

Mental Health in Emerging Adulthood: The Role of Identity Confusion and Mentalization

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Abstract

This study examines whether mental health indicators and mentalising capacities differ according to the extent of identity confusion experienced during the emerging adulthood stage of life. The study sample consisted of 435 participants aged 19–25. Of these, 236 (54.25%) were female and 199 (45.75%) were male. Data were collected using the “Brief Symptom Inventory”, the “Sense of Identity Assessment Form” and the “Mentalization Scale”. A two-step cluster analysis (hierarchical and K-means) of the data showed that the sample could be divided into two main groups: (1) individuals with high levels of identity confusion, high levels of mental distress and low mentalising capacity; and (2) individuals with lower levels of identity confusion, relatively good mental well-being and enhanced mentalising skills. The findings suggest that uncertainty and ambivalence during the development of identity are associated with difficulties in regulating emotions and an increased risk of psychological distress. However, mentalisation appears to be positively associated with mental well-being in this process.

Keyword: Emerging adulthood, identity confusion, mentalization, mental health, psychology behavior-personality assessment.

Beliren Yetişkinlik Döneminde Ruh Sağlığı: Kimlik Bocalaması ve Zihinselleştirmenin Rolü

Özet

Bu çalışma, ruh sağlığı göstergeleri ve zihinselleştirme becerilerinin, yetişkinlik döneminin başlangıcında yaşanan kimlik bocalamasının düzeyine göre farklılık gösterip göstermediğini incelemektedir. Çalışma örneklemi, 19-25 yaşları arasındaki 435 katılımcıdan oluşmaktadır. Bunların 236'sı (%54,25) kadın, 199'u (%45,75) erkektir. Veriler, “Kısa Semptom Envanteri”, “Kimlik Duygusu Değerlendirme Aracı” ve “Zihinselleştirme Ölçeği” kullanılarak toplanmıştır. Verilere uygulanan iki aşamalı kümeleme analizi (hiyerarşik ve K-ortalama), örneklemin iki ana gruba ayrılabilceğini göstermiştir: (1) yüksek düzeyde kimlik bocalaması, yüksek düzeyde ruhsal bozukluk belirti düzeyi ve düşük zihinselleştirme kapasitesine sahip bireyler ve (2) daha düşük düzeyde kimlik bocalaması, nispeten iyi zihinsel sağlık ve gelişmiş zihinselleştirme becerilerine sahip bireyler. Bulgular, kimlik gelişimi sırasında belirsizlik ve kararsızlığın, ruhsal bozukluk riskinin artmasıyla ilişkili olduğunu göstermektedir. Ancak, zihinselleştirme becerisinin bu süreçte olumlu ruh sağlığı göstergeleriyle güçlü bir şekilde ilişkili olabileceği görülmektedir.

Anahtar Kelimeler: Beliren yetişkinlik, kimlik bocalaması, zihinselleştirme, ruh sağlığı, psikoloji davranış-kişilik değerlendirme.

