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RELATIONSHIPS BETWEEN MENTALIZATION ASPECTS AND SUBCOMPONENTS OF COMPASSION FOR OTHERS IN A FEMALE GROUP*

Introduction: Mentalization and compassion for others are defined and studied in many ways in psychology. Essential for intra- and inter-personal functioning and critical of psychotherapy, however, they have not been studied together in a broad way.
Research Aim: This study aimed to investigate the relationship between mentalization and compassion for others in a female group (n = 101).
Research Method: The links between mentalization and compassion for others were measured via self-report using the Polish versions of the Mentalization Scale (MentS) by Jańczak and the CS-R-PL scale by Fopka-Kowalczyk et al.
Results: Mentalization and compassion for others were positively correlated. The strongest relationship was found between mentalizing others and motivation to mentalize and kindness and mindfulness towards others. Lowered indifference, another component of compassion, correlated less with these two aspects of mentalization. The subcomponent of common humanity correlated only with the motivation to mentalize. The relationship between the aspect of self-mentalizing was insignificant in all the components of compassion for others.
Conclusion: The study found that the greater the mentalization of others and the motivation to mentalize, the stronger the compassion for others. It is these two aspects of mentalizing that are primarily related to the affective and cognitive potential of compassion for others – kindness and mindfulness. This way of functioning is socially desirable because it can protect against automatic compassion for others without differentiating people's intentions.

Keywords: mentalization, compassion for others, motivation for mentalizing, self-other mentalizing, non-clinical group

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INTRODUCTION

Mentalization – a spectrum of activities that explains how people comprehend their own and others' experiences – is often analysed today (Allen et al., 2014; Bateman et al., 2023; Kivity et al., 2024). This is crucial for social interactions (Kandel, 2024), improving mental functioning through mentalization-based treatment (Bateman et al., 2023), and mental health promotion in communities (Dimitrijević et al., 2017). Obviously, this is not happening in a social vacuum. It is difficult to imagine that on the basis of mentalization, the majority in a healthy society would cope without, for example, kindness or noticing the difficulties in which someone finds themselves. If this is the case, then why is so little known about its relationship with compassion? Only a few studies have looked at this issue, however, in the form of a subplot rather than an explicit focus (e.g. Kanske et al., 2016; Lehmann et al., 2022; Preckel et al., 2018). In this article, after presenting the theories and research on both constructs, the results from my empirical investigation will be presented. Three problems arising from the literature review will first be presented as the main contributions: (1) The first concerns the difficulty of understanding the nature of mentalization. (2) The consequence of this is the heterogeneity of the definition of the concept. This leads to treating different phenomena and models of mentalization as alike. (3) Its detailed psychological functions, especially in relation to gender, are not fully known. Some of these problems explain the absence of compassion. They also provided the starting point for the subsequent empirical research described in this manuscript.

The first problem arose from the difficulty in grasping the nature of mentalization in the light of the phenomena related to it, which are characteristic of man. In evolution, mentalization is a cognitive trait that distinguishes humans in the primate superfamily (*Hominoidea*) (Dunbar, 2016). It allows us to realize that other people also have minds, with beliefs and mental states (thinking, anticipating, expecting, etc.) called intentions, which may differ from ours. According to Dunbar (2016), mentalization is a higher-order intentionality. It includes both knowing the contents of one's own mind (typical of all sentient beings) and guessing what is in the minds of others. In psychology, emotional intelligence, cognitive empathy (e.g. Preckel et al., 2018), theory of mind (e.g. Ballespí et al., 2021; Jańczak, 2021), and perspective taking (Flavell, 1992, cited in Kivity et al., 2024) have been researched as related concepts to capture how this might happen. In other words, theories based on emotions versus cognition have been evaluated. Thus, there should be room for compassion among them. In its basic sense, this is a reflective stance towards oneself on the one hand, and towards others on the other (the latter is perhaps more widespread). Indeed, many of our daily activities are almost mechanical, or automatic (Baumeister, 2004). Both mentalization (Bateman et al., 2023) and compassion (Ash et al., 2019) can buck this routine. Perhaps some people can

be compassionate to others, we might say, "immediately". But they, like the rest of the majority, in their first reflex (perceptual, mental) must assess what or with whom they are dealing in certain circumstances, and, thus, mentalize. Certainly, not all people experience or practice compassion. We also do not always mentalize, and we can mentalize instantly, too (Bateman et al., 2023). Overall, it would be extremely difficult to grow up, learn, and live without both these stances. Together or separately, mentalization and compassion are essential for a human's adaptation and social life.

