

# **The Role of Parental Bonding and Social Support in Mentalization Processes during Emerging Adulthood**

## **Authors**

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## **Abstract**

Mentalization is a competence of understanding ourselves and others that develops first in the family and later social environment. In the literature, it is stated that the relationship with parents and its association with attachment styles wield substantial influence in the development of mentalization. The importance of mentalization capacity in people's social lives, both in receiving and giving social support, has been emphasized. Furthermore, it has been noted that mentalization becomes more prominent with emerging adulthood which includes the process of individuation, and that parental bonding can be better understood during this period. However, there is no research in the literature on the impact of perceived parental bonding and overprotective parental bonding on individuals' mentalization. Therefore, this study examined the relationship between perceived parenting bonding and social support on mentalization during emerging adulthood. The findings showed that perceived parental care and social support predicted mentalization during emerging adulthood. Also, participants who perceived their parents as overprotective displayed less mentalization capacity. The significance of this study extends to both the clinical field and literature. Further research could involve a dialectical study that includes both mothers and fathers, allowing for an examination of the differences between their perceptions and the bonding of parents to their children.

**Keywords:** Emerging adulthood; mentalization; perceived parental bonding; social support

## INTRODUCTION

Expressions of one's emotional states and thoughts and understanding the emotional states and thoughts of the other parties are essential for effective communication. Peter Fonagy (1989) established the term *mentalization* for this communicative process. The definition of mentalization processes in psychology literature includes seeing the psychological motivations, thoughts, feelings, intentions and wishes underlying the behaviors of important individuals in one's life, taking into account the mental states in close relationships and the self (Fonagy et al., 2002). Allen (2006, p.7) considers mentalization (mentalizing) as an interactive action. In other words, when a person communicates with others, they try to comprehend and maintain both other's mental states and their own. Explicit mentalizing is crucial for addressing interpersonal conflicts and one's emotion regulation (Allen, 2006, p.20).

Allen (2003) argued, based on the theory of mind perspective, emotionally sensitive reactions of the caregivers to the infant's emotional states serve as a way for the infant to learn about their own inner feelings. These emotionally sensitive reactions, as external feedback, are like a connection to the infant's internal experiences, such as how they perceive physiological changes in their body. This social feedback process helps infants start to understand their emotions, marking the beginning of their emotional development, which eventually allows them to express their feelings using language (Allen, 2003). In other words, the relationship the caregiver establishes with the infant forms the basis of mentalization. On the other hand, in studies related to the attachment theory (Bowlby, 1969; 1980) that arises from the quality of the relationship between the infant and caregiver, mentalization flourishes most effectively within the framework of a secure attachment style (Meins, 1997; Fonagy et al., 1997; Meins et al., 1998). Fonagy and his colleagues (2002) indicated that a secure attachment is not only beneficial for exploring the external world but also for delving into the inner world, which includes understanding one's own mind and the minds of others. Santoro and colleagues (2021) demonstrated that people who have a secure attachment style, protect their mentalization from failures and psychopathology. On the other hand, insecure attachment style (preoccupied and fearful), is associated with higher uncertainty about mental states and psychopathology. Thus, mentalization is a kind of protective factor for people's life. Insecure attachment style

encourages withdrawal from the mental world in a defensive way (Fonagy & Target, 1997). Therefore, mentalizing capacity develops less than other securely attached individuals. On the other hand, Calderera and her colleagues' study (2022) indicates that mentalization is a personal trait that enhances one's resilience, also the ability of a caregiver to provide a stable and supportive foundation while acknowledging a child's inner struggles contributes to their positive psychological growth.

Mentalization relies on having a functional social brain. However, it should also be clear that becoming an accurate mentalizer depends on having a supportive and nurturing relational environment (Allen, 2003). Thus, parents' relations which are the first environment of the people, are the crucial component of the development of the mentalization capacity; early attachment styles are important to determine self-organization and affect regulation (Fonagy & Campbell, 2016). Moreover, the ability to mentalize is a multistage developmental accomplishment that arises from a variety of early infancy abilities that support social involvement (Hobson, 2002). In addition, mentalization holds significance in the context of emerging adulthood. The foundations of separation from the family and individualization are laid in this period of life (Arnett, 2004); thus, a person's ability to separate from their family is also highly related to his/her mentalization capacity (Lapsley & Woodbury, 2016). When they attached securely, they have more social cognition which is how people perceive, interpret and process other people in their social life, and this leads to higher mentalization capacity (Lapsley & Woodbury, 2016). Also, emerging adults who have insecure attachment style have more challenge in bidirectional communication since they have more difficulty understanding self and others, which causes their mentalization capacity to be less developed (Borelli et al, 2018; EL Ghannam, 2022).

According to Lieberman (2007), there are four dimensions that need to be harmonized in the mentalization process. Each of these dimensions can be thought of as a spectrum, and each dimension has two extremes as opposites. These are *automatic/implicit mentalization versus controlled/explicit mentalization*, *cognitive mentalization versus affective mentalization*, *internal mentalization versus external mentalization* and *self mentalization versus other mentalization* which this research focuses this dimension. While other mentalization is focusing on the mental processes of the others, self mentalization focuses

on one's own mental processes. Since the two are interconnected, an imbalance might indicate a weakness in one's mentalization of self and others. Although they may be deficient at both ends of the spectrum, those with mentalizing impairments tend to focus more on one end (Fonagy & Bateman, 2019). According to Allen et al. (2008), self-based mentalization related with self-awareness and it is common component for psychological treatments, also encouraged self-regulation (Heatherton, 2011). Other-based mentalization provides advantage for people's social world (Amodio & Frith, 2006), also it is associated with better social functioning (Miao et al., 2017), better social interaction (Lopes et al., 2004), and higher social support (Fabio, 2015).

