

# Role of Happiness, Hope and Gratitude on Health and Wellbeing among Young Adults

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**Abstract:** *For most of the 20th century, psychology emphasized negative aspects of human experience - disorders - and their treatment. However, the last two decades have seen the development of theoretical models of the positive aspects of life such as happiness, hope and gratitude which have greatly influenced the field of positive psychology and the study of well-being. The objective of this study is to assess the role of happiness, hope and gratitude on health and wellbeing among the young adults. The sample consisted of 150 participants and the tools used were Oxford Happiness Measure, The Gratitude Questionnaire (GQ-6), The Adult Hope Scale (AHS), General Health Questionnaire (GHQ) and The Warwick-Edinburgh Mental Well-being Scale (WEMWBS). It is important for the mental health professionals to empower the strengths that enable individuals and communities to thrive.*

**Keywords:** happiness; hope; gratitude; health; wellbeing

## 1. Introduction

Positive Psychology is the study of the processes and conditions which contribute to the optimal functioning of individuals, the study of positive aspects of human experiences, positive traits and optimistic institutions in our world today (Gross, 2009). Positive psychology has been influenced by the efforts of Allport's (1958) work in positive individualistic characteristics. Additionally Maslow's (1968) interests in exploring positive human experiences, as well as many others who have looked to an understanding of why people require positivity and associations around it. Today this influence of experts in the past has led to the phenomenon of positive psychology which aims at understanding the ways people experience contentment, altruism as well as the existence of satisfied families and organisations.

In the past psychology has focused on negative aspects associated with disabilities, illnesses, and how to fix them. Psychologists have carried out research on the subsistence of negative outcomes related to poor self-esteem and implicit chauvinism (Josephs, Bosson, & Jacobs, 2003). In addition, health psychologists have shown the negative effects of snuff, alcohol, and other aspects of our surrounding environments that are related to stress and other health problems related to the world in which we live. The future of positive psychology is to redirect the problems encountered in the past and outline the benefits that can enhance and promote stability and quality of life of different groups and individuals themselves. (Dickerson & Kemeny, 2004).

## 2. Happiness

In almost all cultures of people classified to the pursuit of happiness as one of its objectives and goals life (Lyubomirsky 2001). Consequently, life satisfaction, subjective well-being and happiness were the subject of a strong line of research 1984. Diener (1984) describes three meanings of well-being: happiness rests on external criteria of virtue and holiness. Aristotle describes the external measures such as pride, kindness, honesty, wit, intellectual virtue of rationality in judgment, and scientific knowledge;

Happiness is defined by a cognitive evaluation of one's life-how does a person feel when reflecting back on one's work.

The Day Reconstruction Method (DRM) assesses how people spend their time and how they experience the various activities and settings of their lives. When well-being is measured through reconstruction methods presented daily load events of the day and builds a record of events and associated feelings. The final difference between the standard subjective well-being and daily reconstruction method is the difference between "I love my children" in a global sense and "it was a night of pain" a momentary emotional sense (Kahneman et al., 2004). DRM can define happiness as more bottom-up approach. (Diener, 1984). In particular, they found that positive affect and pleasure are more influenced by aspects of temperament and character (depression and sleep quality) and the characteristics of the current situation (time pressure of work), that the characteristics of life circumstances (income and marital status). DRM actually studies have found that people with higher incomes more work, are under more stress and tension, and have less time for passive leisure (Kahneman et al. 2006).

Characteristics (genetic or otherwise) associated with a happy person are extraversion, self-esteem and a sense of personal control (Myers and Diener, 1995). A diverse set of psychological processes moderate the impact of life events, circumstances of life, and demographic factors on well-being for happy and unhappy people (Lyubomirsky, 2001). Psychological processes motivated as positive illusions allow people with high self-esteem to feel optimistic about the future of the circumstances of life, the feeling of having more control of what they did, and have confidence in their abilities (Talyor and Brown, 1988), Lyubomirsky (2001). Interestingly, people with low self-esteem are more accurate in these measures. The happiest people are less likely to engage in social comparison, and are motivated to reduce dissonance by streamlining its options after the fact. (Lyubomirsky 2001, Lieberman et al. 2001).

