UNIVERSIDADE FERNANDO PESSOA

ESTUDO DA EMPATIA E DA SAÚDE MENTAL POSITIVA NA POPULAÇÃO ADULTA PORTUGUESA

[Study on Empathy and Positive Mental Health Among Portuguese Adults]

Dissertação de Mestrado

[Psicologia Clínica e da Saúde]

Nome do Estudante : Coralie Bolzoni

Orientador(es): Professora Doutora Carla Fonte e Professor Doutor Pedro Cunha

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Coralie Bolzoni

Master's thesis submitted to the Faculty of Human and
Social Sciences of Universidade Fernando Pessoa,
in partial fulfillment of the requirements for the degree
of Master's in Clinical and Health Psychology, under the supervision
of Professor Carla Fonte and Professor Pedro Cunha.

« Il n'en tient qu'à toi de décider de te prendre en main pour devenir maître de ta vie plutôt que de laisser ton ego la contrôler ». (Bourbeau, 2000, p. 17)

"It is up to you to decide to take control of yourself in order to become the master of your life rather than letting your ego control it" (Bourbeau, 2000, p. 17**)**

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Resumo

A empatia e a saúde mental positiva constituem duas dimensões fundamentais do funcionamento psicológico e das relações interpessoais. A empatia é reconhecida como uma competência essencial para a adaptação social e para a qualidade das interações humanas, de acordo com as dimensões da empatia propostas por Davis (1983) : tomada de perspetiva, preocupação empática, desconforto pessoal e fantasia.

A saúde mental positiva é conceptualizada como um construto multidimensional que engloba o bem-estar emocional, social e psicológico, conforme proposto por Keyes (2002). Contudo, as relações entre a empatia e a saúde mental positiva permanecem ainda insuficientemente exploradas na população adulta portuguesa.

O presente estudo teve como objetivo examinar as relações entre as diferentes dimensões da empatia e a saúde mental positiva em adultos portugueses. Foi realizado um estudo transversal com uma amostra de conveniência composta por 724 participantes com idade igual ou superior a 18 anos. Os participantes responderam a um questionário de auto resposta que avaliou as dimensões da empatia através do Interpersonal Reactivity Index (IRI) e os componentes da saúde mental positiva através do Mental Health Continuum–Short Form (MHC-SF).

As análises estatísticas incluíram estatísticas descritivas, correlações de Pearson, regressão linear múltipla, testes *t* para amostras independentes e análises de variância (ANOVA).

Os resultados evidenciaram associações significativas entre várias dimensões da empatia e os componentes da saúde mental positiva. A tomada de perspetiva e a preocupação empática apresentaram associações positivas com o bem-estar emocional, o bem-estar social e o bem-estar psicológico, enquanto o desconforto pessoal revelou associações mais fracas e, em alguns casos, negativas com os indicadores de bem-estar. Foram igualmente observadas diferenças significativas em função de diversas características sociodemográficas, nomeadamente o sexo, a idade, o estatuto parental, a experiência de liderança, o estado civil e o estatuto profissional. Contudo, a maioria dos tamanhos do efeito observados foi de magnitude reduzida a moderada.

Estes resultados sublinham a importância da empatia enquanto recurso psicológico associado à saúde mental positiva. Este estudo contribui para uma melhor compreensão das relações entre as capacidades empáticas e o bem-estar dos adultos portugueses, podendo orientar o desenvolvimento de estratégias de promoção da saúde mental em Portugal. Do ponto de vista da Psicologia Clínica e da Saúde, estes resultados destacam a importância da empatia como um recurso psicológico que promove a adaptação emocional, melhora a qualidade das relações interpessoais e contribui para o bem-estar global.

Palavras-chave : Empatia, Saúde Mental Positiva, Tomada de Perspetiva, Preocupação Empática, Desconforto Pessoal, Fantasia, Bem-Estar Emocional, Bem-Estar Social, Bem-Estar Psicológico.

Abstract

Empathy and Positive Mental Health (PMH) represent two fundamental dimensions of psychological functioning and interpersonal relationships. Empathy is recognized as an essential skill for social adaptation and the quality of human interactions, according to the dimensions of empathy proposed by Davis (1983) : Perspective Taking, Empathic Concern, Personal Distress, and Fantasy.

PMH is conceptualized as a multidimensional construct encompassing Emotional, Social, and Psychological Well-Being, as proposed by Keyes (2002). However, the relationships between empathy and PMH remain insufficiently explored within the Portuguese adult population.

The present study aimed to examine the associations between the different dimensions of empathy and PMH in a sample of Portuguese adults. A cross-sectional study was conducted using a convenience sample of 724 participants aged 18 years and older. Participants completed a self-administered questionnaire assessing the dimensions of empathy using the Interpersonal Reactivity Index (IRI) and the components of PMH using the Mental Health Continuum–Short Form (MHC-SF).

Statistical analyses included descriptive statistics, Pearson correlation analyses, multiple linear regression, independent-samples *t* tests, and analyses of variance (ANOVA).

The results revealed significant associations between several dimensions of empathy and the components of PMH. Perspective taking and empathic concern were positively associated with Emotional, Social and Psychological Well-Being, whereas Personal Distress showed weaker and, in some cases, negative associations with Well-Being indicators. Significant differences were also observed according to several sociodemographic characteristics, including sex, age, parental status, leadership experience, marital status, and occupational status. However, most of the observed effect sizes were small to moderate.

These results highlight the importance of empathy as a psychological resource associated with PMH.

This study contributes to a better understanding of the relationship between empathic capacities and Well-Being among Portuguese adults and may inform the development of mental health promotion strategies in Portugal. From a clinical and health psychology perspective, these results highlight the importance of empathy as a psychological resource that promotes emotional adjustment, enhances the quality of interpersonal relationships, and contributes to Overall Well-Being.

Keywords : Empathy, Positive Mental Health, Perspective Taking, Empathic Concern, Personal Distress, Fantasy, Overall Well-Being, Emotional Well-Being, Social Well-Being, Psychological Well-Being.

Résumé

L'empathie et la santé mentale positive constituent deux dimensions fondamentales du fonctionnement psychologique et des relations interpersonnelles. L'empathie est reconnue comme une compétence essentielle à l'adaptation sociale et à la qualité des interactions humaines selon les dimensions de l'empathie proposées par Davis (1983) : la prise de perspective, la préoccupation empathique, la détresse personnelle et la fantaisie.

La santé mentale positive est conceptualisée comme un construit multidimensionnel englobant le bien-être émotionnel, social et psychologique intégré par Keyes (2002). Toutefois, les liens entre l'empathie et la santé mentale positive demeurent encore insuffisamment explorés au sein de la population adulte portugaise.

La présente étude visait à examiner les relations entre les différentes dimensions de l'empathie et la santé mentale positive chez des adultes portugais. Une étude transversale a été réalisée auprès d'un échantillon composé de 724 participants âgés de 18 ans et plus. Les participants ont répondu à un questionnaire auto-administré évaluant les dimensions de l'empathie avec le Interpersonal Reactivity Index (IRI) ainsi que les composantes de la santé mentale positive avec le Mental Health Continuum–Short Form (MHC-SF).

Les analyses statistiques comprenaient des statistiques descriptives, des corrélations de Pearson, des régressions linéaires multiples, des tests *t* pour échantillons indépendants et des analyses de variance (ANOVA).

Les résultats ont mis en évidence des associations significatives entre plusieurs dimensions de l'empathie et les composantes de la santé mentale positive. La prise de perspective et la préoccupation empathique étaient positivement associées au bien-être émotionnel, social et psychologique , tandis que la détresse personnelle présentait des associations plus faibles et parfois négatives avec les indicateurs de bien-être. Des différences significatives ont également été observées selon certaines caractéristiques sociodémographiques, notamment le sexe, l'âge, le statut parental, l'expérience de leadership, le statut marital et le statut professionnel. Toutefois, la plupart des tailles d'effet observées étaient faibles à modérées. Ces résultats soulignent l'importance de l'empathie comme ressource psychologique associée à la santé mentale positive.

Cette étude contribue à une meilleure compréhension des liens entre les capacités empathiques et le bien-être chez les adultes portugais et peut orienter le développement de stratégies de promotion de la santé mentale au Portugal. Du point de vue de la psychologie clinique et de la santé, ces résultats soulignent l'importance de l'empathie comme ressource psychologique favorisant l'adaptation émotionnelle, la qualité des relations interpersonnelles et le bien-être global.

Mots-clés : Empathie, Santé Mentale Positive, Prise de Perspective, Préoccupation Empathique, Détresse Personnelle, Fantaisie, Bien-Être Émotionnel, Bien-Être Social, Bien-Être Psychologique.

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Introduction

Imagine two individuals standing face to face, as though reflected in a mirror, where the capacity to understand and adopt another person's perspective occupies a central role in psychological, emotional, and social functioning. Empathy is widely recognized as a key determinant of the quality of interpersonal relationships. In contrast, self-empathy is a concept that receives considerably less attention in everyday discourse. Yet, could it not be considered the foundation of self-esteem and the love individuals have for themselves? The ability to recognize and reflect upon our own emotions, to understand how our life experiences shape our patterns of functioning, and to develop a deeper understanding of ourselves may ultimately foster a greater capacity to understand others.

In order to be empathic, it may be argued that individuals must first develop effective listening and communication skills. According to Portelance (1997, p.23) " the issue of communication and the capacity to establish meaningful relationships with others. She emphasizes that the ability to communicate authentically is fundamentally grounded in the ability to relate to others". According to this author, being in a relationship with another person involves the capacity to remain true to oneself, to recognize one's uniqueness in relation to others, and to express oneself authentically. She also highlights the importance of accepting others in their individuality and acknowledging their inherent worth. Such recognition of both difference and the value of the other may foster the development of appropriate and effective empathy.

Empathy can be regarded as a fundamental and universal component of social and psychological adaptation. Consequently, it may act as a protective factor against various vulnerabilities related to Mental Health.

Mental Health is currently recognized as a major public health issue because of its profound impact on both individual Well-Being and interpersonal functioning. Traditionally examined through the perspective of psychopathology, mental health is now increasingly conceptualized within a broader, more integrative, and strengths-based framework known as PMH, encompassing three core dimensions : Emotional, Social and Psychological Well-Being. From this perspective, PMH represents a central construct for understanding individuals' Overall Well-Being. By promoting a positive state of Well-Being, PMH may

enhance individuals' capacity for self-reflection and self-understanding, while also fostering greater openness to understanding others (Keyes, 2005).