This study also examined the mentalization capacity of people with an overprotective parental bonding. It is also known as "helicopter parenting" (Cline & Fay, 1990) or "hyper-parenting" (Honoré, 2008). Parental overprotection includes certain behaviors exhibited without considering the child's developmental stage or needs such as deciding about food, clothes, sleep time etc. (Hullmann et al., 2010). Thus, people with overprotective parents may experience some problems in their adult life. For instance, people who have overprotective parents have lower self-esteem (van Ingen et al., 2015), relationship with criminal behavior (Biggam & Power, 1998), anxiety (Burbach et al., 1989), higher levels of narcissism (Segrin et al., 2013) and depression (Hudson & Rapee, 2005). Also, according to Rousseau and Scharf (2015), having overprotective parenting style is associated with negative outcome in emerging adulthood. It has been determined that individuals with parents with overprotective behaviors have an excessive need for approval, attention and direction from others (Odenweller et al., 2014). Moreover, the development of shyness and internalizing difficulties in children have been related to overprotective parenting (Rubin & Burgess, 2002). When a mother is not only unresponsive to her child but also regularly reflects back a mental state that is diametrically opposed to the infant's, an "alien self" which tend to have unmentalized self-experiences emerges (Fonagy & Target, 2000; Bateman & Fonagy 2016). Therefore, overprotective parents might create "alien self". Moreover, according to a survey study conducted in Turkey, perceived tight control and control of the mother has a negative relationship with secure attachment. That is, the mother's strict supervisory and controlling nature is an obstacle to form a secure attachment (Sümer & Güngör, 1999). Although there is no study

directly on the effect of overprotective parental bond on mentalization, therefore people who have overprotective parents tend to develop insecure attachment style, and also low capacity of mentalization.

There are many studies in the literature that address the importance of parents for the development of mentalization (e.g., Target & Fonagy, 1996; Gergely & Watson, 1996; Wellman & Liu, 2004; Fonagy & Luyten, 2016) however, to the best of our knowledge, there is no research on perceived parenting. Additionally, most research in the literature is on attachment style and mentalization, but its relationship with parental bonding is neglected. Besides, while mentalizing capacity is necessary in people's social environments (Campbell & Allison, 2022), the extend of the impact social support has on the development of mentalizing ability is a topic that is not fully explored in the literature. Finally, it is an essential feature to conduct this research in a period of emerging adulthood, which includes individualization and separation from parents (Arnett, 2006), when people are more aware of the effects of their bonding to their parents (Parra et al., 2019) and at the same time their mentalization capacity develops (Lapsley & Woodbury, 2016).

In the light of these findings, in clinical practice, although the mentalization-based therapy method is not used in therapy, it may be important to understand the mentalization capacity of patients and to make comments about it in the process. On the other hand, Hagelquist (2017, p.17) declared professionals in the mental health field stated that they find meaning more easily in the supervisions given about mentalization because they frequently use it in their daily lives. Mentalization is important for understanding self and others, and mentalization techniques can be used in mentalization-based therapies regardless of how the person develops their mentalization. When individuals become aware of their mentalization and its development, they can use mentalization more effectively in their daily interactions. It can prevent them from mentalizing problems (Allen et al., 2008, p.73). While the patients' mentalization ability, and perception of their bonding with parent and social support are other important issues in clinical practice, understanding the relationships between these three variables will benefit both the literature and the applications in the clinical field. Moreover, although mentalization is mostly studied in the literature in relation to attachment styles, to the best of our knowledge, there is no study on the relationship between mentalization and the person's perceived parental bonding. Also,

there is no research on the mentalization capacity of people with overprotective parents and directly looks at the relationship between a person's mentalization and social support. This study aims to investigate several relationships in emerging adulthood: firstly, the correlation between perceived parental bonding and mentalization, with an anticipated positive association. Second, the inquiry extends to the relationship between social support and mentalization during this developmental stage, also expecting a positive correlation. Furthermore, the study explores the distinct impacts of parental bonding and social support on mentalization, hypothesizing that individuals with higher levels of both will exhibit elevated mentalization during emerging adulthood. Lastly, the research scrutinizes potential differences in mentalization between emerging adults experiencing low versus high levels of parental overprotection.

## **RESULTS**

### **Method**

#### ***Participants***

Data were collected from 449 participants for this study however, since 113 of these participants did not complete the data collected online via Qualtrics, 336 participants remained. While 78.6% of the participants were women, 20.8% were men, 0.3% were gender fluent and 0.3% were non-binary. The participants were selected from Emerging Adulthood period (Arnett, 2004), mean age of the participants was 22.99 ( $SD=2.43$ ). Most of the participants stated that they reside in Istanbul (78.9%). After that, Ankara (4.8%), Amasya (2.1%), Tekirdag (1.8%) and Izmir (1.5%) were the most common residential areas. Apart from these provinces, 3 participants were from abroad and 29 participants were from other regions of Turkey and 2 participants did not specify where they reside. 47.9% of the participants reported that they graduated from high school, while 48.2% of them graduated from university and 3.9% of them graduated from master's/doctorate. Also, participants reported their mother's and father's education level (see Table 1).

