a single model. This time, positive emotion was operationalized as happiness (Lyubomirsky & Lepper, 1999). Using a longitudinal design, I measured gratitude, positive reframing, and positive emotion (happiness) initially and then once more four weeks later. Consistent with my theoretical model, both positive reframing (Path B) and positive emotion (Path C) simultaneously mediated the relationship between gratitude and depression.

Need for Further Testing of Model

The preliminary studies document how gratitude, through positive emotion and positive reframing can benefit mental health. However, several questions remain to be answered through additional research. The preliminary studies did not examine factors of positive emotion or positive reframing that could impact relationship processes. For example, how might sharing one’s positive emotion or positive reframes alter the magnitude of its impact? This is a question that is addressed in the proposed study. Also, in the preliminary studies, the indirect paths of positive emotion and positive reframing were not directly compared to each other with an experimental design. The current study seeks to address this limitation by including a condition designed to focus individuals on positive emotional experiences and another condition in which participants will positively reframe their negative emotional experiences. Furthermore, I
(Lambert, et al., 2010) found that reframing a single event caused participants to feel less negatively affected by the event than control participants; however, how might a repeated positive reframing of negative events affect mental health?

**Positive Reframing as an Intervention?**

Little is known about the practical implications of using positive reframing as an intervention and I tested this in the current study. For example, perhaps positive reframing as a naturally occurring process may be beneficial for mental health, but could have limited value in intervention or treatment due to the necessity of regularly thinking of negative life events or experiences to reframe. Could regularly thinking of negative experiences to reframe actually do more harm to overall mental health than good?

Our prior research indicates that completing the positive reframing process increased gratitude for that event and decreased the negativity with which the event was viewed; however, future studies ought to examine whether engaging in such a process repeatedly could enhance one’s trait gratitude and reduce depressive symptoms, or whether continually thinking of negative life events might actually increase depressive symptoms over the long run. Also, how might regular engagement in such a process affect mental health in comparison to, say, regularly focusing on accentuating the positive events? Given that the natural tendency to positively reframe has been related to so many positive mental health outcomes (e.g., lower distress, Fife, 1995; Katz, Flasher, Cacciapaglia, & Nelson, 2001; Taylor et al., 1984; Urcuyo, Boyers, Carver, & Antoni, 2005; Vickberg et al., 2001, greater perceived well-being, Carpenter, Brockopp, & Andrykowski, 1999; Curbow, Somerfield, Baker, Wingard, & Legro, 1993; Urcuyo et al., 2005, and fewer symptom reports and medical appointments Stanton, Danoff-Burg, & Huggins, 2002 to name a few), such a thorough examination of the utility of positive reframing in intervention or therapy should be a priority.

**Sharing Positive Experiences**

Some research indicates that, in a given day, there is a three to one ratio of positive to negative experiences (Gable & Haidt, 2005). Sharing such experiences is also common, as research suggests that between 60 and 80 percent of the time, people disclose their most positive daily experience (Gable, Reis, Impett, & Asher, 2004).

Prior research has found that sharing positive events or emotions is associated with salutary outcomes for the person doing the sharing. Labott, Ahleman, Wolever, and Martin
(1990) found that when participants watched a happy video their immune system showed increased activity, but only when they had been instructed to express their emotions. Another study found that sharing a positive event is correlated with heightened memory of that particular event (Gable, et al., 2004) and it could be that if positive events are more easily accessible in the memory, they will be able to continue to have positive affects (later positive affect and coping). Furthermore, sharing positive events is correlated with higher levels of positive affect and life satisfaction (Gable, et al., 2004). Langston (1994) found that the sharing of a positive event generated unique positive affect that went beyond the affect elicited from recollecting the positive event.

The current research seeks to build upon prior research and to extend broaden-and-build theory. Specifically, I propose that sharing positive emotions elicits an effect above and beyond simply experiencing the positive emotion. This could add an important relationship element to Frederickson’s broaden and build theory and add to the growing literature on upward spirals (a chain of positive emotions in which one builds upon the other). One recent study demonstrated an upward spiral over a two-month period in which positive affect, broad-minded coping, interpersonal trust, and social support reciprocally and prospectively predicted one another. This upward spiral was partially based in changes in dopaminergic functioning (Burns, Brown, Sachs-Ericsson, Plant, Curtis, Fredrickson, & Joiner, 2008). Another study found that initial positive affect predicted broad-minded coping and that positive affect and broad-minded coping serially enhanced one another over time (Fredrickson & Joiner, 2008). I proposed that sharing positive experiences with a relationship partner could contribute to upward spirals because sharing positive experiences could foster enhanced intimacy, especially when accompanied by an enthusiastic response (Gable, et al., 2004). Such feelings of intimacy (or other relationship oriented positive emotions) could then be the impetus for further positive emotion, triggering an upward spiral of positive emotion. Furthermore, I predicted that there should be an additive effect of sharing the positive emotion that is independent of any relationship intimacy gains.

**Preliminary Studies**

In a series of preliminary studies I (Lambert, Gwinn, & Fincham, 2010) sought to test how sharing a positive experience with a relationship partner might increase an individual’s happiness and positive affect. In Study 1, we showed that sharing positive experiences at Time 1 predicted later positive affect, controlling for initial positive affect. In Study 2, all participants
were instructed to write about something good that happened to them in the past two weeks. Then, half of the participants were randomly assigned to share this positive event with a relationship partner and complete the dependent measures while the other half of participants completed the dependent measures immediately after writing about the positive event. Those who shared their positive event reported higher levels of positive affect.

In the third study I tested whether regular sharing of positive experiences lead to gains in happiness and positive affect over the course of four weeks, using a journaling technique. Participants completed baseline measures of satisfaction with life and positive affect and were then assigned to one of three conditions: a gratitude experience sharing condition, a gratitude experience writing only condition, or a sharing of learning. Participants in the gratitude sharing condition were instructed to write about some of the things they are grateful for and then to share it with a partner at least twice a week and to write about their experience in an online journal twice a week for four weeks.

