Virtue, well-being, and mentalized affectivity

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LEARNING TO UNDERSTAND: LATEST CONTRIBUTIONS ABOUT EPISTEMIC TRUST AND MENTALIZATION-RELATED CONCEPTS

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ABSTRACT

Virtue ethics, featuring the claim that virtue leads to well-being, has been imported by psychologists from philosophy. In the first part of the paper, we re-examine the source of virtue ethics in Aristotle's philosophy and question whether virtues can be the path to *eudaimonistic* well-being for us, given that contemporary society differs from ancient society in terms of a lack of consensus about virtues. We focus on the modulation of emotions as a good starting place for reconstruing virtue ethics, and we affirm a connection to well-being through the construct of "mentalized affectivity", which is a specific kind of emotion regulation. In the second half of this hybrid paper, we provide evidence for the link between mentalized affectivity and well-being, based upon an empirical study with an adult sample (N=558). Our study examined how the Mentalized Affectivity Scale (MAS) predicts subjective well-being compared to five commonly used and related measures: Difficulty with Emotion Regulation Scale; Emotion Regulation Questionnaire; Flexibility Regulation of Emotional Expression scale; Reflective Functioning Questionnaire; Toronto Alexithymia Scale. The most important finding is that the MAS and Difficulties in Emotion Regulation Scale are most predictive of satisfaction with life. A second finding, less relevant for the present paper, is that the MAS (namely, its components of Identifying and Processing) strongly predicted psychopathology, including anxiety and mood disorders. This suggests that the MAS is a valuable tool for research on emotion regulation, well-being, and psychopathology, and that mentalized affectivity ought to be regarded as a promising construct for re-describing and specifying the contemporary relevance of virtue ethics.

Key words: mentalized affectivity, well-being, emotion regulation, mentalization, virtue.

Introduction

Virtue ethics, which has been prominent for the last few decades in philosophy, has spread to psychology. For example, positive psychology often traces its origins to the notion that the life of virtue leads to happiness (*eudaimonia*). Associated with Aristotle, this idea has a strong appeal in linking being good with being healthy. Yet, the details of an Aristotelian view and how it is relevant to the present are not obvious and deserve further investigation. Although positive psychologists have claimed that Aristotle is at the "core root" of their philosophy (Jorgenson &

Nafstad, 2004), not much effort has been made to substantiate this point and little reflection is evident in confronting where differences exist.

In the first section of the paper, we go back to Aristotle and articulate the crucial elements of an Aristotelian view, and then in the second section turn to Alasdair MacIntyre's (1981) pivotal book, *After Virtue*, which will allow us to clarify what has been underestimated in the appropriation of virtue ethics in psychology: that virtues can be and often are contested, and that virtues in the modern world differ profoundly from the ancient world. We try to specify what remains intriguing about virtue ethics and its limitations, given our commitment to values that depart from Aristotle who, of course, did not understand ethics in terms of ideas that matter to us – like egalitarianism, pluralism and inclusiveness. We are skeptical that a consensus about virtue currently exists or is easily imaginable in our cultural universe, but we think a key aspect of being virtuous, the modulation of emotions, contributes to well-being, while recognizing that cultures differ concerning their understanding and use of emotions.

In the next part of the article, we elaborate on the theme of the modulation of emotions as the key to well-being by introducing the construct of mentalized affectivity, a sophisticated form of emotion regulation that includes autobiographical memory and mentalization (Greenberg *et al*., 2017; Jurist 2005; Jurist 2008; Jurist & Meehan, 2009; Jurist, 2010; Jurist, 2018). Mentalized affectivity provides a language that has a debt to virtue ethics but departs from it in certain ways as well (which we will specify). In the following subsections, we shift gears from the first parts of the paper and present data which supports that mentalized affectivity [as measured by the Mentalized Affectivity Scale (MAS)], predicts well-being, as measured by life satisfaction and psychopathology. The hybrid form of this paper is an intentional effort to provide an alternative to the exclusively empirical approach avowed by positive psychologists, which has fallen short by not reflecting upon its own historical and cultural assumptions (Christopher & Hickinbottom, 2008; Downing & Chang, 2014; Kiknazde & Fowers, 2023). Finally, we discuss the limitations of our study and propose fruitful directions to affirm the link between emotions and well-being.

Being an Aristotelian

In the *Nicomachean Ethics*, Aristotle (1985) boldly and fairly postulates that the one thing all human beings want is to be happy. Next, he proffers the argument that the best way to become happy is through cultivating and realizing a virtuous life. Aristotle takes pleasure in providing a detailed account of the range of virtues, which, in his mind, are indisputable. When he describes the *megalopsychos*, the person who possesses magnanimity (literally being *great-souled*), the virtue that includes all other virtues, contemporary readers might experience estrangement, as there is a sexist bias toward men, and a disturbing contrast to the Judeo-Christian universe of virtues, where humility is prized as a virtue. The *megalopsychos* is a cool dude: forthright and truthful, never in a hurry, and not worried about others' opinions of him. Indeed, he is likely to seem obnoxious, as his self-esteem is unapologetically high; however, we do need to keep in mind that the exuberance is matched by achievement – like a great athlete, this person walks the talk. It is possible to think of the *megalopsychos* as simply possessing a well-endowed sense of narcissism, although the person whom Aristotle is describing leans heavily into and perhaps beyond the category of healthy narcissism. The *megalopsychos* is no everyman; he thinks of himself as superior, thereby making it impossible to reconcile with an ethics that values egalitarianism.

