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ABSTRACT

The VIA Classification of Character Strengths has broken important ground for measuring character strengths across cultures. Because the VIA Classification is a closed system of abstract strengths, however, it is unknown how end-users engage strengths in particular cultural and practical contexts, define strengths for themselves, or identify additional strengths. In this study, residential care directors (n = 18) and other caregivers (n = 64) for orphans and vulnerable children (OVCs) in five distinct global locations prioritized with a card-sort the VIA Character Strengths most important for the work of caregiving, defined these strengths, and proposed additional strengths. Supervisors were then asked how caregivers embodied their prioritized strengths. Participants most frequently prioritized Love, Honesty, Forgiveness, and Kindness as important for caregiving; demonstrated high concordance but also some deviation from the definitions of the VIA Classification; and proposed additional strengths (e.g. Caring, Self-drive, and Initiative) that were perceived not to overlap with existing VIA Character Strengths.

Positive psychology research has long maintained interest in identifying enduring traits or strengths of character – often referred to as virtues – that are associated with happiness and flourishing. Though various definitions and conceptions of virtue have been proposed in psychological research (e.g. Fowers, 2005, 2014), the most prominent treatment of virtue in psychology is that of Peterson and Seligman (2004), who proposed a classification of six virtues divided into 24 character strengths, now known as the Values in Action (VIA) Classification of Strengths. Defining virtue as 'the core characteristics valued by moral philosophers and religious thinkers' and character strengths as 'the psychological ingredients – processes or mechanisms – that define the virtues,' Peterson and Seligman (2004, p. 13) identified the 24 VIA Character Strengths in a series of consultative meetings with European and North American scholars, using criteria such as 'ubiquity' (the strength is widely recognized and celebrated across cultures), 'fulfilling' (the strength 'contributes to individual fulfillment, satisfaction, and happiness broadly construed'), and 'morally valued' (the strength 'is valued in its own right and not as a means to an end;' Peterson & Park, 2009, p. 27). Affiliated researchers then designed and validated a 240-item survey, the VIA Inventory of Strengths (VIA-IS) or VIA Survey, that includes 10 self-report items for each of the VIA Classification's 24 character strengths, and by which respondents are able to identify how closely they embody the 24 character strengths and, by extension, the superordinate virtues associated with these strengths.

Although Peterson's and Seligman's (2004) classification was drawn from the views of North American and European clinicians and scholars, numerous studies have addressed the cross-cultural validity of the VIA Classification. Sometimes this is argued by way of engagement with canonical texts: reviewing several key texts from major world religious traditions, Dahlsgaard, Peterson, and Seligman (2005) argued that the six superordinate VIA virtue categories (wisdom, courage, humanity, justice, temperance, and transcendence) appear in each of these texts and therefore display cross-religious validity and are possibly universal in human nature. More recent empirical work has attempted to establish cross-cultural validity of the VIA Classification by examining geographical and cultural distributions of response to the online VIA Survey. Analyzing VIA Survey data from

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117,676 respondents in 54 nations and all 50 U.S. states, Park, Peterson, and Seligman (2006) reported general consistency in the rank order of strengths among respondents in different regions in the U.S. and also reported a statistically significant correlation between the rank-order strengths of American respondents and the rank-order strengths of respondents in each additional country. McGrath (2015a), analyzing 1,063,921 responses to the VIA Survey, documented that among the 75 nations with at least 150 recorded responses, the mean Spearman correlation of non-US nation profiles with the US profile was 0.85 (SD = 0.09), with a range of 0.49–0.99 (all significant at $p < 0.05$).

On the other hand, Biswas-Diener (2006) administered translated versions of the VIA-IS to groups of Maasai from Kenya and Inughuit from Northern Greenland and found that relative to American college students, both groups endorsed recognition and importance of the 24 VIA Character Strengths, though with some discordance (e.g. only 69% of the Inighuit recognized the existence of 'perspective' as a strength, compared with 90% of the Maasai and 97% of the Americans, and only 48% of the Americans recognized the existence of 'forgiveness' as a strength, compared with 94% of the Inighuit and 100% of the Maasai). Shimai, Otake, Park, Peterson, and Seligman (2006) noted that Japanese respondents to the VIA-IS self-identified less with the character strength of 'religiousness' than American respondents and suggested that the survey items for religiousness might be biased toward the assumptions of the monotheistic religious traditions rather than Japanese Buddhist and Shinto traditions. Littman-Ovadia and Lavy (2012), comparing VIA-IS responses of disparate groups within the same culture – highly religious young adult female youth leaders and secular male police investigators in Israel – noted some overlap in these groups' self-rated signature strengths (e.g. love) but also notable differences (the only dominant strengths identified by >30% of the religious youth leaders were kindness, spirituality, and gratitude; the only dominant strength identified by >30% of the secular police investigators was honesty).