To ensure that any posttest differences were not due simply to thinking grateful thoughts, some control participants were assigned to write on these same gratitude topics twice a week for four weeks, but were not required to share their thoughts or experiences with a relationship partner. Additionally, to ensure that simply having a regular, positive interaction with a relationship partner was not driving the proposed study effects, another set of control participants were instructed to write about things that they were learning in a class, share this knowledge with a partner twice a week, and report about it in an online journal twice a week for four weeks.

Upon the conclusion of the four weeks, all participants completed follow-up measures of satisfaction with life, happiness, and positive affect. Consistent with study hypotheses, participants who had shared their positive emotions of gratitude with a partner reported significantly more satisfaction with life, happiness, and positive affect than participants in either control condition.

**Need for Further Research**

These preliminary studies indicate an added benefit of sharing positive experiences for life satisfaction and potentially mental health. However, one limitation of these studies was that they did not examine the potential relationship variables (e.g., trust, intimacy, etc.) that may have been affected through the process of sharing. Furthermore, the studies only examined the effect of sharing positive emotions and the study designs did not include a comparison with sharing
negative emotional experiences. Graham, Huang, and Clark (2008) found that sharing negative emotion can have several benefits for relationships including friendship formation, intimacy, and extension of support. However, it is unclear whether sharing a negative experience (even if it is reframed) over an extended period of time would have similar effects on relationship outcomes and how this might directly compare with sharing positive experiences. Despite the fact that the current study proposes to positively reframe the shared negative experiences, several commonalities (e.g., recollecting the negative experience and telling about it) still exist with a typical shared negative experience.

**Proposed Study**

The current study has three primary objectives and hypotheses, all of which build on my prior research. The study is designed to 1) compare the effects of writing about or sharing a positive experience or reframe versus a neutral control on relationship well-being and mental health outcomes and to test whether gratitude mediates this relationship; 2) compare the effects of writing about or sharing positive experiences versus reframing or sharing reframes of negative experiences on relationship well-being and mental health outcomes; 3) compare and contrast the effect of sharing versus not sharing on relationship well-being and mental health outcomes.

**Positive Experiences and Reframing versus Neutral Control**

Building on my preliminary studies which indicated that positive emotion and positive reframing reduced depression, a key objective of the current study is to examine both positive emotion and positive reframing using an experimental design to see if both will have positive effects on relationship and mental health outcomes compared to a neutral control. I hypothesize that both writing about or sharing positive experiences and reframing or sharing reframes of negative experiences will have a significant effect on relationship and mental health outcomes relative to the neutral control condition.

**Positive Experiences versus Positive Reframing**

The longitudinal results of my preliminary studies indicated no significant differences between positive emotion and positive reframing on depression; however, these results were simply correlational. One important objective of the current study is to compare which is better at building gratitude and other mental health and relationship outcomes: sharing good experiences or positive reframing. Could it be that regular practice of positive reframing may be deleterious to mental health because of the regular focus on the negative (even if it ends
positively)? I hypothesize that, compared to sharing negative experiences, sharing good experiences will have a stronger, more positive effect on relationship well-being and mental health.

**Sharing versus Not Sharing**

An important objective of the current study is to determine the role of sharing positive experiences or reframed negative experiences and to determine whether sharing provides an added benefit to relationship well-being and mental health outcomes. I hypothesize that sharing will provide an added benefit to relationship well-being and mental health for both positive experiences and reframes.
CHAPTER 2

METHOD

Participants

Participants comprised young adults in close friendships. They were drawn from a variety of classes from the Department of Family and Child Sciences. To estimate the sample size needed, I used the program GPower (Cunningham & McCrum-Gardner, 2007). I planned having 5 groups and, based on the results of my preliminary journal study, I expected a medium main effect size of gratitude on relationship and mental health indicators of .30, and set the alpha level at .05 (two-tailed) and the power level at .95. GPower estimated that I would need 210 friendship pairs to detect between group differences, given my expected effect size and number of conditions. However, given that in past studies I have observed an average of a 20% attrition rate, I proposed to recruit 250 couples to ensure that I would be able to have the appropriate power to detect expected results. This would allow for an initial number of 50 couples per condition. I was able to recruit 175 friendship pairs, and 138 friendship pairs (21% attrition) completed all measures. Thus, the data for 138 undergraduates (113 women) was included in the analyses. Participant ages ranged from 18 to 28 with a median age of 19. Although the sample came close to that which I had hoped to recruit, I think it was not quite as large as initially planned because potential participants were reluctant to engage in such an involved study (two hour-long sessions with a friend in addition to three surveys a week for four weeks) for only ten extra credit points.

Procedure

This study required participants to keep a journal for four weeks. There were also pre-journaling and post-journaling assessments. Participants were randomly assigned to one of five groups: good experience share condition, a good experience non share condition, a negative experience reframe share condition, a negative experience reframe no share condition, and a neutral comparison condition. After participants completed all relevant relationship and mental health measures, they began their assigned journal activity. They completed their assigned activity three times a week and reported the completion of their assigned activity via an online journal. I sent them a link every Saturday, Monday, and Wednesday evening and allowed 24
hours for the completion and reporting of their assigned activity. Below I have detailed the rationale for each condition.

**Good experience sharing condition.** Participants kept a daily journal in which they become especially mindful of good things that happened to them each day and 3 times a week they shared something they wrote about in the journal with their partner. The objective of this condition would be to determine how sharing positive experiences affects mental health and relationship outcomes.

**Good experience non share condition.** Participants kept a daily journal in which they became especially mindful of good things that happened to them each day, but they were not asked to share anything with their study partner to enable me to determine whether there is something special about sharing. The objective of this condition would be to provide a contrast to the sharing positive experiences condition to determine whether sharing the experience, compared to simply journaling about it, provides an added benefit to mental health and relationship outcomes

**Negative experience reframe share condition.** Participants kept a daily journal in which they became especially mindful of negative things that happened to them each day, but practiced reframing them in a positive light and 3 times a week they shared something they wrote about in the journal with their study partner. The objective of this condition was to determine whether sharing a negative experience and then reframing this experience to someone else would have relationship and mental health benefits above and beyond simply thinking positively and writing positively about negative experiences. This condition could also be contrasted with the good experience share condition to test whether there are stronger effects of sharing good versus negative (but reframed) experiences.