The centerpiece of Aristotle's understanding of virtue is that it must follow the path between excess and deficiency, that is, the intermediate course. In other words, if we take the virtue of courage, we would be aspiring to act neither rashly nor cowardly. The intermediate course, as Aristotle unpacks it, is not necessarily a matter of following the middle road; it requires flexibility, not a single pre-determined path. In his famous formulation, we must strive to act at the right times, about the right things, toward the right people, for the right end, and in the right way (Aristotle, 1985, 1106b21-24).

Virtue is worth pursuing in its own right, but it is also prized as a way to realize happiness. Virtue, as Aristotle defines it, is an activity of the soul that comes about through reason. Character virtues require habit, while intellectual virtues can be taught.

This is an important distinction that should not be taken for granted. If intellectual virtues can be taught, it would seem to be the case that those virtues are able to be passed on without question. The value of practicing virtues is more obvious with moral virtues, and we might worry about the implication of how intellectual virtues necessarily endorse tradition.

Fowers (2008) has stressed that the accounts of virtue in positive psychology fail to recognize Aristotle's commitment to the unity of virtues: that they are interrelated and acting well means that one strives to have all virtues. The unity of virtues confirms that for Aristotle the group of virtues that matter is not controversial. Laney and Brenner (2021) elicit a controversial aspect of the unity of virtues, not highlighted by Aristotle, in observing that virtues might conflict – for example, think of how courage might be in conflict with wisdom, if you are contemplating saving an imperiled dog in the water and are aware of not being a good swimmer.

In the *Eudemian Ethics,* Aristotle makes the clarifying observation that virtue is both an activity and a feeling (Aristotle, 2011). This is an important and neglected point about virtue: while Aristotle suggests that virtue is rational and should not be defined in terms of feeling, he does wish to argue that experiencing emotions appropriately is integral to virtue and human flourishing (a point underscored by Kosman, 1980).

It is important to appreciate that what Aristotle means by happiness (*eudaimonia)* is not merely an internal state of mind; rather, it characterizes an ongoing journey, what Fowers (2016) has aptly characterized as *flourishing*. *Eudaimonia* does not underestimate factors that exceed our control. Aristotle firmly defends the universal effort to strive to be happy, but he appreciates that achieving it can have an element of luck. Being human means that one can be on the road to happiness but lose out in painful and unpredictable ways that are not chosen by us. *Eudaimonia* must be considered as a life-long pursuit. In Aristotle's elegant formulation: "For one swallow does not make a spring, nor does one day; nor, similarly, does one day or a short time make us blessed and happy" (Aristotle, 1985, 1098a19-20).

Two points about Aristotle's point of view merit special emphasis. The first is that practice is required; no one is automatically virtuous, and one can be on the way to being virtuous but fail or have partial success. His account of incontinence (*akrasia*, which literally means being without power) is designed to cover the possibility that one intends to be virtuous but is not strong enough to adhere to it. As Fowers (2008) has accurately pointed out, accounts of virtue in positive psychology overlook that Aristotle provides a continuum that ranges from virtue to continence (where one struggles to act in accordance with virtue) to *akrasia* (where

one struggles but fails to act in accordance with virtue) to viciousness (where one knowingly fails to act in accordance). Correspondingly, Aristotle holds the belief that actually possessing virtue will mean that one will not fail to act accordingly. Indeed, there is overlap between the moral perfection that he imagines is possible with contemplative traditions, which ought to inspire us to speculate beyond the equation of reading ancient Greek culture as the foundation of Western culture.

The second point is that Aristotle does not feel at all compelled to question or justify which virtues count. He is content to operate with the assumption that anyone would concur. Positive psychologists have been comfortable with presuming consensus about virtues, developing a systemic vision of six virtues linked to twenty-four-character strengths (Peterson and Seligman, 2004). As we will see in the following section, the vision of positive psychology celebrates empirical study but has come under much criticism for operating with a lack of awareness concerning its own ethnocentric assumptions. Our paper, which combines history and theory with empirical study, is designed as an alternative to the either/or quality that has informed work in positive psychology, where empirical research is good and more philosophical thinking is regarded as lacking.

Virtues conflict

Let us now turn the philosopher, Alasdair MacIntyre, whose work drew new attention to the richness of the Aristotelian tradition, given its emphasis on character and organization around the pursuit (and realization) of virtue, in contrast to the perceived sterility and abstraction of principle-centered accounts of ethics, found in utilitarian and especially deontological ethics, which had come to dominate the field in philosophy. Virtue ethics served as a reminder of the limitations of an ethics that is solely based on the individual, divorced from social context. MacIntyre's contribution has been widely recognized for its powerful critique of the assumptions that underlie modern ethics.

Less appreciated, however, is the extent to which MacIntyre regarded virtue ethics as the site of conflict. In his account, Aristotle, following Plato, sought to combat the ethics found in epic and tragedy, which locate ethics as an *agon* (contest), where rival conceptions of virtue are put forward, and the prospect of attaining a unified point of view is not envisioned. In epic, the struggle is literally about strength, and honor is sought through games and war. In tragedy, the struggle pits opposing versions of virtue against each other, where the gods are ultimately the deciders. Plato and Aristotle introduced the notion of the virtuous man as the virtuous citizen. MacIntyre stresses the opposition between the ancient commitment to virtue as fundamentally social versus the modern wish for us to stand as unique individuals apart from the context in which we live. MacIntyre's narrative brilliantly demonstrates how we are inescapably a product of our own cultural history.