**Table 1**

*Education level of participants' mother and father*

Education Level	Frequency		Valid Percent (%)	
	Mother's	Father's	Mother's	Father's
Literate	7	0	2.1	0
Primary School	37	27	11	8
Secondary School	39	41	11.6	12.2
High School	131	108	39	32.1
University	104	128	31	38.1
Master's/Doctorate	18	32	5.4	9.5

Forty-three participants (12.8%) indicated that they had low economic status, where 200 (59.5%) had middle and 93 (27.7%) had high economic situation. Although it was not a criterion for inclusion in the study, we asked participants whether they had a psychological diagnosis before. In our survey, 45 (13.4%) of the three hundred and thirty-six participants reported that they had a psychological diagnosis. While some of these participants stated a general disorder name, some of them stated their specific diagnoses, some of them had more than one diagnosis, and some of them did not specify the diagnosis name (see Table 2).



**Table 2**

*Participants' diagnoses*

Diagnose Name	Frequency	Valid Percent (%)
Addictive Disorder	1	2,2
Anxiety Disorder	7	15,5
Depression Disorder	2	4,4
Eating Disorder	2	4,4
Obsessive-Compulsive Disorder	4	8,9
Psychotic Disorder	1	2,2
Attention-Deficit/Hyperactivity Disorder	5	11,1
Borderline Personality Disorder	1	2,2
Generalized Anxiety Disorder	4	8,8
Social Anxiety Disorder	1	2,2
Panic Disorder	3	6,7
Major Depressive Disorder	2	4,4
Persistent Depressive Disorder (Dysthymia)	1	2,2
Insomnia Disorder	1	2,2
Anxiety Disorder, OCD	1	2,2
Depression Disorder / Panic Disorder	1	2,2
Depression Disorder / Anxiety Disorder	2	4,4
Anxiety Disorder / ADHD / Anorexia Nervosa	1	2,2
Unspecified	5	11,1
Total	45	100,0

On the other hand, 64 (19%) participants reported that they received psychological or psychiatric treatment. The number of participants using psychiatric drugs was 37 (11%). Since the perceived parental bonding was measured in the study, the participants were asked who their primary caregivers were during their childhood. Nearly half of the participants reported that their caregivers were their mothers. Except for the mother, mostly grandmother and babysitter answers were given. Among those who gave more than one care, there were participants who gave the answers of aunt, sister, brother, uncle and grandfather (see Table 3).

**Table 3**

*Participants' caregivers*

Caregiver	Frequency	Valid Percent (%)
Mother	138	41,1
Mother / Father	71	21,1
Grandmother (M)	25	7,4
Grandmother (F)	9	2,7
Babysitter	13	3,9
Mother / Grandmother (M)	12	3,6
Mother / Grandmother (F)	8	2,4
Mother / Babysitter	9	2,7
Mother / Father / Babysitter	4	1,2
Mother / Father / Grandmother (M)	8	2,4
Mother / Grandmother (M) / Babysitter	7	2,1
Other	29	8,6
Unspecified	3	0,9

*Note.* Other means having more than three caregivers.

*Note.* (M) mother's mother, (F) father's mother

**Measures**

***Demographic Information***

Participants were provided some personal information such as gender, age, socioeconomic level, education level, education level of their mother and father, whether they have any psychological disorders, whether they received any psychological or psychiatric treatment, and whether they used any psychiatric drugs. In addition, participants responded to who their primary caregiver is.

***Mentalization Scale (MentS)***

Mentalization Scale (MentS) which was developed by Dimitrijević et al. (2018), was used to measure the mentalization levels of the participants. It includes 25 items with 5-point Likert scale like 1 means completely incorrect, 5 means completely correct. There are 3 sub-dimensions of the scale which are motivation to mentalization (MentS-M), self-based

mentalization (MentS-S), and others-based mentalization (MentS-O). Dimitrijevic et al. (2018) found out the Cronbach's alpha coefficient is .84 for the total scale, .76 for self, .77 for others and motivation dimensions. The higher score in the total scale and higher score in sub-scales indicates higher mentalizing skills. The Turkish adaptation version of the scale was done in 2021 by Törenli Kaya and her colleagues. They reported the Cronbach's alpha internal consistency coefficients of the scale as .84 for total score, .78 for self, .80 others and .79 for motivation dimensions. In current study the Cronbach's alpha internal consistency coefficients of the scale were .84 for total score, .70 for MentS-M, .70 for MentS-O and .79 for MentS-S dimensions.

