




Effectiveness of Short-term Dynamic Mentalization-based Therapy on Maternal Reflective Capacity and the Mother-Child Relationship

Tanya. Darabi¹, Naser. Amini^{2*}, Mouloud. Keykhosrovani²

¹ PhD student, Department of Psychology, Bushehr Branch, Islamic Azad University, Bushehr, Iran

² Assistant Professor, Department of Psychology, Bushehr Branch, Islamic Azad University, Bushehr, Iran

* Corresponding author email address: amini_n2010@yahoo.com

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ABSTRACT

Objective: The present study aimed to assess the effectiveness of short-term dynamic mentalization-based therapy on maternal reflective capacity and the mother-child relationship.

Methods and Materials: The research design was a quasi-experimental pre-test, post-test with a control group. The population consisted of all mothers with children aged 2 to 6 who attended counseling centers in Ahvaz in the year 2023. Forty participants were selected from this population using a convenience sampling method. From these, two groups of twenty were randomly formed, one as the intervention group and the other as the control group. The intervention protocol used was based on the short-term dynamic mentalization-based therapy protocol by Mousavi and Bahrami (2020). Data were collected using the Parental Reflective Functioning Questionnaire by Luyten et al. (2017) and the Mother-Child Relationship scale by Robert M. Ross (1961). Data analysis was conducted using descriptive and inferential statistics (analysis of covariance).

Findings: Results from the analysis of covariance, adjusted for pre-test effects, showed significant differences between the experimental and control groups in terms of maternal reflective capacity and its components, and the mother-child relationship. The results indicated that the intervention improved both maternal reflective capacity and the mother-child relationship.

Conclusion: Based on the findings of this study, it can be concluded that short-term dynamic mentalization-based therapy can serve as an effective therapeutic method for enhancing maternal reflective capacity and the mother-child relationship in counseling settings.

Keywords: Reflective Capacity, Mother-Child Relationship, Short-term Dynamic Mentalization-based Therapy

1. Introduction

Childhood has profound effects on an individual's future life and mental health. Experiences during childhood can set the stage for various psychological damages in adulthood or immunity from them. This issue has led psychologists, especially developmental psychologists, to pay considerable attention to this period. Numerous studies have been conducted to investigate the factors influencing mental health during childhood. Among the most prominent of these factors is the child's relationship with their primary caregiver, which can manifest within the framework of attachment. The primary caregiver, often the mother, spends the most time with the child and thus plays a significant role in shaping their experiences. Consequently, the parent-child relationship is an extremely important and unparalleled one (Cheraghi & Ebrahimi, 2018). If this period is spent alongside a sufficiently good, sensitive, and responsive mother, it forms healthy experiences for the child that can lay the foundation for a secure and adaptable personality; thus, the quality of the mother-child relationship can play a significant role in the mental health of the child, the child's interpretation and perception of the surrounding environment, adaptation to it, and also in preventing future harms. Various factors can affect the quality of the mother-child relationship (Zamanpour et al., 2023).

The mother-child relationship is the first introduction to the child's world of communications and vital links for creating security and love, consisting of a combination of behaviors, emotions, and expectations between the mother and the child. This relationship is not one-sided but rather the mother influences the child and the child influences the mother. An optimal mother's relationship, in fact, means not one-sided relationships provided by the mother. The mother-child interaction pattern refers to the mother's parenting style that occurs in reciprocal communications between mother and child (Reitman & Asseff, 2010; Saadati & Parsakia, 2023; Shadanloo et al., 2023). The type of mother-child relationships such as rejection, over-control, overprotection, modeling anxious behaviors, and rigid and irrational beliefs of parents play a significant role in the occurrence of behavioral problems during childhood (Dejko-Wańczyk et al., 2020; Nakhli et al., 2022). A warm, close, and trustworthy relationship between the parent and the child is an important factor in the child's development and problems in this relationship cause problems in the child's cognitive and emotional-behavioral growth (Schiff et al., 2017).

