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BEING GRATEFUL AND ITS IMPACT ON THE LIFE QUALITY OF CANCER PATIENTS

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Abstract

This study was designed to: (a) find out whether any relationship existed between the two variables of gratefulness and life quality, (b) develop an estimate of the direction and strength of the relationship which may exist between the two variables, and (c) examine the demographic variables contributing to Gratitude. Due to the critical condition of stage 3 and stage 4 cancer patients, the researcher selected stage 1 and stage 2 patients as they were in a better health condition which enabled them to be respondents. The total sample under study was 397 cancer patients in the age range of 30-67 years. Three scales were utilized that is the gratitude scale, the QLACS scale and EORTC for cancer patients. Results supported previous research that Being grateful positively correlated to Quality of life ($r = .376, p < 0.05$). The Mean and SD scores on Gratitude ($M = 32.49$ & $SD = 3.48$) and Quality of Life ($M = 252.74$ & $SD = 34.46$). Through multiple regression, females have contributed to 24% of the variance on gratitude which is significantly very high ($t = 6.69; P < 0.001$); further a high social support has contributed to 18.1% of the variance on gratitude which was significantly high ($t = 2.49; P < 0.01$). The implication of this study is that being grateful can be used as a significant feature to improve the life quality and bring forward a ray of hope particularly for those who are afflicted with the deadly disease of cancer.

Keywords

Gratefulness, Grateful, Quality of life, Cancer Patients

1. Introduction

“Gratitude turns what we have into enough, denial into acceptance, confusion into clarity, instills peace for the moment and envisions a new tomorrow”- Melanie Beattie

Gratitude refers to the awareness and expression of thankfulness for someone’s gift. Gifts can include material possessions but also someone’s time, thoughtfulness, active presence or a moment of beauty or peace. Gratitude is a sense of appreciation, good will and a disposition to act. Emmons (2007) discusses the two stages of gratitude. First, the acknowledgement of goodness in one’s life (saying yes to life; affirming that life is generally good) and second, recognition that this source of goodness is outside of oneself (gratefulness to others, God, but not oneself).

Steindlrastr (1984) stated that there exists the connection of gratefulness to daily life, to prayer and to managing stressors and trauma, linking gratefulness to “waking up to life” in the present moment. There are three functions of gratitude. It serves as a moral barometer -gratitude changes the social relationship in which the recipient will see the benefactor as a moral agent. It serves as a moral motivator- gratitude motivates the recipient to treat others with kindness. It serves as a moral reinforcer- gratitude increases the likelihood that a benefactor will be benevolent again (**Emmons & Mc Cullough, 2004; Lutgendorf 2004**)

Peterson (2004) stressed the importance of a personal gratitude as thankfulness towards a specific person. In contrast transpersonal gratitude is gratefulness towards something greater, such as God or the cosmos. Emmons & Mc Cullough (2007) examined the effect of gratitude journals on physical, mental and emotional well-being. They found that gratitude led to higher optimism, more goal progress, more exercise, less negative health symptoms, more positive moods and better sleep. Benefits resulted when participants counted their blessings each day and benefits of increase in happiness and decrease in depression lasted for at least six months. When gratitude was used as an intervention method this strength based intervention was superior to all other intervention methods. Further a gratitude visit or writing a letter of gratitude did not produce long lasting benefits. However, it offered the greatest boost in happiness compared to other interventions in just one week. Gratitude can be expressed in many ways like counting

blessings, downward social comparison (realizing that many others are worse off than you), writing gratitude letters and essays, writing an appreciative letter to a loved one, being thankful for difficult events in the past, replacing ungrateful thoughts with grateful thoughts, examining one's conscience and just thinking about someone to whom one is grateful. It seems rare for a gratitude intervention not to show some benefit for the individual expressing gratitude.

- ***The significant components of gratitude:*** Robert Emmons explains the two significant components of gratitude A)it is a deliberate affirmation of goodness in one's own life. By doing this we acknowledge that there exists goodness all around us. It is not only in the present but also in the past in the form of gifts that we have received. The gifts include the gift of life and family and happy moments. However our life is never perfect but a series of ups and downs; so we all have our share of, burdens, difficulties and hassles. However when we observe our own at life as a big picture, being grateful will encourage us to seek the goodness our life contains even in times of sickness and adversity.
- ***Finding out the source of goodness in our life:*** Individuals often realize over time that a source of goodness stems from the outside. Many events occur which bring us joy or happiness but is not due to our own deeds but due to the goodness of others. Though we can appreciate positive traits in our own selves, however true gratitude stems from a humble dependence on the people around us: Sometimes we even experience goodness which we attribute to higher powers than our own selves, it gives rise to a spiritual mindset. We acknowledge the gifts we posses which are either big and small and most importantly this ideation helps us to experience happiness in our lives even in adversity **(Carson,2010,Chan,2010)**.