Many ways to operationalize mentalization have been proposed, including neural bases (e.g. Allen et al., 2017; Dimitrijević et al., 2017; Jańczak, 2021; Kliemann & Adolphs, 2018). This means there is no single definition of the construct. It is a multifaceted phenomenon that draws characteristics from psychoanalysis, clinical psychology (e.g. Bateman et al., 2023), and the social cognitive psychology of personality (e.g. Kivity et al., 2024), implying various ways of evaluating, with respect to normal and clinical groups (Bateman et al., 2023; Dimitrijević et al., 2017; Kandel, 2024; Kliemann & Adolphs, 2018).

The theory of mind (ToM) and mentalization are often treated interchangeably. The ToM's use emphasizes the developmental, organic nature of the concept (Astington, 1993; Piaget, 1928, both cited in Kielar-Turska & Białecka-Pikul, 2000). From a neurobiological point of view (Kandel, 2024), ToM is a developmental necessity for individuals to specifically recognize someone's intention adequately in particular situations. As a personality trait, the operationalization of mentalization is broadened and psychoanalytically rooted (Allen et al., 2014; Dimitrijević et al., 2017; Jańczak, 2021). Like the ToM, it has a developmental nature, but this depends on the quality of early life experiences (e.g. Campbell et al., 2021; Dimitrijević et al., 2017). Experiencing problems in childhood reduces one's ability to self-reflect (Dimitrijević et al., 2017). As a higher-order cognition, this ability refers to self and to others. Plus, it encompasses personal motivation to engage in mentalizing "to understand the psychic world of self and others" (i.e. self-reflection) (Dimitrijević et al., 2017, p. 273). Thus, adults uninterested in mental states and less able in distinguishing between external and internal reality have their capacity for mentalizing limited or lost. This is a stable three-aspect personal characteristic.

Hence, self-related mentalization and other-related mentalization are not simple translations of the cognitive foundations of the ToM. Along with the motivation to mentalize, they express the foundations of personality in "perceiving or interpreting behaviors as actions related to intentional states of mind" (Allen et al., 2014, p. 29). Such a potential is not possible in every person, in every situation, or in every health condition (cf. Dimitrijević et al., 2017). Mentally healthy people do not mentalize on each occasion (Bateman et al., 2023). This approach illuminates the *richness* (Allen et al., 2014) compared to the "distortion" of adult "mind reading" through the individual differences ground. Conversely, the ToM focuses on

the various systems in the brain responsible for typical neurological development and social behaviour (e.g. Kandel, 2024). Self-related mentalization, other-related mentalization, and motivation to mentalize enter into positive relationships with relevant psychological factors, such as empathy or emotional intelligence (Dimitrijević et al., 2017). In this article, attention will be drawn to another powerful motive of human pursuits – compassion. It is on this platform that the subsequent study was based. The inclusion of compassion lies in the psychological functions of mentalization. It is essential for intra- and inter-personal behaviour in social spheres, where resources can be scarce (Campbell & Allison, 2022).

A range of correlates of mentalization have been reported with self and identity, attachment, personality, general or adaptive psychological functioning, epistemic trust (Campbell et al., 2021), affect and emotions (Allen et al., 2014), and psychopathology (Jańczak, 2021; Kivity et al., 2024). Better mentalization has been associated with a more positive affect profile, more secure attachment (Allen et al., 2014; Kivity et al., 2024), better mental health, resilience (Campbell et al., 2021), empathy, and higher extroversion and openness to experience as well as lower neuroticism (Jańczak, 2021). Moreover, different levels of mentalization are related to gender. Women score higher in all aspects, except for mentalizing the self (Jańczak, 2021). Knowing they are generally perceived as focusing on empathy can make women less involved in self-mentalizing during research. In real life, when intentionality is involved, women do perform better and are more sensitive to social cues (Dunbar, 2014), but past studies have revealed further similarities between mentalization and compassion, including additional gender differences.