Given that the interaction between children and their parents is constant and dynamic, it is logical that the mother's awareness of the bi-directional effects of parenting and the mother's reflection on her impact on the child plays a significant role in the development and behavioral growth of the child and in creating a close relationship with them (Smaling et al., 2016). To achieve this and to build a close and intimate relationship with the child, the mother's high capacity for reflection on the child's internal states is necessary and essential. The reflective capacity of the mother also helps the child to better adapt to his environment and calm himself when necessary. Parents must respect the individuality and integrity of each child and flexibility in creating educational environments for the child, providing an appropriate foundation for the growth of the child so that both parents and children can benefit from the desirable outcomes of it (Álvarez et al., 2022).

The mother-child relationship is often the first and most important social relationship of every human being. The child spends most of their time with the mother, and the mother has clear influences on the child's mood developments and the formation of their psychological organization. On the other hand, the mother's understanding of her mental states and behaviors and those of her child, which relates to her ability to mentalize, can affect the quality of care and responses she gives to the child and has implications for predicting the quality of mother-child relationships (Nakhli et al., 2022). In a study, it was concluded that mentalization-based therapy training is applicable for improving the mother-child relationship and secure attachment of children (Álvarez et al., 2022; Burkhart et al., 2017; Pazzagli et al., 2018; Peters, 2021). In another study, the effectiveness of a mentalization-based educational program on the mother-adolescent relationship and behavioral problems of adolescents was examined. The results of the analyses indicate the impact of the mentalization-based educational program on reducing adolescents' behavioral problems and improving the mother-adolescent relationship.

Mentalizing capacity as a reflective function, is the ability to understand one's own and others' mental states which is developed through interpersonal relationships during childhood, especially in attachment relationships and is the basis for overt behaviors. Indeed, mentalizing is a structured therapeutic approach, and its goal is also to develop and strengthen the mentalizing capacity through therapeutic relationships and increase the client's ability to recognize thoughts and feelings they experience. Mentalizing includes

a wide range of cognitive operations such as presence, understanding, recognition, description, interpretation, simulation, remembering, reflection, and prediction (Einy et al., 2019).

When mothers have a weak and impaired reflective functioning, they encounter problems in their emotional relationships with their child. Ultimately, it must be said that changes in parent-child relationships are usually subject to two occurrences: first, a change in the parents' ability to understand the child as an independent and different individual who has their own specific thoughts and feelings; and second, considering that having reflective thinking about the child will improve the relationship. Reflective capacity or mentalizing is a clear manifestation of the narrative of the individual's mentalizing capacity (Luyten et al., 2017). Mentalizing is introduced as a capacity to understand one's own and others' behaviors through understanding the underlying mental states and intentions, and also presented as a human capacity that is essential for emotion regulation and creates social relationships (Schultheis et al., 2019). This process by which internal experiences, feelings, and beliefs are brought to mind leads to the transformation of structures that are vital for self-regulation and emotions (Slade, 2005). In fact, the reflective capacity of parents examines curiosity about mental states, attempts to understand mental states and how they relate to behavior, and does not accept mental states and their impact on behavior, and assesses parents who are unable to discern clarity of their own or their children's mental states and what process occurs within them when communicating (Pazzagli et al., 2018). Mentalizing, the ability and capacity to understand situations and the mental - overt and covert - demands of oneself or those around him, which is associated with self-regulation and how relationships resulting from it are formed (Peters, 2021).

Parents who have lower parental reflective capacity often cannot consider their infants as independent units with feelings and thoughts that influence their behaviors (Rutherford et al., 2015). These parents struggle in identifying the limitations of their infant and may give incorrect or hostile attributions to their infant, such as thinking that their baby is crying to annoy them (Burkhart et al., 2017). Based on this, it is expected that higher maternal reflective capacity will also be associated with more positive developmental outcomes in children.

