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Social Exclusion and Negative Affect: The Impact of Mentalized Affectivity

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Abstract

Social exclusion has been widely associated with feelings of anxiety, depressed mood, anger, and hostility. Previous literature indicates that mentalized affectivity (MA), a sophisticated form of emotional regulation, may be effective in mitigating emotional experience after social exclusion. In light of this research, our study sought to examine the predictive value of mentalized affectivity and inclusion/exclusion on emotion. Participants (N = 170) completed measures of mentalized affectivity and positive and negative affect, in addition to playing a virtual ball-tossing game that would randomly assign them to an inclusion or exclusion condition. Multiple regression analyses revealed that mentalized affectivity predicted both positive and negative affect. However, the inclusion/exclusion was only successful in predicting positive emotion. When looking more specifically at the individual components of mentalized affectivity, only processing ability was significant when assessed for positive affect, while both processing and expressing were significant in terms of negative affect. Our study highlights the importance of mentalized affectivity in promoting healthy psychological functioning, as opposed to merely decreasing psychopathology and negative emotion.

Social Exclusion and Negative Affect: The Impact of Mentalized Affectivity

Humans have an intrinsic need for social interaction. From birth, our survival depends upon relationships with caregivers (Batty & Meaux, 2013). Providing far more than mere sustenance, these early attachments are predictive of future psychological health and social adjustment. Neural connections develop fastest in the first five years of life and, thus, caregiver-child relationships during this formative period are essential to physical, cognitive, and emotional development. However, as we mature into adolescence, the relational emphasis shifts from parents to peers (Shin et al., 2016). Schoolmates begin exerting the strongest influence on our socioemotional development, as they reinforce social norms and refine our social competency skills. Though these peer relationships have the potential to foster our interpersonal growth, they can simultaneously stunt our social confidence through experiences of rejection. Therefore, wellbeing is not merely a factor of the quantity of social interactions one has, rather it is the quality and, specifically, the sense of belonging one feels within their relationships (Hagerty et al., 1996).

Social exclusion is a broad term encompassing an experience in which an individual is rejected by a social group or other individual such that they cannot satisfy their need for belonging (Hutchinson, Abrams, & Christian, 2007). Though specific responses to exclusion can vary, reactions are largely negative. Frequently reported negative emotions in response to exclusion are sadness, disappointment, jealousy, anger, and shame (Baumeister & Tice, 1990; Leary, 1990; Marcus & Askari, 1999; Williams, Cheung & Choi, 2000). These negative reactions have evolutionary roots, as they once served an adaptive purpose. For instance, in hunter-gatherer societies, people who maintained strong bonds with others were better equipped to survive and reproduce than their secluded counterparts. Distressing feelings following

ostracism then became motivators for reconnection and, subsequently, promoted modes of survival. However, the impact of social exclusion extends beyond acute affective reactions. Instead, exclusion has been linked to a host of long-term adverse outcomes, such as poor physical health, academic underachievement, and even criminal behavior (Hutchinson, Abrams, & Christian, 2007). While isolated incidents of social exclusion are typical to the human experience, continually excluded individuals have little opportunity for positive peer interaction and, as a result, create expectations for and manifest future rejection (Sjåstad et al., 2021). It is this group that is most susceptible to the multitude of life-long negative outcomes associated with exclusion.

Exclusion can produce cognitive impairments, namely reductions in intelligent thought, intrinsic motivation, and attentional processing (Baumeister, Twenge, & Nuss, 2002; Lustenberger & Jagacinski, 2010; Kiat, Cheadle, & Goosby, 2018). Yet, what is most noteworthy about these cognitive deficits is their interconnection to emotional experience; thinking about our feelings often spurs feelings about the original thoughts. This interplay becomes especially clear throughout various social exclusions studies (e.g. Williams & Jarvis, 2006; Hartgerink et al., 2015), as social exclusion is known to diminish empathy and subsequently prompt asocial behavior. When participants were given a personality inventory and told that their results could predict their future marital status, Twenge et al. (2007) found that the excluded group was less likely to act prosocially, indicated by their refusal to donate to a student fund. Likewise, participants subjected to the same task were also less likely to volunteer for further lab experiments and less inclined to help someone after a mishap. In each scenario, exclusion results in affective changes that then produce subsequent cognitive and behavioral shifts.