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Extended Abstract

Beliren yetişkinlik, bireylerin ergenlikten yetişkinliğe geçiş yaptıkları ve kimlik, ilişkiler, eğitim ve kariyer yönelimi gibi alanlarda yoğun değişimlerin yaşandığı dinamik bir yaşam evresidir. Bu dönem, kendini keşfetme ve bağımsızlık kazanma süreçlerini içerirken aynı zamanda belirsizlik ve rol karmaşasını da beraberinde getirerek ruh sağlığı açısından riskli bir evre oluşturur. Sürecin ruh sağlığı göstergeleriyle ilişkisini anlamada en kritik kavramlardan biri, bireyin kendisini ve başkalarını anlama kapasitesi olarak tanımlanan zihinselleştirmedir. Zihinselleştirme, davranış ve duygusal tepkilerin ardındaki niyet, düşünce ve inançları açıklama becerisidir. Bu beceri, erken çocuklukta bakım verenle kurulan ilişkiye bağlı gelişerek duygu düzenlemenin temelini oluşturur. Zihinselleştirme becerisindeki eksiklikler; duygu düzenleme sorunları, kişilerarası ilişkilerdeki problemler ve depresyon, anksiyete ve somatizasyon gibi çeşitli ruhsal belirtilerle ilişkili olabilir. Zihinselleştirme aynı zamanda, temel gelişimsel görevlerden biri olan kimlik edinimi süreciyle de yakından ilişkilidir. Süreçteki tutarsızlıklar ve belirsizlikler, bireyin kendilik algısında netlik sağlayamaması ve benlik sürekliliğinin zayıflamasıyla karakterize olan kimlik bocalamasıyla ilişkili olabilir. Zihinselleştirme kapasitesindeki yetersizliğin, içsel deneyimlerin tehdit edici veya kaotik algılanmasına neden olarak, artan kimlik bocalaması ve ruhsal sorunlarla ilişkili olabileceği düşünülmektedir. Bu doğrultuda araştırmanın temel amacı, beliren yetişkinlik dönemindeki bireylerde kimlik bocalaması, zihinselleştirme becerileri ve ruh sağlığı göstergeleri arasındaki ilişkileri incelemek ve bu değişkenler doğrultusunda ruh sağlığı açısından risk gruplarını belirlemektir. Bu amaçla yürütülen araştırmanın örneklemini, yaşları 19 ile 25 arasında değişen 435 üniversite öğrencisi oluşturmuştur. Katılımcıların 236'sı (%54,25) kadın, 199'u (%45,75) erkektir. Veriler Kısa Semptom Envanteri, Kimlik Duygusu Değerlendirme Aracı ve Zihinselleştirme Ölçeği aracılığıyla toplanmıştır. Gerekli izinler Uşak Üniversitesi, Sosyal ve Beşeri Bilimler Bilimsel Araştırma ve Yayın Etik Kurulu'ndan 2025-68 numaralı onay ile alınmıştır. Yapılan analizler sonrası elde edilen araştırma bulguları incelenmiştir. Korelasyon analizi sonuçlarına göre, artan kimlik bocalaması ile azalan zihinselleştirme düzeyi arasında negatif yönlü, orta düzeyde ($r = -.405$, $p < ,001$) ve artan toplam semptom düzeyi arasında pozitif yönlü, güçlü ($r = ,675$, $p < ,001$) bir ilişki saptanmıştır. Ayrıca azalan zihinselleştirme puanlarının, artan toplam semptom puanları ile anlamlı düzeyde ilişkili olduğu görülmüştür ($r = -.260$, $p < ,001$). Katılımcılar kimlik bocalaması ölçeğinin klinik kesme puanına göre iki gruba ayrıldığında, bağımsız örneklem t-testi sonuçları, kimlik bocalaması yaşayan grubun zihinselleştirme puanlarının ($M = 86,13$) yaşamayanlara ($M = 93,33$) göre anlamlı düzeyde düşük olduğunu ($t = 7,78$, $p < ,001$) göstermiştir. Aynı zamanda kimlik bocalaması yaşayan grubun Kısa Semptom Envanteri toplam puanının ($M = 100,73$), yaşamayan grubun puanından ($M = 46,65$) belirgin şekilde yüksek olduğu görülmüş ve bu durum tüm alt boyutlarda kimlik bocalaması yaşayan grubun aleyhine anlamlı farklar ortaya koyduğu saptanmıştır. Değişkenlerin bütüncül örüntüsünü incelemek amacıyla yapılan iki aşamalı kümeleme analizinde, örneklemin iki ana kümeye ayrıldığı belirlenmiştir. Katılımcıların %62,5'ini ($N = 272$) içeren Küme 1; düşük kimlik bocalaması ($M = 62,088$), yüksek zihinselleştirme ($M = 92,331$) ve düşük semptom düzeyi ($M = 39,750$) ile ruh sağlığı açısından düşük riskli bir profil sergilemiştir. Katılımcıların %37,5'ini ($N = 163$) içeren Küme 2 ise klinik risk sınırının üzerinde yüksek kimlik bocalaması ($M = 93,061$), daha düşük zihinselleştirme ($M = 86,791$) ve oldukça yüksek semptom ortalaması ($M = 119,883$) ile klinik olarak riskli bir grup oluşturmuştur. Elde edilen bulgular doğrultusunda, kimlik bocalaması arttıkça zihinselleştirme kapasitesinin azaldığı görülmüştür. Bu durum kendilik organizasyonu ile içsel deneyimleri anlamlandırma süreçlerinin gelişimsel olarak birbirine bağlı olduğuna ve zihinselleştirmenin kimlik gelişimindeki rolünün önemli olduğuna işaret etmektedir. Kimlik gelişimindeki belirsizliklerin depresyon, kaygı, olumsuz benlik, somatizasyon ve düşmanlık gibi ruhsal bozukluk semptomlarındaki artışla ilişkili bulunması; kimlik inşasının beliren yetişkinlikteki ruh sağlığı riskleri için merkezi bir gösterge olabileceği ve belirsizliklerin psikolojik kırılganlık yaratabileceği görüşünü desteklemektedir. Gruplar arası karşılaştırmalar ve kümeleme analizi sonuçları ise düşük zihinselleştirme ile yüksek kimlik bocalamasının psikopatoloji için bir risk profili yaratabileceğini gösterirken; yüksek zihinselleştirme ve düşük kimlik bocalamasının ise düşük ruhsal sorun ile ilişkili olduğu ve dolayısıyla ruh sağlığı bakımından daha olumlu bir ruh sağlığı profiline işaret ettiği görülmektedir. Sonuç olarak araştırma, bu yapılar arasında anlamlı bir örüntü bulunduğunu göstererek; klinik uygulamalarda ve erken müdahale programlarında bu yapıların birlikte ele alınmasının tanıtıl ve terapötik açıdan fayda sağlayabileceğini önermektedir. Çalışmanın ortaya koyduğu sonuçların, hem bilimsel bilgi birikimine hem de ruh sağlığı uygulamalarına katkı sunabileceği düşünülmektedir. Bunun yanı sıra çalışmanın bazı sınırlılıkları bulunmaktadır. Örneklemin yalnızca üniversite öğrencilerinden oluşması nedeniyle, çalışmanın bulgularının üniversite eğitimi almayan ya da çalışan gençlere genellenememesi, kesitsel desenin neden-sonuç bağı kurmayı engellemesi, küme analizinin örneklem özelliklerine bağlılığı ve analizlerde cinsiyet değişkeninin kontrol edilmemiş olması önemli sınırlılıklarıdır. Gelecek araştırmalarda boylamsal araştırmaların kullanılması ve araştırmalardaki örneklemin daha heterojen sosyoekonomik özelliklere sahip olması tavsiye edilmektedir.

INTRODUCTION

Emerging adulthood is a stage of life characterised by intense changes in areas such as identity, relationships, education and professional orientation, as individuals transition from adolescence to adulthood. According to Arnett (2000), this period, covering the age range 18–25, involves discovering oneself, gaining independence, and making decisions about the future. However, this process also involves uncertainty, emotional volatility and role confusion. As identity is not yet fully formed and social and emotional responsibilities are not yet firmly established, this period constitutes a risky phase in terms of psychological vulnerability (Schwartz et al., 2013). In this context, how the individual makes sense of their inner experiences and the disruptions to their identity development during this period are closely related to mental health indicators.

One of the pivotal concepts in this process is mentalisation, defined as the individual's capacity to comprehend both themselves and others (Fonagy et al., 2002). Mentalising is defined as the ability to explain one's behaviours and emotional reactions through underlying intentions, thoughts and beliefs. This capacity is known to develop depending on the quality of the relationship established with the caregiver in early childhood (Fonagy & Target, 1997). Indeed, it has been demonstrated that this capacity forms the basis of the individual's emotional regulation skills. Individuals who possess a healthy capacity for mentalising are able to comprehend their internal world with greater consistency, to understand the mental states of others, and to respond more adaptively to complex emotional experiences. Conversely, emotional volatility, interpersonal misunderstandings, and behavioural reactivity are prevalent in individuals with mentalising deficits, which may precipitate the emergence of psychopathological symptoms such as depression, anxiety, hostility, and somatisation (Bateman & Fonagy, 2016; Luyten et al., 2020). A plethora of studies have demonstrated a correlation between low mentalising capacity and emotional dysregulation, as well as breaches in self-integrity. These findings collectively indicate that enhanced mentalising capacity may be positively associated with mental health (Taubner et al., 2011; Sharp et al., 2011).

Mentalising is a central concept that is closely linked to not only the individual's capacity to comprehend emotional experiences, but also the development of identity. Fonagy and Target (1997) have asserted that mentalising facilitates self-organisation and enables the individual to construct their internal experiences in a meaningful way. In this sense, identity development is not only a cognitive structuring but also a dynamic process that occurs at the intersection of emotional, interpersonal and reflective processes. In Erikson's (1968) psychosocial development theory, identity acquisition is defined as the fundamental developmental task of the youth period. During this period, the individual evolves a sense of continuity and integrity while endeavouring to ascertain their own values, objectives and life orientations.

