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Exploring the Mediating Role of Mentalization in the Relationship Between Attachment Styles and Suicidal Ideation in a Non-Clinical Pakistani Sample

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The aim of the current study is to determine the relationship between attachment styles, mentalization, and suicidal ideation using a quantitative correlational survey design in a non-clinical Pakistani sample. A purposive-convenience sampling technique was employed to recruit $N = 295$ adults (males, $n = 81$; females, $n = 214$) from Pakistan, aged 18 to 55 years ($M = 23.07$, $SD = 5.37$), using a Google survey. It was hypothesized that there is a relationship between attachment styles, mentalization, and suicidal ideation. Moreover, it was also hypothesized that there is a relationship between anxious attachment style and self-mentalization. To test the hypotheses, data were collected through three questionnaires: the Mentalization Scale (MentS), the Revised Adult Attachment Scale (RAAS), and the Suicidal Ideation Attributes Scale (SIDAS). The study's results were analyzed using SPSS 29.0.1.0. The findings revealed that attachment styles have a relationship with mentalization, self-mentalization (MentS-S), and suicidal ideation, whereas no significant correlation was found between mentalization and suicidal ideation. Only self-mentalization was found to have a negative correlation with suicidal ideation ($r = -0.14$, $p = .01$). Anxious attachment style was found to have a negative correlation with self-mentalization ($r = -0.42$, $p = .01$) and a positive correlation with suicidal ideation ($r = 0.26$, $p = .01$). The current findings underscore the importance of integrating emotional regulation strategies in therapeutic work with individuals with anxious attachment styles to prevent the development of suicidal ideation.

Keywords: attachment styles, mentalization, suicidal ideation

Suicidal ideation and attempts are growing concerns across Pakistani society, as literature highlights that 40% of Pakistani university students have reported a history of suicidal ideation, out of which 30% experienced suicidal ideation in 2018, explicitly indicating the need for the development of suitable interventions (Bibi et al., 2019). To comprehend the underlying mechanisms of suicidal ideation, it is necessary to investigate attachment style and mentalization as two significant predisposing psychological factors (Green et al., 2021). This study was conducted to explore the relationship between attachment styles, mentalization, and the increasing rate of suicidal ideation in a non-clinical Pakistani sample.

To contextualize the present study within broader psychological literature, the following sections aim to provide a brief overview of attachment styles, mentalization, and suicidal ideation. Each construct was analyzed in relation to its theoretical underpinnings, empirical evidence, and previously established associations with one another. This conceptual overview informs the rationale for the proposed mediation model that hypothesizes that mentalization may mediate the relationship between attachment styles an individual has and suicidal ideation in a non-clinical Pakistani population.

Attachment styles refer to a person's way of relating in intimate, receiving, and caregiving relationships, primarily with attachment figures such as parents, romantic partners, and children (Levy et al., 2011). Early caregiving relationships are fundamental to normative developmental processes in human beings (Hofer, 1994).

The evolutionary role that attachment plays extends far beyond providing physical protection to the child. A child's attachment responses are triggered when their environment makes them feel insecure in some way. It has been found that the aim of developing an attachment system is to create a feeling of safety and security. Thus, the attachment system is considered the primary regulator of emotional experience (Warren et al., 1997). Across an individual's lifespan, internal representations and attachment styles remain moderately stable, progressing into adulthood (Fraley, 2002).

Attachment styles have been conceptualized across a continuum between secure and insecure, drawing on Bowlby's (1969) foundational theory of secure attachment (Sheinbaum et al., 2015). A securely attached child typically has a sense of reassurance that their primary attachment figure will be consistently available to fulfil their needs (Main & Morgan, 1996). This secure attachment fosters a positive self-image and optimistic expectations of others, especially within close relationships, leading to higher relational satisfaction and overall well-being (Aronoff, 2012).

Ainsworth et al. (1971) further delineated insecure attachment into two primary categories: anxious

and avoidant. These insecure attachment styles stem from inconsistent or unstable caregiving experiences during infancy and childhood and are often associated with difficulties in adult relationships and lower occupational functioning (Ainsworth et al., 1971). Insecure attachment is further categorized into insecure-avoidant and insecure-anxious subtypes.

Individuals who exhibit an insecure-avoidant attachment style tend to minimize their emotional reliance on their primary caregiver and avoid seeking proximity or comfort while distressed (Behren et al., 2007). As they grow older, these individuals tend to devalue their close relationships, become emotionally distant, and struggle with emotional regulation (Main & Morgan, 1996). Furthermore, they may express frustration and anger towards their caregivers as dysfunctional efforts to gain attention and connection (Solomon et al., 1995). In contrast, individuals with an insecure-anxious attachment style tend to be overly emotionally sensitive and have an anxious fixation with the availability of their primary caregiver. They tend to seek excessive reassurance and can become extremely distressed when their need for closeness is not consistently met (Cassidy & Berlin, 1994). The heightened activation of the attachment system often stems from inconsistency in caregiving during childhood, usually when the response to distress is unpredictable. As these individuals mature, they may struggle with feelings of abandonment, heightened need for reassurance, and emotional volatility in their personal relationships (Mikulincer & Shaver, 2007).

Mentalization, operationalized through the construct of reflective functioning, is defined as the ability to make sense of one's own and others' behaviors through the attribution of thoughts, feelings, and intentions (Fonagy et al., 2002). Mentalization has also been referred to as 'mind-mindedness', a process by which an individual understands that the mind mediates one's experience of the external world through the interpretation and the representation of different psychological states (Liotti & Gumley, 2009). Literature also defines mentalization as a deliberate stance that emphasizes interpersonal awareness, which brings about specific emotions, beliefs, intentions, and desires, subsequently producing a similar behavior (Liotti & Gumley, 2009).

Bateman and Fonagy (2006) identified three core dimensions of mentalization: the distinction between implicit and explicit functioning; the focus on two relational objects—the self and the other—and the integration of cognitive and affective aspects of both the content and process of mentalizing.