Like mentalization, compassion – an evolutionary phenomenon – is defined in many ways (e.g. Fopka-Kowalczyk et al., 2022). Gilbert and Van Gordo (2023) placed it in the circle of basic motives for care. Compassion originated during long-term infant care, which is a relatively protracted process in humans, but can also be very demanding (Rosenberg, 2021). As an instinct-like motive (cf. Fopka-Kowalczyk et al., 2022), it cannot be reduced to any emotion or behavioural tendency (e.g. mercy, emotional contagion, or empathy). Rather, it enters into relationships with psychological characteristics or states, relying on unique contexts (Gilbert & Van Gordo, 2023). Different levels of compassion are the result of an individual's response to psychosocial stress, a person's own efforts in practicing it (some do not or are generally compassionate towards), or previous experiences. Gender comparisons have revealed that women are more compassionate than men towards others (Fopka-Kowalczyk et al., 2022).

Compassion is beneficial both for the person who expresses it and for the recipients of such behaviour. Correlates have been found with physical well-being, better mental health, and improved relations with others in various settings (for a review, see Kocur et al., 2022). Also, it increases self-esteem and has been associated with reductions in symptoms of depression and less anxiety and shame. Its

functions surpass psychology in favour all of humanity striving for a meaningful life (e.g. Fopka-Kowalczyk et al., 2022).

Some studies have examined the relationships between empathy and mentalization in social spheres (e.g. Hooker et al., 2008). Lehmann et al. (2022) assessed the impact of empathy and mentalization on hypothetical prosocial decisions. They used a video-based EmpaToM task (cf. Kanske et al., 2016). The subjects deduced a narrator's mental states from a film and then assessed their readiness to help them. Some watched a negative, emotionally engaging narrative, while others watched a neutral film. Participants had access to a visual scale, and changes on it were a subjective measure of empathic sharing of affect. Participants also self-rated their own compassion (though it was not central in the main analysis). In the study's "mentalization" group, some respondents then answered questions about the intentions of the narrators. To varying degrees, the participants managed to do it correctly (and in the control conditions, participants answered "ordinary" queries). Assuming empathy (an emotional state) leads to altruism, especially when negative affect is present, an increase in hypothetical help was expected after a "negative" picture and the experience of a similarly negative state. This had been strongly confirmed as the "affective effect". The "cognitive effect" in the case of mentalization (less versus more accurate description of the narrator's mental states) was weaker. Lehmann et al. (2022) argued that with respect to prosocial actions, the two processes (underlying empathy and mentalization) appeared rather separated. Similarly, Kanske et al. (2016) found that higher empathy was not associated with better mentalization. However, the neural networks responsible for empathy and the cognitive networks underlying mentalization studied in light of the ToM interacted with each other. Emotogenic situations can therefore impair mentalization in real-life situations. Kanske et al. (2016) claimed this may help create tailored psychological interventions since mentalization training may, for example, not reflect true progress in empathy, and *vice versa*.

Also, Preckel et al. (2018) considered empathy and mentalization as independent constructs. What is more, they claimed compassion with empathy created "socio-affective" processes, while mentalization was a "socio-cognitive" pathway. These routes were pointed out as key to understanding others in social interactions. According to Preckel et al. (2018), the difference (beyond the neuronal) between empathy and compassion is that empathy has both positive (e.g. helping) and negative outcomes (distress, verbal aggression). Compassion, in contrast, is positive. Through active generating, compassion helps one move from negative to positive emotions, thus, serving as an emotion regulation strategy.

Overall, the previous studies provided interesting and important explanations about the relationship between mentalization and processes related to emotions, like empathy. The studies highlighted the critical aspect of self-regulation that compassion may perform. They are crucial for long-standing disputes about the

specific components of affect and cognition in the social world (Fiske & Pavelchak, 1986). But empathy and compassion are not the same. Furthermore, the elements of mentalization were tested narrowly in these earlier studies. There is little research on mentalization and compassion in the literature, and they focused primarily on prosocial behaviours. The present study thus tried to fill the research gap by examining relationships between mentalization and compassion more broadly by using a three-aspect mentalization model (not the ToM) and a complex model of compassion.