As part of the research project entitled "Study on Conflict, Psychopathy, Empathy, and Mental Health in Portuguese Adults : A Cross-Sectional Analysis," the present thesis is embedded within a broader effort to enhance our understanding of the psychological processes underlying human functioning. More specifically, this study focuses on examining the relationship between the different dimensions of empathy and PMH.

This study seeks to understand the factors that enable individuals to build meaningful relationships, find purpose in their lives, and sustain Emotional, Social and Psychological well-being. Empathy thus appears as a meeting point between the inner world of the human being and the relational world that surrounds them. Accordingly, the present research approaches empathy and PMH as dynamic and interrelated processes that play a central role in human functioning and interpersonal interactions.

More specifically, the present study focuses on Portuguese adults aged 18 years and older. Such an approach may contribute to the development of mental health promotion strategies that are tailored to the Portuguese cultural and societal context.

The first chapter will present the theoretical and conceptual framework concerning empathy, positive mental health, and a brief literature review on the relationship between empathy and positive mental health.

In the second chapter, the empirical study will be developed, including the explanation of the methodology, the presentation of the results obtained, the discussion of the findings, and, finally, the conclusion.

Chapter 1 – Theoretical and Conceptual Framework

1. Empathy : Concepts, Theories, and Dimensions

According to Romand (2020), the term empathy originates from the German concept *Einfühlung*, which literally means "feeling into" or "projecting oneself into another person's experience."

One of the early German theorists of empathy, Lipps (1903), introduced the concept of intellectual empathy, defined as the ability to understand another person's words by mentally and emotionally placing oneself in their position.

For example, when an individual recounts a traumatic or distressing event, listeners do not merely process the spoken words; they also attempt to adopt the speaker's perspective in order to comprehend their emotions and lived experience.

Intellectual empathy therefore engages a cognitive dimension in which the individual mentally reconstructs or imagines the narrated situation. From this perspective, Lipps (1903) argued that effective communication occurs when both speaker and listener share a mutual understanding of the experience being conveyed.

According to Decety and Jackson (2004), empathy can be conceptualized as a multidimensional process that integrates affective, cognitive, and regulatory components.

Specifically, empathy involves affective resonance, referring to the capacity to share and respond to another person's emotional state; a cognitive dimension, enabling individuals to represent and understand the mental states of others; and emotion regulation mechanisms, which are necessary for distinguishing one's own emotions from those of others and preventing affective confusion.

Within this framework, empathy is understood as a dynamic process. Decety et al. (2021) further emphasize that the development of empathy depends both on the progressive maturation of neural structures and on early relational experiences, particularly those involving attachment relationships and repeated social interactions.

Regarding the role of brain maturation and early relational experiences, empathy has also been addressed within educational settings through the *Three Figures Game* "*Le Jeu des Trois Figures*", a theatrical activity developed by Tisseron (2011). This intervention aims to foster empathy and prevent violence, particularly in school environments, by encouraging children to successively embody three different roles : the aggressor, the victim, and the third-party observer. Through role-playing and Perspective Taking, children are given the opportunity to explore different viewpoints and develop a deeper understanding of the emotions and experiences of others.

Tisseron (2010) conceptualizes empathy as a three-tiered model represented by a ship composed of three levels. The first level, direct empathy, represented by the hull of the ship, refers to the ability to understand both one's own emotions and those of others. The second level, reciprocal empathy, represented by the deck and passenger cabins, involves recognizing that others possess the same rights and values as oneself. The third level, intersubjective empathy, represented by the ship's funnel, refers to the capacity to accept another person's perspective in order to gain a deeper understanding of oneself.

In clinical psychology practice, Jakovljević (2024) highlights that empathy contributes to the quality of the therapeutic alliance, individuals' emotional regulation, and the ability to establish secure and supportive social relationships.

Furthermore, the mirror neuron system, notably described by Jorland et al. (2006), demonstrates that certain neurons are activated both when an individual performs an action and when they observe another person performing the same action. This mechanism is believed to facilitate the understanding of others' emotions, intentions, and behaviors, thereby promoting empathic processes. For example, when an individual observes someone crying, brain regions associated with sadness may also become activated in the observer. Empathy may therefore be considered an interactive and physiologically spontaneous phenomenon.

Having reviewed several theoretical perspectives and conceptualizations of empathy, it can be argued that empathy is present across numerous aspects of human functioning. Consequently, empathic ability can be regarded as a multidimensional construct.

According to Davis (1983), four dimensions of empathy are particularly relevant and will be examined in the present study. Perspective Taking refers to a cognitive component reflecting the spontaneous tendency to adopt another person's point of view. Empathic

Concern represents an emotional component reflecting the spontaneous tendency to experience feelings of compassion and concern toward individuals undergoing negative experiences. Personal Distress is also an emotional component, reflecting the tendency to experience anxiety, discomfort, or distress when witnessing another person's suffering. It corresponds to self-oriented negative emotional reactions in response to others' distress. Finally, Fantasy is a cognitive component reflecting the spontaneous tendency to identify with fictional characters in novels, films, and other forms of narrative media.

It is possible to consider that these four dimensions highlight the complexity of empathy. This multidimensional approach of empathy shows that cognitive and emotional processes are mobilized and allow one to understand, feel, and react to the experiences of others. These four dimensions allow for a detailed exploration of the underlying mechanisms of empathy, perceived as an essential competence in everyday human relationships.

This recognition of both difference and the significance of the other may foster the development of adaptive empathy, grounded in the capacities for Perspective Taking and Empathic Concern, without leading to Personal Distress, as previously defined.

2. Positive Mental Health : Emotional, Social, and Psychological Well-Being

According to Freeman (2022), Mental Health is defined as a state of Well-Being in which individuals are able to realize their potential, cope with the normal stresses of life, work productively, and contribute to their community. This definition immediately highlights the close relationship between Mental Health and Well-Being by incorporating individual, social, and functional dimensions.

Jahoda (1958) conceptualized Mental Health as an individual and personal reality, centered on each person's psychological functioning and state. She further argued that the criteria defining Mental Health behavior vary according to cultural, social, and historical contexts. This conception emphasizes a positive approach to Mental Health, focusing on individuals' resources and capacities rather than on psychopathology. Jahoda's perspective may also be interpreted as promoting individual responsibility regarding Mental Health. By viewing Mental Health as a personal and individual reality, she highlights the active role individuals can play in maintaining and enhancing their Overall Well-Being, while still acknowledging the influence of environmental, social, and cultural factors.

When examining the concept of Well-Being, two major approaches can be identified in the literature.

Firstly, Diener (1984) proposed the hedonic approach, which considers Well-Being primarily in terms of the pursuit of pleasure and the avoidance of suffering. From this perspective, Well-Being should not be assessed solely through objective criteria such as income, health status, or achievement, but also through individuals' subjective evaluations of their own lives.

Diener (1984) introduced the concept of subjective well-being, which comprises three components : life satisfaction, defined as the individual's overall evaluation of their life; positive affect, referring to the frequency of pleasant emotions; and negative affect, referring to the frequency of unpleasant emotions.

According to Diener (1984), subjective well-being is based on individuals' evaluations of their own lives, particularly their level of life satisfaction, while also taking into account the frequency of positive and negative emotional experiences.

Secondly, according to Ryff (1989), suggested the eudaimonic approach, which argues that Well-Being extends beyond the pursuit of pleasure or happiness. Instead, it emphasizes optimal psychological functioning, autonomy, perceived competence, and the capacity to lead a life that is coherent with one's values and goals.

According to Ryff (1989), personal growth is essential to Psychological Well-Being. She proposes a model consisting of six dimensions : personal growth, which refers to continuous self-development; purpose in life, defined as having a sense of meaning and direction; autonomy, which involves acting in accordance with one's own values and beliefs; environmental mastery, referring to the ability to effectively manage everyday demands and challenges; positive relations with others, characterized by establishing and maintaining satisfying and meaningful relationships; and self-acceptance, which consists of maintaining a positive attitude toward oneself, including acceptance of both strengths and limitations.

Furthermore, Keyes (2002) conceptualized Well-Being as consisting of three interdependent dimensions: Emotional Well-Being, derived from the hedonic tradition, encompassing happiness, positive affect, and life satisfaction; Social Well-Being, derived from the eudaimonic tradition, referring to the quality of social relationships, a sense of

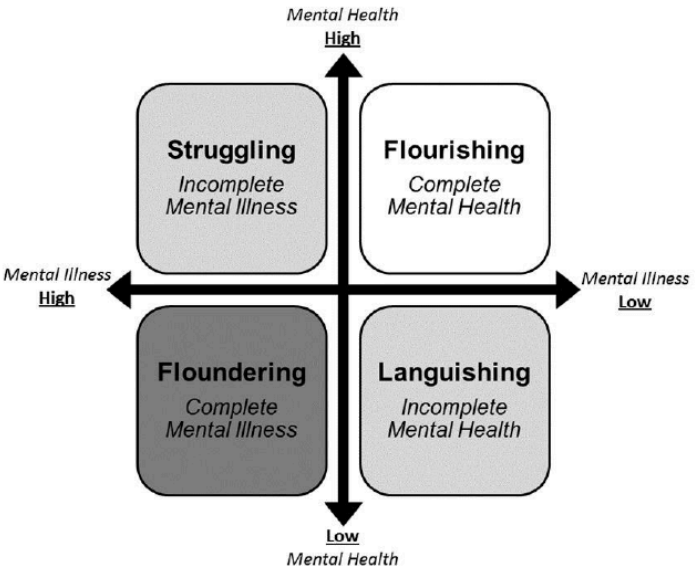
belonging, and active participation within the community; and Psychological Well-Being, also rooted in the eudaimonic tradition, involving feelings of competence, autonomy, coherence between personal values and actions, and a sense of meaning in life.

Moreover, Keyes' (2002) dual-continua model demonstrates that Mental Health and mental illness constitute two distinct yet correlated dimensions that can coexist within the same individual. Emotional, Social, Psychological Well-Being. therefore operate in a dynamic and reciprocal manner. These three dimensions of Well-Being may be regarded as protective factors against psychopathological symptoms and psychological distress.

Later, according to Keyes (2005), four states of Mental Health can be distinguished within the framework of the dual-continuum model, as illustrated below (see Figure 1).