Implicit mentalization refers to the unconscious, involuntary, or procedural processes within an individual and their ability to imagine their own and others' various mental states (Bateman & Fonagy, 2006). For example, a parent responds to their infant's distress intuitively by soothing them without verbally reflecting on their child's state of distress (Fonagy et al., 2002). On the other hand, explicit mentalization is a process that is deliberately implied and used consciously. Explicit mentalization can be illustrated through the process of psychotherapy. The therapist and patient work collaboratively to consciously highlight and reflect upon the patient's mental states, encouraging the patient to deliberately imagine and focus on their cognitions, hence developing insight (Bateman & Fonagy, 2006). Self-mentalization emphasizes the importance of understanding and being aware of what an individual is feeling, as well as having insight into the way we react towards other individuals (Oldershaw et al., 2010). Self-mentalizing leads to the development of self-regulation, and thus, it plays a role in understanding our own individual feelings (Fonagy et al., 2002). Other-mentalization is defined as the ability to understand and interpret other individuals' mental states. An appropriate interpretation of others' mental states is linked to better social functioning (Perera & DiGiacomo, 2013) and a lower level of interpersonal conflicts (García-Sancho et al., 2014).

The third dimension of mentalization encompasses both cognitive and affective aspects, involving the content of mentalizing activity. The focus of this dimension is the 'intentional mental state' in the self and others, which is cognitively focused and affectively weighted to varying degrees. Mentalization requires the display of intact cognitive skills that enable an individual to imagine mental states with flexibility, plausibility, and complexity, while optimally integrating reason and insight with emotion. The integration of the affective and cognitive aspects of both the processes and content of understanding mental states helps individuals to "feel clear" and increases "emotional knowing" (Choi-Kain & Gunderson, 2008).

Literature indicates that the theory of mind, also referred to as mentalization, occurs within the pre-

frontal cortex (Fonagy et al., 2002). This brain region is associated with social intelligence and plays a vital role in controlling and processing behavior. The lateral fronto-temporoparietal network facilitates mentalization that is focused externally, enabling individuals to read facial expressions and posture. The bridge that connects affect regulation and social detection is primarily divided between the hypothalamus, amygdala, and bed nucleus of the stria terminalis, which gives emotional meaning to social cues and enables healthy individuals to react accordingly (Kateryna & Tanas, 2019).

To develop mentalizing skills, children must experience proximity and care from their primary caregivers early on (Meins et al., 2002). Research suggests that children's capacity to mentalize is closely intertwined with the quality of their attachment relationships (Fonagy et al., 2002). Primary caregivers aid them in understanding their own mental states and the mental states of others, which in turn helps the development of mentalization. However, if a child were to develop an insecure attachment, their capacity to engage in mentalization would be impaired (Fonagy & Luyten, 2009). Primary caregivers' constructive feedback helps the child reflect on their thoughts, feelings, and intentions (Sroufe, 2005). Self-reflection and reflective functioning are integral components of the interactions between children and their caregivers (Fonagy et al., 2002).

The development of mentalization is associated with emotion regulation, impacting certain aspects of an individual's functioning and possibly contributing to abnormal psychopathology. One product of this abnormal psychopathology can be the risk of suicidal ideation (Allen et al., 2003). Inability to understand mental states and insufficient regulation of emotions have been found to lead to problems in functioning (Allen et al., 2003).

A study by Venta and Sharp (2015) exploring the relationship between mentalization, attachment insecurity, and peer difficulties among adolescent inpatients found that mentalization mediated the relationship between disorganized attachment and peer problems. These findings highlight the central role of reflective functioning in shaping interpersonal outcomes and point to the potential relevance of mentalization as a psychological mechanism through which attachment-related vulnerabilities may influence broader emotional and relational difficulties (Venta & Sharp, 2015). In light of evidence linking peer problems and interpersonal dysfunction with a range of adverse mental health outcomes, these results offer a valuable framework for exploring how disruptions in mentalization may contribute to more severe internalizing experiences in vulnerable populations.

Mentalization is also influenced by the quality of specific attachment relationships (Bączkowski & Cierpiałkowska, 2015). Attachment avoidance within particular relationships has been found to be associated with impaired perspective-taking ability in those contexts, whereas general mentalizing capabilities were not significantly influenced by overall attachment quality. Therefore, the association between attachment and mentalization may be relationship-specific, with differences in reflective functioning being shaped by the emotional quality of each interpersonal bond (Bączkowski & Cierpiałkowska, 2015).

Suicidal ideation is an intricate public health issue that has its roots in social, etiological, biological, and psychological factors (Joe et al., 2008). Pakistan has a weak health system and even weaker mental health resources, as mental health is still widely considered a taboo due to the low literacy rate, financial disparity, and lack of awareness (Mashood, 2025). As a function of these deficits, attention is required to consider and address the alarming prevalence of suicidal ideation. Literature revealed that 35.6% of Pakistani students experienced suicidal ideation in the past, out of which 13.9% of students made a plan for death by suicide, and 4.8% of them died by suicide (Osama et al., 2014). Other similar studies show that 31.4% Pakistani students experience suicidal ideation, and there was no significant gender difference between males (29.2%) and females (33%) experiencing suicidal ideation (Khokher & Khan, 2005).

Adam (1994) explored the connection between attachment processes in suicidal behaviors, postulating that childhood attachment insecurities were considered a predisposing factor for developing suicidal ideation later in adolescence or adulthood. When an individual with an insecure attachment style faces loss or rejection, it leads them to an attachment crisis and distress, thus triggering the usage of maladaptive defense mechanisms. As a result, they become at high risk for indulging in self-destruction, self-harm, and developing suicidal ideation. In contrast, individuals who

form a secure attachment with their caregivers tend to develop a more positive representation of not only themselves but also of others. When they experience interpersonal difficulties, they tend to be more resilient and manage distress better than those who have insecure attachment styles (Adam, 1994).

The Interpersonal Theory of Suicide explains that suicidal ideation is a result of low belongingness and perceived burdensomeness. It is this desire that leads towards the act of suicide (Orden et al., 2010). Rohani and Esmaeili (2020) aimed to elaborate on the susceptibility of suicidal ideation by examining the associations between psychological factors such as coping strategies, attachment styles, and dysfunctional attitudes. Their findings revealed that dysfunctional attitudes and insecure attachment styles function as stress-diathesis models in predicting increased susceptibility of suicidal ideation by affecting emotion-focused coping strategies (Rohani & Esmaeili, 2020). Empirical research has illustrated that attachment avoidance and anxiety are considered common risk factors for many psychological difficulties, including suicidal ideation (Sheftall et al., 2014). Furthermore, it has been found that those who have survived a suicide attempt reported significantly higher attachment avoidance and anxiety (Sheftall et al., 2014). When conditional logistic regression analysis controlled for family alliance and depression, suicide attempt status was predicted by attachment avoidance and anxiety (Sheftall et al., 2014).