### ***The Parental Bonding Instrument***

Participants' parental bonding levels were measured by The Parental Bonding Instrument developed by Parker et al. (1979). The scale retrospectively measures the perceived parenting characteristics of the participants from their parents. It includes 25 items with a 4-point Likert scale (0-very unlike, 3- very like). While answered the questions, the participants make two separate evaluations for their mother and father. As a result, the perceived parental bonding of the participants is evaluated separately on the basis of the mother and father. The original scale has two different sub-dimensions; control/overprotection and care. Kapçı and Küçüker adapted the scale into Turkish in 2006. However, in its Turkish adaptation, the control dimension is evaluated together with care, not overprotection because of the culture differences (Kapçı & Küçüker, 2006). As a result, there are two different sub-dimensions in the Turkish adaptation; care/control and overprotection. The higher score of total score means positive bonding. Therefore, the lower score of the overprotection means overprotective parenting style. Kapçı and Küçüker found the Cronbach alpha value .87 for maternal score, .89 for paternal score, .70 for maternal overprotection and paternal overprotection, .90 for maternal care/control, .91 for paternal care/control. In the current study, Cronbach alpha value were found .92 for both maternal and paternal score, .78 for maternal overprotection, .77 for paternal overprotection, .94 for both maternal and paternal care/control.

### ***Two-Way Social Support Scale***

Participants' social support was measured on a two-way social support scale. 2-WSSS developed by Shakespeare-Finch and Obst (2011) to measure participants both receiving from others and giving to others social support in terms of emotional and instrumental support. The scale has 4 dimensions. These are receiving emotional support, receiving instrumental support, giving emotional support, and giving instrumental support. It consists of 21 items. Participants were asked to report how true each item was for them, from 0 (never) to 5 (always). Shakespeare-Finch and Obst (2011) found out Cronbach's alpha coefficient is ranging from .81 to .92 for all subscales. The Turkish adaptation of scale was done by Semerci and Ekmekçi (2020). The higher score indicated higher levels of social support for all dimensions. They indicated that Cronbach's alpha internal consistency coefficient of the scale ranges from .80 to .90 for all subscales. In this study, Cronbach's alpha internal consistency coefficient of the scale was ranging from .85 to .95 for all subscales.

### **Procedure**

First of all, ethical permission was obtained from the Yeditepe University Ethics Committee to collect data. Then, data was collected online via Qualtrics. The link was shared on social media applications such as Instagram, Twitter and WhatsApp using the snowball sampling method. Before seeing the surveys, consent was taken from each participant that their participation was voluntary, and they can stop answering and quit the survey at any point. After the participants gave their consent, they completed a demographic information form, three scales and an open-ended question asking their comments about the study (optional), which took approximately 15 minutes. Each data obtained was enumerated and analyzed, and not required to provide any identifying information. Each data of the participants was stored encrypted in the computer environment in a way that third parties other than the researchers cannot access them.

### **Study Results**

Our research questions addressed the relationship between parental bonding, social support, and mentalization in emerging adulthood. First, we examined the correlations among variables to answer our first two research questions. Then we built a regression model to address our third research question about examining whether perceived parenting bonding and social support predicted mentalization skills among emerging adults. Finally, we examined group differences between participants who perceive their parental bonding as high overprotective and who perceive their parental bonding as low overprotective.

In order to perform regression analysis, its distribution was first examined, second the correlation analysis performed. The skewness and kurtosis values for all scales were found between -2 and +2. According to George and Mallery (2010), values between -2 and +2 are acceptable range. The means and standard deviations of the scales are shown in Table 4. In addition, a regression model was created using subscales, and the descriptive statistics of these subscales are below (see Table 5). The care/control subscale which one of the subscales of the parental bonding scale, was not included in the analyzes since the care/control subscale and total bonding score were highly correlated,  $r(336)=.94, p<.01$  for maternal bonding and maternal care/control subscale;  $r(336)=.96, p<.01$  for paternal bonding and paternal care/control subscale. Also, total parental bonding score and care/control subscale both measure positive bonding.

**Table 4**

*Descriptive statistics of variables*

	Minimum	Maximum	Mean	Std. Deviation
Maternal Bonding	6.00	75.00	52.16	13.44
Paternal Bonding	14.00	75.00	49.74	14.70
Social Support	29.00	105.00	83.31	17.16
Mentalization (MentS)	67.00	122.00	96.22	10.17

**Table 5**

*Descriptive statistics of subscales*

	Minimum	Maximum	Mean	Std. Deviation
Maternal Overprotection	0.00	21.00	13.08	4.54
Paternal Overprotection	2.00	21.00	14.17	4.58
Receiving Emotional Support	0.00	35.00	28.58	7.48
Giving Emotional Support	6.00	25.00	21.00	4.07
Receiving Instrumental Support	3.00	20.00	15.35	4.25
Giving Instrumental Support	3.00	25.00	18.38	4.78
Motivation to Mentalization	20.00	40.00	32.26	4.02
Others-based Mentalization	25.00	45.00	36.30	4.02
Self-based Mentalization	8.00	40.00	27.66	5.45

Perceived parental bonding of the participants was measured in two different ways as mother and father. Since maternal and paternal bonding were positively correlated,  $r(336)=.45, p<.01$ , the parental bonding score was obtained by taking the mean of the scores of the maternal and paternal bonding scores. Since the recently created parental bonding score is highly correlated with both maternal bonding [ $r(336)=.84, p<.01$ ] and paternal bonding [ $r(336)=.87, p<.01$ ], two regression models were analyzed based on the parental bonding score.

According to the correlations made before the regression analysis, there is a positive and significant relationship between all variables (see Table 6) and between subscales.

