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ASSOCIATIONS BETWEEN USE OF MENTAL STATE TALK AND EXTERNALIZING AND INTERNALIZING PROBLEMS

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Associations Between Use of Mental State Talk and Externalizing and Internalizing Problems

Zihin Durumu Konuşması ve İçe Yönelim ve Dışa Yönelim Problemleri Arasındaki İlişkiler

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ABSTRACT

Mentalization refers to attempting to understand and label mental states of one's self and others, as well as being able to interpret behaviors in terms of underlying mental states. Mental state talk –which refers to using mental state words (i.e., feelings, thoughts, beliefs, desires etc.) in discourse–is an important indicator of children's mentalization capacity. Children's deficiencies in mentalizing are related to their behavioral problems, however, there is scarce research on this area.. This study aimed to examine the associations between children's mental state talk types (i.e., feelings, cognitions, perceptions, physiological states and action-based mental state words) as well as the appropriateness and direction of mental state discourse, and internalizing and externalizing problems. Participants were a clinical sample of 97 children between the ages of 4 to 10, who were referred to Istanbul Bilgi University Psychological Counseling Center. Children's mental state talk was assessed with The Coding System for Mental State Talk in Narratives (CS-MST) on children's Doll Story Completion Task narratives and behavioral problems were assessed with The Child Behavior Checklist (CBCL) as reported by their parents. Results of this study showed an association between internalizing problems and *perception words*, and externalizing problems and *action-based mental state words.* Internalizing children referred more to the mental states of the parent or other characters in stories. Externalizing children used more *inappropriate/pseudo mental state comments in general, h*owever, they used less *inappropriate/pseudo mental state comments* when referring to the child character's mental states in the stories. These findings suggest that children with externalizing problems use more rudimentary mental state words (i.e., action words) and make inappropriate mental state attributions, especially to others, while children with internalizing problems use more developmentally complex mental state words (i.e., perceptions) and focus more on others' mental states. The clinical implications point to the importance of developing interventions according to the specific needs of internalizing and externalizing children who have different mentalization strategies.

*Keyword*s: mentalization, mental state talk, externalizing problems, internalizing problems, quantitative research

ÖZET

Zihinselleştirme, kişinin kendisi ve başkalarındaki zihin durumlarını anlama ve tanımlama çabasını, aynı zamanda davranışları altta yatan zihin durumları açısından yorumlayabilmeyi ifade eder. Zihin durumu konuşması, yani konuşmada duygu, düşünce, inanç ve istek gibi zihin durumu kelimelerini kullanmak, çocuklardaki zihinselleştirme kapasitesinin önemli bir göstergesidir. Çocukların zihinselleştirmedeki eksiklikleri davranış problemleri ile ilişkilidir, öte yandan bu alanda oldukça az sayıda araştırma vardır. Bu çalışma, çocukların zihin durumu konuşmalarının türü (yani duygu, biliş, algı, fizyolojik durum ve eylem odaklı zihin durumu sözcükleri), aynı zamanda zihin durumu konuşmalarının uygunluğu ve yönü ile içe yönelim ve dışa yönelim problemleri arasındaki ilişkileri incelemeyi amaçlamıştır. Katılımcılar, İstanbul Bilgi Üniversitesi Psikolojik Danışmanlık Merkezi'ne yönlendirilen, 4-10 yaş arasındaki 97 çocuktan oluşan klinik bir örneklemdir. Çocukların zihin durumu konuşması Çocuklarda Güvenli Yer Senaryolarının Değerlendirilmesi (ASCT) anlatıları üzerinden Anlatılardaki Zihin Durumlarını Kodlama Sistemi (CS-MST) ile, davranış problemleri ise Çocuk Davranış Değerlendirme Ölçeği (CBCL) ile değerlendirilmiştir. Bu çalışmanın sonuçları içe yönelim problemleri ile *algı sözcükleri* arasında, dışa yönelim problemleri ile de *eylem temelli zihin durumu sözcükleri* arasında bir ilişki olduğunu göstermiştir. İçe yönelim problemleri olan çocuklar hikâyelerdeki ebeveyn ya da diğer karakterlerin zihin durumlarına daha çok atıfta bulunmuşlardır. Dışa yönelim problemi olan çocuklar ise, genel olarak daha çok *uygunsuz/sahte zihin durumu yorumlarında* bulunmuş, ancak hikâyelerdeki çocuk karakterinin zihin durumuna atıf yaptıklarında daha az *uygunsuz/sahte zihin durumu yorumu* kullanmışlardır. Bu bulgular, dışa yönelim problemi olan çocukların daha basit zihin durumu sözcükleri (yani, eylem temelli sözcükler) kullandıklarını ve özellikle diğer kişilere karşı uygunsuz zihin durumu atıflarında bulunduklarını, içe yönelim problemleri olan çocukların ise gelişimsel olarak daha karmaşık zihin durumu sözcükleri (yani, algı sözcükleri) kullandıklarını ve diğer kişilerin zihin durumlarına daha çok odaklandıklarını göstermektedir. Klinik çıkarımlar, zihinselleştirme kapasitelerinde farklı yeterlilik ve zorlukları olan içe yönelim ve dışa yönelim problemi olan

çocukların özel ihtiyaçlarına göre müdahale yöntemleri geliştirmenin önemine işaret etmektedir.

Anahtar Kelimeler: zihinselleştirme, zihin durumu konuşması, dışa yönelim problemleri, içe yönelim problemleri, nicel araştırma

CHAPTER 1
INTRODUCTION

One of the core characteristics of the human mind is the psychological capacity to take account of one's own and others' mental states and thus, to come up with explanations as to the intentions underlying human behavior. Our comprehension of the world around us depends on how we understand the human mind (Fonagy, Steele, Steele, Moran & Higgitt, 1991a). This ability that enables us to perceive and interpret our own and others' behaviors with regard to the underlying mental states –such as feelings, needs, wishes, beliefs or purposes– is conceptualized as mentalization (Allen, Fonagy & Bateman, 2008). Mentalization includes the capacity to make associations between mental states, external conditions, and behaviors in order to attain a more integrated comprehension of the world (Sharp et al., 2009).

The concept of mentalization was first voiced by Fonagy and his colleagues (1991) in the context of an empirical study which proposed that there is a vital connection between attachment security and the development of the capacity to understand behaviors (both one's own and others') in terms of mental states (Fonagy, Steele & Steele, 1991b; Fonagy et al., 1991a). Mentalization theory asserts viable explanations as to the root of children's mind reading ability by focusing on the affective quality and interactive style in children's relationships with significant others, and considers it as a capacity that can be acquired over the course of development. For developing a mentalizing self-organization, the attempt of a sensitive caregiver to identify and name mental states both in her/himself and in the child is very crucial (Schmeets, 2008). Modern psychoanalytic theories of self-development argue that children develop a psychological self (which refers to an intentional being with thoughts, beliefs, and desires) through finding their own perception of self in another person's mind (Target & Fonagy, 1996; Winnicott, 1960). For the child, the reflection from his/her caregiver acts as a mirror regarding his/her mind, and enables him/her to understand his/her own mental states (Fonagy, et al., 1991a; Fonagy, Steele & Steele, 1991). Finding a representation of

him/herself –with thoughts, emotions, and intentions– in the caregiver's mind enables the child to regulate him/herself. The child also builds a hypothetical representation of the caregiver's mind to make sense of the caregiver's acts towards him/her. In the relationship with the mother, the child learns to both read another's mind and organize the self (Fonagy, Gergely, Jurist & Target, 2002). Attributing mental states to others enables children to explain and interpret people's behaviors, as well as consider them as meaningful and predictable. Exploring the possible meanings of others' behaviors is closely linked to the development of the capacity to understand one's own psychic experiences. Thus, mentalization has a crucial role in children's psychosocial development, especially because it underlies "affect regulation, impulse control, self-monitoring, and the experience of self-agency" (Fonagy & Target, 1998, p. 92).

The aim of this study is to explore the association between children's behavioral problems and mentalization capacity. The literature provides much evidence that put forth the association between children's mentalizing problems and psychopathology (Shields & Cicchetti, 1998; Bohnert, Crnic & Lim, 2003; Sharp, Croudace & Goodyer, 2007). While early studies investigated whether children with behavioral problems had mentalization deficiency, recent studies mostly focus on the distortions or biases in their mentalizing ability (Sharp, 2006). The literature search reveals that there is a need for in-depth understanding of the different mentalizing strategies of internalizing and externalizing children. Hence, micro-level analyses based on the distinct parts of the mentalization construct was conducted in the recent study.

In this study, mentalization was operationalized as "mental state talk". Mental state talk –which is essential for explicit mentalization practices– refers to using mental state words in discourse. In order to measure children's mental state talk in narratives, the Coding System for Mental State Talk (CSMST; Bekar, Steele & Steele, 2014) was used. In accordance with the improvements in theory emphasizing the multi-dimensional nature of mentalization (Luyten, Fonagy, Lowyck & Vermote, 2012), mentalization construct was examined from two different aspects. Firstly, particular word choices as to mental states were

categorized into different groups such as emotion words, cognition words etc. Secondly, in the organizational aspect, which has more to do with how mental states are organized in one's mind, mental state terms were assessed in terms of whether the mental state is self-referred or other-referred as well as whether the mental state is appropriate or inappropriate/pseudo. The findings of this preliminary study are expected to contribute to the literature by providing an in-depth analysis of the mentalizing strategies employed by externalizing and internalizing children, especially through bringing two different aspects of mentalization together in a single study.

In the upcoming pages, review of the literature begins with the development of mentalization in children. The role of the early attachment relationship on the development of mentalizing ability, the developmental stages of the self as an agent, the child's development of affect regulation and attentional control capacity related to the mentalization ability, and functioning of the non-mentalizing mind are addressed in detail. Along with those, operationalization and assessment of the mentalization construct are presented with the empirical findings in the literature. The association between mentalization problems and psychopathology in children are reviewed by focusing on internalizing and externalizing behavior problems in detail. Following these, the current study is described and discussed.

1.1 THE DEVELOPMENT OF MENTALIZATION

1.1.1. Attachment and Mentalization

Primary relationship with the caregiver is key to normal development. With his attachment theory, Bowlby (1971) emphasized the universal human need for affective bonding with the caregiver. He proposed that early relationships are crucial for socio-emotional and cognitive development during the lifespan. The attachment relationship plays a role not only in the infant's physical survival but also in his emotional security. In line with that, it is proposed that the foundation of emotion regulation is embedded in the attachment system (Sroufe, 1996). With the

presence of a caregiver who responds to the distressed infant's moment-to-moment changes in his/her affective state, a dyadic regulatory system develops. This reassures the infant that he/she will not be overwhelmed by his/her affective arousal if the caregiver is around because the caregiver will help him/her to re-establish equilibrium. When the child is distressed he/she will signal his/her discomfort to the mother, seeking to be soothed and be supported to recover. In time, the infant learns to act with specific expectations. Past experiences with the mother enable the formation of representational systems regarding relationships, which Bowlby (1973) termed as "internal working models". The regulation of affect in the relationship with the caregiver is internalized by the infant to set the ground for a secure attachment bond and a congruent internal working model (Sroufe, 1996).

It is assumed that the early attachment relationship provides the context to acquire the basics of social cognition, and that attachment underpins the development of the mentalizing ability. Regarding this reciprocal relationship, research reveals that the caregiver's mentalizing ability promotes the security of attachment in the infant (Fonagy, et al., 1991a). Fonagy and his colleagues (1991) demonstrated that the caregiver's mentalizing practices decrease the child's need to check whether the caregiver is dependable for him/her or not. High level of contingency in the parent's attitude boosts the child's sense of being seen and understood, and promotes the building of a secure attachment bond. Through a strong attachment bond, the child's sense of agentive self emerges, which can later provide the basis for understanding other people's mental states.

The mother's capacity to think of her child's mind has been given different names in the literature: Maternal mind-mindedness, insightfulness and reflective function (RF). All of these overlapping concepts are seen as related to both attachment security and mentalizing ability of the child (Sharp, Fonagy & Goodyer, 2006). Several research studies, which mostly analysed the narratives that portrayed the interactions between parents and children, reveal that the parent's mentalizing ability is associated with the development of emotion regulation and secure attachment in the child (Meins, Ferryhough, Fradley & Tuckey, 2001; Oppenheim & Koren-Karie, 2002; Slade, Grienenberger, Bernbach, Levy & Locker, 2005).

Meins (1997) showed that theory of mind develops earlier in children who have built a secure attachment bond with their caregiver in infancy. In parallel with these findings, Gocek, Cohen, & Greenbaum (2008) suggested that mother's ability to understand her own internal states can also enhance her understanding of her child's mental states, as she may be more sensitive and responsive to the child's signals, once she has developed self-regulation capacity. Thus, the parent's mentalization brings about attachment security, which in turn can be underlying the precocious emergence of the mentalizing ability of the child.

1.1.2. The Development of an Agentive Self: The Social Biofeedback Theory of Affect Mirroring

For the development of a child as a social being, the interaction between the caregiver and the child is crucial. To put forth the impact of this primary interaction on the child's developing self-agency, Fonagy and his colleagues (2002) developed a model based on the process in which the child learns to identify and control his/her inner states through the affective relationship with the mother. In the development of the self, the infant first understands that he/she is a physical agent who can create changes in bodies of other people through physical contact (Leslie, 1994). He/she then discovers his/her social agency as he/she recognizes that his/her actions have an impact on the caregiver's behaviors and emotions (Neisser, 1988). The unfolding of both of these processes that pertain to self-awareness take place through an innate contingency detection mechanism that enables the child to examine the possibility of causal connections between his/her actions and the external events that arise and serve as stimuli (Watson, 1994). While at first, the infant seeks perfect contingency between his affective expressions and the caregiver's consequent facial and vocal expressions reflecting his/her affect, afterward he looks for high-but-imperfect contingent reflections instead of perfect contingency (Bahrick & Watson, 1985). This level of contingency is the core feature of an attuned mother's emphatic mirroring responses to the child's affective displays. Mirroring is a term that refers to the mother's reflection of the inner state of the child to the child; the mother

reflects back what she sees and feels in the interaction between them (Winnicott, 1971). As the infant repeatedly gets exposed to such mirroring reactions that reflect affective experiences, he/she begins to be able to differentiate his/her own internal self-states. This process has been termed as "social bio-feedback" by Gergely and Watson (1996).

Initially, the child is not able to recognize different affective states. His/her representation of affects rests on stimuli coming from the external world. Through the observation of the mother's facial or vocal mirroring reactions, the infant learns to distinguish the different internal patterns of physiological stimulation that accompany various emotional states (Legerstee & Varghese, 2001; Mitchell, 1993). Moreover, the mother's mirroring practices are based on the unconscious assumption that the infant is an intentional being who has thoughts, desires, and wishes. The mother's acknowledgement of the child's intentionality allows the child to find out how he/she is perceived by the other (i.e. how he/she is perceived in the other's mind) and helps him/her to understand his/her own inner states (Target & Fonagy, 1996; Winnicott, 1960). When the caregiver is able to think about the child's particular experience of him/herself, the child finds the image of his/her mind in the mind of the caregiver and then creates a self-structure that is necessary to build a sense of self (Fonagy & Target, 1998). Through this process, which is defined as "giving back to the baby the baby's own self" by Winnicott (1967, p. 33), mental states of the infant are contained. Internalization of this process enables the child to learn not to equate his/her mental state with reality. The experience of containment refers not only to reflecting the child's mental states but also re-presenting them to the child as manageable and bearable (Fonagy & Target, 1997). Fonagy and his colleagues (2002) used the term representational loop for this process that enables the mother and the infant to process affective states. In this process, first, the mother recognizes the primary affective state of the child and gives it back to him/her in the form of secondary representation of the primary experience. The child uses this metabolized secondary representation as a foundation on which he/she can develop his/her sense of self and then organize him/herself (Scheemets, 2008).

For the development of the capacity to understand and regulate affects, two conditions should be met: "reasonable congruency of mirroring" and "markedness of mirroring" (Gergely & Watson, 1999). The congruency of mirroring refers to the accurate match between the caregiver's reflection and the infant's mental state. When the mother's mirroring is incongruent, the internal state of the child cannot be named properly which makes it confusing and difficult for the child to regulate it (Fonagy et al., 2002). If the difference between the child's own primary affect and the secondary representation given back to him/her by the mother is too big, it may bring about the formation of the "false self" (Winnicott, 1965). On the other hand, markedness of mirroring refers to the idea that the mother must make it understood that "her display is not for real: it is not an indication of how the parent herself feels" about the child's mental state (Fonagy et al., 2002, p. 9). When the mother's mirroring is unmarked, her display is perceived as the mother's own feeling (i.e. not the reflection of what the child feels) by the child, which in turn, causes him/her to perceive his/her experience as contagious or universal, and thus more threatening. As a result of too much similarity between the child's own primary experience and the secondary representation, the inner state and external reality become one and the same, and the self and the other cannot be differentiated by the child. This is an overwhelming experience for the infant, which escalates the infant's inner affective state and traumatizes him/her rather than regulate and contain. It may even result in the development of a tendency to copy feelings of others which is observed in the borderline personality structure (Fonagy et al., 2002).

1.1.3. Affect Regulation and Attentional Control

Affect mirroring and development of an intersubjective space allow the child to come up with representations for his/her affective states as "feelings" and be aware of his/her emotions, which in turn enable him/her to mentalize emotions, and eventually to regulate and control them (Gergely & Watson, 1996; Gergely, 2007). The distressed child seeks representations of his/her internal affective states

in the mother's responses, and the securely bonding mother soothes him/her by an emotional reaction that is not exactly compatible with the child's feeling. The mother expresses distress along with loving and caring tenderness. As the child learns to make an association between his/her impact on the mother's mirroring displays and the resulting improvement in his/her affective state, he/she feels better by the mirroring reactions of the mother. This enables the child to experience him/herself as a regulating agent. Secondly, the secondary representation of affective states paves the way for the development of the capacity for affect regulation and impulse control. The child learns that it is possible to play with and discharge affects both internally and through action. The child also realizes that affects can be recognized and shared (Fonagy, 2006). Thus, the self is experienced as not only under the influence of the environment but also constituted in part by the virtue of the interrelation with the social environment (Fonagy et al., 2002).

Both the capacity to notice, identify and express their own emotions and the ability to acknowledge and modulate others' emotions are better in people who are able to mentalize (Hooker, Verosky, Germine, Knight & D'Esposito, 2008). Moreover, these people are better at tolerating negative emotions such as anger, anxiety, shame and sadness (Allen et al., 2008). After all, not only emotion regulation is a prelude to mentalizing capacity; mentalization is utilized for affect-regulation, as well (Fonagy, 2006).

Early attachment experiences influence the development of attentional control to a great extent, through the child's internalization of the caregiver's ability to divert the child's attention from one stimulus to another (Fonagy, 2001). The child's capacity for effortful control is strongly associated with his/her interest in complying with maternal wishes and eagerly accepting the maternal agenda (Kochanska, Coy & Murray, 2001). The capacity to withhold an impulsive response is a prerequisite for mentalizing ability since mentalization "requires the foregrounding of a distal second-order non-visible stimulus (mental state) in preference to what immediately impinges on the child (physical reality)" (Fonagy, 2006, p. 71). Theory of mind tasks necessitate inhibiting the dominant response to perceived aspects of the present reality in favour of giving reaction to less salient

representations of reality. Since the prepotent reaction is attributing one's own mental state to others, attentional control is a prerequisite for differentiating one's own and others' feelings, thoughts or wishes (Fonagy, 2006).

1.1.4. Developmental Stages of Mentalizing Self in Children

Fonagy and his colleagues (2002) suggested that the development of self as an agent takes place through several stages. Named as physical, social, teleological, intentional and representational, these stages all evolve during the first five years of life. New-borns are unable to differentiate the stimuli coming from the self and those pertaining to the environment (Freud, 1911; Piaget, 1936). The child first uses his/her body as a source of knowledge. Sensory experiences of the child that arise from the interactions between his/her body and the surrounding environment constitute the basis for the differentiation of what is self and not-self. During the first six months, babies come to understand their self as a physical agent capable of initiating action and creating changes in the environment via the actions they display (Fonagy et al., 2002). From birth on, infants engage in interactions with the caregivers in their environment. They gradually come to understand that their physical actions have an impact on the behaviors or emotions of the caregivers. Through this awareness, the infant comes to have a social stance in the development of the self (Schmeets, 2008). The causal relation between the infant's actions and the caregiver's reactions lay the ground for the formation of the first set of representations in the infant's psyche (Fonagy et al., 2002).

In the first months, the baby is in pursuit of an interaction with the caregiver. Any facial expression of one of the twosome acts as an indicator and impacts the facial expression of the other (Beebe, Lachmann & Jaffe, 1997). After a few months, the infant begins to respond to the facial expression of his/her caregiver based on the information he/she obtained and stored earlier. Thus, the infant now has expectations as to the reactions of the caregiver and these expectations serve to predict behaviors of others. The behaviors of the infant can be considered rational as it is purposeful (Fonagy et al., 2002). Understanding of intentions by means of

observable material consequences brings the child to the teleological position (Fonagy et al., 2002; Fonagy & Target, 1997). It is assumed that this developmental phase starts in the second half of the first year (Gergely & Csibra, 1997). In the teleological position, the infant's understanding is based on stimuli that are visible, audible and/or tangible. Thus, making an inference regarding the other's intention is based on physical realities, not internal states. Since only what is apparent from physical appearance is significant, the infant approaches both human and non-human objects in the same manner (Scheemets, 2008). Even though teleological thinking is a stage in infants' self-development, it can manifest itself later in life too, which can lead to some problems. For example, when a person trips over another person's foot, he/she may think that the other person stuck his foot out in order to trip him up and harm him. Teleological thinking doesn't take into account the possibility that what the other person did may be just an awkward move without any intention to harm (Scheemets, 2008).