Nevertheless, the inconsistencies and uncertainties that arise during this process can result in a state of 'identity confusion'. The phenomenon of identity confusion has been defined as the inability of the individual to provide clarity in their perception of themselves, their ambivalence about their life orientation and values, and consequently the weakening of self-continuity (Marcia, 1966; Kroger & Marcia, 2011).

The concept of identity confusion is regarded as an incomplete or interrupted phase in the process of identity acquisition, as defined by Erikson. The identity statuses model developed by Marcia (1966) provides a theoretical framework for understanding this process through the dimensions of exploration and commitment. Consequently, the phenomenon of identity confusion emerges in instances of 'identity diffusion', characterised by a minimal attachment level and circumscribed exploration endeavours. While these individuals experience ambivalence about their life orientation, they also report low self-worth, negative self-perception and high levels of psychological stress (Luyckx et al., 2013). The findings indicate a robust correlation between uncertainty in identity development and not only social adjustment but also mental health. Indeed, studies have reported that identity confusion is positively associated with depression (Schwartz et al., 2013), anxiety (Samaey et al., 2025) and somatisation (Luyckx et al., 2013), whereas it is negatively associated with self-consistency and psychological well-being.

The relationship between mentalising and identity development is critical in comprehending the joint impact of these two concepts on psychological functioning. Fonagy et al. (2002) proposed that mentalising facilitates the integration of self-representations, thereby enabling the individual to construct a coherent narrative about themselves. In this context, individuals with low mentalising capacity experience difficulties in comprehending internal experiences, a blurring of self-boundaries, and an interruption to identity development. The consequences of this process may present as emotional regulation difficulties, elevated anxiety levels, negative self-perception and interpersonal conflicts (Choi-Kain & Gunderson, 2008). This is especially the case in emerging adulthood, where the uncertainties faced by individuals in the process of identity development, coupled with low mentalising skills, are frequently associated with mental health problems. The mental symptoms exhibited by individuals experiencing identity-related ambivalence during emerging adulthood are predominantly attributable to impairments in emotional regulation and self-reflection processes. A paucity of mentalisation tends to co-occur with an individual perceiving their internal experiences as threatening, out of control or chaotic. This predicament is associated with considerable challenges in the maintenance of personal boundaries, thereby demonstrating a negative correlation with the identification processes of the individual. The emergence of identity confusion at this stage is also a possibility; the individual is unable to develop a sense of life orientation due to their inability to comprehend their internal conflicts, thereby increasing their mental fragility. As demonstrated in the extant literature, mentalising has been shown to support

psychological resilience and to protect identity integrity (Ensink et al., 2017). It has been demonstrated that individuals who possess a high capacity for mentalising are able to recognise their emotions in situations that are characterised by stress. Furthermore, these individuals have the capacity to consider the perspective of others and to resolve their internal conflicts in a healthier way than those who do not possess this capacity. These characteristics are considered crucial correlates that have been demonstrated to be inversely related to identity confusion and positively associated with mental well-being.

Theoretically, the relationship between mentalising and identity confusion can also be explained through attachment-based models. Secure attachment provides a foundation that supports both mentalising skills and identity development. Insecure attachment styles (e.g., avoidant or anxious attachment) have been demonstrated to weaken identity integrity by limiting mentalising capacity (Fonagy et al., 2002; Luyten et al., 2020). Within this theoretical framework, early mentalising deficits are hypothesised to be associated with identity confusion and psychopathology in emerging adulthood. Individuals experiencing high identity confusion and low mentalisation may be more vulnerable to mental health symptoms, including depression, anxiety, negative self-perception, somatisation and hostility.

In conclusion, the interaction between mentalising and identity confusion can be regarded as a significant determinant of mental health in emerging adulthood. Mentalising capacity functions as a regulatory mechanism for the uncertainties experienced by the individual in the process of identity development. Low mentalising capacity has been demonstrated to be strongly linked with identity confusion and the emergence of various psychopathological symptoms. Consequently, it is imperative to address mentalisation and identity processes collectively in order to identify groups at risk of poor mental health during the transition to adulthood. The present study aims to evaluate whether individuals with low mentalising and high identity confusion profiles are a more at-risk group in terms of mental health by examining the interaction of these two constructs. The present study aims to make a theoretical and empirical contribution to the developmental and clinical psychology literature by means of a holistic evaluation of mentalising and identity dynamics. The research hypotheses are given below:

H1: There is a negative and significant relationship between identity confusion and mentalisation.

H2: There is a positive and significant relationship between identity confusion and mental disorder symptom levels.

H3: There is a significant and negative relationship between mentalising and mental disorder symptoms.

H4: There is a significant difference between individuals with and without identity confusion in

terms of mentalising and mental disorder symptom level scores.

H5: Participants are divided into two or more subgroups (clusters) that differ significantly in terms of identity confusion, mentalization, and levels of psychological symptoms.

H6: Individuals with high identity confusion and low mentalization levels exhibit higher levels of psychological symptoms.

H7: Individuals with low identity confusion and high levels of mentalization will exhibit low levels of psychological symptoms.

METHOD

Participants

The study's sample comprised 435 university students, ranging in age from 19 to 25 years. The mean age of the participants was found to be 21.50 years (SD=1.55). Of the participants, 236 (54.25%) were female and 199 (45.75%) were male. In response to the inquiry regarding the geographical location where the subjects had resided for the majority of their lives, it was ascertained that 210 individuals had inhabited metropolitan areas, 166 had resided in urban centres, and 59 had dwelled in rural districts and villages. Environmental variables such as place of residence, which are included in the demographic information form, were collected for the purpose of reporting the sociocultural diversity of the sample at a descriptive level, rather than for hypothesis testing.

Research Instruments and Processes

Brief Symptom Inventory (BSI)

The scale developed by Derogatis (1992) assesses psychological symptoms of individuals. It was adapted into Turkish by Şahin and Durak (1994). The answers are scored between 0 and 4 and an increase in scores indicates an increase in psychological problems. The sub-dimensions of the scale are Depression, Anxiety, Negative Self, Somatisation and Hostility. Cronbach's alpha coefficient of the scale is 0.96 (Şahin & Durak, 1994). In addition, Cronbach's alpha values obtained for each sub-dimension; Hostility .76, Somatisation .78, Depression .84, Anxiety .82, Negative self .87 (Şahin & Durak 1994).