It is ironic, therefore, that in some disciplines of psychology, virtue ethics has been adopted in a way that *overrides*, rather than *contends with conflict* and with history. Identifying with Aristotelians, but part of a profoundly different cultural landscape, positive psychology (and positive psychotherapy) made a valuable corrective in urging our attention to positive emotions, but it is complacent in its assumption of the matter of consensus and has not contended adequately with cultural differences and the diversity of human values (see the special issue of *Theory & Psychology,* 2008, edited by J. Christopher, F. Richardson and B. Slife). Indeed, it runs the risk of being a rearguard and hegemonic movement, if it does not evolve to be more often self-critical about its own sources and motivation. Since its inception, positive psychology fits easily with neo-liberal doctrines, appealing to and ready to reward those who are already privileged, with limited consideration in the literature on how virtues are bound to look differently from social, ethnic and racial perspectives (Held, 2005; McDonald & O'Callaghan, 2008).

Oettingen (2014) has emphasized, too, that positive fantasies, which do not confront obstacles, are not likely to be realized successfully. By focusing on building strengths and avoiding consideration of internal conflict or the value of negative effects, positive psychotherapy departs from the Aristotelian recognition of the long, arduous path to attain happiness. Aristotle specifically observes that the virtuous person is able to bear *many severe misfortunes with good temper*, that is, confronting such negative experiences, and not tempted to define himself by primarily valuing positive experiences (Aristotle, 1985, 1100b31). Given that Aristotelians restrict virtue and happiness to being realized within an established social environment, applying virtue ethics to psychotherapy requires caution.

It is debatable to what extent psychotherapy ought to grapple with or distance itself from endorsing an ethical stance. There is good reason for therapists to be wary about not imposing the ethics to which they have an affinity onto patients. It seems less of a problem, though, for therapists to affirm flourishing as an ultimate aim. Indeed, affirming flourishing might well be regarded as the alternative to the aim of psychotherapy that is defined in terms of symptom relief, as humanist psychologists have taught us. Why not aspire to the more daunting challenge of helping people to flourish? Aristotle can be credited with offering an early version of salutogenesis, even if we wish to reject some of the beliefs he held. Positive psychotherapy has readily embraced the language of well-being, but it has done so to date, in a one-sided way that needs to much more sensitive to context, history, and culture.

We are skeptical about redeeming virtue as a necessary condition for flourishing, at least without serious qualification. We would need to clarify, for example, the exact nature of the claim: whether virtue helps us to be happy or that virtue is required in order to attain happiness (Baril, 2017). As we shall argue, it is more productive to highlight an aspect of virtue that seems crucial in terms of happiness, *viz.* the challenge of modulating our emotions in a way that is consistent with our sense of agency. This has some basis in Aristotle, although we should not obscure that he was comfortable with agency as socially determined, and, in particular, that personal agency was not a central concern. Nor do Aristotelians entertain conflict between social and personal agency, crucial to contemporary thinking, as MacIntyre has compellingly argued. In the section that follows, we shall introduce our work on mentalized affectivity, which will be the basis of articulating a path to well-being that retains a debt to Aristotelians but aspires to be relevant to the world that we currently live in.

Cultivating mentalized affectivity

Mentalization is a term that derives from the theory of mind: the recognition of the fact that understanding the mental states of others requires interpretation. Mentalizing, in general, is construed as accurate, and seems mainly cognitive in nature. It is a mechanism that allows us to improve cooperation, and also marks how fundamentally social we are. There is another connotation of the term from French psychosomatic thinkers, where mentalizing refers to reading one's own mental states, where accuracy is not

presumed, and seems predominantly affective in nature. Fonagy and colleagues (2002) have integrated these two connotations, locating mentalization as a developmental achievement that concerns both self and others and is both cognitive and affective (for more details, see Jurist, 2018 and Bateman & Fonagy, 2019). The aim of mentalization-based approaches is salutogenesis, helping patients to embrace psychological health, which depends on knowing themselves better, but in a Winnicottian spirit, feeling more alive and comfortable with themselves. We see mentalization, in particular, as signifying that others can help us to see ourselves in ways that exceed our individual capacities. In addition, our specific focus has been on how we mentalize emotions, as this is especially germane to psychotherapy.

In order to capture the distinctively affective aspect of mentalization – how we can do things with our emotions – our work has developed the theory of mentalized affectivity (MA). It is akin to a sophisticated form of emotion regulation where individuals rely on their ability to reflect on their thoughts and feelings, and to mentalize about aspects that inform the experience of emotions. This can include childhood experiences or the present situation and context that are influencing the emotion. This form of emotion regulation helps to improve understanding of one's emotions by making them more granular, and it also enables us to be able to anticipate future situations. Both positive and negative emotions require regulation. It is obvious that positive emotions are rewarding and worth sanctifying; however, we also strongly believe that tolerating and learning from negative affect is critical for well-being. Mentalized affectivity entails a curiosity about all emotions, which does not presume that it is always desirable to act under the sway of emotions.

MA theory outlines three delineated aspects that are part of a concentric process of emotion regulation. First is *Identifying* emotions, which involves being curious about emotions, like naming basic emotions, but also involves trying to make sense of emotions in the context of one's personal history and exploring the meaning of emotions. Second is *Processing* emotions, a broader but overlapping category than regulating, which involves modulating, managing and tolerating emotions, including changing an emotion in duration or intensity. It can also involve more fully distinguishing among complex emotions. Third is *Expressing* emotions, which involves the spectrum of communicating one's feelings outwardly, but also inwardly, a capacity that is typically cultivated in psychotherapy.