Social exclusion is also, more notably, known to impact emotion. Because exclusion threatens our fundamental psychological needs (e.g. self-esteem, belonging, certainty), negative affect following an exclusive experience is to be expected. Even when the severity of the experience is mild, social exclusion paradigms lead to decreases in positive affect and increases in negative affect amongst both clinical and nonclinical samples (Zhang et al., 2017). But beyond mere sadness, exclusion can result in anger and aggressive behavior. Interestingly, aggression is not only directed towards the excluder, but even towards innocent bystanders (Rajchert et al., 2022). The affective response can be so strong, that even receiving a financial reward post-exclusion does little to ameliorate a rejected participant's emotional experience (Baumeister, DeWall, & Vohs, 2009). According to Williams' (2009) temporal need-threat model of ostracism, these negative affective responses are most severe immediately after the exclusive experience. An innate oversensitivity to rejection cues predates this reflexive reaction. However, following the reflexive response, individuals shift into a reflective state of mind which allows for rational thought and emotional regulation, thus mitigating negative affect.

Interestingly, recent literature also suggests that social exclusion can provoke a wider range of affective experiences. In fact, there is considerable disagreement over whether exclusion results in emotional distress or numbness. Proponents of a numbing response root their argument in the social-physical pain overlap theory, which suggests that the two forms of pain rely on shared neural substrates and are, therefore, experienced similarly (DeWall & Baumeister, 2006). Just like physical pain produces analgesia, previous literature suggests that social exclusion should lead to a similar analgesic emotional effect. However, the relationship between physical injury and experienced pain is nonlinear. Where a minor injury (e.g., stubbing one's toe) elicits distress proportional to the level of pain, a serious injury (e.g. getting hit by a car) results in

numbness (Bernstein & Claypool, 2012). The same relationship is proposed for emotional pain, suggesting that severe experiences of social exclusion produce emotional numbness, while milder exclusions produce distress. Thus, it seems that an individual's reaction to exclusion is dependent upon the severity of the paradigm used. When examining the effects of two different social exclusion paradigms, Cyberball and Future-Life exclusion, Berstein and Claypool (2012) found that only the severe Future-Life exclusion predicted numbness. Additionally, studies have shown greater affective reactions amongst participants who were excluded from a group compared to those who were simply asked to imagine exclusion (Blackhart et al., 2009).

Pathways to Experiencing Exclusion

Certain variables have been found to either induce or protect against exclusion. One such variable, rejection sensitivity, can be defined as the cognitive-affective tendency to expect, perceive, and overreact to social rejection (Poggi et al., 2019). Social exclusion is experienced more significantly in people predisposed to rejection sensitivity. Even when exposed to the same exclusion paradigm, men higher in rejection sensitivity were more likely to report negative affect (Niu et al., 2022). Additionally, rejection sensitivity is predominantly found amongst personality disorders. For example, BPD patients have a difficult time forming and maintaining interpersonal relationships. In fact, 51.3% of BPD patients who were enrolled in a one-year therapy program terminated their treatment prematurely, most leaving within the first two months (Martino et al., 2012). In the context of group therapy, those with borderline personality disorder were less likely to form connections with other members of the group (Euler et al., 2018). Thus, rejection sensitivity can be regarded in both clinical and nonclinical populations.

Another variable that influences one's experience of exclusion is self-compassion. Individuals high in this adaptive trait are aware that all human beings experience suffering, yet

they treat themselves with sympathy and understanding amidst this inevitable pain (Neff, 2003). Thus, it is no surprise that self-compassion protects people from negative affective responses after social rejection (Koch, 2020). In a study examining the effect of self-compassion on emotional experience, Jiang and Poon (2022) found that self-compassion moderates the relationship between ostracism and feelings of meaningful existence. Whereas excluded individuals typically score lower on scales measuring life meaningfulness, those high in self-compassion were resistant to such effects.