Apart from deficits in attachment, deficits in mentalization are also independently linked to a higher risk of suicide. It is reported that compared to individuals with low risks of dying by suicide, individuals with moderate to severe risks of dying by suicide are 1.7 times more likely to report problems with mentalization (Pompili et al., 2020). Literature demonstrates that childhood trauma or distress can be directly associated with suicidal behaviors and indirectly associated through the pathways of attachment and mentalizing, indicating that an individual's insecure attachment style, along with an impaired mentalizing ability, can explain the link between childhood trauma and suicidal behaviors (Stagaki et al., 2022).

Theorized Pathways Between Mentalization, Attachment Styles, and Suicidal Ideation

Figure 1 illustrates the direction of the relationship between the study's variables. It is proposed that attachment styles can have an impact on one's ability to mentalize their risk of suicidal ideation. This can be attributed to early childhood attachment to the primary caregiver. If the attachment is not secure, when the child faces distress and feels insecure, it influences their mentalization. The primary caregiver facilitates the healthy development of mentalization (self, other, and motivation) by providing constructive feedback on the child's experience and motivating them to reflect upon and pay attention to their various feelings, thoughts, and intentions. This fosters more social and situational awareness and indicates a relationship between attachment and mentalization (Sroufe, 2005). Individuals who have developed an insecure attachment style with their primary caregiver tend to have a higher predisposition to various psychopathologies, such as suicidal ideation, which can further develop into suicidal behaviors (Adam, 1994).

Moreover, it was postulated that stress and threatening situations (proximal factors), as well as disruptions in the formation of secure attachment styles (distal factors) with the primary caregiver, disengage individuals' mentalization capabilities, which can elicit psychopathologies, such as suicidal ideation (Fonagy & Luyten, 2009). Hence, it creates a relationship between attachment styles, suicidal ideation, and mentalization.

The significance of determining the relationship between attachment styles, mentalization, and suicidal ideation is essential and multifactorial. Alarmingly, suicide is now a leading issue in Pakistan that requires immediate attention (Mashood, 2025). It is imperative to determine the underlying psychological mechanisms that serve as a precursor to suicidal ideation. There are many predisposing and distal factors identified that lead to the development of suicidal ideation among individuals; among them are attachment styles and mentalization. Hence, the researchers decided to test these variables with a non-clinical sample, trying to understand early indicators of suicide risk.

In times of stress, individuals with insecure attachment become predisposed to maladaptation of the mentalization capacity and, in turn, become vulnerable to suicidal ideation (Green et al., 2021). The primary purpose of this research is to shed light on the role of attachment styles in early childhood that is linked to the development of mentalization and the development of suicidal ideation among individuals in later life.

Furthermore, these variables have not been pre-

viously studied specifically in Pakistan. As suicidal ideation is on the rise, finding a relationship between attachment styles, suicidal ideation, and the relationship between mentalization might help to create insight, identify early precursors for suicidal intent, and develop strategies for the betterment of the community.

Considering the prevalence of suicidal ideation across all age groups in Pakistan and around the globe, this is a pivotal area of study (Mashood, 2025). Determining the relationship between these variables can help in having a better understanding and identifying early indicators of suicidal ideation and the predisposing mechanisms behind it.

Linking attachment styles with mentalization and suicide will help us understand their impact on the developmental period of the child. It will help us understand how early childhood trauma, neglect, and inconsistent care can impact their mentalization and eventually lead to psychopathology such as suicidal ideation. Moreover, the findings of this research can help in the development and implementation of effective therapeutic strategies that take into account attachment style and mentalization.

To accomplish the aforementioned research objectives, we hypothesized that:

1. There is a significant relationship between mentalization, attachment styles, and suicidal ideation.
2. Mentalization mediates the relationship between attachment styles and suicidal ideation.
3. There is a relationship between anxious attachment style and self-mentalization.

Method

A quantitative correlational survey design was carried out to determine the relationship between attachment styles, suicidal ideation, and mentalization in a non-clinical sample. The present study was conducted during the COVID-19 pandemic, a time when there were widespread restrictions on physical access to clinical settings and the vulnerable population. Moreover, due to the cultural stigma and taboo surrounding suicidal ideation in Pakistani society, a non-clinical sample, selected through purposive convenience sampling, was used in this study. This research included responses from 295 adults aged between 18 and 55 years old, approached through a Google survey. The researchers in this study were females, and data were collected from their social and academic groups, resulting in a disproportionate number of female respondents. Gender disproportion emerged as a consequence of the sampling method rather than intentional selection. Gender was not controlled for in this study. Individuals diagnosed with a mental health disorder or those who did not disclose a reason to consult a psychologist were not included in this study.

Measures

Mentalization Scale

The Mentalization Scale (MentS) is a 28-item self-report measure of self-related mentalization, motivation to mentalize, and other related mentalization, with higher scores suggesting a more sophisticated capacity for mentalization (Dimitrijević et al., 2017). The age range for this scale is 18 to 65 years old. MentS has three subscales which include self-related mentalization (MentS-S) (items: 8, 11, 14, 18, 19, 21, 22, 26) other-related mentalization (MentS-O) (items: 2, 3, 5, 6, 10, 12, 20, 23, 25, 28), and motivation to mentalize (MentS-M) (items: 1, 4, 7, 9, 13, 15, 16, 17, 24, 27). Mean and median scores were used to calculate the overall mentalization.

MentS-S measures one's ability to mentalize or imagine mental states for one's own emotions and affect, MentS-O measures one's ability to mentalize or imagine mental states of others' emotions and affect, and MentS-M measures one's internal motivation to mentalize or imagine mental states for one's own or others' emotions and affect. The MentS is suitable for measuring mentalization in both clinical and non-clinical samples. It utilizes a 5-point Likert scale that ranges from completely incorrect (1) to completely correct (5), with higher scores suggesting a more sophisticated capacity for mentalization. As determined by Nunnally (1967), the MentS has an acceptable reliability in clinical and non-clinical samples. The internal consistency of the scale, or Cronbach's alpha, is .84 for non-clinical samples and .75 for clinical samples (Dimitrijević et al., 2018).

Revised Adult Attachment Scale

The Revised Adult Attachment Scale (RAAS) measures interpersonal relationship attachments of individuals between the ages of 18 and 72 years old, using a 5-point Likert scale. The scale ranges from not at all characteristic of me (1) to very characteristic of me (5), with higher scores reflecting stronger tendencies within the respective attachment (DEPEND, CLOSE,

or ANXIETY). Developed by Collins (1996), the RAAS is based on the earlier Adult Attachment Scale (Collins & Read, 1990). RAAS was normed using 406 students at the University of Southern California, and the age range for this test is 18–72 years. Revised Adult Attachment Scale is an 18-item scale that contains three dimensions: DEPEND, (items: 1, 6, 8, 12, 13, 17), CLOSE (items: 2, 5, 7, 14, 16, 18), and ANXIETY (items: 3, 4, 9, 10, 11, 15; Collins, 1996).

