

SOCIAL-EMOTIONAL HEALTH OF GIFTED CHILDREN

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Abstract: Giftedness is a biologically given trait, primarily denoting a designation for a high level of intelligence. It is essential to support gifted children whether in the family or in school. Supporting the gifted is also related to their level of social-emotional health. The main goal of research was to find out the level of social-emotional health of gifted children. We also tried to find out relationships between domains in the questionnaire named Social-Emotional Health Survey (SEHS-S). Our research sample consisted of 71 intellectually gifted participants. The average age of participants was 12.59 years. There were students from grades 1 to 4 of the 8-year secondary school. The level of social-emotional health in the study sample was in the lower average range.

Keywords: giftedness, gifted pupils, social-emotional health

1 Introduction

Giftedness is a summary of inclinations, innate endowments, manifestations of the level and specifics of innate predispositions, the existence of internal conditions for the achievement of excellent results in activity (Laznibatová, 2012a). Social-emotional health is a state of subjective well-being and impacts a person's optimal functioning in life. In the following chapters, we will discuss the concepts of giftedness and social-emotional health and research on giftedness in the context of social-emotional health.

1.1 Giftedness

Giftedness results from a dynamic and interactive process, it manifests itself in abilities expressed in the cognitive domain, cognition, understanding, thinking, academic achievement, and creativity (Laznibatová, 2012b).

Winnerová (1996) distinguishes several types of giftedness: global giftedness, mathematical-linguistic giftedness, logical-mathematical giftedness, verbal-linguistic giftedness. Dočkal and Duchovičová (2017) list the following types of giftedness: giftedness for sport and movement, artistic giftedness, rational (intellectual, academic giftedness), practical giftedness, creative giftedness, and general giftedness. Sternberg (2000) differentiates three basic types of giftedness: analytical, synthetic and practical giftedness. Our research deals with participants with general intellectual giftedness, while the Dictionary of Psychology (1987, in Laznibatová, 2012a) states that an intellectually gifted child is a child with an IQ above 130.

According to Hříbková (2009), gifted children's cognitive characteristics include the following: Children use encyclopaedic resources and modern technologies. They are interested in cause-and-effect relationships, recognize relationships between phenomena and identify inconsistencies. These children are sensitive to the existence of problems; they can generalise correctly and quickly, and they have developed critical thinking, manifested by a tendency to doubt. The gifted children have polemic and increased self-criticism and a rich vocabulary; they use abstract concepts, they are guided by their own criteria when evaluating their own and other's results, and have a more prolonged concentration of attention.

The creative characteristics of gifted children include that they easily develop imagination and phantasy and are intellectually playful and curious. These children can absorb new information and like to learn; they are flexible in thinking, and their ways of solving problems and tasks are original.

Regarding emotional characteristics, the gifted children have a higher need for emotional support and emotional acceptance. They are sensitive and they appear less emotionally mature than their peers. These children are impulsive and expressive when

defending their views, and are attracted to the aesthetic side of things.

Social characteristics include the need for freedom, liberty, activity. The gifted children attract attention from the environment, and they usually have an extreme position in the group of peers. They have either high or, on the contrary, very low social skills. These children boldly present their opinions and resolutely defend them within the group. They seek out older children for communication and are socially naive and gullible, some gifted children have problems with self-confidence and inadequate self-image formation (Hříbková, 2009).

Gifted people are endowed with extraordinary qualities but also with extraordinary problems they have to cope with in their lives (Dočkal et al., 1987). The problems of the gifted people include sleep disorders, behavioural disorders, uneven development of giftedness, lack of self-esteem, and others, such as pronunciation disorders, specific learning disabilities, and various types of disabilities (Dočkal, Duchovičová, 2017). It happens that gifted children under the influence of social stereotypes suppress their talents and giftedness so they are not different from the majority (Vernon, Adamson, Vernon, 2014).

Qualities such as willpower, ambition, and appropriate social conditions and opportunities are necessary for innate abilities to translate into performance (Szobiová, 2004).

1.2 Social-emotional health and support of gifted children

To realise giftedness, support for gifted individuals is essential. In addition to the child's exceptional intellectual abilities and strengths, such as executive motivation, environmental factors including support within the child's family, school, peer group, political, economic, social and legal institutions, and last but not least, luck at crucial times in life (i. e. the child is in the right place at the right time), are also important (Tannenbaum, 1991). Mudrák (2015) sees the gifted children as part of a social system. In order for giftedness to develop, the following factors and their interaction are vital: above-average ability level (Gagné, 2004), motivation, i. e. whether the children want to engage in a particular activity and believe that they will succeed in it (Elliot, Dweck, Covington, 2007), optimal educational development, and the closest social context such as parents and teachers.

