What's in character strengths? Profiling strengths of the heart and mind in a community sample

Serena Haridas, Navjot Bhullar *, Debra A. Dunstan

University of New England, Australia

A R T I C L E   I N F O

Article history:
Received 24 May 2016
Received in revised form 1 March 2017
Accepted 3 March 2017
Available online xxxx

Keywords:
Character strengths
Heart strengths
Mind strengths
Mental health
Latent profile analysis

A B S T R A C T

The present study investigated a profile-based perspective of six dimensions of character strengths (i.e., heart strengths, heart/self-focused strengths, heart/others-focused strengths, mind strengths, mind/self-focused strengths, and mind/others-focused strengths), with the aim of identifying an optimal combination of Peterson's (2006) character strengths. A second aim was to examine whether profile membership was associated with mental health markers. We predicted that at least two qualitatively distinct profiles would emerge: the "heart" strengths profile and the "mind" strengths profile. We also predicted that a "heart" strengths profile would be more strongly associated with markers of mental health than a "mind" strengths profile. Respondents (N = 595, Mage = 34.11 years, SD = 13.18) completed measures assessing endorsement of character strengths and a range of mental health markers. A latent profile analysis identified an optimal 4-profile solution based on these six dimensions of strengths. Emergent profiles were Profile 1 (Low Strengths), Profile 2 (Mind Strengths), Profile 3 (Heart Strengths), and Profile 4 (High Strengths). As expected, profile membership was significantly associated with mental health markers. Notably, strengths of the heart (e.g., zest, hope, kindness) contributed to more favorable presentations. Therefore, cultivating strengths associated with the heart dimension might enhance mental health.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

A significant area of attention in Positive Psychology is individual characteristics of character strengths and their relationship with positive mental health and well-being (Park, Peterson, & Seligman, 2004). The present study explored a profile-based perspective of strengths of the heart and mind in an Australian community sample, and investigated if profile membership was associated with mental health markers.

1.1. Character strengths

Character strengths are clusters of personality features that are morally valued and underlie broad categories of virtues (Park et al., 2004). Character strengths contribute to 'good character' and are essential for individuals and societies to succeed and thrive (Park, Peterson, & Seligman, 2006). Peterson and Seligman (2004) have developed a multidimensional classification system of character strengths – the Values in Action (VIA) Classification of Strengths – that comprises 24 character features organized as six core virtues. Peterson (2006) proposed that character strengths lie along two dimensions in a circumplex model. An x-axis depicts strengths directed towards the self (e.g., learning, curiosity) versus strengths focused on others (e.g., forgiveness, fairness). A y-axis depicts strengths related to emotional expression - strengths of the heart (e.g., gratitude, zest) versus strengths related to intellectual restraint - strengths of the mind (e.g., learning, prudence). Peterson (2006) suggests that strengths close together may comfortably co-occur, and strengths that are farther apart may be less compatible. However, it is unclear how different strengths of the heart and mind may coexist or combine within an individual. To our knowledge, no profile-based study of character strengths is currently available.

Previous research has utilized variable-centered approaches (e.g., factor analysis or regression analysis) to examine either the latent structure of character strengths: that is, how different strengths load onto a specific underlying factor (Brdar & Kashdan, 2010; Toner, Haslam, Robinson, & Williams, 2012); or, the relationship between different character strengths and well-being (e.g., Gillham et al., 2011). Such approaches do not characterize the common profile-based patterns. For example, a standard regression-based moderation analysis examining main effects and interactions does not ensure that the implied “groups” with high scores on one variable and low on another are always meaningful or exist within a sample. On the other hand, a person-centered approach, such as a latent profile analysis (LPA) identifies specific combinations of variable scores that occur naturally within a sample and classifies individuals based on similar functioning on a set of variables.

http://dx.doi.org/10.1016/j.paid.2017.03.006
0191-8869/© 2017 Elsevier Ltd. All rights reserved.
which has been utilized to create profiles based on a range of individual difference characteristics (e.g., Bhullar, Hine, & Phillips, 2014; Bhullar, Rickwood, Carter, & Haridas, 2016). Therefore, approaches like a LPA are useful in generating individual typologies that provide insight into combinations of strength endorsement within individuals. Such typologies can help identify the heart and mind strengths associated with positive mental health.

1.2. Character strengths and mental health

A body of correlational and experimental research has demonstrated a link between character strengths of the heart and mind and a range of well-being markers such as greater life satisfaction (Park et al., 2004), lower depressive symptomatology, psychological distress and negative affect (e.g., Gillham et al., 2011; Park & Peterson, 2006; Seligman, Rashid, & Parks, 2006). Interestingly, research has suggested that strengths of the heart are consistently and robustly associated with life satisfaction, whereas the strengths of the mind are only weakly associated with this variable (Park et al., 2004). If this postulation is correct, then these two types of strengths may be linked differentially with different mental health markers.

1.3. The present study

The present study extended previous research in two important ways. First, and most importantly, this study extended Peterson and Seligman’s (2004) classification of character strengths by using a latent profile analysis to identify profiles of these strengths in a community sample of Australian adults. We hypothesized that at least two qualitatively different profiles would emerge: the first would comprise individuals who reported higher levels of “heart” strengths (self- and others-focused), and the second would comprise those individuals who reported higher levels of “mind” strengths (self- and others-focused).