While this cross-cultural literature on the VIA Classification is helpful in establishing similar patterns of response among respondents to the VIA Survey, the universal reliance on this literature on the VIA Survey to document this cross-cultural validation is problematic. Because the 240-item VIA Survey was designed to measure respondents' concordance with the 24 VIA Character Strengths, it creates a closed system with respect to virtue classification, serving to reinforce the existence and importance of the 24 character strengths. Because both the VIA Survey and VIA Classification are presented to end-users as a complete system, respondents in diverse cultural contexts have not been given the opportunity (at least since the codification of the 24 VIA Character Strengths) to propose additional candidate strengths, nor to reject or delete character strengths that may not be important or adaptive in their immediate cultural contexts. Second, because the meaning of the VIA virtues and character strengths is stipulated in the VIA Classification and expounded in the VIA Survey, end-users in diverse contexts have been presumed to accept the definitions provided by the VIA and have not been asked to define the items on their own terms or in terms that are appropriate to their cultural contexts. Third, the VIA Classification's *a priori* stipulation of the universality and ubiquity of character strengths renders it difficult to analyze how the VIA character strengths as a whole, and *which* strengths in particular, may be important within particular contexts of life and practice (as suggested by Littman-Ovadia & Lavy, 2012).

In the current study, part of a broader project on correlates of well-being in caregivers, we sought to test how the 24 VIA Character Strengths and their official descriptions were valued, used, and understood by caregivers of orphans and vulnerable children (OVCs) in five culturally distinct areas of the world. Unlike almost every existing empirical test of the VIA Classification, participants did not complete the VIA Survey. Rather, we employed a card-sort technique that invited both residential care directors and OVC caregivers to identify the character strengths most important to sustaining their work as caregivers. We also invited respondents to define the strengths, using the VIA definition if desired but with freedom to propose different language, and invited them to propose additional strengths central to their work as caregivers that were not among the 24 VIA Character Strengths. Finally, we asked the caregivers' supervisors to rate the degree to which the caregivers displayed the strengths that the caregivers prioritized for themselves.

Methods

Our research team included staff at four non-governmental organizations (NGOs) that are devoted to the welfare of children but which do not necessarily care for OVCs themselves. Research team members were located in Hyderabad, India; Dimapur/Kohima in Nagaland state, India; Bungoma, Kenya; Addis Ababa, Ethiopia; and Battambang, Cambodia. Each site secured in-country ethics approvals and all procedures were approved by the Duke University Arts & Sciences Institutional Review Board.

In order to recruit participants, research staff at each NGO identified candidate OVC institutions in the geographic area. Directors of these institutions were invited by research staff to participate in an in-depth interview regarding their institutions, and also to participate in the procedure described below relevant to character strengths and virtues. In Ethiopia, Kenya, and Hyderabad, India, research staff then asked these OVC residential care directors to identify caregivers with reputations for excellence in caregiving. Research staff contacted these recommended caregivers by phone or in person and explained the study. In Nagaland, India, where OVC institutions are smaller and fewer in number, residential care directors often were one of only 2–3 caregivers in the institution, and so each caregiver was invited to participate in the study, in addition to the director. In Cambodia, research staff convened a meeting with all caregivers simultaneously and described the study. Caregivers were invited to decline participation, and written informed consent was obtained from all participating caregivers at all sites. Research staff collected data on character strengths and virtues from 18 residential care directors and 66 caregivers. Because two caregivers in Nagaland were also residential care directors and had previously been interviewed, their responses were excluded in order to avoid double reporting, leaving 64 non-director caregivers.

Residential care directors

Directors of OVC institutions were informed that we wanted to understand their beliefs about strengths of character that were necessary for caring well for OVC's. First, they completed a card sort procedure to identify character strengths that they found important for the work of caregiving. They were presented with 24 cards, each of which contained the name of a VIA Character Strength along with similar terms and the definition used for that strength in the VIA Classification. They were then asked to sort the cards into two stacks, one for 'most important caregiver characteristics' and another for 'least important caregiver characteristics.' This card sort was repeated until the director had identified no more than six 'most important caregiver characteristics.' Directors were then asked to provide their own definitions for these six most important strengths. Next, they were asked to identify any characteristics or strengths of character that were important for excellent caregiving that did not appear among the 24 VIA Character Strengths. They were asked to define these additional strengths, and these responses were recorded.

