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Virtues and Character Traits in Mental Health: A Systematic Review

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I. Introduction

Mental health is one of the most highly contested areas of medicine and public healthcare today. Beyond the more familiar issues at the level of public policy relating to funding and parity of esteem with physical health, there remain deep disagreements at a more fundamental level over what constitutes mental health in the first place. While diagnostic categories in psychiatry may possess a certain utility, there is scepticism as to whether some mental illnesses are natural kinds or entities in the way that bodily diseases such as infections are (Szasz, 1960; Kendell and Jablensky, 2003; Pickard, 2009). Added to this is a dissatisfaction with what may be perceived as an over-reliance on psychotropic medication, seen by one psychiatrist and commentator as a sign of 'biomedical reductionism with its heavy reliance on technological solutions' (Michel, 2011, p. 175).

Diagnostic categories are perhaps best seen as a blunt tool that may only imperfectly represent pathologies. Similarly, without denying the efficacy of medication in managing certain psychiatric symptoms, it is useful to keep in mind that this is not necessarily what addresses the root cause or causes of mental illness. There is, instead, a need to explore less 'biologistic' approaches to mental health. One such approach relates to virtues and character traits, which is the subject of this paper.

In recent years, the concepts of virtue and virtue (or character) education have made a comeback in various areas, related to Aristotle-influenced moral philosophy and educational theory (Annas, 2011; Kristjánsson, 2015). In mental health, the role of virtue has been investigated primarily in the field of positive psychology, in addition to various critiques of a more philosophical nature regarding the essence of mental illness and its relation to moral behaviour and psychology. As a movement and area of study in contemporary psychology, positive psychology is a relatively recent phenomenon. It finds its roots in the history of Western thought on virtue and eudaimonia, stretching back to the ancient Greeks, as well as in other religious and cultural traditions, such as Chinese philosophy. However, it is sometimes accused by more philosophically oriented theorists of offering a watered-down and unsystematic version of virtue theory (Fowers, 2005).

Where empirical studies of virtues and character traits in mental health are concerned, the work of Peterson and Seligman (2004) has been particularly influential in the development of positive psychology. There have also been numerous other studies of a range of different virtues and their therapeutic value for mental health for persons of different age groups, health conditions and occupations. At present, many of these studies are small in scale, though some larger samples show convincing effects for interventions that could easily be integrated in a psychiatrist's general practice.

Nonetheless, bearing in mind the distinction between utility and validity, it is essential that the value of positive psychology interventions be evaluated alongside questions of philosophical

anthropology and moral psychology: If, perhaps, the excessive use of psychotropic medication sometimes presupposes a more biologically determinist view of the human person, then what are the theoretical presuppositions of positive psychology? What is the relationship between virtue, understood in a more classical Aristotelian sense, and positive affect, which is often a key focal point of positive psychology interventions?

It is hoped, therefore, that a systematic review of the relation of virtues and character traits to mental health, which has been commissioned by the Jubilee Centre for Character and Virtues at the University of Birmingham, and of which this briefing paper offers the first glimpse, will provide a framework with which to address such questions, in order to better understand the value and efficacy of virtue-based approaches to mental health and to elicit their theoretical, policy-related, therapeutic and educational implications.

II. Methods

Review Questions

For this study, both authors, Michael Wee (MW) and Saïk de La Motte de Broöns de Vauvert (LMB), conducted a review of existing literature relating to the following questions:

- What is the role of virtue and character traits in relation to definitional and diagnostic questions about mental health?
- What is the role of virtue and character traits in relation to the practice of mental health care?

The authors performed a search of the relevant literature and after selecting the papers that met the inclusion criteria, they proceeded to identify and assess the arguments, conceptual analyses and evidence put forward by those papers in relation to the aforementioned review questions.

Inclusion and Exclusion Criteria

The authors limited their review to peer-reviewed journal articles, as well as editorials and commentaries appearing in academic journals that dealt with virtue and character traits, or lack thereof, broadly conceived in relation to mental health. The search was limited to papers published in the English language. Books, book chapters, book reviews and study protocols were excluded.