Recently, Greenberg and colleagues (2017) developed a 60-item self-report instrument called the Mentalized Affectivity Scale (MAS). The MAS was administered to a large sample (N=2840) and shown to have a robust three-component structure that outlines the Identifying, Processing, and Expressing components of MA theory. The MAS was shown to have strong reliability and validity and to correlate with the Big Five and life satisfaction. Identifying was most strongly associated (positively) with openness and neuroticism, Processing was most strongly associated (positively) with extraversion, agreeableness, and negatively associated with neuroticism, and Expressing was most strongly associated (positively) with Extraversion. The three MA components were also linked to recent trauma histories. Further, findings also showed that while psycho-demographic variables remained constant, Processing was a positive predictor of well-being, and not Identifying or Expressing.

Rinaldi *et al.* (2021) endorsed a five-component structure for MA, adding curiosity about emotions and autobiographical memory as new categories, based upon an Italian subject pool. We have also published a briefer (12 item) version, the BMAS (Greenberg *et al.,* 2021), and Liotti *et al.* (2021) have also published an Italian validation study of this measure.

To date, there has not been an empirical comparison of the MAS with other emotion regulation and mentalization measures in their performance for understanding well-being. Thus, we tested how the MAS performs (compared with five traditional and widely used measures) in predicting i) well-being and ii) psychopathology.

Methods

Participants and procedures

Participants were recruited via Amazon's Mechanical Turk (MTurk) in exchange for monetary compensation. MTurk provides reliable and valid data that is as reliable if not better than other recruitment strategies (Buhrmester *et al*., 2011). In addition, in an attempt to motivate participants to complete the questionnaire accurately and carefully, we provided immediate feedback to participants about their scores at the end of the survey. We performed two procedures to remove participants who responded inattentively. First, we removed participants who completed the survey in less than five minutes. Second, we screened the data for consecutive identical responses (*e.g.* 1, 1 1, 1, 1, or 7, 7, 7, 7, 7) and excluded those with 10 or greater consecutive responses within any of the administered measurements. A total of 558 participants remained for analysis. Of those who indicated, 199 (36%) were male and 355 (64%) were female. Participants ranged in age from 18 to 65 with a mean of 35.71 (SD=10.97). Of those who indicated, 438 (79%) were White Caucasian, 42 (8%) were African American or Black, 17 (3%) were Latino, and 10 (2%) were Chinese.

Measures

Participants were administered a battery of self-report measures including the 60-item Mentalized Affectivity Scale (MAS). To measure general well-being, participants were administered the 5-item Satisfaction with Life Scale (SWLS) (Diener *et al*.,1985; Orben *et al*., 2019). Included in the battery were five scales on emotion regulation and mentalization so that convergent validity could be explored. These included the 36-item Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), the 10-item Emotion Regulation Questionnaire (ERQ; Gross & John, 2003), the 16-item Flexible Regulation of Emotional Expression scale (FREE; Burton & Bonnano, 2016), the 54-item Reflective Functioning Questionnaire (RFQ; Fonagy *et al*., 2016), and the 20-item Toronto Alexithymia Scale (TAS; Bagby *et al*., 1994).

Participants were also presented with a list of 17 clinical diagnoses with a box for text entry. They were asked to indicate if they had been diagnosed with any of the clinical diagnoses by a professional by typing "yes" or "no" in the open text box provided. The list included the following: alexithymia; anorexia nervosa; attention deficit/hyperactivity disorder (ADHD); bipolar disorder; borderline personality disorder; bulimia nervosa; depression; epilepsy; general anxiety disorder (GAD); narcissistic personality disorder; obsessive-compulsive disorder (OCD); panic disorder; posttraumatic stress disorder (PTSD); schizophrenia; seasonal affective disorder (SAD); and social anxiety disorder; synesthesia. Participants were separately asked about autism with three questions. They were asked "Have you been formally diagnosed with an autism spectrum condition (ASC) by a profes-

sional?" with "Yes", "No", and "Other (please specify)". If they had been diagnosed, they were asked to indicate the type of autism diagnosis they were diagnosed with and the age when they were diagnosed.

Results

Tables 1 and 2 report descriptive statistics for the sample. In the first stage of analysis, we performed linear regressions with demographic data, including highest level of education, age, gender, and ethnicity, predicting satisfaction with life (SWL) in step 1. This model did not account for a significant proportion of the variance [R^2=0.03 (F(4,549)=4.67, p<.001]. Then, emotion regulation variables from the DERS, ERQ, FREE, RFW, and TAS were entered into the model for step 2. This model significantly increased the proportions of variance in the model [(R^2=.28 (F change (17,532)=10.95, p<.001]. We added the MAS variables in step 3, which significantly increased the proportions of variance in the model further [(R^2=.30 (F change (3,529)=4.65, p<.01]. This shows that the MAS predicts satisfaction with life above and beyond demographics and the five widely-used measures. That is, the MAS informs us about aspects of well-being that the other measures do not. As seen in Table 3, comparisons of beta weights with all variables controlled for in step 2 showed that the greatest predictors of satis-

Table 1. Descriptive statistics for the sample.

