



The effectiveness of the program based on mentalization and mindfulness (mother and child) in behavioral and emotional problems of primary school children

Mostafa. Darabi¹

Davood. Manavipour^{2*}

Akbar. Mohammadi³

1. PhD student in educational psychology, Garmsar Branch, Islamic Azad University, Garmsar, Iran.
2. *corresponding author: Associate Professor, Department of Psychology, Garmsar Branch, Azad University, Garmsar, Iran
3. Assistant Professor, Department of Psychology, School of Paramedical Sciences and Psychology, Garmsar Branch, Islamic Azad University, Semnan, Iran

Email: iraniandistdp@gmail.com | Received: 05.04.2022 | Acceptance: 09.03.2023

Journal of Applied Family Therapy

eISSN: 2717-2430
http://Aftj.ir

Vol. 4, No. 1, Pp: 115-133
Spring 2023

Original research article

How to Cite This Article:

Darabi, M., Manavipour, D., & Mohammadi, A. (2023). The effectiveness of the program based on mentalization and mindfulness (mother and child) in behavioral and emotional problems of primary school children. *aftj*, 4(1): 115-133.



© 2023 by the authors. Licensee Iranian Association of Women's Studies, Tehran, Iran. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0 license) (<http://creativecommons.org/licenses/by-nc/4.0/>)

Abstract

Purpose: The purpose of this study was to investigate the effectiveness of the program based on mindfulness and mentalization (mother and child) in behavioral and emotional problems of primary school children. **Methods:** This quasi-experimental research was pre-test-post-test and follow-up with a control group. The sampling method was voluntary. The volunteers of the experimental group were given a pre-test before the implementation of mentalizing interventions, and after the intervention, a post-test and the control group did not receive any intervention, but they also took a pre-test and a post-test. The sample group of first and second year primary school students had behavioral problems. The experimental group was trained in mindfulness sessions in eight sessions (Burdick, 2014). The research tool included the Achenbach-Child Behavior Inventory (Achenbach and Rescorella, 2007). In this research, analysis of variance with repeated measurements and Bonferroni's post hoc test were used to check the difference in means and data analysis was done with the help of SPSS 24 software. **Results:** The results showed that mentalization-based treatment on children's behavioral problems in the areas of anxiety/depression ($F=78.35, P<0.001$), withdrawal/depression ($F=16.95, P<0.001$), physical complaints ($F=19.65, P<0.001$), thinking problems ($F = 60.34, P<0.001$), law-breaking behavior ($F=12.86, P<0.001$) and aggressive behavior ($F=79.61, P<0.001$) were effective. **Conclusion:** It can be concluded that the program based on mentalization and mindfulness (mother and child) can be used to reduce the behavioral and emotional problems of primary school children.

Keywords: mentalization, behavioral problems, emotion, children.

Introduction

In every society, the health of children and adolescents is of special importance, and providing mental health helps them to be mentally and physically healthy and play their social roles better (Heidari & Mahmoudi, 2016). The behavioral problem refers to an individual's behavior that is far from the general size of society without low IQ, mental and behavioral balance and has intensity, repetition and continuity in many times and places; So that in academic-behavioral functions, he suffers helplessness or decreases the level of efficiency (Haj Rasouliha & Yazdakhasi, 2016). Emotional problems are expressed when a child or teenager cannot control his emotions and behavior. Also, the meaning of children's skills is the set of activities, community, and school performance (Siah, 2013). The presence of behavioral and mental problems in childhood is an important issue because early life experiences lay the foundations of people's health or mental health in adulthood (Ganji, 2017).

Childhood is a critical period in which the basis of physical and psycho-social functioning is formed; A developmental process that is vulnerable to stressful conditions such as serious illnesses. Experiencing stressful events during childhood can lead to damage to neurobiological and endocrine aspects. These events also affect children's behavioral, emotional, social, physical and cognitive growth. Experiencing childhood stress can cause guilt, depression, low self-esteem, poor social skills, anger and aggression, and problems in self-control. Experiencing stressful events during childhood affects their social behavior in the short and long term and has serious psychological consequences throughout their lives; It can also lead to a person's greater vulnerability in suffering from mental problems during adulthood (Carr & Martin, 2013). On the other hand, due to the high vulnerability of this generation, which is at an increasing risk of problems such as depression and anxiety, suicide, deviations such as delinquency, drug abuse, and also due to the health needs, especially the mental health needs, which are among the priorities of the health development program. It is the country, investigating the prevalence of psychopathology in students and related factors helps to identify and find suitable solutions in the planning of the province and, if possible, the whole country (Firouzi & Azadfar, 2018).