The DEPEND subscale measures an individual's belief that others can be available or relied upon when needed. The CLOSE subscale assesses an individual's comfort with intimacy and closeness. The ANXIETY subscale measures the extent to which a person feels anxious about elements such as abandonment or not being loved. The internal consistency of the RAAS subscales lies in an acceptable range (α = .78 for DEPEND, α = .77 for CLOSE, and α = .85 for ANXIETY; Collins, 1996; Nunnally, 1967).

Suicidal Ideation Attribute Scale

The Suicidal Ideation Attributes Scale (SIDAS) was developed using a sample of 1,352 Australian adults. The measure assesses the severity of suicidal ideation on a 10-point scale, with higher scores indicating greater persistence and severity of suicidal ideation, in individuals over the age of 18 years old (van Spijker et al., 2014). The reliability of the SIDAS lies within the acceptable range, exhibiting high internal consistency (α = .91) with good convergent validity (Nunnally, 1967). Suicidal ideation is classified as having ideas, plans, or thoughts of ending one's life. Individuals with scores that are greater than or equal to 21 are considered to have a high risk of suicidal behavior. The SIDAS consists of five items, each targeting an attribute of suicidal thoughts: frequency, closeness to attempt, controllability level of distress associated with the thoughts, and impact on daily functioning (van Spijker et al., 2014).

Procedure

From inception to the culmination of the data-collecting procedure, a rigorously functional hierarchy of supervision was maintained to ensure that all work involved in this research met high-quality standards, integrity, and the probability of errors was effectively minimized. Initially, a research proposal was designed, which explicitly outlined the research objectives to formally request authorization to collect data using the MentS, RAAS, and SIDAS.

After receiving approval from the university, a Google Survey was created based on the topic "Relationship between Attachment Styles, Mentalization, and Behavioral Tendencies" and disseminated across social and academic groups. Participants completed consent and demographics forms prior to responding to the three-scale questionnaire. The demographics collected included participants' gender, age, and socioeconomic class. All data were kept confidential.

Supervisors remained involved at every step of the data collection process. To incentivize participation, researchers included all participants' emails in a raffle. The emails of three participants were selected using a random picker tool to receive a gift basket or a one-month Netflix subscription. Upon selection, the winning participants were contacted via email and awarded one of two gift baskets, which included snacks or a one-month free Netflix subscription. The researchers made several ethical considerations, such as maintaining confidentiality by only discussing results with peers involved in the study. Furthermore, participants were informed of their right to withdraw from the study at any point. Additionally, no physical or mental harm was induced during the study. Although slight deception was used where "Suicidal Ideation" was masked as "Behavioral Tendencies" to minimize the chances of self-report bias, participants were debriefed following their participation.

Data Analysis

The data were first arranged in Microsoft Excel before being transferred to SPSS (Statistical Package for the Social Sciences) 29.0.1.0 for analysis. To explore the internal consistency, Cronbach's alpha coefficient was calculated for each scale used in the survey. Descriptive results include means, standard deviations, skewness, and kurtosis for the variables. Skewness and kurtosis were used to assess the normality of the data. Results indicated that all variables were normally distributed except for suicidal ideation. Then, inferential statistical tests, which included correlation analyses, were used to examine the strength and direction of relationships between key variables, with the significance level set to $p < .05$. To examine the simultaneous effect of mentalization, attachment styles, and suicidal ideation, a multiple regression analysis was conducted to find out their unique contribution to the variable of suicidal ideation. To investigate whether anxious attachment style is associated with self-mentalization,

a simple linear regression analysis was conducted. This helped to determine the direction and evaluate the predictive relationship. Following the regression analysis, a mediation analysis was conducted where attachment style was entered as the independent variable, suicidal ideation as the dependent variable, and mentalization as a mediator. Bootstrapping was used to estimate direct and indirect effects with a confidence interval of 95%. All statistical tests conducted used a significance level of $p < .05$. The findings were then interpreted and discussed in detail, along with consideration of the study's limitations, recommendations for future research, and practical implications.

Results

The following tables represent the results of the study,illustrating the statistical relationship between the variables of attachment styles, mentalization, and suicidal ideation examined in a non-clinical Pakistani sample.

Table 1

Frequency and Percentages of Demographic Variables (N = 295)

Table 1 summarizes the demographic characteristics of the sample, including age, education level, and gender. The frequency and percentages of the demographic variables illustrate the composition of the sample.

Table 2

Descriptive Statistics and Alpha Reliability Coefficients, Univariate Normality of Study Variables (N = 295)

Table 2 illustrates the mean, standard deviation, skewness, and Cronbach's alpha reliability coefficient for each variable. The data demonstrate normal distribution for all variables except suicidal ideation. The reliability of all scales and subscales falls within an acceptable range.

Table 3

Correlations Between Attachment Styles (CLOSE, DEPEND, and ANXIETY), Mentalization (MentS-S, MentS-O, MentS-M), and Suicidal Ideation in the Sample of Pakistani Adults (N = 295)

Table 3 illustrates a positive weak correlation ($r = 0.19$) between attachment style and suicidal ideation. The table indicates a significant positive weak correlation between a close attachment style and mentalization ($r = 0.18$) and between a close attachment style and self-mentalization ($r = 0.25$). A close attachment style was additionally found to demonstrate a negative weak correlation with suicidal ideation ($r = -0.13$). Moreover, a dependent attachment style was found to have a significantly positive, extremely weak correlation with mentalization ($r = 0.06$) and a significantly positive moderate correlation with self-mentalization ($r = 0.31$). A significant negative weak correlation exists between a dependent attachment style and suicidal ideation ($r = -0.14$). Close and dependent attachment styles were found not to correlate significantly with others' mentalization and motivation to mentalize ($r = .01$ and $r = .07$ for close; $r < .001$ and $r = -.05$ for dependent). Furthermore, an anxious attachment style was found to have a significant moderate negative correlation with self-mentalization ($r = -0.42$) and a positive weak correlation with others' mentalization ($r = -0.11$). An anxious attachment style was also measured to have a significant, weak positive correlation with the motivation to mentalize ($r = 0.23$). An anxious attachment style demonstrated a significant positive weak correlation with suicidal ideation ($r = 0.26$). No significant correlation of mentalization ($r = -0.06$), others' mentalization ($r < .001$), and motivation to mentalize ($r = .02$) was found with suicidal ideation. However, self-mentalization was found to have a significantly weak negative correlation with suicidal ideation ($r = -0.14$).