The Sense of Identity Assessment Form (SIAF)

The scale, which evaluates identity confusion on a clinical axis, was developed by Dereboy and colleagues (1994). It is a self-report scale consisting of 28 questions used to evaluate individuals' sense of identity and identity development processes. In addition, the scale, which helps to determine the identity development problems of young individuals, was prepared on the basis of the basics of identity confusion

and is in the form of 5-point Likert (1=It does not fit me at all, 5=It fits me completely) (Dereboy et al., 1994). Cronbach's alpha internal consistency of the scale was found to be .91 (Dereboy et al., 1994). In addition, as a result of the analysis of the item-total correlation of the scale, it can be stated that it has a statistic above .25 for all items and has a psychometrically appropriate reliability. The cutoff score for the scale is 78. Scores above this threshold indicate identity confusion.

Mentalization Scale (MentS)

The Mentalization Scale was developed by Dimitrijevic and colleagues (2018). The scale is designed to assess individuals' ability to make sense of both their own minds and the minds of others. The scale consists of 28 items with 3 sub-dimensions. The sub-dimensions of the Mentalization Scale are 'self' (MentS-S), "others" (MentS-O) and 'motivation' (MentS-M). The scoring format of the scale is 5-point Likert and it is stated that a high score obtained from the scale result is directly proportional to a high level of mentalisation (Köten, 2024). The Cronbach alpha coefficient of the scale is 0.84 and the Cronbach alpha internal consistency coefficients of the sub-dimensions are 0.77 for MentS-M motivation, 0.76 for MentS-S self-worth and 0.77 for MentS-O others.

Törenli Kaya and colleagues (2023) performed the validity and reliability of the Turkish form of the scale and removed 3 items from the scale during the adaptation phase. During this adaptation phase, three items were discarded from the scale because exploratory analyses revealed that their factor loadings fell below the 0.30 threshold. This refinement process resulted in a psychometrically sound, 25-item revised Turkish version of the MentS. This adapted form preserved high internal consistency, demonstrating an overall Cronbach's alpha coefficient of 0.84. Concurrently, the alpha reliability metrics for the sub-dimensions were updated and reported as 0.79 for MentS-M motivation, 0.78 for MentS-S self, and 0.80 for MentS-O others. In this study, a 25-item questionnaire—which has been adapted into Turkish and undergone reliability and validity analysis—was used.

Ethic

Necessary permissions were obtained for the use of the measurement tools used in the study. Ethics committee permission was obtained from "Uşak University Social and Human Sciences Scientific Research and Publication Ethics Committee" (No:2025-68, Date: 13/03/2025). After the participants were informed about the study, the study was continued with the participants who voluntarily agreed to participate in the study.

RESULTS

Descriptive Statistics Results

Prior to the execution of the fundamental analysis, a thorough check of the data set was conducted. A total of 26 forms were eliminated from the data set, including forms with missing information, forms belonging to individuals under the age of 18 based on the age criterion, and forms belonging to participants who answered at least one of the three control questions added to the questionnaire incorrectly. Following the extraction of the forms from the data set, the analysis continued with data obtained from 435 participants.

Subsequent to the data set evaluation, a preliminary analysis of the data was conducted. The mean, standard deviation, skewness, and kurtosis values for the scale scores, as well as the reliability values for the scales, were then subjected to appropriate statistical analysis. The results obtained are presented in Table 1.

Table 1. Descriptive Statistics

	Mean	Std. Deviation	Skewness	Kurtosis	Reliability coefficient
SIAF	73,69	24,87	,333	-,344	,96
MentS	90,26	10,18	,312	,128	,78
BSI-Total	69,78	46,46	,620	-,269	,98
Depression	18,48	12,02	,462	-,571	,92
Anxiety	16,05	12,09	,712	-,181	,92
Negative Self Concept	15,08	11,64	,805	-,059	,92
Somatization	9,54	7,81	,772	-,154	,86
Hostility	10,63	6,80	,387	-,733	,85

BSI: Brief Symptom Inventory, SIAF: Sense of Identity Assessment Form, MentS: Mentalization Scale

Correlation Analysis Results

The hypothesis that the joint variation of variables and the relationship between variables was tested using correlation analysis. The analysis demonstrated a statistically significant relationship between increasing SIAF scores and decreasing MentS scores, as well as an increase in BSI scores. Decreasing MentS scores were found to be associated with increasing BSI scores. Correlation coefficients are given in Table 2.

Table 2. Correlation Analysis Findings

	1	2	3	4	5	6	7	8
1. SIAF	-	-,405**	,675**	,645**	,637**	,692**	,533**	,543**
2. MentS		-	-,260**	-,201**	-,251**	-,304**	-,204**	-,220**
3. BSI-Total			-	,934**	,962**	,945**	,866**	,860**
4. Depression				-	,866**	,861**	,747**	,740**
5. Anxiety					-	,901**	,805**	,801**
6. Negative Self Concept						-	,749**	,759**
7. Somatization							-	,735**
8. Hostility								-

*P< .05, ** P< .001

BSI: Brief Symptom Inventory, SIAF: Sense of Identity Assessment Form, MentS: Mentalization Scale

Intergroup Comparison Analysis Findings

The objective of the present study is to examine the prevalence of identity confusion among university students and to explore the relationship between mentalisation and mental health in young individuals with identity confusion. To achieve this, participants were classified into two groups, specifically those experiencing identity confusion and those not experiencing it, based on the established cutoff score of the relevant scale. Subsequently, independent samples t tests were employed to determine whether statistically significant differences existed between these two groups regarding their Brief Symptom Inventory total and subfactor scores, as well as their Mentalization Scale scores. The results derived from these analyses are summarized in Table 3.

Table 3. Independent Groups T-test Findings

Variable	Identity Confusion (-)		Identity Confusion (+)		<i>t</i>	<i>p</i>	<i>Cohen's d</i>
	M	SD	M	SD			
MentS	93,33	9,96	86,13	8,97	7,78*	,000	0,77
BSI-Total	46,65	30,85	100,73	45,88	-14,67*	,000	1,35
Depression	12,93	8,96	25,91	11,59	-13,17*	,000	1,23
Anxiety	10,21	8,05	23,87	12,18	-14,05*	,000	1,29
Negative Self Concept	9,01	7,02	23,19	11,65	-15,76*	,000	1,43
Somatization	6,51	5,82	13,58	8,27	-10,46*	,000	0,97
Hostility	7,99	5,42	14,15	6,86	-10,45*	,000	0,98

Two-Step Cluster Analysis Findings

In order to better understand how identity confusion, mentalization, and psychological symptom levels shape individuals' psychological profiles when considered together, a two-step cluster analysis strategy was employed. To prevent any potential bias arising from the differing measurement scales of the variables and to ensure that each variable contributed equally to the clustering process, all raw scores were standardized into z-scores prior to the analysis.

