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THE JUBILEE CENTRE FOR CHARACTER & VIRTUES

Character and Health:

A Synthesis of Key Findings

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Templeton World Charity Foundation – Global Innovations for Character Development

Templeton World Charity Foundation's Global Innovations for Character Development (GICD) seeks to establish character development as a lever for social change, increased prosperity, and overall human flourishing. It envisions a world in which character strengths are recognized for their transformative role in improving the lives of individuals and communities.

With grant-funded projects around the globe, GICD is a first-of-its-kind initiative to promote character strengths worldwide. Character strengths are learned and learnable attributes, virtues, skills, habits, or capabilities that enable individuals to lead better lives. Examples include compassion, forgiveness, gratitude, honesty, humility, and kindness. Some Global Innovations for Character Development projects also seek to promote local character strengths, such as the East African concept Utu (shared humanity, humanness).

Jubilee Centre for Character and Virtues

The Jubilee Centre for Character and Virtues is a unique and leading centre for the examination of how character and virtues impact upon individuals and society. The Centre was founded in 2012 by Professor James Arthur. Based at the University of Birmingham, it has a dedicated team of academics from a range of disciplines, researching the importance of character for individual and societal flourishing.

With its focus on excellence, the Centre has a robust, rigorous research and evidence-based approach that is objective and non-political. It offers world class research on the importance of developing good character and virtues and the benefits they bring to individuals and society. In undertaking its own innovative research, the Centre also seeks to partner with academics, policy makers and practitioners from around the world to develop strong strategic partnerships.

A key conviction underlying the existence of the Centre is that the virtues that make up good character can be 'caught', 'taught' and 'sought', but that these have been largely neglected in schools and in the professions. It is also a key conviction that the more people exhibit good character and virtues, the healthier our society. As such, the Centre undertakes development projects seeking to promote the practical applications of its research evidence.

Introduction

This report brings together insights from a diverse group of projects funded by the Templeton World Charity Foundation (TWCF), all of which, despite their differences, share a focus on character and health.

The synthesis highlights key findings, challenges, and innovations emerging from the work of Thanda in South Africa; AtentaMente Mexico; Luther College in Trinidad and Tobago; Tarbiyya in Nigeria; the Centre for Addiction and Mental Health in Sri Lanka; Ghedi (formerly IRD) in Pakistan; Shamiri Institute in Kenya; citiesRISE in Kenya and India; and Lubuto Library Partners in Zambia. These grantees operate in varied settings and address different aspects of health and character development, from mental health interventions and addiction support to community-based health initiatives and research-driven approaches. By examining their work collectively, this synthesis aims to identify common themes, effective strategies, and opportunities for further impact in global health and wellbeing.

Across projects, a number of advantages of combining health and character – both within and beyond the GICD projects – were identified. First and foremost was a shared view, aligned with the original intentions of the GICD funding, that the intersection between health and character has not, and still has not, been widely explored in majority world contexts. This gap persists despite the high value attributed to both character and health outcomes within these settings. Indeed, for many participants, it was precisely the emphasis on character that resonated deeply, aligning with their cultural and/or faith-based worldviews.

Background

TWCF's GICD program aims to unlock the potential of character strengths as a powerful driver of individual and societal wellbeing. By supporting research into how these strengths contribute to human flourishing, GICD works to position character development as a catalyst for social change and long-term prosperity.

Global Innovations in Character Development Vision

GICD envisions a world in which character strengths – such as compassion, honesty, humility, and kindness – are valued for their capacity to transform lives and strengthen communities. These strengths are understood as attributes, skills, and habits that can be developed and nurtured over time. In recognition of cultural diversity, the program also supports initiatives that elevate local expressions of character, such as Utu, a concept from East Africa reflecting shared humanity and mutual care.

As a pioneering global initiative, GICD supports grant-funded projects around the world that explore and promote character development. Its goals include:

- Investing in rigorous innovation to foster and measure character development, with particular attention to low-resource contexts.
- Promoting knowledge sharing to enhance the visibility, adoption, and impact of character-based approaches.
- Strengthening global capacity for character research and implementation across varied cultural and practical settings.

Through this work, GICD contributes to a broader understanding of how character strengths can shape more compassionate, resilient, and thriving societies.