It is widely acknowledged that mental factors may influence physical functioning and that psychological wellbeing works positively on physical health. This idea does not only live among adherents of holistic medicine, it also has a firm root

in academic psychology. There is good evidence for the negative effects of mental distress on physical health, e.g. of depression, anxiety and hostility and there are also indications for the beneficial effects of positive mental states, such as positive affect (Zautra, 2003). In this context it is commonly assumed that happiness is conducive to physical health. It is believed that happiness helps to heal the sick and that it protects people in good healthy against getting ill. In this view, health-care should not only be concerned with illness, it should also be concerned with wider quality-of-life. This view is reflected in broad definitions of health, such as the World Health Organization's definition of health as a state of general physical, mental and social wellbeing and not only the absence of illness and defect (Seedhouse, 1996). In this line it is also asserted that current health education may be counter productive because it puts a damper on enjoyable things such as smoking and drinking (Warburton, 1994, 1996) Yet there are also different notes. For instance, VanDam (1989) argues that positive attitudes cannot stop serious illness and that the idea of 'fighting cancer' with happiness is a mere illusion that blames the victim. Several studies have indeed failed to find longer survival times among happy cancer patients and some studies even report shorter survival times (e.g. Derogatis, 1979). There is also doubt about the protective effect of happiness and even reports of greater mortality among cheerful people as a result to their more risky lifestyles. In this view healthcare is better limited to physical health in the strict sense with too buoyant living being discouraged. (Frederickson. al 1993).

### 3. Hope

Hope helps to initiate and sustain action toward long-term goals, including flexible management of obstacles that might interfere with accomplishments. Hope thus provides an important pathway to increased subjective well-being (Snyder, 2000,2002). Hope not only relates to optimism but is also distinguishable from it. While both constructs focus on the future, optimism refers to the belief that positive things are likely to occur in the future (Snyder, 2002), whereas hope encompasses the ability to generate and implement plans for the future (Bailey, Eng, Frisch, and Snyder, 2007).

The last two decades have seen the development of a theoretical model of hope that influenced researchers in the field of positive psychology. Rather than emphasizing the emotional aspects of hope, Snyder (1994) conceptualized hope as a cognitive construct that reflects the motivation and ability of people to move their goals personally relevant (Snyder, Rand, and Sigmon 2002). Hope depends on two cognitions in particular: the thinking and ways of thinking agency. Agency thinking refers to the ability of perception of people to achieve goals despite obstacles and manifests self-statements such as: "I can do" and "will not stop" Pathways of Thought refers to people perceived ability to generate plausible routes to the objectives and is evident in the self-statements such as "I can not find a way to get there." Considerable research has supported the idea that hope depends on both the agency and ways of thinking, that these elements of hope can be validly measured, and promising individuals do not enjoy many benefits

experienced by their counterparts in low hope, including high school completion, psychological adjustment and physical health (Arnau et al, 2010 ; Snyder, Sympson, Michael, and Cheavens, 2001). Recently (1994) general model for the Snyder hope was applied to psychotherapy (Cheavens, Feldman, Woodward, and Snyder, 2006 ; Lopez, Snyder, Magyar-Moe, Edwards, Pedrotti, Janowski et al, 2004; Pedrotti, Edwards, and Lopez, 2008; Snyder, 2000; Snyder, Feldman, Taylor, Schroeder, and Adams, 2000; Snyder, Parenteau, Shorey, Kahle, and Berg, 2002). In this perspective, people seek therapy when they encounter obstacles repeatedly objectives that cannot be avoided or overcome. These barriers cause negative emotions such as anxiety, depression or anger, often proximal determinants of its decision to seek help.

