YEDITEPE UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES

THE ROLE OF PARENTAL BONDING AND SOCIAL SUPPORT IN MENTALIZATION PROCESSES DURING EMERGING ADULTHOOD

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Ebrar Yıldırım

ABSTRACT

THE ROLE OF PARENTAL BONDING AND SOCIAL SUPPORT IN MENTALIZATION PROCESSES DURING EMERGING ADULTHOOD

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: Mentalization, Perceived parental bonding, Social support, Emerging adulthood

ÖZET

BELİREN YETİŞKİNLİK DÖNEMİNDE ZİHİNSELLEŞTİRME SÜREÇLERİNDE EBEVEYN BAĞLARI VE SOSYAL DESTEĞİN ROLÜ

Zihinselleştirme olarak adlandırığımız kendimizi ve başkalarını anlama süreci, önce aile içinde daha sonra sosyal çevre içinde gelişen bir beceridir. Alanyazında, zihinselleştirmenin gelişiminde ebeveynlerle kurulan ilişkinin ve bağlanma stillerinin önemli bir rol oynadığı belirtilmektedir. Ayrıca, insanların sosyal hayatlarında hem sosyal destek almak hem de vermek için zihinselleştirme kapasitesinin önemi vurgulanmıştır. Öte yandan bireyselleşme sürecini içeren beliren yetişkinlik dönemi ile birlikte zihinselleştirmenin daha belirgin hale geldiği ve bu dönemde ebeveynlik bağının daha iyi anlaşılabileceği ifade edilmiştir. Ancak literatürde algılanan ebeveynlik bağının ve aşırı koruyucu ebeveynlik bağının bireylerin zihinselleştirmeleri üzerindeki etkisi hakkında herhangi bir araştırma bulunmamaktadır. Bu nedenle, bu çalışma beliren yetişkinlik döneminde algılanan ebeveynlik bağının ve sosyal desteğin zihinseleştirme ile olan ilişksini incelemektedir. Bulgulara göre, algılanan ebeveyn ilgisi ve sosyal destek, beliren yetişkinlik döneminde zihinselleştirmeyi yordamaktadır. Ayrıca, ebeveynlerini aşırı koruyucu olarak algılayan katılımcıların zihinselleştirme kapasitesi daha düşüktür. Bulgular, hem klinik alana hem de literatüre önemli katkılarda bulunacaktır. Bundan sonraki araştırmalar için, hem anneleri hem de babaları içeren diyalektik bir çalışma önerilmektedir bu sayede algılanan ebeveynlik bağı ile ebeveynlerin çocuklarıyla kurduğu bağ arasındaki farkların incelenmesine olanak tanıyabilir.

Anahtar Kelimeler: Zihinselleştirme, Algılanan ebeveyn bağı, Sosyal destek, Beliren yetişkinlik dönemi

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Finally, as an emerging adult, I have experienced the busiest and most stressful two years of my life. Despite the immense pressure that comes with writing a thesis, I'd like to acknowledge myself for finding the motivation to continue where I left off.

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1. 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).

To gain a more comprehensive perspective on mentalization, it is important to understand Bion's object relations theory well. Bion (1962, 1967) builds upon Freud's idea of thinking, suggesting that it is essentially an act of imagination and that it stems from a response to absence or lack. Bion, who was a Kleinian psychoanalyst, mentioned that absence is a kind of loss and thinking is a way to deal with this loss; for example, infants think and imagine about a breast to cope with the absence of a breast. Bion (1962) differentiates between thoughts and the capacity to think them, which he calls alpha function. Beta elements, such as unnamed desires or somatic sensations lacking a conscious source, are transformed by the alpha function into alpha elements, ready for mentalization (Holmes, 2006, p.37). Bion suggests that there is a conflict between the desire to project disturbing thoughts and the ability to modify and think them. The resolution of this conflict hinges on an infant's ability to endure frustration and the mother's responsibility in assisting the infant with such challenges. Excessive projective identification, due to a lack of containment or frustration tolerance, can lead to psychopathology and a deficit in mentalizing ability. This process is linked to how mothers name or label and acknowledge their infants' feelings. According to Fonagy et al., (2002) the failure of this process may disrupt an infant's ability to engage in mentalization, potentially impacting their psychological development process later. Mentalization is expected to improve through the caregivers' responses to their children's mental states and needs (Fonagy & Luyten, 2016). Therefore, the development of this capacity is significantly influenced by the role of parents.

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, Caldarera 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).

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). For this reason, this study investigated the effect of a person's perceived parental bonding and social support on mentalization during emerging adulthood.

1.1. Mentalization: Theoretical Framework and its Applications

First of all, it is crucial to understand how mentalization is conceptualized and its theoretical framework. People encounter a complex social life from the moment they are born. In this social environment, it is important to compherend the intentions, feelings, and actions of others (Dunn, 1988). According to Dunn (1988), the development of social cognition is related to how infants understand their social environment. Dunn (1988) explained this through the theories of mind, empathy, moral development, attachment, and also cultural influences. Further, Leslie (1987) emphasized infants' ability to pretend, which is the first stage of developing understanding others. According to Leslie (1987), pretending

others represents the earliest form of demonstrating the capacity to grasp and imagine mental states. Dennett (1987) stated the importance of predicting the other party's behavior in interaction with people in this social environment with intentional stance which is understanding the desires, beliefs and intentions of the others. Mentalization, which is closely associated with the term of theory of mind (ToM) in developmental psychology literature, is a new term that started being used in psychotherapy (Hagelquist, 2017). ToM has a crucial role in conceptualizing mentalization; therefore, understanding ToM will shed light on mentalization better. Fonagy (1989) based the term of mentalization on ToM which has been developed by Premack and Woodruff (1978). ToM refers to a person's ability to aspect information about another person's mental state (Premack & Woodruff, 1978). In children with typical development, the ToM is developed in the first five years (Hobson, 1993) but we observe differences in ToM of children with autism spectrum disorders (Baron-Cohen et al., 1985). Autism Spectrum Disorder (ASD) in children, ToM deficits are often observed, meaning that these children may have difficulties understanding and predicting the thoughts and feelings of others (Baron-Cohen et al., 1985).

