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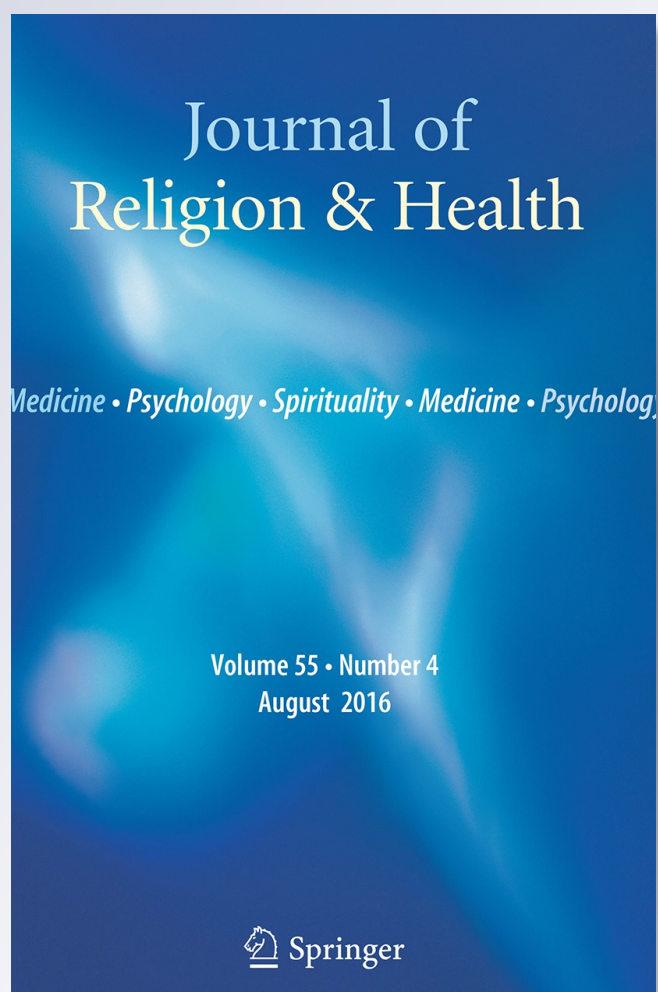
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# The Source and Impact of Specific Parameters that Enhance Well-Being in Daily Life

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**Abstract** The purpose of this study was to review four parameters (forgiveness, gratitude, hope and empathy) frequently noted when evaluating well-being. We reviewed clinical studies from 1966 to present. We included 63 articles. All four of the parameters were shown to generally improve an individual's well-being. These parameters demonstrated a positive influence within more specific societal issues including improvement in social relationships, delinquent behavior and physical health. These parameters were generally derived from training and religion. This study suggests that these parameters may improve either one of general well-being, pro-social and positive relational behavior and demonstrate positive health effects.

**Keywords** Well-being · Quality of life · Forgiveness · Gratitude · Hope · Empathy · Christianity · Church

## Introduction

Well-being has been variously defined, but Diener et al. (2003) described it as people's emotional and cognitive evaluations of their lives, including what lay people call happiness, peace, fulfillment, and life satisfaction. Although personality can explain a significant amount of the variability in well-being, life circumstances also can influence long-term levels (Diener et al. 2003).

As well-being is a broad term, quantifying a single source and its influence in daily life is problematic (Kiefer 2008). Accordingly, prior research has noted individual

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characteristics which are defined as comprising part of a person's well-being (Levenson et al. 2006; Kylma 2005; Grünh et al. 2008; Wood et al. 2010). However, little information is available in the literature which summarizes the effect of individual components of well-being as well as the sources of these parameters that promote well-being.

The purpose of this article is to review four parameters (forgiveness, gratitude, hope and empathy) that have been noted in studies evaluating well-being and associated with well-being itself (Grünh et al. 2008; Worthington et al. 2007; Sansone and Sansone 2010; Werner 2012). We desired to characterize how these parameters influence well-being and from what sources they may be derived.