In the first step, a Hierarchical Cluster Analysis was performed using squared Euclidean distance and Ward's linkage method on the standardized z-scores to determine the optimal number of clusters. Upon examining the agglomeration schedule and the dendrogram derived from the hierarchical clustering, the most appropriate model to explain the observed data was determined to be a two-cluster model.

In the second step, based on this predetermined optimal number of clusters, a K-Means cluster analysis was applied to assign participants to their final groups. The participant numbers were distributed as follows: 272 (62.5%) in Cluster 1 and 163 (37.5%) in Cluster 2. The following table presents the mean values (centroids) of each cluster with regard to the study variables (Table 4).

Table 4: Clusters' Identity Confusion, Mentalisation and Mental Disorder Symptom Values

Cluster No	SIAF	MentS	BSI
1	62,088	92,331	39,750
2	93,061	86,791	119,883
ηp^2	0,364	0,069	0,698

BSI: Brief Symptom Inventory, SIAF: Sense of Identity Assessment Form, MentS: Mentalization Scale

The clinical cut-off score for the identity confusion scale is 78; individuals scoring above this value are at clinical risk. In addition, the clinical significance limit for the mental symptom criterion is accepted as 90. The mean identity confusion score of the first cluster was 62,088, which is below the clinical cut-off score of 78. At the same time, the mean value of the level of mentalisation was found to be 92,331 and the mean value of mental symptoms was found to be 39,75. These results show that this cluster exhibits a relatively healthy psychological profile. In Cluster 2, the mean identity confusion score was 93,061, exceeding the clinical cut-off score of 78. Furthermore, the mentalising score was 86.791 in this cluster, while the mental symptom score was 119,883, which is quite high. These findings indicate that Cluster 2 is clinically risky, with high identity confusion and low mentalisation and severe mental symptoms. In Figure 1, the average values of the clusters on the basis of variables are presented graphically.

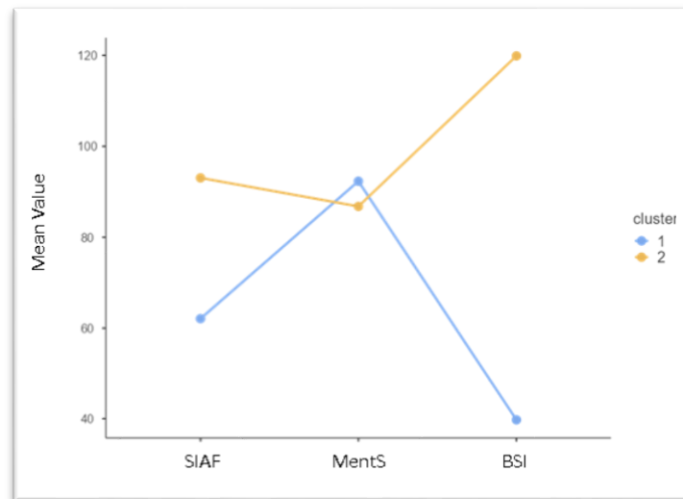


Figure 1. The Average Values Of The Clusters On The Basis Of Variables

Upon analysis of the graph, it becomes evident that the two clusters exhibit divergent patterns with respect to the variables. Cluster 1 demonstrates low levels of identity confusion and low mental symptoms, whilst simultaneously exhibiting high levels of mentalisation. Conversely, Cluster 2 is characterised by elevated levels of identity confusion and pronounced mental symptoms, accompanied by a substantial decline in mentalisation. This pattern suggests that individuals experiencing high levels of identity confusion and low mentalising capacity may exhibit more severe mental symptoms.

DISCUSSION

The aim of the study is to examine the relationship between identity confusion, mentalization skills and mental disorder symptom levels of individuals in emerging adulthood and to determine the risk

groups in terms of mental health within the scope of these variables. The hypotheses formed within the scope of this purpose were tested in order.

Within the scope of the first hypothesis of the study, correlation analyses examining the relationship between identity confusion and mentalization skills showed that mentalization capacity decreased as identity confusion increased in emerging adulthood. The obtained negative and moderate relationship indicates that the processes of identity structuring and understanding mental states are developmentally interdependent. In line with Erikson's (1968) theory of psychosocial development, this finding indicates that emerging adulthood is a critical period in which self-continuity and identity integrity are constructed. Increased uncertainty in identity structure is often associated with lower mentalizing abilities, as individuals may experience difficulties in forming coherent mental representations about themselves and others (Fonagy & Target, 1997; Luyten et al., 2020). Mentalizing theory suggests that the capacity to make sense of one's internal experiences is one of the basic components of self-organization and emphasizes the regulatory role of this skill in identity development (Fonagy et al., 2002). The present findings are corroborated by current studies in the relevant literature. Research has identified a number of notable tendencies in individuals exhibiting high identity confusion. These include inconsistency in self-reflection processes, difficulty in regulating emotional experiences, and vulnerability in interpersonal relationships. Conversely, a diminished mentalizing capacity is closely linked to a sense of identity fragmentation and a threat to self-continuity (Badoud et al., 2023; Sharp et al., 2021). In this context, the findings suggest that identity construction and mentalising are not only parallel but mutually shaping processes. Consequently, the initial hypothesis of the study was confirmed: an increase in identity ambivalence, concomitant with a decrease in mentalising capacity, may constitute a potential psychological risk profile in emerging adulthood. This finding indicates that the study of identity development should encompass not only behavioural or social contexts, but also the individual's ability to interpret internal experiences.