The utilize of mentalization as a new term emerged after projects for the treatment of borderline personality disorder (Fonagy et al, 2002; Allen, 2003). Mentalization is a process of perceiving and interpreting oneself and others' mental states and emotions for instance wishes, feelings, thoughts, beliefs and intentions (Fonagy, 1997; Bateman & Fonagy, 2007). Mentalization is also described as "holding mind in mind" and "understanding misunderstanding" (Allen et al., 2008, p.3). However, as mentalization is a novel term, it can be confused with other terms in the literature, such as empathy, mindfulness, theory of mind, etc. (Allen, 2006, p.11).

To begin with the differences between empathy and mentalization, it can be said that while empathy focuses on taking the perspectives of others and underlines the emotional states, mentalization focuses on self and others, also both mental states and emotional states (Allen, 2006, p.12). As for mindfulness, their similar point is that attention is on emotions and thoughts, but the present moment is the main emphasis of mindfulness, which is also not just about mental states (Allen, 2006, p.15). However, when Allen (2006) also described the mentalization as *mindfulness of mind*. Finally, theory of mind, which Fonagy (1989) used to conceptualize mentalization, differs from mentalization as a term. When we look at the distinction between the theory of mind and

mentalization, mentalization is an ability open to change and improvement over lifetime, whereas the theory of mind is a stage of cognitive development (Allen & Fonagy, 2006).

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. The first one is *automatic/implicit mentalization versus controlled/explicit mentalization.* In the implicit mentalization, people think more faster, reflexive, be less attentive, be less aware be less affording when they try to understand others. Especially, when people are in the secure environment, they tend to behave and think more automatically via implicit mentalization. Thus, social interaction becomes easier for each one. For instance, in any behavior of someone familiar, they can think and understand more quickly about his/her intentions and thoughts or emotions (Fonagy & Bateman, 2019). Also, there is controlled/explicit mentalization, in which we cannot make sense of the behavior of the other person and try to understand the reasons for their behavior. Controlled mentalization requires active mental effort and is a slower process that requires mutual communication. Explicit mentalization plays the role of a part in social control and enables an individual to explain and predict behavior (McGeer, 2007). When people face stress and arousal, automatic mentalizing occurs and it causes to interfere the neural systems which are related to the explicit mentalization (Nolte et al, 2013). For this reason, when performing implication in the clinical field, it is important to think about automatic mentalizations and transform them into controlled mentalizations (Fonagy & Bateman, 2019). The second dimension is *cognitive mentalization versus affective mentalization*. Cognitive mentalization focuses on one's capacity to identify, name, and reason of the mental states of others. Emotional mentalization involves the capacity to understand emotions and other emotion-focused mental processes (Fonagy & Bateman, 2019). Another dimension is *internal mentalization versus external mentalization.* Internal mentalization includes internally focused mentalization, in which the person pays attention to internal processes such as intuition. External mentalization focuses on external factors such as facial expressions. It is important that these two dimensions are in balance. For example, in the clinical field, the therapist leaning back and opening his mouth as external mentalization may make a borderline patient think that the therapist is bored as internal mentalization (Fonagy & Bateman, 2019). On the other hand, in this dimension, as in other dimensions, it focuses not only on understanding other people's external or internal mental processes, but also on its own internal and external processes.

The fourth and the final dimension, also which this research focuses, is *self mentalization versus other mentalization*. 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).

For all dimensions mentioned above, effective mentalization necessitates that the person not only be able to balance these aspects of social cognition, but also be able to use them properly depending on the situation (Fonagy & Luyten 2009). For instance, persistently unbalanced mentalizing on at least one of these four dimensions would be noticeable in an adult with personality disorder. According to this viewpoint, distinct integration of impairments throughout the four dimensions can be used to discriminate between diverse forms of psychopathology (Fonagy & Bateman, 2019).

When the development of mentalization is examined, the capacity to engage in mentalizing is a complex developmental accomplishment that emerges from various early infant capacities that encourage social engagement (Hobson 2002; Klin et al. 2005). Infants initiate mentalizing the teleological stance during their second year of life (Gergely et al., 1995). Moreover, it is seen that the caregiver occupies a very important place in an infant's early life. If caregivers (mostly mothers) respond to their children's needs and mental states, mentalization is expected to develop well (Fonagy & Luyten, 2016). Therefore, children's mentalization occurs as the reflective function of the caregiver or the developmental gains mentioned in the theory of mind, which refers to children's developing grasp of other individuals' mental worlds, including their desires, beliefs, knowledge, and emotions (Wellman & Liu, 2004). Mentalizing leads to a feeling of self and emotional agency, primarily through noticeable mirroring exchanges with the primary caregiver (Gergely & Watson, 1996). In light of this information, what is expected from a caregiver is to understand the signals given by the child correctly, to respond to them in the same harmony, and to tolerate them (Target & Fonagy, 1996).