## Materials and Methods

Due to the review design, ethics review board approval was not required. This review included any study that evaluated well-being as related to forgiveness, gratitude, hope and empathy in patients in peer-reviewed medical literature from 1966 to the present. We performed this study using the search engine for published medical literature, PubMed ([www.ncbi.nlm.nih.gov/pubmed/](http://www.ncbi.nlm.nih.gov/pubmed/)). We used the following search terms: forgiveness, compassion, empathy, gratitude, hope, definition, quality of life, relationship, health, benefits, pressure, tension, appreciation, effects, recognition, motivation, job, counting blessings, thankful, life, thanking, giving thanks, spiritual behaviors, positive psychological characteristics and well-being.

We extracted the following information from each article: author, journal, date, volume, page numbers, sample size, population groups, primary variable, primary result and conclusions. Ninety-one articles were chosen for initial review. Of these, 28 were excluded for not meeting the inclusion criteria.

## Results

### Characteristics Improving Well-Being

A table summarizing the results can be found online (supplemental material).

#### *Forgiveness*

Forgiveness was defined by McCullough as “a suite of pro-social motivational changes that occurs after a person has incurred a transgression” (McCullough 2001). Forgiveness has been shown to provide a variety of positive psychological and medical benefits.

Several authors found in subjects across a wide range of ages that forgiveness was associated with reduced depressive symptoms and greater well-being (Levenson et al. 2006; Brown 2003; Harris et al. 2008). Further, Gordon et al. (2009) found in married individuals with an experience of betrayal that forgiveness was significantly associated with marital satisfaction and children's perception of good marital functioning. Additionally, Finkel et al. (2002) observed in undergraduate students that forgiveness in a relationship was mediated by cognitive interpretations.

Several authors examined the association of forgiveness and blood pressure and associated cardiovascular parameters. They demonstrated that forgiveness was associated with

fewer medications, less alcohol use, lower blood pressure, lower heart rate, fewer physical symptoms of anger and cardiovascular recovery from stress (Lawler-Row et al. 2008; Buck et al. 2009; Friedberg et al. 2007).

Separately, Knight et al. (2007) found in adolescents that forgiveness is associated with lower risk of drinking during adolescence. Martin et al. (2012) examined HIV-positive adults and found that through forgiveness interventions, individuals who practiced self-forgiveness also had a more positive perception of their own physical health if they did not have a high degree of attachment anxiety.

### *Gratitude*

Gratitude had been variously defined, but Emmons and Crumpler (2000) have suggested that gratitude is an emotional state and an attitude toward life that is a source of human strength in enhancing one's personal and relational well-being.

Several authors evaluated gratitude and found that this quality generally enhanced well-being, life satisfaction and positive attitude and demonstrated emotional as well as interpersonal benefits (Froh et al. 2008; Adler and Fagley 2005; Emmons and McCullough 2003). Regarding relationships, Lambert et al. (2010) showed in adults that gratitude could improve the communal strength of a relationship. Further, Lambert and Fincham (2011) found that gratitude could be related to a higher comfort in disclosing relationship concerns. Wood et al. (2008) and Froh et al. (2009) found that gratitude was related in part to better pro-social behavior.

Several other specific benefits of gratitude have been reported. Kashdan et al. (2009) noted in undergraduate students that gratitude was associated with feelings of belonging and autonomy in women specifically. Also, Wood et al. (2009) found in adults that gratitude was related to good sleeping habits.

Regarding health, Eaton et al. (2013) observed adults with chronic illnesses and determined that gratitude and forgiveness were predictors of a higher quality of life. These authors indicated that these findings support a growing body of evidence that a tendency toward gratitude and forgiveness benefits the well-being of the chronically ill.

### *Hope*

Hope may be defined differently between temporal and spiritual spheres. Farran and Popovich (1990) defined a secular based hope as "...an expectation about attaining a desired goal in the future, a necessary condition for action, and a subjective state that can influence realities yet to come." Hope is generally thought of as a goal to achieve on earth during a person's life. In contrast, in classic Christian theology, hope may be defined as a confident expectation of salvation gained through faith in Jesus Christ's sacrifice on the cross for mankind's sin (Ryrie 1999). In other words, hope is directed to a heavenly, post-death target. Generally, articles in this section used a temporal definition.