After these director responses were recorded and transcribed, three US-based study investigators reviewed the additional strengths proposed by the directors in order to judge which proposed strengths should be provided to caregivers for their consideration. Proposed strengths were excluded that in these investigators' judgment were descriptions of states, task-specific skills, specific behaviors, or evaluative words that did not describe specific characteristics or traits. To be included, proposed strengths had to be potentially applicable in different settings and not simply a skill unique to the context of caregiving. In making these judgments about proposed strengths, we took into account the 11 criteria identified by Peterson and Seligman (2004), and also drew from a working conception of virtue closely adapted from the Aristotelian description of Fowers (2014): 'virtues are enduring traits of character; shaped through modelling and practice; displayed in beliefs and cognitions, affect and emotion, and behavior; through which caregivers pursue goods and goals related to caregiving and in so doing, contribute to their flourishing and the flourishing of their communities.' Of note, in order to vest maximum authority with research participants rather than with investigators for the selection and identification of proposed strengths and in order to test whether locally proposed strengths might resonate more strongly in the participants' local contexts, we did not exclude proposed strengths that conceptually overlapped with the existing 24 VIA Character Strengths.

Caregivers who were not residential care directors

In the context of an in-depth interview about their work as caregivers, following the procedure used with residential care directors, non-director caregivers were presented with cards bearing the names and descriptions of the 24 VIA Character Strengths and asked to divide the strengths into 'more important' and 'less important' categories. We report here only data from caregivers who were not also directors of residences. The caregivers were instructed to prioritize character strengths that the caregiver believed to be important to caregivers and that they themselves possessed. After identifying six most important VIA character strengths, caregivers were then asked to provide their own descriptions for these six most important strengths. Next, they were asked to identify any characteristics or strengths of character that were important for excellent caregiving that did not appear among the 24 VIA Character Strengths, and to describe these additional strengths. Finally, they were presented with a stack of cards that listed (a) the original 24 VIA Character Strengths, with their official descriptions, (b) the additional categories identified by that region's residential care directors and not excluded by the study investigators, and (c) the additional candidate strengths identified

by the caregiver. They were instructed to complete the card sort procedure again on this expanded list of categories, and to identify the six strengths most important for good caregiving and that they themselves possessed. Because this card sort was done at the same time as the original interviews, the study investigators did not review these candidate strengths until after this card sort was completed. Of note, in Hyderabad, India, three director-identified additional candidate strengths – Empathy, Patience, and Emotional Balance – were included in the first card sort completed by the caregivers.

Prior to the interviews, the instructions were translated into languages spoken by both the interviewers and caregivers: in Cambodia, Khmer; in Ethiopia, Amharic; in Kenya, Kiswahili; in Hyderabad, in the participant's choice of Telugu or English; in Nagaland, in English.

The terms and current descriptions of the VIA Classification of Character Strengths were used with the permission of the Values in Action Institute. In Nagaland, the English language version of the VIA Classification was used. In Cambodia, Kenya, and Hyderabad, the VIA Character Strengths and associated definitions were translated into and back-translated from the language of the interview. In Ethiopia, the strengths and definitions were translated into Amharic. In Cambodia, this locally translated version was checked for concordance with a Khmer translation of the VIA Classification provided by the Values in Action Institute. Following the interviews, the interviewer transcribed the participant responses into English.

Caregivers were compensated for study participation in ways consistent with their cultural norms and in-country ethics approvals. In Kenya, the institution received a gift (e.g. cooking oil, sugar, or soap worth ksh 2,000) to share and the caregivers received a small gift (e.g. sugar, tea, soap, or talk time scratch cards worth ksh 1,000). In Nagaland, caregivers received a small gift of stationery sets. Monetary compensation was given to individual caregivers in Cambodia ($10 USD), Ethiopia ($13 USD), and Hyderabad ($8 USD).