Section One:
Challenges Responded to and Main Findings

Across the health-related studies undertaken as part of the GICD program, a number of health-related challenges were responded to. The challenges centred largely on real needs within local communities which, at the same time, are challenges faced across a wide variety of communities and contexts. Individual and community wellbeing – whether the lack thereof and/or the desire to improve wellbeing underpinned the challenges highlighted. Key examples included:

- a lack of hope and shared joy within communities;
- the dominance of prescriptive forms and methods of education, health-care and development that underplay (or worse ignore) relationships and relational aspects of care, education, and wellbeing;
- concerns about distress and burnout among healthcare professionals, which in turn impacts on their motivation and ability to deliver care;
- increased prevalence of mental health illnesses and of how trauma impacts on individuals and communities.

Within a number of projects, character was viewed and positioned as an important protective factor that can help individuals, health professionals, educators, and community workers – and, indeed, communities themselves to cope, to adapt, and, ultimately, to flourish.

What follows is a series of “snapshots” into the key findings and insights from a range of projects, each of which focused on character and health and offer unique perspectives.

Grantees opted to take part in this synthesis. The main findings of all of the GICD projects focused on character and health can be found in more detail elsewhere, including through project websites, project publications, and in related documents.

weRISE: Youth-led Mental Health Transformation Through Cultivating Gratitude, Kindness, and Hope (implemented by citiesRISE) in Kenya and India

Key Findings of Research Study

This randomized controlled trial assessed the effectiveness of the first iteration of the Gratitude, Kindness, and Hope (GKH) intervention, comparing it to a standard of care mental health literacy intervention. A realist analysis of qualitative data explored mechanisms of impact.

Young people in Nairobi, Kenya, and Chennai, India face significant mental health challenges, often linked to family instability, low socioeconomic status, and social isolation. At the same time, every young person has the innate capacity to discover who they are, understand they are part of something bigger, and navigate life grounded in meaning, belonging, and hope. Early adolescence (12–14 years) is a key period for developing mental health-promoting capacities and practices or risk behaviors that impact wellbeing across the life course.

The GKH intervention, using a strengths- and arts-based approach delivered through a youth mobilization model, aimed to improve mental well-being and reduce mental ill-health for young people aged 12–14 years.

Quantitative Findings

Wellbeing Improvements: When implemented to a good standard, GKH was at least as effective as a standard of care mental health literacy intervention for improving mental well-being. When considering changes in the GKH arm alone from baseline to follow-up, participants in GKH experienced significant improvements in mental well-being (mean difference = 2.81, 95% CI [1.60, 4.03]).

Reduction in Anxiety and Depression: When implemented to a good standard, GKH was at least as effective as a standard of care mental health literacy intervention for reducing anxiety and depression symptoms. When considering changes in the GKH arm alone from baseline to follow-up, participants in GKH experienced significant improvements in anxiety (-1.46, [-2.08, -0.84]) and depression (-1.75, [-2.47, -1.04]).

Qualitative Findings

Relevance Across Contexts: The integrated concept of GKH resonated with young people in both Kenya and India. Co-design with local partners and young people was key to ensuring cultural and contextual relevance.

Arts-based Delivery Enhances Engagement: Arts-based methods increased engagement and helped participants apply key concepts.

Youth Mobilization Model: The train-the-trainer approach (where older youth from the same communities worked as arts-based facilitators) was found to be acceptable, feasible, and scalable.

For more information about this study please see:
https://www.templetonworldcharity.org/projects-resources/project-database/0631

Improving Character Strengths, Wellness, Social Functioning and Academic Achievement in Kenyan High School Youths (Shamiri Institute, Harvard University, and the University of Pennsylvania)

Key Findings of Research Study

The Shamiri intervention is a brief, simple, character strength intervention, designed to address common mental health challenges among adolescents in Kenya. It is anchored on the history and theoretical tradition of social psychology to address social problems and help people flourish. The low-touch intervention leverages simple but powerful elements – such as growth mindset, values affirmation, and gratitude – delivered by trained lay providers aged 18–22. The study examined the impact of the intervention on mental health outcomes, with a focus on reductions in depression and anxiety symptoms. Follow-up assessments were conducted to evaluate the sustainability of these improvements over time.

Quantitative Findings

Reduction in Depression Symptoms: Participants reported a significant decrease (Cohen d = 0.35 [95% CI, 0.09-0.60]) in self-reported symptoms of depression at endpoint, indicating a substantial improvement in mental health.
Reduction in Anxiety Symptoms: Self-reported anxiety symptoms significantly decreased (Cohen d = 0.37 [95% CI, 0.11-0.63) at endpoint, demonstrating a significant reduction in distress.
Sustained Improvements: These mental health benefits were maintained for up to seven months post-intervention, suggesting long-term effectiveness.