Table 4

Multiple Regression Analysis for Attachment Style, Mentalization, and Suicidal Ideation

Table 4 indicates the impact of attachment style on mentalization and suicidal ideation. The $R^2 = .03$ revealed that the predictors explained 3% variance in the outcome variable ($F[3.33, 5.38] = 0.03$, $p < .05$).

Table 5

Simple Linear Regression Between Anxiety Attachment and Self-Mentalization (n = 294)

Table 6

Simple Linear Regression Between Anxiety Attachment and Self-Mentalization (n = 294)

Table 7

Regression Coefficients of Self-Mentalization on Anxiety Attachment

Tables 5, 6, and 7 demonstrate that the overall regression model was statistically significant ($F[1, 293] = 63.57$, $p < .001$), indicating that anxious attachment accounted for 4.4% of the variance in self-mentalization ($R^2 = .0442$). The results revealed that anxious

attachment was a significant negative predictor of self-mentalization ($\beta = -.422$, $B = -.42$, $p < .001$). Therefore, findings suggest that individuals with an anxious attachment style tend to report low self-mentalization.

Table 8

Mediation Model for the Effect of Attachment Style on Suicidal Ideation Through Mentalization

Table 8 indicates a mediation model that revealed a significant direct effect of attachment style on suicidal ideation ($B = .20$, $SE = .06$, $p < .001$), whereas the indirect effect of attachment style and suicidal ideation through mentalization was not significant ($B = .00$, $SE = .00$, 95% CI [−.00, .02]).

This study shows a significant positive weak correlation ($r = 0.19$) between suicidal thoughts and attachment style. The association between attachment and suicidal ideation was not mediated by mentalization (indirect effect: $B = .00$, $SE = .00$, 95% CI [−.00, .02]). With a prediction value of 4.42%, the current study shows an association between self-mentalization and anxiety attachment type.

Discussion

The aim of the current study was to explore the relationship between attachment styles, mentalization, and suicidal ideation in a non-clinical sample. It was hypothesized that there is a relationship between attachment styles, mentalization, and suicidal ideation. More specifically, we proposed that there is a significant relationship between an anxious attachment style and self-mentalization. Furthermore, it was also hypothesized that mentalization would mediate the relationship between attachment styles and suicidal ideation.

The first hypothesis proposed that there is a relationship between attachment styles, mentalization, and suicidal ideation. Results show several weak correlations between attachment styles, mentalization, and suicidal ideation. Results indicate there is a weak positive correlation between closeness ($r = 0.18$) and mentalization. Primarily, this finding may indicate that mentalization, particularly self-mentalization, is associated with certain aspects of an individual's attachment style; however, given that the correlation was weak, other factors may also be precursors to this correlation. Consistent with previous research (Sroufe, 2005), the present study found that individuals with a secure attachment style were also skilled at mentalization of self. Literature also showed that the primary caregiver of a child facilitates the development of overall mentalization and specifically, the self-mentalization by understanding the child's subjective experience and creating a link by giving feedback on the particular experience (Bowlby, 1978). This can influence the culmination of children paying attention to what they are experiencing, reflecting upon it, and having an understanding of their own emotional or mental state. Moreover, a caregiver's regulatory assistance can help develop secure abilities in a child while coping in times of stress, which may serve as a protective factor later on in life (Bowlby, 1978). The findings of this study align with previous theoretical findings, further supporting the notion that early attachment experiences may contribute to the development of mentalization capabilities.

Similarly, it has been found that the parents' mentalizing style may also contribute to the child's mentalization development (Fonagy & Campbell, 2019). If parents have strong self-mentalization, they are likely to provide a secure base for the child, which is likely to lead to a secure attachment; hence, the child is more likely to develop a healthy overall mentalization as well as a healthy capacity to self-mentalize (Fonagy & Campbell, 2019). A positive relationship between children's mentalization and mothers' reflective functioning was seen in previous research (Rosso et al., 2015). In line with prior studies, the present research also found a weak correlation between attachment styles and self-mentalization, reinforcing that attachment style may be crucial for the development of mentalization.

A close attachment style was found to have a weak negative correlation with suicidal ideation ($r = -0.13$), and a significant negative weak correlation exists between dependent attachment style and suicidal ideation ($r = -0.14$). Literature showcased that individuals with secure attachment tend to have a positive perspective of others and themselves. Such individuals also develop a positive inner sense of self-worth and reassurance with their close figures (Hietanen & Punamäki, 2009). Thus, there is a chance that those who have consistent positive beliefs may adjust better to situations as compared to insecurely attached individuals who are detached from their significant figures (Hietanen & Punamäki, 2009). Along with this, indi-

viduals who have a secure attachment may develop a positive inner working model about themselves (Bowlby, 1988), consistent with the findings of this study.

The findings of this study may also support the model proposed by Bowlby (1988), postulating that closely attached individuals are more susceptible to asking for help when in a crisis or threatening situation, instead of feeling helpless or worthless, which, after long exposures, could turn into suicidal ideation later turning into action. Additionally, it can be anticipated that, as securely attached individuals might have a positive thought pattern and schema about themselves, they are more likely to seek professional help in comparison to anxiously attached individuals (Hong & Park, 2012; Simpson & Rholes, 2017). Thus, supporting the idea that individuals with secure attachment style may have a lower tendency to resort to suicidal ideation.

Furthermore, various studies reported that there exists an inverse statistically significant correlation between suicidal ideation and close or dependent attachment style (Ozouni-Davaji et al., 2013), and participants who have a secure attachment style with their fathers are less involved in sibling bullying and depression or suicidal ideation when compared to those who had an anxious or insecure attachment with their fathers, hence consistent with Bowlby's model (Bar-Zomer & Klomek, 2018).

There is a weak positive correlation between suicidal ideation and anxious attachment style ($r = 0.26$), as indicated by the results. Adam (1994) proposed that when an individual with an anxious or avoidant attachment style faces distress or threatening situations, they are unable to draw resources from their close interpersonal relationships in comparison to an individual who has formed a close attachment with their primary caregiver. Additionally, individuals with anxious or avoidant styles have an increased sensitivity to interpersonal threats like disappointment, rejection, and loss; this leads to increased and frequent activation of their attachment system (Adam, 1994).