Mindfulness-based therapy (MBT) is a special type of psychodynamic psychotherapy developed by Bateman and Fonagy (2004) to treat patients with BPD (Bateman & Fonagy, 2004). Mentalizing capacity, which is considered a reflective function, is the ability to understand the mental states of oneself and others, which is obtained through interpersonal relationships during childhood, especially attachment relationships, and is the basis of overt behaviors (Bateman & Fonagy, 2013). A treatment based on mentalization is a structured treatment approach that is divided into three distinct stages. The general goals of the initial stage are: assessing the patient's capacity for mentalization, personality functioning, contracting and involving the patient in treatment, and identifying problems that may interfere with treatment (Bateman & Fonagy, 2016). The middle stage aims to stimulate a stronger mentalizing capacity in the framework of emotional arousal and attachment relationships. In the final stage, the patient is prepared to end the treatment. The main focus of mentalization is to help the client bring his mental experiences to the level of consciousness and facilitate a coherent and complete sense of psychological agency. The goal of therapy is to grow and strengthen the capacity for mentalization

through therapeutic relationships and increase the capacity of the patient to recognize the thoughts and feelings he experiences (Oliveira & Rahiyori, 2017).

In addition to mindfulness, another approach that seems to affect mental and emotional problems positively is mindfulness. Kabat-Zinn defines mindfulness as follows: Mindfulness is paying attention in a specific way, focused on a goal, in the present moment and without any judgment. Mindfulness helps us to understand that negative emotions may occur, but they are not a fixed and permanent part of the personality. It also allows a person to respond to events thoughtfully instead of casually and impulsively (Reynolds, 2010).

According to the above material, in this research, we are looking for the answer to this important question: Is the program based on mindfulness and mindfulness therapy (mother and child) effective in elementary school children's behavioral and emotional problems?

Method

This quasi-experimental research was pre-test-post-test and follow-up with a control group. The sampling method was voluntary. The volunteers of the experimental group were given a pre-test before the implementation of mentalizing interventions, and after the intervention, a post-test and the control group did not receive any intervention, but they also took a pre-test and a post-test. The sample group of first and second year primary school students had behavioral problems. The experimental group was trained in mindfulness sessions in eight sessions (Burdick, 2014). The research tool included the Achenbach-Child Behavior Inventory (Achenbach and Rescorella, 2007). In this research, analysis of variance with repeated measurements and Bonferroni's post hoc test were used to check the difference in means and data analysis was done with SPSS 24 software.

Results

The scores of children's behavioral problems in both experimental and control groups significantly differ in the post-test and follow-up stages. However, there was no significant difference in the pre-test stage. Also, in the present study, in order to use multivariate covariance analysis, the basic assumptions of this method, including the normality test, homogeneity of variance-covariance matrix, homogeneity of variance of groups, homogeneity of variances, and homogeneity of regression coefficients, were examined.

The analysis of variance of repeated measurement of multiple variables among the studied groups in the variables of children's behavioral problems showed that the effect between the subject (group) is significant. This effect means that at least one of the groups differs from the other in at least one of the variables of children's behavioral problems. The within-subject effect (time) was also significant for the research variables, meaning there was a change in at least one of the average variables from pre-test to follow-up.

The F ratio obtained in the factor of groups in the dimensions of children's behavioral problems is significant ($p < 0.01$). This finding indicates that mindfulness training improved children's behavioral problems. In this regard, an analysis of variance with repeated measurements was done for the experimental group in three stages of therapeutic intervention, which was the observed F ratio in improving children's behavioral problems ($p < 0.01$).

Changes in the experimental group over time showed that the dimensions of children's behavioral problems in the mindfulness training group were significant in the post-test compared to the pre-test ($P < 0.001$). Also, a significant difference was observed in the follow-up phase compared to the pre-test ($P < 0.001$). No significant difference was observed in the follow-up compared to the post-test ($p < 0.01$).

Changes in the experimental group over time showed that the dimensions of children's behavioral problems in the mindfulness training group were significant in the post-test compared to the pre-test ($P < 0.001$). Also, a significant difference was observed in the follow-up stage compared to the pre-test and post-test ($P < 0.001$). Therefore, it is concluded that the effectiveness of the treatment based on mindfulness (mother) on the dependent variables has generally continued until the follow-up stage.

Conclusion

From an evolutionary point of view, stress and tension in stressful parenting situations lead to reactive, anxious and overprotective parenting. Mothers' stress is the result of extreme tension related to mother-child interactions. Evidence shows that when mothers are stressed or depressed or suffer from acute stress or experience conflicts in their relationships, they are likely to face problems in effective parenting that is responsive and sensitive to their children (Duncan & Shaddix, 2015). Therefore, identifying stressful situations for parents and children and acquiring the skills to deal with children correctly is one of the requirements of parenting. One of the goals of mindful parenting is to improve parenting under high-stress conditions. In this approach, the primary focus of education is on parents' stress, suffering and psychopathology instead of child's behavioral problems.