For more information about this study please see: Osborn, T.L., Venturo-Conerly, K.E., Arango, G.S. et al. (2021) 'Effect of Shamiri layperson-provided intervention vs study skills control intervention for depression and anxiety symptoms in adolescents in Kenya: a randomized clinical trial', JAMA Psychiatry, 78(8), pp. 829–837. doi:10.1001/jamapsychiatry.2021.1129.

Qualitative Findings

By employing the six stages of Reflective Thematic Analysis by Braun and Clark (2006; 2019), the data collected resulted in the following findings:

- Learning – Involved responses directly related to acquiring new knowledge. Several participants endorsed the central components of the Shamiri Intervention, which include neuroplasticity (growth mindset), gratitude, and values. "*It made me discover that my brain is rapidly growing over time and my attitude determines its nature*." Participant 292
- Rewards – Addressed prizes awarded to encourage participants to show up for and engage in group sessions. "*The part where I won a shirt*." Participant 305
- Positive Interactions – Addressed peer led group leadership, free speech, and opportunity to establish new connections. "*The group leaders were understanding*." Participant 224
- Solutions-oriented – Addressed the practicality of the intervention. "*Knowing how to solve a problem. Knowledge of how to achieve my goals and even how to make my worries get over me. Knowing that practice and more practice makes perfect*." Participant 142.

For more information about the qualitative findings please see:
Jakobsson, C., Wangari, R., Murage, S., Mwasaru, L., Ngatia, V. and Osborn, T. (2023) 'A qualitative exploration of participants' preferred elements of the 4-week, youth-led, youth-focused, group-based Shamiri intervention: a brief overview', Mental Health: Global Challenges Journal, 6(1), pp. 61–66. doi:10.56508/mhgcj.v6i1.155.

LEAdership, Personal Growth, and Social Responsibility [LEAPS], Sri Lanka (University of Kelaniya and the Centre for Addiction and Mental Health, University of Toronto)

Key Findings of Research Study

The LEAPS program, targeting students (aged 12-14, Grades 7-9), focuses on enhancing personal character strengths related to wisdom and knowledge, courage, humanity, temperance, and transcendence. This is accomplished through a curriculum comprising 10 e-modules written in Sinhala, featuring interactive activities, storytelling, and audio-visual materials that require students to select the most appropriate responses. Students were permitted to repeat segments if they wished to obtain a perfect score.

The study collected both quantitative and qualitative data to examine the impact of the LEAPS program on students' character strengths.

Quantitative Findings

Immediate post-test quantitative findings showed that the intervention group reported significantly higher scores in five of the six virtues: wisdom and knowledge (d=.26, p<.0001), courage (d=.20, p=.0001), humanity (d=.31, p<.001), temperance (d=.30, p<.001), and transcendence (d=.11, p=.043). With moderate effect sizes, humanity and temperance were noted to be most dominant, which aligns with the qualitative findings that highlighted significant growth in participants' ability to connect with others and regulate their emotions.

Compared to the wait-list control group, students who completed the LEAPS program also reported significantly higher scores for the character strengths of curiosity (d=.12, p<.001), perseverance (d=.11, p=.043), honesty (d=.05, p=.001), humility (d=.16, p<.001), prudence (d=.38, p=.002), kindness (d=.15, p=.003), perspective (d=.14, p=.006), social intelligence (d=.19, p<.001), love of learning (d=.10, p=.042) appreciation of beauty and excellence (d=.26, p<.001), gratitude (d=.14, p=.006), and hope (d=.13, p=.011). The findings with the largest effect sizes, particularly the increase in prudence and appreciation of beauty and excellence, are also supported by student feedback highlighting a greater focus on self-reflection and a deeper appreciation for the positive aspects of life and personal growth.

Qualitative Findings

Pilot of Module 1: Students and teachers found the module generally acceptable, with students more positive about understanding and engaging with the content. Both groups suggested adding more pictures and activities to improve interest. Teachers were slightly less enthusiastic about increasing activities but still viewed the module favourably overall.
Post-program Completion Feedback Via Open-ended Questions: Students reported improvements in interpersonal relationships and emotional maturity. They found it easier to connect with others, showing increased kindness, empathy, and understanding. They also noted better self-regulation, handling of stress and conflicts more effectively, and making more thoughtful decisions. As they faced challenges, they observed improved confidence and perseverance, along with a more positive and reflective approach to their personal development. Overall, they expressed gratitude for the learning experience and a strengthened sense of community.