1.2. Mentalization in Emerging Adulthood

Emerging adulthood is a developmental stage that covers eighteen to thirty years old, and takes place between adolescence and adulthood. Arnett (2004), who first gave this name to this period, mentioned that there were many important changes in lives of people during this period. Specifically, there are numerous changes, and uncertainties in the lives of most young people, which started with leaving home for the first time, come to the fore. For example, they go to university during this period and take the first step towards the profession they will choose in the future, they can marry their romantic partners, and even become parents during this period. Also, young people can leave the family for the first time and get new experiences for the future, and they prepare for adult life. The most prominent in this period are lots of uncertainties, instabilities and discoveries (Arnett, 2006).

The identity that begins to develop in adolescence continues to develop in emerging adulthood by developing a strategy, defining goals, and evaluating consequences (Massey et al., 2008). According to O'Conner et al. (1996), the dynamic between emerging adults and their parents can be characterized as a delicate equilibrium, involving both a quest for personal autonomy and a tendency to seek their parents' assistance and comfort. For this reason, the parenting styles they perceive during emerging adulthood are important for their individualization. Thanks to the autonomy provided by this individualization, they can express their opinions more freely (Finley et al., 2008). Even though adults in this period seem disconnected from their families, research shows that they still rely on them (McKinney et al. 2008). The ongoing existence of parents in this period also reveals the important role of parents in the period of transition (McKinney & Renk, 2008). Emerging adulthood used as a sample in this research is important to be able to conceptualize perceived parenting style (Parra et al., 2019).

Throughout adolescence, the brain continues to undergo substantial neurobiological change, with consequences for social cognition in particular (Dumontheil et al. 2010; Váša et al. 2018). It is proposed that mentalization develops during adolescence at a rate equal to that of other aspects of social cognition (Poznyak et al., 2019). ToM and executive functions which are associated with mentalization, still progress to develop in the emerging adulthood (Valle ey al., 2015; Taylor et al., 2015; Meinhardt-Injac et al., 2020). For instance, according to a study conducted in 2023, a significant increase in mentalization

capacity at around the age of 14-15, after which it remained stable for a short time, and then there was a important increase between the ages of 17-18 and 20 (Desatnik et al., 2023). Additionally, children's ability to mentalize develops as they become older and become able to distinguish between themselves and other people (Čekuolienė et al., 2021). Zandpour and colleagues (2023) explained this situation by saying that as children grow older, they are better at understanding their internal subjective experiences and are better at expressing it verbally than at their younger ages; therefore, have more mentalization capacity.

Furthermore, in emerging adults, sensitive parental care predicts their mentalization capacity and well-being (Borelli et al, 2018). In a study conducted in Egypt, it was concluded that emerging adults have higher mentalization levels, do not have difficulty in bidirectional communications, and have better skills in receiving and giving feedback from others. The same study, which also examined attachment styles, revealed that emerging adults with insecure attachment were less functional in interpersonal communication than those with secure attachment (EL Ghannam, 2022). Moreover, emerging adults with insecure attachment style have lower mentalization capacity than secure attached emerging adults (Henry et al., 2022). As a result, it has been revealed that people who are capable of separation and individualization, which is a distinctive feature of the emerging adulthood period, can do this separation better when they are securely attached, and thus have a higher mentalization capacity (Lapsley & Woodbury, 2016).

1.3. Factors Related to Mentalization

Examining the progression of mentalization, it becomes apparent that numerous contributing factors influence this developmental process. Notably, the establishment of a secure attachment with parental figures emerges as a salient factor (Bateman & Fonagy, 2019), yet empirical investigations reveal that environmental conditions also exert a discernible impact (Fonagy & Luyten, 2016).

1.3.1. Parental Bonding

Families are of crucial importance in children’s development and well-being. Thus, the basic theories in psychology are mainly based on parents. For example, from a psychoanalytic perspective, Freud (1905), the father of psychoanalysis, emphasizes the

attitudes of the parents, especially the mother, and how their behaviors form the character of the child have an essential place. According to Freud's theory of human psychosexual development, consisting of five stages—oral, anal, phallic, latency, and genital—individuals undergo personality development during these periods. This process involves factors such as maternal care, feeding, nurturing, and various experiences. Additionally, it acknowledges that inherent human tendencies during these stages reflect fundamental survival efforts. According to Melanie Klein (1957), the connection between the infant and its mother's breast during the first year of childhood is linked to the development of envy and gratitude. That is, the future object relations of the baby are related to the relationship that the baby establishes with the mother's breast as either *bad or good breast* at these times. Winnicott (1958), emphasized the *good enough mother* term, which refers to mothers' responding to an infant delightedly and sensitively. This term highlighted the interpersonal relationship between infants and caregivers in certain systems and also mentions the necessity of this separation for the infant to be able to separate from the maternal object and for the emotional maturation of the ego.