In relation to virtue and character traits, the authors did not limit the study to a particular philosophical or intellectual tradition of virtue, but took virtue to be defined broadly as a disposition or settled habit aligned with human goodness or flourishing (*c.f.* Aristotle, 1955, pp. 54–66). Moral, intellectual, civic and performance virtues all merited inclusion. Hence, an intellectual virtue such as creativity was considered equally worthy of inclusion as the moral virtue of gratitude. In cases where the authors were doubtful as to whether a particular disposition of character was a true virtue, it was agreed that this did not merit exclusion, provided that the disposition or trait in question could be intelligibly defended as a virtue (based, say, on a different conception of human flourishing). In a similar vein, it was not deemed essential that traditional names of virtues were used; papers could be accepted even if other descriptors, e.g. self-esteem, were used that could be conceived of as a virtue or as relating to one.

However, papers relating to the professional virtues of mental health practitioners and caregivers were excluded as this was not deemed central to the purpose of this study, except where such virtues were discussed in relation to a particular therapeutic intervention. Also excluded were papers that dealt with the neurological basis of virtue, unless there was a clear relation to mental health, such as a recognised form of therapy in psychiatry. It was also agreed that papers discussing flourishing or eudaimonia (or indeed, eudaimonic flourishing) were not necessarily included unless there was an explicit link to the concept of virtue and character traits.

In relation to mental health, the authors sought to employ a fairly broad definition, taking the World Health Organization's definition as a starting point, but by no means an exclusive or all-encompassing definition, for the purposes of this study. According to this definition, mental health is 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (World Health Organization, 2014). Nonetheless, in order to sharpen the focus of the study, only papers that dealt with the aspects of diagnosis and/or therapy in mental health were included. Hence, papers relating to medical leadership and management were generally excluded if they did not meet the above-mentioned criteria. Also, while different markers of mental health such as life satisfaction or subjective well-being, rather than simply the absence of mental illness, were included, qualities like 'living well with pain' were deemed as insufficiently relevant to the focus of this study, unless discussed in relation to some broader framework of mental health.

Search Method

Both authors agreed on a list of virtues to be used for the search. The virtues named by Aristotle in *Nicomachean Ethics* (Aristotle, 1995) was taken as a starting point, but the list was narrowed down to improve the specificity of the search, while three additional virtues (gratitude, humility and awe) were added to reflect common themes in the positive psychology literature.

The following databases were searched: Pubmed, Embase, Medline, CINAHL and JSTOR. The following search terms were employed: (psychiatry OR psychology OR 'mental health' OR 'mental illness') AND (virtue OR flourishing OR eudaimonia OR courage OR temperance OR patience OR honesty OR friendliness OR modesty OR gratitude OR humility OR awe). The search was done on 3rd September 2018, and had no time limits.

Papers were extracted, and abstracts were screened. When a disagreement between the authors occurred, a consensus was obtained via a discussion. Full texts were then obtained and were read independently by MW and LMB and a further selection process took place to decide on whether these papers met the inclusion criteria. Disagreements were resolved by consensus.

III. Preliminary Discussion of Results

A full version of the following review and analysis of the search results will be published in 2019. The present briefing paper only offers glimpses of the initial findings. Due to the large amount of literature published on positive psychology, the following analysis only represents a small sample of the overall findings uncovered by this search.

Empirical Studies

Our search found that virtues and character traits often are; good predictors of mental health and well-being; protective factors against mental illness; and are even foundational to the delivery of some therapies.

For example, according to one study, individuals with more character strengths demonstrated greater well-being scores and lower negative emotional symptoms, with positive emotions being associated with virtues such as competence, engagement, meaning, emotional stability, and optimism (Huppert *et al.*, 2013). From a therapeutic perspective, virtue seems to be beneficial across the board. The benefits are not limited to clinical samples with established diagnoses, but also extend to individuals who do not have mental illness. The variety of interventions spans the breadth of modern psychotherapeutic treatment modalities ranging from individual psychotherapy and psychoeducation

to computerised programmes. Certain therapies specifically aim to develop virtues in patients; being loving, grateful, forgiving, accepting and compassionate, is for example seen as integral to mindfulness (Rosenzweig, 2013), which is known to be associated with clinical benefits in the wider literature.