Brodrick (2015) identified 32 key components of gratitude across 5 domains:

- Attention and awareness- which referred to living in the situation presently occurring, noticing tiny joyful moments, positive searching and reminiscence.
- Understanding and coping- which referred to the beliefs that all things including health are available in abundance for those who desire it, acknowledging the temporary nature of any

situation, using gratitude to deal with negative emotions, finding of benefits in adverse situations, a good self efficacy and self concept.

- Emotions- which referred to affect that caused gratefulness, peace, acceptance of the reality, and being happy for the goodness life had to offer.
- Goals and habits- which referred to simplicity, valuing gratefulness, intention to experience gratefulness, having regular rituals and cooperating with others.
- Relationships and virtues- which referred to providing benefits to others, expressing gratefulness, showing kindness and maintaining relationships.

2. Why is Gratitude Important?: Research has indicated that those individuals who maintained a gratitude journal reported a better capability to deal with illness symptoms, they felt better about life as a whole and experience more long term positive emotions (**Emmons, 2007, Emmons & Mc Cullough, 2003**). Gratitude also leads to interpersonal and social benefits and people who are grateful experience an increase in their feelings of connectedness, are more altruistic and have better relationships (**Emmons, 2007**). Gratitude is an important emotion that helps people cope up with stress and build a resiliency to further symptoms of illness. (**Gander et al, 2012**) also reported benefits to well-being for groups that counted their blessings and for those who wrote and delivered letters of gratitude. The “pay it forward” effect of gratitude occurred through reciprocity way of expressing gratitude. There also exists a positive relationship between spirituality and gratitude (**Tsang et al, 2012**). Spirituality facilitates gratitude by promoting a perception of gratefulness. It can also be asserted that prayer increased gratitude.

Firstly, gratitude is important as it is one of the most promising positive individual traits. It is a human strength which entails recognizing and concentrating on the positive aspects of one’s life and being thankful for them. Gratitude is often considered within a moral context. In fact being ungrateful is considered to be a vice (**Emmons & Mc Cullough, 2004**).

Secondly it encompasses psychosocial consequences when expressed; like it enhances social connections with others: when people do good things, they appreciate being thanked. Expressing gratitude also extends the time people feel positive emotions that are linked to being thankful. Where negative affect tends to linger, positive moods tend to be shorter (**Larsen et al, 2008**).

Thirdly besides benefitting others, conveying gratitude benefits the self too. Feelings of gratitude make one feel happy, at times joyful and can be a source of contentment (**Emmons & Mc Cullough,2004**). Focusing on events to be thankful for proves people's moods, triggers coping behaviors and motivates people to report experiencing health benefits (Emmons & Mc Cullough,2003). Finally when gratitude is treated as a personality trait, people who report being more thankful correlate positively with higher levels of psychological well-being than being less appreciative others. Gratitude is easy to express and as a virtue, it can be performed almost anytime or anywhere. Whenever an individual thanks another both the person who acknowledges and the person who is acknowledged will benefit psychologically from this simple act of gratitude (**Bartlett,2006**).

Gratitude-can be defined as the state of mind of being thankful for being alive, the appreciation of an inclination to return kindness. It refers to thankfulness for the positive as well as the negative circumstances in life. It involves a gratitude to God and gratitude towards human relationships (*Mc Cullough and Emmons,2004*)

Quality of Life- can be defined as the level of satisfaction that an individual derives from life as a feel good factor despite their health status and the subsequent ability to manage everyday life activities. It involves a positive outlook towards life the psychological wellbeing of an individual. (*Salek and Avis,1999*)

3. Sample and Procedure

The researcher used the correlational research design to investigate the relationship between Gratitude and Quality of life amongst cancer patients. The sample was chosen on availability basis and a total of 397 cancer patients from Goa aged between 36-67 years participated in the study (Male=156 & Female= 241). The inclusion criteria was that the patients should be diagnosed with and be at Stage 1 and Stage 2 of Cancer and should have undergone treatment for the same. The results obtained were analyzed by SPSS 20 and used to make meaningful interpretations. The researcher utilized 3 sets of standardized psychological tests for data collection.