**Negative experience reframe no share condition.** Participants kept a daily journal in which they became especially mindful of negative things that happened to them each day, but practiced reframing them in a positive light. The objective of this condition was to provide a comparison to ensure that simply thinking and writing about one’s reframes does not have as strong of an effect on relationship and mental health outcomes as sharing these reframes.

**Neutral share comparison condition.** Participants in this condition kept a daily diary of some of the things they were learning in their class and shared it with their friend. This condition also provides a neutral comparison group for to compare with all other conditions.
Measures

The experimental conditions functioned as the independent variable. There were two types of dependent variables: mental health outcomes (gratitude and depression) as well as relationship outcomes (relationship satisfaction and relationship maintenance). Both were collected at the beginning and the end of the intervention.

Baseline and Follow-up Measures of Relationship Outcomes

Relationship satisfaction. Relationship satisfaction was assessed using the 8-item relationship satisfaction subscale from the Investment Model Scale (Rusbult, Martz, & Agnew, 1998) measure of relationship satisfaction with optimized psychometric properties. A sample item was: “In general how satisfied are you with your relationship” (Answered on a 7 point scale ranging from “not at all” to “extremely”; higher scores indicate more satisfaction; Time 1 $\alpha = .79$, Time 1 $\alpha = .84$).

Relationship maintenance. Relationship maintenance was assessed with a 24-item measure (Stafford & Canary, 1991) that included five subscales including: positivity (e.g., “I attempt to make our interactions very enjoyable”), openness (e.g., “I encourage my friend to disclose his/her thoughts and feelings to me”), assurances (e.g., “I imply that our relationship has a future”), network (e.g., “I like to spend time with our mutual friends”), and tasks (e.g., “I share in the joint responsibilities that face us.”). Participants rated their relationship maintenance on a 7-point scale (1= strongly disagree, 7= strongly agree; Time 1 $\alpha = .93$, Time 2 $\alpha = .96$).

Baseline and Follow-up Measures of Mental Health Outcomes

Depression. I measured depression using the Center for Epidemiologic Studies Depression Scale (Anderson, Malmgren, Carter, & Patrick, 1994). Participants were asked to report their experience during the previous week, with items such as, “I was bothered by things that usually don't bother me,” and “I felt depressed.” Participants rated their depression on a 4-point scale (1= rarely, 4= most of the time; (Time 1 $\alpha = .80$, Time 2 $\alpha = .82$).

Gratitude. Trait gratitude was measured with the 6-item Gratitude Questionnaire (GQ-6, McCullough et al., 2002). Example items include, “I have so much in life to be thankful for,” and “I am grateful for a wide variety of people.” Participants rated their gratitude on a 7-point scale (1= strongly disagree, 7= strongly agree; (Time 1 $\alpha = .76$, Time 2 $\alpha = .81$).

Analytic Approach
I examined several different contrasts between conditions using analysis of covariance (ANCOVA), and controlled for baseline scores on all variables. Again, the key comparisons I made were 1) I compared the effects of writing about or sharing a positive experience or reframe versus a neutral control on relationship well-being and mental health outcomes and to test whether gratitude mediates this relationship; 2) I compared the effects of writing about or sharing positive experiences versus reframing or sharing reframes of negative experiences on relationship well-being and mental health outcomes; and 3) I compared and contrasted the effect of sharing versus not sharing on mental health outcomes (gratitude and depression) and relationship well-being (relationship satisfaction and relationship maintenance).

**Positive Experiences and Reframing versus Neutral Control**

The first comparison that I made using ANCOVA was whether writing or sharing good or reframed negative experiences has an effect on the relationship and mental health outcomes beyond a neutral control. Again, I hypothesized that both writing about or sharing positive experiences and reframing or sharing reframes of negative experiences would have a significant effect on relationship and mental health outcomes relative to the neutral control condition.

**Positive Experiences versus Positive Reframing**

The second key comparison in ANCOVA was to determine whether sharing good experiences would have a stronger effect on gratitude and other mental health outcomes than would reframing negative experiences. Specifically, I contrasted the two positive experiences conditions against the two negative experience reframing conditions. I hypothesized that focusing on the positive will have the best outcomes for mental health and relationships.

**Sharing versus Not Sharing**

The final set of comparisons in ANCOVA was to examine the role of sharing positive experiences or reframed negative experiences and to determine whether sharing provides an added benefit to relationship well-being and mental health outcomes. Thus, I contrasted the two sharing conditions against the two writing only conditions. I hypothesized that sharing would provide an added benefit to mental health (gratitude and depression) and relationship well-being (relationship satisfaction and relationship maintenance) for both types of sharing experiences.
To test my hypotheses, I ran a series of ANCOVAS to test for differences based on experimental condition. There were three key comparisons that I made: intervention conditions (all but the neutral condition) versus neutral control condition, positive experience conditions (both sharing and nonsharing conditions combined) versus positive reframing conditions (both sharing and nonsharing conditions combined), and the sharing conditions (both sharing positive experiences and reframed negative experiences combined) versus the non-sharing conditions (both writing about positive experiences and writing about reframed negative experiences combined). I report the results for each of these three major contrasts on two mental health outcomes—gratitude and depression—as well as two relationship outcomes—relationship satisfaction and relationship maintenance. Given the potential influence of baseline scores on the results, I controlled for the baseline scores of each variable as well as the baseline of the related (mental health or relationship) variable. All the means reported below were adjusted for covariates.

**Positive Experiences and Reframing versus Neutral Control**

The first comparison that I made using ANCOVA contrasted all conditions versus the neutral condition. Again, I hypothesized that both writing about or sharing positive experiences and reframing or sharing reframes of negative experiences would have a significant effect on relationship outcomes (relationship satisfaction and relationship maintenance) and mental health outcomes (depression and gratitude) relative to the neutral control condition.