In the family, the following factors influence the children: the parenting style, the stimulus of the home environment, the socioeconomic status of the family, mutual support of family members, the level of anxiety of the parents and the performance-oriented atmosphere. At the same time, children feel the impact of the diversity of their parent's interests, the parent's stress levels, their personality characteristics, as well as parent-child interactions, e.g. encouragement of curiosity, speech stimuli, the method of reward, and the parents' attitudes toward their children's giftedness (Laznibatová, 2012a). There should be stable relationships in the family, the child should feel safe and secure, and the family should provide a background to exercise their dispositions connected with giftedness (Mudrák, 2015).

It is crucial to support the gifted children not only in the family but also in school. The teacher's attitude toward the gifted child is vital because the teacher also influences the position of the gifted pupil in the peer group (Hříbková, 2009). The supportive environment is related to the social-emotional health of gifted children.

1.3 Social-emotional health

Mental health belongs to the official health policy priorities in most countries. In the last decades, we have registered a trend of increasing mental health problems in children and adolescents. In recent years, there is also increase in socio-pathological

phenomena such as suicidal attempts and completed suicides in the generation of adolescents. There is evident an increase in aggression, violence, bullying, cyberbullying, increase in substance and non-substance addictions, loss of life involvement, apathy, resignation, demotivation, and absence of social and emotional competences for functioning in everyday life (Gajdošová et al., 2018). These phenomena are essential to take into account (not only) in gifted individuals, whose characteristic feature is sensitivity or even hypersensitivity and perceptivity, which may be related to the higher susceptibility to the above problems of current children and adolescents.

Parents and educators aim to raise a psychologically healthy personality capable of living a satisfying and fulfilling life (Gilman et al., 2014), linked to a sense of personal well-being. Keyes (2002, in Furlong, 2014) states that the absence of a psychological disorder is not associated with a sense of personal well-being. Being mentally healthy does not mean not having a disorder, but it also implies the presence of something positive.

The World Health Organisation defines mental health as a state of physical and mental well-being in which a person is aware of his or her abilities, can cope with the usual stresses of life, and can work productively and successfully (WHO, 2001).

Positive psychology plays a vital role in the study of mental health, dealing with concepts such as mental health, joy, and mental freshness. It aims to explore and find resources for achieving overall psychological well-being, the well-being of an individual or a group of people. Positive psychology marked a shift from psychology's original focus on psychopathology towards the strengths and abilities of the individual (Park, Peterson, Seligman, 2004).

Positive psychology is devoted to research in three areas:

- subjective (well-being, the experience of well-being and life satisfaction);
- individual (positive qualities such as courage, love and perseverance);
- social (social responsibility, relationships contributing to happiness).

Strengths such as hope, enthusiasm, gratitude, and love are related to levels of overall personal and life well-being (Park, Peterson, Seligman, 2004).

Positive psychology emphasises the social dimension of psychological life and the influence of social factors on a person's mental life and on building the best qualities of life (Seligman, 2002; Krivohlavý, 2015).

Within positive psychology, a frequently discussed topic is social-emotional health. It is a state of subjective well-being and impacts a person's optimal functioning in life. Social health is an individual's ability to establish and maintain close and positive relationships with his or her environment. Emotional health includes the ability to regulate emotions effectively. It is a set of processes responsible for monitoring, evaluating, and modifying emotional reactions to achieve a specific goal (Thompson, 1994). Social and emotional health are interrelated and interact with each other.

We can divide factors that influence social-emotional health into internal and external, with internal factors including genetic dispositions, temperament, and health problems. External factors include parenting style, possible psychological disorders in the family, environmental risks (Calkins, 2004), school environment and teacher personality.

Covitality is a synonymous term for social-emotional health, a term introduced by Furlong in 2013. Covitality implies the presence of positive traits in an individual. The harmonious progression of the different dimensions of covitality is a prerequisite for satisfactory physical and psychological health. A more significant number of positive factors in a child's life is a

better prerequisite for his/her optimal physical development and social-emotional health. Covitality represents a predictor of good social and emotional health in a child due to the combination of multiple positive characteristics compared to the presence of only one (Furlong et al., 2014).