Furthermore, individuals with an anxious attachment style lack adaptive strategies, which is why they resort to suicidal ideation, thinking, and behavior to elicit support and care from others (Adam, 1994). The findings of this research may support the developmental model provided by Adam (1994). Similar results were also found, postulating that those with anxious and avoidant attachment styles may face distress; they may feel overwhelmed, worthless, and hopeless. Hence, this may later contribute to the development of suicidal ideation and behavior (Kerns & Stevens, 1996). Additionally, literature states that the intensity of suicidal ideations and related behavior increases as the crisis upsurges in their life for those who are anxiously attached, which may be an explanation of the results of this research (Sheftall et al., 2014).

Durkheim (1951), in his theory of suicide, proposed that individuals who opt for egoistic suicide are unable to find their place and face numerous shortcomings in adjusting to their given situations, as they feel abandoned by society itself. Then gradually, they may resort to suicidal ideation and view suicide as the only solution to free themselves from the loneliness they are feeling (Tremblay, 2005). Other literature also provided similar findings, highlighting that two psychological states that are likely to increase the occurrence of suicidal ideation and suicidal behavior are social alienation and a sense of low belongingness (Joiner, 2007). It can be presumed that if a person does not form a secure attachment, there is a chance that they may not have a secure sense of belongingness, and this may increase the probability of suicidal ideation (Joiner, 2007).

Results indicate that self-mentalization has a significantly weak negative relationship with suicidal ideation ($r = -0.14$). Literature proposes that individuals who lie in the higher range of emotional dysregulation tend to have a low level of mentalization. The two domains of emotional dysregulation that show close association with mentalization are the inability to develop an understanding of emotional responses and a deficiency of emotional clarity. This leads to various issues, including the inability of a person to make sense of experience, acting out, the use of splitting, etc. As a process to cope with the overbearing emotional content, these individuals tend to show suppression of emotional experience, distortion, denial, and a sudden upsurge in impulsivity (Marszał & Jańczak, 2018). Disapproval and rejection of emotional responses are associated with low levels of mentalization, which are characterized by poor representation of experience, limited capacity of abstract and symbolic relation, and a lack of comprehensive emotional content (Marszał & Jańczak, 2018).

Another significant finding of the study is that

no relationship was found between mentalization and suicidal ideation. It can be inferred that this may be due to the cultural non-acceptance of suicidal ideation (Ahmed et al., 2016). Suicide is considered a controversial topic in Pakistani culture, due to which individuals find it difficult to display their intent or ideation of suicide (Khan, 2025). This could be one of the factors for why no significant relationship between suicidal ideation and mentalization appeared in the statistical analyses, as individuals might be hesitant in answering questions regarding the topic. However, since this study ensured that the anonymity of the participants was a priority, it is a more likely conclusion that there was no correlation between the two variables, as the sample chosen is from a non-clinical population who may be better adjusted.

An additional explanation of the sample being less prevalent in suicidal ideation is that the majority of the participants were in their adulthood, which is a more stable time comparatively; hence, it may lead to the development of stable ideologies and thought processes, given the prefrontal cortex has developed and stabilized (Cash & Bridge, 2009). The sample was selected from the non-clinical population as a deliberate step by researchers, as they were keen to study the results in a population unaffected by mental health difficulties to see a general, holistic picture of the relationship between these variables.

Another explanation that may be attributed to there being a weak correlation between suicidal ideation and all other variables and a lower level of suicidal ideation in the overall sample is that suicide is considered a contentious topic in Pakistan. It is said to be a punishable act in Islam and Pakistan (Mashood, 2025). Hence, a lower prevalence of the variable has been seen in the sample, as individuals may be hesitant to talk about it and reveal their ideation. Furthermore, Section 325, which is a criminal law in the Pakistan Penal Code, 1860, and is practiced throughout Pakistan, states that "Whoever attempts to commit suicide and does any act towards the commission of such offense, shall be punished with simple imprisonment for a term which may extend to one year, or with fine, or with both" (Macaulay, 1860).

Results also showed a lower prevalence of suicidal ideation, which may be attributed to the possibility that, in the pandemic, individuals may have developed a beneficial coping mechanism; therefore, even in times of uncertainty, loneliness, and isolation, individuals did not resort to suicidal ideation. This is supported by recent studies revealing that healthy coping mechanisms and strategies were used by Pakistanis during COVID-19 to maintain their well-being, resulting in individuals' contributions to social welfare, new hobbies, exercise, eating healthy, and getting good sleep (Khan et al., 2021).

We further hypothesized that there is a significant relationship between anxious attachment style and self-mentalization. The findings confirmed a weak negative correlation between anxious attachment style and self-mentalization ($r = -0.42$). The development of mentalization is said to be correlated with different types of attachment systems, which are primarily associated with interactions with caregivers. During development, with the help of a caregiver, children learn to recognize and understand emotions. They do this through mirroring emotions around them and receiving an adequate affect response. These contingent representations created by the child's state of mind are shaped by the extent of security in attachment relationships, which in turn facilitates the development of children's abilities to mentalize (Fonagy & Target, 1996); hence, it can be concluded that those with an anxious attachment style may have low mentalization of self (Fonagy & Target, 1996). One of the predominant concerns of individuals with an anxious attachment style is that they are very fearful of being abandoned by someone they love, so they are continuously searching for signs that it might happen (Campbell & Marshall, 2011). The mentalization model proposed that the understanding that the caregiver has of the child's experience and the reaction given to them provides a model for the child to understand the emotional states within the world. This modelling ultimately leads to children learning to reflect upon and understand their states of mind. This progression from initial assistance to current independent observation of the self and others is dependent on a healthy, consistent, and reliable emotional interaction between the child and the caregiver. These healthy encounters occur only when close attachment is present.

In contrast, when early caregivers are unable to reflect on the child's state of mind or are unable to provide the modelling required for them to learn to perceive different states of mind, children do not receive the correct instructions they require to develop

this extremely essential capability. Therefore, anxious attachment may impact the development of the capacity to mentalize (Allen et al., 2012). Moreover, literature suggests that individuals who have an insecure attachment style face difficulties in regulating their own emotions, have unsatisfactory relationships with their peers, and experience anxiety symptoms (Bosquet & Egeland, 2006). Given the results of the current study, a similar correlation has been found between self-mentalization and anxious attachment, where a significant, weak negative correlation has been found, pertaining to all the aforementioned reasons (Dimitrijević et al., 2018).