My hypotheses were not confirmed as gratitude scores of participants in the positive experiences and reframing conditions ($M = 6.13, SD = .90$) were not higher than those in the neutral control condition ($M = 6.23, SD = .90$), $F(1, 126) = .32, p = .57, \eta^2_p = .00$, neither were depression scores lower in the positive experiences and reframing conditions ($M = 17.60, SD = 5.32$) than in the neutral control condition ($M = 16.30, SD = 4.96$), $F(1, 126) = 2.26, p = .14, \eta^2_p = .02$, controlling for baseline gratitude and depression scores. Furthermore, there were no differences in relationship satisfaction between the positive experiences and reframing conditions.
The second key comparison in ANCOVA was to determine whether sharing good experiences had a stronger effect on gratitude and other mental health outcomes than reframing negative experiences. Specifically, I contrasted the two positive experience conditions against the two negative experience conditions. I hypothesized that focusing on the positive would have the best outcomes for relationships and mental health.

My hypotheses were not confirmed as there were no differences between the gratitude scores of those wrote about or shared positive experiences ($M = 6.07$, $SD = .83$) compared to those in the positive reframing or sharing positive reframe conditions ($M = 6.21$, $SD = .97$), $F(1, 104) = .76$, $p = .39$, $\eta_p^2 = .00$, controlling for baseline gratitude and depression scores. Nor were there differences on depression scores of those wrote about or shared positive experiences ($M = 17.48$, $SD = 5.40$) compared to those in the positive reframing or sharing positive reframe conditions ($M = 17.36$, $SD = 5.20$), $F(1, 104) = .02$, $p = .88$, $\eta_p^2 = .00$, controlling for baseline depression and gratitude scores. There were also no differences on relationship satisfaction scores of those wrote about or shared positive experiences ($M = 5.83$, $SD = .69$) compared to those in the positive reframing or sharing positive reframe conditions ($M = 5.67$, $SD = .96$), $F(1, 104) = 2.40$, $p = .12$, $\eta_p^2 = .02$, controlling for baseline relationship maintenance and relationship satisfaction scores. Nor were there differences on relationship maintenance scores of those wrote about or shared positive experiences ($M = 5.50$, $SD = 1.03$) as those in the positive reframing or sharing positive reframe conditions ($M = 5.47$, $SD = .98$), $F(1, 104) = .04$, $p = .85$, $\eta_p^2 = .00$, controlling for baseline relationship maintenance and relationship satisfaction scores.

Sharing versus Not Sharing

The final set of comparisons in ANCOVA examined the role of sharing positive experiences or reframed negative experiences and determined whether sharing provided an added benefit to relationship well-being and mental health outcomes. Thus, I contrasted the two sharing conditions against the two writing only conditions. I hypothesized that sharing would
provide an added benefit to relationship well-being and mental health for both types of sharing experiences.

My hypothesis was confirmed for gratitude as results revealed that participants in the sharing experiences conditions reported higher gratitude scores ($M = 6.32$, $SD = .78$) than those in the non-share conditions ($M = 6.03$, $SD = 1.00$), $F(1, 102) = 4.36$, $p = .04$, $\eta^2_p = .04$, controlling for baseline gratitude scores and baseline depression. However, there were no differences on depression scores for those in the sharing experiences conditions ($M = 17.73$, $SD = 4.71$) relative to those in non-share conditions ($M = 17.12$, $SD = 5.84$), $F(1, 102) = .69$, $p = .41$, $\eta^2_p = .01$, controlling for baseline depression and gratitude scores. Nor were there differences on relationship satisfaction scores for those in the sharing experiences conditions ($M = 5.69$, $SD = .83$) relative to those in non-share conditions ($M = 5.77$, $SD = .86$), $F(1, 112) = .53$, $p = .33$, $\eta^2_p = .01$, controlling for baseline relationship satisfaction and relationship maintenance scores. There also were not differences on relationship maintenance scores for those in the sharing experiences conditions ($M = 5.47$, $SD = .83$) relative to those in non-share conditions ($M = 5.49$, $SD = .86$), $F(1, 112) = .03$, $p = .86$, $\eta^2_p = .00$, controlling for baseline relationship maintenance and relationship satisfaction scores. See Table 1 for descriptive statistics of unadjusted means at Time 1 and Time 2.

To ensure that it made statistical as well as theoretical sense to combine these conditions, I checked to see if there were significant differences on gratitude for the two sharing groups that I combined for the analysis. There were no differences on gratitude scores between those in the sharing positive experiences condition ($M = 6.25$, $SD = .78$) versus sharing refrares than those in non-share conditions ($M = 6.31$, $SD = .89$), $F(1, 46) = .09$, $p = .77$, $\eta^2_p = .00$, controlling for baseline gratitude scores. Thus, there does not appear to be statistical rationale for not combining these conditions. Furthermore, there were no differences on gratitude scores between those in the writing about positive experiences condition ($M = 6.00$, $SD = .88$) versus writing about refrares conditions ($M = 6.12$, $SD = 1.09$), $F(1, 50) = .30$, $p = .58$, $\eta^2_p = .00$, controlling for baseline gratitude scores. Again, there does not appear to be statistical rationale for not combining these conditions for the above analysis. To further confirm the results of the current investigation, I conducted a follow-up study.
Table 1
Unadjusted means of gratitude, depression, relationship satisfaction, and relationship maintenance at Time 1 and Time 2 (N = 138).

<table>
<thead>
<tr>
<th>Variable by Condition</th>
<th>Time 1</th>
<th>Time 2</th>
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<tbody>
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<td></td>
<td>$M$</td>
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CHAPTER 4

FOLLOW-UP STUDY

The primary study indicated that sharing positive experiences (including a positive reinterpretation of negative experiences) increased gratitude over time. The objective of the follow-up study was to provide additional evidence for a relationship between sharing positive experiences and gratitude.

Method

Participants

The study included 192 undergraduates (137 female) who participated in the study for partial course credit. Participants ranged in age from 18 to 32 with a median age of 20.

Measures

Sharing positive experiences. I created a four-item measure that assessed the degree to which participants shared positive emotions with others. Example questions included, “I am the type of person that loves to share it with others when something good happens to me,” and “I'm constantly telling people my good news.” Choices ranged from “Strongly disagree” to “Strongly agree.” The alpha for the current sample was .84.