**Table 6**

*Correlation matrix for variables*

	1	2	3
1.Mentalization (MentS)	1		
2.Parental Bonding	.19**	1	
3.Social Support	.41**	.42**	1

\*\* $p < .01$

**Table 7**

*Correlation matrix for subscales*

	1	2	3	4	5	6	7	8	9
1.Maternal Overprotection	1								
2.Paternal Overprotection	.43**	1							
3.Receiving Emotional Support	.17**	.17**	1						
4.Giving Emotional Support	.14*	.20**	.54**	1					
5.Receiving Instrumental Support	.19**	.18**	.78**	.53**	1				
6.Giving Instrumental Support	.11*	.16**	.46**	.65**	.54**	1			
7.Motivation to Mentalization	.05	.12*	.20**	.41**	.23**	.30**	1		
8.Others-based Mentalization	.04	.13*	.28**	.52**	.27**	.39**	.52**	1	
9.Self-based Mentalization	.17**	.13*	.21**	.16**	.18**	.12*	.31**	.25**	1

\* $p < .05$

\*\* $p < .01$

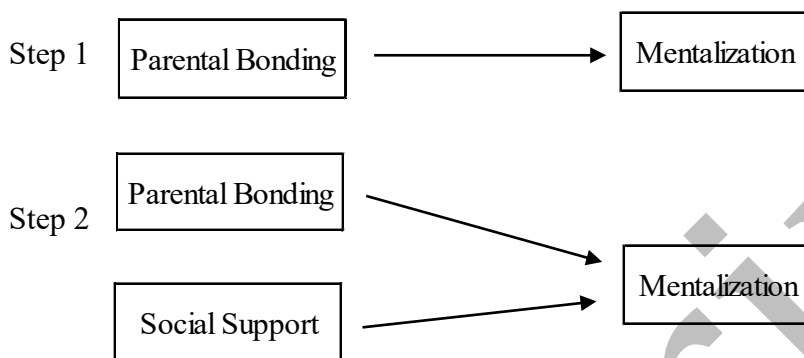
### Regression Models

Since the relationships between subscales are similar to total scores, the first regression model is a model between total scales. In the second and third models, it was created over the subscales of mentalization, self-based mentalization and other-based mentalization. Motivation to mentalization which is other subscale of MentS, was not included in these models because no significant relationship was found between parental bonding and motivation to MentS,  $r(336) = .08, p > .05$ .

To test the hypothesis that what extent and in what manner do the perceived parental bonding and participants' social support explain variation in the mentalization in the emerging adulthood, a hierarchical multiple regression analysis was performed (see Figure 1).

**Figure 1**

*Regression model of parental bonding, social support and mentalization*



The predictor variable which is perceived parental bonding was analyzed for the first analysis. According to result, the first block hierarchical multiple regression analysis indicated that a model was statistically significant,  $F(1,334)=12.69, p<.001$ . Moreover,  $R^2$  change value of .04 associated with this regression model suggests that the perceived parental bonding accounts for 4% of the variation in mentalization total score, which means that 4% of the variation in mentalization total score can be explained by perceived parenting bonding alone. The other predictor variable which is social support was added to the analysis for the second analysis. The results of second block hierarchical multiple regression analysis showed a model also to be statistically significant,  $R^2=.17 F(2, 333)=32.79, p<.001$ . Moreover, the  $R^2$  change value of .13 associated with this regression model suggests that the addition of social support to the first block model accounts for 16% of the variation of mentalization total score. By Cohen's (1988) conventions, a combined effect of this magnitude can be considered "medium" ( $f^2= .20$ ). Table 8 presents the unstandardized ( $B$ ) and standardized ( $\beta$ ) regression coefficients for each predictor at every step of the hierarchical multiple regression analysis (MRA).



**Table 8**

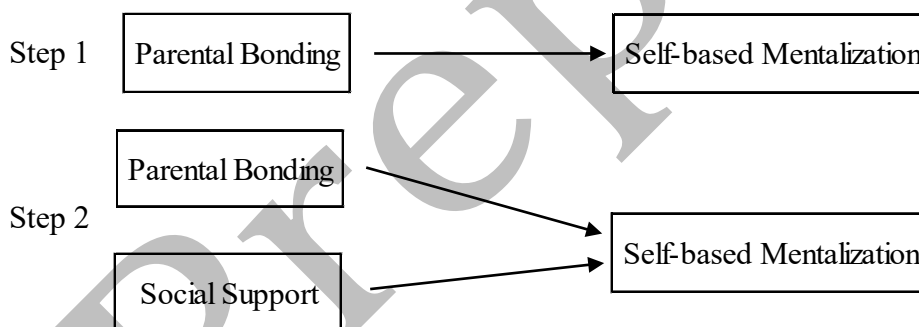
*Unstandardised (B) and standardised (β) regression coefficient each predictor variable on each step of a hierarchical multiple regression predicting total mentalization score (N = 335)*

Variable	B [95% CI]	β
Step 1		
Parental Bonding	.16 [.07-.25]	.19
Step 2		
Parental Bonding	.02 [-.07-.11]	.02
Social Support	.23 [.17-.30]	.40

To test another hypothesis that what extent and in what manner do the perceived parental bonding and participants' social support explain variation in the self-based mentalization in the emerging adulthood, a hierarchical multiple regression analysis was performed (see Figure 2).