Figure 1

The Dual-Continuum Model of Mental Health and Mental Illness



Note. Reproduced from *"Half Full or Half Empty: The Measurement of Mental Health and Mental Illness in Emerging Australian Adults"*, by E. Teng, A. Venning, H. Winefield, and S. Crabb (2015). *Social Inquiry into Well-Being, 1*(1), 19–33. (https://doi.org/10.13165/SIIW-15-1-1-01). Copyright 2015 by the authors.

Flourishing is characterized by high levels of Emotional, Social, and Psychological Well-Being, accompanied by a low presence of mental health difficulties. Languishing refers to low levels of Well-Being without necessarily presenting symptoms of psychopathology. Struggling is characterized by the presence of certain psychological symptoms while maintaining some well-being resources and positive functioning. Finally, floundering is characterized by significant psychological distress associated with low levels of PMH.

The study conducted by Westerhof and Keyes (2010) examined the relationship between mental illness and PMH among adults aged 18 to 87 years. The authors advocate the dual-continua model, which conceptualizes mental illness and PMH as two related yet distinct dimensions. Their findings indicate that older adults generally report fewer symptoms of mental illness than younger adults. Older individuals also tend to exhibit higher levels of Emotional Well-Being, similar levels of Social Well-Being, and slightly lower levels of Psychological Well-Being compared to younger adults. The authors conclude that an individual may be free from psychological disorders without necessarily experiencing high levels of well-being. Therefore, positive mental health and mental illness should be regarded as two distinct but complementary dimensions.

PMH may thus be understood as being in continuous and complex interaction with individual factors, such as biological and genetic characteristics, health status, life experiences, and personal resources, as well as with social and environmental factors.

With regard to individual factors, life experiences may play a significant role in shaping PMH. According to Bourbeau (2000), all individuals share a common life mission: to go through various life experiences until they learn to accept them and to cultivate self-love through them. From a more positive psychological perspective, the concept of post-traumatic growth, developed by Tedeschi and Calhoun (2004), provides a relevant framework. This concept suggests that certain adverse life experiences may also serve as catalysts for personal and psychological development. Following highly challenging events, such as bereavement, serious illness, accidents, or other significant life experiences, individuals may experience positive psychological changes. Confronting such adversity can encourage reflection on personal beliefs, priorities, and overall perspectives on life.

Regarding social and environmental factors, the study by Loureiro (2022) demonstrates that Psychological Well-Being is strongly influenced by place of residence as

well as by the physical, socioeconomic, and social characteristics of territories. Consequently, the environment surrounding an individual may exert a substantial influence on their Well-Being. Mental illness constitutes one of the leading causes of disability and morbidity worldwide, and territorial contexts may function either as risk factors or as protective factors for population Mental Health.

This same study notably highlights the impact of economic, health, and social crises on the increase in psychological vulnerabilities, contributing to a rise in hospitalizations for mental disorders and suicides. Thus, a strategic assessment of local impacts appears essential in order to promote PMH and reduce inequalities in Emotional, Social, and Psychological Well-Being within communities.

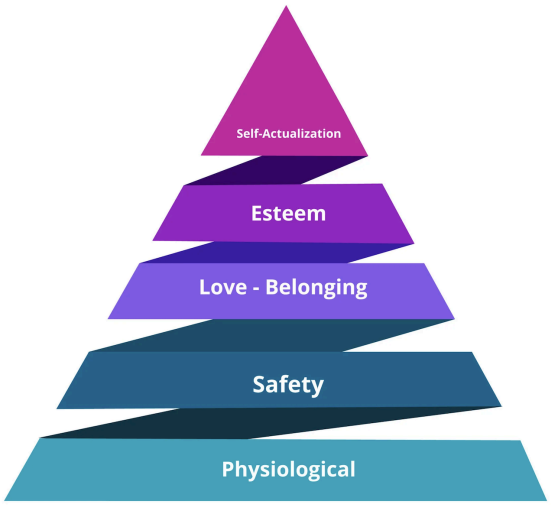
This complex interaction between PMH and individual, social, and environmental factors can be examined through the lens of Maslow's (1943) Hierarchy of Needs Theory. Although the concept of PMH was developed after Maslow's theoretical framework, meaningful connections can be established between the five fundamental needs identified by Maslow and the dimensions of Emotional, Social, and Psychological Well-Being

The progressive fulfillment of these needs appears to promote the development of Overall Well-Being. The relevance of Maslow's theory to PMH will be further supported through the examination of additional contemporary concepts, theories, and empirical studies that contribute to understanding the relationship between human needs and PMH (see Figure 2).

It should be noted that the five needs are organized according to a hierarchical structure, in which each level constitutes a necessary foundation for the satisfaction of the subsequent need.

Figure 2

Maslow's Hierarchy of Needs



Note. Reproduced from *"Self-Actualization in Psychology : Theory, Examples & Characteristics"*, by A. Perera (2026). *Simply Psychology*. (https://www.simplypsychology.org/self-actualization.html). Copyright 2026 by the authors.

The fulfillment of Maslow's physiological needs highlights the importance of quality sleep, a balanced diet, and good physical health as the foundation of the hierarchy of needs. First, the study by Scott et al. (2021) confirms that sleep is a significant determinant of PMH. Improvements in sleep quality are associated with reduced psychological distress and enhanced Emotional and Psychological Well-Being. Furthermore, studies conducted by Deding et al. (2023) and Grajek et al. (2022) identify nutrition as an important determinant of Mental Health. A balanced diet is associated with higher levels of psychological well-being and a reduction in symptoms of anxiety and depression. Finally, regarding physical health, highlights physical activity as a valuable resource for maintaining Mental Health. Regular exercise promotes Emotional Well-Being and reduces psychological stress (Poirel, 2017).

Maslow's sense of safety is consistent with the idea of the importance for the individual of being in a favorable environment. This is supported by Freeman (2022), according to which mental health is influenced by social, economic, and environmental

factors, notably financial security, housing, social relationships, and support from those around the individual.

The importance of Maslow's satisfying social relationships can be linked to the work of Keyes (1998) and Seligman (2011), according to which the feeling of being accepted, supported, and integrated within a group promotes Social Well-Being, strengthens emotional resources, and contributes to the development of high-quality interpersonal relationships. The work of Pearce et al. (2023) demonstrates a significant association between the quality of social relationships and Mental Health. Social support, a sense of belonging, and the quality of interpersonal relationships are associated with better Mental Health. The authors therefore emphasize the protective role of social relationships in maintaining PMH.

The fulfillment of Maslow's esteem needs can first be linked to the eudaimonic approach proposed by Ryff (1989). From this perspective, feelings of competence and recognition from others contribute to strengthening self-image and self-confidence. These factors may therefore play a significant role in promoting PMH. In support of this perspective, contemporary research by Orth et al. (2022) demonstrates that self-esteem constitutes an important determinant of mental health. The authors emphasize that higher levels of self-esteem are associated with better quality of life, improved social functioning, and a reduced risk of developing symptoms of anxiety and depression.

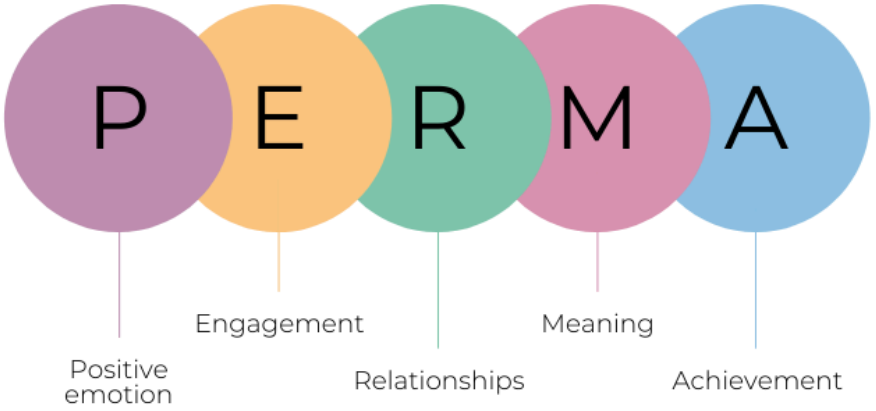
Maslow's concept of self-actualization can also be related to the Self-Determination Theory developed by Deci and Ryan (2000). This theory posits that psychological flourishing is based on the satisfaction of three fundamental psychological needs: autonomy, competence, and relatedness. According to the authors, when these needs are fulfilled, individuals are more likely to experience a sense of personal accomplishment, enhance their Psychological Well-Being, and maintain high levels of PMH.

Thus, Maslow's (1943) hierarchy of needs, when considered alongside contemporary theoretical and empirical contributions, suggests that positive mental health is progressively constructed through the fulfillment of individuals' fundamental needs.

Having examined Maslow's framework, attention can now be directed toward Seligman's (2011) PERMA model, which identifies five central dimensions of Well-Being :

Figure 3

The PERMA model of positive psychology



Note. Reproduced from *"What Is the PERMA Model of Positive Psychology?"*, by P. Brewerton (2021). *Strengthscope*. (https://www.strengthscope.com/podcasts/what-is-the-perma-model-of-positive-psychology). Copyright 2021 by the authors.

Within the field of positive psychology, Seligman (2011) proposed the PERMA model, which aims to explain the primary determinants of well-being and human flourishing. According to the author, this model is based on the ability to cultivate and integrate five essential elements in order to achieve a state of flourishing, personal fulfillment, and optimal functioning.

These five dimensions are considered complementary. Positive emotions (P) refer to the capacity to experience pleasant emotions and positive affect. Engagement (E) involves active involvement in meaningful and satisfying activities. Positive relationships (R) emphasize the importance of developing and maintaining high-quality social connections. Meaning (M) refers to the ability to provide direction, purpose, and value to one's life. Finally, accomplishment (A) reflects the pursuit and attainment of personal goals, accompanied by a sense of achievement and competence.

3. Brief Literature Review on the Relationship Between Empathy Dimensions and Positive Mental Health

When Personal Distress is elevated, this dimension of empathy may lead to feelings of discomfort, anxiety, and emotional overload. The study by Tone and Tully (2014) found that Personal Distress is associated with higher levels of psychological stress, anxiety, and depressive symptoms, suggesting that it may constitute a vulnerability factor for Mental Health.