Around two years, the child begins to be aware that actions may be triggered by prior intentional mental states such as desires (Wellman & Phillips, 2000). The child comes to understand that actions create change not only in the body (physically) but also in the mind (mentally). For example, children learn that pointing to an object can cause the other person to alter his/her focus of attention. They don't view the preferences of others as the same as their own anymore. It is the intentional position where the intention of others is decisive rather than physical actions (Fonagy et al., 2002). The developmental shift from teleological position to intentional position depends on the quality of the primary relationship between the infant and the caregiver. Acknowledging that people have intentions is the first step of being aware of the mental states of others for the child. The capacity to predict goal-directed behavior from inferred prior intentions refers to the ability to think by attributing mental causations. It is argued that this accomplishment marks the beginning of mentalizing ability (Fonagy et al., 2002).

At approximately three or four years of age, the child gains awareness regarding mental causality. This takes the child a step further – to conceptual, abstract thinking. At this stage, as a result of awareness of mental states, children

begin to apprehend themselves from a representational perspective (Fonagy et al., 2002). Thinking in terms of mental states requires the development of concepts corresponding to inner experiences that evoke them. Mental state is more a comprehensive concept than the actual experience of, as it embraces multiple dimensions such as physiological, cognitive, and behavioral. The actual experience is considered as the first-order or primary representation, while the concept of a mental state is considered as the second-order or secondary representation (Fonagy et al., 2002). Through representational capacity, the child can communicate by expressing intentions, feelings, and thoughts behind his/her actions (Tessier, Normandin, Ersink & Fonagy, 2016).

People do not have personal memories of experiences that occur before age three or four (Perner, 1990, 1991) because young children are not yet capable of "encoding personally experienced events as personally experienced" (Perner, 2000, p. 306). After approximately four or five years of age, through integrating self-memories into a coherent causal-temporal organization as intentional actions and experiences (Povinelli & Eddy, 1995), understanding of the "autobiographical self" emerges (Fonagy, et al., 2002).

1.1.5. Subjectivity Before Recognition of Representational Characteristics of Mental States

In order to comprehend what insufficient capacity for mentalization means, it is important to shed light on the functioning of the non-mentalizing mind which exists before the time when the child completely recognizes that his mental states are only representations of reality. Fonagy and Target (1996, 1997, 2000; Target & Fonagy, 1996) established a model regarding the development of thought, which provides a basis for understanding limitations in mentalizing ability. In early childhood, mental functioning equates to what exists in the mind with what exists in the external world (Fonagy & Target, 1996). In this primitive mode of experiencing the internal world, referred to psychic equivalence, feelings and fantasies are experienced as real. This is the early social developmental stage in

which the child is not aware of the representational, mentalistic nature of his experiences (Flavell, 1988). Thus, the infant's projection of his/her fantasies to the external world can be frightening for him/her because the feeling of fear, for instance, may be experienced as an indicator of a dangerous situation instead of a mental state which may not reflect the external reality (Fonagy & Target, 1997). Since internal and external realities are merging in the mind, the child is restricted and inflexible in respect of meaning-making and affect regulation (Csibra & Gergely, 1998).

Before the child develops an intentional or mentalizing stance, he/she must first comprehend that what is in his/her mind is only a representation of feelings and thoughts, and external reality can be interpreted in multiple ways (Fonagy & Target, 1996). In the pretend mode of experiencing psychic reality, the ability to perceive internal experiences as if they were something else is acquired. Through the sense of pretence pertaining to mental states, the child separates internal states from physical reality and understands that internal states may not reflect external reality. Parents who provide their children with "more affect-congruent, contingent, and appropriately marked mirroring" promote this decoupling (Fonagy et al., 2002, p. 9). On the contrary, parents who have difficulty in emotion regulation are easily overwhelmed with the negative emotions of their children and display a realistic unmarked affect expression. This brings about a difficulty in understanding the difference between representational and actual mental states and hinders the development of affect regulation (Fonagy et al., 2002). In this mode, children use play to experience something unreal in the external world as if it were real in the play context. It is seen that pretend and real worlds are not correspondent with each other at this stage. However, this lack of correspondence seems to be required for the child at this age in order to prevent the congruity between "the pretend world and external reality in the pretend modes of thinking," (Fonagy et al., 2002, p. 262).

In normal development, the child gradually develops mentalizing ability or reflective mode, in which mental states are perceived as representations, by means of the integration of the psychic equivalent and the pretend modes. (Fonagy et al., 2002). This integration enables the child to consider internal and external reality as

linked, but yet to be aware that they are neither equated to nor dissociated from one another (Baron-Cohen 1995; Gopnik 1993). To integrate pretend and psychic equivalence modes and to develop a reflective stance, the child needs a parent who can enter into his/her imaginary world as well as make distinctions between fantasy and reality. This happens through what Winnicott (1965) refers to as the "transitional space" – the space between play and reality. Transitional space allows the internal and external worlds to be related, through the parent who builds a bridge between these worlds by using language and symbols (Winnicott, 1953). In the experience of a secure play setting, the child's self-state is marked or symbolized, and the parent exhibits an "as if" attitude towards his/her intentional state (Slade, 2005). The child needs his/her parent to represent his/her mental state not only to recognize it accurately but also not to be overwhelmed with its realness. In play setting, the child's thoughts and feelings are associated with reality by providing the child with an alternative perspective which is not in his/her mind. This enables the child to see that reality can be distorted by acting upon it in a playful way. Through an adult or an older child who plays along with the child, the child projects his/her fantasies and re-introjects them to self. By this way, the child's own symbolic thought and representation of the self are formed based on the parent's representation of the child's inner state (Fonagy et al., 2002).

1.2. OPERATIONALIZATION AND ASSESSMENT OF MENTALIZATION

Mentalization can be seen as a conceptual tool that "bridges attachment theory, developmental psychopathology, affect regulation, and psychoanalysis" (Jurist, 2005, p. 428). It is strongly related with concepts such as reflective function (RF), metacognition, mind-mindedness, theory of mind (ToM), mind-reading, social cognition, social or emotional understanding and intelligence, empathy, and perspective taking (Allen, 2003; Choi-Kain & Gunderson, 2008). Since there is a considerable overlap between these "conceptual cousins", approaches that aim to

measure these constructs are relevant to the assessment of mentalizing ability (Vrouva, Target & Ensink, 2012).

Among all of these concepts, reflective function can be considered as the most relevant one. Fonagy, Target, Steele, and Steele (1998) operationalized psychological processes underlying mentalization capacity with the term "reflective function". The term refers to the capacity to envision and think with respect to the mental states of self and others, serving the building up of representations of "why they behave, think and feel as they do" (Fonagy & Target, 1997, p. 679). Reflective function includes both a self-reflective and a relational component that enable a person to separate internal and external realities, and also pretend and real modes of functioning (Fonagy et al., 1998).

Fonagy et al. (1991a) were the first to put forth the concept of reflective functioning while working on the data of Adult Attachment Interview (George, Kaplan & Main, 1985) as part of London Parent-Child Study. While analyzing the AAI data, after considering the underlying processes of the intergenerational transmission of attachment in light of Main's (1991) ideas about metacognitive monitoring, Fonagy, and his colleagues developed their ideas about reflective functioning as a manifestation of mentalization in speech. This process leads to the development of the Reflective Functioning Scale that evaluates adults' capacities of reflecting upon mental states and the underlying intentions of parents in the context their early childhood experiences based on their responses on AAI. Accordingly, it can be considered that the RF scale provides operationalized definitions of personal variations in metacognitive capacities (Fonagy et al., 1998).

Questions on AAI require a capacity to reflect and apprehend the parent's affective experience and represent its effect on one's own self-development. There are questions such as "Why do you think your parents behaved the way they did?" and "What kind of effect did your childhood experiences have upon your development and personality?" (Slade, 2005, p. 274). As can be seen, the RF scale asks respondents open-ended questions, and answers are then classified into 11 categories, ranging from bizarre to high RF. High RF refers to the awareness of the opaqueness of mental states, which means acknowledging that being sure of the

other's intention or mental state is not possible and that mental states can be susceptible to disguise. In a similar vein, high RF can be seen in attempts to tease out mental states underlying behaviors or in accurate attributions of mental states to self or other. On the other hand, becoming overtly defensive regarding questions about internal states underlying behaviors, rejecting them or disavowing one's own reflective capacity is a manifestation of low RF capacity. Besides, low RF can be a sign of self-serving distortion, lack of integration, bizarreness or inappropriateness in reflecting mental states of self and others (Fonagy et al., 1998).

Regarding the relation between attachment and reflective function, the results of London Parent-Child Project revealed that parents who are high in reflective functioning are more likely to be categorized as securely attached to their primary caregiver when they were little, as well as have securely attached children. Correspondingly, parents who have low scores on the RF scale were found to be more insecurely attached and the same held true for their children, as well (Fonagy et al., 1991b; Fonagy, et al., 1995). In another study, Fonagy and his colleagues (1991a) demonstrated that mothers' capacity to interpret others' mental states predicts the attachment security of their children. A great number of other studies also showed that mothers' higher mentalizing capacity based on the RF scale results is predictive of the attachment security of the infant in question, and there is a positive correlation between mothers' reflective functioning and their own attachment security scores based on AAI (Katznelson, 2014; Bouchard et al., 2008).

1.2.1. Assessment of Parental Mentalization

The Parent Development Interview (PDI; Aber, Slade, Berger, Bresgi & Kaplan, 1985) is a semi-structured inventory which asks parents to describe their children, their relationship with them and themselves as parents. PDI assesses a parent's capacity to reflect upon his/her child's mental states and his/her own parental experience via examining the level of reflective functioning in parents' narratives (Slade, Bernbach, Grienenberger, Levy & Locker, 2004). This method provides a more direct examination of phenomena that underlie intergenerational

transmission of attachment as opposed to getting clues from parents' narratives about their relationship with their own parents. It can be viewed as a picture of the parent's internal working model regarding his/her child as well as his/her affective experience within the relationship, and it allows the parent to mentalize the child (Slade, 2005). In their study that examined the relationship between parental reflective functioning and attachment of the adult and the infant, Slade and her colleagues (2004) found that mother's PDI and AAI scores were positively correlated. Mothers who had a more coherent representation of the attachment relationship with their own parents were more likely to reflect upon their children's mental states. Moreover, it was found that mothers who had a higher parental reflective functioning capacity were more likely to have securely attached children. Additionally, George and Solomon (1996) found that mothers whose representations regarding their relationship with their children were secure had securely attached children, while the others were more likely to have insecurely attached children.

Maternal mind-mindedness (MMM) is another construct developed by Meins (1997), which refers to the mother's tendency to treat the infant as a mental agent, instead of an entity whose needs must be satisfied. Both MMM and parental RF are operationalizations of the concept of parental mentalization. While the assessment of parental RF focuses on the metacognitive representations of the mother regarding her relationship with her child, the assessment of MMM focuses on real-life interactions between the mother and the child (Sharp & Fonagy, 2008). MMM has arisen from the concept of maternal sensitivity, proposed by Ainsworth, Bell, and Stayton (1971). The concept of maternal sensitivity emphasizes the significance of mother's appropriate responsiveness to her child's cues while MMM specifically indicates the mother's ability to read the child's behaviors with a verbal reference to the mental states presumed to be underlying them (Meins et al., 2002).

Meins and her colleagues assessed maternal ability to mentalize in two different ways. The instrument used was the off-line version of MMM which was based on the analysis of parents' narratives regarding how they described their children (Meins & Fernyhough, 1999; Meins, Fernyhough, Russell & Clark-Carter,

1998). Responses were coded as (1) mental, (2) behavioral, (3) physical and (4) general. Mental responses are those which reflect the child's mental states such as desires, wishes, and emotions. Behavioral responses refer to any feature of the child's behaviors. The context in which the behavior is manifested (i.e. in games, in activities or in interactions) is an example. Definitions of the child's attitudes such as talkative, aggressive or outgoing fall into this category, too. Physical responses refer to any physical attribute such as the child's age or the position in the family. Lastly, responses that do not fit into any one of these three categories are considered to be general responses. Upon coding, mentalistic terms used by the mother were compared to the others via calculating the proportion of them in the total (Sharp & Fonagy, 2008). Meins and her colleagues developed an on-line instrument to measure MMM, as well. Mothers and their 6-month old babies were asked to interact in free play for 20 minutes. Meanwhile, mother-baby dyads were videotaped and the interaction between them was then coded based on the mother's responses to the infant's various behaviors. Examples include the infant's object-directed acts, changes in his/her direction of gaze and his/her imitating behaviors. The degree of the mother's encouragement of the child's autonomy and appropriate mind-related comments were assessed as well (Sharp & Fonagy, 2008).

A series of studies has shown that appropriate mind-related comments are very crucial for attachment security and socio-cognitive development of the infant. Mothers' appropriate mind-related comments concurrently predicted attachment security at 6 months (Meins, Fernyhough, Fradley & Tuckey, 2001). Moreover, such comments were predictive of secure attachment at 45 and 48 months (Meins et al., 2002), as well as of social-cognitive development at 55 months (Meins, et al., 2003) –implying a long-lasting impact. Many studies investigating the association between MMM, attachment security and theory of mind also demonstrated that children who were securely attached performed better in theory of mind tasks (Meins et al., 1998; Meins et al., 2002). Thus, it was suggested that being exposed to language concerning mental states early in life promotes the development of awareness and understanding of mental states both in the self and in others.

1.2.2. Assessment of Mentalization in Children

Assessment of maternal mentalization capacity has been based on investigating the mothers' capacity to reflect upon others' mental states. This is done via focusing on expressions of attachment or their appropriate mind-related comments in mother-infant interactions. Yet assessment of mentalization in children is quite different. Since language capacity of younger children is not as developed as that of adults, there is a need for alternative assessment methods rather than relying on the medium of verbal communication (Vrouva, Target & Ensink, 2012).

Cognitive aspect of mentalization has been widely researched under the umbrella of Theory of Mind (ToM, Premack & Woodruff, 1978), which is described as the ability to understand that others have different minds with different beliefs, ideas and feelings that motivate their behavior (Baron-Cohen, Leslie & Frith, 1985). ToM focuses on perspective-taking abilities and false belief understanding in preschool age children. False beliefs refer to mental states in which a person has a claim about the reality of a phenomenon and recognizes that it may not correspond with the knowledge of another person about the same thing, who acts according to his/her own false beliefs. Thus, understanding of false beliefs requires a distinction between appearance and reality (Astington, Harris & Olson, 1988). One widely-used false belief task is "Sally-Ann task" developed by Wimmer & Perner (1983). In this task, the child watches a scene in which Sally puts a marble in a basket, and after Sally leaves Ann moves the marble from the basket and puts it in another box. The child is asked where Sally will look at to find the marble. It was found that children failed to pass this task up until around the age of 4, and this was universal, suggesting that their false-belief understanding was still deficient (Ersink & Mayes, 2010). False belief tasks require reality-belief distinction and in this way, assess whether the child is in a pretend or psychic equivalence mode, or in a mentalizing stage. Hence, they play a crucial role in measuring the cognitive component of mentalization among preschool children (Fonagy & Target, 2000).

On the other hand, the construct of ToM has been criticized due to its underestimation of affective and regulatory processes while focusing only on the cognitive dimension (Carpendale & Chandler, 1996). Since only the cognitive aspect is not enough to explain the concept of mentalization, affective mentalization skills have also been studied. Studies on affective mentalization skills focused more on personal differences and environmental factors as compared to ToM studies (Cutting & Dunn, 1999; Rosnay & Harris, 2002). Affective components of mentalization skills have been operationalized as affective labeling and affective perspective-taking (Cutting & Dunn, 1999; Hughes & Dunn, 1998; Youngblade & Dunn, 1995). Affective labeling tasks require the children to identify different emotional states such as sadness, anger or fear in the drawings or cartoons that depict facial expressions (Steele, Steele, Croft & Fonagy, 1999; Taumoepeau & Ruffman, 2008). In affective perspective-taking tasks, children are given various vignettes about animal protagonists in emotion-eliciting situations and are asked to predict what the protagonist feels in that particular situation (Eisenberg, Shea, Carlo & Knight, 1991; Feshbach, 1978; Hoffman, 1984, as cited in Vaish, Carpenter & Tomasello, 2009). Research shows that affective mentalization skills are associated with prosocial behaviors to a greater extent, as opposed to cognitive mentalization skills (Denham, 1986), while cognitive mentalizing abilities are more related to educational level and occupational status of the parents (Cutting & Dunn, 1999).

Similarly, while ToM underemphasizes the role of the child's social world on improving the capacity to represent mental states, mentalization construct lays emphasis on the importance of relational experience, especially relationships with the parents, for the development of mental representations (Ensink, 2003). With the aim of capturing the subtleties of mentalizing ability in aspects that go beyond the cognitive domain, as measured via false-belief tasks, Fonagy, Target, and Ensink (2000) developed The Affect Task (AT). AT is a semi-structured interview that aims to measure children's affective understanding. In the interview, drawings of children in situations that elicit a feeling are used. AT assesses children's sophistication level regarding affective understanding in relational contexts based on several dimensions. One of the dimensions is "justification", which refers to the

understanding of the causal links between contexts and emotions. Dimension named as "internal/external" refers to the acknowledgment that emotions felt inside may be displayed differently and hence seen differently by the eye of the outside observer (Ensink, 2003).

Children's mentalization capacity can also be assessed in the context of the attachment relationship, similar to the assessment of adults' mentalization. The Child Reflective Functioning Scale (CRFS; Target, Oandasan & Ensink, 2001) was developed to assess reflective functioning of children aged 8 to 11. CRFS was developed to be used along with Child Attachment Interview (CAI; Target, Fonagy, Shmueli-Goetz, Schneider & Datta, 2000), which resembles the use of the Adult RF Scale along with AAI narratives. Children's capacity to apprehend themselves and their attachment figures in mental state terms was assessed through their responses regarding themselves, their significant relationships and situations involving conflict (Ensink, 2003). However, it is difficult to apply the CRFS to young children as interview-based assessments are more convenient to conduct for older children and adults.

There is also considerable amount of research that assess children's mentalizing capacity through mental state language (Bekar, Steele & Steele, 2014; Brown, Donelan Mc-Call & Dunn, 1996; Dyer, Shatz & Wellman, 2000; Furrow, Moore, Davidge & Chiasson, 1992; Hughes & Dunn, 1997; Meins et al., 2002; Shatz, Wellman & Silber, 1983; Youngblade & Dunn, 1995). Even though the term "mental state talk" is not synonymous with mentalization, using mental state words is as crucial as explicit mentalization practices (Fonagy et al., 1998). With regard to the role of mental state discourse on the development of mentalizing ability, it is important to refer to the studies conducted by Meins and her colleagues (Meins, (1997; Meins et al., 1999). These studies proposed that children internalize representations as to self and others through the mental state talk they engage in with their caregivers. Meins (1999) argued that children's mentalizing ability is a developmental outcome of the discourse about mental states which was employed in interaction with their mothers. On top of that, Harris (1999) asserted that mental state talk about emotional states enables children to understand emotional states in

others. This conviction can be supported by empirical research which reveals that there is an association between mental state talk and performance in theory of mind tasks (Symons, 2004). Internalizing representations regarding the mind of the self and of others through social discourse enables the child to pass false-belief tasks. In their study examining mental state talk in conversations between children and their friends, siblings and parents, Brown and his colleagues (1996) demonstrated that children who used mental state talk more often performed better at false-belief tasks. Mental state language that includes both cognitive and affective aspects of mentalization is found to be associated with children's socio-emotional understanding, as well. (Youngblade & Dunn, 1995; Hughes & Dunn, 1998). All in all, both cross-sectional and longitudinal studies have shown that mental state talk is a valid and reliable indicator of ToM (Gamannossi, Pinto, 2014), and there is a correlation between the use of mentalistic discourse in a variety of interactional contexts and the development of social understanding and ToM (Symons, 2004).

A number of research studies investigated the cognitive and affective aspects of children's mentalizing ability by using naturalistic observation (Bretherton & Beeghly, 1982; Dunn, Bretherton & Munn, 1987). In these studies, children's play/snack times with their peers/parents were recorded in unstructured or semi-structured contexts. Mental states were examined based on different dimensions: volitional, moral, perceptual, physical and action-related. Not only the types and frequencies of mental state words used, but also the establishment of causal connections between mental states and actions were examined in these studies.

Narrative assessments based on mental state talk have also been used to measure children's mentalizing capacity (Bamberg & Damrad-Frye, 1991; Bettmann & Lundahl, 2007; Dyer, Shatz & Wellman, 2000). Creating narratives by looking at pictures is one of the most commonly used methods. This activates mentalization via two different ways. Firstly, the narrator uses perspective-taking while attributing mental states to the story characters. Secondly, the narrator also keeps the listener's mind in his/her mind while considering what the listener already knows and also doesn't know, and this requires yet another level of perspective-

taking (Tager- Flusberg & Sullivan, 1995). Narratives also provide the ground to uncover the storyteller's relational schemas, meaning-making style and affect-regulation strategies (Oppenheim, 2006).