The strengths of mentalizing that are enhanced in this program include: openness to exploration, ambiguity of mental states, reflective thinking, considering the perspectives of others, forgiveness, awareness of impact,

trust-based feedback, humility, having the capacity for play, belief in changeability, and acceptance of responsibility (Karimi Farsani & Bahramipour Isfahani, 2023; Zamanpour et al., 2023; Zeegers et al., 2017). Mentalization-based treatments, due to accepting the fundamental assumptions of psychoanalysis, are considered psychoanalytic treatments, while mentalization-based approaches are considered integrative approaches that place various aspects of other treatments such as psychoanalytic, cognitive-behavioral, systemic, and biological side by side. Interventions based on mentalization are designed to stimulate the individual's reflective capacity and revive their incomplete or lost mentalizing ability (Byrne et al., 2018).

Karimi Farsani et al. (2023) showed in their study that a therapeutic intervention in child mentalization had a significant impact on parental reflective capacity and its dimensions, including pre-mentalization, assurance of the mental state, and curiosity about the mental state of divorced parents with children aged 5 to 12 in two post-test and follow-up phases, and the effects of treatment remained stable over time. Another finding of the study showed that the experimental group, compared to the control group, showed significant improvement in parenting behaviors and a reduction in negative behaviors in interaction with their children after the end of the mindful parenting training sessions (Karimi Farsani & Bahramipour Isfahani, 2023). Ordway et al. (2014) concluded in their interdisciplinary program based on mentalization, which was the focus of home visits, that mothers participating in the educational program reported fewer externalizing problems regarding the child and better mother-child interaction compared to mothers who received usual training (Ordway et al., 2014).

Considering the mentioned research, the constructs of mentalization, maternal reflective capacity, and the mother-child relationship are interconnected, and so far, no intervention based on mentalization that examines its effectiveness on maternal reflective capacity and the mother-child relationship has been conducted. Therefore, this research seeks to answer the question of whether short-term dynamic treatment based on mentalization is effective on maternal reflective capacity and the mother-child relationship.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a quasi-experimental design with pre-test and post-test with a control group. The population of

the current research consisted of all mothers with children aged 2 to 6 who visited counseling centers in Ahvaz city in 2023. A sample of 40 individuals from the research population was selected using a convenience sampling method. Then, an experimental treatment was conducted over 8 sessions, each lasting 60 minutes, while no experimental variable was applied to the control group. Finally, a post-test was administered to examine the impact of the independent variable on the dependent variables. The inclusion criteria were: not suffering from an acute psychiatric illness, assurance of the presence of both parents at home, assurance of the absence of severe family conflicts, and non-use of psychiatric drugs by patients. The exclusion criteria included: unwillingness to continue with the research process and absence from more than two sessions during the educational programs.

In the first session, a psychological evaluation of the mother and child was conducted, and other tools were completed. In subsequent sessions, the PRFQ questionnaire was completed weekly by the mother. At the end of the process, other tools were again completed by the mother, and changes were assessed through statistical tests.

2.2. Measures

2.2.1. Mother-Child Relationship

Published by Robert M. Ross in 1961, this scale is an attitude measure assessing mothers' views on four styles of interaction with their child and falls under the category of projective tests. Subscales include: child acceptance, overprotectiveness, permissiveness, and child rejection. It employs a 5-point Likert scale for scoring, with each scale consisting of 12 statements, totaling 48 statements to be scored. Statements 1 to 39 are scored as follows: strongly agree=5, agree=4, undecided=3, disagree=2, strongly disagree=1. Statements 40 to 48 are reversed: strongly agree=1, agree=2, undecided=3, disagree=4, strongly disagree=5. The test's validity was determined in 2005 through Cronbach's alpha on a sample of 30 individuals, confirming its reliability. Additionally, the test's applicability was confirmed by experienced academics (Nakhli et al., 2022).