**Figure 2**

*Regression model of parental bonding, social support and self-based mentalization*



First step of the hierarchical MRA, parental bonding accounted for a significant 3% of the variance in compliance,  $R^2 = .03$ ,  $F(1,334) = 11.64$ ,  $p < .001$ . Second step, social support was added to the regression equation, and accounted for an additional 2% of the variance in self-based mentalization. When two predictor variables combined, they explained 5.4% of the variance in compliance,  $R^2 = .05$ ,  $F(2,333) = 9.44$ ,  $p < .001$ . A combined effect of this magnitude can be considered “small” ( $f^2 = .06$ ) (Cohen, 1988). Table 9 presents the unstandardized (B) and standardized (β) regression coefficients for each predictor at every step of the hierarchical multiple regression analysis (MRA).

**Table 9**

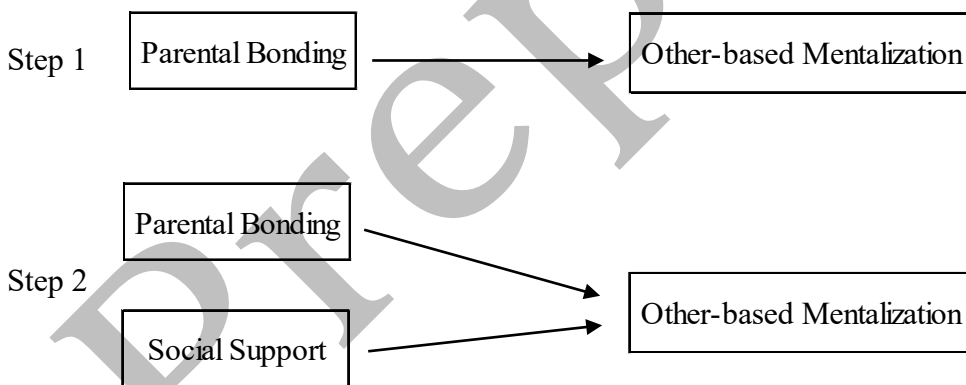
*Unstandardised (B) and standardised (β) regression coefficient each predictor variable on each step of a hierarchical multiple regression predicting self-based mentalization (N = 335)*

Variable	B [95% CI]	β
Step 1		
Parental Bonding	.08 [.04-.13]	.18
Step 2		
Parental Bonding	.05 [.00-.11]	.12
Social Support	.05 [.01-.09]	.16

To test that what extent and in what manner do the perceived parental bonding and participants' social support explain variation in the other-based mentalization in the emerging adulthood, a hierarchical multiple regression analysis was conducted (see Figure 3).

**Figure 3**

*Regression model of parental bonding, social support and other-based mentalization*



First step of the hierarchical MRA, parental bonding computed for a significant 2.4% of the variance in compliance,  $R^2 = .02$ ,  $F(1, 334) = 8.16$ ,  $p < .01$ . In the second step, social support was added to the regression equation, and accounted for an additional 15.2% of the variance in other-based mentalization. When two predictor variables combined, they explained 17.6% of the variance in compliance,  $R^2 = .18$ ,  $F(2, 333) = 35.48$ ,  $p < .01$ . A combined effect of this magnitude can be considered “medium” ( $f^2 = .21$ ) (Cohen, 1988). Table 10 presents the unstandardized (B) and standardized (β) regression coefficients for each predictor at every step of the hierarchical multiple regression analysis (MRA).

**Table 10**

*Unstandardised (B) and standardised ( $\beta$ ) regression coefficient each predictor variable on each step of a hierarchical multiple regression predicting other-based mentalization (N = 335)*

Variable	B [95% CI]	$\beta$
Step 1		
Parental Bonding	.05 [.02-.09]	.15
Step 2		
Parental Bonding	-.01 [-.05-.03]	-.03
Social Support	.10 [.08-.13]	.43

### Comparing Groups

In order to make a group comparison analysis about the parental overprotection bonds perceived by the participants, first a separate score called parental overprotection was obtained as the average of the maternal and paternal overprotection subscales. A median split was applied to have categorical data (Iacobucci et al., 2015; e.g. Fonagy et al., 1998; Costa-Cordella et al., 2021). Participants who were below 13.50, which is the median score, were categorized as high on parental overprotection (because lower scores means higher overprotective parenting), and participants who were above that score were categorized as low on parental overprotection.

To test whether there is any difference between participants who perceived their parents as high overprotection and participants who perceived their parents as low overprotection in terms of their mentalization capacity, an independent sample t-test analysis was performed. According to t-test for Equal variances assumed results, there was significant difference between the two groups,  $t(334)=3.63$ ,  $p<.001$ . Participants who perceived high on parental overprotection ( $M=94.05$ ,  $SD=9.98$ ), have lower mentalization than participants who perceived low on parental overprotection ( $M=98.03$ ,  $SD=9.99$ ).

Moreover, to test that is there any difference between those groups in terms of their social support, independent sample t-test analysis was conducted again. Independent t-test for Equal variances not assumed results indicated that there was a significant difference between those groups in terms of their social support,  $t(297.43)= 4.46$ ,  $p<.001$ . Participants

who perceived high on parental overprotection ( $M=78.80$ ,  $SD=18.22$ ), have lower social support than participants who perceived low on parental overprotection ( $M=87.08$ ,  $SD=15.28$ ).

Finally, an independent sample t-test analysis was performed to indicate the gender differences among the variables. According to results, female participants have higher mentalization and social support levels than male participants. Conversely, there was no difference between genders in terms of their perceived parental bonding (see Table 11).