Individuals also differ in their experiences of exclusion depending on their varying attachment styles. A healthy attachment system can be regarded as an automatic emotional regulation device within social interactions (Zou et al., 2022). Securely attached individuals tend to alleviate their emotional distress through positive strategies (e.g. healthy communication, artistic expression, etc.). However, anxiously attached individuals are more perceptive of negative emotions and lack the ability to cope and process. When faced with an exclusive experience, an insecure attachment style creates bias towards the negative aspect and diminishes emotional processing that would mollify the affective consequences.

Mentalized Affectivity

Defined as a sophisticated form of emotional regulation, mentalized affectivity is more broadly rooted in a capacity for mentalization, or the process by which we look to mental states in order interpret human behavior in both ourselves and others. Understanding that personal beliefs, needs, and desires inform behavior allows for improved social skills and, subsequently, a successful navigation of the interpersonal world. Though this definition bears similarities to empathy and Theory of Mind, what makes mentalized affectivity distinct from these conceptually related constructs is a self-reflective property. Whereas empathy and Theory of

Mind are focused solely on understanding others, mentalized affectivity incorporates interpersonal and self-reflective skills in understanding both oneself and others.

Mentalized affectivity is also distinct from similar constructs due to its multidimensional conceptualization. Jurist (2005) describes MA through three interconnected yet unique processes: identifying, processing, and expressing emotions. First, identifying extends beyond a mere labelling of one's emotions. Instead, it requires individuals to tease apart their feelings and understand what prompts them. A certain level of curiosity and open-mindedness is then necessary to fulfill this step, hence why clinical populations who are dominated by rigid thinking often struggle to identify their emotions (Greenberg et al., 2017). Second, processing refers to the modulation of emotions. For instance, one might control the duration or intensity of their feelings through cognitive reappraisal strategies. It is precisely this ability that is predictive of life satisfaction and distinguishes clinical and nonclinical groups. After processing, the third and final step in MA theory is expressing. This involves communicating feelings outwardly, whether that be through verbal, physical, or artistic expression. Although emotional regulation is best achieved when individuals identify, process, and express their emotions in that order, mentalized affectivity is not always a linear process (Rinaldi et al., 2021). Additionally, not every step must occur nor is it necessarily adaptive for all three processes to always take place. One might identify and process their emotions but lack a support system to whom they can express these feelings. On the same note, a verbal expression is possible without a complete understanding of an emotion. Therefore, though these three components are intertwined, they can also be studied independently.

The expanding literature on mentalization and mentalized affect have given light to the trait's considerable benefits. In fact, mentalization-based therapy has recently become a

successful treatment across all theoretical orientations. Teaching others that behavior is driven by intentional mental states, MBT has helped reduce symptomatology in a number of psychological disorders, namely borderline personality disorder (Dimitrijevic et al., 2018). In addition to ameliorating psychopathology, mentalizing ability has also been positively correlated with empathy, emotional self-efficacy, emotional stability, and overall well-being. Because mentalized affectivity is linked to psychological health and resilience and inversely related to psychopathology, it becomes sensible that the trait might foster positive emotions or protect against negative emotions following exclusion.

No known research has documented the effect of mentalized affectivity (MA) on social exclusion, but these theoretical links suggest that higher MA can mitigate the negative impacts of exclusion. Thus, we suggest the following hypotheses. First, we expect mentalized affectivity to predict emotional experience irrespective of the manipulation. Second, we hypothesize that an ability to mentalize emotions will impact how one experiences inclusion or exclusion. More specifically, random assignment to inclusion/exclusion criteria, in addition to one's mentalized affectivity, will serve as the best predictor of emotional experience.