2.2.2. Reflective Functioning

This brief, multidimensional scale consists of 18 items and was designed and tested by Luyten et al. (2017) to measure parental reflective capacity. Luyten et al.'s (2017)

exploratory factor analysis indicated three factors: Pre-Mentalizing Mode (PM), Certainty about Mental States (CMS), and Interest and Curiosity about Mental States (IC), with Cronbach's alpha coefficients respectively being 0.70, 0.82, and 0.75. This questionnaire was translated into Persian for the current study by Mousavi, Bahrami, Rostami, and Rahimi-Nejad with permission from the creators, and its validity and reliability were confirmed. The reliability coefficients for the subscales of Pre-Mentalizing Mode, Certainty about Mental States, and Interest and Curiosity about Mental States in the Iranian sample, calculated through Cronbach's alpha, were 0.68, 0.72, and 0.68, respectively (correlation matrix reliability coefficients). The overall test reliability was also 0.70 (Karimi Farsani & Bahramipour Isfahani, 2023; Zamanpour et al., 2023).

2.3. Intervention

2.3.1. Short-Term Dynamic Mentalization-Based Therapy

This intervention protocol consists of eight structured sessions, each lasting 60 minutes, designed to enhance the reflective functioning of mothers with young children aged 2 to 6 years. The program aims to improve the quality of mother-child interactions by fostering a reflective stance in mothers towards their children's emotional and behavioral states. Each session builds on the previous, introducing concepts and practices aimed at developing a deeper understanding and response to children's needs and behaviors. The sessions incorporate both theoretical education and practical exercises, including role-playing and reflective games, to solidify learning and application in real-life scenarios (De Oliveira et al., 2017; Einy et al., 2019; Nakhli et al., 2022).

Session 1: Introduction and Diagnostic Interview

The first session serves as an introduction to the research and provides an overview of the therapeutic approach. The session includes a psychological diagnostic interview with the mother, focusing on the child's emotional and behavioral issues. This sets the groundwork for personalized intervention strategies tailored to each mother-child dyad's specific needs.

Session 2: Assessing and Enhancing Reflective Capacity

The second session assesses the mother's reflective functioning capacity. It explores the child's fundamental psychological needs and evaluates the mother's mental representations of her child. The session aims to reduce excessive control and overprotectiveness by encouraging the mother to adopt a reflective stance. Activities include a

guessing game to practice these skills in a playful and engaging manner.

Session 3: Understanding Roles in Child Behavior

This session encourages the mother to see her role in her child's behaviors and to understand the reasons behind various behaviors. Mothers are supported to continue developing a reflective stance, with activities such as the guessing game reinforcing this approach by engaging mothers in thinking about the underlying causes of behaviors.

Session 4: Accepting and Reflecting on Child's Emotions

The fourth session focuses on accepting the child's emotions without judgment. Mothers learn to mirror the child's feelings, acknowledging and validating even negative and contradictory emotions to reduce the child's anxiety and guilt. The session also educates mothers on inappropriate ways of dealing with children's emotions, such as denial or suppression, and continues to encourage reflective practice.

Session 5: Appropriate Encouragement and Discipline

In this session, mothers are taught effective ways of praise and discipline that align with the child's efforts and successes, and are appropriate to specific behaviors rather than general traits. Critical language and inconsistent patterns such as threats or bribes are discouraged. Mothers practice maintaining a reflective stance throughout these interactions.

Session 6: Fostering Responsibility

The sixth session defines and explores ways to foster responsibility in children, including adaptation, emulation, and competition. It discusses children's rights to express themselves and make choices, further encouraging mothers to engage in reflective practices and guessing games to understand and respect these rights.

Session 7: Expressing Emotions Appropriately in Front of Children

This session teaches mothers ways to appropriately express and label their emotions in front of their children, especially during moments of anger. It encourages the child to adopt a reflective stance as well, with activities designed to foster emotional expression and understanding.

Session 8: Review and Feedback

The final session involves a comprehensive interview with the mother about the effectiveness of the program. It provides an opportunity to discuss the strengths and weaknesses of the intervention, gather feedback, and plan for continued application of the reflective practices learned.