Within the scope of the second hypothesis of the study, it was found that increased identity confusion during emerging adulthood was positively associated with symptoms of mental disorders such as depression, anxiety, negative self-perception, somatization and hostility. This finding reveals that the process of identity construction is a critical correlate of mental health, demonstrating a moderate effect size. This result aligns with the theoretical framework of Arnett and Mitra (2020), who conceptualises emerging adulthood as a transitional phase in which identity exploration, decision-making and life orientation are formed. According to Arnett and Mitra (2020), individuals typically experience a period of transition during which they become independent, establish relationships, and determine their vocational orientation. This stage is characterised by a heightened sensitivity to uncertainty and emotional volatility. The intensification of uncertainty in the identity process has been demonstrated to increase the level of

anxiety and weaken psychological well-being. In Erikson's (1968) theory of psychosocial development, the acquisition of identity is regarded as a pivotal developmental task for ensuring self-continuity and psychological adjustment. It has been asserted that in instances where identity acquisition remains unresolved, there is a concomitant increase in role confusion and internal inconsistencies, which, in turn, is associated with an elevated risk of mental disorders. In this context, ongoing identity ambivalence in emerging adulthood can be considered as a threat to the development of healthy self-integrity. Extending Erikson's views empirically, Marcia (1966) showed that individuals with identity confusion experience higher levels of internal conflict, anxiety and depressive mood. Similarly, it is also supported by different studies that uncertainties in identity development complicate emotion regulation processes and increase psychological vulnerability (De Lise et al., 2024; Sharp et al., 2021; Luyten et al., 2020). Accordingly, the present study supports that identity confusion is an important risk indicator for mental disorder symptoms in emerging adulthood. The findings suggest that not only symptom levels but also the developmental pattern of identity structuring should be considered in mental health assessments. Psychoeducation, early intervention and counseling programs that support identity development, especially for university youth and young adults, may serve as an important factor negatively associated with mental health risks.

In this study, the relationship between mentalization and mental disorder symptom levels was examined and it was found that increased mentalization capacity was associated with lower levels of psychological symptoms such as depression, anxiety, negative self-perception, somatization and hostility. When the correlation coefficients were evaluated, it was seen that the relationship between mentalizing and psychological symptom levels was mostly low, while the relationship with negative self-concept had a medium effect size. This result supports hypothesis H3. Theoretically, mentalizing is defined as the individual's capacity to perceive and make sense of one's own and others' feelings, thoughts and intentions (Fonagy & Target, 1997). The development of mentalizing ability is largely shaped through early attachment relationships and experiences of emotional regulation (Fonagy et al., 2002). Therefore, a lower mentalizing capacity is closely related to challenges in interpreting internal experiences and coping with stress, states that are often associated with the emergence and persistence of psychological symptoms (Luyten, Campbell & Fonagy, 2020). The extant literature has demonstrated an unequivocal correlation between mentalizing and the alleviation of psychopathology. Bateman and Fonagy's (2004) studies demonstrate that impairments in mentalising capacity are particularly associated with emotional regulation difficulties, interpersonal conflicts, and impulsive behaviours, and thus underlie borderline personality patterns. Conversely, diminished mentalizing capacity has been demonstrated to exacerbate symptoms of anxiety and depression, while concurrently attenuating psychological resilience. Studies on emerging adulthood also support these findings. In this period, high mentalization facilitates the individual's search for identity, interpersonal relationships and coping with emotional fluctuations; low mentalization is associated with aggression, negative self-perception and self-harming behaviors (Sharp

et al., 2011). The findings of the current study are consistent with these results in the literature, demonstrating that higher mentalization is linked to better psychological adjustment and lower mental symptom levels in emerging adulthood. Accordingly, mentalization should be considered as a critical psychological mechanism that should be targeted in both clinical assessment and intervention processes.

Within the scope of hypothesis 4, intergroup comparison analyses showed that there were significant differences between participants with and without identity confusion in terms of mentalizing and mental disorder symptom levels. In particular, the group with identity confusion had significantly lower mentalizing scores and higher mental disorder symptom levels. This finding supports hypothesis H4 and shows that identity integrity and mentalizing processes play a distinctive role in mental health. Theoretically, these results confirm the intersection of Fonagy and colleagues' mentalizing theory (Fonagy & Target, 1997; Fonagy et al., 2002) and Erikson's developmental perspective (Erikson, 1968). Mentalization is the ability to make sense of one's own and others' internal states, to regulate emotions, and to explain interpersonal situations. Identity ambivalence is characterized by inconsistency and lack of continuity in self-representations. A lower mentalizing capacity tends to accompany a limited ability to make sense of internal experiences and integrate them into a coherent identity representation, while this overall pattern is associated with a compromised identity integrity, heightened emotional dysregulation, interpersonal conflicts, and elevated symptom levels (Luyten et al., 2020; Sharp et al., 2011). The empirical literature is also consistent with this pattern. Studies on clinical and community samples have reported associations between identity confusion and low mentalization, and have shown that this combination is associated with an increased risk of psychopathology (Demir et al., 2009; Sharp et al., 2021). For example, mentalizing deficits have been frequently reported to be linked to mood disorders, interpersonal problems, and borderline personality patterns (Bateman & Fonagy, 2004; Luyten & Fonagy, 2015). In addition, low mentalizing ability during the transition period from adolescence to young adulthood is associated with aggression, introversion, and high levels of internal distress along with identity uncertainty (Sharp et al., 2011).

In the context of the study's hypotheses, H5, H6, and H7, K-means cluster analysis was employed to ascertain whether participants could be categorised into distinct subgroups based on identity confusion, mentalization, and psychological symptom levels. The relevant hypotheses predicted that participants would be divided into subgroups that differed significantly in terms of these three variables (H5) and that there would be significant differences in psychological symptom levels between these clusters based on their levels of identity confusion and mentalization (H6, H7). The cluster analysis conducted in this direction revealed that individuals' identity construction, mentalization ability, and psychological symptom profiles exhibited distinct patterns.

The findings reveal that individuals with high identity confusion and relatively low levels of mentalization exhibit significantly higher levels of psychological symptoms; conversely, individuals with low identity confusion and high mentalization capacity exhibit considerably lower levels of psychological symptoms. These results support the holistic role of identity integrity and mentalization in an individual's mental health. As predicted by "identity development theory" (Erikson, 1968) and "mentalisation theory" (Fonagy et al., 2002), the findings reveal a strong relationship between the integrity of self-structure and the capacity to understand internal states. According to Erikson's psychosocial development model, individuals experiencing identity confusion struggle to maintain self-continuity, a state that is closely associated with emotional instability. Similarly, mentalisation theory argues that an individual's ability to understand their own and others' behaviours in terms of mental states (thoughts, feelings and intentions) is fundamental to maintaining mental health (Fonagy & Target, 1997). In this context, the pattern of high identity confusion, low mentalization, and high psychological symptoms emerging in the study supports the strong association between mentalization and identity processes. In the second group, where the level of mentalization was relatively low, deterioration in emotional regulation and interpersonal functioning was observed along with increased identity confusion. This finding parallels the literature suggesting an inverse association between mentalization and psychopathology (Bateman & Fonagy, 2019; Luyten et al., 2020). Research findings indicate that participants with high levels of identity confusion also exhibit psychological symptom levels significantly above the clinically significant threshold. This group can be defined as having a "risk profile" in terms of psychopathology. Similarly, the literature has shown that identity ambivalence is associated with borderline personality patterns (Kernberg, 2006), emotion regulation difficulties (Berzonsky, 2011), and depressive symptoms (Samaey et al., 2025). The difficulty individuals with low mentalization capacity have in making sense of their emotional experiences is closely linked to increased internal conflicts and a weakened self-integrity (Fonagy et al., 2019). This mechanism provides a conceptual framework for understanding the positive association between identity confusion and high levels of psychological symptoms. Indeed, studies have shown that a lack of mentalization is associated with anxiety, depression, and interpersonal conflicts (Debbané et al., 2016; Taubner et al., 2011).