The study conducted by Sampaio et al. (2020) highlights a significant positive correlation between higher levels of empathy and better Mental Health outcomes. The authors suggest that empathy may function as a protective factor against stress and psychological distress. Conversely, lower levels of empathy are associated with increased vulnerability to anxiety and depressive disorders. These findings support the relevance of considering empathy as a central variable in the study of PMH.

Empathy and Well-Being may also evolve within psychopathological contexts, as demonstrated by the study conducted by Silva et al. (2025). Their research focused on patients diagnosed with psychiatric disorders, including schizophrenia, major depressive disorder, obsessive-compulsive disorder, bipolar disorder, and generalized anxiety disorder. As part of the intervention, a therapeutic garden was implemented within psychiatric care settings. Patients visited the garden two to three times per week and participated in structured activities such as watering plants and gardening. The findings highlight the positive effects of therapeutic gardens as a natural and accessible complementary intervention for the treatment of mental disorders. Participation in these activities was associated with improvements in quality of life, self-empathy, empathy toward others, and Overall Well-Being.

The results demonstrated that participation in the therapeutic garden intervention led to improvements in responsibility, socialization, relaxation, emotional expression, and physical and sensory rehabilitation.

Regarding the role of empathy and PMH in child and adolescent development, the study by Wang et al. (2024) showed that Mental Health education promotes the development of essential socio-emotional competencies, including self-awareness, resilience, and empathy.

Furthermore, the increasing prevalence of digital interactions presents new challenges for both empathy and PMH. The study by Francisco et al. (2023) found that lower levels of online empathy are associated with moral disengagement and cyberbullying. These findings underscore the importance of promoting digital empathy as a means of preserving positive mental health within virtual environments, particularly through preventive interventions targeting younger populations.

The study conducted by Vázquez-Moreno et al. (2025) highlights the central role of the personality trait conscientiousness in the development of empathy among adolescents. This trait is positively associated with both affective and cognitive empathy. Strengthening emotional and behavioral self-regulation skills therefore appears to be a key factor in promoting empathy and PMH.

Indeed, from the earliest stages of life, infants demonstrate an innate predisposition to detect and respond to the emotional states of others. The work of Field et al. (1982) showed that newborns are capable of discriminating between certain basic emotional expressions and, for example, respond to maternal emotional withdrawal through disengagement behaviors. These findings suggest that affective empathy emerges very early in life and constitutes a fundamental component of socio-emotional development.

Similarly, the Still-Face Experiment conducted by Tronick et al. (1978) highlights the importance of empathy in early parent–child interactions. When mothers abruptly cease responding to their infants' social cues and adopt a neutral, expressionless facial expression, infants rapidly display signs of distress. These reactions illustrate the infant's need for attuned and empathic emotional responsiveness from birth. This experiment emphasizes that a caregiver's ability to recognize and respond appropriately to the child's affective states promotes emotional regulation and the development of secure attachment. Consequently, the findings of Tronick et al. (1978) support the notion that empathy is observable from a very early stage of human development and may serve as a protective factor for positive mental health throughout the lifespan.

Regarding the relationship between empathy and PMH in occupational settings, the study by Wilkinson et al. (2017) distinguishes between different forms of empathy and demonstrates that empathic detachment or regulated empathic engagement serves as a

protective factor against burnout. In contrast, the authors report that personal distress increases the risk of occupational exhaustion.

These results are consistent with those reported by Azevedo et al. (2021), who emphasize that empathy and resilience mitigate the impact of occupational stress among helping professionals. Furthermore, the study by Correia et al. (2025) suggests that the development of well-regulated empathy, supported by adequate working conditions, constitutes a major resource for preventing psychological distress and promoting well-being in the workplace.

Chapter 2 – Empirical Study

4. Methodology

This chapter presents the research objectives, followed by a description of the sample, the instruments used for data collection, and the study procedures. The results are then presented, followed by the discussion and conclusion.

4.1 Research Objectives

The present study adopts a quantitative approach and aims primarily to examine the relationship between the dimensions of empathy and PMH within the Portuguese population.

Accordingly, the objectives of this study are :

- To examine the dimensions of empathy using the Interpersonal Reactivity Index (IRI) and their relationships with positive mental health, assessed through the dimensions of Emotional, Social, and Psychological Well-Being measured by the Mental Health Continuum–Short Form (MHC-SF).
- To examine the association of age and the dimensions of empathy and positive mental health.
- To investigate differences in empathy dimensions and positive mental health according to several sociodemographic variables, including : sex, parenthood status, leadership experience, marital status and employment status.

4.2 Participants

It should be noted that the sociodemographic characteristics selected for this study are presented below (see Table 1) in the same order as they will be reported in the results section.

In terms of age, the largest age group consisted of participants aged 18 to 25 years (33.6%), followed by those aged 46 years and older (30.9%), participants aged 26 to 35 years (20.6%), and those aged 36 to 45 years (14.9%).

The sample was predominantly composed of women (68.0%), whereas men accounted for 32.0% of participants.

With respect to parenthood, 61.2% of participants reported having no children, while 38.8% indicated that they had children.

Furthermore, 52.2% reported having held a leadership role at some point in their lives, whereas 47.8% had never occupied such a position.

Regarding marital status, more than half of the participants were single (53.7%), followed by married or cohabiting individuals (37.7%), divorced or separated participants (7.5%), and widowed participants (1.1%).

Finally, regarding employment status, the majority of participants were employed (68.4%), followed by students (18.9%), unemployed individuals (7.0%), and retired participants (5.7%).

Table 1

Sociodemographic Characteristics of the Participants Included in the Present Study (N = 724)

Variable	n	%
Age		
18–25 years	243	33.6
26–35 years	149	20.6
36–45 years	108	14.9
46 years and older	224	30.9
Sex		
Male	232	32.0
Female	492	68.0
Parenthood Status		
Yes	281	38.8
No	443	61.2
Leadership Experience		
Yes	378	52.2
No	346	47.8
Marital Status		
Single	389	53.7
Married/Cohabiting	273	37.7
Divorced/Separated	54	7.5
Widowed	8	1.1
Employment Status		
Unemployed	51	7.0
Employed	495	68.4
Retired	41	5.7
Student	137	18.9

4.3 Instruments

Data were collected using a self-administered questionnaire structured into several sections, including an introduction to the questionnaire and ethical information, followed by sociodemographic questions, the Interpersonal Reactivity Index (IRI), and the Mental Health Continuum–Short Form (MHC-SF).

4.3.1 Introduction to the Questionnaire and Ethical Information

The first section of the questionnaire was designed to introduce the study framework and inform participants about the conditions of their participation. It provided information regarding the research context, the study objectives, and the inclusion criteria, namely being at least 18 years of age, holding Portuguese nationality, and residing in Portugal.

4.3.2 Sociodemographic Information

This section aimed to collect general sociodemographic information about the participants, including in the order of the questionnaire : sex, gender, age, marital status, parenthood status (presence and number of children), educational level, employment status, occupational sector, and leadership experience.

Sociodemographic variables such as gender, educational level, and occupational sector were not included in the present study. The sociodemographic variables considered to be the most relevant with regard to the study objectives and the results obtained were retained, namely : age, sex, parenthood status, leadership experience, marital status, and employment status. These variables will be presented in this order throughout the present study to ensure consistency in the presentation of the results and tables.

4.3.3 Interpersonal Reactivity Index (IRI) – Portuguese Version

The IRI developed by Davis (1983) and adapted for the Portuguese population by Limpo et al. (2010), consists of 24 items rated on a five-point Likert scale ranging from *“Strongly Disagree”* to *“Strongly Agree.”*

Although the multidimensional conceptualization of empathy proposed by Decety and Jackson (2004) has been presented above, the present study relies on Davis's model. The Davis model was selected because the IRI, validated for the Portuguese population by Limpo

et al. (2010), is directly based on this theoretical framework. The four dimensions proposed by the model correspond precisely to those assessed in our questionnaire, making it the most appropriate instrument for achieving the objectives of the present study.

This instrument conceptualizes empathy as a multidimensional construct encompassing four dimensions, previously defined according to Davis (1983) : Perspective Taking, which refers to the ability to spontaneously adopt another person's point of view; Empathic Concern, which refers to the tendency to experience feelings of compassion and concern for others; Personal Distress, which refers to the tendency to experience negative emotional reactions when confronted with the distress of others; and Fantasy, which refers to the tendency to identify with fictional characters in books, films, and other forms of narrative media.

4.3.4 Mental Health Continuum–Short Form (MHC-SF) – Portuguese Version

The MHC-SF developed by Keyes (2005) and adapted for the Portuguese population by Fonte et al. (2020) assesses the three dimensions of PMH : Emotional, Social, and Psychological well-being. The instrument consists of 14 items rated on a six-point frequency scale ranging from *"Never"* to *"Every Day."*

The items are distributed across the three dimensions previously defined by Keyes (2002): Emotional Well-Being, which includes 3 items; Social Well-Being, which includes 5 items; and Psychological Well-Being, which includes 6 items.

Based on Keyes' (2005) dual-continua model, the scale allows individuals to be classified into three levels of PMH : flourishing, which refers to a high level of PMH characterized by elevated levels of Emotional, Social, and Psychological well-being ; moderate Mental Health, which refers to an intermediate state situated between flourishing and languishing, reflecting moderate levels of PMH; and languishing, which refers to a state of moderate psychological malaise characterized by low levels of Emotional, Social, and Psychological well-being, without necessarily meeting the diagnostic criteria for a mental disorder.

4.4 Procedure

This study was conducted within the framework of a research project under the scientific supervision of Professor Carla Fonte and Professor Pedro Cunha, entitled “SCOPE – Study on Conflict, Psychopathy, Empathy, and Mental Health in Portuguese Adults: A Cross-Sectional Analysis” (Estudo sobre Conflito, Psicopatia, Empatia e Saúde Mental em Adultos Portugueses: Uma Análise Transversal). Ethical approval for the project was granted by the Ethics Committee of the Fernando Pessoa University (Reference No. CE: FCHS/PI–768/25).

Participants were recruited online, and the questionnaires used in this study were adapted to a digital format and disseminated via the Internet through a link created using Google Forms. Data was collected between January and March 2026.

The questionnaire was disseminated through multiple recruitment channels. Specifically, it was distributed via social media platforms (Facebook and Instagram), through the researcher's personal and academic networks in Portugal (friends and university contacts), and by email to employees of the maritime shipping company CMA CGM in Portugal.