Caregiver supervisors

As a way to assess whether and how the caregivers personally displayed the character strengths that they prioritized, the immediate supervisors of the caregivers (who in some cases were the residential care directors) were presented with a list of each caregiver's prioritized character strengths and were asked to rate how the caregiver displayed that particular strength on a five-point scale, ranging from 'much less than most people I know' (1) to 'much more than most people I know' (5).

Results

Strengths-related data were obtained from 18 residential care directors (in Cambodia, n = 4; in Ethiopia, n = 3; in Hyderabad, n = 2, in Nagaland, n = 2, and in Kenya, n = 7) and 64 non-director caregivers (in Cambodia, n = 15; in Ethiopia, n = 12; in Hyderabad, n = 9, in Nagaland, n = 4, and in Kenya, n = 24).

Prioritization of character strengths

The VIA Character Strengths identified as most important for sustaining excellent caregiving are listed in Table 1. Among residential care directors, Love and Honesty were prioritized by more than half of the overall respondents (12/18), followed by Fairness (8/18), Forgiveness (7/18), Hope (7/18), and Teamwork (7/18). Among non-director caregivers, only Love (39/64) was identified among the 6 most important character strengths by more than half of the overall respondents, followed by Honesty (26/64), Forgiveness (25/64), and Kindness (22/64). VIA Character Strengths prioritized as among the 6 most important by at least half of the respondents in a single site were: Love (Ethiopia, Hyderabad, Nagaland, Kenya); Honesty (Cambodia, Ethiopia); Forgiveness (Ethiopia); Kindness (Cambodia, Ethiopia, Nagaland); Spirituality (Ethiopia, Hyderabad); Hope (Ethiopia); Teamwork (Nagaland); and Self-Regulation (Hyderabad). Of the five study sites, Love was most frequently prioritized by caregivers in Ethiopia, Hyderabad, Nagaland, and Kenya, but placed a distant eighth among Cambodian caregivers. Among all caregivers, the least frequently prioritized VIA Character Strengths were Zest (1) and Appreciation of Beauty and Excellence (1). Study investigators noted that respondents struggled to recognize and understand the strengths of Zest and Social Intelligence.

When these caregivers' supervisors rated the extent to which the caregivers displayed their prioritized strengths in relation to others on a 1–5 scale, the mean rating per prioritized strength was 3.76 (range 2.25–5, simple SD = 0.697). Only 7/64 caregivers received average scores of <3.0 (a value of 3 being 'about the same as most people I know'), with 57/64 receiving mean scores above this threshold.

Participant descriptions of character strengths

When asked to define the VIA Character Strengths for themselves, most respondents offered descriptions that closely adhered to the description of the VIA Classification (definitions for Self-Regulation, for example, included 'control over one's habits and emotions'

Table 1. VIA character strengths identified by caregivers using a card sort as among the six most important character strengths for sustaining excellent caregiving.

VIA Character Strength	Cambodia N = 4	Ethiopia N = 3	Hyderabad N = 2	Nagaland N = 2	Kenya N = 7	Total N = 18
Residential care directors						
Love	3	2	1	1	5	**12**
Honesty	2		1	2	7	**12**
Forgiveness	3	3			1	**7**
Kindness	2				2	**4**
Spirituality		2		1	2	**5**
Hope		2	1	2	2	**7**
Teamwork	2	1			4	**7**
Perseverance					3	**3**
Fairness	3	2		1	2	**8**
Self Regulation		1	1		1	**3**
Prudence	2				3	**5**
Leadership				2	2	**4**
Love of learning		1			2	**3**
Creativity	2				1	**3**
Humility		2				**2**
Social Intelligence	1			2		**3**
Gratitude	1	1	1		2	**5**
Bravery						**0**
Curiosity		1		1		**2**
Perspective	1		1			**2**
Judgment	1		2			**3**
Humor					1	**1**
Zest			1		1	**2**
Appreciation of beauty and excellence						**0**
Character Strength	N = 15	N = 12	N = 9	N = 4	N = 24	N = 64
Caregivers						
Love	4	11	6	4	14	**39**
Honesty	10	6	4	1	6	**26**
Forgiveness	7	7	3	1	7	**25**
Kindness	9	6	2	2	3	**22**
Spirituality		8	6		3	**17**
Hope	3	8	1		4	**16**
Teamwork			4	2	9	**15**
Perseverance	6	2	3	1	2	**14**
Fairness	7	3	1	1	2	**14**
Self Regulation	3	4	5	1		**13**
Prudence	4	4		1	2	**11**
Leadership	4				5	**9**
Love of learning	5	3				**8**
Creativity	5			1		**6**
Humility	4	1			1	**6**
Social Intelligence	3				2	**5**
Gratitude	1	4				**5**
Bravery	1		2	1	1	**5**
Curiosity	2	1	1			**4**
Perspective			2	1		**3**
Judgment	1	2				**3**
Humor	1			1	1	**3**
Zest				1		**1**
Appreciation of beauty and excellence	1					**1**