For more information about this study please see:

The LEAPS Curriculum: https://medicine.kln.ac.lk/depts/psychiatry/index.php/leaps
Feedback on LEAPS: https://www.youtube.com/watch?v=LDVdIxq0Yco

Character Development and Adolescent Health: An Evaluation the Impact of Traditional Storytelling on Improving Sexual and Reproductive Health Education Outcomes in Zambia (Lubuto Library Partners)

Key Findings of Research Study

This study examined the impact of a character development program on participants' sexual health knowledge, confidence, and self-conception, comparing it to a standard intervention. 395 youth were randomly assigned to one of two 13-week programs. One was a standard sexual and reproductive health program. The other merged this sexual and reproductive health program with a separate program focused on character development. This latter involved storytelling, drama, and group discussion.

The program focused on honesty, responsibility, self-empowerment, courage, perseverance, self-confidence, self-discipline, purpose, friendship, giving, integrity, and creativity. Each was the topic for at least one week. Measures included the EPOCH measure of wellbeing, two measures of self-efficacy for addressing challenges around sexual and reproductive health, one of which was developed to address challenges identified by Lubuto, and a measure of sexual health knowledge.

Quantitative Findings

Both the character-focused and standard programs increased participants' confidence in managing sexual health challenges. They also increased subjective wellbeing and knowledge about sexual and reproductive health.

Qualitative Findings

Participants were asked to identify their own strengths using their own words. Analyses are planned to see if the character education program led to participants identifying themselves as having more character strengths and seeing these strengths as facilitating their ability to successfully handle challenges around sexual and reproductive health.

For more information about this study please see: https://www.lubuto.org/

Tarbiyya: Applying Indigenous Character Training Strategies to Improve Resilience (Early Years Nigeria Initiative)

Key Findings of Research Study

The Tarbiyya curriculum, targeting children (3-7 years), focuses on enhancing personal character strengths related to resilience: hope, joy, and perseverance. The curriculum includes indigenous stories, songs, games, handicrafts, and a cultural festival emphasizing each character strength. The Kauna curriculum, which targets primary school teachers, seeks to enhance character strengths related to positive relationships: love, social intelligence, and teamwork.

The study collected both quantitative and qualitative data to examine the impact of Tarbiyya and Kauna on young children's resilience, with data gathered immediately after the intervention (post-test) and three months later (delayed post-test).

Quantitative Findings

Immediate post-test quantitative findings showed non-significant effects of Tarbiyya on pupils' character and resilience, while Kauna significantly improved teachers' character and had a marginally significant effect on the teacher-pupil relationship. Delayed post-test results were more encouraging, showing that Tarbiyya improved pupils' character and resilience (according to parent reports), while Kauna improved teachers' character, the teacher-pupil relationship, and pupils' resilience (according to pupil, parent, and teacher reports).

Qualitative Findings

Qualitative findings were highly positive, with teachers, school administrators, parents, and pupils reporting improvements in character, socio-emotional skills, and academic skills (reading and writing). Teachers and parents regularly reported that Tarbiyya helped children and parents overcome challenges, such as improved anger management and peer relationships, and increased motivation and perseverance at home.

For more information about this study please see: https://tarbiyya.com/

The Thanda Study of Character and Health in South Africa (Thanda and the Institute for Applied Research in Youth Development at Tufts University)

Key Findings of Research Study

The study examined the developmental outcomes and health indicators of Thanda youth, focusing on character virtues (CVs), positive youth development (PYD), and physiological health through cortisol levels. The analysis included both group-level and person-specific data. The study's focus on person-specific development allowed for more precise adjustments to programming and support strategies. This approach is expected to enhance the long-term impact of Thanda's youth development initiatives.

Quantitative Findings

Person-Specific: Studying development at the individual level provided Thanda with tailored insights into the specific needs of the children they serve. This approach enabled more targeted programming and personalized supportive relationships, improving the alignment of services with individual requirements.

Variable Centred:

- Character Virtues and Positive Youth Development: Thanda youth demonstrated high levels of CVs and PYD, reflecting strong personal and social development. By a 3rd wave of testing, Thanda-supported group reported higher levels than youth not in Thanda on a number of constructs, such as hopeful future expectations, forgiveness, and markers of PYD (e.g., competence). In addition, Thanda-supported youth reported higher levels of character and coping across two or more waves of data collection than non-Thanda youth.
- Health Indicators: Cortisol levels, a biomarker for stress and physiological health, were within the normal range, indicating balanced stress regulation and overall wellbeing.
- Person-Specific Analysis: Individual-level assessments provided more actionable insights than group averages, helping Thanda to identify specific children who may benefit from additional support at critical times.

Qualitative Findings

Developmentally supportive relationships are fundamental to enabling children to thrive across contexts. Such relationships are also a central feature of programs effective in promoting positive youth development (PYD). 15 program facilitators at Thanda were interviewed about their understandings of and approaches to fostering developmentally supportive relations with youth enrolled in Thanda programs. Three broad themes emerged from these interviews that describe developmentally nurturant relationships between Thanda staff and children as involving (1) positive connections; (2) positive emotions; and (3) gaining skills.

For more information about this study please see:
https://www.canva.com/design/DAGjYS7T6VY/9kUobV6lZ9ep1glrExVVWQ/view?utm_content=DAGjYS7T6VY&utm_campaign=designshare&utm_medium=link2&utm_source=uniquelinks&utlId=hc94328ab6f

Training Character in Mexican Healthcare Providers as a Pathway to Mental Health and Wellbeing (Center for Healthy Minds at the University of Wisconsin–Madison and AtentaMente)

Key Findings of Research Study

This study tested whether a 13-week fully remote digital intervention – the Integrated Stress Toolbox for Healthcare Providers (ISTH) – effectively reduced distress and increased wellbeing in a large sample of Mexican healthcare providers (n=2315), the majority of whom were doctors and nurses.

Quantitative Findings

Reduced distress and increased wellbeing: Compared to healthcare providers who did not receive the ISTH, the ISTH group reported statistically significant and clinically meaningful reductions in distress (compound of perceived stress, anxiety, and depression) and increases in wellbeing immediately following the intervention. Benefits persisted at least six months after the intervention ended.

Character Virtue Development as a Pathway to Wellbeing:

The project focused on understanding whether the ISTH increased character virtue skills, and the extent to which increasing these skills was related to improved wellbeing. In addition to distress and wellbeing, a number of character virtue skills were assessed during the intervention period. The team observed significant ISTH effects on skills such as mindful attention, emotion regulation, feelings of social connection, insight into the ways thoughts and emotions affect experience, and the ability to find purpose and meaning in day-to-day activities. Moreover, ISTH-related increases in these skills during the intervention period explained, to a large extent, the long-term reductions in distress and increases in wellbeing that ISTH participants reported. That is, data is consistent with the theory that improving character virtue skills is a pathway to reduced distress and improved wellbeing.

Reduction in Burnout:

Healthcare workers experience high levels of occupational burnout. Therefore, an important secondary study outcome was assessing ISTH effects on occupational wellbeing. The ISTH was associated with reduced emotional exhaustion burnout following the intervention. Six months after the intervention, ISTH participants reported significantly reduced emotional exhaustion burnout and higher levels of personal accomplishment at work, suggesting that the intervention benefits general and occupational specific wellbeing.

For more information about this study please see:
Hirshberg, M.J., Davidson, R.J., Velarde Arrisueño, L., Puentes, J.M., Medina Bardalez, X., Gonzalez, B., Goldberg, S. and Chernicoff, L. (2025) 'Effectiveness of a digital wellbeing training in Mexican healthcare providers: a pragmatic randomised controlled trial', SSRN Electronic Journal. doi:10.2139/ssrn.5095131.

Humanities-based Training for Strengthening Character Virtues among Lady Health Workers and Frontline Health Workers, Pakistan

Key Findings of Research Study

The Leveraging the Humanities in Healthcare Training program targeted Lady Health Workers (LHWs) in Karachi, focusing on enhancing empathy and connection, interpersonal communication skills, compassion and purpose among LHWs. The curriculum, leveraging local arts and literature and cultural values, was designed to strengthen and expand LHWs' sense of self-worth and experience of joy in their work, promote essential character virtues related to compassionate caregiving, and strengthen LHWs' feelings of connection to community. The Flourishing at the Frontlines of Healthcare Delivery program targeted both LHWs and vaccinators in Sindh, enhancing professional skills and personal wellbeing through goal-oriented training and community-focused learning.

The study collected both quantitative and qualitative data to examine the impact of the training on healthcare workers' empathy, compassion, interpersonal communication skills, self-worth, joy, and sense of purpose.

Leveraging the Humanities in Healthcare Training Program Findings:

- Qualitative findings reported improvements in key character strengths such as empathy and connection, interpersonal communication skills, compassion, and purpose among LHWs.
- The humanities-based training resulted in a significant 10-point increase in the pre-post scores for empathy/connection as measured by the Jefferson Scale of Empathy 10.0 (95.1 vs 105.0; 95% CI 2.91 to 17.02, p=0.006) linked to improved person-centred communication and understanding of client situations.
- The Work and Meaning Inventory (WAMI) score increased from 45.3 to 46.1, reflecting improved job satisfaction and sense of purpose.
- The training highlighted the importance of self-care and advocacy, with LHWs recognising their self-worth and feeling empowered to stand up for their rights as women and healthcare professionals.