Several studies have observed that hope can help a person's psychological profile. Miller et al. (2006) found in newlywed couples followed over 13 years that spouses were less likely to suffer declines in love when they idealized one another as newlyweds and hoped for the best outcome. Gustafsson et al. (2010) found in male and female athletes that hope can be related to preventing psychological burnout. Hagen et al. (2005) found in children with high risk of behavioral problems due to incarcerated mothers that hope helps prevent behavioral problems in these children. Canty-Mitchell (2001) noted in inner-city

adolescents that hope might assist these children in coping when experiencing multiple life-changing events.

Regarding health quality, several studies found in adults abiding in a communal dwelling that hope was related positively to better overall health, weight loss and life satisfaction (Farran and Popovich 1990; Wroblewski and Snyder 2005). Further, Richman et al. (2005) found in adults followed over 2 years that higher levels of hope were associated with disease prevention. For those suffering from cancer specifically, Irving et al. (1998) found in college women that high levels of hope helped maintain a fighting spirit for coping with a hypothetical battle with this disease. Further, several studies have shown that hope improved quality of life in illness including heart transplant recipients, stroke survivors and acute coronary syndrome (Evangelista et al. 2003; Bluvol and Ford-Gilboe 2004; Warber et al. 2011).

### *Empathy*

No commonly accepted definition of empathy exists to our knowledge. However, Davis (1996) defined empathy generally “as the ability to take another’s perspective and experience resulting thoughts and feelings.”

Empathy may be associated generally with improved relationships. Several studies have shown that individuals with high levels of empathy perceived their relationships as more positive as well as meaningful. Further, their partner also felt more positive and empathetic perceptions, and these attitudes between partners improved relationship satisfaction (Grühn et al. 2008; Busby and Gardner 2008).

Empathy can also improve socialization. Litvack-Miller et al. (1997) found in students that empathetic concern and perspective were significant predictors of social behavior. Further, Fakouri et al. (1991) noted in female nursing students that empathy increased pro-social behavior. Additionally, Carr and Lutjemeier (2005) observed in male delinquents that empathy might be associated with decreased delinquent behavior.

Empathy has also been found in several studies to influence medical care. Tait et al. (2005) found that more empathetic surgeons were more likely to attribute surgical outcome in hypothetical patient scenarios to physical and not psychological factors. They also discovered that more empathetic surgeons had better attitudes toward patients than less empathetic ones. Hojat et al. (2002) evaluated medical students and observed that empathy was positively related to their clinical competence.

### **Sources of Characteristics Improving Well-Being**

A table summarizing the results can be found online (supplemental material).

The parameters described above have been associated with improved well-being. Consequently, helping individuals build these characteristics could be important in improving well-being in select individuals. The following section describes prior literature regarding the methods utilized to potentially build these characteristics into an individual.

### *Forgiveness*

Several authors have found that the use of educational programs that teach forgiveness in adults and clergy, respectively, could improve inter-generational transmission of negative interactions and help resolve interpersonal conflict situations (Levenson et al. 2006;

VanLoon 2009). In a medical setting, several studies noted in adult patients that a program to learn forgiveness was effective in reducing anger-induced myocardial ischemia and was associated with decreased blood pressure (Waltman et al. 2009; Tibbits et al. 2006).

Forgiveness can also be influenced by religion and religious orientation. Krause evaluated forgiveness in older adults, predominantly of the Christian religion. They found that the basic tenets of the faith place an emphasis on repentance and seeking forgiveness from God, which sometimes helps older adults forgive each other (Krause and Ellison 2003).

### *Gratitude*

Several authors noted also that gratitude could be learned. Adler and Fagley (2005) found in undergraduate students that although appreciation is viewed as a disposition, it is also believed learnable over time. Froh et al. (2008) noted after training in class in early adolescents that gratitude could be taught and that counting blessings seemed an effective intervention for well-being enhancement in this age group.

Religious experience also has been noted to be a source of gratitude. Krause (2009) found in adults in a nationwide longitudinal study that people who go to church more often were more likely to feel grateful. Further, individuals with a strong sense of God-mediated control felt more grateful. Krause (2006) noted in a separate study of older adults that many people who felt more grateful to God were less likely to have health problems.

Additionally, Rosmarin et al. (2011) found in subjects that spirituality and gratitude were associated with one another. Further, they noted that while interpersonal gratitude can be experienced by anyone, religious and spiritual individuals could attribute beneficence to the divine and so experienced gratitude on a broader scale.

