



Strengths of the Heart Optimizes Mental Health among Children and Youth



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Mini Review

My research and clinical practice have focused for almost forty years – beginning at the Devereux Institute of Clinical Training and Research, outside of Philadelphia, then at Duke University, and most recently at Florida State University, on understanding the social and emotional world of children and youth. Both in the lab and in the consulting office, my practice has included working with clients and their families presenting with a wide range of disabilities, including developmental and intellectual disabilities, Autism Spectrum Disorder, psychiatric disorders, and sub-clinical but, nonetheless, troubling socio-emotional challenges, including high ability youth [1].

In my early work, both in the research lab and in the consulting office, my students and I sought to confirm the tentative but strongly held belief that Emotional Intelligence (EI), a popular but elusive psychological concept, might be the panacea or cure-all for a great many of the behavioral difficulties that children and youth present with [2]. At the turn of the 21st century, a growing number of researchers and many in the popular press, led by Daniel Goleman, were suggesting that EI mattered more than IQ, and might be the tonic for success on life [3,4]. We followed this exciting lead, hoping to confirm that EI protected vulnerable and high-risk children and youth from the social, psychological and emotional disorders that all children and youth are susceptible to [5].

Our research found that EI-measured in a variety of ways, with the best scales that are available, correlated, at best, only modestly with important life outcomes. For example, our own Emotional Intelligence rating scale, the Pfeiffer EI, which is completed by the child's teacher, correlated only 0.233 (We used the Achenbach Child Behavior Checklist (CBCL)-Youth Self Report to assess perceived attention problems) with attention problems, and 0.226 (Again, we used the CBCL-Youth Self Report to assess perceived social problems) with social problems. The same EI scale correlated 0.248 with measures of Life Satisfaction and 0.299 with measures of School Engagement. These were all statistically significant relationships. Which is, of course, a good finding for researchers! But we had to, reluctantly, admit that our EI research findings were, at best, only modestly significant, and did not explain nearly the lion's share of what might optimize

important life outcomes for youth, such as self-efficacy, resilience, happiness, and self-esteem.

Our disappointing findings with the EI psychological construct, rather fortuitously, led to an epiphany. I challenged my earlier ideas, decided to take the intellectual risk of thinking 'way outside the box,' and started relying more on lessons learned from my clinical work as a psychotherapist. I came to recognize that EI remained a useful concept to understand and consider in clinical practice, and important clinically for some clients (for example, those high functioning with Autism Spectrum Disorder or Asperger's), but not all clients who either present with psychiatric or sub-clinical socio-emotional difficulties suffer from problems in EI. This led to my broadening my search and, ultimately focusing on three psychological constructs: social skills, EI, and character strengths, which, when considered together, was found to be a much stronger and more robust predictor of later, important life outcomes. These important life outcomes, which we have investigated in our research lab, include success outside of the classroom, life satisfaction, and subjective well-being.

I came to call this triad of psychological concepts, "*strengths of the heart*" [6,7]. And the term caught on! Clinicians wanted to learn more about *strengths of the heart*, how to measure them, and how to develop psychotherapeutic interventions that could be incorporated into their clinical work. Parents also wanted to learn more about *strengths of the heart!* At parent workshops that I lead, both in the USA and internationally, parents quickly understand the logic of encouraging social skills, EI, and character strengths in the home. Parents request readings and handouts and training to facilitate their child's soft skills/heart strengths. Finally, educators are extremely excited about *strengths of the heart*. We have conducted workshops for teachers and introduced how to introduce EI, social skills and character strength training in the schools.

We have come to recognize in our clinical work and in our research that kids and adolescents who are successful, who have close friends, who see meaning in their lives, and who report high levels of subjective well-being, all have at least three things going for them [8]. These three things we call *strengths of the heart*. *Strengths of the heart* appear to the observer as well-developed

social skills, knowing what to do and how to behave in various social contexts and situations; sturdy and robust character strengths, such as empathy, compassion, optimism, gratitude, persistence, forgiveness, love-of-learning; and a clear ability to understand, read, and control their own, and others' feelings—what we had been viewing as Emotional Intelligence.

All three of these important psychological constructs, the triad of well-developed social skills, sturdy and robust character strengths, and clear-cut evidence for emotional intelligence, make a huge difference in the lives of children and youth, irrespective of whether they are intellectually challenged or gifted [9]. This may sound a bit overstated, but we feel that we have found a very powerful prophylactic that increases the likelihood that kids grow up to be successful and psychologically-healthy young adults, irrespective of their early life challenges.

Our research and pilot studies are still preliminary, but we are slowly amassing corroborating evidence that there may actually be a set of *signature strengths of the heart* that best predict to optimal life outcomes. For example, we have identified humility, empathy, kindness, compassion, gratitude, enthusiasm, and effective team work as consistently predictive of subjective well-being, school engagement, optimism, meaning in life, and concern for civic and community responsibility. At the same time, we are hesitant to suggest or imply that there may be one unique set of *signature strengths of the heart* that works best for all youth. It seems obvious that there isn't one algorithm or combination of *strengths of the heart* that would prove most powerful for all kids. We anticipate that our research, and research being conducted at other labs, will find unique patterns or profiles of character strengths, social skills, and EI that predict to favorable outcomes for different groups of children and youth. It is very likely that personality, temperament, gender, sexual identity, parenting and family dynamics, and socio-cultural factors all contribute to which combination of *strengths of the heart* are most important at different points time in the life of a child and adolescent.

One intriguing and provocative line of inquiry that we have just begun to investigate in our research lab is whether parents and teachers share the same view about the relative importance of these 'soft skills.' For example, we have begun to explore

whether parents might have the same or a different 'top 5' list of their most important character strengths, when compared to their adolescent's teachers' 'top 5' list. And their adolescent's own views! Not only are we curious about whether or not these three groups might share similar views or not about their most valued or highly rated character strengths. We are equally interested in whether or not it is important for these three groups- the adolescent, the parent, and the teacher, to hold similar values and beliefs in terms of making a real difference in actual life outcomes for the student.

We hope and are optimistic that our research and clinical work can continue to contribute in a real and meaningful way to optimizing the mental health and well-being of adolescents. The questions that we are asking about *strengths of the heart*, although grounded in developmental science research and theory, are essentially applied psychoeducational and clinical questions. They are questions that have clear and concrete implications for translating our research into practice.

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