Flourishing at the Frontlines of Healthcare Delivery Program Findings:

- The program resulted in a 5-point increase in the sense of purpose, as indicated by the Claremont Purpose Scale (Baseline: 48; IQR=42-52 vs Endline: 53.5; IQR=49-58 ($p<0.001$)).
- This program resulted in an increase in FHW's purpose scores after they received training on the humanities curriculum, particularly in the three dimensions of purpose: perceived meaningfulness, goal directedness, and beyond-the-self orientation.
- Overall, the humanities-based module enriched FHWs' sense of purpose, contributing to both their personal well-being and their professional performance, with positive effects extending to the communities they serve.

For more information about this study please see:
Siddiqi, D.A., Miraj, F., Munir, M. et al. (2024) 'Integrating humanities in healthcare: a mixed-methods study for development and testing of a humanities curriculum for front-line health workers in Karachi, Pakistan', Medical Humanities, 50, pp. 372–382.

Siddiqi, D.A., Memon, M., Miraj, F., Iftikhar, S., Shah, M.T., Hargraves, M. and Chandir, S. (2025) 'Strengthening character among frontline health workers delivering care to underserved communities in Sindh, Pakistan', Journal of Moral Education, pp. 1–25.

Luther College Study – Self-Forgiveness, Mental Health, and Addictive and Suicidal Behaviors in the Caribbean: Addressing Big Questions and Opening New Vistas

Key Findings of Research Study

The study explored the impact of self-forgiveness, divine-forgiveness, and religious commitment on mental health and coping strategies in Central America.

It involved both cross-sectional and intervention studies, combining quantitative and qualitative data collection. The findings highlight the complex interplay between religious beliefs, self-forgiveness, stress, and coping, with valuable implications for mental health interventions.

Quantitative Findings

Stress and Substance Use: Self-forgiveness and divine forgiveness acted as protective factors, reducing the likelihood of stress leading to substance use. Their combined effect amplified the positive impact, helping to buffer the correlation between stress and harmful coping behaviors.

Suicidality: Higher levels of self-forgiveness were linked to reduced suicidal thoughts, plans, and attempts. In contrast, self-condemnation – characterized by persistent shame and guilt – was associated with increased vulnerability to suicidality and substance use.

Religious Commitment: Strong spiritual beliefs were linked to increased self-forgiveness and divine forgiveness, helping to alleviate self-condemning thoughts and the associated mental burden.

Qualitative Findings

Participants reported that feelings of divine forgiveness alleviated guilt and shame, fostering emotional relief, hope, and improved wellbeing. The belief in being forgiven by a higher power emerged as a significant protective factor against mental distress.

For more information about this study please see:
https://www.templetonworldcharity.org/projects-resources/project-database/20709

The Need for a Well-rounded Approach to Measurement

Beyond the clearly and very important findings of individual projects set out here, a core theme in terms of main findings highlighted by a number of projects as part of this synthesis regarded the importance of adopting a detailed and well-rounded approach to the methods and data gathered.

Here, and cognizant of the challenges of conducting empirical studies on character and health within communities (which are returned to later), project teams highlighted the importance of, and need for, mixed methods studies that combine forms of data that cannot only triangulate and enrich the data collected, but can also speak to different audiences and reveal/give-meaning to different experiences and worldviews.

Similarly, project teams also highlighted the value of combining different types of study within one project, blending, for example, cross-sectional studies with intervention-based studies.

A common further suggestion was the need for, and difficulty in funding streams to support, longitudinal studies to track data and outcomes over an extended period.

Section Two:
Lessons Learned

1 Learning ONE: Reinforcement of the advantages of combining health and character virtues

Across projects a number of advantages of combining character and health in and beyond the GICD projects were identified. First and foremost was a view, one central to the GICD funding intentions, that the link between character and health had not, and still have not, been widely studied in the majority world – despite the importance attributed within contexts to the character and health outcomes. Indeed, it is precisely the focus on character which aligned with many participants' cultural and/or faith-based worldview.

As Gwanfogbe (2011) has argued, if researchers would "listen to the African worldview…they would learn to focus on a holistic and integrated way of looking at the family and the universe" (p.52).[1] Indeed, the language of character resonates with local contexts, at times more strongly than abstract mental health concepts (such as 'risk factor reduction').