Gratitude. Trait gratitude was measured with the 6-item Gratitude Questionnaire (GQ-6, McCullough et al., 2002). Example items include, “I have so much in life to be thankful for,” and “I am grateful for a wide variety of people.” Participants rated their gratitude on a 7-point scale (1 = strongly disagree, 7 = strongly agree; α = .76).

Results and Discussion

I examined the relationship between prayer and gratitude using linear regression. Consistent with my hypothesis, higher frequency of sharing positive experiences predicted higher levels of gratitude, β = .20, p < .01. This short follow-up study provides further evidence that sharing positive experiences corresponds to higher levels of gratitude.
CHAPTER 5

DISCUSSION

There were no differences between the intervention conditions and the neutral condition on mental health or relationship outcomes. Nor were there differences in the mental health or relationship outcomes based on writing about or sharing positive experiences versus reframing negative experiences. The primary significant finding of the study was that those who shared either positive experiences or positive reframes increased in gratitude over the four weeks of the study relative to those who only wrote about these experiences. I provided further evidence for this relationship in a follow-up study that found that the general tendency to sharing positive experiences significantly predicted gratitude scores.

Preliminary studies (Lambert, Gwinn, & Fincham, 2010) provided reason to suspect that sharing the positive experiences or positive reframes would enhance their effect. Those who shared their grateful experiences with a friend or romantic partner increased in positive affect, happiness, and life satisfaction, relative to those who simply wrote about their grateful experiences. Thus, it appears that there may be some truth to the proverb, “Happiness held is the seed; happiness shared is the flower.” Sharing positive experiences and positive reframes apparently has an effect on gratitude that writing about these things did not.

Possible Explanations for Null Findings

The majority of my hypotheses were not confirmed. There are several potential reasons why this may have been the case. First, in asking participants for feedback following the study, several told me that “nothing bad happened to me since the last log.” It seems that many of these undergraduate students live pretty smooth lives and not that much of any great significance is happening, so the frequency of the logs (3 times a week) may have posed a bit of a problem. Thus, the three times a week that I required participants to complete the survey was probably a bit excessive. On a related note, it seems that many of the participants did not take the study very seriously. By their own admission, only 34% of participants completed each of the daily diary logs. Furthermore, by their own admission only 65% reported taking the study “very seriously.” Thus, several participants did not appear to take the study very seriously. Finally, I allowed the option for those in the share condition to write “Not applicable” if they did not share their
experience with their friend. While perusing the responses at the conclusion of the study, I noticed that more than half of the participants responded “Not Applicable” on multiple occasions.

To address these latter issues, I have a team of research assistants that are coding the open-ended responses for “How seriously did the participant complete the open-ended responses.” They also record how many times each participant wrote “Not applicable” as a response. Once these codings are complete, I will control for seriousness of participation and the amount of times participants reported “Not applicable.” This procedure may, at least in part, address some of the shortcomings of the study design.

**Possible Explanations for Significant Finding**

There are several potential reasons for why sharing a positive experience or a negative reframe would result in greater reported gratitude. One is that sharing such an event increases its salience in memory. As an event is shared an opportunity is opened for the event to be relived, re-experienced, and even elaborated, which should increase its accessibility in memory (Gable, et al., 2004; Langston, 1994). These authors found that those positive events that were shared were indeed remembered at a higher rate. In the current study, having greater accessibility to a cognitive storehouse of such events likely impacted participants’ self-report of gratitude at Time 2, insomuch as individuals reflected on recent past experiences to discern how grateful they should be. It seems likely that having a better short-term recollection of these shared positive experiences or positive reframes over the course of three weeks would have an effect on reported gratitude. Gable and colleagues found that only positive events, and not negative events, were better recalled after having shared them. For the participants in our study that shared reframes of negative experiences, it could be that during the reframing process the positive aspects of the negative events were more easily recalled. Otherwise stated, a reservoir of silver linings to events previously viewed as negative may have been accessible in memory and participants may have drawn upon them when asked how grateful they were.

Another explanation may be that participants in the study became more grateful to their friends for helping them to reap the personal benefits that may be experienced by expressing their positive emotions or for the opportunity to savor the experience and to relive it as they tell about it. Thus, it seems likely that participants’ gratitude would be enhanced over time as this friend facilitated their sharing of positive experiences.
Also, self-disclosure might be accounting for part of the effect of the findings. Prior research has found that self-disclosure is positively linked to several physical and mental health outcomes such health and well-being (e.g., Harker & Keltner, 2001), immune functioning (Labott, Ahleman, Wolever, & Martin, 1990; Pennebaker, Kiecolt-Glaser, & Glaser, 1988), a reduction in health care visits (Pennebaker, Colder, & Sharp, 1990), fewer self-reported upper respiratory problems (Greenberg, Wortman, & Stone, 1996), lower anxiety (Russ, 1992), and lower stress (Pachankis & Goldfried, 2010). However, these studies were based primarily on written disclosure of traumatic events. Thus, it seems unlikely that self-disclosure, on its own, is accounting for the findings of the present study. My results demonstrate that there is something unique about disclosing experiences to another person, rather than simply through writing. But why might there be an added advantage to disclosing to a person? I propose that this added benefit may be due to secondary appraisals.

**The Secondary Appraisal and Opportunity for a Second Helping**

According to Lazarus’s (1991) model for processing external events, affective experiences from an event stem from two processes of appraisal—primary and secondary. In primary appraisal, one decides whether an event is good (if it facilitates goals) or bad (if it blocks goals). In secondary appraisal one decides who is responsible for the event, the potential for coping (whether and in what way we can influence the person-environment relationship for better), and one’s future expectations based on the event. I propose that when a positive event occurs an individual may decide that it is good (primary appraisal), but then may rely (at least partially) on trusted others to complete a secondary appraisal. This completion (or revisiting) of secondary appraisals of a positive event provides a unique opportunity for extending or enhancing that initial positive affect. This could be likened to a second helping of one’s favorite dessert.

For example, John the graduate student just got his first publication in a top tier journal and recognizes that this is a positive event (primary appraisal) and feels good about it. John then approaches his department chair Cindy and tells her about his success. Cindy replies, “Wow John, that is a very good journal! You should be proud of all the hard work you put in to get that publication. This should help you get a job next year.” Although John’s initial assessment of the event was positive (primary appraisal), Cindy’s response not only affirmed his interpretation of the positive event, but assisted John in his secondary appraisal by identifying that he was...
responsible for this good fortune and that future expectations based on this event were promising. John should experience unique positive affect based on his conversation with Cindy, given that she helped him favorably complete his secondary appraisal of the event. Thus, insomuch as a relationship partner facilitates a favorable secondary appraisal of the shared positive event, the sharer should experience positive affect that is unique from that following their own initial primary appraisal. This interpersonal sharing element that potentially could enhance positive emotions has implications for the broaden-and-build theory of positive emotions.

**Upward Spirals of Broadening and Building**

Building upon the broaden and build theory of positive emotion, which states that positive experiences broaden momentary thought-action repertoire and build personal resources, my findings provide some evidence that sharing positive experiences or positive reframes enhanced gratitude above and beyond simply reflecting on them or writing about them. Thus, it seems as though sharing positive experiences or emotion with a close relationship partner may augment the broadening and building of positive emotions.

Could an upward spiral result from a repetition of broadening and building? There is a growing body of evidence supporting this building process. In fact, one recent study demonstrated an upward spiral over a two-month period in which positive affect, broad-minded coping (which contains positive reframing as one of the subscales), interpersonal trust, and social support reciprocally and prospectively predicted one another. This upward spiral was partially based in changes in dopaminergic functioning (Burns, Brown, Sachs-Ericsson, Plant, Curtis, Fredrickson, & Joiner, 2008). Another study found that initial positive affect predicted broad-minded coping and that positive affect and broad-minded coping serially enhanced one another over time (Fredrickson & Joiner, 2008). Thus, it appears that these upward spirals based on positive emotion do occur and this may have partially accounted for the finding that sharing positive emotions increased gratitude.

**Importance of Gratitude as an Outcome**

Gratitude is an important outcome that merits focus given its potential impact on mental health and relationships. Indeed, gratitude figures prominently among the positive dimensions of the human experience (e.g., Emmons & McCullough, 2003). In their groundbreaking study, Emmons and McCullough (2003) employed daily diary methods to experimentally determine the
effect of gratitude on mental health over time, and found that those who wrote about the things they were grateful for improved in mood, coping behaviors, and even physical health symptoms. This study triggered interest in the effect of gratitude on mental health. Grateful college students reported about half the posttraumatic symptoms as less grateful students following a stressful event (Masingale et al., 2001). Trait gratitude was highly correlated with the Mood Repair Scale ($r = .62$), indicating that such a trait may be useful for coping (Watkins, Christensen, Lawrence, & Whitney, 2001). Indeed, Wood, Joseph, and Linley (2007) found a positive link between gratitude and several coping styles and other research links gratitude to lower depression over time (Lambert, et al., 2010; Wood, Maltby, Gillett, Linley, & Joseph, 2008). Thus, efforts have begun to examine the effect of gratitude on mental health and well being.

It has been proposed that gratitude promotes prosocial behavior (McCullough, Kilpatrick, Emmons, & Larson, 2001) and there is evidence that this is the case. For example, both Bartlett and Desteno (2006) and Tsang (2006) found that gratitude increased helping behavior, and other researchers have suggested that kind acts inspired by gratitude build and strengthen social bonds and friendships (Emmons & Shelton, 2002; McCullough et al., 2001; McCullough & Tsang, 2004). Recently, an effort has begun to examine the effect of gratitude on close relationships. Algoe, Haidt, and Gable (2008) found that gratitude expressed between sorority sisters promoted relationship formation and maintenance. Other recent research has demonstrated that expressing gratitude to a friend increased regard for that friend and made participants more comfortable in voicing relationship concerns to this friend (Lambert & Fincham, 2010) and increased their perception of communal strengths in their relationship with this friend (Lambert, Clark, Graham, Durtschi, & Fincham, 2010). Thus, gratitude has important implications for both mental health and relationships.

**A Shift from Addressing the Negative to Building the Positive**

Some researchers have found that negative life experiences tend to bear more weight than positive experiences (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001). However, even though negative experiences may be more salient, positive experiences occur much more frequently. More specifically, estimates from studies of daily experiences conservatively place the ratio at about three positive to every negative event (Gable & Haidt, 2005) and such abundant amounts of positive experiences could be better utilized to enhance mental health. In treating mental health issues, the focus has typically been on addressing the negative. For example, a
clinician may administer psychological screening measures to assess potential causes of the experienced symptoms and then may work with the patient in dealing with these issues, without spending time on positive strategies for enhancing mental health. Although I do not suggest that these types of procedures should be abandoned, I propose that too much focus is given to addressing the negative and too little in research and therapy focuses on build the positive. Thus, using positive experiences is a vastly untapped resource in therapeutic practices.

**Limitations and Future Directions**

A limitation of this study is that the sample was limited to college-aged relationships and may not be representative of more mature relationships or even relationships in the general population. Thus, the findings should be replicated in a variety of age groups as the results may vary by generational cohort.

Additionally, I did not take into consideration the friend’s response to the sharing, which could be a potential moderator of the effect of sharing positive emotions on gratitude. An important next step in examining the role of sharing positive experiences on mental health and relationship outcomes is to determine the role of the friend’s reaction to what was shared. A person’s response to the good news of another person has been organized into four categories and the most effective response is an active-constructive one (e.g., “enthusiastic support”), which has been found to be positively correlated with commitment, satisfaction, intimacy and trust (Gable, et al., 2004). Conversely active-destructive (“quashing the event”) and passive-destructive (“ignoring the event”) responses and also passive-construction (“quiet, understated support”) responses have been related to negative relationship outcomes. Research on capitalization demonstrates the need for humans to feel genuinely cared about and supported by their friend during daily interactions (Gable, et al., 2004) and the friend’s reaction should have an effect on participants’ gratitude. This should be an emphasis in future research on this topic.