and 'have control over self in tastes and habits'). Participants described three of the strengths, however, with inflections that marked some difference from the VIA Classification. First, when asked to define Gratitude (VIA definition: 'being aware of and thankful for the good things that happen; taking time to express thanks'), 3 of 4 respondents from Ethiopia framed Gratitude in explicitly religious language, referencing 'the Lord' (e.g. 'thanking the Lord for all that he has given me …'). This religious inflection of Gratitude was not evident in responses from other sites. Second, when asked to define Perseverance (VIA definition: 'finishing what one starts; persisting in a course of action in spite of obstacles; "getting it out the door"; taking pleasure in completing tasks'), only one of 6 respondents mentioned finishing or completing tasks; these respondents' emphasis was rather on enduring in the face of challenge (e.g. 'having a heart to endure problems and challenges that arise with children' and 'enduring every situation good or bad because you know why

you are there'). Finally, when asked to define Spirituality (VIA definition: 'having coherent beliefs about the higher purpose and meaning of the universe; knowing where one fits within the larger scheme; having beliefs about the meaning of life that shape conduct and provide comfort'), 15 of 20 respondents included the specifically religious terms 'God,' 'faith,' 'religion,' or 'Christian' in their responses. Also, while most of the responses followed the VIA Classification in emphasizing belief as a core feature of Spirituality, 2 respondents from Ethiopia and 2 respondents from Kenya defined Spirituality by referring to behavior and practice rather than belief (e.g. 'volunteering to work for God without complaining or tiring'). Furthermore, one Kenyan respondent framed spirituality in the language of relationship with God in addition to the respondent's belief: 'knowing God and believ[ing] in him because in him everything is possible.'

Identification and prioritization of additional candidate character strengths

The additional candidate strengths proposed by residential care directors and non-director caregivers are presented in Table 2. Residential care directors proposed 22 unique additional character strengths. Of these, 4 were excluded from consideration because they were descriptions of task-specific skills, specific behaviors, states, or evaluative words. Candidate strengths that were judged not to meet these exclusion criteria were included in the second card sort for

Table 2. Additional character strengths proposed by residential care directors.

Site	Proposed Strength
Cambodia	Initiative
Kenya	Emotional wholeness
	Self-drive
	Passion
	Teachable spirit
	Calmness
	Good heartedness
	Integrity
	Caring
	Empathy
	Prayerfulness
	Cheerful*
	Able to work long hours*
	Communicative*
Hyderabad	Empathy
	Unbiased
	Matured
	Well-mannered*
	Patience
	Trustworthiness
	Initiative
	Emotional balance
	Commitment to serving others

* excluded from further card-sort by study investigators.

caregivers in the country for which the strength was proposed. When directors completed their card sorts, they prioritized five of their proposed strengths (Empathy, Hard-working, Service-minded, Caring, and Initiative) as among the six strengths most important for caregiving (see Table 3).

As displayed in Table 3, caregivers proposed and prioritized a number of additional strengths in addition to those offered by residential care directors. Of these proposed strengths, caregivers most frequently prioritized Caring (14/64), Self-drive (13/64), Good heartedness (10/64), Initiative (9/64), and Teachable spirit (7/64). Descriptions for Caring included 'caring deeply about children, wanting to know more about them, always careful and attentive to see why the child is sad, mindful of the situations and situational changes, and having a caring heart' (Kenya). Empathy was defined by caregivers as 'someone who understands children's situations like being in their shoes' (Kenya) and 'Having concern for someone vulnerable and helping them. It is a mix of having sympathy with a helping nature' (Hyderabad). Self-drive was described by a Kenyan caregiver as 'Caregivers should not wait to be told what to do, but rather take responsibility to do what is necessary and required [of her].' Initiative was described by a Cambodian caregiver as, 'It is like you have heart when you finish your job, so you can go and help others to finish their jobs, too, even though it is not required to do so.'