On the other hand, Bowlby (1969 and 1980) developed *attachment theory* based on the bonding of the caregiver and child. According to Bowlby, attachment is defined as a "lasting psychological connectedness between human beings" (p.194). This starts with the connectedness between the caregiver and the baby. The way of connectedness is related to some factors, such as how the needs of child are met by the caregiver, how the caregiver reacts when the child is in a threat situation. These factors, in turn, shape attachment style of the child. Also, the proximity between the child and the caregiver has an influence on the child's attachment style. According to Bowlby's attachment theory and Ainsworth and his colleagues' (1978) later work, there are four attachment styles. These styles are s*ecure, insecure-avoidant, insecure ambivalent*, and *insecure-disorganized* attachment styles. Gentle and attuned caregiving fosters a sense of psychological well-being, encompassing feelings of security in both attachment and the desire to explore the world (Allen, 2013). Children with secure attachments move fluidly and surely through the circle of security, adapting their actions to their evolving interests and needs (Ainsworth, 1968; Ainsworth et al., 1978). Additionally, ambivalent-resistant infants remain uncertain about their caregiver's responsiveness, causing them to cling to the potential safety of their attachment figure while hesitating to venture into the world (Ainsworth et al., 1978). In contrast, avoidant infants, anticipating that their attachment needs may go unmet, prefer to stay on the outskirts of the

circle of security, engaging in exploration but lacking the self-assuredness and eagerness seen in securely attached children (Ainsworth et al., 1978). Developing mentalization flourishes best within the framework of secure attachment relationships (Allen et al., 2008).

One's mentalization capacity begins in the womb with the mother's emotions. When s/he is born, it begins to take shape based on the mother's responses to the baby's feelings and emotions. The reflection capacity that the mother or caregiver gives to the baby's state of mind also affects this person's emotion regulation in the future (Redfern, 2019). The behaviors shown by the caregiver in the secure attachment style require not only physical availability but also emotional proximity in this direction (Bateman & Fonagy, 2019). Mentalizing and secure attachment improve at the same time and in the same direction (Fonagy et al. 2008). Fonagy and Target (1997) underlined the mother's reflective function feature for the child to be able to have positive bonding. The ability to respond to other people's actions as well as to perceive their beliefs, feelings, hopes, pretenses, goals, and other characteristics is known as the reflective function. Caregivers that have a reflective function are able to "read" a child's mind.

In this study, parental bonding was examined. The difference between “bonding” and “attachment” is that bonding is the initial emotional connection that forms between a caregiver and an infant, often in the early stages of life (Berk, 2013). Attachment, on the other hand, is a deeper and more enduring emotional relationship that develops over time and involves both the caregiver and the child, influencing the emotional development of child and relationships throughout life (Berk, 2013). Thus, adult attachment is related to the bonding established with the parents in the early period. People with an insecure attachment style tend to perceive dysfunction in their parents' bonding (Thorberg et al., 2011). Functional parental bonding is typically described as taking place when the parent-child relationship facilitates the development of a secure attachment style. This process unfolds by establishing a nurturing and consistent bond with a primary caregiver, typically the mother (Bowlby & King, 2004). A lack of a secure connection with the primary caregiver during childhood may lead to an insecure attachment style. This is often the consequence of prolonged and consistent neglect of the child's needs for appropriate care and empathy, or it can be due to ongoing and excessively protective behaviors that restrict the child's independence (Zafiropoulou et al., 2014). According to Asano et al., (2013) functional parental bonding does include a degree of protection, but the key issue with overprotection

is its intrusiveness, which is often accompanied by a failure to comprehend the child's or adolescent's independent needs.

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.

1.3.2. Social Support

Social support is described as *“The provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors”* in the APA Dictionary of Psychology (2023). It is also explained that this support can be in the form of concrete support, such as giving money or in the form of emotional support such as making someone feel valued (APA, 2023). It was stated that the person received this

social support from significant others such as friends, family and colleagues etc. (Thoits, 1995). It appears that the perception that social support is accessible has a considerably greater effect on mental health than really receiving social support (Dunkel-Schetter & Bennett, 1990). Also, perceived social support predicts more coherent psychological well-being than actual social support (Sarason et al., 1986). According to Helgeson (2003), there are two different ways of evaluating social support which are structural and functional. In the structural way, it mostly reflects all of the existence that have social support, that is, it states an adjective more quantitatively, for example, it includes situations that indicate quantity such as how many friends you have, what roles you have in the family (parent, sibling), how many people you are in contact with. On the contrary, in the functional way, a qualitative gain is more at the forefront, thus the resources provided to the individual by people in the social environment. There are three main classifications in these measures of functional way of social support. These are instrumental support, informational support, and emotional support. Instrumental support, occasionally termed as practical aid, encompasses individuals offering tangible help, like assisting with domestic tasks, offering financial assistance, or carrying out errands. Emotional support entails the presence of individuals who are there to lend an ear, show concern, offer empathy, provide comfort, and instill a sense of worth, affection, and concern. Informational support pertains to furnishing information or guidance (Helgeson, 2003).

According to Cohen and Wills' (1985) stress buffering hypothesis, structural support exhibits a direct connection to an individual's quality of life. In situations where stress is minimal, merely participating in a social network, having companions, and experiencing a sense of affiliation to a group are associated with an improved quality of life. Conversely, the functional aspects of support align with the stress-buffering theory. When stress levels are elevated, it becomes necessary to draw upon resources from individuals in one's social circle to aid in effective coping.

According to literature, human beings who have more social bonding live longer (Berkman & Syme, 1979; Holt-Lunstad et al., 2010), have better mental health consequences (Seeman, 1996), have more resistance for somatic diseases such as cancer, infectious disease or cardiovascular disease (Chida et al., 2008; Uchino, 2006). According to the results of the empirical review on the beneficial outcomes of social support on people's general well-being, it is explained that social support increases the activation of threat-related neurons in the brain, and the areas responsible for safety (Eisenberger, 2013).