2.4. Data analysis

For data analysis in this research, after collecting data using the questionnaire, SPSS-24 software and descriptive statistical methods such as frequency, mean, standard deviation, and inferential statistics including multivariate and univariate analysis of covariance, and assumptions of linearity, multicollinearity, homogeneity of variances, homogeneity of covariances, homogeneity of regression slopes, and normality of variable distributions were used. The significance level for hypothesis testing was set at 0.05.

3. Findings and Results

Table 1 presents the means and standard deviations of the study variables at the pre-test and post-test stages for both the experimental and control groups.

Table 1

Means and Standard Deviations for Mother-Child Relationship and Parental Reflective Capacity at Pre-test and Post-test Stages

Variable	Group	Stage	Mean	SD
Child Acceptance	Treatment	Pre-test	39.05	3.43
	Treatment	Post-test	45.90	4.40
	Control	Pre-test	39.85	6.03
	Control	Post-test	39.55	5.25
Overprotection	Treatment	Pre-test	31.10	5.45
	Treatment	Post-test	23.20	5.94
	Control	Pre-test	30.10	7.11
	Control	Post-test	29.10	6.20
Excessive Leniency	Treatment	Pre-test	33.05	6.08
	Treatment	Post-test	28.55	4.59
	Control	Pre-test	37.10	5.45
	Control	Post-test	37.05	5.32
Rejection	Treatment	Pre-test	33.00	6.20

Pre-Mentalizing Mode	Treatment	Post-test	24.50	5.90
	Control	Pre-test	31.15	4.83
	Control	Post-test	30.95	5.76
	Treatment	Pre-test	9.00	2.67
Certainty about Mental State	Treatment	Post-test	12.95	2.76
	Control	Pre-test	10.05	2.50
	Control	Post-test	10.30	2.15
	Treatment	Pre-test	17.85	2.89
Interest in Mental State	Treatment	Post-test	21.95	3.05
	Control	Pre-test	19.15	2.64
	Control	Post-test	19.65	2.92
	Treatment	Pre-test	19.65	3.01
Parental Reflective Capacity	Treatment	Post-test	22.50	1.93
	Control	Pre-test	20.25	3.13
	Control	Post-test	19.60	3.08
	Treatment	Pre-test	46.52	5.03
	Treatment	Post-test	57.40	6.05
	Control	Pre-test	49.45	5.49
	Control	Post-test	49.55	6.50

According to the Mauchly's test of sphericity, which was not significant for the variables of parental reflective capacity and mother-child relationship, the assumption of sphericity holds, allowing the use of variances in the analysis of variance model. M-box test results also indicated that the level of significance was greater than 0.05; therefore, the assumption of homogeneity of variance-covariance matrices

has been met. The normality of the data was also checked with the Shapiro-Wilk test, which was above 0.05, indicating that the data are normal. The results of the Levene's test showed that the level of significance obtained was greater than 0.05, hence the condition of homogeneity of variances has also been met. Subsequent multivariate analysis of covariance is shown in [Table 2](#).

Table 2

Multivariate Analysis of Covariance for Examining the Effectiveness of Short-Term Dynamic Mentalization-Based Treatment on Parental Reflective Capacity

Statistic	Value	F	Significance Level	Effect Size
Pillai's Trace	0.56	14.05	<0.001	0.56
Wilks' Lambda	0.44	14.05	<0.001	0.56
Hotelling's Trace	1.28	14.05	<0.001	0.56
Greatest Root	1.28	14.05	<0.001	0.56

As [Table 2](#) indicates, multivariate analysis of covariance tests in the short-term dynamic mentalization-based treatment and control groups shows that these groups differ

significantly on at least one of the dependent variables ($p < 0.001$). [Table 3](#) presents the results of the univariate analysis of covariance for post-test scores on dependent variables.