Bekar, Steele, and Steele (2014) developed the Coding System for Mental State Talk (CS-MST) to assess mental state talks in the parents' and children's narratives. This coding system is based upon the assessment of parents' and children's mentalization level pertaining to the story characters and themselves. In its original form, a picture book which contained no words was used – namely "Frog, Where are You?" (Mayer, 1969). This book enables children and their parents to talk about the mental states of the characters in the pictures as well as themes that pertain to attachment and separation. After children's and parents' stories are recorded and transcribed, mental state words are counted and the results are analyzed. The coding system enables to measure different dimensions of mental state discourse, namely emotion words (e.g., happy, worried), cognition words (e.g., think, understand), perception words (e.g., see, look), physiological words (e.g., asleep, hungry), and action-based words which imply mental states without expressing them (e.g., find, hug). The CS-MST allows the coder to examine mental state words that are used in causal relationships, as well. Moreover, the variety of mental state words attributed to story characters can be evaluated. Finally, the number of referrals that the narrator made to his/her own mental states, named as "self-related mental state talk", and to the listener's mental states, named as "other-related mental state talk" are counted.

The CS-MST is a comprehensive measure of mental state talk in both children's and adults' narratives. It takes into account multiple dimensions. The coding system was first used by Bekar (2014) to investigate preschool children's and their mothers' mental state talk in relation to children's social-emotional functioning in a sample of 69 children. Results revealed that mothers' frequency and diversity of mental state talk, their acknowledgment of negative emotions, and their disclosures of causal connections were linked to better social-emotional functioning in children. Children's propensity to acknowledge and label emotions, and use of emotion and action-based mental state words were associated with more

adaptive social-emotional functioning, while their use of perception words was associated with behavioral problems. Furthermore, their overall mental state talk and their use of causal connections were linked to internalizing and externalizing problems. Children who used more mental state words were found to be more difficult by their mothers, with higher levels of negative interactions. Children who used a higher number of mental state words with causal connections were also rated as more difficult, more emotionally reactive, and aggressive. Finally, the higher the number of references children made to their own mental states, the higher were the externalizing problems they experienced (i.e. attentional problems and oppositionality). On the other hand, the higher the number of references they made to the interviewer's mental state, the higher were their emotional reactivity, affective problems, and internalizing problems. These results highlighted the multidimensional nature of the mentalization construct.

The CS-MST has also been used as a measure of mentalization capacity in recent studies investigating Turkish children's and parents' mental state talk in the context of play sessions (Halfon, Bekar & Gurleyen, 2017a; Halfon, Bekar, Ababay & Dorlach, 2017b). It was adapted to Turkish by Bekar and Çorapçı (2016) and then adapted to play therapy narratives so that it could be used in these studies. For the adaptation, the "story-oriented mental state talk" in the original coding system was replaced with "play-oriented mental state talk", which refers to mental state utterances pertaining to pretend play characters. In an empirical study investigating the dynamic relations between mental state talk and affect regulation in long-term psychodynamic psychotherapy processes of 2 single cases with separation anxiety disorder, the therapist's and the child's mentalization were operationalized as their mental state word utterances which were measured by the CS-MST. It was found that therapists' and children's use of mental state talk in therapy sessions were predictive of children's affect regulation capacity in play (Halfon et al., 2017a). In another study investigating the association between mental state talk in parent-child dyads, characteristics of children's play and the behavioral problems they exhibited, the CS-MST was used to operationalize and assess mentalization as "mental state talk that was co-created between parent-child dyads". Results revealed that parents'

and children's mental state talk were linked to children's interactive role-play, and mothers' mental state talk was linked to children's capacity to regulate affect in play (Halfon et al., 2017b). Thus, preliminary research showed that CS-MST is a promising tool in terms of validity, reliability, and ease of coding.

Unlike the previous studies on mentalization that examined whether children were able to understand others' minds, recent research has focused on whether children misperceive internal states of others (O'Connor & Hirsch, 1999). These studies revealed that distortions, misperceptions or biases in mentalizing resulted in children's interpreting situations differently despite the fact that they were provided with the same information (Sharp, Fonagy & Goodyer, 2006). Sharp (2006) developed a pioneering method on the subject of "distorted mentalizing" in children. He formulated a task to employ on children, in which children are given various vignettes of distressing social scenarios (including emotional or physical hurt, or social conflict). After telling the story, children are asked what they would think about the other character's thoughts if they were the protagonist in the story told. The response options include an inappropriate answer that reflected a positive bias based on strong self-reference, an inappropriate answer that reflected a negative bias based on strong self-reference, and a rational and adaptive answer based on global and stable self-reference (Sharp et al., 2009).

1.2.2.1. Associations of Mentalization with Demographic Variables

The literature provides much evidence that suggests that children's capacity to mentalize is associated with some demographic variables such as children's age, gender, language ability, and parental socioeconomic status. Several research studies have put forth the influence of these demographic variables on children's cognitive mentalizing ability (i.e. false belief understanding), affective mentalizing ability (i.e. emotion understanding) or mental state language.

First of all, age plays an important role in children's mentalization, since mentalizing ability develops across childhood (Pons, Lawson, Harris, Rosnay, 2003; Aznar, Tenenbaum, 2015). Pons and his colleagues (Pons, Harris &Rosnay,

2004; Pons, Lawson, Harris &Rosnay, 2003) assessed children's ability to recognize emotions and understand the relation between past events and current emotions. The samples included a total of 180 normally developed children whose ages range from 4 to 11. The results showed that approximately half of 3-year old children were able to identify emotions and make connections between events and current emotions. At least half of the children who are 4- and 5- years old were able to understand external reasons underlying emotions and have belief-desire reasoning. When they reached 8-years of age, a majority of them could understand hidden emotions, whereas the ability to understand mixed emotions and a moralistic component in emotional states was achieved by 10-year old children. Accordingly, children showed a clear improvement with age in multiple components of emotion understanding (Pons et al., 2004; Pons et al., 2003).

Children display developmental progression with respect to mental state language as well. Bretherton and Beeghly (1982) found that most of the 28-month old children were able to produce mental state words such as "see", "hurt" "tired", "want", which point to more reliance on perceptual, physiological terms rather than emotion, cognition or moral judgment words. Bamberg and Frye (1991) examined the use of mental state words among 5- year olds, 9- year olds and college students. Results of this study demonstrated that use of emotion and cognition words showed a significant increase with age.

Gender may also play a role in children's mental state language. Brody (1999) has offered a major theory of gender differences in emotion expression, which integrates biological approaches with social approaches. She suggested that differences in emotion expression according to gender are the result of both biological temperamental predispositions and gender-related emotion display rules. Boys biologically have higher levels of arousal, less developed language ability and less inhibitory control than girls, and thus a difficulty in regulating negative emotions (Weinberg, Tronick, Cohn, & Olson, 1999). Gender-related display rules expect girls to be more emotionally expressive than boys (Brody, 1999; Kring, Gordon, 1998), especially for happiness and internalizing negative feelings, such as sadness, fear, shame and guilt (Brody & Hall, 2008). On the other hand, boys are

expected not to express these fragile emotions and they are allowed to display externalizing emotions such as anger or disgust more than girls do. These emotion display rules are in parallel with gender roles which expect females to be more nurturing and accommodating whereas males are expected to be stronger and to show anger if necessary (Barrett & Campos, 1987; Izard & Ackerman, 2000; Zahn-Waxler& Robinson, 1995). In their meta-analytic review on gender differences in expressing of emotions in children, Chaplin and Aldao (2013) indicated that girls expressed more positive and internalizing emotions (e.g., sadness and anxiety), and boys showed more externalizing emotions (e.g., anger), and these differences were moderated by age and interpersonal context.

Another important variable which makes an important contribution to differences in children's mentalization is children's language ability. Children's ability to pass a false-belief task was found to be associated with verbal ability, as measured by the British Picture Vocabulary Scale (BPVS, a test of receptive vocabulary), or the Test of Early Language Development (a test of both expressive and receptive language development) (Happe, 1995; Jenkins &Astington, 1996). Children's performance on false-belief tasks was also found to be related to their understanding of the narratives (Lewis, Freeman, Hagestadt, & Douglas, 1994). Similarly, Cutting and Dunn (1999) found that children's both expressive and receptive language ability were associated with their understanding and expression of emotions and reasons underlying emotions. De Rosnay and Harris (2002) also showed that 3- to 6- year-old children's language skill was a significant predictor of their emotion understanding.

There is an important role of linguistic factors related to the Turkish language on the development of theory of mind in Turkish speaking children. Aksu-Koç and her colleagues (2005) demonstrated that when the questions used in the false belief tasks include "sanmak", which means "think with an implication of false belief" rather than other mental verbs like "think", Turkish-speaking children's acquisition of theory of mind was earlier than English-speaking children.

In the Turkish language, evidentiality (i.e., the linguistic encoding of the source for the information) is grammaticalized through verbal suffixes. Which of

these suffixes will be used while talking about the past, depends on the source of the speaker's knowledge. If the speaker has seen the event, the suffix (*-DI*) is used while the speaker has gotten information from someone else, the suffix (*-mIş*) is used. Thus, the Turkish language enables the speaker to express the information from a direct or indirect perspective (Aksu-Koç, Ögel-Balaban, Alp, 2009). When Turkish-speaking children reach 3-years of age, they are able to make reference to an event which is not based on their direct experience (with *–mIş),* and make inferences about an event based on their own indirect experiences which are similar to another event (with *–Dır)* (Aksu-Koç, 1988; Aksu-Koç, 2009). For example, 3-year old children could use the correct suffix (*–Dı* or *-mIş*) when they saw that a window broke or when they were shown a broken window. Only 4-year-old children, however, were able to accurately prefer the suffix (*-Dı* or *-mIş*) when they talk about an event which another person witnessed or not (Aksu-Koç, 1988). Accordingly, there is an association between the use of verb suffixes and acquisition of theory of mind. Moreover, Aksu-Koç (2009) suggested that Turkish-speaking children's acquisition of false-belief understanding might be earlier by virtue of this linguistic structure.

Lastly, family background and sociocultural context may have a considerable effect on individual differences in children's mentalizing ability. Research studies on emotion understanding of children from different socioeconomic backgrounds showed that children from low-income families have poorer emotion understanding (e.g., Garner, Jones, Gaddy, &Rennie, 1997; Saarni& Harris, 1991). Young children's emotion understanding has been found to be associated with their parents' occupational prestige (Dunn et al., 1991), education level, and occupational class (Dunn & Brown, 1994). Cutting and Dunn (1999) suggested that socioeconomic status (SES) of the family may have an impact on children's understanding of thoughts and feelings through some aspects of the family environments such as family discourse about mental states, the activities take part in, or the facilities provided for children.

Cross-cultural studies showed that school-aged children from collectivistic cultures (e.g., East Asia, South Asia, and the Middle East) were more likely to hide

their emotions, particularly anger, than individualistic cultures (e.g., America or Western Europe) (Cole et al., 2002; Novin et al., 2009, 2010, 2011; Wilson et al., 2012). Wege et al. (2014) asserted that emotion norms are learned and transmitted according to cultural models, which shape expectations for children's understanding and display of emotions. In individualistic cultures, expression of emotions in a more open way, sense of autonomy, and assertiveness are encouraged. On the other hand, in collectivistic cultures, loyalty to family, social harmony, and interest of the group are prioritized (Greenfield et al., 2003; Mesquita& Albert, 2007). Since powerful negative emotions (e.g., anger) are considered as threat to interpersonal ties, these are expected to be suppressed in collectivistic cultures, while expression of non-power related negative emotions (e.g., shame or sadness), which are not disruptive for the group, are well accepted (Kiyatama et al., 2006; Wang, 2001; Chan et al, 2009).

One of the important hallmarks of the Turkish sociocultural context is a strong emphasis on close bonds with the family and social groups. Kagitcibasi (2007) suggested a family change theory for urban, middle-class Turkish families, which allows children to be more autonomous while maintaining high levels of emotional proximity with the family. Socio-economic status is an important predictor of the differences in child-rearing attitudes and gender roles in Turkish culture. In Turkey, middle-high SES mothers encourage their children to be more autonomous, show more tolerance for children's expression of both negative and positive emotions, and less punitive attitudes for display of emotions than lower SES mothers (Altan-Aytun, Yagmurlu, &Yavuz, 2013; Corapci, Aksan, &Yagmurlu, 2012; Kağıtçıbaşı & Ataca, 2005; Nacak et al., 2011; Sunar, 2009). Moreover, they are more responsive to their children and use more cognitively stimulating child-rearing methods (Baydar & Akçınar, 2005). Turkish preschoolers from high SES expressed more anger in the interpersonal context, which can be seen as a sign of autonomy and assertiveness (Aseo, 2009). Okur and Çorapçı (2016) also found that middle-high SES Turkish children displayed a tendency to express their anger and sadness more than their lower SES counterparts. Additionally, studies have shown that higher SES Turkish mothers use more

complex cognitive words in their interactions with children in comparison to lower SES mothers (Çakır &Cengiz, 2016).

1.3. MENTALIZATION IN CHILDREN WITH BEHAVIORAL PROBLEMS

A secure relationship with the caregiver provides the infant with a foundation of an internal working model which enables to him/her to consider the other's mind in interactions without being overwhelmed (Bateman & Fonagy, 1999, 2001, 2004; Fonagy et al., 2002). Through the mother's affect-reflective mirroring, the child gets to able to develop mental representations of his/her affective states, which brings about emotional self-awareness and hence, mentalizing ability (Gergely & Watson, 1996). Mentalization enables individuals to recognize, identify and express their own feelings better as well as to better acknowledge and modulate others' feelings (Hooker, Verosky, Germine, Knight & D'Esposito, 2008; Subic-Wrana, 2011). In a similar vein, it helps to tolerate negative affects better, such as anger, anxiety, and sadness (Allen et al., 2008; Leary, 2007). Impulse control and affect regulation, which are crucial for self-organization, require self-understanding (Fonagy &Target, 1997). A better understanding of their own mental states allows children to control their mental processes better, which results in higher emotional and behavioral regulation (Sharp, 2006). Additionally, individuals who are better at mentalization have been found less likely to experience an activation of their attachment system while interacting with others, because they are more likely to perceive others' responses as benign and non-threating. Accordingly, a great amount of mental space is left to mentalize and be in-tune with others in relationships (George & Solomon, 2008). Thus, mentalizing ability including affective understanding and attuning to mental states of the self and others play a crucial role in facilitating and enhancing interpersonal relations and social competence (Allen et al., 2008; Fonagy et al., 2003; Leary, 2007; Liotti & Prunetti, 2010; Subic-Wrana, 2011).

Understanding one's own mental states and, in turn, understanding thoughts and emotions of another person pave the way for the development of the ability to show empathy and prosocial behaviors (Roberts & Strayer, 1996). People who are better at understanding thoughts and feelings of others are more likely to have moral reasoning, as well as to sympathize with and help other people (Spinrad et al., 2006). A lot of research studies reveal that there is a positive association between children's emotional understanding and their prosocial orientation. For example, 29-months-old children's emotional understanding has been found to be correlated with their prosocial behavior according to their mothers' reports (Hughes & Ensor, 2006). Also, Denham (1986) found that there is a positive correlation between 2- and 3-years-old children's emotional understanding and affective perspective-taking in a structured task, and their observed prosocial behavior. Consequently, an individual who is able to mentalize has a greater capacity for emotion-regulation, toleration of adverse feelings, development of a sense of self, and enjoyment of healthy social relationships and support, all of which are likely to enhance resiliency (Allen et al., 2008).

Since mentalizing ability is strongly related to impulse control, affect regulation and self-monitoring in children (Fonagy & Target, 1998), there is an expected association between behavioral problems and deficiency in mentalization. Mentalization problems in children have been found to be associated with behavioral problems in many research studies (e.g. Shields & Cicchetti, 1998; Bohnert, Crnic & Lim, 2003; Sharp, Fonagy & Goodyer, 2006, Sharp, Croudace &Goodyer, 2007). Parents' inability to understand and regulate children's affective states without being emotionally overwhelmed and shutting down plays a key role in the development of this deficiency. When there is lack of accurate and contingent parental mirroring and attachment security, the child struggles –on his/her on– to be able to develop the mentalizing ability, which in turn results in emotional and behavioral regulation problems – and eventually psychopathology (Fonagy et. al., 2002). In the parent-child relationships involving maltreatment and attachment trauma, children suppress the mentalization processes –which they normally should engage in their relationship with their caregivers– with the aim of protecting

themselves from mentalizing frightening and painful mental states. This brings about impairment in marking emotional states of the self and understanding of the mind. Thus, as a result of being less able to represent and regulate their emotional states, children become predisposed to suffering from anxiety, hypervigilance, depression and emotional dysregulation (Fonagy & Target, 1997; Pollak, Cicchetti, Hornung & Reed, 2000). Failure to regulate emotional reactivity (i.e. emotional dysregulation) is critical for the formation of various behavioral problems in children. Inability to regulate reactivity in times of anger often leads to symptoms that portray externalizing behaviour problems, including reactive aggression, disruptive actions, defiance, and impulsivity (American Psychiatric Association, 2000), and as can be expected, has been found to be related to higher externalizing symptoms (e.g. Blandon, Calkins, Grimm, Keane & O'Brien, 2010; Kim & Cicchetti, 2010). Besides, high reactivity in relation to the fear system can be signaling anxiety disorders (Lewis, 2010).

The parent's capacity to treat the child as a psychological agent, to reflect the child's affective experience and to attribute intentionality to the child are key to the development of child's mentalizing ability by providing the basis for secure attachment environment (Fonagy & Target, 1997; Sharp & Fonagy, 2008). Thus, parental mentalizing capacity is crucial for positive psychosocial development in children. In other words, parent's mentalizing ability predicts not only children's attachment security but also their mental health outcomes and socio-cognitive reasoning (Sharp & Fonagy, 2008). Children whose mothers are poor in mentalizing ability are at a greater risk for developing symptoms of psychopathology including conduct problems, anxiety, and depression (Katz & Windecker-Nelson, 2004; Sharp, Fonagy & Goodyer, 2006; Strassberg, 1997). Furthermore, mothers who show deficits in their mentalizing ability have children whose social-cognitive reasoning is ineffective when interacting with peers (Sharp et al., 2006; Sharp, Croudace & Goodyer, 2007). Parents' emotional awareness with regard to themselves and their children, and their capacity of labelling emotions predict better physical health, academic success and peer relations (Gottman, Katz & Hooven, 1996), as well as fewer conduct problems (Katz & Windecker-Nelson, 2004) and

fewer internalizing and externalizing behaviour problems in children (Oppenheim, Goldsmith & Koren-Karie, 2004).

Sharp, Fonagy, and Goodyer (2006) investigated the cross-sectional relationship between parental mentalizing and children's psychosocial adjustment, by focusing on mothers' accuracy in predicting their children's mental state attributions tor distressing scenarios about peer relationships. It was found that lower maternal accuracy predicted higher scores on measures of child depression, anxiety and conduct problems, gender and IQ controlled. The results of this study showed that maternal accuracy in predicting children's mental state attributions to distressing scenarios about peer relationships was a significant predictor of self-reported depression in children and parent-reported emotional-behavior symptoms seen in children. Moreover; Ensink, Begin, Normandin and Fonagy (2016) demonstrated that low mentalization capacity in mothers is linked to externalizing difficulties of children in the context of child abuse. The authors operationalized parental mentalization with regard to RF. Meins and her colleagues (2013) examined the relationship between mothers' tendency to make appropriate attributions to their children's mental states (i.e. mind-mindedness) and children's behavioral problems in a sample that comes from a low socioeconomic background. Mothers' mind-mindedness was found to be negatively associated with children's both externalizing and internalizing behavior problems (Meins, Centifanti, Feryhough & Fishburn, 2013). In their longitudinal study Ruffman, Slade and Crowe (2002) found that there was an association between mothers' use of mental state language and children's theory of mind development when language skills and age of the child as well as the mother's education level were controlled.

Ostler, Bahar, and Jessee (2010) examined behavioral problems and mentalizing ability of children exposed to parental methamphetamine abuse. They assessed mentalization in terms of the child's capacity to describe, modulate and narrate coherently about feelings expressed in his/her family without distorting or ignoring the reality. It was found that children with a higher mentalization capacity had fewer internalizing and externalizing problems and were rated as more socially competent on the CBCL. Higher mentalizing ability was linked to less depressive

behaviors, less social withdrawal, fewer attention problems, and less dissociative/post-traumatic symptoms. The findings also showed that mentalization ability is negatively associated with depressive states coupled with anxiety, aggressive behaviors, and social problems. Furthermore, Ensink and his colleagues (2016) showed that children's mentalization regarding themselves and their attachment figures, operationalized as reflective functioning, was negatively associated with depressive symptoms and externalizing problems in a sample of children who had a history of sexual abuse.

The link between theory of mind and social functioning was investigated in a non-typical sample of children through a number of studies, as well. Results revealed that there is a positive relation between theory of mind deficit and ineffective social functioning in such a population. Autism provides a viable ground to see the adverse effect of mentalization deficiency on children's adaptive functionality in daily life. Children on the autism spectrum are deficient in understanding the intentions of others (Fonagy et al., 2002). Failure of autistic children in theory of mind capacity has been studied via false-belief tasks. It has been demonstrated that autistic children lack the capacity of interpreting others' behaviors in terms of intentions (Baron-Cohen, Leslie & Frith, 1985; Frith & Happe, 1995).