Moreover, women tend to have more close friends throughout their lives than men do, and both women and men benefit more from the emotional support that women provide and receive (Klauer & Winkeler, 2002).

On the other hand, not only receiving the social support is effective on people's lives but also giving social support is crucial. People who give more social support to others, have better mental health (Brown et al., 2008), less depressive symptoms (Krause et al., 1992) and diminished risk of mortality (Brown et al., 2003).

The influence of parents on mentalization was mentioned above. However, caregivers are not the only factor that help the development of mentalizing. The environment, including friends, teachers, peers are another important factor which strengthen and broaden mentalizing skills (Fonagy & Luyten, 2016). The development of mentalization begins with observing the social environment. In fact, similar to mentalization, social support is a resilience factor (Fonagy et al., 2019, p.64). For instance, Batemen and Fonagy (2019), who implemented a program that includes the support of families while working with people with borderline personality disorder(BDP) in mentalization-based therapies, concluded that this family support program reduces the negative events experienced in the home environment of people with BPD. When considering social support, family often takes precedence in one's thoughts. On the other hand, the parent's reflective function, which is necessary for the development of mentalization, can be shaped according to the social support perceived by the parents, that is, a parent's high social support can provide the necessary parenting competence to perform the reflective function (Dehghan Manshadi et al., 2023).

1.3.3. Parental Bonding and Social Support

Researches indicate a correlation between the quality of adult relationships and early bonding experiences. Specifically, the reported level of parental warmth and the presence of caring versus overprotection which is a lack of support for autonomy, play a significant role in shaping these later relationships (Parker & Barnett, 1988; Flaherty & Richman, 1986). For example, when perceptions of parental care increase, quality of the social support also increase in adults (Sarason et al., 1986). Moreover, in one study, perceived paternal and maternal care positively correlated with social support and perceived paternal and maternal overprotection negatively correlated with social support (Cosden & Cortez-Ison, 1999). Moreover, in a study conducted with college students in China, the suicidality ideas of male

participants who had a parenting style including warmth and received support from their families decreased, while the suicidality ideas of those who had a neglect and indulgence parenting style increased. Besides, unlike the male participants, the social support that the female participants with the parental warmth received from their teachers and friends was also found to be a factor that reduced their suicidal ideation (Zhao et al., 2022). According to Mukhtar and Mahmood (2018), a study looking at the effect of adolescents' perceived parenting style and perceived social support on relational aggression in Pakistan, it was found that the fathers' overprotective parenting and the adolescents' low perceived social support are factors that increase relational aggression. On the contrary, when adolescents with mothers' rejecting parenting attitudes is high social support, their relational aggressions increase. In other words, the difference in parenting styles perceived from the mother and father may also change the situation created by social support.

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.

1.4. Research Questions and Hypotheses

1) What is the relationship between parental bonding and mentalization in emerging adulthood?
    a. We expect a positive correlation between perceived parental bonding and mentalization during emerging adulthood.
2) What is the relationship between social support and mentalization in emerging adulthood?
    a. We expect a positive correlation between perceived social support and mentalization during emerging adulthood.
3) What are the differential effects of parental bonding and social support on mentalization in emerging adulthood?
    a. People who have higher parental bonding and social support will predict higher mentalization during emerging adulthood.
4) Is there any difference between emerging adults who have low parental overprotection and high parental overprotection on their mentalization?
    a. We hypothesized that emerging adults who perceived their parents as an low overprotection have less mentalization than emerging adults who perceived their parents as high overprotection

2. METHOD

2.1. 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

Diognose 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

2.2. Measures

2.2.1. 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.

2.2.2. 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 currents 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.

2.2.3. 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. Kapcı 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, Crocbach 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.

2.2.4. 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.

2.3. 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.

3. 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 corelated 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.Mentelization (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*

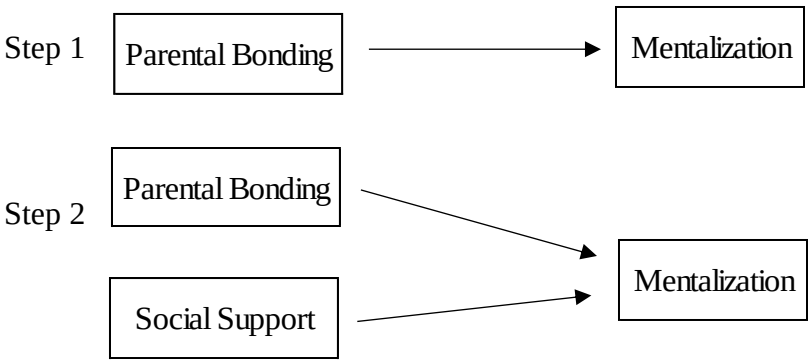
3.1. Regression Models

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 (β) 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)