- The Gratitude-6 by McCullough, M. E., Emmons (2002)- this scale contains 6 specific questions to determine the gratitude amongst individuals. Participants indicate their

answer from a Likert type scaling ranging from 1 which indicated strongly disagree to 7 which indicated strongly agree

- The QLACS- Quality of life for Adult Cancer Survivors-Avis, N. E. Et al (2005)- This scale asks the participants to think about their quality of life after being diagnosed with cancer. It has 47 items. Participants indicate their answer from a scale ranging from 1- Never to 7-Always.
- The EORTC QLQ-C30- This scale has 30 items. Participants can indicate their answer from 1-Not at all to 4-Very much

4. Research Findings

Ha 1: There will exist a positive correlation between gratitude and the life quality amongst cancer patients

Table 1: Indicating the dimension-wise correlation coefficients for life quality scores amongst cancer patients with gratitude scores (N=397)

GRATITUDE	LIFEQUALITY FOR ADULT CANCER SURVIVORS (QLACS)& THE EORTC QUALITY OF LIFE											
	Negative feelings	Positive feelings	Cognitive Problems	Pain	Sexual Interest	Energy	Social Avoidance	Overall (QLACS)	Functional Scale	Global Health Status	Symptom scale	Overall (EORTC QLO)
	-.24	.52**	.19	-.31**	.30	.38**	-.32**	.376**	.44**	.43**	-.35**	.402**

* significant at the 0.01 level *significant at the 0.05 level

The Pearson's coefficient of correlation was computed to measure the relationship between Gratitude and Quality of life in cancer patients. It was found that Gratitude had a

significant moderate positive correlation with Quality of life ($r = .376, p < 0.05$). The Mean and SD scores on Gratitude ($M = 32.49$ & $SD = 3.48$) and Quality of Life ($M = 252.74$ & $SD = 34.46$). Thus the hypothesis that there will exist a positive correlation between Gratitude and the Quality of life in Cancer patients is proved.

Table 2: *Indicating the Significant Predictors of Gratitude in a clinical sample of cancer patients (N=397)*

SR. NO.	FACTORS	BETA CO-EFFICIENT	STD. ERROR	CONTRIBUTED R²	'T'-VALUE
1	Gender (female)	6.49	0.97	.240	6.69***
2	Social support (high perceived social support)	3.19	1.28	.181	2.49**
Overall Adjusted R ² = 0.421			***P<0.001; Very Highly Significant		
Overall F ratio = 5.481; P<0.001			**P<0.01: Highly Significant		
			*P<0.05: Significant		

* significant at the 0.01 level *significant at the 0.05 level

An analysis of the table reveals that two factors of gender (female) and social support (high perceived social support) have contributed significantly to the gratitude of the cancer patients. These two factors collectively contributed to 42.1% of the variance on the gratitude of cancer patients, which was found to be very highly significant ($F = 5.481; P < 0.001$). That is to say that 42.1% of the variance on gratitude can be predicted by females and those patients who perceived a high social support. Individually, females have contributed to 24% of the variance on

gratitude which is significantly very high ($t=6.69$; $P<0.001$); further a high social support has contributed to 18.1% of the variance on gratitude which was significantly high ($t=2.49$; $P<0.01$).

Thus it can be inferred from the above that cancer patients who were battling cancer in stage I and stage II who were female and those who experienced a high social support have a high gratitude as compared to male patients and those who perceived a high social support experienced higher gratefulness as compared to those who perceived low or moderate social support.

5. Discussion

The preliminary findings of this study revealed that Gratitude as a variable had a significant moderate positive correlation with Quality of life ($r= .376$, $p=<0.05$). This finding is supported by several research studies. (*Watson et al,2003*) stated that gratitude has a great impact on the Psychological and subjective well-being of an individual. In individuals suffering from sickness Gratitude was found to moderate the effects when gratitude intervention was interacted with the quality of life. Grateful contemplation thus can be used to enhance long-term well-being. (*Rash, 2011; Ahuvia 2015*) Gratitude has a variety of empiric connections as established through research to improving quality of life, enhancing personality traits, well-being, psychopathologies, social relations, and coping with sickness (*Mc Cullough et al,2013*)

The second analysis was carried out with a stepwise multiple regression analysis to find out the demographic factors affecting Gratitude. Individually, females have contributed to 24% of the variance on gratitude which is significantly very high ($t=6.69$; $P<0.001$); further a high social support has contributed to 18.1% of the variance on gratitude which was significantly high ($t=2.49$; $P<0.01$). A multiple regression carried out on the gratitude intervention also indicated this variable to be one of the key factors to improving the quality of life and general wellbeing (*Affifi, 2007, Rash et al,2011*)

6. Conclusion

Through this study it may be concluded that a positive correlation exists between Gratitude and Life Quality amongst Cancer Patients. The current research along with the past empirical data supports a moderate of the strength of the relationship of Gratitude in relation to Quality of Life in Cancer patients. Through multiple regression analysis it highlights how the

female gender and high social support were significant predictors of gratefulness which in turn was positively correlated to quality of life in cancer patients.

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