Pommier et al. (2020) proposed a four-component model of compassion for others, which is based on a model of self-compassion (Neff, 2003, as cited in Fopka-Kowalczyk, 2022). Self-compassion is a three-part stance (self-kindness–emotional response, common humanity–cognitive understanding, mindfulness–attention focus) (Pommier et al., 2020). It is about finding a balance between increasing compassion related to self and decreasing its opposite (Kocur et al., 2022). The value of self-compassion to the community is well documented (Crego et al., 2022). Compassion for others (CFO) is similar to self-compassion (Germer & Neff, 2019, as cited in Fopka-Kowalczyk, 2022). CFO, in addition to being directed at others (interpersonal), includes decreased indifference (separation from others; lack of compassion). Across all aspects, women have scored higher than men, and as mentioned earlier, are more compassionate toward others than to themselves (Fopka-Kowalczyk et al., 2022). Its deficiency in early childhood may be associated with further mental health difficulties. It has a positive impact on personal levels (e.g. better emotion regulation and self-liking; less stress or anxiety), relational levels (better coping in various dyads during childhood and adulthood), and academic and occupational outcomes (healthier stress responses; better functioning and pupil performance; better well-being and resilience in workplaces or environments that rely heavily on contact) (for details, see Fopka-Kowalczyk et al., 2022). Eventually, it is important for compassion-focused therapy (Cuppage et al., 2018), and interventions in communities (Khoury, 2019). However, to investigate its relationship to mentalization, in contrast to Kanske et al. (2016), Preckel et al. (2018), and Lehmann et al., (2022), the present study did not rely on the ToM's mentalization, but on the previously mentioned approach by Dimitrijević et al. (2017).

RESEARCH AIM AND QUESTION

The purpose of this study was to investigate the relationship between mentalization and compassion for others in a female group. To my knowledge, such association between the three-aspect model of mentalization by Dimitrijević et al. (2017) and the four components of compassion for others developed by Pommier et al. (2020) had not yet been examined. Although a positive link between

mentalization and empathy was previously demonstrated (e.g. Dimitrijević et al., 2017; Jańczak, 2021), again, empathy is not the same as compassion. Moreover, the authors of the ToM-based mentalization studies emphasized the potential for self-regulation in compassion and thus in relation to the person (Preckel et al., 2018). Lehmann et al. (2022) highlighted that affect is related to mentalization even more than key cognition. Simultaneously, it was claimed that highly emotogenic situations could impair mentalization, which seems crucial in clinical work (Bateman et al., 2023). Apparently, this does not say much about compassion. To be compassionate, there must first be an assumption (real or mental). Then, the door is open to a dynamic relationship between mentalization and compassion regarding various scenarios in real life.

Regarding mentalization, its affective and cognitive bases have already been elucidated (e.g. Kanske et al., 2016; Preckel et al., 2018; Lehmann et al., 2022). Per compassion and mentalization, there has not been such clarity thus far. Empathy or compassion were tested mainly as emotions previously. If the emotional path to mentalization was considered, cognition disappears from the spotlight. If we were now to examine both compassion (though not empathy) and mentalization as cognitive and emotional aspects, we could better understand their relationship to each other. Both are essential in social life.

Mentalizing without compassion would not be appropriate for us or others in the long run. This would pave the way for hostility or selfishness, for example. Perhaps there even would be no psychotherapy! Similarly, if we felt compassion for others without any mentalizing on our side, we could be taken advantage of. Of course, one can adopt a philosophical attitude that allows one to be compassionate with everyone without exception, including enemies. However, this does not have to invite exploitation. Rather, developing compassion would reduce this type of harm. Evolution has promoted compassion for millions of years (Rosenberg, 2021). Its qualities help people develop and survive. Thus, I proposed the present novel study of mentalization and compassion to understand related dynamics in more depth.

I focused on two dimensions of mentalizing (i.e. other-related mentalization and motivation for mentalization). The first refers to generating representations of other people's mental states. The second describes the need to understand one's own and others' mental states (Dimitrijević et al., 2017; Jańczak, 2021). The third aspect, self-related mentalizing, generating representations about oneself, is mainly relevant in clinical groups (Bateman et al., 2023; Dimitrijević et al., 2017). If significant (e.g. during having trouble with distinguishing one's own emotions from others'), it results in "impaired connectivity" (Bateman et al., 2023). Therefore, in a normal population, as in the current research, self-related mentalizing would not play a role. Adult members of communities have their ability to differentiate between external and internal realities retained (Jańczak,

2021). Although, of course, their reasoning can be biased in real life (Bateman et al., 2023). So, under this particular arrangement, mentalization should be associated with compassion for others. As for the four-factor model of compassion for others (Pommier et al., 2020), it is complex and does not reduce compassion to empathy or a discrete emotional state. Evidence supported by neuroscience (Khoury, 2019) suggests that its components can be treated as affective, cognitive, behavioural, and interpersonal in nature. Thus, it is integrating, and multifaceted in nature. The first sub-component, kindness to others, illustrates being kind, caring, and non-judgmental towards others, within one's affective potential. The component of common humanity, part of cognition, consists in recognizing and perceiving the universality of the experience and suffering of others. This can further translate into action. Mindfulness describes balanced (not too small, not all-overpowering) awareness (cognitive noticing) in allowing what other people are experiencing. Indifference (the lack of it) includes recognizing and engaging in situations where others find themselves (behavioural potential) (Neff, 2003, as cited in Fopka-Kowalczyk et al., 2022; Khoury, 2019; Pommier et al., 2020), but how these components relate to mentalization, needs investigation. Based on the theory and research of compassion for others (Ash et al., 2019; Pommier et al., 2020), I expected all its components to be important due to their interrelated nature. Also, I expected that the type of this study (self-reports) would make the behavioural (unanalysed) and common humanity (cognitive and potentially behavioural) subparts less important. The reflection on the fact that each of us sometimes struggles, was philosophical. Assuming that not everyone comes to such a belief, its relationship with mentalization may likely be weaker.

Again, previous studies had demonstrated that women tend to be more compassionate towards others than towards themselves (e.g. Fopka-Kowalczyk et al., 2022). Also, they do not mentalize themselves. Rather, they mentalize others, which may be due to empathy (e.g. Jańczak, 2021). As such, assessed via self-reports, positive associations between compassion for others (affective and cognitive potentials) and mentalization in a female group were expected across all components of the two issues analysed.

RESEARCH METHOD AND SAMPLE CHARACTERISTICS

My data were collected using the Polish versions of the Mentalization Scale (MentS) by Jańczak (2021) and the CS-R-PL scale by Fopka-Kowalczyk et al. (2022). The MentS questionnaire measures mentalization as a personality trait. It consists of 28 items within three aspects: self-related mentalization, which measures self-reflection and awareness in respect to one's own mental states (eight items, e.g. *Często nie potrafię nawet samemu sobie wytłumaczyć, dlaczego coś zrobiłem-/am* [Often

I can't even explain to myself why I did something]), other-related mentalization describes representations about understanding other people's mental states (10 items, e.g. *Potrafię rozpoznawać uczucia innych ludzi* [I can recognize other people's feelings]), and motivation to mentalize, or referring to one's stable reflection on mental states in oneself and in others (10 items, e.g. *Zrozumienie przyczyn mojego zachowania jest dla mnie ważne* [*Understanding the reasons for my behaviour is important to me*]). The items are rated on a 5-point Likert scale (from 1 for *completely untrue* to 5 for *completely true*). All subscales have good or acceptable internal consistency reliability, which applies to the total scale, as well (Cronbach's alphas were 0.74, 0.80, 0.79, and 0.86, respectively) (Jańczak, 2021). In this study, the Cronbach's alpha indicated acceptable reliability for the full scale ($\alpha = 0.80$), and for the 10-item Other-Related Mentalization subscale ($\alpha = 0.74$), with lower values for the eight-item Self-Related Mentalization ($\alpha = 0.68$) and 10-item Motivation to Mentalize ($\alpha = 0.69$) subscales.

The CS-R-PL questionnaire measures compassion for others as a four-component ability. It consists of 16 items within four subscales, including Kindness to Others, which describes one's kindness and non-judgemental concern for others in need (four items, e.g. *Lubię być przy innych, kiedy przeżywają trudności* [I like to be there for others when they are experiencing difficulties]), Common Humanity, which is the cognitive understanding that all people can experience difficulties (four items, e.g. *Uważam, że cierpienie jest po prostu częścią ludzkiego życia* [I believe that suffering is simply part of human life]), Mindfulness, which depicts balanced awareness of the suffering of others (four items, e.g. *Słucham uważnie, kiedy inni opowiadają mi o swoich problemach* [I listen carefully when others tell me about their problems]), and Indifference, which assesses compassionate responses (four items, e.g. *Nie obchodzą mnie problemy innych ludzi* [I don't care about other people's problems]). The items are rated on a 5-point Likert scale (from 1 for *almost never* to 5 for *almost always*). The internal consistency reliability has ranged from borderline to good, which is acceptable for scientific research (Cronbach's alphas were 0.72, 0.56, 0.54, 0.55, and 0.85, respectively) (Fopka-Kowalczyk et al., 2022). In the present study, the Cronbach's alphas indicated good reliability for the full scale ($\alpha = 0.86$). It was acceptable for the four-item Kindness for Others subscale ($\alpha = 0.76$) and the four-item Mindfulness and (non) Indifference (both $\alpha = 0.70$) subscales, with a weak value for the four-item Common Humanity subscale ($\alpha = 0.51$).

A total of 101 female students of three pedagogy faculties participated in this study. The mean age was 20 (age range: 18–29, *SD* = 1.3) years. The study was approved by the relevant Research Ethics Committee of the University of Białystok as part of extended research. No financial compensation was offered.

STATISTICAL DATA ANALYSIS PROCEDURE

All participants were university students invited to take part thanks to the courtesy of two academic lecturers. The students were instructed on the type and purpose of the research and assured of the confidentiality of any results. For questions, they could email the principal investigator. Then, they were provided access to a study link. First, they voluntarily provided informed consent with the possibility to withdraw at any time. Those who did not agree, were thanked sincerely. Those who proceeded, provided demographic data and then completed the MentS and CS-R-PL questionnaires (and other measures not included here). IBM's SPSS was used for descriptive statistics and correlation analyses, where coefficients below 0.30 were considered weak, 0.31 to 0.59 – moderate, and above 0.60 – strong (Akoglu, 2018).

RESULTS

Results from the questionnaires demonstrated that the three mentalization aspects, as well as the total score scale, were close to normally distributed, with a platykurtic motivation to mentalize. Scores on the subscale Self-Related Mentalization were lower (M = 3.06, SD = 0.62) compared to all others, including Other-Related Mentalization (M = 3.88, SD = 0.46), Motivation to Mentalize (M = 3.86, SD = 0.50), and Overall Mentalization (M = 3.60, SD = 0.38).

Regarding CFO, scores on both the full scale and the subscale Kindness to Others were close to normally distributed. The common humanity and (non) indifference subcomponents were platykurtic. The score distribution of Mindfulness was leptokurtic, with the highest mean and median observed (M = 4.24, SD = 0.64, Mdn = 4.50). Its results were thus close to the maximum values. The second highest score was obtained on the Kindness to Others subscale (M = 4.13, SD = 0.75, Mdn = 4.25). Regarding all the subscales and the total score, the lowest mean and median were found in the (non) Indifference group (M = 3.87, SD = 0.64, Mdn = 4.00).

The correlation analysis revealed that at the level of overall scores, mentalization was significantly and moderately associated with compassion for others, $r(101) = 0.40$, $p < 0.001$. There were no associations between self-related mentalization and CFO across both subcomponents and the overall score, $r(101) = 0.02$ (nonsignificant).

Motivation to mentalize was correlated with all four CFO subcomponents. This was most correlated with kindness for others, with moderate strength, $r(101) = 0.47$, $p < 0.001$, followed by mindfulness, $r(101) = 0.39$, $p < 0.001$ (moderate), lower with (non) indifference, $r(101) = 0.32$, $p < 0.001$, and the weakest with scores on common humanity, $r(101) = 0.26$, $p < 0.001$ (weak strength). Per mentalization, common humanity was significant only in this single case.

Other-related mentalization was particularly associated with kindness to others, $r(101) = 0.51$, $p < 0.001$, along with mindfulness to a similar degree (moderate), $r(101) = 0.51$, $p < 0.001$, and (weaker) with (non)indifference, $r(101) = 0.35$, $p < 0.001$.

Table 1.
Descriptive statistics

	M	SD	Mdn	Min	Max	Skew	Kurt
Self-Related Mentalization	3.06	0.62	3.13	1.38	4.38	-0.26	-0.14
Other-Related Mentalization	3.88	0.46	3.90	2.80	4.90	0.11	-0.2
Motivation to Mentalize	3.86	0.50	3.90	2.60	4.90	-0.14	-0.42
Overall Mentalization	3.60	0.38	3.58	2.66	4.66	0.11	-0.17
Kindness for Others	4.13	0.75	4.25	2.25	5.00	-0.85	0.03
Common Humanity	4.08	0.68	4.25	2.25	5.00	-0.53	-0.49
Mindfulness	4.24	0.64	4.50	2.00	5.00	-1.02	0.78
(Non) Indifference	3.87	0.77	4.00	2.00	5.00	-0.34	-0.53
Overall Compassion for Others	4.08	0.57	4.13	2.31	5.00	-0.64	0.05

$n = 101$.

Source: Author's own study.

Table 2.
Correlations between mentalization and compassion for others

Variables	Kindness for Others	Common Humanity	Mindfulness	(lack of) Indifference	Compassion for Others
Self-Related Mentalization	0.07	-0.15	0.09	0.05	0.02
Other-Related Mentalization	0.51**	0.19	0.51**	0.35**	0.48**
Motivation to Mentalize	0.47**	0.26**	0.39**	0.32**	0.45**
Overall Mentalization	0.45**	0.11	0.42**	0.31**	0.40**

$n = 101$; * $p < 0.05$; ** $p < 0.01$.

Source: Author's own study.

DISCUSSION

The aim of this study was to investigate the relationship between mentalization and CFO (compassion for others). The three-aspect mentalization model by

Dimitrijević et al. (2017) and the four-component model of CFO by Pommier et al. (2020) were tested in the female group. As predicted, a positive, moderate relationship was found, and this result is significant because earlier research (e.g. Kanske et al., 2016; Lehmann et al., 2022; Preckel et al., 2018) found compassion to be either reduced to an emotional state or omitted, with empathy playing a leading role in mentalization research. However, this did not give consistent results and highlighted the affective nature of mentalizing. It is certainly more complex than that (e.g. Bateman et al., 2023; Kandel, 2024), and it is hard to imagine that whether in psychotherapy or daily, people reflect on others' intentions completely without compassion. And unlike previous studies (e.g. Preckel et al., 2018), where the emphasis was on the self-regulatory potential of compassion, in this research I selected two approaches that went further and included the interpersonal side.

Moreover, the compassion model for others allowed for an initial examination of affective, cognitive, and behavioural potentials (e.g. Khoury, 2019). Affective (kindness for others) and cognitive (mindfulness) abilities were crucial in the relationship of mentalization and CFO. As assumed, the component common humanity, although on the one hand cognitive and on the other, potentially behavioural, seemed to play only a secondary role.

Also, as expected, specific relationships were noted per two dimensions of mentalization: other-related mentalization and motivation for mentalization. Mentalization of oneself did not matter. Previous works (Dimitrijević, 2017; Jańczak, 2021; Bateman et al., 2023) and the present study showed this aspect requires further attention. In the future, different methods to study self-related mentalization in communities should be considered, but what appeared new, was the importance of motivation for mentalization in relation to compassion. Of course, mentalizing others was also significant, but a bit less so. Earlier models of ToM-based mentalization (e.g. Dunbar, 2014; Kandel, 2024; Lehmann et al., 2022) emphasized the importance of intentionality. The present study added value in terms of personal characteristics. If they were known, it would be possible to better define both personal deficits and progression in mentalization (e.g. after training or in psychotherapy). Now it seems that individual compassion levels might also be a point of reference. This was certainly the case in the present female group, which was not tested before. Were the type of examination (self-reports) (cf. Dimitrijević, 2017; Jańczak, 2021), age (Fopka-Kowalczyk et al., 2022), profile (pedagogy students), and gender of the respondents, crucial? Only further research can accurately answer this. Perhaps the observed pattern illustrated the default (basic) mode of mentalization and compassion in young women. In their case, compassion possibly turns off the mentalization of oneself, promoting thinking about others in accordance with the evolutionary-cultural prototype summarized in "women are compassionate to others". This has ap-