Furthermore, some research indicates that participants’ expression of a positive event actually created a “crossover effect,” such that it increased the positive affect of the friend in addition to that of the participant (Hicks & Diamond, 2008). Perhaps there may be an effect of sharing positive experiences on the mental health of one’s friend and this could be fruitfully examined by future research.

The results of the current study indicated that sharing positive reframes of negative experiences increased gratitude over time. However, these results may differ with a clinically
depressed sample or a sample that has faced more serious life challenges. It is important to establish boundary conditions regarding whether some life experiences are better left untouched by such positive reframing processes, such as abuse. Yet it remains to be seen whether positively reframing these types of experiences has any inherent value. On the one hand, doing so may cause individuals to re-experience the trauma and the pain surrounding such an event, which may not be helpful and could be extremely hurtful. Conversely, facing such painful experiences from the past could build resilience and help individuals to overcome the residual negative effects of certain life events. For instance, although there may not be any easily foreseeable positive aspects of something inexcusable and negative like abuse, perhaps victims could focus on the personal growth, self-insight, or enhanced understanding or compassion that may have been received from such an experience. In fact, gaining these insights and perspective through the positive reframing process may facilitate forgiveness of perpetrator and could reduce the trauma associated with thoughts of the experience. However, this remains to be tested, and should ideally be examined among clinical patients.

Finally, in an era where technology is prevalent, there are now many different outlets for people to share their positive experiences. Blogging has grown to become one of the most popular methods of online expression. Though blogging has many uses, most Americans use their blogs to express themselves or to reflect on their day (Lenhart & Fox, 2006). A fruitful area for future research would be to examine whether sharing positive events through blogging would have a similar effect on mental health outcomes as in-person sharing or what differences might exist between sharing through the blogosphere and in-person sharing. Some initial research on blogging has found it to have positive effects on well-being and it has even been suggested as a form of therapy. For example, one particular study demonstrated that blogging improves social capital which in turn has a positive effect on subjective well-being (Ko, & Kuo, 2009). Relatedly, another study found that blogging has a positive effect on perceived social support, specifically social integration, reliable alliance, and friendship satisfaction (Baker, & Moore, 2008). Future research should build upon these initial findings, taking the results of the current study into account. It may be that blogging about positive events increases overall gratitude.
CONCLUSION

The proverb that states, “Happiness held is the seed; happiness shared is the flower” (author unknown) seems to be borne out by results of the current study. Those who shared their positive experience or positive reframes reaped higher levels of gratitude. The current study contributes to broaden-and-build theory by demonstrating that sharing positive emotions builds other positive emotions in a way that simply thinking and writing about them does not. The results of the current study indicate the potential impact that sharing positive emotions may have on gratitude and other mental health outcomes.
APPENDIX A

INFORMED CONSENT AND IRB APPROVAL MEMO

Principal Investigators: Nathaniel Lambert, B.S., Frank Fincham, Ph.D., Steven Graham, Ph.D.

I, ____________________________________________, being 18 years of age or older, freely and voluntarily and without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion, consent to be a participant in the above named research project, to be conducted at the Florida State University. Listed below are the procedures to be followed in this research and their purposes, any risks, discomfort, and benefits associated with participation in this study, and the measures which will be taken to ensure confidentiality of the information obtained.

Purpose of the research: I understand that the purpose of this research project is to better understand daily and longer term aspects of college students’ romantic relationships.

Procedures for the research: I understand that participation in this project involves usual procedures; i.e. signing this informed consent form, filling out questionnaires, and may involve me praying and writing about the experience, writing about my daily activities, recalling things I appreciate about my partner, or writing things about my partner or about my life. I understand that by agreeing to participate in this project, I consent to fill out questionnaires about my background, and about my romantic relationship. The total time commitment for this study will be approximately 20-40 minutes per week for 4 weeks.

Potential risks or discomforts: I understand there is a minimal level of risk involved if I agree to participate in this study. I might experience distress while praying (if asked to do so), writing about my partner (if asked to do so), or answering questions about my romantic relationship. I understand that I am able to stop my participation at any time I wish. In case of distress, I can ask the person conducting the study to offer me referrals for psychological support.

Potential benefits to you or others: I understand there may be societal benefits for
participating in this research project such as increasing the scientific community’s knowledge of behaviors and feelings associated with college students’ well-being.

**Confidentiality:** All my answers to the questions will be kept confidential and my confidentiality will be protected to the full extent allowed by law. My name or any other identifying information will not appear on any of the results. No individual responses will be reported. Only group findings will be reported. Any identifying information will be kept locked, and only the principle investigator and his adviser will have a key. This data will be destroyed five years after the data collection.

I understand that this consent may be withdrawn at any time without prejudice, penalty or loss of benefits to which I am otherwise entitled. I have been given the right to ask any question I have concerning the study. Questions, if any, have been answered to my satisfaction.

I understand that I may contact Nathaniel Lambert nlambert@fsu.edu (tel: 644-4804) Frank Fincham, ffincham@fsu.edu, (tel; 644-4914), Florida State University, Family Research Institute, for answers to questions about this research or my rights. Group results will be sent to me upon my request.

I understand that if I have any questions about my rights as a participant in this research, or if I feel I have been placed at risk, I can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Vice President for the Office of Research at (850) 644-8633.

I have read and understand this consent form.

_________________________________________  _________________
(Participant)       (Date)

APPROVAL MEMORANDUM (for change in research protocol)

Date: 10/12/2009

To: Nathaniel Lambert

Address: 925 E. Magnolia Drive Apt. #C7
Dept.: FAMILY & CHILD SCIENCE

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research (Approval for Change in Protocol)
Project entitled: Journal Study

The form that you submitted to this office in regard to the requested change/amendment to your research protocol for the above-referenced project has been reviewed and approved.

Please be reminded that if the project has not been completed by 7/29/2010, you must request renewed approval for continuation of the project.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection.
Assurance Number is IRB00000446.