The second extension examined the association between profile membership and mental health markers aligned with the 3-phase model of psychotherapy outcomes (Howard, Lueger, Maling, & Martinovich, 1993). This model asserts that mental health and well-being status should include measures of subjective well-being, symptomatology, and overall life functioning. Together, these constructs can serve as ‘proxy’ markers of mental health in a community sample. Based on the known relationship between the expression of emotions that enhance interpersonal relationships (e.g., Gross & John, 2003) and overall health and well-being (e.g., Bhullar, Schutte, & Malouff, 2013; Schutte, Manes, & Malouff, 2009), we predicted that a “heart” strengths profile would be more strongly associated with markers of mental health than a “mind” strengths profile. We also aimed to elucidate the existing “heart vs. mind” strength profile distinction by empirically assessing the extent to which respondents endorsed specific character strengths, and the association between this endorsement and their scores on measures of mental health.

2. Methods

2.1. Participants and procedure

Five hundred and ninety-five Australian adults (mean age = 34.11 years; SD = 13.18; 79.8% women) participated in this study using a web-based survey. Just under half of the participants (42.2%) had completed a bachelor or higher degree. Census data indicate that our sample was marginally younger (Median age\textsubscript{census} = 37 years), and included more university graduates (24%\textsubscript{census}) and females (50.2%\textsubscript{census}) than the population norms (Australian Bureau of Statistics, 2011). In terms of subjective well-being, depressive symptomatology and life functioning, the current sample was representative of the Australian community (Cummins, Eckersley, Pallant, Van Vugt, & Misajon, 2003; Lau & Morse, 2008).

2.2. Measures

The following measures were used in the present study. Cronbach’s α, for each measure, obtained in the current study are presented in Table 1.

2.2.1. Character strengths

The Brief Strengths Test (BTS; Peterson, 2007), a 24-item short form of the Values in Action Inventory of Strengths (VIA-IS), was used to measure character strengths. The present study assessed six dimensions of character strengths: heart strengths (12 items assessing zest, hope, curiosity, gratitude, love, religiousness, humor, beauty, social intelligence, kindness, forgiveness, and teamwork), heart/self-focused strengths (6 items assessing zest, hope, curiosity, religiousness, beauty, and social intelligence), heart/others-focused strengths (6 items assessing gratitude, love, humor, kindness, forgiveness, and teamwork), mind strengths (12 items assessing creativity, bravery, learning, perspective, perseverance, self-regulation, open-mindedness, leadership, fairness, modesty, authenticity, and prudence), mind/self-focused strengths (7 items assessing creativity, bravery, learning, perspective, perseverance, self-regulation, and open-mindedness), and mind/others-focused strengths (5 items assessing leadership, fairness, modesty, authenticity, and prudence). It uses a 5-point Likert scale from 1 (not at all like me) to 5 (exactly like me) measuring the degree of endorsement, and items were averaged to create scale scores. Internal consistencies for all subscales of the full-version of the scale were >0.70 (Park et al., 2004). Previous research has also demonstrated validity in that self-ratings of character strengths agree with reports by informed others, and stable over at least six months (Peterson & Seligman, 2004).

2.2.2. Subjective well-being

The Positive Affect and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) and the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) were used to assess subjective well-being. The PANAS scale measures positive and negative affect. It consists of 10 self-report items for each construct with a 5-point Likert scale ranging from 1 (very slightly or not at all) to 5 (extremely), and respective items were summed to create a scale score for positive and negative affect. Watson et al. (1988) demonstrated high internal consistency with α ranging from 0.86 to 0.90 for positive affect subscale and from 0.84 to 0.87 for negative affect subscale. Both subscales showed sound scale validity with high convergent correlations (0.89 to 0.95) and low discriminant correlations (−0.02 to −0.18) with regression-based factor scores of 60 mood descriptors (Watson et al., 1988).

In addition, a 5-item SWLS was used to assess satisfaction with life. Respondents use a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree), and items were summed to create a scale score. Diener et al. (1985) reported an α of 0.87 for the scale. Other studies have reported satisfactory convergent validity with numerous measures of subjective well-being and life satisfaction (ranging from 0.35 to 0.82), and discriminant validity with negative correlations with clinical measures of distress ranging from −0.54 to −0.72 (Pavot & Diener, 1993). The SWLS also showed sound construct validity with lowest scores for psychiatrist patients and prisoners (Pavot & Diener, 1993).

2.2.3. Symptomatology

A 7-item depression subscale of the Depression Anxiety Stress Scales-21 (DASS-21; Lovibond & Lovibond, 2002) was chosen because of the impact of this disorder on the Australian economy and the prediction that by 2030 the worldwide disability burden of depression will exceed that of all other physical and mental disorders (Manicavasagar, 2012). It comprises seven self-report items assessed on a 4-point scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). The final summed score is multiplied by two and interpreted using the DASS-42 severity norms (Lovibond & Lovibond, 2002). The DASS-21 has exhibited excellent internal
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات