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Dimensions of personality organisation, mentalisation and evaluation of life and romantic relationship satisfaction

Wymiary organizacji osobowości oraz mentalizacja a ocena satysfakcji z życia i związku romantycznego

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Abstract

Introduction and objective: The Kernberg's concept on the levels of personality organisation enables us to understand, on the one hand, the pathomechanism of personality disorders necessary for case conceptualisation in psychotherapy and, on the other hand, to predict individuals' everyday functioning in interpersonal relationships and the experienced life satisfaction. In this study, we inquire whether dimensions of pathological personality structure are associated with negative evaluations of life satisfaction and interpersonal relationships. Additionally, we explored whether these relationships are modified by impaired mentalisation (as a mediator) and clinical group membership (as a moderator). **Materials and methods:** The study involved 88 participants (71 women) from both clinical ($n = 45$) and non-clinical groups, aged between 20 to 69 years (mean, $M = 31.39$; standard deviation, $SD = 11.38$). The participants completed the Kernberg's Inventory of Personality Organization (IPO), the Relationship Assessment Scale (RAS), the Satisfaction With Life Scale (SWLS), and the Mentalization Questionnaire (MZQ). **Results:** The results indicate that higher intensity of all dimensions of personality pathology (identity, defence mechanisms, aggression, reality testing, and moral functioning) is significantly associated with lower life satisfaction (rho = from −0.49 to −0.32) and greater difficulties in mentalisation (rho = 0.72 to 0.56). Increased intensity of defence mechanisms is also related to lower romantic relationship satisfaction (rho = −0.23). Moderated mediation analyses with 5000 bootstrap samples (where life satisfaction is an dependent variable, dimensions of personality organisation are independent variables, mentalisation disturbance is a mediator, and clinical group membership moderates all relationships) showed that disrupted mentalisation plays a mediating role in explaining life satisfaction and that clinical vs. non-clinical group membership may not moderate these relationships. **Conclusion:** The results help specify the relationships between the characteristics of Kernberg's personality structure dimensions and the evaluation of everyday life satisfaction, suggesting an important role of mentalisation processes as transdiagnostic factors worth addressing in life satisfaction appraisal.

Keywords: level of personality organisation, personality structure, life satisfaction, relationship satisfaction, mentalisation

Streszczenie

Wprowadzenie i cel: Koncepcja poziomów organizacji osobowości Kernberga pozwala zrozumieć patomechanizm zaburzeń osobowości, co jest potrzebne przy konceptualizacji przypadku dla potrzeb psychoterapii, jak również przewidywać funkcjonowanie osób na co dzień w relacjach interpersonalnych oraz w zakresie doświadczanej satysfakcji z życia. W niniejszym badaniu zadano pytanie, czy wymiary patologii struktury osobowości wiążą się z negatywną oceną satysfakcji z życia i z relacji romantycznych, a także czy zaburzenia mentalizacji (jako mediator) oraz przynależność do grupy klinicznej (jako moderator) modyfikują te zależności. **Materiał i metody:** W badaniu wzięło udział 88 osób (71 kobiet) zarówno z grupy klinicznej ($n = 45$), jak i z grupy nieklinicznej w wieku 20–69 lat (średnia, *mean*, $M = 31{,}39$ roku; odchylenie standardowe, *standard deviation*, $SD = 11{,}38$). Osoby wypełniały Inwentarz Organizacji Osobowości Kernberga (Inventory of Personality Organization, IPO), Skalę Satysfakcji ze Związku (Relationship Assessment Scale, RAS), Skalę Satysfakcji z Życia (Satisfaction With Life Scale, SWLS), a także Kwestionariusz Mentalizacji (Mentalization Questionnaire, MZQ). **Wyniki:** Wyniki pokazują,

że im większe nasilenie wszystkich wymiarów patologii osobowości (integracja tożsamości, mechanizmy obronne, natężenie agresji, testowanie rzeczywistości i wartości moralne), tym istotnie niższa satysfakcja z życia (rho = od −0,49 do −0,32) i tym większe trudności w mentalizacji (rho = 0,72 do 0,56). Wyższe nasilenie mechanizmów obronnych jest związane również z niższą satysfakcją ze związku romantycznego (rho = −0,23). Analiza modeli moderowanych mediacji z bootstrapem 5000 (gdzie zmienną wyjaśnianą jest satysfakcja z życia, zmiennymi wyjaśniającymi – poszczególne wymiary organizacji osobowości, mediatorem – zakłócenia w mentalizacji, a moderatorem wszystkich relacji – przynależność do grupy klinicznej) pokazała, że zaburzenia mentalizacji pełnią rolę pośredniczącą w wyjaśnianiu satysfakcji z życia i że przynależność do grupy klinicznej *vs* nieklinicznej może nie moderować tych zależności. **Wnioski:** Wyniki pozwoliły dookreślić związki między właściwościami wymiarów struktury osobowości w koncepcji Kernberga a oceną satysfakcji z życia na co dzień, sugerując znaczącą rolę procesów mentalizacyjnych jako czynników transdiagnostycznych, na które warto oddziaływać w kontekście oceny satysfakcji z życia.

Słowa kluczowe: poziom organizacji osobowości, struktura osobowości, jakość życia, jakość związku, mentalizacja

INTRODUCTION

The concept of personality organisation originates from Kernberg's object relations theory (2004, 2005) and is an essential diagnostic approach in clinical work, supporting both descriptive and explanatory diagnosis (Cierpiałkowska, 2007). The organisation (structure) of personality refers to key dimensions of intrapsychic structure, such as identity, defence mechanisms, object relations, superego, aggression, and reality testing, which are formed based on representations of early childhood experiences and their possible transformations (Caligor et al., 2023). These properties of mental structure act as an interpretive matrix of everyday life events, determining the extent of adaptability in interpersonal relations (including romantic) and in the self domain. Well-differentiated and integrated representations of the self and object enable effective modulation of complex emotions while maintaining the stability of perceptions of the self and others (Caligor et al., 2018). Kernberg's theory inspires modern descriptive models of personality disorders, presenting the concept of a continuum of psychopathology from integrated to severely disturbed personality (e.g. International Classification of Diseases 11th Revision, ICD-11) (Bach and Simonsen, 2021; Nazari et al., 2021). In addition to the levels of personality organisation, the theory proposes tools for clinical practice, such as diagnostic frameworks and protocols for transference-focused psychotherapy (e.g. Clarkin et al., 2022) that have been subjected to empirical validation in studies both in Poland and abroad (e.g. Cierpiałkowska et al., 2012; Jańczak et al., 2023). Recent years have brought significant development of diagnostic tools, such as the Inventory of Personality Organization (IPO) (Clarkin et al., 2001; Izdebska and Pastwa-Wojciechowska, 2013) and the Borderline Personality Inventory (BPI) (Leichsenring, 1999; Soroko et al., 2023), which has accelerated empirical research embedded in Kernberg's theory.

As clinical experience indicates, patients with significant personality structure disorders (borderline level of personality organisation) participate in treatment, feeling trapped in cycles of interpersonal interactions that are the source of their everyday suffering and low satisfaction on a daily basis. As a result of disintegration of mental structures, the inability to tolerate ambivalence in self and other representations hinders reflective attitudes and metacognition, making disrupted mentalisation a potential explanatory factor for the relationship between mental structure and satisfaction in daily functioning. Empirical verification of the thesis on the role of mentalisation in explaining the relationship between mental structure disorders and self-reported satisfaction with life and relationships is the main objective of this article.

Satisfaction with life, as an element of subjective well-being, results from cognitive appraisal of the overall quality of life (Diener et al., 1985; Pavot and Diener, 2008), is stable over time, relatively independent of mood and situational context (cf. Heller et al., 2004). It is related to personality traits, mainly extraversion and emotional stability (Schimmack et al., 2004). Life satisfaction is an important predictor of mental and physical health, as well as achievement in various areas of life, such as work or education. It correlates with measures of mental health, and its intensity can predict future behaviour, including suicide attempts when low (Pavot and Diener, 2008). Life satisfaction can also be understood as a derivative of a certain level of mental health (Pavot and Diener, 2008). For example, research shows that depressive components, such as distress and helplessness, are predictors of low life satisfaction, remaining significant even when other health factors are taken into account (Rissanen et al., 2013). Moreover, individuals diagnosed with psychiatric conditions report lower life satisfaction, and despite its increase during inpatient treatment, most patients rarely reach the level of life satisfaction reported in non-clinical samples (Meule and Voderholzer, 2020). Although personality disorders and difficult childhood experiences are significant predictors of life satisfaction, their importance diminishes when depression components are included (Rissanen et al., 2013). Longitudinal studies in adolescents showed that participants with more borderline symptoms at the age of 12 years showed worse functioning at age 18 years, including life dissatisfaction, compared to peers with fewer symptoms (Wertz et al., 2020). Psychiatric

disorder, for example, arising from long-term psychological distress or a critical life event, may be an essential factor in explaining life satisfaction.

Relationship satisfaction is a subjective evaluation of one's current romantic relationship (Hendrick et al., 1998), reflecting whether the relationship meets relational expectations regardless of how realistic or selfish those expectations are. Personality disorders, borderline in particular, are often analysed in the context of interpersonal problems (e.g. Wright et al., 2022). Research in this area addresses various interpersonal aspects, such as rejection sensitivity and interpersonal instability (Lazarus et al., 2020, 2018), as well as relationship satisfaction as a stabilizing factor in couple functioning (e.g. Bouchard and Sabourin, 2009). Borderline individuals are also noted for a negative way of evaluating or valuing everyday experiences in meaningful romantic relationships, regardless of whether these experiences are positive or negative (e.g. Bhatia et al., 2013). Research shows that higher severity of borderline symptoms is associated with lower relationship satisfaction, even if the severity of borderline symptoms does not exceed the threshold for the categorical clinical diagnosis of the disorder (White and Napoleon, 2021). Similarly, higher severity of personality disorders is associated with lower relationship satisfaction, both in the self-report of the person being studied and his or her spouse (South et al., 2020). Sometimes, relationship satisfaction scores in borderline individuals do not change substantially over time, suggesting a chronic lack of relational satisfaction (Lavner et al., 2015).

Research shows that as in the case of life satisfaction, personality traits and facets of emotional stability and extraversion, especially their negative extremes, i.e. negative affect and detachment, are diagnostically crucial for relationship satisfaction (Bouchard et al., 2009; Decuyper et al., 2018). Thus, both personality and regulation of emotional states are crucial for self-reported life satisfaction. For example, suppression mediates the relationship between extraversion and life satisfaction (the higher the extraversion, the lower the suppression, and the lower the suppression, the higher the life satisfaction), and reappraisal mediates the relationship between emotional stability and life satisfaction (the higher the emotional stability, the greater the tendency for cognitive reappraisal, contributing to higher life satisfaction) (Kobylińska et al., 2022). Although the observed correlations do not account for the severity of personality pathology or the structure or pathological traits, they suggest that the relationships between personality characteristics and self-reported satisfaction should be considered in the broader context of mental regulation, such as mentalising processes.

The ability to mentalise is an imagery (mental) process of recognizing and understanding behaviour based on intentions and emotional experiences, which is based on mental representations of oneself and others and is related to the concept of a mental structure according to Kernberg (Caligor et al., 2018; Jańczak, 2018; Marszał, 2015). One

of the functions of mentalisation is to regulate intrapsychic and interpersonal functioning, thus its disruptions have negative psychological consequences (Jańczak, 2018). Preliminary reports from research in adolescents suggest that mentalisation moderates the relationship between psychopathology (internalising and externalising symptoms) and life satisfaction, indicating its vital role in transdiagnostic interactions that support a higher quality of life (Szabó et al., 2023).

RESEARCH AIMS

The study aimed to verify the assumption that intrapsychic structure properties manifest themselves in lower self-reported life and relationship satisfaction on a daily basis. Consequently, we assumed that disturbed mentalisation processes may be responsible for the above relationship. Since individuals diagnosed with mental disorders have lower life and relationship satisfaction, we considered the possibility that clinical group membership would play a moderating role in the observed relationships. First, the question was whether dimensions of personality organisation (the severity of pathology in these dimensions) are associated with reduced satisfaction with life and romantic relationships, as well as with increased impairment of mentalisation. It was expected that the more intense the disorder in the structural elements of personality, the lower the individuals rated their satisfaction with life and romantic relationships. Based on Kernberg's developmental theory (2005), a strong positive correlation was expected between more severe personality pathology and mentalisation disruption. Secondly, a question was raised about the role of mentalisation in the expected relationship between personality structure properties (dimensions of personality organisation) and life satisfaction, taking into account the clinical group membership factor. It was expected that 1) the severity of mentalisation impairment would act as a mediator between dimensions of personality organisation and life satisfaction, and that 2) clinical group membership would act as a moderator (interacting with the investigated variables). To this end, we planned a study in a correlation-regression model to be implemented in samples from clinical and nonclinical populations.

MATERIALS AND METHODS

Research participants and procedure

The study included 88 adults (71 women) aged 20 to 69 years (mean, $M = 31.39$, standard deviation, $SD = 11.38$) (see more – Tab. 1). Clinical population ($n = 45$), i.e. patients in day treatment for neurotic disorders, patients of a day psychiatric ward, and patients participating in individual therapy at a mental health centre, accounted for more than half of the study group. Patients in the clinical group were treated in a specific county, while those in the

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non-clinical group came from more geographically dispersed regions. The evaluations were conducted on an individual basis using a paper-and-pencil questionnaire method and lasted about 30 minutes. All subjects gave informed consent to participate in the study. The clinical group was significantly older than the non-clinical group (Welsh's t (71.3) = −4.64; $p < 0.001$, $d = 1.01$), had lower relationship satisfaction (Welsh's t (79.3) = 2.42; $p = 0.018$, $d = 0.526$), life satisfaction (Welsh's t (74.1) = 3.96; $p < 0.001$, $d = 0.64$), and poorer defence mechanism functioning, indicating the use of splitting (Welsh's t (85.9) = −2.386; $p = 0.019$, $d = −0.509$).

Variables and tools

Satisfaction With Life Scale (SWLS). The variable was assessed using SWLS (Diener et al., 1985, Polish adaptation – Juczyński, 2012), consisting of five statements relating to various aspects of subjectively assessed well-being, to which the respondent relates on a seven-point scale, where the lowest value is 1 – completely disagree, and the highest is 7 – completely agree (e.g. "In most ways my life is close to my ideal", "The conditions of my life are excellent"). The questionnaire is a reliable tool in Polish and foreign studies (in the present study, Cronbach's α = 0.83).

Relationship Assessment Scale (RAS). Romantic relationship satisfaction was measured using RAS (Hendrick, 1988; Hendrick et al., 1998; Monfort et al., 2014). The scale consists of seven questions directed at people who are in a loving relationship, such as married couples, couples living together, fiancé couples, or dating couples, rated on a 5-point scale, such as "How good is your relationship compared to most?" where the left end of the scale is marked "poor", the middle of the scale is "average", and the right end is "excellent". In Polish and foreign validation studies, the questionnaire presented satisfactory Cronbach's α reliability above 0.81 (Adamczyk et al., 2022; Vaughn et al., 1999), which was excellent in the present study (α = 0.93).

Kernberg's Inventory of Personality Organization (IPO). The IPO (Clarkin et al., 2001, a Polish adaptation by Izdebska and Pastwa-Wojciechowska, 2013) was used to measure the level of personality organisation, precisely the structural dimensions of personality in terms of Kernberg's (2004) object relations theory. The questionnaire consists of 83 statements rated on a 5-point scale (from 1 – never to 5 – always). Calculating the total score by summation yields an index of psychopathology severity (the higher the subscale score, the more severe the disorder). The subscales cover five structural dimensions of personality: the scale of (im)maturity of defence mechanisms (16 items, Cronbach's α = 0.79 in the present study), the scale of degree of (dis)integration of identity (21 items, α = 0.86), the scale of (dis)ability to test reality (20 items, α = 0.89), the scale of intensity of aggression (18 items, α = 0.80) and the scale of moral values (11 items, α = 0.59). All but the shortest of the scales have high reliability.

Mentalization Questionnaire (MZQ). The MZQ (Hausberg et al, 2012, Polish adaptation by Suszek, in preparation),

Total (*N* = 88)	*M* (*SD*)
Age [years]	31.39 (11.4); range 20–69
Clinical	36.7 (12); range: 20–69
Non-clinical	26.4 (8.08); range: 20–59
Feature	*n*
Gender	
Female	71
Male	17
Education	
Vocational	2
Secondary	49
Higher	36
No data	1
Employment	
Working	41
Unemployed	13
Working and studying	10
Student	21
Retired	3
Place of residence	
Large urban	23
Medium urban	44
Small urban	8
Rural	13
Relationship length	
Not more than 2 years	23
2–5 years	21
5–10 years	14
10–15 years	7
More than 15 years	18
Missing data	5
M – mean; *SD* – standard deviation.	

Tab. 1. Characteristics of the study group (N = 88)

consisting of 15 statements divided into four subscales: refusal to reflect on oneself (4 items, Cronbach's α = 0.59), lack of emotional awareness (4 items, α = 0.58), mental equivalence mode (4 items, α = 0.62) and inability to modulate affect (3 items, α = 0.61). Given that the coefficients obtained are questionable, although similar to the results obtained in the study of the Polish adaptation of the questionnaire, and the fact that the reliability of the entire scale is already acceptable (Cronbach's α = 0.835), we used the total score of mentalisation disruption, which is the sum of the scores in these subscales, in the analyses.

Statistical analyses

Statistical analyses were performed in a correlation model, a general linear model using a moderated mediation analysis with a bootstrap of 5000 (which helped reduce the risk of error in the estimates since the study group included only 88 people and the distributions of the variables were not normal in each case) to test the assumed model of the

Variable	*M*	*SD*	Min–Max	Shapiro–Wilk *W*	Shapiro–Wilk *p*
IPO_Defences	40.7	8.49	21–61	0.989	0.654
IPO_Idenity	54.2	12.4	23–86	0.979	0.159
IPO_RealityTesting	37.1	11.4	20–75	0.906	<0.001
IPO_Aggression	28.0	6.89	18–52	0.872	<0.001
IPO_MoralValues	25.3	5.21	15–37	0.981	0.223
SWLS	18.9	6.40	6–31	0.977	0.126
RAS	23.8	7.82	7–35	0.922	<0.001
MZQ	49	9.97	15–64	0.979	0.198
IPO – Inventory of Personality Organization with subscales; ***SD*** – standard deviation; **SWLS** – Satisfaction with Life Scale; **MZQ** – Mentalization Questionnaire.					

Tab. 2. Descriptive statistics for the study variables

Variable	IPO_Defences	IPO_Idenity	IPO_RealityTesting	IPO_Aggression	IPO_MoralValues
IPO_Idenity	0.688***	–			
IPO_RealityTesting	0.537***	0.620***	–		
IPO_Aggression	0.533***	0.625***	0.521***	–	
IPO_MoralValues	0.524***	0.553***	0.584***	0.525***	–
SWLS	−0.440***	−0.489***	−0.411***	−0.409***	−0.315**
RAS	−0.230*	−0.122	−0.141	−0.073	−0.022
MZQ	0.645***	0.717***	0.606***	0.563***	0.572***
IPO – Inventory of Personality Organization with subscales; **SWLS** – Satisfaction With Life Scale; **MZQ** – Mentalization Questionnaire. * *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001.					

Tab. 3. Intercorrelations between IPO subscales and associations of IPO subscales with life satisfaction, relationship satisfaction and mentalisation disorders

relationship between the variables. For the analyses, variables were scaled, and confidence intervals were determined using the standard Delta method (Gallucci, 2020). Analyses were performed using the Jamovi program (ver. 2.3.21). Descriptive statistics for the variables studied are presented in Tab. 2.

RESULTS

We expected that the higher the severity of personality pathology in all dimensions, the greater the impairment of mentalisation, and the lower the satisfaction with life and romantic relationships. To this end, we performed correlation analysis using Spearman's rho (Tab. 3).

The observed correlations indicate that the greater the severity of all dimensions of personality pathology (identity, defence mechanisms, aggression, reality testing and moral functioning), the significantly lower life satisfaction (from rho = −0. 489 for the identity subdimension, at *p* < 0.001 to rho = −0.315 for the moral subdimension, at *p* < 0.01) and the greater the difficulty in mentalising (from rho = 0.717 for the identity subdimension to 0.563 for the aggression subdimension, at *p* < 0.001). Higher intensity of defence mechanisms is also associated with lower relationship satisfaction (rho = −0.230, *p* < 0.05).

Five models were created in order to answer the question on the role of mentalisation in the observed relationship between personality structure characteristics and life satisfaction, and taking into account the factor of clinical group membership. In the models, the explained variable is life satisfaction, the explanatory variable is the individual dimension of personality organisation, the mediator is disruption mentalisation, and the moderator of all relationships is clinical group membership (Fig. 1). Alternative hypotheses about the mediating role of disruption in mentalisation were accepted for each dimension of personality organisation (Tab. 4), and the hypothesis about the moderating role of group membership was rejected (Tab. 5). An analogous model was also tested for the explained variable "relationship satisfaction", but it did not prove significant, and due to limited space, the details are not reported here.

The results indicate that impaired mentalisation plays an important role in the link between identity disorders and perceived life satisfaction (Tab. 4, Fig. 2). Mediation analysis showed no statistically significant relationship between dimensions of personality organisation (IPO) and life satisfaction (SWLS), but it found a relationship mediated by the level of mentalisation disruption (MZQ). In general, the greater the impairment on all dimensions of personality organisation, the higher the impairment in mentalisation, and the higher the impairment in mentalisation, the lower the life satisfaction. A similar pattern of relationships was observed for each model in which the explanatory variable was an individual dimension of personality organisation. For example, mediation analysis showed no statistically significant relationship (β = −0.24; *p* = 0.072) between identity disturbance (IPO_Identity) and life satisfaction (SWLS), while there was a mediation effect of impaired mentalisation (MZQ) (β = −0.22; *p* = 0.037; 68% mediation). The higher the identity disturbance (IPO_Identity), the

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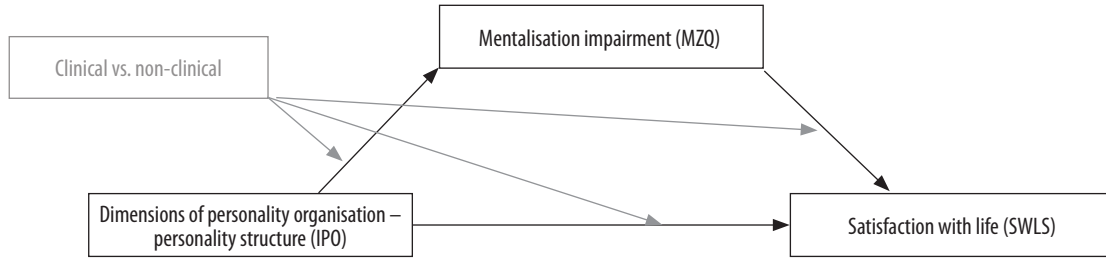
IPO – Inventory of Personality Organization; MZQ – Mentalization Questionnaire; SWLS – Satisfaction With Life Scale.

Fig. 1 Model of the relationship between dimensions of personality organisation (IPO) and life satisfaction (SWLS), accounting for the mediating role of mentalising impairments (MZQ) and the moderating effect of clinical or non-clinical group membeship

Type	Effect	Estimator	SE	95% CI lower	95% CI upper	β	z	p
IPO_Identity								
Indirect	IPO_Identity ⇒ MZQ ⇒ SWLS	−1.3568	0.6489	−2.629	−0.0851	−0.2170	−2.091	0.037
Component	IPO_Identity ⇒ MZQ	7.5739	0.7093	6.184	8.9642	0.7736	10.678	<0.001
	MZQ ⇒ SWLS	−0.1791	0.0840	−0.344	−0.0145	−0.2805	−2.132	0.033
Direct	IPO_Identity ⇒ SWLS	−1.4967	0.8312	−3.126	0.1324	−0.2393	−1.801	0.072
Total	IPO_Identity ⇒ SWLS	−3.0605	0.5740	−4.185	−1.9355	−0.4695	−5.332	<0.001
IPO_Defences								
Indirect	IPO_Defences ⇒ MZQ ⇒ SWLS	−0.1954	0.0593	−0.3117	−0.0791	−0.2620	−3.293	<0.001
Component	IPO_Defences ⇒ MZQ	0.0760	0.0107	0.0549	0.0970	0.6484	7.080	<0.001
	MZQ ⇒ SWLS	−2.5721	0.6915	−3.9275	−1.2167	−0.4041	−3.719	<0.001
Direct	IPO_Defences ⇒ SWLS	−0.0953	0.0846	−0.2612	0.0706	−0.1278	−1.126	0.260
Total	IPO_Defences ⇒ SWLS	−0.2969	0.0725	−0.4389	−0.1549	−0.3866	−4.098	<0.001
IPO_RealityTesting								
Indirect	IPO_RealityTesting ⇒ MZQ ⇒ SWLS	−0.1351	0.04074	−0.2150	−0.0553	−0.2479	−3.316	<0.001
Component	IPO_RealityTesting ⇒ MZQ	0.0522	0.00779	0.0370	0.0675	0.6003	6.701	<0.001
	MZQ ⇒ SWLS	−2.5870	0.67790	−3.9156	−1.2583	−0.4129	−3.816	<0.001
Direct	IPO_RealityTesting ⇒ SWLS	−0.0446	0.05881	−0.1598	0.0707	−0.0817	−0.758	0.449
Total	IPO_RealityTesting ⇒ SWLS	−0.1838	0.05292	−0.2875	−0.0801	−0.3225	−3.473	<0.001
IPO_Aggression								
Indirect	IPO_Aggression ⇒ MZQ ⇒ SWLS	−0.1948	0.0651	−0.3223	−0.0673	−0.2235	−2.994	0.003
Component	IPO_Aggression ⇒ MZQ	0.0887	0.0126	0.0640	0.1135	0.6201	7.026	<0.001
	MZQ ⇒ SWLS	−2.1949	0.6633	−3.4950	−0.8949	−0.3604	−3.309	<0.001
Direct	IPO_Aggression ⇒ SWLS	−0.1345	0.0947	−0.3201	0.0511	−0.1544	−1.421	0.155
Total	IPO_Aggression ⇒ SWLS	−0.3027	0.0837	−0.4669	−0.1386	−0.3328	−3.615	<0.001
IPO_MoralValues								
Indirect	IPO_MoralValues ⇒ MZQ ⇒ SWLS	−0.2775	0.0850	−0.4442	−0.1109	−0.2403	−3.264	0.001
Component	IPO_MoralValues ⇒ MZQ	0.1095	0.0167	0.0768	0.1422	0.5892	6.570	<0.001
	MZQ ⇒ SWLS	−2.5343	0.6739	−3.8551	−1.2134	−0.4079	−3.761	<0.001
Direct	IPO_MoralValues ⇒ SWLS	−0.0788	0.1247	−0.3232	0.1656	−0.0682	−0.632	0.527
Total	IPO_MoralValues ⇒ SWLS	−0.3239	0.1143	−0.5479	−0.0999	−0.2691	−2.834	0.005

95% CI – 95% confidence interval; **β** – standardised estimator; **IPO** – Inventory of Personality Organization with subscales; **SWLS** – Satisfaction With Life Scale; **MZQ** – Mentalization Questionnaire; *SE* – standard error; *z* – test of the statistical significance of a given path.

Tab. 4. Mediation analysis results for the mediating effect of impaired mentalisation in the relationship between identity dimension and life satisfaction (averaged for both groups, clinical and non-clinical)

Interaction	Estimator	SE	95% CI lower	95% CI upper	β	z	p
IPO_Identity							
IPO_Identity: clinical/non-clinical ⇒ MZQ	1.036	1.419	−1.744	3.8166	0.0527	0.730	0.465
IPO_ Identity: clinical/non-clinical ⇒ SWLS	0.317	1.662	−2.941	3.5754	0.0253	0.191	0.849
Clinical/non-clinical: MZQ ⇒ SWLS	−0.305	0.168	−0.635	0.0241	−1.0717	−1.817	0.069
IPO_Defences							
IPO_Defences ⇒ MZQ	0.00351	0.0215	−0.0385	0.0456	0.0144	0.163	0.870
IPO_Defences ⇒ SWLS	−0.14565	0.1693	−0.4774	0.1861	−0.0938	−0.860	0.390
MZQ ⇒ SWLS	−1.81924	1.3831	−4.5300	0.8915	−0.1416	−1.315	0.188
IPO_RealityTesting							
IPO_RealityTesting ⇒ MZQ	0.00108	0.0156	−0.0295	0.0316	0.00620	0.0696	0.945
IPO_RealityTesting ⇒ SWLS	−0.17868	0.1176	−0.4092	0.0519	−0.16287	−1.5191	0.129
MZQ ⇒ SWLS	−0.57288	1.3558	−3.2302	2.0844	−0.04531	−0.4225	0.673
IPO_Aggression							
IPO_Aggression ⇒ MZQ	−0.0161	0.0253	−0.0656	0.0334	−0.0558	−0.637	0.524
IPO_Aggression ⇒ SWLS	−0.2402	0.1894	−0.6113	0.1310	−0.1366	−1.268	0.205
MZQ ⇒ SWLS	−1.3043	1.3266	−3.9044	1.2958	−0.1056	−0.983	0.326
IPO_MoralValues							
IPO_MoralValues ⇒ MZQ	0.00817	0.0333	−0.0572	0.0735	0.0219	0.245	0.806
IPO_MoralValues ⇒ SWLS	−0.28043	0.2494	−0.7692	0.2083	−0.1207	−1.125	0.261
MZQ ⇒ SWLS	−1.05862	1.3478	−3.7003	1.5830	−0.0843	−0.785	0.432
95% CI – 95% confidence interval; **β** – standardised estimator; **IPO** – Inventory of Personality Organization with subscales; **SWLS** – Satisfaction With Life Scale; **MZQ** – Mentalization Questionnaire; **z** – test of the statistical significance of a given path.							

Tab. 5. Moderator interaction effects – clinical group membership (vs. non-clinical)

higher the mentalisation impairment (MZQ) (strong relationship, $\beta = 0.77$; $p < 0.001$). The higher the mentalisation impairment (MZQ), the lower the satisfaction with life (SWLS) ($\beta = -0.28$; $p = 0.033$). This indicates that the previously found direct relationship (rho $= -0.49$; $p < 0.001$) between identity disorder (IPO_Identity) and life satisfaction (SWLS) when the mediator context is taken into account is lower at $\beta = -0.24$.

The hypothesis of interaction (moderation by the clinical group membership variable) of the determined relationships was not confirmed in any of the dimensions of personality organisation. None of the investigated relationships between variables was statistically significant (Tab. 5). At the same time, it is worth noting that the proportional, but nevertheless low, number of participants in the groups contributes to the fact that the adopted threshold of statistical significance $p < 0.05$ is not sufficient to detect the existing relationship (cf. limitations of the study).

DISCUSSION

The study aimed to verify the assumption that intrapsychic structure characteristics manifest themselves in reduced satisfaction with life and romantic relationships and that impaired mentalisation processes could explain this relationship given the context of clinical or non-clinical group membership.

First, the analysis of pairwise correlations between dimensions of the intrapsychic structure and life satisfaction scores found that the higher the severity of personality pathology in all dimensions (identity, defence mechanisms, aggression, reality testing, and moral functioning), the lower the life satisfaction. The associations are low for the morality sub-dimension and moderate for the other dimensions. Staying in line with reports from other studies (e.g. Meule and Voderholzer, 2020; Wertz et al., 2020), the present results show that not only the categorical diagnosis of personality disorders but also the dimensional assessment of the maturity of mental structure is important for the appraisal of quality of life. In contrast, pairwise correlations between dimensions of psychological structure and ratings of satisfaction with romantic relationship were statistically significant only for the low negative correlation with psychological defences – the more primitive the defences (mainly splitting), the less satisfying the current relationship was. This is consistent with clinical observations that idealisations and devaluations (often oscillating) lead to a sense of uncertainty about the value of the relationship being the basis for a paranoid perception of the relationship, which cannot bring a sense of satisfaction with the relationship (Caligor et al., 2018). At the same time, the lack of correlations between the other dimensions of disturbed personality is puzzling – it is reasonable to expect that, for example, higher identity diffusion should lower relationship satisfaction, favouring sensitivity to rejection. Perhaps paying attention to the semantic domain of "relationship satisfaction" (as a generalised assessment) and the self-reported way of measuring it is crucial here. Research on the
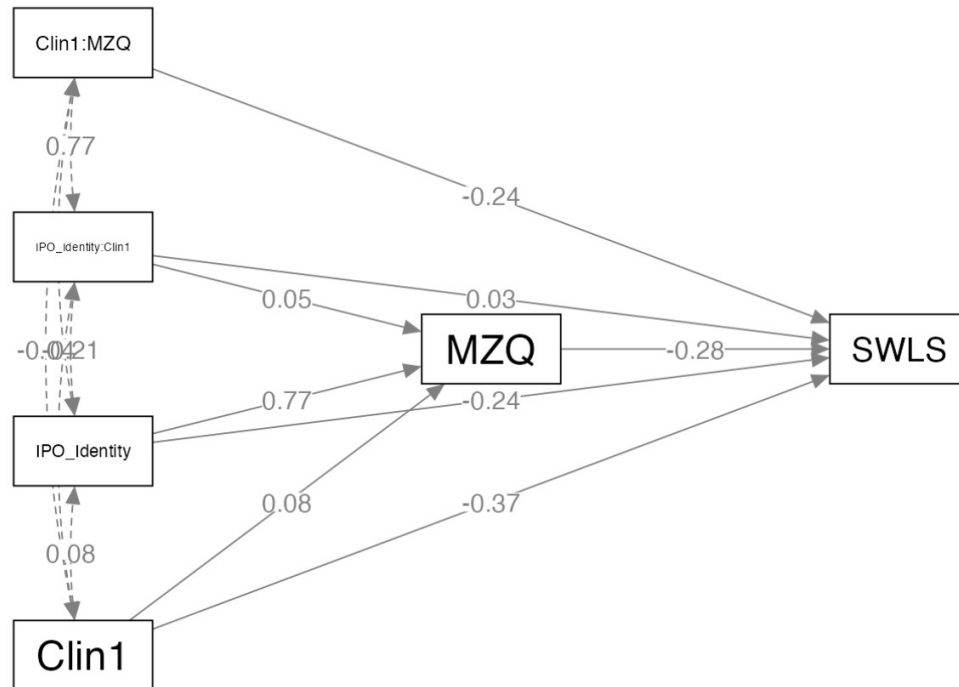
Clin1 – clinical vs. non-clinical group; **IPO** – Inventory of Personality Organization; **IPO_Identity** – IPO Kernberg Personality Organization Inventory, dimension "Identity"; **MZQ** – Mentalization Questionnaire; **SWLS** – Satisfaction With Life Scale. Lines with arrows describe standardised β coefficients.

Fig. 2. Path diagram in the exemplary model, where the identity disorder dimension is an explanatory variable (standardised β coefficients)

relational functioning of borderline individuals is usually conducted in the context of relational patterns and relationship quality rather than their overall assessment (cf., e.g. Lavner et al., 2015; Soroko and Cierpiałkowska, 2018). Arguably, such an overly general perspective fails to capture the variation in relationship dissatisfaction, which could relate more to the dynamics of everyday relationships in the form of, for example, an oscillation from idealisation to devaluation (cf., e.g. South et al., 2020; Wright et al., 2022).

Associations between all dimensions of personality structure and mentalisation impairments are positive and moderate to high. Problems with identity (identity diffusion), reality testing, and the use of splitting-based defences probably make it impossible for a person who needs to understand themselves and others around in mentalistic terms, to perform the function of connecting the internal with the external (cf. Jańczak, 2018). At this point, the high correlations are an argument for the convergence between the concept of mental structure (as resulting from the object-seeking tendency) and the concept of mentalisation as an ability emerging in the course of development on the basis of the child's attachment to an object (the mother), and then activated in later interpersonal life in the intrapsychic context of the attachment relationship (Marszał, 2015).

Second, the study answered the question on the role of impaired mentalisation in explaining the relationship between dimensions of intrapsychic structure and life/relationship satisfaction. The hypothesis on the mediating role of

mentalisation was confirmed for the relationship between the dimensions of personality organisation and life satisfaction scores. That is, while it is true that life satisfaction scores are reduced by (structural) vulnerability to identity diffusion or the use of primitive defence mechanisms, it is mentalisation impairments that play a role in the extent to which this quality of life will be reduced. Perhaps impaired mentalisation can be understood as a way of realising "in action" regulatory difficulties derived from the lack of integration in the self-image (since one of the functions of mentalisation is to navigate the self) (Jańczak, 2018). In other words, the difficulty in integrating positive and negative aspects in the representation of the self makes the mentalisation function of relating the internal to the situational (mental representations as a key to interpreting external reality) fail, bringing a sense of general life suffering. The interpretation of reality by the so-called mental equivalence mode, which fosters a sense of being wronged or the experience of helplessness in the face of one's own emotions due to poor affect regulation skills can be an example of the "workings" of impaired mentalisation (cf. Hausberg et al., 2012). In this context, the previously found direct relationship between dimensions of personality organisation (e.g. identity disorders) and life satisfaction can be taken as a highly inaccurate description of this regulatory mechanism, as it is only the use ("in action") of mental structures in the process of mentalising specific interpersonal phenomena that are crucial for assessing life satisfaction.

It is also worth bearing in mind that differences in evaluating life satisfaction can be explained either by reference to personality characteristics or situationally (cf. Heller et al., 2004). It is also possible that slightly less difficulty in mentalising (either as an individual difference or as a result of better adjustment of one's evaluation to the situation) may act protectively and promote lower levels of distress and foster a sense of resourcefulness (cf. Rissanen et al., 2013). Psychotherapeutic assistance in developing the ability to mentalise may reduce the chronic lack of relational satisfaction when primitive defence mechanisms are increased, as is sometimes the case for people with borderline difficulties (Lavner et al., 2015). Our dataset did not detect the expected interaction between clinical vs. non-clinical group membership and the variables investigated, although previous findings suggest a significant role of this factor (e.g. Ballespí et al., 2018; Meule and Voderholzer, 2020).

LIMITATIONS AND FUTURE RESEARCH

A general limitation of the study is its cross-sectional nature, prompting caution in making inferences about the role of mentalisation impairments as the cause of reduced life satisfaction. In addition, the study used only self-reporting techniques, which, when studying clinical groups, can be associated with distortions, favouring results that are more similar to non-clinical samples than the actual level of variables measured (Shedler et al., 1993). Mention should be made of the small number of subjects in both the clinical and non-clinical groups, as well as the differences between them in terms of age (significantly older clinical group). We estimated (post hoc) the power of the analysis in the mediation model based on the assumption that α = 0.05, the collected sample was 88 subjects, and the observed effect size $f^2 = 0.36$ (based on a linear regression equation, where the explained variable is the SWLS score, and the explanatory variables are the MZQ and IPO_Identity, for example). The power was 99% for the regression model, but without taking into account the moderating effect of the clinical vs. non-clinical group. With moderated mediation analysis, the accepted statistical significance threshold of $p < 0.05$ is not sufficient to detect likely existing interactions for the moderator (clinical group membership), and the study group should be larger to increase confidence in inferences.

CONCLUSIONS

The obtained results made it possible to specify the relationship between the properties of the dimensions of personality organisation (structure) and the self-reported satisfaction with life, suggesting a significant role of mentalising processes. According to theoretical assumptions, the more severe the personality structure disorder, the lower the life satisfaction score. However, impaired mentalisation is an important variable that explains this relationship for all dimensions of personality organisation. The inability to

mentalise is linked to personality dysfunction. It contributes to lower satisfaction, which can be understood through regulatory processes (lack of integration of self-image and difficulties in understanding oneself and others). Associations between the level of pathology of personality dimensions and ratings of relationship satisfaction were found only in the case of pathological psychological defences negatively related to satisfaction with a romantic relationship. Not enough evidence was found to consider clinical vs. non-clinical group membership as a significant moderator of these relationships. Generally, the results show that in personality disorders (pathological personality organisation), an essential area of assessment and treatment should be the ability to mentalise.

Conflict of interest

The author reports no financial or personal relationships with other individuals or organisations that could adversely affect the content of the publication and claim ownership of this publication.

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