Informed consent was obtained from all participants. Prior to completing the questionnaire, participants were informed of the following :

"Participation in this study is voluntary, informed, anonymous, and free of charge. Participants may discontinue completion of the questionnaire and withdraw from the study at any time without any negative consequences. All data collected will be treated confidentially and anonymously and will be used exclusively for scientific purposes. Data will be securely stored and will be accessible only to the principal researcher and the project supervisors."

5. Results

The presentation and organization of the results tables were carried out in accordance with the guidelines proposed by Martins (2011) in his manual on quantitative data analysis using IBM SPSS.

Descriptive statistics for all study variables are presented (see Table 2). The results include means, standard deviations, minimum values, and maximum values are reported for the empathy and PMH dimensions.

Table 2

Descriptive Statistics for Empathy and Positive Mental Health Variables

Variable	M	SD	Min	Max
Perspective taking	17.44	3.35	6	29
Empathic concern	17.68	3.28	7	28
Personal distress	10.25	3.65	1	30
Fantasy	14.59	4.45	0	30
Emotional well-being	13.92	3.19	3	18
Social well-being	16.86	5.60	5	30
Psychological well-being	28.29	5.72	6	36

5.1 Relationship Between Empathy Dimensions and Positive Mental Health

The first objective of this study was to examine the dimensions of empathy using the IRI and their relationships with PMH, assessed using the MHC-SF.

To address this objective, a Pearson correlation analysis was conducted (see Table 3).

Table 3

Relationships Between the Dimensions of Empathy and Positive Mental Health

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)
(1)Perspective taking	—						
(2)Empathic concern	.483**	—					
(3)Personal distress	.020	-.026	—				
(4)Fantasy	.322**	.367**	.191**	—			
(5)Emotional well-being	.119**	.080*	-.150**	.014	—		
(6)Social well-being	.131**	.117**	-.148**	.033	.530**	—	
(7)Psychological well-being	.159**	.176**	-.269**	.008	.703**	.530**	—

Note. $p < .05$ (*), $p < .01$ (**).

The results indicate that Perspective Taking was positively correlated with Emotional Well-Being ($r = .119$, $p = .001$), Social Well-Being ($r = .131$, $p < .001$), and Psychological Well-Being ($r = .159$, $p < .001$).

Furthermore, Empathic Concern showed significant positive correlations with Emotional Well-Being ($r = .080$, $p = .031$), Social Well-Being ($r = .117$, $p = .002$), and Psychological Well-Being ($r = .176$, $p < .001$).

In contrast, Personal Distress was negatively correlated with Emotional Well-Being ($r = -.150$, $p < .001$), Social Well-Being ($r = -.148$, $p < .001$), and particularly with Psychological Well-Being ($r = -.269$, $p < .001$).

To examine the association of age and the dimensions of empathy and PMH, Pearson correlation analyses were conducted. Correlation coefficients and significance levels are presented (see Table 4).

As a reminder, the largest age group consisted of participants aged 18 to 25 years (33.6%), followed by participants aged 46 years and older (30.9%), participants aged 26 to 35 years (20.6%), and those aged 36 to 45 years (14.9%).

Table 4

Correlations Between Age, Empathy Dimensions, and Positive Mental Health

Variable	*r* (Age)
Empathy (IRI)	
Perspective Taking	−.117**
Empathic Concern	.046
Personal Distress	−.195***
Fantasy	−.175***
Positive Mental Health (MHC-SF)	
Emotional Well-Being	.136***
Social Well-Being	.132***
Psychological Well-Being	.164***

Note. $p < .05$, ** = $p < .01$, *** = $p < .001$.

The correlations between age, empathy dimensions, and PMH showed that age was negatively correlated with Perspective Taking ($r = -.117$, $p < .01$), Personal Distress ($r = -.195$, $p < .001$), and Fantasy ($r = -.175$, $p < .001$).

Regarding PMH, age was positively correlated with Emotional Well-Being ($r = .136$, $p < .001$), Social Well-Being ($r = .132$, $p < .001$), and Psychological Well-Being ($r = .164$, $p < .001$).

5.2 Differences in Empathy Dimensions and Positive Mental Health According to Sociodemographic Variables

The second objective of this study was to examine differences in empathy dimensions and PMH according to several sociodemographic variables, presented below.

5.2.1 Independent-Samples t-Tests

First, independent-samples t-Tests were conducted to examine differences according to : sex ; parenthood status and leadership experience.

To investigate differences in empathy dimensions and levels of PMH according to sex, an independent-samples t-Test was performed (see Table 5).

As previously noted, the sample was predominantly composed of women (68.0%), whereas men represented (32.0%) of participants.

Table 6

Differences in Empathy Dimensions and Positive Mental Health Levels According to Sex

Variable	Women (*n* = 492) *M (SD)*	Men (*n* = 232) *M (SD)*	*t* (722)
Perspective taking	17.80 (3.28)	16.68 (3.40)	4.25
Empathic concern	18.17 (3.17)	16.66 (3.29)	5.93
Personal distress	10.43 (3.68)	9.85 (3.56)	2.00
Fantasy	15.50 (4.38)	12.66 (3.98)	8.37
Emotional well-being	13.75 (3.28)	14.28 (2.96)	-2.10
Social well-being	16.45 (5.49)	17.72 (5.75)	-2.88
Psychological well-being	28.22 (5.80)	28.42 (5.55)	-0.44

Note. Data are presented as means (*M*) and standard deviations (*SD*). Differences between women and men were examined using independent-samples *t* tests.

The results indicate that women reported significantly higher scores than men on Perspective Taking, $t = 4.25$, Empathic Concern, $t = 5.93$, Personal Distress, $t = 2.00$, and Fantasy, $t = 8.37$.

In contrast, men reported significantly higher levels of Emotional Well-Being, $t = -2.10$, and Social Well-Being, $t = -2.88$.

To examine differences in empathy dimensions and PMH between participants with at least one child and those without children, an independent-samples Student's *t*-test was conducted (see Table 6).

As previously noted, the sample consisted predominantly of non-parents (61.2%), whereas parents represented (38.8%) of the participants.

Table 6

Differences in Empathy Dimensions and Positive Mental Health Between Participants With at Least One Child and Those Without Children

Variable	Parents (n = 281) M (ET)	Without children (n = 443) M (ET)	t (df)
Perspective Taking	17.25, (3.08)	17.56, (3.52)	-1.24 (722)
Empathic Concern	17.86, (3.19)	17.57, (3.34)	1.18 (722)
Personal Distress	9.41, (3.36)	10.78, (3.73)	-5.00 (722)
Fantasy	13.68, (4.04)	15.16, (4.61)	-4.42 (722)
Emotional Well-Being	14.64, (2.84)	13.46, (3.31)	4.91 (722)
Social Well-Being	17.78, (5.52)	16.27, (5.58)	3.58 (722)
Psychological Well-Being	29.69, (5.09)	27.40, (5.92)	5.36 (722)

Note. Data are presented as means (*M*) and standard deviations (*SD*). Differences between participants with at least one child and those without children were examined using independent-samples *t*-Tests. *df* = degrees of freedom.

These results indicate that participants with children reported significantly lower levels of Personal Distress (M = 9.41, SD = 3.36) compared with participants without children (M = 10.78, SD = 3.73), $t(722) = -5.00$.

Furthermore, parents obtained lower scores on Fantasy (M = 13.68, SD = 4.04) than non-parents (M = 15.16, SD = 4.61), $t(722) = -4.42$.

Regarding PMH, participants with children reported significantly higher levels of Emotional and Social Well-Being than participants without children.

Specifically, parents obtained higher scores on Emotional Well-Being (M = 14.64, SD = 2.84) compared with non-parents (M = 13.46, SD = 3.31), $t(722) = 4.91$.

Similarly, the results for Social Well-Being revealed significant differences, with parents reporting higher scores (M = 17.78, SD = 5.52) than non-parents (M = 16.27, SD = 5.58), $t(722) = 3.58$.

The results for Psychological Well-Being also indicated that parents reported significantly higher levels (M = 29.69, SD = 5.09) compared with participants without children (M = 27.40, SD = 5.92), $t(722) = 5.36$.

To examine differences in empathy dimensions and PMH between participants who had previously held a leadership role and those who had never occupied such a position, a comparative analysis using an independent-samples t-Test was conducted (see Table 7).

As previously noted, the sample consisted of (52.2%) of participants with prior leadership experience and (47.8%) of participants without any leadership experience.

Table 7

Differences in Empathy and Positive Mental Health Dimensions According to Leadership Experience

Variable	Group	*n*	*M (SD)*	*t(df)*
Perspective Taking	No	346	17.11 (3.26)	-2.54 (722)
	Yes	378	17.74 (3.41)	
Empathic Concern	No	346	17.40 (3.21)	-2.20 (722)
	Yes	378	17.94 (3.33)	
Personal Distress	No	346	11.03 (3.44)	5.65 (722)
	Yes	378	9.53 (3.69)	
Fantasy	No	346	15.01 (4.47)	2.48 (722)
	Yes	378	14.20 (4.41)	
Emotional Well-Being	No	346	13.71 (3.17)	-1.68 (722)
	Yes	378	14.11 (3.20)	
Social Well-Being	No	346	15.92 (5.41)	-4.35 (722)
	Yes	378	17.71 (5.64)	
Psychological Well-Being	No	346	27.45 (6.11)	-3.81 (722)
	Yes	378	29.05 (5.22)	

Note. Data are presented as means (*M*) and standard deviations (*SD*). Differences between participants with leadership experience and those without leadership experience were examined using independent-samples *t*-Tests. *df* = degrees of freedom.

The results indicate that participants who had previously held a leadership role reported significantly higher levels of Perspective taking, $t(722) = -2.54$, and Empathic Concern, $t(722) = -2.20$.

In contrast, participants without leadership experience reported significantly higher levels of Personal Distress, $t(722) = 5.65$, as well as higher scores on Fantasy, $t(722) = 2.48$.

Furthermore, participants with leadership experience reported significantly higher levels of Social Well-Being, $t(722) = -4.35$, and Psychological Well-Being, $t(722) = -3.81$, compared with participants who had never occupied a leadership role.

5.2.2 One-Way Analysis of Variance (ANOVA)

Second, one-way analyses of variance (ANOVA) were conducted to examine differences in empathy dimensions and PMH according to marital status and employment status.

First, to examine differences in empathy and PMH dimensions according to marital status, a one-way analysis of variance (ANOVA) was performed.