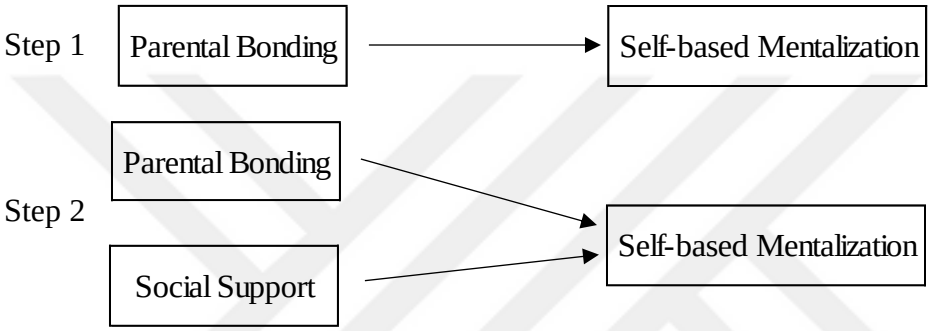
Variable	*B* [95% CI]	β
Step 1		
Parental Bonding	.16 [.07-.25]	.19
Step 2		
Parental Bonding	.02 [-.07-.11]	.02

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

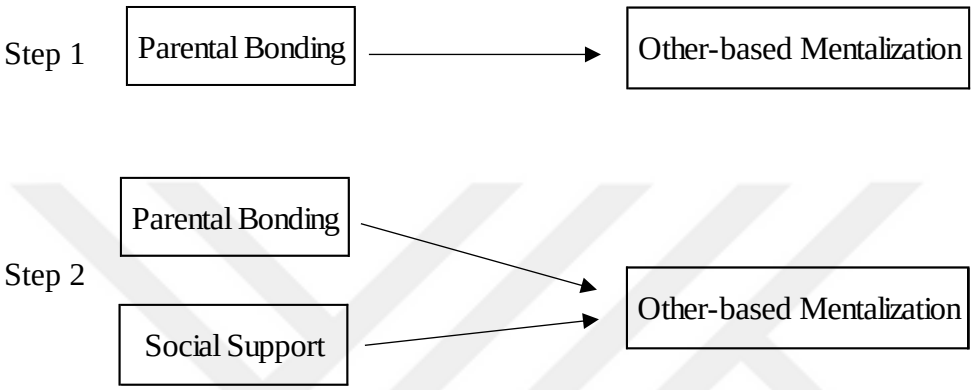
Unstandardised (B) and standardised (β) regression coefficient each predictor variable on each step of a hierarchical multiple regression predicting self-based mentalization (N = 335)

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 (β) regression coefficient each predictor variable on each step of a hierarchical multiple regression predicting other-based mentalization (N = 335)

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

3.2. 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)		
	M	*SD*	*M*	*SD*	*t*-test
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*

4. 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.

4.1. 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.

4.2. 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.

4.3. 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.

4.4. 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.

4.4.1. 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.

4.5. 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.

4.6. 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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APPENDIX A: INFORMED CONSENT FORM

Bu araştırma Yeditepe Üniversitesi Klinik Psikoloji Yüksek Lisans Programı bünyesinde Dr. Öğr. Üyesi Burcu Ünlütabak danışmanlığında Ebrar Yıldırım tarafından yüksek lisans tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Çalışmanın amacı bazı ebeveynlik özellikleri ile bilişsel süreçleri incelemektir.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırmaya katılmayı kabul ederseniz, sizden beklenen, ankette yer alan ebeveynlik ve bazı bilişsel süreçlere dair bir dizi soruyu derecelendirme ölçeği üzerinde yanıtlamanızdır. Bu çalışmaya katılım ortalama olarak 10 dakika sürmektedir.

Katılımınızla ilgili bilmeniz gerekenler:

Bu çalışmaya katılmak tamamen gönüllülük esasına dayalıdır. Herhangi bir yaptırıma veya cezaya maruz kalmadan çalışmaya katılmayı reddedebilir veya çalışmayı bırakabilirsiniz. Çalışma dahilinde kimlik bilgileriniz toplanmayacaktır. Sağladığınız diğer veriler yalnızca araştırma dâhilinde kullanılacaktır. Elde edilecek bilgiler araştırmacılar tarafından toplu halde değerlendirilecek ve bilimsel yayımlarda rapor edilmek için kullanılacaktır.

Olası faydalar ve riskler:

Çalışmaya katılmanız durumunda literatüre bu konu hakkında destek sağlayarak veri eklememize yardımcı olacaksınız. Anket, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Dilerseniz psikolojik destek konusunda yönlendirme yapılması için de araştırmacı ile irtibata geçebilirsiniz.

- ☐ ***Bu bilgilendirilmiş onam belgesini okudum ve anladım. Bu araştırmaya katılmayı hür irademle kabul ediyorum***

APPENDIX B: DEMOGRAPHIC INFORMATION FORM

Cinsiyetiniz:

Yaşınız:

Yaşadığınız yer:

Eğitim durumunuz (en son mezun olduğunuz derece):

- Okur-yazar
- İlkokul
- Ortaokul
- Lise
- Üniversite
- Yüksek lisans/ Doktora

Annenizin eğitim durumu (en son mezun olduğu derece):

- Okur-yazar
- İlkokul
- Ortaokul
- Lise
- Üniversite
- Yüksek lisans/ Doktora

Babanızın eğitim durumu (en son mezun olduğu derece):

- Okur-yazar
- İlkokul
- Ortaokul
- Lise
- Üniversite
- Yüksek lisans/ Doktora

Aşağıdakilerden hangisi ekonomik düzeyinizi en iyi ifade etmektedir?

- Gelirlerim giderlerimden düşük
- Gelirlerim giderlerimi karşılıyor
- Gelirlerim giderlerimden fazla

Tanısı konmuş herhangi bir psikolojik rahatsızlığınız var mı?