The third hypothesis was that mentalization will mediate the relationship between attachment styles and suicidal ideation. However, no mediation effect was found between the variables. This may be attributed to multiple underlying factors. Firstly, this was a self-report survey; thus, there is a chance that the mentalization scale used in the study might not have been sensitive enough to capture its role as a mediator, as the scale is newly developed and lacks extensive research based on it. Interviews or observation-based assessments or experiments might provide a better chance to find out the role of mentalization as a mediator in this study (Stagaki et al., 2022). Secondly, the study was conducted on a normal and non-clinical population; the sample characteristics, size, range, and variability might have affected the mediation effect. Thirdly, there is a chance that other psychological or cognitive processes may mediate the relationship between attachment style and suicidal ideation, such as mental pain (Lutzman & Sommerfeld, 2024) or self-criticism (Falgares et al., 2017), and several other variables, which were not explored in the study, may have confounded the mediation effect.

Furthermore, several reasons can be identified for weak correlations between the tested variables. Firstly, various sample characteristics, such as size, diversity, and representativeness, may have influenced the study's results. The study was conducted on a non-clinical population; therefore, it might have shown low suicidal ideation, thus affecting the other variables. Moreover, the study design was a self-report measure; therefore, it didn't capture the depth of these constructs as interview-based assessments, experiments, or observational assessments could have. Furthermore, there is a chance that mood, trauma, stress, or recent experiences could have influenced both attachment patterns and mentalizing capacities; hence, weak or no relationships were observed (Bateman & Fonagy, 2006).

This study holds significant relevance within the Pakistani cultural context, as its findings may contribute to increasing awareness of attachment patterns, mentalization capacities, and suicidal ideation, and help with the identification of early precursors of suicidal risk within non-clinical populations. The findings of this study show that there is a significant weak correlation between attachment anxiety and suicidal ideation. These findings can have positive implications in the Pakistani population, as those who have attachment anxiety can benefit from learning more about emotional regulation and coping strategies to prevent themselves from developing suicidal ideation. They may also benefit from interventions such as Mentalization-Based Therapy (MBT) or Attachment-Based Family Therapy (ABFT) that strengthen emotional regulation and reflective functioning within such individuals.

Moreover, this also provides insight into individuals struggling with such attachment styles, offering an opportunity for professionals to tailor therapy accordingly. It can also suggest that parents should be brought into the conversation to prevent further attachment issues, eventually leading to a decrease in suicidal ideation. Furthermore, it highlighted that attachment styles and mentalization can pose as early indicators for suicidal risk, and preventative strategies can be developed for those who struggle with insecure attachment styles or low mentalization.

Additionally, this finding offers valuable insights for counselors, clinicians, and educators, enabling them to tailor interventions to address attachment vulnerabilities. Furthermore, integrating psychoeducation about attachment styles, mentalization, and their relationship with suicidal intent into school and university counselling programs can help young adults build and develop resilience against suicidal ideation.

Several limitations were identified throughout this study. This was a correlational survey, making it difficult to draw causal interpretations of the data, and as the sample was recruited through a purposive-convenience sampling, it was difficult to understand the underlying mechanisms in-depth. Therefore, as causality could not be determined, it was unclear whether attachment styles influence suicidal ideation or if oth-

er unmeasured variables were at play.

Moreover, the study was conducted in Pakistani society, where suicide is viewed as a taboo topic. Hence, the possibility of response bias, including social desirability effects, could have led to an underreporting of suicidal thoughts as all of the tests used in this study were objective tests. Therefore, it is recommended to use projective tests in the future to capture an accurate understanding of suicidal ideation in Pakistan.

Another limitation of our study was that due to the pandemic, we ran an online survey that included a greater number of questions, so there is a possibility that participants might have felt fatigued or bored during the completion of the form, which could have produced biased answers. Moreover, due to the pandemic, the available sample to recruit from was the community around us, which could have led to bias within the results or demand characteristics. As individuals were able to self-refer to the study and enter without consideration, this is why we have mostly female data and a mean age of 23 years. This limited the generalizability of the results to other genders and older adults, and other demographic groups, potentially reducing the applicability of the results across a wider population. Therefore, it is recommended for future studies to conduct in-person surveys to eliminate bias. It is also recommended to conduct the study on an equal number of males and females to increase generalizability.

The scale of mentalization was not an indigenous scale; therefore, it is also recommended that an indigenous survey be developed to understand the capability of mentalization in the Pakistani population in detail, so that it can facilitate the improvement of mentalization-based interventions within the native population. Moreover, to completely capture the essence of the mediation effect of mentalization, interview-based assessments or experiments should be used.

As the researchers only chose a non-clinical population, there was no or very low suicidal ideation found in the sample; hence, it is recommended to replicate the study with individuals who are diagnosed or struggle with different mental health difficulties, giving a different perspective to the study itself.

Researchers could also choose to work with different age cohorts and test various attachment styles as well as types of mentalization, such as looking into intergenerational gaps and transfer of attachment. Since this research was only a cross-sectional study, a longitudinal study could be conducted to gain better insight into the relationship between different variables.

Researchers found a gender disproportion within the sample, as due to the sampling style, mainly females opted to answer the questionnaire. Future researchers could control the study for gender and see whether there is a difference between the genders and how that plays a role in suicidal risk.

Conclusion

The purpose of the present study was to test the relationship between attachment styles, mentalization, and suicidal ideation. Furthermore, the researchers wanted to find out if mentalization mediates the relationship between attachment styles and suicidal ideation. In conclusion, it was found that there is a partial correlation between the variables, and mentalization does not mediate the relationship between attachment styles and suicidal ideation. Attachment styles were found to have a relationship with mentalization, self-mentalization, and suicidal ideation, whereas no significant correlation was found between mentalization and suicidal ideation overall. Only self-mentalization was found to have a significant negative weak correlation with suicidal ideation. Anxious attachment style was found to have a significant moderate negative correlation with self-mentalization and a significant positive weak correlation with suicidal ideation.