As has been found in children with autism, Happe and Frith (1996) suggested that children with conduct disorder suffer from having difficulty in social interactions and that they are not able to understand internal states to others. However, it was found that children with conduct disorder did not have difficulty in theory of mind tasks, but were impaired in using social insight. Thus, when mentalization capacity of children with behavioral problems is viewed from the cognitive aspect, i.e. false-belief understanding, no relationship was found between the two variables (Happe and Frith, 1996; Sutton, Reeves, Keogh, 2000). Moreover, it was found that children who bully others using indirect or proactive aggression (Griffin & Gross, 2004) have an advanced mentalization capacity. There are also a good number of studies suggesting that better mind-reading does not always predict superior social functioning. Crick and Grotpeter (1996) found that relationally

aggressive girls victimize their friends by establishing intimacy and promoting disclosure to obtain control and thus to manipulate them. They proposed that acquiring control over others or social manipulation used by aggressive children who bully their peers requires advanced mentalizing skills. Happe and Frith (1996) also noted that the ability to understand and manipulate others' minds is required for spitefulness, lying, and putting one's own blame on someone else. Accordingly, they suggested that children with conduct disorder may have an "intact but skewed theory of mind"—a "theory of nasty minds" (p. 395), which refers to a different understanding of mental states.

While early studies on mentalization focused whether children are able to understand their own and others' minds, recent research have investigated how children understand others' mental states and whether they misperceive others' thoughts, beliefs, and feelings (O'Connor & Hirsch, 1999). Even though children may have false-belief understanding, they may interpret situations differently despite having access to the same information (Carpendale & Chandler, 1996; Chandler & Carpendale, 1998; Chandler & Lalonde, 1996). This kind of mind-reading ability that may resemble mentalizing with lack of some of the crucial characteristics of genuine mentalizing is referred to as pseudo-mentalizing (Allen, Fonagy & Bateman, 2008). For instance, pseudo-mentalizing may involve absolute certainty pertaining to mental states of the other without an awareness of the uncertainty embedded in knowing the other's mind. Moreover, it may be self-serving; in other words, the mental states might be recognized when they are consistent with the self-interest of the person recognizing them (Fearon et al., 2006). Sharp (2006) suggested that children with disruptive behavior problems have a mind-reading ability, but they do this inaccurately. They use distorted mentalizing practices, which refer to misreading the mind of others (Allen, 2006) or making a biased reading of the mind, causing them to attribute mental states to other minds in a biased way (Sharp, Croudace & Goodyer, 2007).

It is seen that children who have conduct problems and antisocial behaviors may even be displaying a better mentalizing ability in the cognitive domain. However, these children show impairments in empathizing with others and within

the domain of the implicit components of mentalization (Sharp, 2006). It is worthwhile to note that empathy, which refers to an affective response to someone else's situation, requires perspective-taking and thus mentalizing, but is not equal to these concepts (Hoffman, 1987; Blair, 2007). For instance, individuals with psychopathic tendencies are able to pass false-belief tasks, yet they show impairments in empathizing with others, especially with regard to feelings such as sadness and fear (Blair, 2003). In another study, Sharp (2008) demonstrated that 7- to 11-years-old children with externalizing problems show deficiency in emotional understanding. The task given to children required reading emotions of others from their eyes (Child's Eye Task: Baron-Cohen et al., 2001). Furthermore, it is found that children with disruptive behaviors cannot recognize the social consequences of their behaviors (Sutton, Reeves & Keogh, 2000). They show deficits when social insight is needed in everyday use, and make inappropriate attributions to self and others (Happe & Frith, 1996).

Externalizing behavior problems mainly include a range of disruptive, aggressive, antisocial, hyperactive and delinquent behaviors (Achenbach & Rescorla, 2001), and involve conflicts with other people and social norms (Achenbach & McConaughy, 1997). One of the characteristics of children with externalizing problems is that they suffer from interpersonal difficulties and poor relationships with peers (Vitaro, Tremblay & Bykowski, 2001) as well as parents (Greenberg, Speltz, DeKlyen & Endriga, 1991).

Social-cognitive theories provide a framework to explain these difficulties. Dodge's (1993) social information processing model of aggression, that is one of the main social-cognitive approaches, is similar to the notion of distorted thinking. Dodge and his colleagues demonstrated that aggressive children's way of encoding information is formed as a function of their selective attention to hostile cues and their ignoring mitigating cues. While interpreting the intention underlying their peers' behaviors, these children employ a hostile-attribution bias, which refers to perceiving cues as threatening instead of benign (Nasby, Hayden & DePaulo, 1979). It has been found that aggressive children look for fewer social cues prior to attributing a mental state to other people's intentions compared to non-aggressive

children (Dodge, 1986; Dodge & Newman, 1981; Finch & Montgomery, 1973; Milich & Dodge, 1984). They also focus more on aggressive cues in their environment (Gouze, 1981). From the perspective of mentalization, Sharp and Venta (2012) suggested that these children tend to have hostile attributions regarding others' intentions in ambiguous situations, which in turn lead them to respond aggressively to others since they expect aggression from them. Sharp and his colleagues (2006) investigated 7- to 11-years-old children's mental state attributions to distressing scenarios related to peer interactions. Children were presented with vignettes including themes that can cause distress via a social conflict. Their interpretation regarding the thoughts of others in relation to themselves, in other words, their self-attribution or self-appraisal processes were examined in the context of a social situation. They had three options to respond: an unrealistic and positive bias along with a strong self-attribution, a negative bias along with a strong self-attribution, or a neutral, rational option without a global and stable self-reference. Externalizing children have been found to use distorted mentalizing in that they make fallaciously overly positive attributions to themselves. In other words, they interpret others' thoughts about themselves overly positive (Sharp, Fonagy & Goodyer, 2006).

In parallel with these findings, Sharp, Croudace and Goodyer (2007) examined biases in mentalizing in 7- to 1-years-old children by using peer-related scenarios with ambiguous meaning. Children were asked to select one of the three options including overly positive, overly negative or a rational mentalizing style to interpret the other's thoughts in relation to self. As predicted, they found that children with overly positive mentalizing style were found to have externalizing symptoms to a greater extent. Moreover, it was found that antisocial children have inflated representations of themselves (Hughes, Cavell & Grossman, 1997; Hughes, Cavell & Prasad Gaur, 2001; Rowe, Bullock, Polkey & Morris, 2001; Rudolph & Clark, 2001; Sharp, 2000; Sharp, Croudace & Goodyer, in press). Their mentalizing of self included self-protective biases which caused them not to process adverse feedbacks from others. However, the limitedness of these studies stemming from using hypothetical scenarios necessitates a need for further studies assessing

mentalization in actual social interactions. To address this issue, Ha, Sharp & Goodyer (2011) used a sample of boys, with and without externalizing problems, while playing a trust game in real time. The game was designed so that the child in question needed to predict another player's intention and perceive the game from the other player's view. They found that externalizing children were more likely to attribute negative intentions to their co-players within the play context.

On the other hand, internalizing behavioral problems are primarily related to inner distress, and include anxiety, depression, and withdrawal (Achenbach & McConaughy, 1997). Internalizing children's reasoning about mental states has been mostly explained in light of social cognitive theories associated with anxiety. According to self-presentation theories, social anxiety is a result of a high desire to make a positive impression on others, along with a fear and an expectation of negative evaluation from others (Schlenker & Leary, 1982). Children with social anxiety fear to make mistakes and be criticized (e.g., Epkins, 1996). They are preoccuped with their self-images apprehensively (e.g., Hope, Heimberg, & Klein), expect adverse social outcomes (e.g., Chansky & Kendall, 1997), and show a negative bias in picking up cues in social interactions (e.g., Veljaca & Rapee, 1998). With regard to their understanding of social situations, many empirical studies show that anxious children's perception of the stimuli in the environment, expectations about the outcomes, and self-evaluations are formed by more negative interpretations (e.g., Hadwin, Frost, French & Richards, 1997; Muris, Meesters & Spinder, 2003).

The relationship between children's internalizing problems and their mentalization capacity has been examined especially in the case of anxiety problems (Sharp & Venta, 2012). Banerjee's (2008) explanation regarding the problem of anxious children's mentalization deficiency is based on the framework of social cognition. By combining the cognitive model of anxiety (Beck & Clark, 1991) with social information processing model of anxiety (Daleiden & Vasey, 1991), Banerjee (2008) suggested that anxious children are more likely to encode threat-related cues and attribute threatening intentions to others when there is ambiguity in the situation. They experience physiological hyper-arousal as a result

of the perception of threat. He suggested that children with anxiety are more likely to be hypervigilant in social situations with the anticipation of negative evaluations and threat from others, both of which are a result of mentalization deficit (Banerjee, 2008). Likewise, children with social anxiety have "difficulty in understanding and managing social situations involving multiple mental states" (Banerjee, 2008, p. 253). They are hypervigilant when there is an ambiguity with regard to others' minds (Banerjee & Watling, 2010). Frith, Happe & Siddons (1994) also found that anxious children suffered from social skill deficits in tasks requiring mentalization ability (as cited in, Sharp & Venta, 2012). Accordingly, anxious children's mentalizing deficits lead to both poorer social skills and their displaying hypervigilance when the information about the other's mind is absent.

Since difficulty in understanding the mental state of the self and the other is linked to incompetence in social interactions, Banerjee (2008) suggested that symptoms of anxiety are associated with failure in advanced mental-state reasoning, and investigated the mentalizing skills of socially anxious children. Banerjee and Henderson (2001) examined the performance of anxious children in second-order false-belief tasks (Sullivan at al., 1994) , the performance on faux pas task which is a more advanced mentalizing task that requires an explanation about one of the story character's unintentional act towards another character which hurts him/her (Baron-Cohen et al.,1999; Banerjee, 2000), the ability to mask emotions to manage self-image in social situations (Banerjee, Yuill, 1999), and teacher-rated ability of insight as to others' internal states. Results revealed that children with social anxiety did not have difficulty in passing standard false-belief tasks; yet they displayed poorer performance in understanding faux pas scenarios, which measure social understanding in the context of multiple mental states. Moreover, social anxiety was found to be linked to translating concerns with regard to self-image in social interactions into efficient behavioral strategies, and poorer social skills requiring insight about others' mental states. Thus, it is suggested that anxious children's maladjustment may not arise from a basic cognitive mentalizing deficit, but rather a difficulty in understanding the links between emotions, intentions and beliefs, and

managing interpersonal interactions involving multiple mental states and potential threats in social-evaluation (Banerjee, 2011).

Approaches to explaining the social deficits related to depression in children are mostly based on social information processing, similar to those for anxiety disorders (Sharp & Venta, 2012). Despite the fact that research on the direct association between depression and mentalization in children and adolescents has not been conducted yet, depression is viewed to be related with impairments in social functioning and these impairments may be associated with the difficulty in identifying and decoding the social cues displayed by other people (Lee, Harkness, Sabbagh & Jacobson, 2005). Lee and his colleagues (2005) found that depressed women show significant impairment in their ability to decode mental states of others compared to non-depressed ones. Kyte and Goodyer (2008) reviewed the literature on depression and highlighted that depression is associated with impairments in various domains of social information processing including "negative self-schemas (Zupan et al., 1987), selectively focused attention and recall on negative stimuli (Hammen & Zupan, 1984), maladaptive and negative attributional style (Muris et al., 2001; Voelz et al., 2003), rumination (Nolen-Hoeksema, 2000; Park et al., 2004), and impulsive and suboptimal decision making (Kyte et al., 2005)(as cited in, Sharp & Venta, 2012). Studies with depressed adults revealed that major depression is associated with impairments in theory of mind (Inoue et al., 2004, 2006; Kerr et al., 2003; Lee et al., 2005; Montag et al., 2010, as cited in Luyten, Fonagy, Lemma & Target, 2012). Luyten and his colleagues (2012) also noted that mentalization impairment in depressed individuals may be based on the context (e.g., especially related to experiences of loss, separation, or failure, rather than a deficit in social cognition). Moreover, they suggested that patients with depression may display hypersensitivity to mental states of self and others, and may be more attuned to other's mental states.

The relationship between children's mental state talk and their behavioral problems is less clear in the literature. In a few studies, it has been indicated that use of mental state talk was less salient in children with behavioral problems, and their language consists of "rudimentary" types of mental state talk mostly (i.e.

perceptual and action words), instead of appropriate emotional expressions. Externalizing children have been found to use fewer appropriate examples when they talk about their emotional experiences (Cook, Greenberg & Kusche, 1994). In another study examining children's use of language as to their internal states, participants were asked to tell a story on what they see in a wordless picture book and children with attention deficit and hyperactivity disorder (ADHD) used less mental state terms that pertain to cognition, judgment, and physiology as opposed to the control group composed of healthy children (Rumpf, Kamp-Becker, Becker & Kauschke, 2012). In Bekar's study (2014) investigating preschool children's and their mothers' mentalization skills with regard to social-emotional functioning, as assessed by the CS-MST, it has been found that children who are able to acknowledge and label emotions during story-telling have fewer behavioral problems. Similarly, use of action based-mental state words has been found to be linked to less anxiety and attentional problems, and use of cognitive words was found to be predictive of less behavioral problems. On the other hand, children's use of perception words has been found to be correlated with behavioral problems and disruption. Pinto, Primi, Tarchi, and Bigozzi (2017) suggested that mental state talk can be organized into two constructs as emotions and perceptions. While emotional constructs refer to more complex and deeper motives underlying behaviors, perceptional constructs refer to more superficial and shallow motives. From this aspect, focusing on perceptual states such as "hungry, thirsty, or being hot or cold" can be considered as interpretations of other people's behaviors at a more superficial level. On the contrary, focusing on emotional states can be seen as interpreting behavior from a deeper level that refers to the ability to see actions as driven by emotions (Pinto et al., 2017). Furthermore; self-centered thoughts, attitudes, and beliefs are components of self-serving cognitive distortions that have been found to be predictive of externalizing behaviors in many studies (Barriga, Landau, Stinson, Liau & Gibbs, 2000; Liau, Barriga & Gibbs, 1998; Barriga, Hawkins & Camelia, 2008). Bekar (2014) also found that children who refer to their own mental states more frequently have more attentional problems and oppositionality.

In Halfon and her colleagues' (2017a) recent study, conducted on 2 single cases with separation anxiety disorder, the effect of therapists' and children's use of mental state talk on children's affect regulation capacity in play therapy sessions was investigated. This preliminary study supported that mental state talk in psychodynamic psychotherapy facilitates affect regulation in play. Results revealed that while both therapists' use of mental state talk was predictive of children's affect regulation, the child's mental state talk was associated with affect regulation for only those children who demonstrated clinically significant symptom reduction. While the children who demonstrated significant symptom reduction over the course of treatment had already developed mentalization capacity, children who did not show significant improvement had more significant mentalization deficits. These results suggest that the children's initial mentalizing capacity could be a mediator in the association between mental state talk and emotion regulation, which is significant for therapy prognosis. In another study on the association between parents' and children's mental state talk, children's play characteristics and behavioral problems at the beginning of psychotherapy process were examined in a clinical sample of school-aged children (Halfon et al., 2017b). In line with the multi-dimensional nature of the construct, mental state talk was examined in detail as self-related, other-related and play-related. Results indicated that mother's and children's mental state talk through pretend play was associated with fewer internalizing problems in children. On the other hand, both mothers' and fathers' attributions to children's mental states and children's attributions to their own mental states in the context of pretend play were linked to higher levels of externalizing problems. Moreover, it was found that parents and children use perception and action-based mental state words more frequently, and emotion words to a lesser extent.

1.4. THE CURRENT STUDY

As can be seen, the literature on mentalization has accumulated many insights regarding the association between children's behavioral problems and their

mentalization capacity. Even though there is a sheer number of studies that have found that distorted mentalization of internalizing and externalizing children is related to the behavioral problems they exhibit, there still lies a need for further studies to develop an in-depth understanding of this connection. To address this issue, this study aims to explore the different mentalization strategies of internalizing and externalizing children.

Since the concept of mentalization is strongly associated with the use of mental state words in discourse or thinking, mentalization was operationalized as mental state talk in this study. Hence, the association between children's mental state talk and the behavioral problems reported by their parents was investigated. Micro-level analyses –based on the choice of words used – were preferred in order to examine the relation between mentalization and behavioral symptomatology.

In line with the improvements in theory emphasizing the multidimensional nature of the mentalization construct (Luyten et al., 2012), the construct of mentalization was examined from two different aspects, namely contextual and organizational. Contextual dimension pertains to the type of mental state words used (i.e. what kind of a context they refer to). Mental state words were categorized into five types: emotion words, cognition words, perception words, physiological words and action-based words.

On the other hand, the organizational dimension has more to do with how mental states are organized in one's mind. In the organizational dimension, mental state words used were classified as either self-oriented or other-oriented, according to the direction of the attributions made. This classification distinguishes the narrator's point of reference as to whose mental states he/she is talking about. When children refer to their own mental states mentalization is *self-oriented,* whereas it is *other-oriented* when they refer to the listener's mental states (Bekar, Steele & Steele, 2014). For this study, this distinction was made within the context of story characters. When children referred to the mental states of the child character in the stories, it was taken as self-orientation. In a similar vein, children's reference to the mental states of the parents of the child character implied other-orientation. Since anxious children have been found to be overly sensitive and hypervigilant regarding

the minds of others (Banerjee, 2008), internalizing children were expected to use more other-oriented mental state words as a result of too much emphasis they put on other people's thoughts. On the other hand, self-serving cognitive distortions (in the form of self-centered thoughts, attitudes and beliefs) have been found to be a predictor of externalizing behaviors in many studies (Barriga, Landau, Stinson, Liau & Gibbs, 2000; Liau, Barriga, & Gibbs, 1998; Barriga, Hawkins & Camelia, 2008). In line with those findings, it was expected that externalizing children's mental state talk would be more focused on themselves, implying self-orientation.

In the organizational dimension, mental state talk was examined with respect to two other aspects as well: opacity of mental states and mental states' being inappropriate/pseudo or not. The opacity of mental states is about acknowledging the difficulty to ensure what others' mental states are and making only predictions about the underlying intentions behind other people's behaviors. Inappropriate/pseudo mental states distort the opaqueness principle and involve inaccurate or bizarre mental state attributions to the content or situation (Bekar et al., 2014; Fonagy et al., 1998). At the same time, mental state attributions including self-serving biases (i.e. egocentric, unrealistic and overly positive self-representation with a strong self-reference) are considered as distortions in reflective function. Unintegrated, bizarre or inappropriate attributions of mental states are considered to be reflecting low RF, as well (Fonagy et al., 1998). For this study, criteria for coding inappropriate/pseudo mental state words are revised and developed in line with Reflective Functioning Scoring System (Fonagy et al., 1998) to capture the organizational aspect of mentalization. In the present study, distorted or inappropriate attributions were expected to be found in the mental state talk of externalizing children, based on the assertion that children with externalizing behavioral problems have distortions in mentalizing ability (Sharp, 2006).

Most of the prior studies with regard to children's capacity to mentalize and their behavioral problems do not address mentalization from multiple aspects. Earliest studies investigated whether children had the ability to understand their own and others' minds, and then, upon findings of these initial studies, research interest shifted to exploring how children came to develop inappropriate and biased

mentalization processes (Sharp, 2006). Studies which operationalized mentalization as mental state talk mostly focused on micro-level components of mind-related comments and specifics of speech (e.g. emotion words, cognition words) without capturing the organizational aspects of mentalization. To contribute to this missing part in the literature, this study aims to shed light on multiple aspects of the mentalization construct by addressing both contextual and organizational dimensions.

Building on theoretical and empirical investigations accumulated in the literature on mentalization, this study aims to find (1) a negative association between children's use of emotion words and their behavioral problems; (2) an association between children's use of cognition, perception and action-based mental state words and their behavioral problems; (3) a positive association between children's use of self-oriented mental state words and their externalizing problems; (4) a positive association between children's use of other-oriented mental state words and their internalizing problems; (5) a positive association between children's use of inappropriate/pseudo mental state comments and their externalizing problems; and (6) a negative association between children's use of mental state words reflecting opacity of the mind and their behavioral problems.

CHAPTER 2
METHOD

2.1. DATA

The data for this study was provided by the Istanbul Bilgi University Psychotherapy Research Laboratory, which provides low-cost outpatient psychodynamic psychotherapy service by master's level students in the Clinical Psychology Graduate Program as part of professional training.

2.2. PARTICIPANTS

Participants were 97 children (62.9 % male, % 37.1 female) who were referred to the psychological counseling unit of Istanbul Bilgi University. Ages of the children were between 3 and 11 (20,6% were 3-5 years old, 50,6% were 6-8 years old, and 26,8% were 9-11 years old). Most of the children are in the elementary school (77.3%). Other participants were going to kindergarten (17.5%) or not going to school (5.2%). 56.7% of the children had one sibling, while 14.4% had two siblings, 1% had three siblings, and %26.8 had no sibling. Children's referral reasons were mostly behavioral problems (39.2%). Other reported problems were anxiety (26.8%), school/learning difficulties (18.6%), somatic complaints (7.2%), and adjustment difficulties (6.2%). In terms of socio-economic status, the income levels of the participants were low (%16.5), low middle (%28.2), middle (%36.5), middle-high (%15.3) and high (%3.5). 91% of the parents were married and 9% were divorced or widowed.

2.3 SETTING

Data for this study was collected in Istanbul Bilgi University Psychotherapy Research Laboratory, established to conduct research on psychotherapy processes within Istanbul Bilgi University Psychological Counseling Center. In this

laboratory, various measurement tools were adapted and used for comprehensive evaluation of the effectiveness and processes of psychotherapy with quantitative/qualitative methods. The therapy and research center was located on the university campus. The therapists were second and third-year students, who were continuing their clinical practicum under supervision within MA in Clinical Psychology program. The research laboratory assistants were also students of this master program who are in the first, second and third year. The therapy rooms were equipped with cameras and microphones for research.