Several authors recommend the use of strategies for improvement of hope in clinical practice and in the community. For example, Snyder and Lopez Pedrotti (2011) describe the "therapy of Hope", a series of interventions designed to elicit hopeful cognitions and reduce distress among adults referred to individual, marital, and group counseling. Similarly, Magyar-Moe (2010) considers hope as "a malleable force that can serve as an important therapeutic change" (p. 141). He described several strategies for improving hope and suggests that mental health professionals use these techniques in their practice. Cheavens and colleagues provide specific ways therapists can increase thoughts of hope among its customers as part of cognitive therapy (Cheavens, Feldman et al., 2006) and describe how doctors can use different strategies to improve the hope for treatment patients with major depressive disorder (Cheavens & Gum, 2010). Others suggest hoping to use enhancement techniques with children. For example, Nel (2010) describes how doctors can use narrative approaches to instill hope in young people. Snyder, McDermott and colleagues (1997) clinically describe how the hope of improvement strategies can be used to treat deficit disorder attention deficit / hyperactivity disorder, major depressive disorder and oppositional defiant disorder in children.

### 4. Gratitude

Grateful responses to life, they say, can lead to peace of mind, happiness, physical health, and deeper and satisfying relationships. Although intuitively compelling, most general statements in popular books on the power of a grateful life style are still speculative and not scientifically proven. In a popular book on the recognition, for example, the author states that "all hope that lucrative peace of mind, joy, grace ... surely comets, but when we are only willing to receive with open and grateful heart" (Breathnach, 1996). Appreciation has also had a long history in the history of ideas. In all cultures and time, experiences and expressions of gratitude were treated as two essential and desirable faces of the human personality and social life. For example, the recognition is a popular human disposition to Jews, Christians, Muslims, Buddhists and Hindus believed (Carman and Streng, 1989). In fact, the consensus among religious and ethical writers in the world is that people are morally bound to feel and express gratitude in response to the benefits received. Despite these widespread exhortations, thanks to the contribution of health, welfare, and the positive

overall performance remains speculative and without rigorous empirical confirmation. Contemporary research on recognition is still in a nascent state (Emmons and McCullough, in press; McCullough, Emmons, and Tsang, 2002). Our main goal in this series of studies is to examine the influence of psychological assumptions grateful thought about being in daily life and therefore to test the performance classic and popular recognition.

Gratitude can be characterised as a moral and actively pro-social, emotive, concept, the expression of which has potential implications for life satisfaction and wellbeing. Whether this conceptualisation is valid however has only recently begun to be empirically explored (Emmons, McCullough & Tsang, 2004).

Gratitude is an emotion experienced in terms of four elements, gratitude intensity, gratitude frequency, gratitude span and gratitude density. Thus a gratefully disposed individual would experience gratitude more intensely than someone less grateful, they would feel grateful more often, and do so for a relatively minor reason, they would have more sources of gratitude at any point, and would feel gratitude to a larger number of people per positive outcome than someone else. Allied to which, it incorporates a more appreciative and positive bias, together with a more positive outlook and interpretation of social situations (Wood, Maltby, Stewart & Joseph, 2008b).

## 5. Need of the Study

Psychologists and practitioners need to outline the context of happiness, hope and gratitude and figure out the role of positive experiences as well as the outcomes and the functions and effects of positive relations among people. In the past funding was allocated to research on mental illnesses, traumas and associated illnesses with the era (Seligman, 2002). . There is a need to understand how these factors will contribute to physical health of people and groups, well being, and promising institutions. We as psychologists should contribute to society in nurturing and maintaining the well-being of people, create environments for children and young adults with high positivity and to develop healthy lifestyles.

## 6. Objectives

The present study aims at:

- To investigate Happiness, Hope and Gratitude as a factor of Health.
- To investigate Happiness, Hope and Gratitude as a factor of Wellbeing.

### Hypotheses

- Happiness, Hope and Gratitude will be a factor on Health.
- Happiness, Hope and Gratitude will be a factor on Wellbeing.