**Table 11**

*T-test results comparing females and males on mentalization, social support and parental bonding*

	Female (N=264)		Male (N=70)		t-test
	M	SD	M	SD	
Mentalization	96.72	9.97	93.93	10.42	2.06*
Parental Bonding	50.74	12.40	51.91	10.47	-.80
Social Support	84.99	16.50	76.69	18.27	3.66**

\* $p < .05$

\*\* $p < .01$

## DISCUSSION

This study examined the relationships among perceived parental bonding, social support and mentalization in emerging adulthood. Three different hierarchical regression models were established to examine these relationships. In the first one, the relationship with the total mentalization score was examined, while in the other models, the relationship with the subscales of mentalization, self-based and other-based mentalizations, were examined. The findings showed that perceived parental bonding and social support predicts mentalization, self-based mentalization and other-based mentalization. However, first, perceived parental bonding was added to the model, and then social support was added, and it was observed that the increase in the percentage of the effect of social support on mentalization was higher than expected. However, when social support was added, the increase in its effect was seen most in other-based mentalization. This showed that having social support was also more effective in mentalizing others. On the other hand, the mentalization capacities of people with parental overprotection also been examined.

According to results, participants who perceived their bonding of parents as highly overprotectiveness have less mentalization capacity than who perceived their bonding of parents as low on overprotectiveness.

### **Perceived Parental Bonding and Mentalization**

According to results, perceived parental bonding, both alone and in combination with social support, predicts mentalization. However, it was concluded that the perceived parental bonding had little effect when explaining mentalization. Higher perceived parental bonding indicates secure attachment (Kapçı & Küçüker, 2006). While some behaviors (such as dismissive or grandiose) of the patient in mentalization-based therapy indicate that the patient has an insecure attachment style, what is expected from the therapist here is to create a secure environment for him/her (Bateman & Fonagy 2016; Bennett, 2006). In other words, a secure environment is provided in therapy to establish a secure attachment that cannot be established in the early life. What they expect by creating this environment is to improve their mentalization capacity. Since a person's mentalization capacity is achieved with a secure attachment established in the early period with caregivers' reflective functioning (Luyten et al., 2019, p.40-41). The caregiver's capacity to comprehend the infant's needs, feelings, and thoughts in a timely manner and respond to them in a harmonious manner demonstrates the caregiver's reflective functioning capacity (Fonagy & Target, 1997). Along with the caregiver's reflective functioning capacity, mentalization capacity in a sense, the infant's mentalization ability also improves (Allen et al., 2008, p.96-97). Likewise, the development of secure attachment styles is associated to the proximity of the caregiver's relationship with the infant in the early period (Bowlby, 1960 and 1980). That is, the development of secure attachment and the development of mentalization occur at similar times and in similar ways (Fonagy et al., 2008). Based on this, our expectation was that parental bonding would be more effective in predicting a person's mentalization capacity. However, the study found that it had a lower-than-expected effect. This situation can be explained by three different reasons. First of all, measured parental bonding does not directly measure attachment style. Although high bonding in the scale adaptation study indicates secure attachment, it may not reflect the exact attachment measured. On the other

hand, it is measured in the way people perceived and remembered their parental bonding. There may be differences between what is perceived and what is real (Witkin, 1949). Finally, although the significance of parents in the initial development of mentalization is mentioned, it is also said that it is an ability that increases with the environmental conditions over time. Many of the factors that impact the development of mentalization, such as the bond established with parents, their emotional mirroring function, and closeness, may not maintain their stability over time. In other words, the environment provided by parents can provide a basis for the development of mentalization, but maintaining and further developing it is related to the person's own ego development (Allen et al., 2008, p.110-111) Therefore, the influence of one's own social environment may have been greater in the emerging adult sample who was in a transition period. As a matter of fact, in this study, it was seen that social support had a more profound influence on mentalization.

### **Social Support and Mentalization**

In the study, first, perceived parental bonding was added to the model, and then social support was included. In all three models created, when social support was added to the model, it increased its predictive effect on mentalization. In fact, social support and mentalization can be two elements that mutually reinforce each other. Those with a high capacity for mentalization can interact better in social settings (Lopes et al., 2004), and also, those who have social support can also enhance their capacity for mentalization. According to Asen et al., (2019, p.230) stated that people's mentalization skills develop in the social system they are in. On the other hand, people with high mentalization capacity also have high social support (Fabio, 2015). People can better understand and interpret the feelings and thoughts of others when there is a strong social system that encourages mentalization, as is exemplified by high levels of social support. In this context, the findings of this study align with existing literature.

Moreover, this finding can explain by the Bronfenbrenner's Ecological Systems Theory (1979). Ecological Systems Theory examines the human development within the context of interconnected systems. In this context, there are five layers of systems: microsystem,

mesosystem, exosystem, macrosystem and chronosystem. These all layer effects the child's development. The closest layer to the child is the microsystem which is the immediate environment directly influencing an individual, such as family, school, neighborhood and peers. At the microsystem level, the most influential and impactful interactions are bidirectional. Nevertheless, engagements at the outer levels can still affect the internal structures. In this study, it was observed that the influence of individuals' parents and the impact of social support on cognition were examined. It was found that, in terms of development, the influence of family, which is frequently discussed, is greater than that of social support. This underscores the significance of the interrelation between the layers in Bronfenbrenner's Ecological Systems Theory and their importance in personal development.