However, not all virtues are equal in their effectiveness, predictive power or the degree to which they have been investigated. As a case in point, a mainland Chinese study of strength profiles found that two subgroups emerged in relation to the character strengths of being caring, inquisitive and having self-control—an 'at-strengths group' and an 'at-risk group', with the former being associated with better mental health outcomes in terms of emotional symptoms and psychological well-being. Nonetheless, it was also noted that the difference in the caring strengths between the two groups was smaller than that of the other two strengths, which may have been due to the particular role that caring plays in the culture of participants (Duan and Wang, 2018). Such a study is a good reminder of how any evaluation of the predictive power of virtues and character traits must take into account those virtues and traits that are 'mainstream' to the particular culture.

In terms of therapeutic efficacy, gratitude has been at the forefront of the virtues that have been studied and found to be effective. Gratitude visits and gratitude journals are among the popular interventions used by mental health professionals (Emmons *et al.*, 2013); they have been shown to reap positive benefits in terms of alertness, enthusiasm and determination. The benefits do not stop there, and subjects of these gratitude interventions were also more likely to report helping others. Positive psychology groups encouraged older patients to reflect on positive memories, gratefulness and writing forgiveness letters. This led to significant reductions in depression and anxiety. Positive effects were also noted in life satisfaction and subjective happiness.

It should be noted that many psychiatrists may remain sceptical that positive psychology interventions would work in clinical samples, due to the severity of some pathologies or the treatment resistance of some symptoms. One such symptom that is difficult to treat is suicidality. However, it is also worth pointing out one study that found that using one's personal strengths, counting blessings and writing a gratitude letter were effective in reducing hopelessness and increasing optimism in psychiatric inpatients (Huffman *et al.*, 2014). Both outcomes have been associated with reduced suicide in the wider literature. Evidence is also emerging that patients with chronic schizophrenia may also benefit from virtue-based positive psychology interventions taking the form of movies, role-playing, education and games. This programme demonstrated increases in gratitude dispositions and quality of life as well as reduced depression scores (Jung *et al.*, 2017).

Addictions have been associated with poor clinical outcomes and just as the causes may be varied, similarly diverse are the factors that have been found to be beneficial for recovery such as external

supervision or virtues such as spirituality (Vaillant, 2013). These may counteract the isolation and loneliness that substance misuse often leads to. New love relationships may give an extra impetus to better oneself for another. Other virtues such as awe and humility are also integrated into alcoholics anonymous' twelve traditions (Vaillant, 2013).

It is worth noting that some virtues, or putative virtues, have also been correlated with worse outcomes in some samples. In an Asian sample, individuals were classified according to their adherence to traditional values such as collectivism and conformity. The degree of their adherence to these values correlated positively, with higher scores in the Beck depression inventory, at the trend level. Particularly those who valued professional achievement correlated positively with higher depression scores (Wong *et al.*, 2012). Furthermore, in younger samples, spirituality was also correlated with depression.

Not all virtues have been investigated to the same degree and it appears that there is plenty of untapped therapeutic and prophylactic potential from the remaining virtues for mental health. The study of virtues and their clinical impact has the potential to deepen our understanding of when virtues turn into vices, and hence of what leads to human flourishing or languishing.

Implications

From the results available and other papers reviewed in this study, certain key themes in relation to human flourishing and mental health have emerged. One is that mental health cannot, it would seem, be confined to a conception of mental illness and its absence. Likewise, it is 'more than the presence and absence of emotional states' and also encompasses positive functioning and social well-being. Thus, mental health might be thought of as more of a continuum between languishing and flourishing (Keyes, 2002). Of particular note for the purposes of this systematic review is the concept of positive functioning or psychological well-being—Keyes speaks of this as consisting of six dimensions: 'self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy'. These are, basically, virtuous character traits which, taken together with measures of mental illness, emotional well-being and social well-being give a more holistic picture of mental health. Such a conception of mental health helps one make better sense of the predictive power of virtue for mental health, for it is not that mental illnesses are necessarily discrete pathologies that steal upon the mind. Rather than simply seeing the effects of mental illness as symptoms to control in a biomedical fashion, they need also be seen as part of a wider 'notion of a person being formed in the practice of virtue both to confront the vulnerabilities of life and to pursue excellence in the face of

contingency' (Michel, 2011, p. 179). Increasing in virtue is part and parcel of building up resilience against mental pathology, thereby leading the person towards greater flourishing.