> *'The advantage of focusing on developing character virtues, such as forgiveness, to improve health outcomes in the Caribbean community is that it aligns with the participants' cultural and faith-based worldview. Many people in these communities are deeply connected to their religious beliefs and are motivated to improve their character and virtue. Forgiveness, particularly self-forgiveness, resonates with them more than abstract mental health concepts like risk factor reduction. The approach is familiar and natural, as it ties into their upbringing and religious practices. This cultural and religious alignment makes the topic of forgiveness highly engaging and well-received.' [Luther College]*

[1] Gwanfogbe, M.B. (2012) 'Africa's triple education heritages: a historical comparison', in Nsamenang, A.B. & Tchombé, T.M.S. (eds.) Handbook of African Educational Theories and Practices: A Generative Teacher Education Curriculum. Bamenda: Human Development Resource Centre (HDRC), pp. 39-54.

Further benefits of integrating character and health that are, in effect, built on the foundation of the close alignment with community worldviews and traditions, included the integration and bringing into conversation of universal and local understandings of character and virtues. In other words, 'character-based approaches [to health] can be adapted to diverse cultural contexts', taking account of localised virtues and meanings, while also affording approaches and data 'more widely applicable and which supports comparative studies' [Centre for Addiction and Mental Health]. The integration of character and health also enables a sharper and more connected focus on the interplay between individual and community factors, including – crucially – being sensitive to historical, political, and cultural understandings.

'Strengths such as GKH can make mental health promotion and wellbe.ing accessible to young people in different cultural contexts where there is significant stigma around mental health, particularly when approached with a traditional ill-health lens. Our work on GKH in India, Kenya, and beyond has shown that strengths-based interventions can support young people to cultivate their unique strengths and work with their unique life experiences and circumstances. As a result, these interventions can be significantly more personalized for individual young people and can support young people to embed practices and capacities into their everyday lives.' [CitiesRise]

2 Learning TWO: Challenges in conducting research

As would be expected of research in the area of character and health, a variety of challenges were experienced that hold important lessons for future research on health and character in the majority world (that also hold relevance for other contexts). In terms of challenges within particular GICD projects, some specific practical and logistical challenges were noted (such as access to, and sustained engagement from, participants) and in some cases a challenge resulted in an over-supply of willing participants.

In terms of broader challenges that provide insights for further research integrating health and character in the majority world, four areas stand out. The first area is the challenges of finding and/or developing validated measures of character virtues that are not solely or overly reliant on self-report. This is not to suggest that self-report-based measures are not viable or valuable, but rather that other forms of measure would provide a more rounded sense of character development. The second, not unconnected to the first, is the need to find ways to ensure that research instruments are valid for the populations and contexts involved. Some projects found that, even with adaptation, some instruments developed and validated in the non-majority world were not valid to the same degree for majority-world contexts. The time and investment needed to validate new instruments and measures requires concerted funding and support.

> *'Beyond the need for more adapted and validated tools in different LMIC settings, current mental health and character strength measures often do not fit the unique practices and capacities that a specific intervention may aim to cultivate. Additionally, there is often hesitation from traditional mental health organizations and stakeholders to adopt strengths-based interventions. Where interventions are adopted, there is often additional capacity building needed.' [CitiesRise]*

The third and fourth areas, which are interconnected, relate to contextual variations. Even within a given country or region significant variations exist and are apparent, not just in terms of health levels and outcomes, but also in terms of character-related concepts and conceptualizations. Given the size and nature of the GICD projects, these within country/region variations could not always be examined and accounted for in full. As the reflections of a number of the project teams suggest, rootedness in, and variations between, localized contexts play a crucial role in character virtue development, a role which undoubtedly is inter-related with health and health outcomes.

The fourth challenge that can be identified concerns a mismatch between the forms of knowledge typically prioritized in local contexts and those that hold precedence in funding and (some) academic circles. While qualitative research, for instance, was viewed by some projects as aligning better with local worldviews and traditions, the current impression held by a number of project teams is that few funders would desire and accept intervention-focused impact studies based solely on qualitative work. There is, that is, a tension here between the local knowledge and perspectives and funder priorities and practices.

3 Learning THREE: The relation between character, health, and context

Learnings about the central importance of studying connections between character and health have been multiple, and a number of these have been touched upon in previous sections of this synthesis. First, health is, at least partly, impacted by behavior and character is the root of behavior. Moreover, health is also impacted (positively and/or negatively) by social contexts and communities. Such contexts and communities are shaped to a large extent by character and prioritized virtues (or, indeed, vices!). On this understanding, and while not neglecting non-characterological factors that impact on and shape health and health outcomes, health and character are intimately related and any approach to health which neglects character will be partial.