peared mainly due to kindness (non-judgmental affect and care) and mindfulness (sensitive cognition to what is happening in others). Women, as demonstrated, had a special motivation to do so. Studies of women varying in age, as well as of men, especially in real-world scenarios, would help determine if (and why) this is a gender or age phenomenon, or whether expectations or cultural imperatives figure in, which do not always manifest themselves in reality. If the use of questionnaires can lead to self-presentation bias, combining future research with other methods might be crucial. But my results may also suggest that mentalization makes it easier to differentiate compassion towards others. If compassion were simply an automatic-only response, it would not be adaptive. This could put women at risk of exploitation. Perhaps the motivation to mentalize favours a more accurate assessment of whom to compassionate with. This leads to practical applications. Especially for students of pedagogy, educators, teachers, carers, CFO is essential when working with people varying at age, in relationships that sometimes are asymmetrical, developmentally crucial, or challenging. As an interpersonal asset, along with mentalizing, CFO can streamline educational processes, for the benefit of both parties involved. Not only in this particular context, these are valuable traits that are worth developing. At the same time, relinquishments or deficiencies in the CFO subcomponents, in light of the changing dynamics of mentalization potential and deteriorating relationships, can be a signal that requires attention, in emotionally charged situations or symptoms of burnout. From this perspective, the results of the research are useful for education professionals and supervisors.

Granted, it did not appear that the two tools used in this study actually captured one and the same construct. First, the magnitude of the overall correlation was moderate. The individual relationships between the two constructs were different. Only neuroscientific investigation combined with the measurement of actual behaviour could draw a better line between the emotional, cognitive, and behavioural aspects of mentalization and compassion. Nevertheless, the obtained results are promising in the area of CFO and lack of compassion in mentalization in different research groups. It is now more obvious that a socially desirable trait – CFO – cannot develop without mentalizing abilities.

CONCLUSION

Research has preliminary demonstrated that mentalization and CFO are positively related. The greater the mentalization of others and the motivation to mentalize, the stronger the CFO. It is these two aspects of mentalizing that are primarily related to the affective and cognitive potential of compassion for others – kindness and mindfulness. Overall, developed over millions of years of evolution, mental-

ization and compassion likely have different locations in the brain, as ToM-based models have confirmed. However, recent results suggest that together, mentalization and CFO can protect against social exploitation by mindfully differentiating people's intentions.

STUDY LIMITATIONS

This study had limitations. I could not determine cause-and-effect relationships. Only explicit aspects of mentalization were studied. A meta-analysis by Kivity et al. (2024) recommended the use of implicit measures. This would shed more light on the proposed interpretations and perhaps eliminate self-presentation bias (cf. Kanske et al., 2016). In addition to self-reports, mentalization and CFO should be tested through measurements of real behaviour and brain research accompanied by implicit measures.

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ZWIĄZKI POMIĘDZY ASPEKTAMI MENTALIZACJI I PODSKŁADNIKAMI WSPÓŁCZUCIA DLA INNYCH W GRUPIE KOBIET

Wprowadzenie: Mentalizacja i współczucie dla innych są definiowane i badane na wiele sposobów w psychologii. Niezbędne dla funkcjonowania intra- i interpersonalnego oraz kluczowe dla psychoterapii, dotąd nie były jednak badane łącznie w szerokim ujęciu.
Cel badań: Celem badania było sprawdzenie związku między mentalizacją a współczuciem dla innych w grupie kobiet (n = 101).
Metoda badań: Związki między mentalizacją a współczuciem dla innych mierzono metodą samoopisu, wykorzystując polską wersję Skali Mentalizacji (MentS) autorstwa Jańczak oraz skalę CS-R-PL autorstwa Fopki-Kowalczyk i in.
Wyniki: Mentalizacja i współczucie dla innych były pozytywnie skorelowane. Najsilniejszy związek stwierdzono między mentalizowaniem innych i motywacją do mentalizacji a życzliwością i uważnością wobec innych. Zmniejszona obojętność, kolejny składnik współczucia, w mniejszym stopniu korelował z tymi dwoma aspektami mentalizacji. Podskładnik wspólnego człowieczeństwa korelował jedynie z motywacją do mentalizacji. Związek między aspektem mentalizacji siebie był nieistotny względem wszystkich podskładników współczucia dla innych.

Wnioski: Badanie wykazało, że im większe nasilenie mentalizowania innych i motywacji do mentalizowania, tym silniejsze było współczucie dla innych. To te dwa aspekty mentalizowania wiążą się przede wszystkim z potencjałem afektywnym i poznawczym współczucia dla innych – życzliwością i uważnością. Taki sposób funkcjonowania jest społecznie pożądany, gdyż może chronić przed automatycznym współczuciem dla innych przebiegającym bez różnicowania cudzych intencji.

Słowa kluczowe: mentalizacja, współczucie dla innych, motywacja do mentalizacji, mentalizacja siebie i innych, grupa niekliniczna

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