As a reminder, more than half of the participants were single (53.7%), followed by married or cohabiting (37.7%), divorced or separated (7.5%), and widowed (1.1%).

Table 8

Differences in Empathy Dimensions and Positive Mental Health According to Marital Status

Variable	Single	Married/Cohabiting	Divorced/Separated	Widowed	*F*	*p*
	M (SD)	*M (SD)*	*M (SD)*	*M (SD)*		
Perspective Taking	17.68 (3.58)	17.22 (2.92)	16.65 (3.73)	18.63 (2.00)	2.37	.069
Empathic Concern	17.59 (3.45)	17.78 (3.00)	17.67 (3.48)	18.88 (2.64)	0.53	.664
Personal Distress	10.93 (3.75)	9.73 (3.40)	8.50 (2.92)	6.75 (3.11)	13.55	< .001
Fantasy	15.35 (4.76)	13.77 (3.92)	13.35 (3.94)	14.00 (3.07)	8.56	< .001
Emotional Well-Being	13.46 (3.12)	14.63 (3.00)	13.44 (3.86)	14.88 (3.36)	8.10	< .001
Social Well-Being	16.22 (5.41)	17.71 (5.80)	16.80 (5.21)	18.75 (6.65)	4.15	.006
Psychological Well-Being	27.37 (5.77)	29.57 (5.39)	27.98 (6.00)	31.25 (3.06)	8.97	< .001

Note. *M* = mean; *SD* = standard deviation.

Significant Post Hoc comparisons will be reported only for variables with significant ANOVA results.

Games–Howell Post Hoc analyses showed that single participants reported significantly higher levels of Personal Distress than married/cohabiting participants ($p < .001$), divorced/separated participants ($p < .001$), and widowed participants ($p = .006$).

Furthermore, Games–Howell Post Hoc analyses indicated that single participants reported significantly higher levels of Fantasy than married/cohabiting participants ($p < .001$) and divorced/separated participants ($p = .006$). No other pairwise comparisons were statistically significant.

In addition, Games–Howell post hoc analyses revealed that married/cohabiting participants reported significantly higher levels of Emotional Well-Being than single participants ($p < .001$).

No other pairwise comparisons were statistically significant. Tukey HSD post hoc analyses also showed that married/cohabiting participants reported significantly higher levels of Social Well-Being than single participants ($p = .004$). No other pairwise comparisons were statistically significant.

Finally, Tukey HSD post hoc analyses indicated that married/cohabiting participants reported significantly higher levels of Psychological Well-Being than single participants ($p < .001$). No other pairwise comparisons were statistically significant.

To examine differences in empathy dimensions and PMH according to employment status, a one-way analysis of variance (ANOVA) was conducted (see Table 9).

As previously reported, the majority of participants were employed (68.4%), followed by students (18.9%), unemployed individuals (7.0%), and retired participants (5.7%).

Table 9

Differences in Empathy Dimensions and Positive Mental Health Indicators by Employment Status

Variable	Unemployed (*n* = 51) *M (SD)*	Employed (*n* = 495) *M (SD)*	Retired (*n* = 41) *M (SD)*	Students (*n* = 137) *M (SD)*	*F* (3,720)	*p*
Perspective Taking	18.04 (3.38)	17.36 (3.41)	16.27 (2.94)	17.85 (3.16)	2.997	.030
Empathic Concern	18.16 (3.70)	17.65 (3.31)	18.05 (2.40)	17.51 (3.23)	0.664	.574
Personal Distress	11.39 (2.95)	10.12 (3.59)	8.83 (3.83)	10.71 (3.89)	4.735	.003
Fantasy	15.33 (4.58)	14.12 (4.28)	13.95 (3.83)	16.19 (4.81)	8.765	< .001
Emotional Well-Being	12.71 (4.34)	14.14 (3.01)	14.61 (3.35)	13.38 (3.10)	5.263	.001
Social Well-Being	14.86 (6.39)	16.93 (5.64)	19.00 (5.02)	16.70 (5.06)	4.278	.005
Psychological Well-Being	26.08 (7.74)	28.78 (5.32)	29.34 (6.40)	27.00 (5.68)	6.705	< .001

Note. Data are presented as means (*M*) and standard deviations (*SD*). Differences between groups according to occupational status (unemployed, employed, retired, student) were examined using one-way analyses of variance (ANOVA).

The results indicate that students reported the highest mean score on Fantasy (*M* = 16.19, *SD* = 4.81), as well as a relatively high level of Perspective Taking (*M* = 17.85, *SD* = 3.16). In contrast, retired participants reported the lowest mean score for Personal Distress (*M* = 8.83, *SD* = 3.83).

Regarding PMH, retired participants obtained the highest mean scores for both Social Well-Being (*M* = 19.00, *SD* = 5.02) and Psychological Well-Being (*M* = 29.34, *SD* = 6.40).

Employed participants also reported relatively high levels of Psychological Well-Being (*M* = 28.78, *SD* = 5.32) and Social well-being (*M* = 16.93, *SD* = 5.64).

Conversely, unemployed participants obtained the lowest scores for Emotional well-being (*M* = 12.71, *SD* = 4.34) and Psychological Well-Being (*M* = 26.08, *SD* = 7.74).

Finally, students reported moderate levels of Emotional Well-Being (*M* = 13.38, *SD* = 3.10), Social Well-Being (*M* = 16.70, *SD* = 5.06), and Psychological Well-Being (*M* = 27.00, *SD* = 5.68).

Following the significant ANOVA results, Post Hoc comparisons revealed several significant differences according to employment status.

Regarding the empathy dimensions, retirees showed significantly lower Perspective Taking scores than students (*MD* = -1.58; *p* = .040).

For the Personal Distress dimension, unemployed individuals obtained significantly higher scores than retirees (*MD* = 2.56; *p* = .004), whereas retirees showed lower scores than students (*MD* = -1.88; *p* = .019).

For the Fantasy dimension, post hoc comparisons showed that employees (*MD* = -2.07; *p* < .001) and retirees (*MD* = -2.24; *p* = .022) obtained significantly lower scores than students.

Regarding PMH, Post Hoc comparisons showed that unemployed individuals had significantly lower levels of Emotional Well-Being than employees (*MD* = -1.43; 95% *CI* [-2.63, -0.23]; *p* = .012) and retirees (*MD* = -1.90; 95% *CI* [-3.61, -0.20]; *p* = .022).

They also obtained significantly lower Social Well-Being scores than retirees (*MD* = -4.14; 95% *CI* [-7.14, -1.13]; *p* = .002). Finally, their Psychological Well-Being was significantly lower than that of employees (*MD* = -2.70; 95% *CI* [-4.84, -0.56]; *p* = .007) and retirees (*MD* = -3.26; 95% *CI* [-6.32, -0.21]; *p* = .031).

Conversely, employees showed significantly higher Psychological Well-Being scores than students (*MD* = 1.78; 95% *CI* [0.38, 3.19]; *p* = .006).

6. Discussion

The following section provides a discussion of the findings with reference to the objectives of the present study.

Several significant relationships were identified between the dimensions of empathy and PMH.

The results indicate that Perspective Taking was positively correlated with Emotional, Social, and Psychological Well-Being. Although these correlations were relatively weak, they suggest that a greater capacity to understand and adopt another person's perspective is associated with higher levels of PMH (Sampaio et al., 2020).

From this perspective, empathy may be considered a key factor underlying Psychological Well-Being, social cohesion, and the prevention of psychological distress (Keyes, 1998; Sampaio et al., 2020).

Furthermore, Empathic Concern demonstrated significant positive correlations with Emotional, Social, and Psychological Well-Being. These findings suggest that the ability to experience compassion and sensitivity toward others is associated with a more positive self-perception and healthier social relationships, which is consistent with the conclusions reported by Lee et al. (2021).

In contrast, Personal Distress was negatively correlated with Emotional, Social, and Psychological Well-Being. These findings are particularly noteworthy, as they indicate that a tendency to experience personal distress in response to the negative emotions of others is associated with lower levels of PMH. Consequently, Personal Distress appears to function as a vulnerability factor rather than a protective component of empathy. This interpretation is consistent with the findings of Tone and Tully (2014), who reported that Personal Distress is associated with greater psychological vulnerability and an increased risk of internalizing symptoms.

These Data underscore the importance of fostering a regulated and adaptive form of empathy in order to support individuals' PMH and prevent emotional exhaustion.

The results obtained concerning the association of age and the dimensions of empathy and PMH, we found that age was weakly but significantly associated with several dimensions of empathy and PMH.

Age was negatively correlated with Perspective Taking, Personal Distress, and Fantasy, whereas it was positively associated with Emotional, Social, and Psychological Well-Being.

The decrease in Personal Distress with age is consistent with the socioemotional selectivity theory proposed by Carstensen et al. (2003), according to which individuals progressively develop better emotional regulation abilities and place greater importance on positive emotional experiences. Consequently, younger adults may be more likely to experience personal distress when confronted with the suffering of others due to greater emotional reactivity (Carstensen et al., 2003; Charles & Carstensen, 2010). This interpretation is also supported by Vázquez-Moreno et al. (2025), who emphasized that emotional self-regulation abilities continue to develop throughout the lifespan.

The negative correlation between age and Fantasy is also consistent with the findings of Davis and Franzoi (1991), who reported that this dimension is generally higher among adolescents and young adults. Younger individuals may therefore be more likely to identify with fictional characters and engage in imaginary narratives, a phenomenon that may be related to the processes of identity formation and the exploration of interpersonal relationships during youth (Nikolajeva, 2014).

This interpretation is further supported by the fact that the students in our sample reported the highest mean score on the Fantasy dimension, probably due to greater exposure to academic, cultural, and narrative content that promotes imagination and projective capacities (Davis & Franzoi, 1991; Nikolajeva, 2014). Conversely, retired participants reported the lowest mean score on Personal Distress, which may reflect better emotional regulation acquired through life experience and greater emotional stability (Carstensen et al., 2000).

The results revealed significant sex differences in both empathy dimensions and PMH.

The women reported higher scores than men across all dimensions of empathy, including Perspective Taking, Empathic Concern, Personal Distress, and Fantasy.

Regarding the relationship between empathy and PMH among women and men, the studies conducted by Proverbio et al. (2022) and De Carvalho et al. (2022) highlight gender differences in the expression of empathy. Their findings indicate that women generally exhibit higher levels of empathy, particularly affective empathy, as well as greater awareness and perception of their emotional states than men. These results support the hypothesis that women are more likely to mobilize empathic competencies in their social and interpersonal

interactions.