2.4. MEASURES

2.4.1 The Child Behavior Checklist (CBCL)

The Child Behavior Checklist was developed by Achenbach (1991) to assess adaptive and maladaptive functioning. It offers a comprehensive approach to assess emotional and behavioral problems of children in eight domains: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior and Aggressive Behavior. It is a checklist that is completed by parents. The respondents rate 112 problem behavior items on a 3-point scale in which 0 refers "not true," 1 refers "somewhat or sometimes true," and 2 refers "very true or often true".

The CBCL measures scores of problem behavior in three domains: internalizing, externalizing and total. The "internalizing problems" score involves the domains of anxious/depressed, withdrawn/depressed and somatic complaints. The "externalizing problems" score involves the domains of delinquent behavior and aggressive behavior. Besides these two categories, the CBCL involves "total problems" score which consists of all items. Moreover, the scale assesses children's competency in three domains which are Activity, Social, and School. To measure the severity of the symptoms, symptom scores are categorized as clinical, borderline, or non-clinical level according to a cut-off 49 score.

As a highly reliable test, the CBCL has the test-retest reliability as follows: alpha of .94 for the externalizing score, alpha of .90 for the internalizing score and alpha of .97 for the total problem score (Achenbach & Rescorla, 2001). The Turkish form was adapted to the Turkish context by Erol, Arslan, and Akçakın (1995), and found high test-retest reliability with the alpha of .84 and a high internal consistency with the alpha of .81 for externalizing scale, .82 for internalizing scale and .88 for the total problem scale.

2.4.2. The Coding System for Mental State Talk in Narratives (CS-MST)

The CS-MST is a coding system developed by Bekar, Steele & Steele (2014) to assess mentalization capacities through different dimensions of mental state talk in children's and parents' narratives. The coding system utilized the narratives embodied in a picture book that contained no words, namely "Frog, Where are You?" (Mayer, 1969). Stories told by children and their parents while looking at the pictures in this book are recorded and transcribed verbatim. Coding is done by identifying mental state words, and then categorizing them into types, and directions of attributions.

The coding system consists of 5 major categories of mental state language: emotions (e.g. *happy, sad, scared*), cognitions (e.g. *believe, think, want*), perceptions (e.g. *see, look, hear*), physiological states (e.g. awake, sleep, tired) and action-based mental state words (i.e. actions implying a mental state inherently; e.g. *look for, laugh, scare someone*). These categories are coded in three directions in terms of attributions made: (1) attributions made to the characters in the story, (2) attributions made to "self", i.e. the narrator him/herself, and (3) attributions made to the "other", i.e. the listener. Mental state words are counted in each of these three directions. The sum of mental state words oriented at the story characters in all of the five main categories constitutes the cluster of "story-oriented mental state talk". Clusters of "self-oriented mental state talk" and "other-oriented mental state talk" are formed via the same method.

Lastly, the coding system includes three more codes that are in progress. The category of *opacity of mental states* comprises words or phrases that represent opaqueness of the mind (e.g. *perhaps, maybe, I guess*). The category of *inappropriate/pseudo mental state comments* comprises inaccurate attributions to the listener's or story character's mental states (e.g. "*Are you crazy?*"), and is coded with clinical judgment. The category of *situational mental state words* comprises mental state words which are used in a context or situation without a reference to an agent's mind (e.g. "*This toy very surprising"*). The inter-rater reliability of the CS-MST was found as .90 for all categories. The CS-MST was adapted to the Turkish language firstly by Bekar and Corapcı (2016) through narratives of Turkish mothers and their preschool children.

2.4.2.1 Adaptation of the CS-MST for This Study

In this study, the CS-MST was coded over the narratives of a story-stem assessment that requires children to respond to a set of narratives where they are given the beginning of a story involving daily scenarios that involve a conflict. After giving these scenarios, children are asked to show and tell what happens next. In this study, Attachment Doll Story Completion Task (ASCT; Bretherton, Ridgeway & Cassidy, 1990) was used as a story-stem technique. It is a structured task that is designed to assess young children's internal working models of attachment based on their narratives. ASCT comprises five story-stems that aim to elicit the child's representations of attachment-related issues by using a set of dolls. The themes introduced by story-stems include a parent as an authority figure who can set a boundary, pain and fear as an elicitor of protection and affection from the attachment figure when the child needs protection or comfort, and separation and reunion with the attachment figure (Bretherton et al., 1990). In the first story-stem, named "spilled juice", the child accidentally drops the glass and spills juice, while family figures are sitting at the table for dinner. In the second story-stem, named "monster in the bedroom", the child goes to his/her bedroom to sleep and then cries out that there is a monster in his/her bedroom. In the third story-stem, named "hurt

knee", the child falls from a high rock and hurts his/her knee while he/she is in a park with his/her parents. In the fourth story-stem, named "departure", the mother and the father go to a one-week long vacation and the child stays with his/her grandmother. In the fifth story-stem, named "reunion", the parents return from vacation after one week.

To assess the mentalization capacity of children, mental state words they used when telling the stories in ASCT were identified and categorized as emotion words, cognition words, perception words, physiological words and action-based words. Since almost all of the mental state words children used were about story characters, directions of mental states were categorized within the context of story characters for this study. In that way, directions of mental states were added to the coding system –as subcategories– for each of the five major categories. The words which refer to the mental states of the child character in the stories were coded under the subcategory of "self", and the words which refer to the mental states of the parent or other characters in the stories were coded under the subcategory of "other". The sum of the number of references children made to the mental states of the child character and to the mental states of the parents or other characters were taken as "self-oriented mental state words" and "other-oriented mental state words" respectively. The words which refer to mental states of both child and parent characters, especially verbs expressing reciprocity such as "kiss each other", "hug each other", were coded under the subcategory of "merged". Finally, when there was an ambiguity as to whom the mental state was about, coding was done under the subcategory of "ambiguous referent".

As this study aimed to explore mental state talk of internalizing and externalizing children from different aspects based on the multidimensional nature of the mentalization construct, some other adaptations were needed to be employed on the CS-MST. The current coding system relies on the evaluation of particular word choices from different categories of mental state words. Thus, the CS-MST fails to capture the organizational aspects of the mentalization construct, which Reflective Functioning Scoring System (Fonagy et al., 1998) covers. While the CS-MST asks what type of mental state word is used, RF has more to do with whether

and how mental states are organized in the mind. In order to bring together these distinct yet overlapping aspects of the mentalization construct, the coding system was reviewed in consultation with Özlem Bekar, Ph.D.

Since the definition of inappropriate/pseudo mental state comments in the coding system was not clear enough to capture pseudo-mentalizing in narratives, this category needed an operationalization to clarify what is an inaccurate attribution to mental states. For this study, coding criteria for the category of inappropriate/pseudo mental state comments were revised and re-developed in line with Reflective Functioning Scoring System (Fonagy et al., 1998) to clarify the typology of pseudo-mentalization in children's narratives. In that regard, criteria for low RF subtypes (e.g. unintegrated, bizarre or inappropriate RF) were adapted to children's narratives. Other criteria were determined based on clinical judgment in consultation with Özlem Bekar and Sibel Halfon, Ph.D.

In order to stick to the frame of the CS-MST, even if the narrative involved inappropriate attributions no coding was done when no mental state word was verbalized. Mental state words were coded as pseudo/inappropriate if any one of the following criteria were met: physical violence towards others (e.g., *hitting, kicking, slapping),* extreme hostility, aggression and wildness towards others (e.g. *killing, assassinating, beheading),* attacks that leads to death (e.g. "*be eaten, be killed by the monster"*), feelings involving bizarre attributions that do not comprise an emotional state (e.g. *feeling gravestone, feeling death*), and mental state shutdowns (e.g. *sleeping, dying abruptly*; the child uses these words and cuts the story off where it is expected to be continued).

A group of six masters-level students had 5 hours of coding training by Özlem Bekar, Ph.D., the author of the CS-MST (Bekar, et.al., 2014). After coding 6 verbatim transcribed narratives, Özlem Bekar examined each raters' coding by comparing them with her own coding for reliability. In order to identify the agreement level between the raters, the Interclass Correlation Coefficient (ICC) was calculated, which ranged well from excellent (ICC= .87 to .93). For the category of inappropriate/pseudo mental state comments, according to new determined coding rules 30 transcribed story stem narratives were coded by the researcher and Özlem

Bekar. An ICC of .81 and .96 were reached respectively. Disagreements were resolved and coding rules were finalized in consultation with Özlem Bekar. After receiving inter-rater reliability with Özlem Bekar, the researcher trained a group of five masters-level research assistants for coding the category of pseudo/inappropriate mental state comments. 10 transcribed story stem narratives were coded by research assistants and the ICC was ranged .74 to .95 for the category of pseudo/inappropriate mentalization. Disagreements were discussed and resolved in meetings. Twenty-five percent of the data for each pair were coded by double-rater. In order to identify inter-rater reliability, ICCs were computed and values varied between .83 and .99, suggesting good reliability. If there is a difference more than three in mental state word counts in any of the categories, the raters revised their coding and came to an agreement. Each of the remaining transcripts was coded one of the certified raters.

2.4.3. Turkish Expressive and Receptive Language Test (TİFALDİ)

TİFALDİ (Berument & Güven, 2010) was developed to assess the language abilities of the 2-12-year-old Turkish-speaking children. It comprises two subscales measuring expressive and receptive language abilities. Each subscale starts from the age-appropriate item determined based on the child's chronological age and the items become harder as the test progresses. Expressive language scale consists of 80 cards with a black-white picture which are shown to the children one by one. The child is asked for naming what is the picture on the card. Berument and Güven (2010) demonstrated that expressive language test has adequate internal consistency in general (alpha of .98) and across age groups (alpha of .96 to .86). In terms of validity, standard scores of the subtest were significantly related with WISC-R verbal scale ($r= .521$; $p<.001$). The receptive language subscale consists of 104 words and quartered cards with black-white pictures. The administrator tells a word and the child asked to show the picture of the word. Berument and Güven (2010) reported that his subtest also has a good internal consistency in general (alpha of .99) and across age groups (alpha of .88 to .96). The receptive language subscale

also has a significant relationship with WISC-R verbal scale scores (r= .447; p<.001) which shows its validity to measure verbal skills. For both of the expressive and receptive subscales, a standardized score (M=100, SD= 15) is calculated for the child depending on the chronological age and the raw score. In this study, the expressive language abilities of participants were controlled through standardized scores of the expressive language scale.

2.5. PROCEDURE

After families applied to Psychological Counseling Center of Istanbul Bilgi University for their children, they were invited for an interview to collect information about the reason for referral, and to determine whether the patient in question fits the inclusion criteria for the study. The criteria for inclusion were as follows: no psychotic symptoms, no significant developmental delays, no significant risk of suicide attempts and no drug abuse. At the end of this initial interview session, parents were given the Child Behavior Checklist (CBCL) to fill out, and consent forms were taken from those parents who accept their child's participation in the Psychotherapy Process Research. The consent form for participation in the study included consent for the video and audio recording of the sessions, as well.

Before the intake session with the therapist, parents and their children were invited for the implementation of the research procedures by a research assistant. These procedures included employment of various emotional and cognitive measurement tools for psychological assessment of children and various scales which are filled by parents. Implementation sessions with the children were all videotaped and transcribed. Attachment Doll Story Completion Task (ASCT) was one of the assessment tools administered in this process. The CS-MST was coded over the narratives of the story-stem assessment. Children's symptom scores were achieved through the scoring of Child Behavior Checklist. In this study, the data consisting of patients from 2016 Fall- 2017 Spring term and from 2017 Fall- 2018 Spring term was used.

CHAPTER 3
RESULTS

3.1. DATA ANALYSIS

Since the length of children's narratives varied greatly, the number of mental state words used would be higher for children whose narratives were longer. The total number of words in children's stories, regardless of whether they are mental state words or not, ranged between 61 and 1550 (M= 437, SD= 286). In order to eliminate the effect of overall verbosity on mental state talk, mental state word count for each variable was divided by the total word count.

Mental state talk data were positively skewed because for each variable there were many scores of zero and only a very few numbers of high scores. After dividing mental state talk frequencies by the total word count, most of the mental state talk variables appeared to be within limits of normality. One outlier in the category of perception words and two outliers in the categories of pseudo/inappropriate mental state words and opacity of mental states were detected. Outliers in mental state talk variables were identified through the examination of Z-scores. Z-scores larger than 2.8 were considered as outliers and truncated by assigning the outlying case in question a score that is one unit larger than the nearest high score on that variable (Tabachnick & Fidell, 2007, p. 77). This technique reduced the effect of outliers on the analyses while enabling the accounting for the variance portrayed by children who use a particular mental state category more often than others. Truncation normalized the distribution of the categories of perception and inappropriate/pseudo mental state talk, but not the category of opacity of mental states. The variance in the category of opacity of mental states was low, and skewness for this category was the highest among all others. Since truncation failed to normalize the word count data for opacity of mental states, the square root transformation was applied only for the analysis of these data.

As stated before, five main mental state talk variables were used in the analyses, which are emotion, cognition, perception, physiological and action-based

mental state words. For each of these categories, the total sum of the number of references made to the child character's mental states was regarded as self-related, and the total sum of the number of references made to the parent's or other characters' mental states was regarded as other-related. Other than five main categories, two more mental state talk variables were included, which are opacity and inappropriateness of mental states.

Partial correlations and multiple regression were used to examine the relationship between mental state talk and behavioral problems. The relationship of age, gender and verbal ability with children's mental state talk was explored in order to see whether they need to be controlled for in the further analysis. Children's age was used as control variable for in all analysis because it was found that age has a significant effect on mental state talk variables, while gender does not have a significant effect on mental state talk variables. The effect of children's verbal ability was examined through children's TİFALDİ Expressive Language subscale scores. Even though children's expressive language scores were not correlated with mental state talk variables, children's verbal ability was also controlled for in all further analysis due to the verbal nature of the mental state talk assessment.

3.2. DESCRIPTIVE ANALYSIS

Descriptive statistics (minimum, maximum, skewness/kurtosis values, means, and standard deviations) for children's mental state talk clusters are displayed in Table 3.1.

Table 3.1 Descriptive Statistics for Children's Mental State Talk Variables (n=97)

	Minimum	Maximum	Mean/ SD	Skewness/Kurtosis
Emotion-based MSW	0	.07	.02 / .01	.96 / .62
Cognition-based MSW	0	.05	.01 / .01	.65 / -.41
Perception-based MSW	0	.04	.01 / .01	1.12 / 1.89
Physiological-based MSW	0	.08	.02 / .01	1.97 / 7.27
Action-based MSW	0	.04	.02 / .01	.55 / -.06
Opacity of mental states	0	.03	.01 / .01	3.27 / 12.35
Inappropriate/Pseudo MSW	0	.06	.01 / .01	1.91 / 2.96
Self-Oriented MSW	0	.10	.05 / .03	.24 / -.61
Other-Oriented MSW	0	.05	.02 / .01	.49 / -.30

The percentage distribution of mental state talk among the five main categories (emotion, cognition, perception, physiological, action-based) is shown in Table 3.2. The percentage distribution of referrals that children made to the mental states of self and others within the five main categories can also be seen in Table 3.2. The percentages of merged referrals that children made to both self and other's and ambiguous referrals were also included.

Table 3.2 The Percentage Distributions of Mental State Word (MSW) Categories and Mental State Referrals

	Emotion	Cognition	Perception	Physiological	Action-based
MSW Categories	24.02 %	20.09%	12.53%	19.64%	23.72%
	Self-oriented	Other-oriented	Merged	Ambiguous	
Mental State Referrals	66.19 %	27.58%	5.78%	.51%	

For all of the children, five most frequently used words within each one of the five main categories as well as the category of inappropriate/pseudo mental state comments with their percentages in their categories are displayed in Table 3.3.

Table 3.3 Five Most Frequently Used Words Within Each of the Mental State Talk Categories

Emotion	Word	*sad*	*scared*	*happy*	*angry*	*miss*
	Percentage	21.60%	20.89%	16.31%	11.73%	5.29%
Cognition	Word	*think*	*want*	*know*	*dream*	*recognize*
	Percentage	21.12%	20.44%	4.26%	4.09%	3.58%
Perception	Word	*look*	*see*	*watch*	*hear*	*listen*
	Percentage	49.86%	28.6%	13.50%	4.68%	0.55%
Physiological	Word	*sleep*	*hurt*	*feel bad*	*feel good*	*get better*
	Percentage	28.87%	16.37%	8.80%	7.57%	6.51%
Action-based	Word	*cry*	*hug*	*apologize*	*run away*	*hide*
	Percentage	10.10%	7.91%	6.88%	6.59%	3.66%
Inappropriate/	Word	*die*	*sleep*	*hit*	*kill*	*beat*
Pseudo	Percentage	24.84%	14.19%	10%	9.35%	4.19%

Five most frequent words used by externalizing and internalizing children within each one of the five main categories as well as the category of inappropriate/pseudo mental state comments are portrayed with their percentages in Table 3.4, and 3.5 respectively. Table 3.6 shows the five most frequently verbalized words used by comorbid patients who have co-occurring internalizing and externalizing psychopathology.

Table 3.4 Five Most Frequently Used Words by Externalizing Children Within Each of the Mental State Talk Categories

Emotion	Word	*scared*	*angry*	*sad*	*surprised*	*unhappy*
	Percentage	30.76%	22.38%	15.38%	7.69%	7.69%
Cognition	Word	*want*	*think*	*dream*	*decide*	*wonder*
	Percentage	31.25%	25%	12.5%	6.25%	6.25%
Perception	Word	*look*	*hear*	*listen*	*see*	*watch*
	Percentage	53.33%	26.67%	6.67%	6.67%	6.67%
Physiological	Word	*feel bad*	*feel good*	*sleep*	*get better*	*hurt*
	Percentage	21.95%	19.51%	19.51%	9.76%	7.32%
Action-based	Word	*cry*	*apologize*	*hug*	*try*	*scare*
	Percentage	25.71%	12.50%	12.50%	9.38%	6.25%
Inappropriate/	Word	*die*	*sleep*	*think*	*want*	
Pseudo	Percentage	40%	20%	20%	20%	

Table 3.5 Five Most Frequently Used Words by Internalizing Children Within Each of the Mental State Talk Categories

Emotion	Word	*sad*	*scared*	*angry*	*happy*	*pleased*
	Percentage	21.95%	20.33%	13.82%	13.82%	5.69%
Cognition	Word	*think*	*want*	*lie*	*be careful*	*understand*
	Percentage	21.12%	20.44%	4.26%	4.09%	3.58%
Perception	Word	*look*	*see*	*watch*	*hear*	*seem*
	Percentage	50.67%	33.33%	9.33%	4.00%	1.33%
Physiological	Word	*sleep*	*hurt*	*feel good*	*get better*	*wake up*
	Percentage	29.33%	26.66%	10.67%	9.33%	4%
Action-based	Word	*hug*	*cry*	*run away*	*apologize*	*call for*
	Percentage	12.30%	7.38%	6.56%	5.74%	5.74%
Inappropriate/	Word	*die*	*sleep*	*attack*	*puke*	*feeling*
Pseudo	Percentage	34.78%	30.43%	17.39%	8.70%	4.35%

Table 3.6 Five Most Frequently Used Words by Comorbid Children Within Each of the Mental State Talk Categories

Emotion	Word	*scared*	*sad*	*happy*	*angry*	*love*
	Percentage	22.03%	20.39%	17.76%	12.5%	6.57%
Cognition	Word	*want*	*think*	*know*	*recognize*	*dream*
	Percentage	24.14%	21.08%	7.14%	4.76%	3.74%
Perception	Word	*look*	*see*	*watch*	*hear*	*listen*
	Percentage	46.06%	30.89%	15.73%	5.05%	0.56%
Physiological	Word	*sleep*	*hurt*	*feel bad*	*get better*	*feel god*
	Percentage	37.5%	14.28%	8.21%	6.07%	5.35%
Action-based	Word	*cry*	*hug*	*run away*	*apologize*	*help*
	Percentage	9.76%	9.17%	7.69%	7.39%	4.43%
Inappropriate/	Word	*die*	*sleep*	*kill*	*hit*	*slap*
Pseudo	Percentage	21.99%	14.10%	11.61%	26%	4.14%

Finally, five most frequently used self-oriented and other-oriented words used by externalizing and internalizing children in all of five main categories are shown in Table 3.7.

Table 3.7 Five Most Frequently Used Self-Oriented and Other-Oriented Mental State Words by Externalizing and Internalizing Children

Externalizing						
Self-oriented MSW	Word	*feel bad*	*cry*	*feel good*	*sleep*	*want*
	Percentage	11.11%	9.72%	9.72%	5.55%	5.55%
Other-oriented MSW	Word	*hear*	*look*	*dismiss*	*angry*	*scared*
	Percentage	24.14%	21.08%	7.14%	4.76%	3.74%
Internalizing						
Self-oriented MSW	Word	*look*	*sad*	*scared*	*see*	*think*
	Percentage	11.11%	9.72%	9.72%	5.55%	5.55%
Other-oriented MSW	Word	*look*	*see*	*angry*	*to be happy*	*sad*
	Percentage	15.85%	10.36%	8.53%	3.65%	3.65%

3.3. Hypothesis Testing

Hypothesis 1: *There will be a significant negative association between children's use of emotion based mental state talk and behavioral problems.*

The expected association was examined not only for total behavioral problem subscale but also for both externalizing and internalizing subscales separately; however, the direction was not set forth prior to analysis for internalizing and externalizing subscale scores. When the association between children's use of emotion words attributed to the story characters and behavioral problems was controlled for age and expressive language ability, no significant relationship was found. As follow-up analysis, the associations of children's use of positive emotion words and negative emotion words with behavioral problems were also examined and no significant relationship was found after controlling for age and expressive language ability. The results of the partial correlations are shown in Table 3.8.