## 7. Method

### Sample

The data was collected from 11<sup>th</sup> February 2016 to 25<sup>th</sup> February 2016 and the study used data from the students at

Amity University, Haryana. Purposive random sampling method was employed for the data collection. The sample included 158 participants aged between 21 and 25 living in India. A total of 52 male (32.9%) and 106 female (67.1%) participants took part in the study.

### Tools

#### • Demographical variables

Standard questionnaires were used to collect data and the demographic information such as name, age, gender and place was collected.

#### • Happiness

Happiness was measured with the help of Oxford Happiness Questionnaire (Argyle, 2001). This is a 6 point scale ranging from “1 = strongly disagree” to “6= strongly agree” with reliability and the validity of the scale was satisfactory and the tool had high reliability of 0.85 and validity of 0.82.

#### • Hope

To measure the hope, The Adult State Hope Scale (Snyder et al., 1996) was used. This is an 8 point scale ranging from “1. = Definitely False” to “8. = Definitely True” and the reliability and the validity being 0.73 and 0.68 respectively.

#### • Gratitude

To measure the gratitude, The Gratitude Questionnaire- Six Item Form- GQ-6 (McCullough, 2001) was used. This is a 7 point scale ranging from “1 = strongly disagree” to “7= strongly agree” with reliability and the validity being 0.80 and 0.77 respectively.

#### • Health

Health was measured with the help of General Health Questionnaire- GHQ (Goldberg, 1970). This is a 4 point scale ranging from “1 = often” to “4= never” with reliability and the validity of the scale were satisfactory and the tool had high reliability of 0.82 and validity of 0.86.

#### • Wellbeing

Wellbeing was measured with the help of The Warwick-Edinburgh Mental Well-being Scale (Warwick & Edinburgh, 2006). This is a 5 point scale ranging from “1 = None of the time” to “5= All of the time” with reliability and the validity of the scale was satisfactory and the tool had high reliability of 0.85 and validity of 0.82.

### Procedure

Data was collected using standardized questionnaires from the respondents. Each participant was given five scales. Each questionnaire was explained in a an easier way to make them understand. Any misconceptions were removed. All data collection and interviews were conducted face to face in English. Data were collected from 11<sup>th</sup> Feb 2016 to 25<sup>th</sup> Feb 2016. Each participant was given a set of five questionnaires and the following instructions were provided- “Here are a set of questionnaires to measure the positive aspects such as happiness, hope and gratitude. Please rate yourself after reading the scale. The first answer that comes into your head is probably the right one for you. If you find some of the questions difficult, please do ask me.” They

were also informed that there are no right or wrong answer. Confidentiality of the study was emphasized. They were informed that the data will be used for academic purpose only.

**Ethical considerations**

The data were anonymized and deidentified, with careful protection on confidentiality. Approval was obtained from the guides at Amity University, Haryana prior to data analysis.

**Data analysis**

The analysis of data was done using Statistical Package for the Social Sciences version 16 (SPSS 16.0). A regression analysis was constructed among all the variables. The impact of predictors on health and wellbeing was tested using regression analysis. The participant's Happiness score, Hope score, Gratitude score, Health score and Wellbeing score was entered. The amount of missing data for all the independent and dependent variables tested was less than 5% to ensure quality of data and generalizability of the research conclusions.

**8. Result and Discussion**

**Table 1:** Showing Step-wise multiple regression analysis on Happiness, Hope and Gratitude on Health

Model	R	R square	Adjusted R Square	Change Statistics R Square Change
1	.239	.057	.051	4.32
2	.333	.111	.100	4.21
3	.406	.165	.149	4.09

- a. Predictors: (Constant), hope
- b. Predictors: (Constant), hope, gratitude
- c. Predictors: (Constant), hope, gratitude, happiness

Above Model table indicates Happiness, Hope and Gratitude that appeared as significant predictors of Health. All three facets were upheld as significant predictor.