Characteristic	*N*	%	M	SD
Gender				
Male	199	35.7		
Female	355	63.7		
Non-binary	3	0.5		
Current age			35.71	10.97
Ethnicity				
White Caucasian	438	78.5		
African American	21	3.8		
Black	21	3.8		
Chinese	10	1.8		
Latino	17	3.1		
Other Asian	11	2		
Other	40	7		
Education				
Did not complete high school	4	0.7		
High school diploma	172	30.9		
Undergraduate degree	284	51		
Graduate degree	97	17.4		
No diagnosis	365	65.4		
Clinical diagnosis	162	29		
Anxiety disorders	112	20.1		
Generalized anxiety disorder	88	15.8		
Obsessive compulsive disorder	25	4.5		
Panic disorder	31	5.6		
Post-traumatic stress disorder	28	5		
Social anxiety disorder	40	7.2		
Eating disorders	6	1.6		
Anorexia nervosa	5	0.9		
Bulimia	2	0.4		
Mood disorders	111	19.9		
Bipolar	16	2.9		
Depression	103	18.5		
Seasonal affective disorder	8	1.4		
Neurological disorders	37	6.6		
Attention-deficit/hyperactivity disorder	33	5.9		
Autism	4	0.7		
Personality disorders	9	1.6		
Borderline	9	1.6		
Narcissistic	0	0		
Other				
Alexithymia	0	0		
Epilepsy	0	0		
Schizophrenia	1	0.2		
Synesthesia	1	0.2		

M, mean; SD, standard deviation.

faction with life was the Strategies variable from the DERS (β=-0.54, p<.001), followed by the Enhance Positive feelings variable from the FREE (β=0.21, p<.001), followed by the expressing variable from the MAS (β=0.18, p<.01). This suggests that the strategies, enhance positive, and expressing variables are most linked to information about well-being. Product moment correlations of all variables are reported in *Supplementary Table 1*.

Table 2. Scale mean scores and standard deviation.

Measure	M	SD	Measure	M	SD
SWLS	4.63	1.5	Expressive suppression (ERQ)	3.7	1.36
Identifying (MAS)	5.07	0.91	Enhance positive (FREE)	4.52	0.98
Processing (MAS)	4.85	0.85	Enhance negative (FREE)	3.92	1.01
Expressing (MAS)	3.76	0.95	Suppress positive (FREE)	4.29	0.99
Nonacceptance (DERS)	13.9	6.22	Suppress negative (FREE)	3.74	0.99
Goals (DERS)	13.72	4.81	Certainty (RFQ)	25.85	15.43
Impulse (DERS)	12.31	5.19	Uncertainty (RFQ)	11.42	10.56
Awareness (DERS)	13.68	4.45	Difficulty describing feelings (TAS)	12.32	4.49
Strategies (DERS)	17.99	7.48	Difficulty identifying feeling (TAS)	14.04	6.17
Clarity (DERS)	10.01	3.72	Externally oriented thinking (TAS)	14.52	3.43
Cognitive reappraisal (ERQ)	5.02	1.13			

M, mean; SD, standard deviation; MAS, Mentalized Affectivity Scale; DERS, Difficulty with Emotion Regulation Scale; ERQ, Emotion Regulation Questionnaire; FREE, Flexibility Regulation of Emotional Expression; RFQ, Reflective Functioning Questionnaire; TAS, Toronto Alexithymia Scale.

Table 3. Linear regressions where demographics, emotion regulation and mentalization measures are regressed onto satisfaction with life.

	Step 1			Step 2			Step 3		
	B	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
Constant	29.45	0.46		28.24	0.81		25.88	1.21	
Age	-0.01	0.01	-0.09*	-0.02	0.01	-0.16**	-0.02	0.01	-0.15**
Gender	0.11	0.13	0.04	-0.15	0.13	-0.05	-0.09	0.13	-0.03
Ethnicity	-0.34	0.16	-0.09*	-0.37	0.14	-0.10*	-0.43	0.14	-0.12**
Highest education	0.31	0.09	0.14**	0.30	0.08	0.14**	0.28	0.08	0.13**
Nonacceptance (DERS)				0.01	0.01	0.05	0.01	0.01	0.06
Goals (DERS)				-0.01	0.02	-0.04	-0.01	0.02	-0.03
Impulse (DERS)				0.06	0.02	0.2**	0.05	0.02	0.16*
Awareness (DERS)				-0.02	0.02	-0.05	-0.02	0.02	-0.06
Strategies (DERS)				-0.11	0.02	-0.54**	-0.10	0.02	-0.51**
Clarity (DERS)				-0.01	0.03	-0.01	0.01	0.03	0.02
Cognitive reappraisal (ERQ)				0.13	0.06	0.10*	0.12	0.06	0.09
Expressive suppression (ERQ)				-0.07	0.05	-0.06	0.02	0.06	0.02
Enhance positive (FREE)				0.32	0.08	0.20**	0.32	0.08	0.21**
Enhance negative (FREE)				0.02	0.07	0.01	0.01	0.07	0.01
Suppress positive (FREE)				0.04	0.07	0.02	0.03	0.07	0.02
Suppress negative (FREE)				-0.02	0.07	-0.01	-0.01	0.07	-0.01
Certainty (RFQ)				0.00	0.01	0.01	0.00	0.01	-0.02
Uncertainty (RFQ)				0.00	0.01	-0.01	0.00	0.01	0.02
Difficulty describing feelings (TAS)				0.01	0.02	0.03	0.05	0.02	0.16*
Difficulty identifying feeling (TAS)				0.02	0.02	0.07	0.01	0.02	0.06
Externally oriented thinking (TAS)				0.08	0.02	0.17**	0.06	0.02	0.14**
Identifying (MAS)							-0.14	0.09	-0.08
Processing (MAS)							0.29	0.13	0.16*
Expressing (MAS)							0.28	0.10	0.18**
R^2		0.03			0.28			0.30	

B, variable; SE, standard error; DERS, Difficulty with Emotion Regulation Scale; ERQ, Emotion Regulation Questionnaire; FREE, Flexibility Regulation of Emotional Expression scale; RFQ, Reflective Functioning Questionnaire; TAS, Toronto Alexithymia Scale; MAS, Mentalized Affectivity Scale. Processing regressed onto satisfaction with life with a significance of p=.02. *p<.05; **p<.01.