Cc: Frank Fincham, Advisor
HSC No. 2009.3266
APPENDIX B

MEASURES

Gratitude
Using the scale below as a guide, click the box beside each statement to indicate how much you agree with it in regards to how you've felt this past week. Responses ranged from “Strongly disagree” to “Strongly agree.”
I have so much in life to be thankful for.
If I had to list everything that I felt grateful for, it would be a very long list.
When I look at the world, I don’t see much to be grateful for.
I am grateful to a wide variety of people.
As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
Long amounts of time can go by before I feel grateful to something or someone.

Depression
Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate space. Responses ranged from “Rarely or none of the time (Less than one day)” to “Most or all the time (5-7 Days).”
I was bothered by things that usually don't bother me
I had trouble keeping my mind on what I was doing
I felt depressed
I felt that everything I did was an effort
I felt hopeful about the future
I felt fearful
My sleep was restless
I was happy
I felt lonely
I could not "get going"

Relationship Satisfaction
Answer the following questions: (Anchors varied depending on the question.)
How well does your friend meet your needs?
How good is your relationship compared to most?
To what extent has your relationship met your original expectations?
How many problems are there in your relationship?
In general, how satisfied are you with your relationship?
How often do you wish you hadn't gotten into this relationship?
How much do you love your friend?

My needs for intimacy, companionship, etc., could easily be fulfilled in an alternative relationship to the one I am in now.

**Relationship Maintenance**
Answer the following questions about your relationship. Responses ranged from “Strongly disagree” to “Strongly agree.”

I attempt to make our interactions very enjoyable
I am cooperative in the way I handle disagreements between us
I try to build up my friend's self-esteem, including giving compliments, etc.
I ask how my friend's day has gone
I am very nice, courteous and polite when we talk
I am cheerful and positive when with my friend
I do not criticize my friend
I try to be fun, and interesting with my friend
I am patient and forgiving of my friend
I present myself as cheerful and optimistic to my friend
I encourage my friend to disclose his/her thoughts and feelings to me
I simply tell my friend how I feel about our relationship
I seek to discuss the quality of our relationship
I disclose what I need or want from our relationship
I remind my friend about decisions we made in the past (e.g., to maintain the same level of intimacy)
I like to have periodic talks about our relationship
I stress my commitment to my friend
I imply that our relationship has a future
I show my love for my friend
I am faithful to my friend
I like to spend time with our mutual friends
I focus on common friends and affiliations
I help equally with tasks that need to be done
I share in the joint responsibilities that face us.
REFERENCES


BIOGRAPHICAL SKETCH

NATHANIEL M. LAMBERT CURRICULUM VITAE

I. EDUCATION

Ph.D. 2010 Family and Child Sciences
Florida State University
Dissertation: Gratitude and mental health.
Major Professor: Dr. Frank Fincham

M.S. 2008 Family and Child Sciences
Florida State University
Thesis: The role of appreciation in relationships: A journal study.
Major Professor: Dr. Frank Fincham

B.S. 2005 Marriage, Family, and Human Development and
Russian
Brigham Young University (graduated Valedictorian)

II. HONORS AND AWARDS

• Best Theory Paper of the Year, National Council on Family Relations, Theory Construction and Research Methods, 2009
• 1st Place Oral Presentation, Research and Creativity Day, College of Human Sciences, Florida State University, 2009
• Florida State University Family Institute Robison Scholarship, 2009 AND 2010
• Brigham Award (Best social psychology paper of the year by Florida State University student; honorable mention), 2009
• Travel grant, Outstanding Research Article Submission, Society of Personality and Social Psychology, 2009
• James Walters Scholarship, Family and Child Sciences, Florida State University, 2007
• Graduated as the Valedictorian of Marriage, Family, Human Development department, 2005.

III. PROFESSIONAL EXPERIENCE

2009 – Present Graduate Teaching Assistant
Florida State University
Supervisor: Dr. Frank Fincham

2006 – Present Graduate Research Assistant
Florida State University Family Research Institute
Supervisor: Dr. Frank Fincham

2005 – 2006 Graduate Teaching Assistant
Pennsylvania State University
Supervisor: Dr. David Almeida

2004 – 2005 Undergraduate Research Assistant
School of Family Life, Brigham Young University
Supervisor: Dr. Alan Hawkins

2004 – 2005 Undergraduate Research Assistant
School of Family Life, Brigham Young University
Supervisor: Dr. David Dollahite

2002 – 2004 Russian Language Instructor
Brigham Young University
Supervisor: Kenneth Packer

IV. AREAS OF PROFESSIONAL INTEREST

- Gratitude and couple relations
- Religion, prayer, and relationships
- Infidelity/Pornography and relationships
- Perceived meaningfulness in life

V. PUBLICATIONS

Peer Reviewed Journal Articles


**Book Chapters**


**Invited Revisions**


Stillman, T. F. **Lambert, N. M.,** Fincham, F. D., Baumeister, R. F., & Hicks, J. A. To belong is to matter: Sense of belonging enhances meaning in life. Invited for resubmission, *Social Psychological and Personality Science*.


**Under Review**
Lambert, N. M., Fincham, F. D., & Stanley, S. I gave it up for you and I am glad I did: Prayer increases satisfaction with sacrifice in close relationships. *Journal of Personality and Social Psychology.*


DeWall, C. N., Giancola, P. R., McCullough, M. E., Lambert, N. M., Fincham, F. D., & Bushman, B. J. Does religion inhibit or increase impulsive violence? evidence that religiosity buffers people from alcohol-related violence. *Journal of Personality and Social Psychology.*


VI. PROFESSIONAL MEMBERSHIPS

National Council of Family Relations (since 2004)
Association for Behavioral and Cognitive Therapies (since 2006)
International Association of Relationship Research (since 2008)
Society for Personality and Social Psychology (since 2008)

VII. PROFESSIONAL PRESENTATIONS

Oral Presentations


**Posters**


**VIII. PROFESSIONAL SERVICE**

Ad hoc reviewer for *Journal of Positive Psychology*, *Personal Relationships*, and *Journal of Psychologica Belgica*

**VIV. FUNDING FOR RESEARCH**

- College of Human Sciences Dissertation Grant ($500, March 2010 – August 2010)