Discussion

In the founding text of the VIA Classification, Peterson and Seligman (2004) write that 'we have no way of forecasting the eventual success of the present classification, but we will be satisfied if it provides to psychologists ways of thinking about strengths, naming them, and measuring them' (9). In this study, we build on the groundbreaking work of the architects of the VIA Classification of Character Strengths, exploring new ways that it might be used to think about, to name, and to measure strengths. Specifically, we have deployed the VIA Classification in a new way, moving beyond the 'signature strengths' self-report methodology of the VIA Survey to investigate how character strengths matter in particular cultural and vocational contexts, in this case among caregivers of OVCs in five globally diverse locations. This study is notably not engaged with the question of measurement invariance in the VIA-IS across cultures or how the VIA Character Strengths associate into superordinate virtue categories, which has engaged most cross-cultural work on the VIA Classification to date (e.g. McGrath, 2015b, 2016; Singh & Choubisa, 2010). Rather, this study extends empirical study of character strengths and virtues in three ways.

Table 3. Additional candidate character strengths identified by directors and caregivers and identified as among the six most important character strengths for sustaining excellent caregiving.

Candidate character strengths	Cambodia N = 4	Ethiopia N = 3	Hyderabad N = 2	Nagaland N = 2	Kenya N = 7	Total N = 18
Directors						
Empathy			1			1
Hard working			1			1
Service minded			1			1
Caring					1	1
Initiative	1					1
Candidate character strengths	N = 15	N = 12	N = 9	N = 4	N = 24	N = 64
Caregivers						
Caring					14	**14**
Self Drive					13	**13**
Good heartedness					10	**10**
Initiative	9					**9**
Teachable spirit					7	**7**
Calmness					6	**6**
Hard work/Hard working nature			1		4	**5**
Passion					5	**5**
Patience			3		1	**4**
Emotional balance			1		3	**4**
Prayerfulness					3	**3**
Jovial/joyful			2		1	**3**
Empathy			1		2	**3**
Committed			2			**2**
Counseling/Consultation					2	**2**
Integrity					2	**2**
Matured			1		1	**2**
Trustworthy			2			**2**
Service minded			2			**2**
Responsible					1	**1**
Saved					1	**1**
Morally Upright					1	**1**
Loyal			1			**1**
Flexible					1	**1**
Easy at obeying					1	**1**
Respect for children				1		**1**
Being humane					1	**1**
Faithful					1	**1**
Courageous					1	**1**
Living Situation		1				**1**
Transparency		1				**1**
Playful			1			**1**

First, building on the work of Littman-Ovadia and Lavy (2012), the present study examines how particular character strengths are valued in particular geographic and vocational contexts, and we show that caregivers for orphans and vulnerable children in five diverse locations prioritize Love, Honesty, Forgiveness, Kindness, Spirituality, Hope, and Teamwork more than other VIA Character Strengths. While we rely on self-report methodology for this prioritization, these prioritized strengths provide a window into practices of sustainable, excellent caregiving. As we report elsewhere (2019), 77% of caregivers in this study met Keyes' (2002) criteria for flourishing on the Mental Health Continuum-Short Form (MHC-SF). These self-rated top strengths may be critical to understanding how caregivers flourish in the face of demanding but meaningful work in caring for OVCs. One hypothesis is that these caregivers' high rate of flourishing is related to their ability to deploy strengths that relate specifically to the demands and opportunities of caring for children who are vulnerable

and who need caregivers to display strengths such as Love, Honesty, Forgiveness, and Kindness in order for them (the children) to have a better future.

Applying character strengths to particular practical and vocational contexts, such as caregiving for OVCs, might seem to violate Peterson & Seligman's (2004) distinction, maintained in subsequent work using the VIA Classification, between character strengths, 'the psychological ingredients – processes or mechanisms – that define the virtues,' and situational themes, 'the specific habits that lead people to manifest character strengths in given situations' (13–14). Peterson and Seligman argue that situational themes, unlike character strengths, 'are thoroughly located in specific situations,' and furthermore that any 'sociocultural variation in how people conceive of goodness … exists at the level of themes, less so at the level of character strengths, and not at all – we assert – at the level of virtues' (14). But unless these distinctions are opened to

empirical investigation, they are tautological assertions. The possibility that particular strengths might be more or less valued in specific contexts of practice does not *by that fact* eliminate the possibility that they might also be 'psychological ingredients that define the virtues.' Whether these psychological ingredients matter differently in different contexts is a matter for empirical inquiry. In this study, consistent with Littman-Ovadia and Lavy (2012), we show that context matters for how particular VIA Character Strengths are valued. In our view this does not disqualify them as character strengths, because all of human life is lived in context, never in the abstract. Indeed, insofar as Aristotle (1999) claimed that politics is the master science of the good, virtues themselves are best understood not as abstract, universal values but as particular dispositions that enable the flourishing of particular communities of life and practice (*poleis*). Virtues and character strengths are always embedded in some context.