> *'People do not seek help for health issues. They do not do their exercises. They do not resist temptations. If people develop the capacity to understand themselves to be, for instance, honest and courageous, that should facilitate their doing the honest and courageous actions that will promote their health. Character is in part about acting for good reasons. Developing the character capacity to recognize good and bad reasons for action, that is, wisdom, should facilitate healthy actions.' [Lubuto Library Partners]*

Furthermore, the bringing into focus of character in health research is a necessity of a holistic approach to understanding health itself and to protective factors that can improve health and health outcomes. Concentrating on character enables health research and practice to move beyond a narrower focus on risk factors and supports appropriate recognition of broader worldviews, including the embracing of diverse cultural and faith-based perspectives on health. 'To convince other health researchers of the importance of studying the links between character and health, the key argument would be to encourage a broader worldview that goes beyond the focus on risk factors for health problems. While studying risk factors such as depression and anxiety is crucial, there is significant value in exploring how building character and virtues – like resilience – can contribute to individual flourishing. This, in turn, could strengthen communities and drive broader societal change' [Luther College].

In addition, the concepts of character and virtues are intimately related to ideas and questions of flourishing and with what it means to live a good and flourishing life. Such ideas and questions are complex and most conceptions of a flourishing life include, but also go beyond, physical and mental health. In this regard, integrating character within health research opens up spaces for understanding and appreciating how individuals and communities envisage flourishing, including when their health is compromised. Though ancient in origin, the concept of flourishing is still underexplored in terms of health research and there is real opportunity for increasing the extent of health-focused research on the concept of character.

'Currently available youth mental health and wellbeing interventions too often focus on teaching didactically about mental health or specific skills, and neglect the core aspects of inner development (e.g., meaning, belonging, hope) that are central. The next generation of public mental health interventions for young people must integrate core aspects of inner development, and strengths are powerful entry points for inner development.' [CitiesRise]

Lastly, integrating character into health research is also vital for recognizing, supporting and improving the interpersonal and psycho-social skills of healthcare professionals and other health workers. There is now a well-developed literature on virtue-informed understandings of professional motivation, identity, and practice – including within health care. Moreover, character is vital for the emotional resilience and general wellbeing required by professionals to provide healthcare. Once again, character appears to be an important protective factor in sustaining health workers and in helping them to cope with, and respond to, challenges experienced.

'Developing virtues like empathy, patience, and altruism improves healthcare providers' interpersonal and psycho-social skills, helping them understand patient needs, build trust, and manage complex interactions. Research shows that compassionate care boosts patient adherence and satisfaction' [Ghedi].

Section Three:
Next steps in this field

This synthesis has elucidated the work of GICD projects whose work sought to recognize, examine, and make possible the association between character and health and, crucially, to investigate the positive role that character-based constructs and practices can play in supporting and promoting physical and mental health. In developing this synthesis, project teams were asked what next steps might be most pressing or advisable for research combining character and health. The responses centered on the following seven "needs":

(i) the need for a commitment to, and intentional building of, studies on character and health that permit a wider geographical coverage than has been achieved to date;

(ii) the need for replicability studies to further and more deeply examine existing findings in the areas;

(iii) the need for longitudinal studies that enable the provision, testing, and tracking of interventions and outcomes over an extended period of time (i.e. greater than 2-3 years);

(iv) the need for a greater number of cross-cultural/comparative studies;

(v) the need for greater collaboration and partnerships between health institutions, organizations, and governments with a focus on character in mind and that also connect with education more generally;

(vi) a need to embed character in training and professional development curricula in healthcare/for healthcare professionals; and,

(vii) a need for sustainable/long-term funding for work on character and health.

While these needs are pressing and important, we wish to conclude and finalize this synthesis by summarizing and reiterating what project teams collectively identified as the benefits that health and character work in the majority world offers, namely: localization; flexibility; and relevance.

'Empirical evidence linking character development to improved health outcomes—both mental and physical—underscores the need for a holistic approach to health research. Collaborative research and partnership.' [Shamiri]

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'Two interesting follow-up questions for researchers to pursue are: Do changes in character take more time to impact health-related outcomes? Second, does character then have a more durable and lasting impact on health-related outcomes?' [Tarbiyya]

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For more information about *Character and Health: A Synthesis of Key Findings* and the Jubilee Centre for Character and Virtues please contact:

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