In explaining the effectiveness of mentalization, it can be said that in children with behavioral and emotional problems, parents cannot understand the child's feelings, wishes, and needs. There is a disagreement between the child and the parents in various fields. According to Bleiberg (2013), this issue is like a conversation among the deaf because the parents' unresolved conflicts prevent the understanding of the child's natural needs. In such cases, a person who feels unheard or misunderstood and has no hope that anyone else can appreciate his individual point of view is much less accommodating and his needs and feelings are not considered. Treatment based on mentalization helps the person increase the quality of interpersonal relationships by identifying stressful factors in the family and mentalizing the mother in emotional and emotional situations. Indicators of mentalization, including curiosity, respect, empathy, sympathy, and mediation, are examined in the mother, then child and family interaction takes place to evaluate mentalization capacities (Karimi et al., 2020).

In explaining the effectiveness of mindfulness-based treatment in children on reducing behavioral-emotional problems, it can be said that mind exercises sometimes teach children to live in the present and pay attention to their thoughts, feelings and physical senses, and also be kind to themselves and not judge. It also helps them to stop thinking based on the past, which is a characteristic of depressed mood, and thinking based on the future, which is a characteristic of anxiety, to develop problem-solving skills, and to use efficient coping strategies in facing events; In this way, children learn to focus only on observing events and stop reacting automatically and habitually to events. Also, explore an event, situation or object from various aspects, examine all its aspects, choose the best solution, and react appropriately by solving the problem effectively. In this way, they can control their emotions better, reducing their behavioral and emotional problems (Valipour et al., 2017).

References

- Bögels, S., Hoogstad, B., van Dun, L., de Schutter, S., & Restifo, K. (2008). Mindfulness training for adolescents with externalizing disorders and their parents. *Behavioural and cognitive psychotherapy*, 36(2), 193-209.
- De Oliveira, C., Rahioui, H., Smadja, M., Gorsane, M. A., & Louppe, F. (2016). Mentalization based treatment and borderline personality disorder. *L'encephale*, 43(4), 340-345.
- Fonagy, P. & Allison, E. (2012). What is mentalization? In N. Midgley & I. Vrouva(Eds.), *Minding the child* (pp. 11-34). London: Routledge.
- Fonagy, P., & Allison, E. (2016). Psychic reality and the nature of consciousness. *The International Journal of Psychoanalysis*, 97(1), 5-24.
- Fonagy, P., & Bateman, A. W. (2016). Adversity, attachment, and mentalizing. *Comprehensive psychiatry*, 64, 59-66.
- Fonagy, P., & Target, M. (1998). Mentalization and the changing aims of child psychoanalysis. *Psychoanalytic dialogues*, 8(1), 87-114.
- Fonagy, P., Steele, M., Steele, H., Moran, G. S., & Higgitt, A. C. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant mental health journal*, 12(3), 201-218.
- Galle Girian, S., & Deireh, E. (2017). Comparison of the effect of metacognitive therapy and attachment-based therapy on externalizing problems in aggressive children. *Quarterly Journal of Child Mental Health*, 4(1), 24-34.
- McMahon, R. J. (1994). Diagnosis, assessment, and treatment of externalizing problems in children: the role of longitudinal data. *Journal of Consulting and Clinical Psychology*, 62(5), 901.
- Midouhas, E., Kuang, Y., & Flouri, E. (2014). Neighbourhood human capital and the development of children's emotional and behavioural problems: The mediating role of parenting and schools. *Health & Place*, 27, 155-161.
- Rezaei Farahabadi, S., Mazaheri, M. A.; Amiri, Sh., & Talebi, H. (2015). Investigating the effectiveness of attachment-based intervention on reducing aggressive and law-breaking behavior in adolescent girls. *Family and Research Quarterly*, 24,113-97.
- Satorian, S. A., Heratian, A. A., Tahmasian, K., & Ahmadi, M. R. (2015). Internalized and externalized problems in children: birth order and age gap. *Journal of Iranian Psychologists' Evolutionary Psychology*, 12(94), 187-173.
- Semple, R. J., Lee, J., Rosa, D., & Miller, L. F. (2010). A randomized trial of mindfulness-based cognitive therapy for children: Promoting mindful attention to enhance social-emotional resiliency in children. *Journal of child and family studies*, 19(2), 218-229.
- Sharp, C. (2014). The social-cognitive basis of BPD: A theory of hypermentalizing. In *Handbook of borderline personality disorder in children and adolescents* (pp. 211-225). Springer, New York, NY.
- Valipour, M., Hosseinian, S., & Pourshahriari, M. (2017). The effect of mindfulness-based cognitive therapy training on children's behavioral problems. *Child Mental Health Quarterly*, 4(4), 34-46.