According to Furlong (2014), children's and adolescent's strengths and positive characteristics include gratitude, optimism, enthusiasm, and excitement, which are also part of the construct of covitality.

1.4 Research aim and research questions

Our research aimed to determine the level of social-emotional health in pupils of a secondary school for gifted children. In addition, we investigated the relationships between the particular domains in the Social-Emotional Health Survey. For this reason, it is a quantitative, correlative and exploratory research.

Based on the literature reviewed, we set the following research questions:

1. What is the level of social-emotional health among the gifted children in the selected research sample?
2. Are there relationships between the particular domains in the Social-Emotional Health Survey?

2 Methodology

2.1 Research population

The research population consisted of 71 pupils from a school for gifted children. The pupils were from grades 1 to 4 of the 8-year secondary school. The average age of the participants was 12,59 years. The most frequently occurring value concerning age was 12 years, with the most participants at this age. The minimum age was 11, and the maximum age was 15 years. The median age was 13 years. The selection of the research population was intentional.

2.2 Research method

The Social-Emotional Health Survey, which includes social and emotional skills, is used to measure covitality. In our research, we used a version of the questionnaire for older school age (from grade 6 in primary school to grade 4 in secondary school) called Social-Emotional Health Survey (SEHS-S) (Furlong et al., 2014).

The covitality index has four domains, and each domain has three indicators:

- emotional competence (emotion regulation, self-control, empathy);
- engagement in everyday life (optimism, enthusiasm, gratitude);
- self-belief (self-awareness, self-efficacy, perseverance);
- belief in others (family support, school support, peer support) (Social-Emotional Health Survey SEHS-S, Furlong et al., 2014).

Within emotional competence, good emotional regulation represents an indicator related to acquiring emotional and social competences that lead to a better life for the individual. Poor emotional regulation may predict problematic behaviour in childhood and adolescence (Calkins, 2004). Part of emotional competence is empathy, which Krivohlavý (2015) sees as an emotion with a strong social focus. It shows us what it means to be a human among humans. Krivohlavý (2015) defines gratitude as part of the domain of everyday life engagement. It is an ethical emotion, a joyful state associated with empathy and altruism and manifested by positive emotions such as happiness, respect, esteem and hope. Gratitude is also a motivating factor that stimulates prosocial acting. It is a gift, a force for living and an essential mental health factor. Applying knowledge of gratitude finds use in pedagogy and the school environment.

People are not born with gratitude; they acquire it throughout their lives.

The Social-Emotional Health Survey provides insight into children’s psychological schemas. It shows how to optimally build their personalities, in which areas of mental health and social-emotional competences lie their strengths, and where they have reserves and weaknesses or shortcomings (Gajdošová et al., 2018).

Furlong (2016) reports that on a relevant school population of 14 171 secondary-school students in California, USA, by measuring the internal consistency of the responses obtained, they found a Cronbach ‘s alpha reliability of 0,95 for all racial groups of the school population.

3 Results

The overall level of social-emotional health in the research population of gifted children in our research reached the value of M=103.08, i. e. the lower average range. The mean value was Me=101.00 and the most frequently occurring value was Mo=124.00, i. e. the higher average range. The minimum value was at the level of 63.00, and the maximum value was at 133.00.

The domain belief in others (BIO) achieved the highest value (27.30), and the domain engagement in everyday life (ENL) achieved the lowest value (23.79) in the Social-Emotional Health Survey.

Tab. 1: Descriptive statistics for the Survey SEHS-S

	BIS	BIO	ECO	ENL	TOTAL
Average	25,56	27,30	26,44	23,79	103,08
Median	26,00	28,00	28,00	25,00	101,00
Mode	24,00	28,00	27,00	27,00	124,00
Standard deviation	4,49	4,87	5,19	7,01	16,38
Obliqueness	-0,23	-0,59	-0,74	-0,07	-0,16
Sharpness	-0,52	0,45	-0,26	-1,01	-0,79
Minimum	16,00	13,00	15,00	11,00	63,00
Maximum	35,00	36,00	35,00	35,00	133,00

To better clarify the internal structure of the Social-Emotional Health Survey, we focused on detecting and verifying the correlations between the particular domains.

Moderately strong correlations in the Social-Emotional Health Survey are between the domains of self-belief (BIS) and belief in others (BIO) (rs=0.460, p=0,000); between the domains of self-belief (BIS) and emotional competence (EC) (rs=0.466, p=0,000), and between the domains life engagement (ENL) and self-belief (BIS) (rs=0.486, p=0,000). A strong correlation is between the domains of life engagement (ENL) and belief in others (BIO) (rs=0.533, p=0,000).