### **Self-based versus Other-based Mentalization**

In the study, when creating the model, dimensions of mentalization which are self and other-based mentalizations, were used. Perceived parental bonding affect was the same for both but when social support was added after perceived parental bonding the increase in other-based mentalization was greater compared to self-based mentalization. Indeed, this finding is consistent with the literature. According to Amodio and Frith (2006), the ability to understand the mental states of others is an essential factor in maintaining relationships in a social environment. Moreover, when people better understand the mental states of others, their social support increases (Fabio, 2015). On the other hand, Asen et al. (2019, p.230) mentioned that the social system will improve both people's ability to mentalize self and others, but in our study, its effect on self-based mentalization was found to be less than its effect on others-based mentalization. However, the impact of social support on mentalization is significant for both of them.

### **Comparing Groups: High versus Low Parental Overprotection**

Another hypothesis examined in this study was how the mentalization of people in emerging adulthood who perceive their parents as overprotectiveness change. For this

purpose, the parental overprotection subscale was divided into two by the median (Iacobucci et al., 2015), and those below the median were assigned as high on parental overprotection, and those above the median were assigned as low on parental overprotection. It was found that participants who perceived high on parental overprotection have less mentalization than participants who perceived low on parental overprotection. To the best of our knowledge, this is the first study examining the relationship with mentalization and overprotective parenting directly in the literature. However, in an intergenerational study examining the perceived parenting attitudes and mentalizations of both mothers and young people, it was found that the overprotective parenting style perceived by mothers from their own parents was related to the overprotective parenting style perceived by the young person from their own parents, and that there was a negative and significant relationship between the young person's mentalization ability and perceived overprotective parenting style (Cüre-Acer, 2020). It means that when perceived over-protective parenting style increase, mentalization will be decrease. Same result found in our study in terms of group differences.

However, on the other hand, if the difference between the overprotective bonding groups separated by median split is significant, it would be too much to comment that perceived parental overprotection bonding directly affects low mentalization. Since there is no cut-off for the overprotective bonding detected, an upper limit of the overprotective score is not labeled as overprotective. Therefore, the words low overprotection and high overprotection may be more appropriate.

### ***Gender Differences***

In addition, gender differences were an essential role for study validation. According to literature, women have more mentalization capacity than men (Sharp, 2006, p.113). In our study, same result found statistically. Research indicates that women have more receiving and providing social support than men (Neff & Karney, 2005; Shumaker & Hill, 1991). Same significant differences were found in our study also.



## **Limitations of the Study and Recommendations for Further Studies**

There were also limitations in this study. Gender distribution of the participants in the sample was not equal. Number of the women participants was higher than the number of men participants. Also, the data was collected mostly from college students and from the same university. On the other hand, the age distribution was not equally distributed. Moreover, an age onset test may be performed in future studies to reduce the effect of mentalization capacity, which increases with age. For example, they can be grouped as 18-23 years old and 24-29 years old and the group differences can be examined. Also, for future studies, they can conduct additional analysis based on the participants' education levels to determine if there is any impact associated with varying levels of education.

In this study, the question was asked about how the capacity for mentalization is affected when adults who perceive their bonding with their parents as more caring receive and provide social support. Here, the emphasis was on direct self-reporting, focusing on the individual's perception. For the future research, dialectic research can be conducted to investigate how people's perceived parenting attitudes and how they are actually parents' parenting attitudes, and how much the person's perception matches what actually happens can be compared. This way, it can be observed how the perceived parental bond differs between the parent's perception and the child's perception. However, other factors that increase mentalization capacity can be made more controllable, and thus, the influence of parents on an individual's mentalization can be seen more clearly. Furthermore, the impact of social support on mentalization can be detailed, and when considering these two variables that mutually reinforce each other, it can be investigated which one comes first. Moreover, the number of samples can be expanded further, and this research can be conducted in larger populations. Additionally, a specific scale measuring overprotective parenting can also be used in terms of how mentalization affects. Last but not least, overprotective parenting was categorized as high vs. low based on median split of continuous data. We are fully aware that this dichotomy may have led us to think of overprotection as two extremes and neglect the scores that fall in between. For the specific research questions in this study, categorizing overprotectiveness was important; however, in our interpretation of the findings, we made sure that this split does not signify lack of

overprotection in the low category, but only gives us information about high and low overprotective parenting. Future research should examine this variable in more detail focusing on both continuous and discrete characteristics.

## **CONCLUSION**

In this study, the relationship between perceived parental bonding and social support and mentalization was examined. In general, perceived parental bonding and social support predicts mentalization among emerging adulthood. However, the magnitude of this prediction was found medium. Thus, emerging adult's capacity to mentalize can be explained by their perceived parental bond and social support, but these two variables do not have a major impact on the factors explaining mentalization. On the other hand, it has been revealed that emerging adults who attribute the parental bond as high on overprotection engage in less mentalization than low on overprotective parents.

According to the results obtained in this study, it has been observed that the parental bond perceived by people, especially in the clinical field, can provide information about their mentalization capacity. Conversely, on the contrary, it may give a clue about the parental bond perceived by the expert who makes an inference with patient's mentalization capacity. Also, in clinical sessions, therapists, especially those working within the psychoanalytic perspective, attempt to seek answers to all questions in the family environment. The contribution of this research to the field is the realization that the influence of the social environment can indeed be significant.

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