Method

Participants

The study used Prolific Academic, an online crowd-sourcing data collection strategy, to generate a paid community sample of 170 participants (89 male, 78 female, 1 non-binary, and 2 who preferred not to say). Participants ranged in age from 18-66 (M = 29.55, SD = 10.57). Additionally, participants were 53.5% White, 20% Black or African American, 4% Asian, and 41% other. Though the study took place on a college campus in central Florida, respondents were located throughout the United States.

Measures

Mentalized Affectivity

The *Mentalized Affectivity Scale* (MAS; Greenberg et al., 2017) is a 60-item self-report measure that assesses three dimensions of emotional regulation: identifying, processing, and expressing emotions. Participants use a 7-point Likert scale, ranging from 1 *(disagree strongly)* to 7 *(agree strongly),* to rate the extent to which various statements apply to them. A sample scale item indicative of identifying emotions is "I often figure out where my emotions stem from," whereas a scale item measuring processing ability is "I am good at distinguishing between different emotions that I feel." A scale item measuring expressing emotions is "I often keep my emotions inside."

Positive and Negative Affect

The *Positive and Negative Affect Scale* (PANAS; Watson, Clark, & Tellegen, 1988) is a 20-item self-report measure designed to assess emotion. Participants use a 5-point Likert scale, ranging from 1 *(very slightly or not at all)* to 5 *(extremely)* to indicate the extent to which they are feeling a certain positive or negative emotion. Although the PANAS asks participants about emotions they have felt over the past week, we modified the questionnaire to assess emotions that participants are currently experiencing. A sample scale item measuring positive affect is "indicate to what extent you feel enthusiastic at the present moment," whereas a scale item measuring negative affect might be "indicate to what extent you feel jittery at the present moment." REFERENCE for people who have also made this modification

Cyberball

Cyberball is a virtual ball-tossing game that has been notably used to induce social exclusion in participants (Williams, 2007). A meta-analysis of 120 Cyberball studies showed that

the paradigm is both valid and reliable and can also generalize across both structural and sampling aspects (Hartgerink et al., 2015). The program allows experimenters to manipulate the exclusion by changing the number of players in the game, the number of ball tosses one receives, and even the names and pictures associated with players.

Procedure

Prior to data collection, the study was first approved by the Institutional Review Board. To be included in the study, participants must have had English as a first language and a minimum survey approval rating of 98%. Participation was both voluntary and anonymous, and no identifying information was connected to the data. Using Prolific Academic, participants were first asked to complete demographic questions regarding age, gender, and race. Then, they were asked to (1) complete a measure of mentalized affectivity, (2) play Cyberball, and (3) complete a measure of positive and negative affect, in that order.

Upon playing Cyberball, participants were randomly assigned to an inclusion or exclusion condition. Participants were told that they would play the game with two other people; however, in reality, these players were computer-gender confederates. We chose generic male and female names (Liam and Olivia) for confederates in order to avoid stereotypes and cultural biases. By the same rationale, no pictures were attached to confederates (Williams, 2007). We did, however, ask participants to input their name at the beginning of the game, in order to create the feeling that they were playing with real participants. Afterwards, the game would begin. When their avatar received the ball, participants were asked to use the mouse to indicate which of the two co-players they wanted to throw the ball to. The game consisted of 30 ball tosses total. In the inclusion condition, the participant received the ball ten times, whereas in the exclusion

condition, they received it twice in the beginning of the game. When the game was over and the remaining measure was completed, participants were debriefed and compensated for their time.