Tab. 2: Correlations between domains in the Social-Emotional Health Survey (SEHS-S)

Spearman’s correlation matrix for SEHS-S domains

		BIS	BIO	ECO	ENL	TOTAL
BIS	rs					
	p	-				
BIO	rs	,460**				
	p	0,000	-			
ECO	rs	,466**	,298*			
	p	0,000	0,012	-		
ENL	rs	,486**	,553**	,358**		
	p	0,000	0,000	0,002	-	
TOTAL	rs	,770**	,719**	,696**	,822**	
	p	0,000	0,000	0,000	0,000	-

Explanatory notes: rs=Spearman ‘s correlation coefficient, i. e. the higher the value, the stronger the correlation between the dimensions. The coefficient also indicates substantive

significance. P= p-value, it is statistical significance, and if p<0.05, then we talk about statistical significance.

The overall level of Cronbach ‘s alpha on the Social-Emotional Health Survey is 0.896, where one dimension, belief in others (BIO), has a level <0.7, i. e., that dimension has lower reliability.

4 Discussion

Our research aimed to investigate the level of social-emotional health among the pupils in a school for gifted children. We also investigated the relationships and correlations between the domains in the Social-Emotional Health Survey (SEHS-S).

With the first research question, we wanted to determine the overall level of social-emotional health in gifted children, which was in the lower average range in our research sample, but the value tends towards the higher value of the lower average range (M=103.08). The domain of belief in others (family support, school support, peer support) achieved the highest value in social-emotional health in gifted pupils, and the lowest value was in the dimension of life engagement, i. e. optimism, enthusiasm, and gratitude.

We formulated the second research question to clarify the internal structure of the Social-Emotional Health Survey (SEHS-S). We investigated whether there are correlations between particular domains in the Social-Emotional Health Survey. We found that there are moderate correlations between the domains of self-belief and belief in others, between domains of self-belief and emotional competence, and between the domains of engagement in everyday life and self-belief. A strong correlation is between engagement in everyday life and belief in others. When a pupil believes in himself/herself, this is related to the tendency to believe in others. Self-belief is also related to emotional competence, i. e., the ability to regulate emotions, self-control and empathy. Self-belief is related to life engagement, i. e., optimism, enthusiasm and gratitude, which are essential traits related for experiencing a better life and feeling life and personal well-being. Belief in others (family support, school support, support from friends) may influence higher engagement in everyday life, i. e., optimism, enthusiasm and gratitude.

Majerčáková Albertová (2019) investigated the social-emotional health of students in early adolescence concerning school inclusion, prosocial behavior, and student personality. The author found that the level of school inclusion, social-emotional health and prosocial behaviour of pupils in grade 5 of the selected primary schools is at the average level.

The research conducted in 2019 found that pupils of a private primary school with inclusive education possess a level of social-emotional health M=108.74, i. e., in the range of higher average (Bisaki, Gajdošová, Sodomová, 2019).

In Slovakia and in European countries, several research studies have been conducted in the field of social-emotional health concerning various constructs. For example, in Lithuania, Petruitytė (2018) investigated the relationship between social-emotional health and empathy and between particular domains of both constructs. The sample consisted of 300 participants aged 12-15 and 300 participants aged 16-18. The research took place in nine schools in Lithuania. The research confirmed numerous positive correlations between the particular domains of both questionnaires. It was evident that social-emotional health positively correlated with the domains of empathy, such as imagination, perspective-taking, and empathic concern.

Petruitytė, Guogienė, and Rimienė (2019) found positive correlations between social-emotional health and self-esteem and empathy. The sample consisted of 935 adolescents aged 12-18. The strongest predictors of social-emotional health were empathic concern, self-esteem, and perception of one ‘s future (perspective-taking).

4.1 Limitations of research and future research aims

We had the intention to recruit a larger number of participants. There are not numerous studies on the topic of social-emotional health of the gifted, so we could not rely on research in this area.

We would like to conduct further research in other schools for gifted children to provide them with research results so that they can improve the conditions for the education of the gifted and their well-being and socio-emotional health. Research results would be interesting also for parents of gifted children.

5 Conclusion

There is a lack of research on giftedness, and it seems vital to realise research on giftedness and gifted children, as new and up-to-date research contributes to better support for the gifted population in families and schools.

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