Hayır Evet

Yanıtınız evet ise belirtiniz: _____

Psikolojik veya psikiyatrik herhangi bir tedavi alıyor musunuz?

Hayır Evet

Herhangi bir psikiyatrik ilaç kullanıyor musunuz?

Hayır Evet

Çocukluğunuzda birincil bakıcınız kimdi? (anne, baba, babaanne, anneanne, bakıcı vs.)

_____

APPENDIX C: MENTALIZATION SCALE (MENTS)

Lütfen her bir maddeyi dikkatlice okuyunuz ve size en uygun seçeneği 1 ile 5 arasında işaretleyiniz.

1	2	3	4	5
Tamamen yanlış	Çoğunlukla yanlış	Hem doğru hem yanlış	Çoğunlukla doğru	Tamamen doğru

2.

1.Davranışlarıma yol açan nedenleri anlamayı önemserim.	(1)	(2)	(3)	(4)	(5)
2.Başkalarının kişilik özellikleri hakkında karar verirken ne söyleyip ne yaptıklarını dikkatlice gözlerim.	(1)	(2)	(3)	(4)	(5)
3. Başkalarının duygularını tanıyabilirim.	(1)	(2)	(3)	(4)	(5)
4.Çoğunlukla başkaları ve onların davranışları üzerine düşünürüm.	(1)	(2)	(3)	(4)	(5)
5.Genellikle insanları neyin rahatsız ettiğini ayırt edebilirim.	(1)	(2)	(3)	(4)	(5)
6.Başkalarının duygularını paylaşabilirim (örn. acısını/sevincini paylaşmak gibi).	(1)	(2)	(3)	(4)	(5)
7.Birisi beni sinirlendirdiğinde neden o şekilde tepki verdiğimi anlamaya çalışırım.	(1)	(2)	(3)	(4)	(5)
8. Kendimi kötü hissettiğimde üzgün mü, korkmuş mu yoksa kızgın mı olduğumdan emin olamam.	(1)	(2)	(3)	(4)	(5)
9.Başkalarının davranışlarını anlamaya çalışarak vaktimi harcamayı sevmem.	(1)	(2)	(3)	(4)	(5)
10.Başkalarının düşünce ve duygularını bildiğimde davranışları hakkında doğru tahminlerde bulunabilirim.	(1)	(2)	(3)	(4)	(5)
11.Çoğu kez kendime bile neden öyle bir şey yaptığımı izah edemem.	(1)	(2)	(3)	(4)	(5)
12.Bazen bir başkasının duygularını o bana henüz bir şey söylemeden anlayabilirim.	(1)	(2)	(3)	(4)	(5)
13.Yakın olduğum insanlarla ilişkilerimde ne olup bittiğini anlamayı önemserim.	(1)	(2)	(3)	(4)	(5)

14.Kendimle ilgili hoşuma gitmeyecek bir şeyi keşfetmek istemem.	(1)	(2)	(3)	(4)	(5)
15.Yakın olduğum insanlarla sık sık duygular hakkında konuşurum.	(1)	(2)	(3)	(4)	(5)
16.Üzüldüğümü, incindiğimi ya da korktuğumu kendime itiraf etmeyi güç bulurum.	(1)	(2)	(3)	(4)	(5)
17.Sorunlarım hakkında düşünmekten hoşlanmam.	(1)	(2)	(3)	(4)	(5)
18.Yakın olduğum insanların belirgin özelliklerini doğru ve ayrıntılı biçimde tarif edebilirim.	(1)	(2)	(3)	(4)	(5)
19.Tam olarak nasıl hissettiğim konusunda sıklıkla kafam karışıktır.	(1)	(2)	(3)	(4)	(5)
20.Duygularımı ifade etmek konusunda uygun sözcükleri bulmak benim için zordur.	(1)	(2)	(3)	(4)	(5)
21.İnsanlar bana kendilerini anladığımı ve akıllıca tavsiyeler verdiğimi söyler.	(1)	(2)	(3)	(4)	(5)
22.İnsanların neden belirli şekillerde davrandıkları hep ilgimi çekmiştir.	(1)	(2)	(3)	(4)	(5)
23.Ne hissettiğimi kolayca tanımlayabilirim.	(1)	(2)	(3)	(4)	(5)
24.İnsanlar kendi duyguları ve ihtiyaçları hakkında konuşurlarken aklım başka şeylere kayar.	(1)	(2)	(3)	(4)	(5)
25.Hepimiz hayat şartlarına tabi olduğumuz için başkalarının niyetlerini veya isteklerini düşünmek anlamsızdır.	(1)	(2)	(3)	(4)	(5)

APPANDIX E: THE PARENTAL BONDING INSTRUMENT

Aşağıda, ana-babanızın çeşitli tutum ve davranışlarına ilişkin ifadeler yer almaktadır. 16 yaşınıza kadar olan dönemde **annenizi** hatırlamaya çalışarak, her bir ifadede en uygun seçeneğin karşısındaki paranteze işaretleyiniz.