Hypothesis 2: *There will be an association between children's use of cognition, perception, and action-based mental state words and behavioral problems.*

Since the direction of the relationship between children's use of cognition, perception, and action-based mental state words and their behavioral problems was not predicted prior to analysis, the second hypothesis aimed to explore this association. The associations between mental state talk variables and behavioral problems were controlled for age and expressive language ability. There was a significant positive correlation between children's use of perception-based mental state words attributed to the story characters and internalizing problems on the CBCL. Another significant positive correlation was found between children's use of action based mental state words attributed to the story characters and externalizing problems on the CBCL. Furthermore, use of cognition words through story characters was associated with more internalizing symptoms on the CBCL and this relationship was at trend level. The results of the partial correlations are given in Table 3.8.

Table 3.8 Partial Correlations between Children's Use of Emotion, Cognition, Perception, Action-based and Total Mental State Words (MSW) and Behavioral Problems on the CBCL after Controlling for Age and TİFALDİ Expressive Score

	CBCL Internalizing Score	CBCL Externalizing Score	CBCL Total Score
Emotion based MSW	-.017	-.067	.003
Positive emotion-based MSW	.051	.012	.052
Negative emotion-based MSW	-.025	-.065	-.004
Cognition based MSW	.202*	.059	.120
Perception based MSW	.230**	-.060	.047
Action based MSW	.187	.212**	.183
Total Mental State Words	.057	.071	.038

*p < .07; **p< .05

Hypothesis 3: *There will be a positive association between children's use of self-oriented mental state words and externalizing problems.*

After controlling for age and expressive language ability, there was no significant relationship between children's use of self-oriented mental state words attributed to the child character's mind in stories and externalizing problems. Table 3.9 displays the partial correlation result.

Hypothesis 4*: There will be a positive association between children's use of other-oriented mental state words and internalizing problems.*

After controlling for age and expressive language ability, a significant positive correlation was found between children's use of other-oriented mental state words attributed to the parents' or other characters' mental states in stories and internalizing problems. The result of partial correlation are shown on Table 3.9.

Table 3.9 Partial Correlations between Children's Use of Self-Oriented and Other-Oriented Mental State Words (MSW) and Internalizing/Externalizing Problems on the CBCL after Controlling for Age and TİFALDİ Expressive Score

	CBCL Internalizing Score	CBCL Externalizing Score
Self-oriented MSW	-.021	-.039
Other-oriented MSW	.253**	.036

*p < .07; **p< .05

Hypothesis 5*: There will be a positive association between children's use of inappropriate/pseudo mental state comments and externalizing problems.*

As expected, a significant positive correlation was found between children's inappropriate/pseudo mental state comments and externalizing problems, after controlling for age and expressive language ability. Table 3.10 shows the result of partial correlation.

Table 3.10 Partial Correlations between Children's Use of Inappropriate/Pseudo Mental State Comments and Externalizing Problems on the CBCL after Controlling for Age and TİFALDİ Expressive Score

	CBCL Externalizing Score
Inappropriate/Pseudo Mental State Comments	.240**

*p < .07; **p< .05

Hypothesis 6: *There will be a negative association between children's use of opacity of mental state comments and behavioral problems.*

The expected relationship was explored not only for total behavioral problem subscale, but also for both externalizing and internalizing subscales. Results showed that children's use of words indicating opaqueness of the minds was associated with fewer externalizing symptoms on the CBCL, and this relationship was at a trend level. The results of partial correlations are shown on Table 3.11.

Table 3.11 Partial Correlations between Children's Use of Opacity of Mental states and Behavioral Problems on the CBCL after Controlling for Age and TİFALDİ Expressive Score

	CBCL Internalizing Score	CBCL Externalizing Score	CBCL Total Score
Opacity of Mental States	-.103	-.189*	-.152

*p < .07; **p< .05

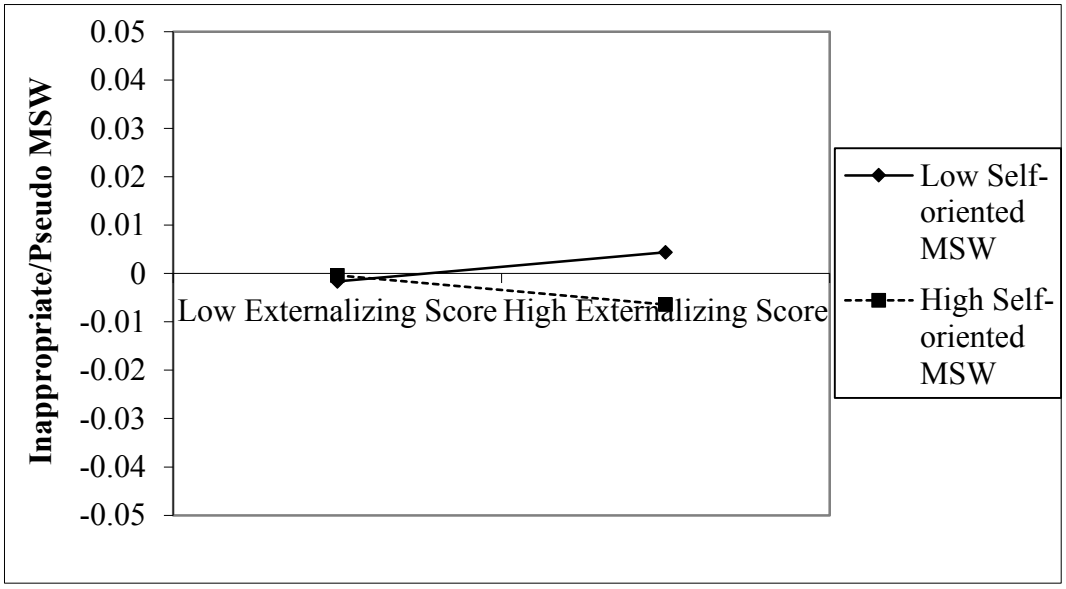
As follow-up analysis, multiple regression was performed to investigate if there is an interaction between children's use of self-oriented mental state talk and externalizing problems in prediction of their use of inappropriate/pseudo mental state comments. An interaction term was created by multiplying together the independent variables (i.e., children's use of self-oriented mental state words and externalizing problems). Prior to creating the interaction term, independent variables were centered around their means. Age and expressive language ability was included as covariates. As shown in Table 3.12, results indicated that the interaction between children's self-oriented mental state talk and externalizing problems has a significant association with children's use of inappropriate/pseudo mental state comments. The use of self-oriented mental state talk, externalizing problem, and their interaction explained 20% of the variance. Accordingly, the association between children's use of inappropriate/pseudo mental state comments and externalizing problems differed according to the level of their use of self-oriented mental state talk. In order to see and interpret how it differed visually, a simple slope analysis was conducted. Figure 1 shows the conditional effect of externalizing symptoms on the use of inappropriate/pseudo mental state comments with the degrees of low and high self-oriented mental state talk. Accordingly, children who have more externalizing problems used more inappropriate/pseudo mental state comments if they used low level of self-oriented mental state talk. On the other hand, children who have more externalizing problems used less inappropriate/pseudo mental state comments if they used high level of self-oriented mental state talk.

Table 3.12 Summary of Multiple Regression Analysis for Variables Predicting Use of Inappropriate/Pseudo Mental State Comments

Variable	*B*	*SE B*	*β*
Constant	-.001	.001	
CBCL Externalizing Score	0	0	.204**
Self-Oriented MSW	-.097	.056	-.181
CBCL Externalizing Score X Self-Oriented MSW	-.012	.005	-.228**
Age	-.001	.001	-.109
Expressive Language Score	0	0	-.006
R^2	.20		
Model F	4.38***		

*p < .07; **p< .05, p< .01***

Figure 3.1 Interaction between Children's Externalizing Problems and Use of Self-Oriented Mental State Words (MSW) in Relation to Use of Inappropriate/Pseudo Mental State Comments



CHAPTER 4
DISCUSSION

The aim of this study was to explore the association between children's mental state talk and behavioral problems reported by their parents. A number of analyses were conducted in this regard. Overall, results revealed that externalizing and internalizing children have differential difficulties in various domains of the mentalization process.

The initial step was to explore behavioral problems in light of different categories of mental state talk. These categories were formed according to the particular words children chose to use. Children's use of perception words was found to be positively correlated with internalizing problems, while their use of action-based mental state words was positively correlated with externalizing problems. Additionally, a trend-level significance was found between children's use of cognition words and internalizing problems. Contrary to what was expected, no significant association was found between children's use of emotion words and behavioral problems.

The next step was to examine mental state talk in terms of direction and appropriateness. What is meant by direction is whether the words used were self-oriented or other-oriented. Children's giving reference to mental states of the parents, the grandmother or other characters in the stories (i.e., other-oriented mental state talk) was found to be positively correlated with internalizing problems. Children who used more inappropriate/pseudo mental state comments were found to have more externalizing problems. Moreover, the association between children's use of inappropriate/pseudo mental state comments and externalizing problems was moderated by their use of references to the mental states of the child character in the stories (i.e. self-oriented mental state talk). Accordingly, children with more externalizing problems used a fewer number of inappropriate/pseudo mental state comments when they referred more to the mental state of the child character in the story. Another trend-level negative correlation was between externalizing symptoms and children's use of words indicating opaqueness of minds of the

interactants. In this section, both significant and insignificant results that pertain to the hypotheses of the study will be discussed in detail.

4.1. HYPOTHESIS

4.1.1 Exploring the Associations between Categories of Mental States and Behavioral Problems

One of the aims of this study was to explore the relationship between children's use of emotion, cognition, perception and action-based mental state words, and their behavioral problems. Given the fact that the literature regarding the associations between children's use of mental state language and behavioral problems did not point out to a clear direction, an association between the two variables was expected but the direction was not set forth prior to the analysis to be made. Results revealed that **c**hildren who used more perception-based mental state words in their narratives had more internalizing problems, whereas those who used more action-based words in their narratives had more externalizing problems. These findings are in line with a number of studies that assert that children with behavioral problems use perceptual and action-oriented mental state words more frequently, both of which are considered to be more rudimentary types of mental state talk (Cook et al., 1994; Rumpf et al., 2012; Halfon et al., 2017b).

The link between the use of perception based words and internalizing symptoms might be interpreted within the context of anxiety disorders, as the main reason for referral to treatment was mostly symptoms of anxiety for children with internalizing problems (76%). Banerjee (2008) suggested that anxious children are hypervigilant in social interactions due to their negative expectations in relationships. Such children expect that other people will evaluate them in a negative manner, and hence perceive social interactions as threatening. As a consequence of their hypervigilance with regard to what goes on in others' minds, anxious children might become extremely sensitive about how they are perceived. In the present study, internalizing children relied more on perceptual words,

especially when referring to the other's mind. The function of using perception words attributed to the other's mind (e.g., *look, see*) might be related to anxious children's selective attention to focus on others' conception about them.

In order to understand the link between the use of action-based mental state words and externalizing symptoms, developmental phases in understanding affective states need to be considered. Cook and her colleagues (1994) suggested that externalizing children tend to act out their emotions rather than verbally express them. Developmental studies on understanding emotions suggest that children initially "rely on idiosyncratic situational cues or singular external body cues", and only then expand on these cues with additional information to finally include inner experiences to identify emotional states (Carroll & Steward, 1984, Harris, Olthof & Meerum Terwogt, 1981, as cited in Cook et al., 1994, p. 206). Similarly, Piaget (1947) has described children as initially sensorimotor beings, who comprehend the world through actions. With the development of language, these sensory experiences are internalized and represented verbally (as cited in Busch, 2013). Moreover, despite the symbolic nature of language, action-based words have a pre-symbolic quality, in which talk and action are not fully differentiated (Halfon, Fisek & Cavdar, 2016). Action-based mental state talk implies mental states without explicitly stating them, yet the description of the current action might not be sufficient to reflect the internal states which motivate behaviors. Accordingly, the relation between the use of action-based mental state talk and externalizing symptoms might indicate that externalizing children have a mentalization capacity at a more primitive level.

Cognition words comprised yet another variable to be assessed in the present study. Children's use of cognition words was found to be positively associated with internalizing problems, but this relationship was at trend-level. Internalizing children's use of cognition words may reflect their tendency to focus on negative experiences –past, current or future– mainly at a cognitive level (Papageorgiou, 2006). To be more specific, internalizing children most frequently used the word "think", which might be related to dwelling on troubling circumstances over and over again. This finding is evocative of the practice of "rumination" widely seen in

both depression and anxiety (Fresco, Frankel, Mennin, Turk & Heimberg, 2002; Segerstroom, Tsao, Alden & Craske, 2000), which refers to thinking about symptoms of distress on a repetitive basis (Nolen-Hoeksema, 1998). Accordingly, internalizing children's references to cognitive states might be a form of ruminative thinking over worries about past mistakes or the future (Martin & Tesser, 1996).

One of the hypotheses of the present study was that children's use of emotion words and the behavioral problems they exhibit are negatively correlated. Yet results revealed no significant association between the two variables. In the face of this result, the relationship between behavioral problems and emotions' being positive or negative was investigated to see if the type of emotion made any difference. Again, no association was found between the two variables. A literature search reveals mixed results regarding the association between children's emotion language and behavioral problems. This finding does not support the findings of a number of prior studies that suggest that externalizing children have a general weakness in using emotion language (Casey, 1996; Cook et al., 1994; Muchmore, 1998). On the other hand, we should not forget that not all studies in the literature demonstrate emotion language deficits in children with behavioral problems.

O'Kearney and Dadds (2005) found that emotion language is affected differently for internalizing and externalizing adolescents, depending on the type of emotion and the nature of the emotion-eliciting event rather than demonstrating a general weakness. Developmental research describes a more complex picture regarding age-appropriate emotion language, based on the type of emotion (Burger & Miller, 1999; O'Kearney & Dadds, 2004; Wellman, 1995) and its complexity (Ferguson & Stegge, 1995). Egan (1998) found that chronological age and verbal intelligence are significant predictors of externalizing children's ability to decode emotions, and that accuracy in decoding emotions shows developmental progression. Additionally, some other studies suggest that depressed children have difficulty in identifying certain emotions but not others (Lenti, Giacobbe & Pegna, 2000). In a similar vein, anxious children are found to identify sadness in voices more accurately (Manassis & Young, 2000). Putting all these findings together, it is premature to conclude that children with behavioral problems have a general

weakness in emotion language and understanding. Accordingly, the literature shows that children with externalizing and internalizing problems may have differences in their capacity to use emotion language based on various factors such as emotion type, nature of the emotion-eliciting situation, the complexity of the emotion, and age and verbal abilities of children.

These findings can be related to many factors. Firstly, children with behavioral problems may have a deficit in specific domains of processing of emotion, rather than a global deficiency in emotion language. Furthermore, children's use of emotion words may vary according to the sophistication level (i.e. simple or complex) or the direction of the attribution of the word (i.e. self- or other-oriented) (O'Kearney & Dadds, 2004, 2005; Burger & Miller, 1999; Wellman, 1995; Ferguson & Stegge, 1995; Lenti, et al., 2000). Thus, using a composite measure for different aspects of emotion language might have been insufficient to clarify externalizing and internalizing children's competencies or deficits in different domains.

Another reason may be that externalizing children have problems in experiencing emotions *affectively*, rather than having difficulty identifying or labeling emotions cognitively. In other words, the essential deficit of these children may be *feeling* others' emotions rather than understanding them. A recent study on adolescents with conduct problems reveals that the ability to identify others' affective mental states predicts proactive aggression, while being unrelated with reactive aggression (Gillespie, Kongerslev, Sharp, Bo & Abu-Akel, 2018). In order to consolidate this finding, Gillespie and his colleagues (2018) hypothesized that understanding affective states is associated with proactive aggression in children who also have problems in "emotional resonance, that is the ability to feel what another is feeling" (p.7). Youth with conduct problems and psychopathic tendencies typically lack this ability (Marsh, 2016), and benefit from understanding their victim's mental states without feeling their emotions (Doenyas, 2017).

4.1.2. Exploring the Associations between Directions of Attributions Made to Mental States and Behavioral Problems

Contrary to expectations, children's self-oriented mental state talk, which refers to the attributions of mental state to the child character in narratives, was not found to be associated with externalizing problems. Yet, the relation between children's use of inappropriate/pseudo mental state comments and externalizing problems was moderated by their tendency make of references to the mental states of the child character in stories (self-orientation). Results revealed that children who have more externalizing problems used inappropriate/pseudo mental state comments to a greater extent when they made fewer references to the child character's mental state. In a similar vein, the same children used fewer inappropriate/pseudo mental state comments when they made more references to the child character's mental states.

It is possible that, even within the context of pretend play, egocentric and distorted perceptions as to social situations is present for externalizing children (Lochman & Dodge, 1998). Moreover, children with externalizing problems have difficulty in integrating self- and other-related concerns, and demonstrate deficiencies in perspective-taking (Lochman, Powell, Whidby & FitzGerald, 2012). Even though using less self-oriented talk is not synonymous with relying on other-oriented talk, adverse effects of using mental state attributions that are not self-oriented may be understood within the context of externalizing children's difficulty in perspective-taking. These children's self-centered thinking may hinder them from orienting towards others' internal states and attributing these states appropriately. Prior studies also showed that externalizing children make distortions in mentalization processes so as to interpret other's thoughts via attributing hostile intents to them (Sharp et al., 2006; Sharp et al., 2007).

On the other hand, use of self-oriented mental state talk may be more appropriate for externalizing children in the context of pretend play. In the story-stem technique, children reveal their mental representations of self and other through play characters (Emde, 2003) by combining pretend play and story-telling.

The *as-if* quality of play enables children to think about mental states more easily through the play characters (Bretherton, 1984; Chazan, 2002). Externalizing children may experience self-oriented references to internal states of the child character as more regulating in comparison to using self-oriented references directly to their own minds.

As expected, children who used more other-oriented mental state talk (which refers to the attributions made to the mental state of the parent or other characters in the stories), had more internalizing problems. This finding might be related to internalizing children's tendency to be "hypervigilant mentalizers" that stem from their fear and expectation of negative evaluations and threats from the external world. Children with anxiety tend to encode threat-related cues more readily, and attribute threatening intentions to others when there is an ambiguity with regard to the minds of others (Banerjee, 2008; Banerjee & Watling, 2010). Internalizing children might be overly sensitive towards others' mental states with the aim of checking the content of the other's mind. This over-focusing on the other's mind may result in using other-oriented mental state talk more frequently.

Internalizing children's references to the mental state of the parent or other characters in the stories might also be interpreted from the relational context. Several meta-analyses addressed that insecure attachment is linked with higher levels of anxiety and/or internalizing problems (Groh, Roisman, van Ijzendoorn, Bakersman-Kranenberg, & Fearon.,2012; Madigan, Atkinson, Laurin, & Benoit, 2013; Colonnesi et al., 2011; Brumariu & Kerns, 2010). Bowlby (1973) suggested that children experience anxiety in their relationship with attachment figures when they perceive those figures as unavailable or inaccessible, especially when there is a difficult or disturbing event. On the contrary, a caregiver who is consistently available, sensitive and responsive mitigates anxious feelings of the child. Repeated experiences with attachment figures lead children to have general anticipations regarding accessibility of those attachment figures. Bowlby (1973) emphasized that children's concerns related to the availability of attachment figures constitute the basis of anxiety. On the other hand, specific forms of insecure attachment are not manifested in the same way (Cassidy, 1994; Main, Kaplan, & Cassidy, 1985).

While children with avoidant attachments can maintain emotional distance from an insecure caregiver, children with ambivalent attachments are chronically vigilant about remaining in close contact with the parents, which can lead them to be most prone to feel anxiety.

Ambivalent attachment which is characterized by inhibition of autonomous behavior and difficulty in affect regulation promotes fear and self-perception of weakness which are often linked with internalizing problems. These children are increasingly dependent on the attachment figure and preoccupied with gaining their caregivers' attention (Cassidy & Berlin, 1994; Main & Solomon, 1986). Moreover, parenting practices which are characterized by control and rejection behaviors (e.g. criticism, disapproval) often result in anxiety (Bögels and Brechman-Toussaint 2006; Creswell et al. 2011) and/or depression (McLeod et al. 2007). Thus, internalizing children's over-focusing on the caregiver's mind might also be explained by their ambivalent attachment style which makes them vigilant regarding the interest of their caregivers and/or their fears related to how their controlling and critical parents react to them.