Table 3

Univariate Analysis of Covariance on Post-test Scores for Parental Reflective Capacity Variables

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level	Eta Squared
Pre-Mentalizing Mode	96.40	1	96.40	26.55	<0.001	0.43
Certainty about Mental State	73.19	1	73.19	18.63	<0.001	0.35
Interest in Mental State	40.85	1	40.85	16.41	<0.001	0.32
Parental Reflective Capacity	613.31	1	613.31	43.23	<0.001	0.55

According to [Table 3](#), the results of the analysis of covariance, adjusted for pre-test effects, showed that there are significant differences between the two groups in the

variable of parental reflective capacity and its components. This means that short-term dynamic mentalization-based treatment has a significant impact on this variable, leading

to improvements in parental reflective capacity and its components. An analysis of covariance was also conducted regarding the effectiveness of the short-term dynamic

mentalization-based treatment on the mother-child relationship.

Table 4

Multivariate Analysis of Covariance for Examining the Effectiveness of Short-Term Dynamic Mentalization-Based Treatment on the Mother-Child Relationship

Statistic	Value	F	Significance Level	Effect Size
Pillai's Trace	0.68	28.33	<0.001	0.68
Wilks' Lambda	0.32	28.33	<0.001	0.68
Hotelling's Trace	3.66	28.33	<0.001	0.68
Greatest Root	3.66	28.33	<0.001	0.68

As observed in Table 4, the statistical tests from the multivariate analysis of covariance in the groups undergoing short-term dynamic mentalization-based treatment and the control group indicate that these groups significantly differ

in at least one of the variables. Table 6 presents the results of the univariate analysis of covariance for post-test scores in the variable of the mother-child relationship research.

Table 5

Univariate Analysis of Covariance on Post-test Scores for the Mother-Child Relationship Variable

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level	Eta Squared
Acceptance	343.48	1	343.48	33.46	<0.001	0.49
Support	374.92	1	374.92	40.25	<0.001	0.54
Leniency	125.33	1	125.33	21.62	<0.001	0.39
Rejection	494.49	1	494.49	47.02	<0.001	0.58

According to Table 5, the results of the analysis of covariance, adjusted for pre-test effects, indicate that there are significant differences between the two groups in the variable of the mother-child relationship. This means that the short-term dynamic mentalization-based treatment has a significant impact on this variable, leading to improvements in the mother-child relationship.

4. Discussion and Conclusion

As shown, short-term dynamic mentalization-based therapy is effective in enhancing a mother's reflective capacity. Additionally, this therapy improves the mother-child relationship. The results from the covariance analysis, adjusted for the pre-test effect, indicated significant differences between the two groups concerning the maternal reflective capacity and its components. This finding aligns with the prior research (Adkins et al., 2018; Álvarez et al., 2022; De Oliveira et al., 2017; Dejko-Wańczyk et al., 2020; Einy et al., 2019; Karimi Farsani & Bahramipour Isfahani, 2023; Luyten et al., 2017; Nakhli et al., 2022; Ordway et al., 2014; Pazzagli et al., 2018; Rutherford et al., 2015;

Schultheis et al., 2019; Slade, 2005; Smaling et al., 2016; Vismara et al., 2021; Zamanpour et al., 2023).

In explaining this finding, it can be stated that mentalization is primarily a semi-conscious psychological activity in which a person must imagine what others think or feel, especially in emotionally charged situations where a conception of self-understanding of experiences is needed. This process is influenced by stressful conditions, anxiety, external environments, and unconscious internal reactions, sometimes making the capacity for mentalization challenging. The goal of therapy is to develop and strengthen the capacity for mentalization through therapeutic relationships and enhance the client's ability to recognize thoughts and feelings experienced (De Oliveira et al., 2017). According to Fonagy and Target's model of development (1996), in a context where secure and interested parents in the minds and mentalities of children are present, it fosters their growth, emotional regulation, and, consequently, the development of a reflective, thoughtful, and capable self for mentalization. High levels of mentalization are associated with resilience to traumatic conditions and the ability to adopt a different perspective as a result of adversities

(Fonagy & Target, 1996). Throughout this program, mothers learn to reflect children's emotions instead of reacting impulsively to them.