According to the American Psychological Association's Committee on Women in Psychology (2017) and Gruber et al. (2021), the psychology profession is currently predominantly female in many countries. This phenomenon has been described as the *Feminization of Psychology,* characterized by a progressive increase in the representation of women in psychology training programs and professional psychological practice. The authors suggest that this trend may be related to gender socialization processes that place greater value on relational, emotional, and caregiving skills among women, which are frequently associated with helping professions.

It is possible to identify an interesting result regarding the differences observed between women and men. Indeed, women exhibit significantly higher levels of empathy across all the dimensions assessed, whereas men report higher levels of emotional and social well-being.

This result may be perceived as paradoxical if we keep in mind the interpretation of the Personal Distress dimension. Indeed, women also obtain higher scores on this component of empathy; however, the analyses conducted in the present study show that Personal Distress is negatively correlated with well-being.

Thus, this component of the empathic dimensions, namely Personal Distress, could attenuate, or even counterbalance, the beneficial effects generally associated with higher empathy. In other words, a high level of empathy does not, by itself, constitute a protective factor for psychological well-being when it is accompanied by significant emotional distress and difficulty regulating the emotions elicited by the suffering of others.

This interpretation is consistent with the work of Tone and Tully (2014), who emphasize that the positive effects of empathy on well-being largely depend on individuals' ability to regulate their emotional responses. Empathy that is insufficiently regulated may therefore become a source of psychological vulnerability rather than a protective factor.

An alternative perspective on the higher levels of empathy observed among women is that they may contribute to greater engagement in helping professions, which require strong interpersonal skills and empathic responsiveness toward others. In addition, the role of gender socialization should be considered, as helping and caregiving occupations are more

commonly associated with women than with men, as highlighted by Eagly and Wood (2012).

However, women also reported higher levels of Personal Distress. This finding suggests that, although women may be more empathically engaged, they may also be more vulnerable to emotional overload and empathic strain.

The scientific literature indicates that women make greater use of Mental Health services than men, resulting in their overrepresentation among individuals receiving psychotherapy (Weber et al., 2022; Albizu-Garcia et al., 2001).

This difference may be partly explained by gender socialization processes influencing help-seeking behaviors, whereby women are more strongly encouraged to express their emotions and seek professional support, whereas men are often discouraged from doing so (Addis & Mahalik, 2003).

Furthermore, the higher prevalence of anxiety and depressive disorders among women contributes to their increased utilization of psychological and mental health services (Jaeschke et al., 2021).

The higher scores observed among women on the Fantasy dimension may suggest a greater tendency to engage in imaginative processes and to identify with fictional characters. This finding may reflect a stronger interest in narrative and symbolic content. The study by Mar et al. (2006) supports this interpretation by showing that women tend to read more frequently than men. The authors hypothesize that this difference may be partly attributable to educational influences and social norms, as reading is often perceived as an activity more strongly associated with girls than with boys.

Furthermore, regarding PMH, the results indicate that men reported slightly higher levels than women. This finding is consistent with the literature showing that women generally experience higher levels of internalizing symptoms, such as anxiety and depression, which supports the conclusions of Nolen-Hoeksema (2001).

Moreover, a lower propensity among men to seek mental health services may encourage the use of self-medication strategies, including alcohol and drug consumption, as reported by Addis and Mahalik (2003).

According to the studies conducted by Chandra et al. (2016) and the World Health

Organization (2018), addictive disorders are generally more prevalent among men than among women. Men report higher rates of alcohol consumption, tobacco use, illicit substance use, and problematic gambling behaviors (World Health Organization, 2018).

One possible interpretation is that addictive behaviors among men may function as strategies of emotional regulation or compensation aimed at maintaining a certain level of Overall Well-Being. In this context, addictive behaviors may serve as maladaptive coping mechanisms that allow individuals to avoid direct confrontation with psychological distress. As a result, reliance on such compensatory strategies may delay or reduce help-seeking behaviors and access to professional psychological support among men. Gender norms appear to play a central role in this process, as men are more frequently socialized to engage in risk-taking behaviors and to externalize their difficulties through action rather than verbal expression, which is consistent with the findings of Courtenay (2000).

Although fewer men seek psychological consultation, they are often overrepresented in psychiatric inpatient services and are more likely to require intensive forms of treatment. Men frequently present with some of the most severe clinical conditions, including substance-related disorders, psychotic disorders, and high-risk behaviors (Addis & Mahalik, 2003; Jaeschke et al., 2021).

It is important to note that, in most countries, men exhibit significantly higher suicide mortality rates than women, accounting for approximately two to three times more suicide deaths (World Health Organization [WHO], 2014; Turecki & Brent, 2016). Women, in contrast, report higher rates of suicidal ideation and suicide attempts, a phenomenon commonly referred to as the “gender paradox” in suicidology (Canetto & Sakinofsky, 1998; Freeman et al., 2017). Thus, although women are more likely to express psychological distress and engage in suicide attempts, men exhibit higher rates of completed suicide.

Finally, the promotion of PMH remains essential for both women and men. Efforts aimed at reducing the stigma surrounding psychological support and Mental Health care may contribute to normalizing help-seeking behaviors and increasing access to psychological services. For both women and men, societal norms appear to play a significant role in shaping decisions regarding the utilization of psychological care. Consequently, Mental Health promotion initiatives should seek to address these sociocultural barriers in order to encourage timely and appropriate help-seeking behaviors across genders.

Regarding the dimensions of empathy, parents reported significantly lower levels of Personal Distress.

From a psychological perspective, these findings may suggest that the experience of parenthood fosters more effective emotional regulation when confronted with the suffering of others. Indeed, parenting involves managing situations that are often stressful and emotionally demanding, which may, over time, promote the development of emotional resilience. This interpretation is consistent with the work of Eisenberg et al. (2000), who suggested that caregiving experiences contribute to the development of emotional competencies.

The lower Fantasy scores observed among parents may reflect a greater focus on everyday realities and parenting responsibilities, leaving less opportunity for engagement in imaginative processes (Nomaguchi & Milkie, 2020).

On the second time, with regard to PMH, parents reported significantly higher levels of Emotional, Social, and Psychological Well-Being. These findings are consistent with the scientific literature, which suggests that parenthood may be associated with a greater sense of meaning, purpose in life, and existential fulfillment (Nelson et al., 2014).

The parental role may strengthen individuals' sense of purpose, enhance interpersonal relationships, and promote personal growth, thereby contributing to higher levels of Overall Well-Being. According to Cyrulnik (1993), oxytocin plays a role in reducing anxiety, modulating fear responses, and strengthening attachment bonds. This hormone is also thought to facilitate a shift in attention from the self toward others, thereby supporting empathic behaviors and fostering positive social interactions.

These results suggest that a sense of responsibility, affective bonds, and engagement in socially valued roles contribute positively to PMH. However, the effect sizes observed were small to moderate, indicating that parenthood represents only one of several factors that may contribute to explaining individual differences in empathy dimensions and levels of PMH.

To begin with, the results indicate that individuals with leadership experience reported higher levels of Perspective Taking and Empathic Concern.

The higher levels of Perspective Taking observed among these participants may be interpreted in light of Bass's (1985) transformational leadership theory, which emphasizes the importance of understanding others in order to coordinate, motivate, and influence them effectively. These findings are also consistent with the work of Goleman (1995), who highlighted the central role of socio-emotional competencies in effective leadership.

The elevated levels of Empathic concern observed among participants with leadership experience further suggest that they are distinguished not only by cognitive abilities but also by a heightened sensitivity to the Well-Being of others. In this regard, the findings of Wilkinson et al. (2017) differentiate between various forms of empathy and demonstrate that regulated empathic engagement serves as a protective factor against burnout, whereas Personal Distress increases the risk of emotional exhaustion.

The lower levels of Personal Distress observed among participants with prior leadership experience may suggest that these individuals possess more effective emotional regulation abilities, enabling them to cope with potentially stressful situations without becoming overwhelmed by their own emotions. This competency appears particularly relevant in positions of responsibility, where stress management and decision-making require a certain degree of emotional stability (Pavani et al., 2024).

Furthermore, regarding PMH, the higher levels of Social and Psychological Well-Being observed among participants with leadership experience constitute a noteworthy finding. These results suggest that leadership experience may strengthen both perceived self-efficacy and the quality of social relationships. In this regard, the findings of Orth et al. (2022) demonstrate that self-esteem is an important determinant of Mental Health. Having previously undertaken leadership responsibilities may contribute to the development of self-esteem by reinforcing individuals' perceptions of competence, achievement, and personal effectiveness.

The results also show that marital status is associated with certain dimensions of empathy and PMH.

Single participants reported higher levels of Personal Distress and Fantasy, whereas married or cohabiting participants reported significantly higher levels of Emotional, Social, and Psychological Well-Being.

These findings suggest that being in a romantic relationship may constitute a protective factor by promoting social support, emotional regulation, and psychological well-being. A systematic review by Gómez-López et al. (2019)highlighted that satisfying romantic relationships are generally associated with higher levels of emotional, social, and psychological well-being, particularly through emotional support, intimacy, quality of communication, and relationship satisfaction. These factors may promote the development of more effective emotional regulation strategies when facing interpersonal difficulties.

Furthermore, single participants reported higher Fantasy scores, which may be explained by greater autonomy in organizing their leisure time and greater involvement in imaginative activities such as reading, whereas married or cohabiting individuals tend to devote more time to family and domestic responsibilities (Nomaguchi & Milkie, 2020).

The higher levels of well-being observed among married or cohabiting participants may also be interpreted in light of Maslow's (1943) theory, according to which the needs for safety and relational stability constitute essential foundations for individual development and flourishing. This interpretation is consistent with the perspective of the World Health Organization (WHO, 2022), which considers that mental health is influenced by numerous social determinants, including social support, interpersonal relationships, living conditions, and material security.

In contrast, no significant differences were observed for Perspective Taking or Empathic Concern, suggesting that these dimensions of empathy are relatively independent of marital status.

Finally, the observed effects remained small to moderate, indicating that marital status explains only a limited proportion of the observed differences. Other psychosocial factors, such as relationship quality, level of social support, personality characteristics, life experiences, and socioeconomic status, are also likely to influence both empathy and PMH simultaneously.