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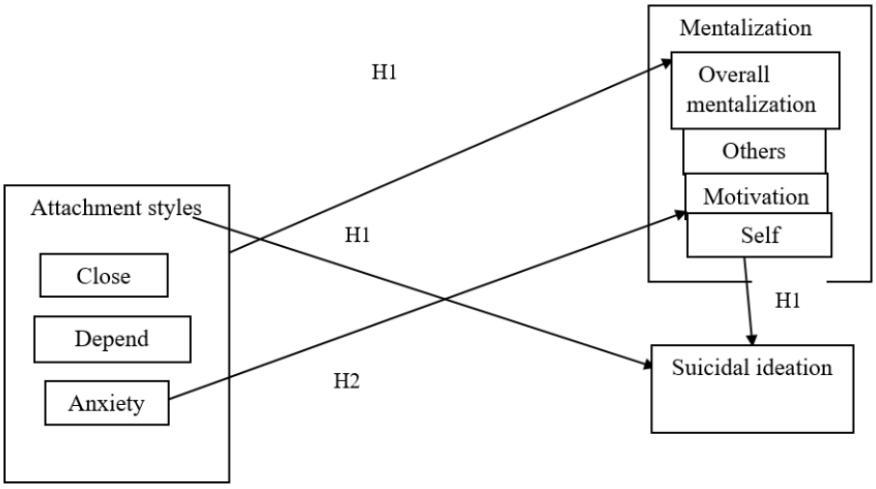
Figure 1

Theorized pathways between the constructs of mentalization, attachment styles, and suicidal ideation



Note. The model draws links between the three hypotheses: (1) attachment styles, mentalization, and suicidal ideation are significantly interrelated; (2) mentalization functions as a mediating mechanism between attachment styles and suicidal ideation; and (3) anxious attachment is specifically associated with self-mentalization.

Table 1

Frequency and Percentages of Demographic Variables (N = 295)

Variables	*N*	*%*
Gender		
Male	81	27.5
Female	214	72.5
Socioeconomic Status		
Middle	101	34.2
Middle Upper	102	34.6
Upper Middle	82	27.8
Upper	10	3.4
Education		
Metric/O-levels	2	0.7
Intermediate/A-levels	67	22.7
Bachelors	171	58
Graduate	55	18.6
Consultation with a psychologist		
Yes	23	7.8
No	272	92.2
Diagnosed Mental Health Disorder		
Yes	0	0
No	295	100
Age		
18–55	295	100

Table 2

Descriptive Statistics and Alpha Reliability Coefficients, Univariate Normality of Study Variables (N = 295)

								Range	
Variables	*N*	Items	α	Mean	*SD*	*SK*	*K*	Actual	Potential
Suicidal	295	5	0.7	6.07	7.93	−0.08	0.19	0–43	0–50
Mentalization									
MentS-S	295	8	0.78	23.4	6.86	−0.04	−0.46	8–40	8–40
MentS-O	295	10	0.78	39.77	6.13	−0.87	1.52	15–50	10–50
MentS-M	295	10	0.68	38.65	6.02	−0.95	1.39	15–50	10–50
Attachment									
Styles									
CLOSE	295	6	0.63	3.15	0.75	−0.08	0.19	6–30	6–30
ANXIETY	295	6	0.85	3.35	1.03	−0.27	−0.76	6–28	6–30
DEPEND	295	6	0.53	2.55	0.67	−0.06	0.05	6–30	6–30

Note. MentS = Mentazlization, MentS-S = Mentalization of Self, MentS-M = Motivation of Mentalization, MentS-O = Mentalization of Others (**$p < 0.01$, *$p < 0.05$),, SK = Skewness, K = Kurtosis, Actual = Actual Range, Potential = Potential Range

Table 3

Correlations Between Attachment Styles (Close, Depend, and Anxiety), Mentalization (MentS_-S, MentS-O, MentS- M), and Suicidal Ideation in the Adult Sample of Pakistan (N = 295)

	CLOSE	ANXIETY	DEPEND	MentS	MentS-S	MentS-O	MentS-M	Suicidal
Attachment Style				−0.10				.19**
CLOSE	-	−.25**	.40**	.18**	.25**	.01	.07	−.13*
ANXIETY		-	−.46**	.14**	−.42**	.11*	.23**	.26**
DEPEND			-	−.06	.31**	< −.001	−.05	−.14*
MentS				-	.52**	.72**	.74**	−.06
MentS-S					-	−.04	< .001	−.14**
MentS-O						-	.54**	< .001
MentS-M							-	.02
Suicidal								-

Note. MentS = Mentalization, MentS-S = Mentalization of Self, MentS-O = Mentalization of Others, and MentS-M = Motivation of Mentalization

**$p < 0.01$, *$p < 0.05$.

Table 4

Multiple Regression Analysis for Attachment Style, Mentalization, and Suicidal Ideation

Variables	*B*	*SE*	*Df*	*F*	*T*	*p*
Constant	1.24	0.78			1.59	0.11
Attachment Style	0.20	0.62	1	3.33	3.23	< .001
Mentalization	−0.15	0.20	2	5.83	−0.75	.45

Note. ($p < 0.01$), *B* = Unstandardized beta coefficient, *SE* = Standard Error, *Df* = Degrees of Freedom, *F* = F-statistic, *t* = t-value, *p* = Significance Level

Table 5

Simple Linear Regression Between Anxiety Attachment and Self-Mentalization (N = 294)

Model	*R*	R^2	*Adj* R^2	Std. Error of the Estimate
1	.442[a]	.17	.17	6.23

Note. *R* = Correlation Coefficient, R^2 = Coefficient of Determination, *Adj* R^2 = Adjusted R-squared, [a] Predictors: (Constant), Anxiety Attachment

Table 6

Simple Linear Regression Between Anxiety Attachment, and Self-Mentalization (N = 294)

Model		Sum of Squares	*Df*	Mean Square	*F*	*p*
1	Regression	2468.53	1	2468.53	63.57	.00[b]
	Residual	11376.26	293	38.82		
	Total	13844.80	294			

Note. Sum of Squares = Total Variation, Df = Degrees of Freedom, Mean Square = Average Variation (Sum of Squares divided by Df), F = F-statistic, Sig. = Significance Level, [b] Predictors: (Constant), Anxiety Attachment

Table 7

Regression Coefficients of Self-Mentalization on Anxiety Attachment

	B	*SE*	*B*	*t*	*p*
Constant	32.79	1.23		26.59	< 0.001
ANXIETY	−.46	.05	−.42	−7.97	< 0.001

Note. B = Unstandardized Beta Coefficient, *SE* = Standard Error, *β* = Standardized Beta Coefficient, *t* = t-value, *p* = Significance Level

Table 8

Mediation Model for the Effect of Attachment Style on Suicidal Ideation Through Mentalization

Direct Effect

					95% CI	
	B	*SE*	*T*	*P*	*LL*	*UL*
	0.20	0.06	3.23	< .001	0.07	0.32

Indirect Effect

			95% CI	
	B	*SE*	*LL*	*UL*
	0.00	0.00	−0.00	0.02

Note. B = Unstandardized Beta Coefficient, SE = Standard Error, t = t-value, p = Significance Level, LL = Lower Limit of Confidence Interval, UL = Upper Limit of Confidence Interval