### *Hope*

Hope was derived especially from spiritual dimensions in published studies. Hong found that in terminally ill residents of unspecified religion, support from people, religion, acceptance of their illness and knowledge they were in better condition compared with sicker patients, were four factors helpful in promoting hope (Hong and Ow 2007). In contrast, Ahmad et al. (2011) found in females that hope and freedom came from surrendering to God.

In contrast, Benzein et al. (1998) found in Christians that ultimate hope was described as life after death, the future imagined reality promised by God. Hope was strengthened by reading the Bible and saying prayers. Further, Holt (2000) found in residents from a small village that hope was an essential dynamic life force that brought about faith in God. Further, Warber et al. (2011) studied adults suffering acute coronary syndrome at a non-denominational spiritual retreat and found that their experience at the retreat increased their levels of hope. However, Ballard et al. (1997) found that women diagnosed with cancer derived hope from nurses, physicians and other health professionals.

### *Empathy*

Ançel (2006) showed in nurses that empathetic skills could be learned from communication training using the Empathetic Communication Skill B form. Further, McCollum and Gehart (2010) found in students that empathy is a therapeutic process that can be taught to subjects by therapist trainees and educators. In contrast, de Kemp et al. (2007) noted that in

individuals using structural equation modeling, empathy generally had its origins in the person's own personality.

Spirituality also has been described as increasing empathy. Krebs (2001) in a review of controlled studies found in an unspecified number of participants that empathy, when derived from prayer, can improve health, whereas Koss-Chioino (2006) showed after observing Spiritist (term undefined) healing sessions in individuals that they began to exercise "radical empathy" following spiritual transformation. Religion type was not specified in the last two studies, but they were performed in traditionally Christian countries.

## Discussion

All four of the parameters reviewed in this study (forgiveness, gratitude, hope and empathy) were shown to generally improve an individual's well-being. These helpful effects were found from preadolescent years to older adults. Further, these parameters demonstrate a positive influence among more specific societal issues including improved social relationships, delinquent behavior and physical health.

This review focused on the effect of forgiveness, gratitude, hope and empathy on the individual themselves and not the effect on a recipient. However, it might be speculated from the results of the studies analyzed that any increase in well-being among the evaluated individuals allowed for a greater transmission of their own sense of personal benefit to others.

The sources of the four parameters (forgiveness, gratitude, hope and empathy) were also considered. The results were surprising to the authors because generally only two primary sources were found in the analyzed articles: training and religious faith. In regard to training for the four parameters evaluated, studies found that three could be taught, at least to some degree, through classes or a training module. Hope has not been evaluated in a training module to our knowledge.

In regard to religious faith, a person's faith, or their involvement in a community of believers, appeared to be positively associated with the evaluated measure (forgiveness, gratitude, hope or empathy). How the measure was derived was not always clear. However, perhaps the knowledge obtained from the religion's scriptures, through self-learning or sermons, indicated that the quality should be practiced or that the person gained the parameter through interaction with the faith community and thus may have contributed to procuring the evaluated measure (Hong and Ow 2007). The religion was not typically specified in the articles; however, most all the associated studies were performed in predominantly Christian countries. Therefore, we assume that most of the participants were either nominally or seriously practicing Christians.

Several other expressions of hope were found among the articles reviewed. Muslims saw hope as derived from surrendering to the will of god (Ahmad et al. 2011). Interestingly, one study from Singapore noted that although religion was a source of hope in cancer patients, so was observing that they were in better health than sicker patients. This source of hope would contrast to at least some Christian teachings and might be more acceptable in Singapore because their society has less professed adherents to religion (Benzein et al. 1998).

This review suggests that forgiveness, gratitude, hope and empathy may improve either one of general well-being, pro-social and positive relational behavior and may demonstrate



positive health effects. These measures may be derived at least in part from educational and religious origins.

This review did not analyze the impact of forgiveness, gratitude, hope and empathy on acquaintances of people who express these four characteristics. Further, future research directed to methods of promoting these characteristics is warranted. In addition, better understanding of the impact of forgiveness, gratitude, hope and empathy in diverse cultures and religions is an avenue for additional study. The measures evaluated in this review do not represent all factors that might influence well-being.

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**Conflict of interest** None.

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