Individuals in the first group, characterised by low identity confusion and high mentalisation levels, have been shown to possess higher psychological resilience and adaptive capacity. This finding lends further support to a relational model highlighting the interconnectedness of identity development and mentalization. Individuals who possess a high mentalization capacity have been shown to demonstrate superior abilities in the following domains: the ability to comprehend stressors, the capacity to regulate emotions, and the ability to exhibit flexibility in interpersonal relationships (Allen et al., 2008; Luyten et al., 2012). Consequently, the extant literature supports the hypothesis that these individuals exhibit low levels of psychological distress. Furthermore, it has been suggested that mentalization

supports an individual's self-continuity by providing a cognitive-emotional framework for the identity formation process (Sharp & Vanwoerden, 2015). Conversely, this study demonstrates that high mentalization is strongly associated with favorable mental health outcomes in individuals experiencing low identity confusion.

CONCLUSION

The present study proposes a multidimensional model for explaining psychological symptoms by integrating the extant literature on identity development and mentalization. The findings support the hypothesis that the relationship between identity processes and mentalization is not only conceptual but also forms an observable structure. This finding suggests that interventions aimed at enhancing identity integrity and mentalization in clinical practice (e.g., Mentalization-Based Treatment; Bateman & Fonagy, 2019) may hold promise as a therapeutic modality. Moreover, the marked distinctions between clusters underscore the necessity of evaluating individuals' psychological risk levels not solely on the basis of a solitary variable, but also in accordance with the configuration of interaction between variables. In this context, a combined consideration of identity confusion and mentalization measures may offer valuable insights for early diagnosis and the development of preventive interventions.

In addition to the contributions of the study, the interpretation of the findings should be evaluated within certain limitations. Firstly, the study sample consists exclusively of university students, thereby excluding young working adults who are also in the emerging adulthood stage. It is acknowledged that the exploration of identity, the influence of social contexts, and the processes of mentalisation may vary considerably depending on an individual's educational and employment status. Consequently, the findings of this study, which are based exclusively on a sample of students, may not be generalisable to the broader population of emerging adults. Consequently, subsequent studies should seek to replicate these findings with a more heterogeneous socioeconomic sample, incorporating non-student and working youth. Secondly, it is imperative to acknowledge the heightened sensitivity of cluster analysis to sample characteristics. Moreover, the cross-sectional design restricts the ability to establish cause-and-effect relationships. It is recommended that future studies employ longitudinal designs to examine the interaction between identity confusion and mentalization over time. Furthermore, mixed-method approaches supported by qualitative data or observational measures may reveal the dynamic nature of mentalization in greater depth. Finally, given that the theoretical focus of the present study was on the structural patterns among variables, the gender variable was not controlled for in the analyses. In view of the evidence that identity construction and mentalisation processes may exhibit gender-specific differences, it is recommended that future studies include gender in the model as a moderator or control variable.

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REFERENCES

- Allen, J. G., Fonagy, P., & Bateman, A. W. (2008). *Mentalizing in clinical practice*. American Psychiatric Publishing. <https://www.scribd.com/document/399674160/Mentalizing-in-Clinical-Practice>.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Arnett, J. J., & Mitra, D. (2020). Are the features of emerging adulthood developmentally distinctive? A comparison of ages 18–60 in the United States. *Emerging Adulthood*, 8(5), 412–419. <https://doi.org/10.1177/2167696818810073>
- Badoud, D., Luyten, P., Fonseca-Pedrero, E., Eliez, S., & Debbané, M. (2023). Identity development, mentalizing, and psychopathology from adolescence to emerging adulthood. *Development and Psychopathology*, 35(1), 150–165. <https://doi.org/10.1017/S0954579422000896>
- Bateman, A. W., & Fonagy, P. (2016). *Mentalization-based treatment for personality disorders: A practical guide*. Guilford Press. <https://doi.org/10.1093/med:psych/9780199680375.001.0001>
- Bateman, A. W., & Fonagy, P. (2019). *Handbook of mentalizing in mental health practice*. American Psychiatric Publishing. https://www.appi.org/Handbook_of_Mentalizing_in_Mental_Health_Practice_Second_Edition.
- Bateman, A., & Fonagy, P. (2004). *Psychotherapy for borderline personality disorder: Mentalization-based treatment*. Oxford University Press. <https://doi.org/10.1093/med:psych/9780198527664.001.0001>.
- Berzonsky, M. D. (2011). *A social-cognitive perspective on identity construction*. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 55–76). Springer. https://doi.org/10.1007/978-1-4419-7988-9_3.
- Choi-Kain, L. W., & Gunderson, J. G. (2008). Mentalization: Ontogeny, assessment, and application in the treatment of borderline personality disorder. *American Journal of Psychiatry*, 165(9), 1127–1135. <https://doi.org/10.1176/appi.ajp.2008.07081360>.
- De Lise, F., Luyckx, K., & Crocetti, E. (2024). Identity matters for well-being: The longitudinal associations between identity processes and well-being in adolescents with different cultural backgrounds. *Journal of Youth and Adolescence*, 53(4), 910–926. <https://doi.org/10.1007/s10964-023-01901-8>.
- Debbané, M., Salaminios, G., Luyten, P., Badoud, D., Armando, M., & Fonagy, P. (2016). Attachment, neurobiology, and mentalizing along the psychosis continuum. *Frontiers in Human Neuroscience*, 10, 406. <https://doi.org/10.3389/fnhum.2016.00406>.
- Demir, H. K., Dereboy, F., & Dereboy, Ç. (2009). Gençlerde Kimlik Bocalaması ve Psikopatoloji. *Türk Psikiyatri Dergisi*, 20(3). <https://www.turkpsikiyatri.com/PDF/C20S3/03.pdf>.
- Dereboy, İ. F., Dereboy, Ç., Coşkun, A., & Coşkun, B. (1994). Özdeğer duygusu, öz imgesi ve kimlik duygusu-II: Bir kimlik duygusu değerlendirme aracına doğru-ön çalışma. *Çocuk ve Gençlik Ruh Sağlığı*