In the second stage of analysis, we performed binary logistic regressions with demographic variables predicting psychopathology [clinical diagnoses (*clinical*) *vs* no diagnoses (*non-clinical*)] in step 1. This model did not account for a significant proportion of the variance [$\chi^2(4)=31.71$ and Nagelkerke $R^2=0.08$, $p<.001$]. We then added the MAS variables in step 2, which significantly increased the variance [$\chi^2(3)=85.87$ and Nagelkerke $R^2=0.21$, $p<.001$]. As seen in Table 3, comparisons of β weights with all variables controlled for in step 2 showed that the greatest predictors of psychopathology were Identifying from the MAS ($\beta=-0.82$, $p<.001$), followed Processing from the MAS ($\beta=.80$, $p<.001$). All other variables were insignificant. This suggests that the MAS, and in particular, the Identifying and Processing components, are most highly predictive of psychopathology.

We next wanted to see if we could replicate these results in subsamples examining more specific clinical diagnoses. There were enough *N*s in the anxiety disorder subgroup (Table 1) to perform additional binary logistic regressions. Specifically, we performed binary logistic regressions with demographic variables predicting anxiety disorders (anxiety disorders vs no diagnoses) in step 1. This model did not account for a significant proportion of the variance [$\chi^2(4)=36.41$ and Nagelkerke $R^2=0.11$, $p<.001$]. We then added the MAS variables in step 2, which significantly increased the variance [$\chi^2(7)=74.52$ and Nagelkerke $R^2=0.22$, $p<.001$]. As seen in Table 4, comparisons of β weights with all variables controlled for in step 2 showed that the greatest predictors of anxiety disorders were Identifying from the MAS ($\beta=-0.80$, $p<.001$), followed Processing from the MAS ($\beta=0.66$, $p<.001$).

Last, we performed binary logistic regressions with demographic variables predicting mood disorders (mood disorders vs no diagnoses) in step 1. This model did not account for a significant proportion of the variance ($\chi^2(4)=30.21$ and Nagelkerke $R^2=.09$, $p<.001$). We then added the MAS variables in step 2, which significantly increased the variance [$\chi^2(7)=83.31$ and Nagelkerke $R^2=.25$, p<.001]. As seen in Table 3, comparisons of beta weights with all variables controlled for in step 2 showed that the greatest predictors of mood disorders were Processing from the MAS ($\beta=-0.99$, $p<.001$), followed by Identifying from the MAS ($\beta=.0.84$, $p<.01$). Once again, the results showed that the MAS (identifying and processing, in particular) strongly predicts psychopathology.

Discussion

We live in a heterogeneous world where different social, ethnic and racial groups have varied perspectives on what constitutes virtue – which virtues are most important, and what a virtuous character looks like. Culturally dominant groups and minoritized groups have radically different values even within the same culture – to take one example, consider recent arguments which have been made that black rage is the appropriate response to ongoing anti-black racism (Cherry, 2021; Stoute, 2021). Perhaps this can be translated to mean that black rage is consistent with following the mean is not excessive, which might be misperceived by members of the dominant, white culture.

It would be mistaken to assume that a universal consensus exists about virtues, rather than grappling with how they are contested. Emotion regulation has become an increasingly popular construct in psychology, in part, because it can be defined as a critical aspect of living according to one's values, regardless of their specific nature. The purpose of the present study was to examine how mentalized affectivity, a sophisticated kind of emotion regulation that encompasses regard for all emotions, regardless of their negative and positive valence, contributes to our understanding of well-being. We do not share the assumption that *only* positive emotions contribute to well-being and support the view that negative emotions help to affirm meaning and thus contribute to well-being.

Our findings suggest that mentalized affectivity is useful in conceptualizing how emotions relate to well-being, as the results from the MAS explain a statistically significant amount of variation in both satisfaction with life and psychopathology. In terms of psychopathology, among all six emotion regulation measures, the greatest contributors were Processing and Identifying variables. As expected, higher Processing scores, which refer to the ability to modulate, manage, tolerate, and distinguish emotions, were found to be negatively associated with psychopathology. It is important to note that distinguishing among complex emotions and reflecting on the possible reasons behind the feelings, in other words, mentalizing the emotional experience, could be a protective factor for mental health as better understanding of emotional experience and greater agency are mutually reinforcing. Surprisingly, the results also suggest that Identifying, which refers to being curious about emotions, naming basic emotions,

Table 4. Binary logistic regressions with emotion regulation measures and demographics predicting clinical diagnoses.

	Clinical *vs* non-clinical			Anxiety disorders			Mood disorders		
	B	Wald	Odds ratio	B	Wald	Odds ratio	B	Wald	Odds ratio
Constant	-0.45	0.24	0.64	-0.79	0.56	0.46	-0.68	0.42	0.51
Age	0.00	0.03	1.00	-0.01	1.10	0.99	0.01	0.94	1.01
Gender	0.74*	9.86	2.10	0.97*	11.50	2.63	0.93*	10.59	2.54
Ethnicity	-0.80*	8.00	0.45	-0.85	6.54	0.43	-0.89*	6.73	0.41
Highest education	-0.20	1.81	0.82	-0.3	2.90	0.74	-0.18	1.18	0.83
Identifying (MAS)	0.82**	32.45	2.26	0.80**	25.38	2.24	0.84**	26.03	2.32
Processing (MAS)	-0.80**	30.20	0.45	-0.66**	16.80	0.52	-0.99**	33.04	0.37
Expressing (MAS)	-0.15	1.68	0.86	-0.18	1.95	0.84	-0.14	1.10	0.87

MAS, Mentalized Affectivity Scale including 3 dimensions: Identifying, Processing, and Expressing. Expressing regressed onto clinical *vs* non-clinical was non-significant at $p=.195$. *$p<.05$; **$p<.01$.

and trying to make sense of emotions in the context of one's personal history, contribute to psychopathology. It is possible that the individuals who have diagnoses make more effort to identify their emotions, possibly in an unproductive way, in attempting to make sense of them.