It is also worthwhile to note the difference between externalizing children's use of self-oriented and other-oriented mental state words. While the most frequently used self-oriented mental state words were "*feel bad/good", "cry", "sleep"* and *"want*", the most frequently used other-oriented mental state words were *"hear", "look", "dismiss", "angry*" and *"scared"*. Accordingly, externalizing children were found to use more primitive words (i.e., action-based and physiological words) (Cook et al., 1994, Rumpf, et al., 2012) when they engaged in self-oriented talk. Another notable finding was the difference between internalizing and externalizing children's word preferences. The most frequent other-oriented mental state words used by internalizing children were "*look", "sad", "scared", "see*" and "*think"*. Internalizing children used higher-order words (i.e., emotion, cognition and perception words) more frequently as opposed to externalizing children who relied more on action-based and physiological words (Jurist, 2005; Pinto et al., 2017)

4.1.3. Exploring the Associations between Appropriateness of Mental States and Behavioral Problems

As expected, children who used more inappropriate/pseudo mental state comments were found to have more externalizing problems. As consistent with the literature on pseudo-mentalization, this result showed that externalizing children make attributions as to mental states, but they might do this inaccurately. Prior studies suggest that children with conduct problems do have false-belief understanding, yet they misinterpret others' thoughts, beliefs, and feelings (O'Connor & Hirsch, 1999; Chandler & Carpendale, 1998; Chandler & Lalonde, 1996), as well as make inappropriate attributions to self and others (Happe & Frith, 1996). Externalizing children have been found to employ distorted mentalization processes by interpreting others' thoughts about themselves inaccurately as overly positive (Sharp et al., 2006; Sharp, et al., 2007; Sharp & Venta, 2012), and attributing negative intentions to others without a base (Ha et al., 2011).

Inappropriate use of mental state words was analyzed qualitatively, as well. It was seen that when an inappropriate mental state word was used children's narratives became bizarre and started to involve details that pertain to violence. The most frequently used inappropriate/pseudo mental state comments incorporate destructive themes including extreme hostility, aggression, and violence towards others. Below is a segment of the narrative of an externalizing child that exemplifies the use of inappropriate/pseudo mental state comments. The child is asked to complete a story which begins with a family dinner setting where the child character accidentally spills juice. "*Child: His mother came and cleaned the table. Then she slapped him and said 'you will be punished, I will not give you breakfast'. Then the child escaped from home. Then his mother heard the door-bell and said that the thief came. She flew and the thief bombed. The child died. Then the child escaped and they killed his family. They cut off his head and hanged it. Therapist: What did the child feel? Child: He felt death*." This type of inaccurate mental state comments might be activated due to "dysregulated aggression" in externalizing children. Prior studies on story stems show that dysregulated aggressive themes such as hostility,

death, serious injury, and atypical negative responses are correlated with externalizing problems (Warren, Oppenheim & Emde, 1996). For instance, it was found that externalizing problems are associated with a combination of increased aggression and low narrative coherence (von Klitzing, Kelsay, Emde, Robinson & Schmitz, 2000), and that externalizing symptoms are correlated with elevated dysregulated aggression evoked by conflictual and distressing story stems (Hill, Fonagy, Lancaster & Broyden, 2007). Since mentalizing ability is strongly related to affect regulation (Fonagy & Target, 1998), externalizing children, with their difficulty in making attributions to mental states of self and others accurately, seem to be unsuccessful in regulating their aggression that ends up with inappropriate mental state comments including catastrophic themes.

The most frequently used inappropriate/pseudo mental state comments by externalizing children were "*die", "sleep", "think"* and "*want*", whereas they were "*die", "sleep", "kill","hit*" and "*slap*" in children with comorbid externalizing and internalizing problems. "*Die*" was the most frequently used word, which refers to both the result of a dysregulated aggressive act and closing down of mental processes. Using the word "*sleep*" abruptly, where the story is expected to continue, may aim to shut down mentalizing too, because sleeping may imply shutting the mind off and deactivating thinking about mental states (Fonagy et al., 1998). This tendency to shut down the mentalizing function is captured by the criterion of "disavowal of RF" in the RF scoring system (Fonagy et al., 1998). It refers to the absence of mentalizing by disowning the reflective capacity as a subtype of impoverished reflective-functioning. Closing of mentalization in this way may reflect children's avoidance as a result of feeling threatened or being unable to deal with the conflict in question.

Another notable finding was the difference between inappropriately used mental state words by children with solely externalizing problems and by children with comorbid externalizing and internalizing problems. While the comorbid group used the words "*kill", "hit"* and *"slap*" more frequently, the externalizing group used the words "*think*" and "*feel*" in an inappropriate way (e.g. thinking gravestone, feeling death). From the context of developmental stages of mental functioning, the

comorbid group, just like highly disturbed children, seems to be in a more primitive mode of experiencing the internal word (Fonagy & Targeti, 1996). On the other hand, externalizing children may be more aware of the representational nature of inner experiences, and express their aggressive reactions in cognitive or affective terms (e.g., to think of killing) instead of directly enouncing action-based words (e.g., to kill).

Finally, children's use of mental state comments indicating opaqueness of the minds was found to be negatively associated with externalizing problems, and this relationship was at trend-level. From this aspect, we can say that externalizing children's mentalizing practices may be reflecting a more primitive mode of experiencing the internal world that is characterized by psychic equivalence (Fonagy & Target, 1996), where internal states are experienced as external reality. Bateman and Fonagy (2016) suggested that people with antisocial behavior fail to understand intentions of others accurately, and they tend to make attributions based on only external appearance. This concrete thinking style, which is an aspect of psychic equivalence, is a result of mentalizing based on external cues. Lacking knowledge of the representational nature of mental states, these people feel a threat, and try to control the physical environment through coercion and violence, rather than coping with their feelings through mental processing (Bateman & Fonagy, 2016). Thus, without a mentalizing stance that acknowledges uncertainty regarding other people's mental states, externalizing children may well be assuming that they fully know others' minds based on external indicators of internal states.

In order to understand why this relationship was at trend-level, near but not at statistical significance, firstly it should be considered that the overall use of words indicating opaqueness of the minds was considerably lower among all mental state word categories. Children's performance in understanding of opacity was associated with their theory of mind performance; however, even if they had false-belief understanding, some of them failed in understanding opaque contexts (de Villiers & Fitneva, 1996; Kamawar & Olson, 1999). Understanding of both opaqueness of the minds and false-belief contexts requires meta-representational ability, but opacity tasks are somewhat more complex than theory of mind tasks.

While it is possible to pass ToM tasks without understanding the difference between opaqueness and transparency in verbal expressions (e.g. "Where will she look for the marble?"), opacity tasks cannot be performed without understanding the cognitive implications of this difference (Kamawar & Olson, 1999). Moreover, young children were found to be better at using verbs in transparent contexts rather than opaque contexts, and their use of opaque verb phrases improved significantly with age (Russell, 1987). Accordingly, even if young children have the understanding of opacity of minds, using words or phrases indicating opacity may be a subsequent ability independent of their behavioral problems.

4.2. DIFFERENT MENTALIZATION CAPACITIES OF EXTERNALIZING AND INTERNALIZING CHILDREN, ALONG WITH CLINICAL IMPLICATIONS

The findings of this study indicate that mentalization of children with externalizing and internalizing problems are characterized by different strategies. They portray a more complex picture regarding these children's capacities as well as difficulties in different aspects of mentalization processes. With respect to the different categories of mental states, externalizing children relied more on primitive mental state words (i.e. action-based words), which point to a developmentally earlier stage of mentalization (Cook et al., 1994, Rumpf et al., 2012). They use distorted mentalization processes that contain inappropriate mental state comments with themes of "dysregulated aggression". Children who had more externalizing symptoms used more inappropriate mental state comments when they used self-oriented talk to a lesser extent, which may be explained by their difficulty in making accurate attributions to mental states when taking another person's perspective.

On the other hand, internalizing children used higher-order words (i.e. cognition and perception words) as compared to externalizing children, but these mental state words still belonged to a more primitive, pre-emotion stage. Additionally, children who had more internalizing problems focused more on others' mental states, which indicates their tendency to be "hypervigilant

mentalizers" regarding others' minds (Banerjee, 2008). Accordingly, it is possible to conclude that externalizing children have a deficit in their mentalizing ability, while internalizing children have a rigid mentalizing strategy which is characterized by lack of flexibility towards representing mental states from different categories (i.e. higher reliance on perception words) and getting stuck in repetitively making reference to others' minds.

The distinction made by Midgley and his colleagues regarding mentalization difficulties of children could be helpful to portray the distinction between externalizing and internalizing children (Midgley, Ensink, Lindqvist, Malberg & Muller, 2017). Firstly, children with an "underdeveloped mentalizing capacity" are mostly unable to identify what they were feeling, cannot express their inner states verbally, and engage in a struggle to pay regard to other people's mental states underlying their behaviors. They have difficulty in thinking about themselves and others in mental state terms, and they tend to act out their affects physically or behaviorally. Secondly, children with "specific mentalizing difficulties and breakdowns" may have the capacity to think about themselves and others in terms of the underlying mental states, but they may fail to use this ability and have difficulty to express certain affective states when overwhelmed by a difficult experience (Midgley et al., 2017). From this aspect, while externalizing children's mentalizing capacity seems to be underdeveloped, internalizing children might have specific mentalizing difficulties and breakdowns.

When the capacity to mentalize is limited or inhibited, both one's own and others' behaviors are most likely to be experienced as confusing and overwhelming, which may result in breakdowns in emotion regulation and demonstration of a coherent sense of self (Fonagy et al., 2002). Assessing children's competencies and deficiencies in different domains of mentalization provides a more nuanced picture regarding mentalizing capacities of children with behavioral problems, which in turn renders a useful base to develop clinical interventions according to the needs of children with different symptomatology.

The findings of this study highlight the importance of working with externalizing children to enable them to learn to make appropriate attributions to

themselves and others. Since such children's mental state attributions –which are not self-oriented in the pretend context– tend to be inaccurate, the difficulties they have in thinking about others' mental states can be an important topic to work on in psychotherapy. Given the fact that externalizing children tend to act as if they know what others think with certainty, the therapist's inquisitive approach as to the awareness of the opacity of mental states may be a model for them to inquire into mental states. It is crucial to promote their capacity to use mental state talk, and then model and encourage them to use higher-order mental state words, since their mental state talk is mainly based on pre-symbolic action-based language. For externalizing children who lack empathy, it may be beneficial to design therapeutic interventions to work on perspective-taking skills and understanding on the adverse effects of behaviors on others.

On the other hand, even though internalizing children showed better ability to use mental state words in different categories, their mental state talk failed to include emotions most of the time. Given the fact that use of emotion words is a sign of more a sophisticated level of mentalization, it is critical to work on enhancing children's capacity to tolerate thinking about self and others in terms of emotional states. Being able to identify and think about the triggering affective states underlying their over-arousal and anxiety may help anxious children regulate their emotions better. Likewise, enhancing the ability to reflect on their own mental states and achieving a balance between self-oriented and other-oriented mentalizing processes might be a target to work on in the psychotherapy of children with internalizing problems**.**

4.3. LIMITATIONS AND FURTHER RESEARCH

This study has several limitations. Firstly, because of the relatively small sample size, variances were low for some of the variables. A further study with a larger sample size would be better for the generalizability of the results. Secondly, the findings of this study revealed correlational results. Hence, the causal direction of the associations couldn't be indicated.

This study aimed to examine mentalization capacities of a clinical population. It will be valuable to investigate mentalization capacity of non-clinical populations in the future. Comparing mentalization capacities of clinical and non-clinical groups may portray a more comprehensive picture to understand the links between mentalization and behavioral problems.

Another limitation was related to the assessment of mentalization. First of all, because children rarely made mental state attributions to themselves or others in real time, the directions of mental state attributions were assessed through story characters. This means that associations with regard to self- and other-oriented mental state talk were assessed in the pretend context. Further studies may aim to assess the direction of mental states by examining real-life attributions made to the minds of one's own and others. Secondly, some of the coding criteria for inappropriate/pseudo mental state comments were developed in line with the RF scoring system (Fonagy et al., 1998). Yet some inappropriate or bizarre comments couldn't be evaluated in this coding system, as they don't involve a mental state word in order not to go out of the frame of the CS-MST (Bekar et al., 2014). Further studies might benefit from assessing inappropriate mentalization practices with a more comprehensive assessment method that can capture all of the bizarre, disorganized responses which reflect low reflective functioning capacity. Additionally, assessing children's emotion words based on micro-level analyses of different domains of emotion language (i.e. positive/negative, simple/complex or self-oriented/other-oriented) would be more informative in explaining the relations between emotion-based mental state talk and behavioral problems. Lastly, it is possible that some words expressed by children were evoked by the theme of the story in question. Therefore, it was not possible to conclude that some most frequently used words were related to the psychopathology of children. Assessing mental state talk in the context of storytelling that rests on free association may eliminate this problem in further studies. Moreover, a different coding system in which mental state terms are organized and categorized differently might yield different findings. For example, mental state language can be assessed through categorizing terms as feelings, desires, and cognitions by highlighting that the use

of these terms is related to their social-cognitive understanding (Wellman, 1995; Bartsch and Wellman, 1995). Mental state terms can also be categorized by including volition or moral judgment terms and excluding action-based words (Bretherton and Beeghly, 1982). Thus, a coding system which clusters mental state terms from a different viewpoint might be used to assess children's mental state talk in further studies.

In addition, mental state talk of children might have been affected by linguistic factors related to the Turkish language since Turkish is very different from English in terms of sentence and vocabulary structures. Aksu-Koç and her colleagues (2005) demonstrated that if false-belief tasks were presented by using the word "suppose", which is "*sanmak"* in Turkish, rather than the word "think", which is "*düşünmek"* in Turkish, Turkish children performed better as opposed to English children (as cited in, Kaysılı & Acarlar, 2011). Since the CS-MST rests on word counts, the hierarchical differences between the words used could not be taken into account. Therefore, developing an alternative assessment instrument based on the Turkish language might be more appropriate for the Turkish population.

Attachment security was not examined or controlled in this study, however attachment underpins the development of children's mentalizing ability and strongly related to both children's mentalization capacity (Fonagy, et al., 1991a) and behavioral problems (Contreras & Kerns, 2000; Sroufe et al., 1999). Moreover, externalizing and internalizing children's use of mental state talk which is characterized by different strategies might be affected by their types of attachment relationships. Thus, further studies might benefit from including attachment as a mediator variable in order to examine the effect of attachment style on the relationship between children's mental state talk and behavioral problems. Likewise, even though certain variables such as children's age and expressive language abilities were controlled in this study, controlling other variables would provide a more comprehensive picture as to the topic explored. Executive functioning is one such area. Controlling of any one of the background information of children included in the study would be more informative, as well.

Finally, investigating the associations of children's mental state language with subcategories of externalizing and internalizing problems in the domains of anxiety, depression, attention deficit or conduct problems would give a more detailed information on the use of mental state language. Besides, this study relied on parent reports with respect to the measurement of children's behavioral problems. Using alternative measures such as clinical evaluations might be beneficial for further studies.

4.4. CONCLUSION

This study aimed to investigate associations between children's mental state talk and their internalizing and externalizing problems. The findings of the study provided preliminary evidence for the relations between behavioral problems and different aspects of mentalization. Firstly, associations between children's behavioral problem and their use of mental state words from different categories (e.g. emotion, cognition, perception and action-based mental state words) were explored. Secondly, in the organizational aspect, which indicates how mental states are organized in the mind, the associations between the direction of mental states (e.g. self and other-oriented) and behavioral problems, and the associations between the appropriateness of mental states and behavioral problems were investigated.

In brief, findings of this study showed that there is a significant positive association between (1) children's use of perception words and internalizing problems, (2) children's use of action-based mental state words and externalizing problems, (3) children's use of other-oriented mental state words and internalizing problems, and (4) children's use of inappropriate/pseudo mental state comments and externalizing problems. Further analysis demonstrated that children's use of inappropriate/pseudo mental state comments were positively associated with externalizing problems when their use of self-oriented mental state talk is low, and children's use of inappropriate/pseudo mental state comments were negatively associated with externalizing problems when their use of self-oriented mental state talk is high. Additionally, a trend-level positive significant relationship was found

between children's use of cognition and action-based mental state words and internalizing problems, and a trend-level negative significant relationship was found between children's use of words indicating opaqueness of the minds and externalizing problems. There was not a significant relationship between children's use of emotion words and behavioral problems, and use of self-oriented mental state talk and externalizing problems.

These findings based on a microlevel analysis of the different aspects of mentalization contributed the literature by providing a preliminary study to understand differential mentalizing capacities of children with externalizing and internalizing problems.

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APPENDIX A: Child Behavior Check List for Ages 1.5-5 (CBCL/1.5-5)

ÇOCUĞUN;
Cinsiyeti:___ ERKEK___ KIZ
Yaşı:____
Doğum Tarihi: GÜN___AY___YIL_____
Kreşe, anaokuluna gidiyor mu?___ HAYIR ___EVET
(Okulun adı: _____)

ANNE BABANIN İŞİ (Ayrıntılı bir biçimde yazınız, örneğin emekli, ilk okul öğretmeni, şoför, oto tamircisi, avukat gibi) EĞİTİMİ (Son bitirilen okula göre eğitim durumunuz)
BABANIN İŞİ: _____EĞİTİMİ: _____YAŞI: _____
ANNENİN İŞİ: _____EĞİTİMİ: _____YAŞI: _____

FORMU DOLDURAN:___ Anne ___ Baba
___ Diğer (Çocukla olan ilişkisi: _____)

Çocuğunuzun davranışlarıyla ilgili bu formu lütfen görüşlerinizi yansıtacak biçimde yanıtlayınız. Her bir madde ile ilgili bilgi verebilir ve 2. sayfadaki boşluklara yazabilirsiniz. Lütfen bütün maddeleri işaretlemeye çalışınız. Teşekkür ederiz.

Aşağıda çocukların özelliklerini tanımlayan bir dizi madde bulunmaktadır. Her bir madde çocuğunuzun **şu andaki ya da son 6 ay** içindeki durumunu belirtmektedir. Bir madde çocuğunuz için **çok ya da sıklıkla doğru ise 2, bazen ya da biraz doğru ise 1, hiç doğru değilse 0** sayılarını yuvarlak içine alınız. Lütfen tüm maddeleri işaretlemeye çalışınız.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru 2: Çok ya da sıklıkla doğru

0 1 2	1. Ağrı ve sızıları vardır (tıbbi nedenleri olmayan).
0 1 2	2. Yaşından daha küçük gibi davranır.
0 1 2	3. Yeni şeyleri denemekten korkar.
0 1 2	4. Başkalarıyla göz göze gelmekten kaçınır.
0 1 2	5. Dikkatini uzun süre toplamakta ya da sürdürmekte güçlük çeker.
0 1 2	6. Yerinde rahat oturamaz, huzursuz ve çok hareketlidir.
0 1 2	7. Eşyalarının yerinin değiştirilmesine katlanamaz.
0 1 2	8. Beklemeye tahammülü yoktur, her şeyin anında olmasını ister.
0 1 2	9. Yenmeyecek şeyleri ağzına alıp çiğner.
0 1 2	10. Yetişkinlerin dizinin dibinden ayrılmaz, onlara çok bağımlıdır.
0 1 2	11. Sürekli yardım ister.
0 1 2	12. Kabızdır, kakasını kolay yapamaz (hasta değilken bile).
0 1 2	13. Çok ağlar.