Such a perspective demands that we narrate the emotional struggles of human life in more ways than simply biomedical aetiologies or symptoms—virtues and vices are one alternative way of narrating human life, along with religious narrations of sin and redemption or existential approaches relating to authenticity and inauthenticity (Michel, 2011, p. 175). But this inevitably poses a question for positive psychology interventions: If it is true that psychotropic medication might, at least some of the time, be prescribed on account of a biological reductionist approach to mental illness as opposed to a more holistic view of flourishing and languishing, then might not some positive psychology interventions simply be a non-medical, or non-chemical means of achieving essentially the same ends? Such is the case when interventions focus too much on the achievement of positive affect, rather than on encouraging participants to consider the particular exercise in the context of a wider life narrative. The approach, then, is still symptomatic and instrumentalist even if the means are not biomedical.

This is inseparable from the challenge of measuring or developing virtues in the fullest sense of the word. As one paper on gratitude in palliative care notes, 'Psychological traits are by definition more stable than emotions, which tend to be short lived and transient' (Althaus, *et al.*, 2018, p. 1567). Yet, the same paper makes use of the six-item Gratitude Questionnaire (GQ-6), and on close examination it is perhaps doubtful as to whether what is measured is truly gratitude as a character trait. Take, for instance, the reverse-scored item, 'When I look at the world, I don't see much to be grateful for', alongside the item 'I am grateful to a wide variety of people'. These items do not adequately take into account contingent life circumstances that are not necessarily incompatible with possessing the character trait or virtue of gratitude (Morgan, Gulliford and Kristjánsson, 2017)—one can see there is little to be grateful for, yet be intensely grateful for the little that one sees is truly deserving of such. Similarly, the item 'Long amounts of time can go by before I feel grateful to something or someone' is focused more on the frequency of the occurrence of the relevant affect rather than an interior dispositional attitude of being grateful where appropriate. By way of contrast one might consider the capacity to love (CTL) inventory developed by Kapusta *et al.* (2018) which consists of 41 items and offers a more rigorous picture of the various dimensions of the capacity to love, defined as 'the ability to engage in, invest in, and sustain a committed romantic love relationship'.

This preliminary discussion of these challenges, which are hopefully not wholly insurmountable, suggests that the relationship between virtue and mental health provides fertile ground for more detailed exploration and analysis. One must not make the same mistake of the well-known situationist critique which took virtues to be "broad-based", meaning they pertain to a wide range of behavioural

contexts' (Prinz, 2009, p. 119), which misses out the perspective of *phronesis*—that it is essential for the virtuous moral agent to take into account the circumstances in order to truly act virtuously. What is called for is a renewed focus on a disposition which is ordered to right kind of circumstances through training and habituation, rather than simply the frequency of positive affect. Doubtless that will mean that measuring virtues and traits, or encouraging them by therapeutic or educational interventions, will not in many cases be a matter of a simple empirical study or a textbook exercise. A more nuanced philosophical understanding of the virtues, e.g. along Aristotelian or Confucian lines, will need to be drawn upon, in order to give theoretical gravitas to the somewhat one-dimensional approach of positive psychology to the virtues. But, this will, one should hope, strengthen the already impressive successes of the positive psychology interventions rather than weaken them.

The forthcoming full version of the present analysis will contain a more detailed discussion of the theoretical implications of our findings. However, at the present juncture, it is important to note that, in addition to *theoretical* insights, the findings will carry important *practical* implications for policy agendas in mental health care as well as suggestions about educational programmes that may offer preventive measures against mental health problems in young people. For example, there is a need for a more structured development of the provision of character education specifically geared towards patients recovering from mental illness. Such educational interventions can then be integrated into the care programme approach used by mental health services in Britain. Mental health charities may be particularly well-placed to develop and deliver these interventions.

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