We believe that the effectiveness of the MAS in predicting satisfaction with life and psychopathology is in part based on how it engages both positive and negative emotions. As noted earlier, some disciplines in psychology such as positive psychotherapy run the risk of sanctioning suppression of negative emotions and, in the recent years, we have come to have a better understanding of the limitations associated with emotion suppression strategies. More precisely, research suggests that suppression of emotions paradoxically leads to the rebounding of the thought or feeling being suppressed, termed *rebound effect* (Wenzlaff & Wegner, 2000). Suppression of emotions was also found to deplete one's physical stamina (Muraven *et al*., 1998), and impair one's ability to distinguish emotional states (Laloyaux *et al*., 2015). There is a cultural issue to consider, as a study by Ford & Mauss (2015) argues that in East Asian cultures, suppression of emotions should not be equated with avoidance and thus might not have the same deleterious effects.

Third wave behavioral therapies (such as dialectical behavioral therapy, acceptance and commitment therapy, mindfulness-based cognitive therapy to name a few) have evolved to address these limitations by focusing on changing one's relationship to thoughts, feelings and bodily sensations, instead of altering or suppressing their content. Mindfulness, often defined as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, p. 4), is used as a tool in these modalities to help individuals tolerate distressing emotional states and approach them in a curious and non-judgmental way. Mentalized affectivity derives from psychodynamic thinking and is aligned with these developments in the field to some extent by not encouraging withdrawal from emotions. However, the processing element of mentalized affectivity is distinctive in promoting a more active, reflective engagement with the spectrum of emotions, including uncomfortable or distressing ones. This requires, not just acceptance, but a critical faculty of weighing emotions – how one feels in relation to one's history, to what one would hope to feel, and to both family and cultural expectations.

Our study was hindered by several limitations that need to be addressed in future research. First, it relied solely on self-report measures rather than behavioral or performance-based tasks. Second, well-being was proxied by the SWLS and is limited to life satisfaction and does not assess specifics related to the differentiation among emotional, physical, cognitive, and spiritual well-being. Third, diagnoses were based too on self-report. We are addressing this in future research that includes observer reports from therapists and neuropsychological testing. Fourth, the majority of our sample were white adults from the United States, which limits generalizability. Future studies will aim to include a broader cultural range of subjects.

We are heartened to report that the MAS has now been/or is being translated into 15 languages (Korean, Japanese, Taiwanese Mandarin, Mandarin, Persian, Turkish, Bulgarian, Lithuanian, Russian, German, Norwegian, Italian, Greek, French and Spanish). Given that we would like the construct of mentalized affectivity to be more sensitive to cultural differences, we plan to administer a questionnaire to the translators about where there were issues, and we intend to conduct in-depth interviews to follow up on their experience using the MAS with subjects. We are aware, for example, that in East Asian cultures the connotations of *expressing emotions* is not necessarily positive, as we had originally assumed (Choi, *et al*., 2016; Deng, *et al*., 2019). We are also interested in trying to make sense of how the challenge of processing emotions might differ across cultures.

Conclusions

We would like to conclude by referring to Aristotle's insight that the object of study will determine how precise we can be, and given humans' complexity and diversity, ethics and well-being are harder to study than other fields of study (Aristotle, 1985, 1094b13). Unfortunately, this has led some disciplines in psychology to limit its investigative scope of emotions and emotion regulation. In this article we hope to have shown at it is possible to examine well-being and flourishing, while accounting for a full spectrum of emotions. We propose a new direction for the study of well-being, and while we are committed to empirical study, we also deeply appreciate the difficulties of this study, as they necessarily entangle us in historical and cultural belief systems. Echoing the poet Robert Frost: *the best way out is always through.*

References

Aristotle. Nicomachean *Ethics.* Indianapolis: Hackett, 1985.

Aristotle. *The Eudemian Ethics.* Oxford: Oxford, 2011.

Bagby, R.M., Parker, J.D., & Taylor, G.J. (1994). The twenty-item Toronto Alexithymia Scale. I. Item selection and cross-validation of the factor structure. *Journal of psychosomatic research, 38*(1), 23-32.

Baril, A. (2017). Virtue and well-being. *The Routledge handbook of the philosophy of well-being.* Routledge.

Bateman, A.W., & Fonagy, P. Eds (2019). *Handbook of mentalizing in mental health practice.* Second edition. American Psychiatric Association.

Buhrmester, M., Kwang, T., & Gosling, S. D. (2011). Amazon's Mechanical Turk a new source of inexpensive, yet high-quality, data?. *Perspectives on psychological science*, *6*(1), 3-5.

Burton, C.L., & Bonanno, G.A. (2016). Measuring ability to enhance and suppress emotional expression: The Flexible Regulation of Emotional Expression (FREE) Scale. *Psychological assessment*, *28*(8), 929.

Christopher, J.C., & Hickinbottom, S. (2008). Positive psychology, ethnocentrism, and the disguised ideology of individualism. *Theory & psychology*, 18(5), 563-589. doi: 10.1177/0959354308093396

Christopher, J., Richardson, F., & Slife, B. (2008). Thinking through positive psychology. *Theory & Psychology.*

Diener, E., Inglehart, R., & Tay, L. (2013). Theory and validity of life satisfaction scales.