Summary shows three Predictor of the model. Multiple correlations are found to be R=.239, .333 and .406, further R square, which represents the contribution of predictor variable to the criterion variable, is also seen here. Here we have considered R square change, that is the actual contribution of predictor variable to the criterion variable. Hence the real covariance, the magnitude of independent variables Hope, Gratitude and Happiness (predictors) which contributed to the dependent variables Health and Wellbeing (criterion) came out as 43.2%, 42.1% and 4.09% respectively.

**Table 2:** Shows details of coefficients

Model	Unstandardized coefficient		Standardized coefficient	t	sig
	B	Std. Error	Beta		
1 (Constant)	26.292	3.010		8.734	.000
Hope	-0.77	.033	-.182	-2.316	.022
Gratitude	.230	.055	.342	4.193	.000
Happiness	-2.326	.736	-.273	-3.159	.002

**a. Dependent Variable: health**

Above table clearly indicates that Happiness, Hope and Gratitude (Predictor) influences Health (criterion).

As the statistical value given in the table indicates that  $t=4.193$ , by having look at t value, we may conclude that t value is significant for above mentioned predictor that is indicating a relationship between predictor Gratitude and dependent variable Health. Limitations of existing research

The partial correlations are  $r=-.182$ ,  $.342$  and  $-.273$  indicating that predictors significantly influences the degree of Health. Thus, above results suggests that Hope, Gratitude and Happiness (predictors) appears to be the potential cause of Health (criterion) among young adults.

**Table 3:** Showing Step-wise multiple regression analysis on Happiness, Hope and Gratitude on Wellbeing

Model	R	R square	Adjusted R Square	Change Statistics R Square Change
1	.428	.183	.178	7.55
2	.501	.241	.241	7.25

- a. Predictors: (Constant), Gratitude.
- b. Predictors: (Constant), Gratitude, Happiness.

Above Model table indicates Happiness and Gratitude that appeared as significant predictors of Wellbeing

Summary shows two Predictor of the model. Multiple correlations are found to be R= .428 and .501, further R square, which represents the contribution of predictor variable to the criterion variable, is also seen here. Here we have considered R square change, that is the actual contribution of predictor variable to the criterion variable. Hence the real covariance, the magnitude of independent variables Hope, Gratitude and Happiness (predictors) which contributed to the dependent variables Health and Wellbeing (criterion) came out as 75.5%, and 72.5% respectively.

**Table 4:** Shows details of coefficient

Model	Unstandardized coefficient		Standardized coefficient	t	sig
	B	Std. Error	Beta		
1 (Constant)	18.659	4.876	.305	3.827	.000
Gratitude	.385	.097	.288	3.964	.000
Happiness	4.599	1.230		3.738	.000

**a. Dependent Variable: wellbeing**

Above table clearly indicates that Happiness and Gratitude (Predictor) influences Wellbeing (criterion).

As the statistical value given in the table indicates that  $t=3.964$ , by having look at t value, we may conclude that t value is significant for above mentioned predictor that is indicating a relationship between predictor Gratitude and dependent variable Wellbeing.

The partial correlations are  $r=-.305$  and  $.288$  indicating that predictors significantly influences the degree of Wellbeing. Thus, above results suggests that Hope, Gratitude and Happiness (predictors) appears to be the potential cause of Health (criterion) among young adults.

## 9. Limitations of the Study

There are variety of influences on health and wellbeing, from personality factors to genetic influences to chronic and temporary life events, and thus any one factor by itself would not be expected to be particularly potent. Also, the study used only one population undergoing a particular life transition over a relatively brief time period. The generalizability of the findings would be improved through replication in other diverse populations. However, college students adapting to university are arguably an important population in their own right (Brissette et al., 2002)

## 10. Conclusion

From this study it can be concluded that health-care should not only be concerned with illness, it should also be concerned with wider quality-of-life and focus on sustaining and developing hope among clients. When disaster strikes, we as practitioners should help build gratitude and hope. This provides a perspective from which individuals can view life in its entirety and not be overwhelmed by temporary circumstances.

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