0 1 2 14. Hayvanlara eziyet eder.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru 2: Çok ya da sıklıkla doğru

0 1 2 15. Karşı gelir.
0 1 2 16. İstekleri anında karşılanmalıdır.
0 1 2 17. Eşyalarına zarar verir.
0 1 2 18. Ailesine ait eşyalara zarar verir.
0 1 2 19. Hasta değilken bile ishal olur, kakası yumuşaktır.
0 1 2 20. Söz dinlemez, kurallara uymaz.
0 1 2 21. Yaşam düzenindeki en ufak bir değişiklikten rahatsız olur.
0 1 2 22. Tek başına uyumak istemez.
0 1 2 23. Kendisiyle konuşulduğunda yanıt vermez.
0 1 2 24. İştahsızdır. (açıklayınız): _____
0 1 2 25. Diğer çocuklarla anlaşamaz.
0 1 2 26. Nasıl eğleneceğini bilmez, büyümüş de küçülmüş gibi davranır.
0 1 2 27. Hatalı davranışından dolayı suçluluk duymaz.
0 1 2 28. Evden dışarı çıkmak istemez.
0 1 2 29. Güçlükle karşılaştığında çabuk vazgeçer.
0 1 2 30. Kolay kıskanır.
0 1 2 31. Yenilip içilmeyecek şeyleri yer ya da içer (kum, kil, kalem, silgi gibi). (açıklayınız): _____
0 1 2 32: Bazı hayvanlardan, ortamlardan ya da yerlerden korkar. (açıklayınız): _____
0 1 2 33. Duyguları kolayca incinir.
0 1 2 34. Çok sık bir yerlerini incitir, başı kazadan kurtulmaz.
0 1 2 35. Çok kavga dövüş eder.
0 1 2 36. Her şeye burnunu sokar.
0 1 2 37. Anne-babasından ayrıldığında çok tedirgin olur.
0 1 2 38. Uykuya dalmakta güçlük çeker.
0 1 2 39. Baş ağrıları vardır (tıbbi nedeni olmayan).
0 1 2 40: Başkalarına vurur.
0 1 2 41. Nefesini tutar.
0 1 2 42. Düşünmeden insanlara ya da hayvanlara zarar verir.
0 1 2 43. Hiçbir nedeni yokken mutsuz görünür.
0 1 2 44. Öfkelidir.
0 1 2 45. Midesi bulanır, kendini hasta hisseder (tıbbi nedeni olmayan).
0 1 2 46. Bir yerleri seyirir, tikleri vardır (açıklayınız): _____
0 1 2 47. Sinirli ve gergindir.
0 1 2 48. Gece kabusları, korkulu rüyalar görür.
0 1 2 49. Aşırı yemek yer.
0 1 2 50: Aşırı yorgundur.
0 1 2 51. Hiçbir neden yokken panik yaşar.
0 1 2 52. Kakasını yaparken ağrısı, acısı olur.
0 1 2 53. Fiziksel olarak insanlara saldırır, onlara vurur.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru 2: Çok ya da sıklıkla doğru

0 1 2 54. Burnunu karıştırır, cildini ya da vücudunun diğer taraflarını yolar. (açıklayınız): _____
0 1 2 55. Cinsel organlarıyla çok fazla oynar.
0 1 2 56. Hareketlerinde tam kontrollü değildir, sakardır.
0 1 2 57. Tıbbi nedeni olmayan, görme bozukluğu dışında göz ile ilgili sorunları vardır. (açıklayınız): _____
0 1 2 58. Cezadan anlamaz, ceza davranışını değiştirmez.
0 1 2 59. Bir uğraş ya da faaliyetten diğerine çabuk geçer.
0 1 2 60. Döküntüleri ya da başka cilt sorunları vardır (tıbbi nedeni olmayan).
0 1 2 61. Yemek yemeyi reddeder.
0 1 2 62. Hareketli, canlı oyunlar oynamayı reddeder.
0 1 2 63. Başını ve bedenini tekrar tekrar sallar.
0 1 2 64. Gece yatağına gitmemek için direnir.
0 1 2 65. Tuvalet eğitimine karşı direnir. (açıklayınız): _____
0 1 2 66. Çok bağırır, çağırır, çığlık atar.
0 1 2 67. Sevgiye, şefkate tepkisiz görünür.
0 1 2 68. Sıkılgan ve utangaçtır.
0 1 2 69. Bencildir, paylaşmaz.
0 1 2 70. İnsanlara karşı çok az sevgi, şefkat gösterir.
0 1 2 71. Çevresindeki şeylere çok az ilgi gösterir.
0 1 2 72. Canının yanmasından, incinmekten pek az korkar.
0 1 2 73. Çekingen ve ürkektir.
0 1 2 74. Gece ve gündüz çocukların çoğundan daha az uyur. (açıklayınız): _____
0 1 2 75. Kakasıyla oynar ve onu etrafa bulaştırır.
0 1 2 76. Konuşma sorunu vardır. (açıklayınız): _____
0 1 2 77. Bir yere boş gözlerle uzun süre bakar ve dalgın görünür.
0 1 2 78. Mide-karın ağrısı ve krampları vardır (tıbbi nedeni olmayan).
0 1 2 79. Üzgünken birden neşeli, neşeli iken birden üzgün olabilir.
0 1 2 80. Yadırganan, tuhaf davranışları vardır. (açıklayınız): _____
0 1 2 81. İnatçı, somurtkan ve rahatsız edicidir.
0 1 2 82. Duyguları değişkendir, bir anı bir anını tutmaz.
0 1 2 83. Çok sık küser, surat asar, somurtur.
0 1 2 84. Uykusunda konuşur, ağlar, bağırır.
0 1 2 85. Öfke nöbetleri vardır, çok çabuk öfkelenir.
0 1 2 86. Temiz, titiz ve düzenlidir.
0 1 2 87. Çok korkak ve kaygılıdır.
0 1 2 88. İşbirliği yapmaz.
0 1 2 89. Hareketsiz ve yavaştır, enerjik değildir.

0 1 2 90. Mutsuz, üzgün, çökkün ve keyifsizdir.
0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru 2: Çok ya da sıklıkla doğru

0 1 2 91. Çok gürültücüdür.
0 1 2 92. Yeni tanıdığı insanlardan ve durumlardan çok tedirgin olur. (açıklayınız): _____
0 1 2 93. Kusmaları vardır (tıbbi nedeni olmayan).
0 1 2 94. Geceleri sık sık uyanır.
0 1 2 95. Alıp başını gider.
0 1 2 96. Çok ilgi ve dikkat ister.
0 1 2 97. Sızlanır, mızırdanır.
0 1 2 98. İçe kapanıktır, başkalarıyla birlikte olmak istemez.
0 1 2 99. Evhamlıdır.
0 1 2 100. Çocuğunuzun burada değinilmeyen başka sorunu varsa lütfen yazınız:
0 1 2 _____
0 1 2 _____
0 1 2 _____

LÜTFEN TÜM MADDELERİ YANITLAYINIZ.

SİZİ KAYGILANDIRAN MADDELERİN ALTINI ÇİZİNİZ.

APPENDIX B: Child Behavior Check List for Ages 6-18 (CBCL/6-18)

ÇOCUĞUN;
Cinsiyeti:___ ERKEK___ KIZ
Yaşı:
Doğum Tarihi: GÜN___AY___YIL_____
Sınıfı: _____ Okula devam etmiyor ____

ANNE BABANIN İŞİ (Ayrıntılı bir biçimde yazınız, örneğin emekli, ilkokul öğretmeni, şoför, oto tamircisi, avukat gibi) EĞİTİMİ (Son bitirilen okula göre eğitim durumunuz)
BABANIN İŞİ: _____EĞİTİMİ: _____YAŞI: _____
ANNENİN İŞİ: _____EĞİTİMİ: _____YAŞI: _____

FORMU DOLDURAN:
___ Anne___ Baba
___ Diğer (Çocukla olan ilişkisi_____)

Çocuğunuzun davranışlarıyla ilgili bu formu lütfen görüşlerinizi yansıtacak biçimde yanıtlayınız. Her bir madde ile ilgili bilgi verebilir ve 2. sayfadaki boşluklara yazabilirsiniz. Lütfen bütün maddeleri işaretlemeye çalışınız. Teşekkür ederiz.

I. Çocuğunuzun yapmaktan hoşlandığı sporları a, b, c şıklarına yazınız. Örneğin: Yüzme, futbol, basketbol, voleybol, atletizm, tekvando, jimnastik, bisiklete binme, güreş, balık tutma gibi.
___ **Hiç yok.**

Çocuğunuz her birine ne kadar zaman ayırır?

	Normalden Az	Normal	Normalden Fazla	Bilmiyorum
a. _____	O	O	O	O
b. _____	O	O	O	O
c. _____	O	O	O	O

Çocuğunuz her birinde ne kadar başarılıdır?

	Normalden az	Normal	Normalden Fazla	Bilmiyorum
a. _____	O	O	O	O
b. _____	O	O	O	O
c. _____	O	O	O	O

II. Çocuğunuzun spor dışındaki ilgi alanlarını, uğraş, oyun ve aktivitelerini a, b, c şıklarına yazınız. Örneğin: Bilgisayar, satranç, araba, akvaryum, el işi, kitap, müzik aleti çalmak, şarkı söylemek, resim yapmak gibi (Radyo dinlemeyi ya da televizyon izlemeyi katmayınız).

___ **Hiç yok.**

Çocuğunuz her birine ne kadar zaman ayırır?

	Normalden az	Normal	Normalden Fazla	Bilmiyorum
a. _____	O	O	O	O
b. _____	O	O	O	O
c. _____	O	O	O	O

Çocuğunuz her birinde ne kadar başarılıdır?

	Normalden az	Normal	Normalden Fazla	Bilmiyorum
a. _____	O	O	O	O
b. _____	O	O	O	O
c. _____	O	O	O	O

III. Çocuğunuzun üyesi olduğu kuruluş, kulüp ya da takımları a, b, c şıklarına yazınız. Örneğin: Spor, müzik, izcilik, folklor gibi.

___ **Hiç yok.**

Çocuğunuz her birinde ne kadar başarılıdır?

	Normalden az	Normal	Normalden Fazla	Bilmiyorum
a. _____	O	O	O	O
b. _____	O	O	O	O
c. _____	O	O	O	O

IV. Çocuğunuzun evde ya da ev dışında yaptığı işleri a, b, c şıklarına yazınız. Örneğin: Gazete alma, bakkala gitme, pazara gitme, bahçe-tarla işleri, hayvancılık, elektrik-su faturası yatırma, çocuk bakımı, sofra kurma-kaldırma, bir dükkanda çalışma gibi ödeme yapılan ve yapılmayan her şeyi katınız.

___ **Hiç yok.**

Çocuğunuz her birinde ne kadar başarılıdır?

	Normalden az	Normal	Normalden Fazla	Bilmiyorum
a. _____	O	O	O	O
b. _____	O	O	O	O
c. _____	O	O	O	O

V. a. Çocuğunuzun yaklaşık olarak kaç yakın arkadaşı vardır? (Kardeşlerini katmayınız)

Hiç yok	1	2 ya da 3	4 ya da fazla
O	O	O	O

b. Çocuğunuz okul dışı zamanlarda haftada kaç kez arkadaşlarıyla birlikte olur? (Kardeşlerini katmayınız)

1 den az	1 ya da 2	3 ya da daha fazla
O	O	O

VI. Yaşıtlarıyla karşılaştırıldığında çocuğunuzun:

a. Kardeşleriyle arası nasıldır?

Kötü	Normal Sayılır	Oldukça İyidir	Kardeşi Yoktur
O	O	O	O

b. Diğer çocuklarla arası nasıldır?

Kötü	Normal Sayılır	Oldukça İyidir	Kardeşi Yoktur
O	O	O	O

c. Size karşı davranışları nasıldır?

Kötü	Normal Sayılır	Oldukça İyidir	Kardeşi Yoktur
O	O	O	O

d. Kendi başına oyun oynaması ve iş yapması nasıldır?

Kötü	Normal Sayılır	Oldukça İyidir	Kardeşi Yoktur
O	O	O	O

VII. 1. Çocuğunuzun okul başarısı nasıldır? Çocuğunuz okula gitmiyorsa lütfen nedenini belirtiniz:

_____

		Başarısız	Orta	Başarılı	Çok Başarılı
a.	Türkçe / Türk Dili Edebiyatı	O	O	O	O
b.	Hayat Bilgisi / Sosyal Bilgiler	O	O	O	O
c.	Matematik	O	O	O	O
d.	Fen Bilgisi	O	O	O	O

Diğer derslerde nasıldır?
Örneğin: Yabancı dil, bilgisayar
(Beden eğitimi, resim ve müziği katmayınız)

e.	_____	O	O	O	O
f.	_____	O	O	O	O
g.	_____	O	O	O	O

2. Çocuğunuz özel alt sınıf ya da bir özel eğitim kurumunda okuyor mu?

O Hayır O Evet – Ne tür bir sınıf ya da okul?

_____

3. Çocuğunuz hiç sınıfta kaldı mı?

O Hayır O Evet – Kaçıncı sınıfta ve nedeni

_____

4. Çocuğunuzun okulda ders ya da ders dışı sorunları oldu mu?

O Hayır O Evet – açıklayınız

_____

Bu sorunlar ne zaman başladı?

_____

Sorunlar bitti mi?
O Hayır O Evet – Ne zaman?

Çocuğunuzun herhangi bir bedensel hastalığı ya da zihinsel engeli var mıdır?
O Hayır O Evet – açıklayınız

_____

Çocuğunuzun sizi en çok üzen, kaygılandıran ve öfkelendiren özellikleri nelerdir?

Çocuğunuzun en beğendiğiniz özellikleri nelerdir?

Aşağıda çocukların özelliklerini tanımlayan bir dizi madde bulunmaktadır. Her bir madde çocuğunuzun **şu andaki ya da son 6 ay** içindeki durumunu belirtmektedir. Bir madde çocuğunuz için **çok ya da sıklıkla doğru ise 2, bazen ya da biraz doğru ise 1, hiç doğru değilse 0** sayılarını yuvarlak içine alınız. Lütfen tüm maddeleri işaretlemeye çalışınız.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru 2: Çok ya da sıklıkla doğru

0 1 2 1. Yaşından çok çocuksu davranır.
0 1 2 2. Anne babanın izni olmadan içki içer.
0 1 2 3. Çok tartışan bir çocuktur.
0 1 2 4. Başladığı etkinlikleri (oyunu, dersleri, işleri) bitiremez.
0 1 2 5. Hoşlandığı ya da zevk aldığı çok az şey vardır.
0 1 2 6. Kakasını tuvaletten başka yerlere yapar.
0 1 2 7. Bir şeylerle övünür, başkalarına hava atar.
0 1 2 8. Bir konuya odaklanamaz, dikkatini uzun süre toplayamaz.
0 1 2 9. Kafasından atamadığı, onu rahatsız eden bazı düşünceleri vardır (mikrop bulaşma, simetri takıntısı, okul sorunları, bilgisayar gibi) (açıklayınız)

_____

0 1 2 10. Yerinde sakince oturamaz, çok hareketli ve huzursuzdur.
0 1 2 11. Gereken gayreti göstermeden, sırtını tamamen büyüklere dayayıp her şeyi onlardan bekler.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru 2: Çok ya da sıklıkla doğru

0 1 2 12. Yalnızlıktan şikayet eder.
0 1 2 13. Kafası karışık, zihni bulanıktır.
0 1 2 14. Çok ağlar.
0 1 2 15. Hayvanlara eziyet eder.
0 1 2 16. Başkalarına eziyet eder, kötü davranır, kabadayılık eder.
0 1 2 17. Hayal kurar, hayallere dalıp gider.
0 1 2 18. Kendine bilerek zarar verdiği ya da intihar girişiminde bulunduğu olmuştur.
0 1 2 19. Hep dikkat çekmeye çalışır.
0 1 2 20. Eşyalarına zarar verir.
0 1 2 21. Ailesine ya da başkalarına ait eşyalara zarar verir.
0 1 2 22. Evde söz dinlemez.
0 1 2 23. Okulda söz dinlemez.
0 1 2 24. İştahsızdır.
0 1 2 25. Başka çocuklarla geçinemez.
0 1 2 26. Hatalı davranışından dolayı suçluluk duymaz, oralı olmaz, aldırmaz.
0 1 2 27. Kolay kıskanır.
0 1 2 28. Ev, okul ya da diğer yerlerde kurallara uymaz, karşı gelir.
0 1 2 29. Bazı hayvanlardan, durumlardan (yüksek yerler) ya da ortamlardan (asansör, karanlık gibi) korkar (okulu katmayınız).(açıklayınız):

_____

0 1 2 30. Okula gitmekten korkar, okul korkusu vardır.
0 1 2 31. Kötü bir şey düşünebileceği ya da yapabileceğinden korkar.
0 1 2 32: Kusursuz, dört dörtlük ve her konuda başarılı olması gerektiğine inanır.
0 1 2 33. Kimsenin onu sevmediğinden yakınır.
0 1 2 34. Başkalarının ona karşı olduğu, zarar vermeye, ya da açığını yakalamaya çalıştığı hissine kapılır.
0 1 2 35. Kendini değersiz, önemsiz ya da yetersiz hisseder.
0 1 2 36. Bir yerlerini kaza ile sık sık incitir.
0 1 2 37. Çok kavga çıkarır, kavgaya karışır.
0 1 2 38. Çok fazla sataşılır, dalga geçilir.
0 1 2 39. Başı belada olan kişilerle dolaşır.
0 1 2 40: Olmayan sesler ve konuşmalar işitir (açıklayınız):

_____

0 1 2 41. Düşünmeden hareket eder, aklına eseni yapar.
0 1 2 42. Başkalarıyla birlikte olmaktansa yalnız olmayı tercih eder.
0 1 2 43. Yalan söyler, hile yapar, aldatır.
0 1 2 44. Tırnaklarını yer.
0 1 2 45. Sinirli ve gergindir.
0 1 2 46. Kasları oynar, seğirmeleri ve tikleri vardır (açıklayınız):

_____

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru 2: Çok ya da sıklıkla doğru

0 1 2 47. Geceleri kabus görür.
0 1 2 48. Başka çocuklar tarafından sevilmez.
0 1 2 49. Kabızlık çeker.
0 1 2 50: Çok korkak ve kaygılıdır.
0 1 2 51. Başı döner, gözleri kararır.
0 1 2 52. Kendini çok suçlu hisseder.
0 1 2 53. Aşırı yer.
0 1 2 54. Sebepsiz yere çok yorgun hissettiği olur.
0 1 2 55. Fazla kiloludur.
56. **Sağlık sorunu olmadığı halde;**
0 1 2 a. Ağrı ve sızılardan yakınır (baş ve karın ağrısı dışında)
0 1 2 b. Baş ağrılarından yakınır (şikayet eder)
0 1 2 c. Bulantı, kusma duygusu olur
0 1 2 d. Gözle ilgili şikayetleri olur (Gözlük, lens kullanma dışında) (açıklayınız): _____
0 1 2 e. Döküntü, pullanma ya da başka cilt hastalığı olur
0 1 2 f. Mide-karın ağrısından şikayet eder
0 1 2 g. Kusmaları olur
0 1 2 h. Diğer (açıklayınız): _____
0 1 2 57. İnsanlara vurur, fiziksel saldırıda bulunur.
0 1 2 58. Burnunu karıştırır, derisini ya da vücudunu yolar, saç ve kirpiğini koparır. (açıklayınız): _____
0 1 2 59. Herkesin içinde cinsel organıyla oynar.
0 1 2 60. Cinsel organıyla çok fazla oynar.
0 1 2 61. Okul ödevlerini tam ve iyi yapamaz.
0 1 2 62. El, kol, bacak hareketlerini ayarlamada güçlük çeker, sakardır.
0 1 2 63. Kendinden büyük çocuklarla vakit geçirmeyi tercih eder.
0 1 2 64. Kendinden küçüklerle vakit geçirmeyi tercih eder.
0 1 2 65. Konuşmayı reddeder.
0 1 2 66. İstemeyerek de olsa, belli bazı davranışları tekrar tekrar yapar (elini defalarca yıkama, kapı kilidini tekrar tekrar kontrol etme gibi)(açıklayınız): _____
0 1 2 67. Evden kaçar.
0 1 2 68. Çok bağırır.
0 1 2 69. Sırlarını kendine saklar, hiç kimseyle paylaşmaz.
0 1 2 70. Olmayan şeyleri görür. (açıklayınız): _____
0 1 2 71. Topluluk içinde rahat değildir, başkalarının kendisi hakkında ne düşünecekleri ve ne söyleyecekleriyle ilgili kaygı duyar.
0 1 2 72. Yangın çıkartır.
0 1 2 73. Cinsel sorunları vardır. (açıklayınız): _____
0 1 2 74. Gösteriş meraklısıdır, maskaralık yapar.
0 1 2 75. Çok utangaç ve çekingendir.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru 2: Çok ya da sıklıkla doğru

0 1 2 76. Diğer çocuklardan daha az uyur.
0 1 2 77. Gece ve/veya gündüz diğer çocuklardan daha çok uyur. (açıklayınız): _____
0 1 2 78. Dikkati kolayca dağılır.
0 1 2 79. Konuşma problemi vardır. (açıklayınız): _____
0 1 2 80. Boş gözlerle bakar.
0 1 2 81. Evden bir şeyler çalar.
0 1 2 82. Ev dışındaki başka yerlerden bir şeyler çalar.
0 1 2 83. İhtiyacı olmadığı halde birçok şey biriktirir. (açıklayınız):

_____

0 1 2 84. Tuhaf, alışılmadık davranışları vardır (eşyaların belli bir düzende ve sırada olmasını isteme gibi). (açıklayınız):

_____

0 1 2 85. Tuhaf, alışılmadık düşünceleri vardır (bazı sayıları, sözcükleri tekrarlama ve bunları zihninden atamama gibi). (açıklayınız):

_____

0 1 2 86. İnatçı ve huysuzdur.
0 1 2 87. Ruhsal durumu ya da duyguları çabuk değişir.
0 1 2 88. Çok sık küser.
0 1 2 89. Şüphecidir, kuşku duyar.
0 1 2 90. Küfürlü ve açık saçık konuşur.
0 1 2 91. Kendini öldürmekten söz eder.
0 1 2 92. Uykuda yürür ve konuşur. (açıklayınız):

_____

0 1 2 93. Çok konuşur.
0 1 2 94. Başkalarına rahat vermez, onlara sataşır, onlarla çok dalga geçer.
0 1 2 95. Öfke nöbetleri vardır, çabuk öfkelenir.
0 1 2 96. Cinsel konuları fazlaca düşünür.
0 1 2 97. İnsanları tehdit eder.
0 1 2 98. Parmak emer.
0 1 2 99. Sigara içer, tütün çiğner.
0 1 2 100. Uyumakta zorlanır. (açıklayınız):

_____

0 1 2 101. Okuldan kaçar, dersini asar.
0 1 2 102. Hareketleri yavaştır, enerjik değildir.
0 1 2 103. Mutsuz, üzgün ve çökkündür (depresyondadır).
0 1 2 104. Çok gürültücüdür.
0 1 2 105. Sağlık sorunu olmadığı halde madde kullanır (içki ve sigarayı katmayınız)(açıklayınız):

_____

0 1 2 106. Çevresindeki kişi ve eşyalara kasıtlı olarak zarar verir, zorbalık eder.

0 1 2 107. Gündüz altını ıslatır.
0 1 2 108. Gece yatağını ıslatır.
0 1 2 109. Mızırdanır, sızlanır.
0 1 2 110. Karşı cinsiyetten biri olmayı ister.
0 1 2 111. İçine kapanıktır, başkalarıyla kaynaşmaz.
0 1 2 112. Evhamlıdır, her şeyi dert eder.
113. Çocuğun yukarıdaki listede belirtilmeyen başka sorunu varsa lütfen yazınız:
0 1 2 _____
0 1 2 _____
0 1 2 _____