Results

To measure the combined effects of mentalized affectivity and social inclusion/exclusion on emotional experience, we used a multiple regression analysis. We used dummy coding to transform our categorical variables (inclusion vs. exclusion) into continuous variables. The first set of analyses examined relationships between positive affect and three dimensions of mentalized affectivity: identifying, processing, and expressing. Simple correlations indicated that the positive subscale of the PANAS was positively correlated with each component of mentalized affectivity (See Table 1). Due to the weak to moderate correlations between MA subdimensions, multicollinearity was not a major concern. Model 1, with mentalized affectivity as the only predictor, explained 13% of the variance and was significant [$F(3,166) = 9.34$ $p <$ .001]. Model 2, in which participants were also exposed to inclusion or exclusion criteria, explained significantly more variance [R^2 change = .04, $F(4,165) = 9.38$, $p < .001$]. The model explains 17% of the variance in positive affect (adjusted $R^2 = .166$) and was significant [$F(5,165) = 8.12$, $p < .001$]. Only the manipulation and processing ability ($\beta = .26$, $p < .001$)were significant predictors of positive affect. Table 2 contains information about regression coefficients for the predictor variables entered into the model.

A second multiple regression analysis looked at the relationship between negative affect and dimensions of mentalized affectivity. Simple correlations indicated that the negative subscale of the PANAS was negatively correlated with identifying and processing emotions, but positively correlated with expressing emotions (See Table 1). Model 1, with mentalized affectivity as the only predictor, explained 16% of the variance and was significant [$F(3,166) = 10.78$, $p < .001$].

Model 2, which included the manipulation, explained 2% of the variance in negative affect but was nonsignificant [R^2 change = .02, $F(4,165) = 2.91$, $p = .09$]. Mentalized affectivity was a significant predictor of negative emotion, but when the manipulation was added, there was no significant R^2 change. Additionally, only processing ($\beta = -.45$, $p < .001$) and expressing ($\beta = .19$, $p < .001$) were significant predictors of negative affect. Table 3 contains information about regression coefficients for the predictor variables entered into the model.

Discussion

The purpose of this study was to examine mentalized affectivity in its ability to (1) promote positive emotion and (2) protect against negative emotions after being socially included or excluded. We predicted that mentalizing ability, in combination with the exclusion paradigm, would spark differences in affective experience. Those with stronger mentalizing abilities would be more likely to experience positive affect after the manipulation, while individuals who struggled to mentalize would be apt towards negative affect. Our hypothesis was partially supported, such that the manipulation did improve the predictive value of mentalized affectivity when assessed for positive affect. However, when looking at negative affect, being excluded or included did not predict affective experience. While mentalized affectivity, alone, protected against negative emotion, the manipulation was non-significant.

First and foremost, our findings highlight the importance of mentalized affectivity in promoting positive emotion. A large body of research on emotional regulation and mentalized affectivity, specifically, supports this claim. Mentalized affectivity has been notably associated with healthy psychological functioning and, consequently, lower rates of psychopathology (Greenberg et al., 2017). Even in the face of significant adversity, these emotional regulation skills foster resilience and enable individuals to overcome difficulties (Miu et al., 2022). For

instance, mentalization mediates the relationship between adverse childhood experiences and adult functioning (MacIntosh, 2013). Yet, what is most notable about mentalized affectivity is that only processing ability is significant in predicting positive affect. Identifying and expressing emotions were non-significant. This becomes sensible when considering that processing ability serves as a greater predictor of life satisfaction and well-being than other components of mentalized affectivity (Greenberg et al., 2021). In fact, identifying emotions without processing them is a feature of depressed individuals, and the same applies for expressing emotions in those with borderline personality disorder. Suppressing the experience or the processing of emotion proves ineffective (Webb, Miles, & Sheeran, 2012).

When combined with the manipulation, we found that the predictive value of mentalized affectivity increased for positive affect, but not for negative affect. Mentalized affectivity alone protects against negative emotion, but being included or excluded did not generate significant results. Currently, there is little research to explain this phenomenon, as social exclusion is known to induce feelings of sadness, anxiety, hostility, and anger (Baumeister & Tice, 1990). However, there is some literature proposing that emotional numbness is a more common response to social exclusion. We originally omitted numbness as a possible reaction, because studies indicated that numbness only follows severe cases of rejection (Bernstein & Claypool, 2012). Thus, it was sensible to believe that Cyberball, a minor exclusion, would result in distress. Yet, Blackhart et al. (2009) suggests that we look at emotional distress in a different light. They propose that being excluded can take a person from a baseline positive emotional state to a neutral one. Even though the final emotion is one of neutrality, the shift from positive to neutral still provides a change in affective experience. Therefore, people are not truly indifferent to social exclusion, because their emotional state alters before and after feeling rejected.