Social Indicators Research, 112, 497-527. doi: 10.1007/s11205-012-0076-y

Diener, E.D., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*(1), 71-75.

Downey, C.A., & Chang, E.C. (2014). History of cultural context in positive psychology: we finally come to the start of the journey. *Perspectives on the intersection of multiculturalism and positive psychology,* 3-16.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). Affect regulation, mentalization, and the development of the self. *Routledge.*

Fonagy, P., Luyten, P., Moulton-Perkins, A., Lee, Y.W., Warren, F., Howard, S., ... & Lowyck, B. (2016). Development and validation of a self-report measure of mentalizing: the reflective functioning questionnaire. *PloS One*, *11*(7), e0158678.

Fowers, B.J. (2008). From continence to virtue: recovering goodness, character unity, and character types for positive psychology. *Theory & Psychology*, 18(5), 629-653. doi: 10.1177/0959354308093399

Fowers, B. (2016). Aristotle on eudaimonia. *Handbook of eudaimonic well-being*.

Gratz, K.L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, *26*(1), 41-54.

Greenberg, D.M., Kolasi, J., Hegsted, C.P., Berkowitz, Y., & Jurist, E.L. (2017). Mentalized affectivity: A new model and assessment of emotion regulation. *PloS ONE*, *12*(10), e0185264.

Greenberg, D.M., Rudenstine, S., Alaluf, R., & Jurist, E.L. (2021). Development and validation of the Brief-Mentalized Affectivity Scale: Evidence from cross-sectional online data and an urban community-based mental health clinic. *Journal of Clinical Psychology*, 77, 2638-2652. doi: 10.1002/jclp.23203

Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, *85*(2), 348.

Held, B.S. (2004). The negative side of positive psychology. *Journal of humanistic psychology,* 44(1), 9-46. https://doi.org/10.1177/0022167803259645

Held, B.S. (2005). The" Virtues" of Positive Psychology. *Journal of Theoretical and Philosophical Psychology*, 25(1), 1.

Jurist, E.L. (2005). Mentalized affectivity. *Psychoanalytic Psychology*, *22*(3), 426.

Jurist, E.L. (2008). Minds and yours: New directions for mentalization theory. In Jurist, E.L., Slade, A.E., & Bergner, S.E. (Eds.). *Mind to mind: Infant research, neuroscience, and psychoanalysis*.

Jurist, E.L., & Meehan, K.B. (2009). Attachment, mentalization, and reflective functioning. *Attachment theory and research in clinical work with adults*, Eds. J. Obegi and E. Berant, 71-93.

Jurist, E.L. (2010). Mentalizing minds. *Psychoanalytic Inquiry, 30*(4), 289-300.

Jurist, E. (2018). *Minding emotions: Cultivating Mentalization in Psychotherapy*. New York: Guilford Press.

Kabat-Zinn, J. (1994). Wherever you go, there you are: Mindfulness meditation in everyday life.

Kiknadze, N.C., & Fowers, B.J. (2023). Cultural variation in flourishing. *Journal of Happiness Studies*, 1-22. https://doi.org/10.1007/s10902-023-00677-9

Kosman, L.A. (1980). Being properly affected: Virtues and feelings in Aristotle's ethics. *Essays on Aristotle's ethics.* Ed. A. Rorty.

Laloyaux, J., Fantini, C., Lemaire, M., Luminet, O., & Larøi, F. (2015). Evidence of contrasting patterns for suppression and reappraisal emotion regulation strategies in alexithymia. *The Journal of nervous and mental disease*, *203*(9), 709-717.

Laney, M., & Brenner, A. (2019). Virtue ethics in psychotherapy. *Oxford Handbook of Psychotherapy Ethics,* 177-188. doi: 10.1093/oxfordhb/9780198817338.013.17

Liotti, M., Spitoni, G.F., Lingiardi, V., Marchetti, A., Speranza, A.M., Valle, A., *et al*. (2021) Mentalized affectivity in a nutshell: Validation of the Italian version of the Brief-Mentalized Affectivity Scale (B-MAS). *PLoS One,* 16(12): e0260678. Doi: 10.1371/journal.pone.0260678

MacIntyre, A. (1981). After virtue. *Whose Justice.*

McDonald, M. & O'Callaghan, J. (2008). Positive psychology: a Foucauldian critique. *The humanist psychologist*, *36*(2), 127-142.

Muraven, M., Tice, D.M., & Baumeister, R.F. (1998). Self-control as a limited resource: regulatory depletion patterns. *Journal of personality and social psychology, 74*(3), 774.

Oettingen, G. (2014). *Rethinking positive thinking: Inside the new science of motivation.*

Orben, A., Dienlin, T., & Przybylski, A.K. (2019). Social media's enduring effect on adolescent life satisfaction. *Proceedings of the National Academy of Sciences*, 116(21), 10226-10228.

Rinaldi, T., Castelli, I., Greco, A., Greenberg, D.M., Jurist, E., Valle, A., & Marchetti, A. (2021) The Mentalized Affectivity Scale (MAS): Development and validation of the Italian version. *PLoS ONE* 16(4): e0249272. doi: 10.1371/journal.pone.0249272

Seligman, M.E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction (Vol. 55, No. 1, p. 5). *American Psychologist, 55*(1). doi: 10.1037/0003-066X.55.1.5

Wenzlaff, R.M., & Wegner, D.M. (2000). Thought suppression. *Annual review of psychology, 51*(1), 59-9.

Online supplementary material:

Supplementary Table 1. Product moment correlations between variables.