- Dergisi*, 1(2), 61-69. <https://turkmedline.net/detay/ozdeger-duygusu-oz-imesi-ve-kimlik-duygusu-i/6460910088b71b6/tr/74%2B1994%2B1%2B1>.
- Derogatis, L. R. (1992). Brief Symptom Inventory (BSI): Administration, scoring, and procedures manual-II. National Computer Systems. https://www.scribd.com/document/973206405/BSI-manual#google_vignette.
- Dimitrijevic, A., Hanak, N., Vukosavljevic-Gvozden, T., & Zaric, N. (2018). The Mentalization Scale (MentS): A self-report measure for the assessment of mentalizing capacity. *Journal of Psychopathology and Behavioral Assessment*, 40, 576–594. DOI: 10.1080/00223891.2017.1310730.
- Ensink, K., Berthelot, N., Bernazzani, O., Normandin, L., & Fonagy, P. (2017). Another step closer to measuring the ghost in the nursery: Assessing mentalization in mothers with childhood maltreatment. *Infant Mental Health Journal*, 38(1), 47–62. doi: 10.3389/fpsyg.2014.01471.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton. https://www.academia.edu/37327712/Erik_H_Erikson_Identity_Youth_and_Crisis_1_19_68_W_W_Norton_and_Company_1.
- Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, 9(4), 679–700. <https://doi.org/10.1017/S0954579497001399>
- Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. Other Press. <https://www.scirp.org/reference/referencespapers?referenceid=2192764>.
- Fonagy, P., Luyten, P., Allison, E., & Campbell, C. (2019). What we have changed our minds about: Part 2. Borderline personality disorder, epistemic trust and the developmental significance of social communication. *Borderline Personality Disorder and Emotion Dysregulation*, 6(1), 1–13. <https://doi.org/10.1186/s40479-019-0111-9>
- Kernberg, O. F. (2006). Identity: Recent findings and clinical implications. *The Psychoanalytic Quarterly*, 75(4), 969-1004. <https://doi.org/10.1002/j.2167-4086.2006.tb00065.x>.
- Köten, E. (2024). Kişilik yapılanması ve duygu düzenleme: Mentalizasyon ve reddedilme duyarlılığının aracı rolleri [Doktora tezi, İstanbul Okan Üniversitesi]. DOI:10.13140/RG.2.2.28894.14406.
- Kroger, J., & Marcia, J. E. (2011). *The identity statuses: Origins, meanings, and interpretations*. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research*. Springer. DOI:10.1007/978-1-4419-7988-9_2.
- Luyckx, K., Klimstra, T. A., Schwartz, S. J., & Duriez, B. (2013). Personal identity in college and the work context: Developmental trajectories and psychosocial functioning. *European Journal of Personality*, 27(3), 222-237. <https://doi.org/10.1002/per.1903>.
- Luyten, P., Campbell, C., Allison, E., & Fonagy, P. (2020). The mentalizing approach to psychopathology: State of the art and future directions. *Annual Review of Clinical Psychology*, 16, 297–325. <https://doi.org/10.1146/annurev-clinpsy-071919-015355>
- Luyten, P., Fonagy, P., Lowyck, B., & Vermote, R. (2012). *The assessment of mentalization*. In A. Bateman & P. Fonagy (Eds.), *Handbook of mentalizing in mental health practice* (pp. 43–65). American Psychiatric Publishing. <https://books.google.com.tr/books?id=id->

[4ZEdizNQ&printsec=frontcover&hl=tr&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.](https://doi.org/10.1037/h0023281)

- Marcia, J. E. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology*, 3(5), 551–558. <https://doi.org/10.1037/h0023281>
- Şahin, N. H., & Durak, A. (1994). Kısa semptom envanteri (Brief Symptom Inventory-BSI): Türk gençleri için uyarlanması. *Türk Psikoloji Dergisi*, 9(31), 44–56. <https://toad.halileksi.net/olcek/kisa-semptom-envanteri-kse-2/>.
- Samaey, C., Lambrechts, S., Lecei, A., Achterhof, R., Hagemann, N., Hermans, K. S., & van Winkel, R. (2025). The role of identity in the development of depressive, anxiety and psychosis symptoms in adolescents exposed to childhood adversity: a process-oriented approach. *Bmc Psychiatry*, 25(1), 194. doi: 10.1186/s12888-025-06649-y.
- Schwartz, S. J., Luyckx, K., & Vignoles, V. L. (2013). *Emerging identity in emerging adulthood: Theoretical foundations and empirical insights*. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research*. Springer. DOI: 10.1177/2167696813479781.
- Schwartz, S. J., Zamboanga, B. L., Luyckx, K., Meca, A., & Ritchie, R. A. (2013). Identity in emerging adulthood: Reviewing the field and looking forward. *Emerging Adulthood*, 1(2), 96– 113. <https://doi.org/10.1177/2167696813479781>.
- Sharp, C., & Vanwoerden, S. (2015). Hypermentalizing in borderline personality disorder: A model and data. *Journal of Infant, Child & Adolescent Psychotherapy*, 14(1), 33–45. <https://doi.org/10.1080/15289168.2015.1004890>
- Sharp, C., Pane, H., Ha, C., Venta, A., Patel, A. B., Sturek, J., & Fonagy, P. (2011). Theory of mind and emotion regulation difficulties in adolescents with borderline traits. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(6), 563–573. <https://doi.org/10.1016/j.jaac.2011.01.017>.
- Sharp, C., Vanwoerden, S., Schmeck, K., Birkhölzer, M., & Goth, K. (2021). An evaluation of age- group latent mean differences in maladaptive identity in adolescence. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.730415>.
- Taubner, S., Kessler, H., Buchheim, A., Kächele, H., & Staun, L. (2011). The role of mentalization in the psychoanalytic treatment of chronic depression. *Psychiatry: Interpersonal & Biological Processes*, 74(1), 49-57. <https://doi.org/10.1521/psyc.2011.74.1.49>.
- Törenli Kaya, H., Yazıcı, D., Coşkun, Ş., & Gençöz, T. (2023). The Mentalization Scale: Psychometric properties of the Turkish version. *Current Psychology*. Advance online publication. <https://doi.org/10.5080/u25692>.