Additionally, there is evidence that clinical populations are more likely to experience negative affect post-exclusion than community-based samples. For example, people engaging in non-suicidal self-injury (NSSI) were more likely to feel rejected after taking part in a social media task where they were given positive and negative evaluations (Robinson et al., 2023). Despite being given the same feedback as psychologically healthy participants, the NSSI group reported greater feelings of rejection. These adults who self-injured were less effective at using reappraisal to repair their negative mood than were controls. Thus, it is possible using a clinical sample is more likely to generate significant results in measuring negative affect.

However, it is also important to note that our findings were approaching significance. We did find a mean difference between mentalized affectivity alone and MA combined with inclusion/exclusion in predicting negative affect. Although these results were non-significant, this may simply be an artifact of power. With a larger sample size, we might anticipate statistical significance for negative affect as well.

Despite relevant findings, the study did have several limitations. Most notably, there are a plethora of individual difference variables that could impact how exclusion is experienced. Future studies might consider controlling for such variables. Additionally, it is difficult to determine whether participants actually felt excluded by the manipulation. It is possible that emotions following the exclusion were prompted by external factors, rather than the manipulation itself. Finally, both the PANAS and MAS rely on self-report and are, therefore, subject to biases.

Overall, our study contributes to a growing body of mentalization-based literature and bears important clinical implications regarding the impact of mentalized affectivity. Our findings highlight that mentalized affectivity may be more successful in predicting healthy psychological

functioning, rather than decreasing psychopathology. While most studies are focused on the role of mentalization in specific disorders, it seems that the construct can be examined more generally. Even when explored from a transdiagnostic perspective, Ballepsi et al. (2018) found that mentalization was not associated with general psychopathology and comorbidity. Instead, it was a predictor of resilience, adjustment, and well-being amongst non-clinical populations. Therefore, the relationship between mentalized affectivity and positive affect deserves to be highlighted, and increasing mentalizing ability should become a priority amongst clinicians.

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Table 1

Descriptive statistics and simple correlations between MAS subscales and PANAS

Variable	M	SD	1	2	3	4	5
1. Identifying	122.07	21.51	–				
2. Processing	107.07	17.76	.34**	–			
3. Expressing	46.51	11.13	.22**	.32**	–		
4. PANAS Positive	25.36	9.41	.24**	.33**	.25**	–	
5. PANAS Negative	16.34	6.07	-.02	-.36**	.05	.02	–

Note: **p < .01.

Table 2

Hierarchical regression results for change in PANAS positive based on inclusion/exclusion

Variable	*B*	*SE B*	*β*	R^2	ΔR^2
Step 1					
Constant	.37	5.05		.15**	.15**
Identifying	.05	.03	.12		
Processing	.13**	.04	.25**		
Expressing	.12	.06	.14		
Step 2					
Constant	3.21	5.04		.18**	.04**
Identifying	.05	.03	.12		
Processing	.14**	.04	.26**		
Expressing	.10	.06	.12		
EX/INC	-3.79**	1.33	-.20**		

Note: **p < .01.

Table 3

Hierarchical regression results for change in PANAS negative based on inclusion/exclusion

Variable	*B*	*SE B*	*β*	R^2	ΔR^2
Step 1					
Constant	25.09	3.22		.16**	.16**
Identifying	.03	.02	.09		
Processing	-.15**	.03	-.44**		
Expressing	.09*	.04	.16*		
Step 2					
Constant	23.99	3.27		.18	.02
Identifying	.03	.02	.10		
Processing	-.15**	.03	-.45**		
Expressing	.10*	.04	.18*		
EX/INC	1.47	.86	.12		

Note: **p < .01.