Second, by asking participants to define character strengths using their own words, either using or supplementing the standard VIA definitions, we offer a novel test of face validity of the VIA Character Strengths. The substantial concordance of participants' descriptions of the character strengths with the VIA definitions shows generally high levels of face validity for the VIA terms and descriptions. However, our study suggests that several of the VIA terms may not carry as well across cultural contexts, at least in the context of caregiving for OVCs. First, the VIA definitions of Gratitude and Spirituality, as described above, left little room for our respondents who experience and view gratitude and spirituality in expressly religious frames. In the view of our respondents, Gratitude and Spirituality pertain not only to belief but also to practices and relationships. Second, caregiver respondents most often focused on Perseverance as endurance rather than as 'finishing what one starts.'

Third, by inviting participants to propose additional character strengths important to caregiving, this study offers insight into important 'psychological ingredients that define the virtues' that may not be adequately covered among the 24 VIA Character Strengths. Though most of the proposed additional strengths were either given low priority by caregivers or overlap extensively with existing VIA Character Strengths, we offer two areas where such overlap is not evident. First, Self-drive and Initiative, with their focus on internal motivation to work and to begin tasks, overlap in some ways with the VIA Character Strengths of Creativity, Curiosity, Love of Learning, Perseverance, and Zest, but are not clearly covered by any of these. Second, Caring and Empathy, with

their emphases on shared experience with others, overlap to some degree with the VIA Character Strengths of Love, Kindness, and Social Intelligence, but do not directly overlap with them: in the VIA Classification, Love is more focused on 'valuing close relations,' Kindness on 'doing favors and good deeds, … helping, … taking care of,' and Social Intelligence on 'being aware' and 'knowing,' rather than shared emotional experience. We suggest that these constructs should be studied further and either considered for future incorporation into the VIA Classification or used to sharpen and to broaden the existing VIA Character Strength categories. It is possible to argue that Initiative, Self-Drive, Caring, and Empathy overlap with existing VIA Character Strength constructs. Caring, for example, seems related to the concept of attachment love, and Peterson and Seligman (2004) subsume Empathy under the character strength of Kindness. But these movements toward harmonization must be balanced with the fact that participants in this study, after considering the VIA Character Strength definitions, nonetheless offered these constructs as additional proposals. It is worth further study to understand why.

Limitations and directions for further research

There are several limitations to this exploratory study of character strengths in global caregiving contexts. First, the Amharic, Kiswahili, Telugu, and Khmer translations used in this study should be considered conditional pending further validation. Second, our self-report methodology shows the character strengths that caregivers identify with and prioritize as important for their work, and the ratings of their supervisors offer a third-person perspective on whether the caregivers embody in practice the strengths that they value. However, this self-report methodology does not allow us to show how particular strengths are displayed in particular practices of caregiving, or how specific strengths make a difference for outcomes among OVCs who are recipients of care.

Future research might build on this exploratory work in several ways. Further examination of how particular VIA Character Strengths matter in particular vocational contexts (how do particular strengths matter for elementary school teachers? For first responders? For farm workers?) would open up new vistas of practical application for the VIA Classification, informing policy and institutional design. More work is needed to disentangle two contextual dimensions that were both present in our study: particular cultural/geographic contexts and particular vocational contexts (in our study, caregiving for OVCs). Finally, further research into the strengths proposed in this study among different populations, as well as determining if still other

strengths would be proposed, would only strengthen the empirical validity and practical value of the VIA Classification. It is worth investigating whether the caregivers already exemplified the six most important strengths for caregiving (e.g. Love) and therefore sought out the job of caregiving, or whether taking on the job of caregiving required the cultivation of excellence in those 6 character strengths in order that the caregivers might be most effective in their work to improve the lives of vulnerable children. In this way, culture and context are central for understanding why and how virtues are developed in ways that help both those who embody particular character strengths, and those who benefit from the display of these strengths, to flourish.

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