The results regarding the differences observed in the dimensions of empathy and PMH according to employment status can be discussed.

First, employed participants obtained average scores, suggesting a generally moderate level of empathy. These findings highlight the importance of maintaining emotional balance

in professional settings. Regulated empathic engagement constitutes a protective factor against burnout, whereas high levels of Personal Distress increase the risk of occupational exhaustion (Wilkinson et al., 2017).

With regard to PMH, retired participants reported the highest levels of Well-Being. These findings may be explained by environmental, social, and cultural factors specific to the Portuguese context. Loureiro (2022) emphasized that Psychological Well-Being is strongly influenced by place of residence as well as by the physical, socioeconomic, and social characteristics of the surrounding environment. In addition, Costa et al. (2023) showed that socioeconomic determinants are closely related to health and Well-Being among older adults in Portugal.

Furthermore, a higher level of education is generally associated with better access to material and social resources, greater financial security, as well as improved access to healthcare services. Thus, all of these factors may contribute to higher levels of Well-Being and a better quality of life during aging. Regarding empathy, retired participants obtained lower scores in Perspective Taking and Fantasy than students. This may reflect fewer opportunities to encounter new situations or engage in varied social interactions among older adults.

However, these results should be interpreted with caution, as retired participants represented only 5.7% of the sample. Future research should include a larger proportion of retired individuals in order to explore more deeply issues such as concerns related to aging, loneliness, and death anxiety, all of which are likely to influence Positive Mental Health.

Indeed, recent studies have shown that loneliness is associated with increased psychological distress and anxiety among older adults. Likewise, death anxiety has been associated with lower levels of Psychological Well-Being (Sun et al., 2024; Bharti & Bharti, 2024).

Unemployed participants obtained the lowest scores across all dimensions of Well-Being. These findings may be associated with financial insecurity, loss of social status, as well as a reduced sense of personal usefulness and meaning in life. Unemployment may limit opportunities for social interaction, thereby increasing the risk of social isolation and emotional distress. A meta-analysis conducted by Sterud et al. (2025) confirmed that

unemployment is associated with higher levels of depressive symptoms, anxiety, and psychological distress, whereas re-employment is linked to improvements in Mental Health.

Nevertheless, these findings should be interpreted with caution, as unemployed participants represented only 7% of the sample.

Finally, students reported slightly lower scores in terms of Positive Mental Health than retired and employed participants. These findings may reflect a transitional period between student life and entry into the workforce, characterized by identity-related, academic, and professional concerns that may influence PMH. These results are consistent with the study by Reuter et al. (2022), which showed that difficulties related to the transition to the labour market are associated with decreased Emotional, Social, and Psychological Well-Being among students approaching the completion of their studies.

It is interesting to note that students reported higher Psychological Well-Being than employed participants (see Table 11), which may be explained by their younger age, more positive future perspectives, or still limited professional responsibilities. However, this interpretation should be treated with caution, as other factors (age, socioeconomic status, and social support) may also influence these findings.

Finally, these findings highlight the importance of the socio-professional context in understanding variations in empathic functioning and PMH. More specifically, living conditions, social experiences, as well as the different stages of the life course appear to influence individuals' psychological resources in distinct ways.

7. Conclusion

The primary objective of this study was to examine the relationships between the dimensions of empathy, assessed using the Interpersonal Reactivity Index (IRI), and the multidimensional construct of Positive Mental Health, assessed using the Mental Health Continuum–Short Form (MHC-SF). Secondly, various sociodemographic variables were taken into account, including age, sex, parenthood status, leadership experience, marital status and employment status.

More specifically, the results show that the dimensions of empathy, notably Perspective Taking and Empathic Concern , are associated with better Positive Mental Health, whereas Personal Distress is linked to a lower level of Well-Being. These findings

highlight the importance of promoting regulated empathy as a protective factor and a source of support for Emotional, Social, and Psychological well-being.

Moreover, the results regarding the different variables examined show the following :

When examining differences according to sex, women present significantly higher levels of empathy than men, whereas men report a slightly higher level of Positive Mental Health. These findings highlight the influence of gender socialization processes on the expression of empathy, Psychological Well-Being, and attitudes toward mental health care.

Focusing marital status, married or cohabiting participants present a slightly higher level of Positive Mental Health and lower Personal Distress than single participants. These findings suggest that emotional support and relational stability could constitute favorable factors for Emotional, Social, and Psychological Well-Being, although the influence of marital status remains moderate.

Regarding parenthood status, parents present higher levels of PMH as well as lower levels of Personal Distress than non-parents. These findings suggest that the parental experience, through the responsibilities, affective bonds, and sense of meaning it provides, could promote Emotional, Social, and Psychological Well-Being, as well as better emotional regulation.

Turning to leadership experience, participants who had held leadership positions presented higher levels of Perspective Taking, Empathic Concern, Social Well-Being, and Psychological Well-Being, while reporting lower levels of Personal Distress. These findings suggest that the interpersonal skills, emotional regulation abilities, and sense of self-efficacy associated with leadership may contribute to better Positive Mental Health.

Regarding age, young adults presented higher levels of Personal Distress and Fantasy, whereas older participants reported the highest levels of Positive Mental Health. These findings suggest that, with advancing age, individuals develop better emotional regulation, greater psychological stability, and higher levels of Overall Well-Being.

When examining employment status, retired participants presented the highest levels of PMH and the lowest levels of Personal Distress, whereas students were distinguished by higher Fantasy scores and unemployed individuals by the lowest levels of Well-Being. These

findings highlight the influence of the socio-professional context and the different stages of the life course on individuals' empathic resources and Psychological Well-Being.

Overall, these results highlight that PMH does not depend solely on individual characteristics, but also on relational, social, and developmental factors. Adaptive dimensions of empathy, associated with certain life experiences such as parenthood, leadership, marital relationships, and advancing age, appear to constitute resources that are favorable to Emotional, Social and Psychological Well-Being. Although the observed effects remained generally small to moderate, this study underscores the importance of considering empathy and sociodemographic variables within a comprehensive approach to the promotion of PMH among the Portuguese adult population.

The main limitations of the present study are presented below.

Firstly, the cross-sectional design of this study only allows for the observation of participants at a single point in time and does not permit the examination of changes over time. Consequently, participants' responses may vary across different stages of life and according to a range of contextual factors, including environmental conditions, family, social, and romantic circumstances, age-related developmental changes, employment status and occupational transitions, significant or traumatic life events, mental and physical health conditions, as well as political, economic, and societal events.

Furthermore, data were collected exclusively online via Google Forms, which may have excluded individuals who were not proficient in using digital technologies or who had limited access to the Internet. This method of recruitment may have introduced a digital bias and limited the representativeness of the sample, thereby reducing the generalizability of the findings to the Portuguese population.

Indeed, the sample was characterized by an overrepresentation of women and young adults, which may have influenced the observed results and limited their generalization to more diverse populations.

Although significant correlations were observed between the dimensions of empathy and Positive Mental Health within the Portuguese adult population, these results do not allow the establishment of a causal relationship between these variables.

The correlational and cross-sectional nature of this study indicates that these variables vary together. However, based on the present study, we cannot assert that empathy leads to an improvement in Positive Mental Health, nor that the latter promotes the development of empathy. Therefore, longitudinal or experimental studies would be relevant.

Thus, the results of the study suggest a bidirectional relationship between empathy and PMH, where each can influence the other, rather than a unidirectional causal relationship.

Then, the data rely exclusively on self-reported measures, which may introduce biases, particularly social desirability bias. Participants may tend to overestimate certain socially valued competencies, known as social desirability. Therefore, some responses may bias the validity of the results (Podsakoff et al., 2003).

In addition, the results revealed small to moderate effect sizes. Although some of the observed differences were statistically significant, their magnitude remained limited, which calls for a cautious interpretation of the results. This may be partly explained by the unequal distribution of certain sociodemographic characteristics within the sample. Indeed, some categories were underrepresented, particularly retired participants (5.7%), unemployed individuals (7.0%), widowed participants (1.1%), and participants aged 36 to 45 years (14.9%).

Empathy and Positive Mental Health are complex and multifactorial constructs, influenced by numerous psychological, social, economic, and environmental factors. Thus, the sociodemographic variables examined explain only a limited proportion of the variance observed in this area of study.

This study opens several avenues for future research.

First, future research could examine the potential influence of educational level and occupational sector on empathy and positive mental health using a larger and more diverse sample in terms of age.

It would be relevant to conduct longitudinal studies in order to follow the evolution of regulated empathy and emotion regulation, for example among young adults from their university training through the first years of professional practice. This type of research

would make it possible to better understand the causal relationships between these variables and to identify the factors that promote the development of appropriate empathy.

It would also be interesting to conduct intervention studies evaluating the effectiveness of training programs aimed at developing regulated empathy, emotion regulation skills, and/or strategies for preventing compassion fatigue, particularly among students and healthcare professionals.

Intercultural comparative studies could also be relevant, particularly between Portugal and other countries. This would make it possible to examine the influence of cultural contexts, training systems, and clinical practices on these psychological mechanisms, thereby contributing to the adaptation of interventions to the specific characteristics of each context.

As discussed in the theoretical and conceptual section, from the earliest moments of life, infants demonstrate sensitivity to the emotional states of others (Field et al., 1982; Tronick et al., 1978), suggesting that the foundations of affective empathy are established very early in development.

This sensitivity subsequently becomes embedded within relational dynamics, particularly within the family context, where the quality of interactions and the emotional climate play a determining role in the development of empathy dimensions and Positive Mental Health (Hoffmeister et al., 2022; Martins et al., 2022; Zapata-Martínez et al., 2024).

From the perspective of clinical and health psychology, empathy is recognized as a major protective factor, contributing to emotional regulation, the quality of interpersonal relationships, and the reduction of psychopathological vulnerability (Jakovljević, 2024; Trindade et al., 2022).

Within this perspective, it appears relevant to identifying the role of empathy in maternal Mental Health trajectories would make it possible to develop targeted interventions aimed at strengthening parental empathic skills. Such programs could contribute to the prevention of postpartum disorders, as well as to the promotion of children's socio-emotional development, within a positive mental health perspective.

Finally, this research topic is of particular interest to my professional project. Upon obtaining my degree in Clinical and Health Psychology, I intend to work with children,

adolescents, and families, particularly in areas related to development, parenthood and perinatal Mental Health.

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