	Tamamen böyleydi (3)	Kısmen böyleydi (2)	Pek böyle değildi (1)	Hiç böyle değildi (0)
1.Benimle yumuşak ve arkadaşça bir tarzda konuşurdu.				
2.İhtiyaç duyduğum kadar yardım etmezdi.				
3. Hoşlandığım şeyleri yapmama izin verirdi.				
4.Duygusal olarak bana karşı soğuk görünürdü.				
5.Sorunlarımı ve endişelerimi anlıyor görünürdü.				
6. Bana karşı sevgi doluydu				
7. Kendi kararlarımı vermemden memnuniyet duyardı.				
8. Büyümemi istemezdi.				
9.Yaptığım her şeyi kontrol etmeye çalışırdı				
10. Mahremiyetime müdahale ederdi.				
11.Olan-bitenler hakkında benimle konuşmaktan keyif alırdı.				
12. Genellikle bana karşı güler yüzlüydü.				
13.Bana, bebekmişim gibi davranma eğilimi vardı.				
14. İhtiyaçlarımı ve isteklerimi anlamıyor gibiydi.				
15. Kendimle ilgili kararları almama izin verirdi.				

16. İstenmediğimi hissettirirdi.				
17. Üzgün olduğum zamanlarda kendimi daha iyi hissetmemi sağlardı				
18. Benimle pek fazla konuşmazdı.				
19. O'na bağımlı olduğum duygusunu yaşatmaya çalışırdı.				
20. Benimle pek fazla konuşmazdı.				
21. İstediğim kadar özgürlük tanırdı.				
22. İstediğim zaman dışarı çıkmama izin verirdi				
23. Bana karşı aşırı koruyucuydu.				
24. Beni övmezdi.				
25.İstediğim gibi giyinmeme izin verirdi				

Aşağıda, ana-babanızın çeşitli tutum ve davranışlarına ilişkin ifadeler yer almaktadır. 16 yaşınıza kadar olan dönemde **babanızı** hatırlamaya çalışarak, her bir ifadede en uygun seçeneğin karşısındaki paranteze işaretleyiniz.

	Tamamen böyleydi (3)	Kısmen böyleydi (2)	Pek böyle değildi (1)	Hiç böyle değildi (0)
1.Benimle yumuşak ve arkadaşça bir tarzda konuşurdu.				
2.İhtiyaç duyduğum kadar yardım etmezdi.				
3. Hoşlandığım şeyleri yapmama izin verirdi.				
4.Duygusal olarak bana karşı soğuk görünürdü.				
5.Sorunlarımı ve endişelerimi anlıyor görünürdü.				
6. Bana karşı sevgi doluydu				
7. Kendi kararlarımı vermemden memnuniyet duyardı.				
8. Büyümemi istemezdi.				
9.Yaptığım her şeyi kontrol etmeye çalışırdı				
10. Mahremiyetime müdahale ederdi.				
11.Olan-bitenler hakkında benimle konuşmaktan keyif alırdı.				
12. Genellikle bana karşı güler yüzlüydü.				
13.Bana, bebekmişim gibi davranma eğilimi vardı.				
14. İhtiyaçlarımı ve isteklerimi anlamıyor gibiydi.				
15. Kendimle ilgili kararları almama izin verirdi.				
16. İstenmediğimi hissettirirdi.				
17. Üzgün olduğum zamanlarda kendimi daha iyi hissetmemi sağlardı				

18. Benimle pek fazla konuşmazdı.				
19. O'na bağımlı olduğum duygusunu yaşatmaya çalışırdı.				
20. Benimle pek fazla konuşmazdı.				
21. İstediğim kadar özgürlük tanırdı.				
22. İstediğim zaman dışarı çıkmama izin verirdi				
23. Bana karşı aşırı koruyucuydu.				
24. Beni övmezdi.				
25.İstediğim gibi giyinmeme izin verirdi				

APPANDIX F: TWO-WAY SOCIAL SUPPORT SCALE

	Hiçbir Zaman	**Nadiren**	**Arada Sırada**	**Sıklıkla**	**Çoğu Zaman**	**Her Zaman**
1. Hayatımda karşılaştığım zorluklarla ilgili konuşabileceğim birileri var.						
2. Çoğu şeyi paylaşabileceğim en az bir kişi var.						
3. Kendimi keyifsiz hissettiğimde yaslanabileceğim birisi var.						
4. Yaşamımda duygusal destek alabileceğim birisi var.						
5. Güven duyabileceğim en az bir kişi var.						
6. Yaşamımda bana kendimi değerli hissettiren birisi var.						
7. Yakın çevremde bana değer veren insanlara sahip olduğumu hissediyorum.						
8. Başkalarının problemlerini dinlemek için yanlarında olurum.						
9. Moralleri bozulduğunda insanları neşelendirmenin yollarını ararım.						
10. İnsanlar, korku ve kaygılarını bana söyleyecek kadar kendilerini bana yakın hissederler.						
11. İhtiyaç duyduklarında insanları rahatlatırım.						

12. İnsanlar, problemleri olduklarında bana açılırlar.						
13. Bir konuda sıkıştığımda beni o durumdan çıkaracak birileri var.						
14. Fiziksel olarak iyi olmadığımda, bana yardım edecek birileri var.						
15. Finansal olarak bana yardım edecek birileri var.						
16. Sorumluluklarımı yerine getiremediğimde bana yardım edecek birileri var.						
17. Başkaları çok meşgul olduğunda, işlerin yapılabilmesi için, onlara yardım ederim.						
18. Birisi sorumluluklarını yerine getiremediğinde, ona yardımcı olmuştum.						
19. Birlikte yaşadığım birisi hastalandığında ona yardım ettim.						
20. Yapacakları işlerde yardım aradıklarında insanların yardım istediği kişiyim.						
21. Hayatımdaki insanlara finansal destek veririm.						