Clinicians, through modeling reflective processes, aim to educate parents and help them withstand their own and their children's psychological states; this does not mean converting the unconscious into the conscious but rather transforming an unknowable matter into a knowable one. The slow development of the capacity to see and think about internal experiences leads to a reduction in defensive mechanisms (especially projection, projective identification, denial, and splitting) and the growth of the individual's mental capacity. In this therapeutic approach, the therapist is not simply implementing basic psychoanalytic techniques; instead, they strive to identify defensive mechanisms and resistance in parents, demonstrate their dynamic nature to them, and clarify their impact on the relationship with the child (Slade, 2005). In other words, instead of their emotions being triggered simultaneously with the child's, they respond appropriately to the child's emotions. In fact, parents learn to act as a thermostat rather than a thermometer.

Educating mothers on reflective capacity can be one of the best methods to enhance parental capabilities and foster secure attachments with their children. By adopting a reflective stance, mothers or caregivers become curious about the child's mental state; in such situations, the mother tries to understand the underlying roots of the child's behavior and guess the child's psychological state before reacting to the child's emotions or actions. The most crucial factor that plays a determining role in enhancing the maternal reflective capacity is thinking about one's own mental state and the shared experiences that a mother might have with her child (Pazzagli et al., 2018; Rutherford et al., 2015). Gaining accurate scientific knowledge about child development can enhance parenting skills, while a lack of information can lead to unrealistic expectations of the child and create an unfavorable environment. Extensive research also shows that many parents lack sufficient knowledge about child development. We know that a parent's level of awareness about development can impact their parenting skills; for example, material incentives for younger children and emotional incentives and attention for older children are advisable. Therefore, when a mother's level of knowledge about child development increases, she can be more effective in parenting and enhance her reflective capacity.

Mentalization is a crucial factor in creating secure attachment, significantly impacting a child's self-esteem, social competence, and mental health (Vismara et al., 2021).

A parent with ineffective mentalization might fail to fully recognize the internal world of their child, increasing the likelihood of insensitive parenting and resulting in insecure attachment in the child (Zeegers et al., 2017). In contrast, parents with effective mentalization are less likely to deny their children's thoughts and feelings, which leads to sensitivity to the child and fosters secure attachment (Adkins et al., 2018). The fundamental skills addressed include positive interaction with the child and strengthening child-parent relationships, which involve spending quality and content-rich time with the child, expressing feelings, and communicating with them. In these programs, parents are generally taught to show more stable and positive relationships to their children and reduce inconsistent parenting (Moharreri et al., 2012). These teachings have enduring effects over time on parenting styles and parents' behavioral patterns with their children. Hence, training in positive interaction with children can be expected to impact increasing the reflective capacity of mothers effectively.

Educating mothers, while enhancing their ability to adopt a reflective stance, also helps them understand their pattern of communication with their child. Due to the need for constant care of young children, mothers often become overprotective; their fear of the child getting hurt leads to overly protective behaviors which undermine the child's need for autonomy and damage the child's sense of belonging and connection. A mother's awareness of her overprotective behaviors and their connection to the child's feelings of anger or isolation can reduce such caregiving and subsequently improve the relationship (Nakhli et al., 2022).

Analyzing this process, it is evident that since mothers have confronted their emotions and learned more rational mechanisms to cope with their feelings and experiences during psychodynamic sessions, this has enhanced their psychological functioning (Fredrickson, 2001). Consequently, mothers have developed better and more logical problem-solving methods in dealing with conflicts in their relationship with their children, allowing them to review and resolve conflicts based on logical principles more calmly. At the end of the psychotherapy sessions, mothers experienced pleasant emotions. Mothers' statements regarding their interactions with their children indicated a clearer understanding of their relationships. In this program, after the skills are taught, mothers perform role-plays, providing them an opportunity to practice correct behaviors immediately within the session. Additionally, by providing simple pre-designed assignments, parents are enabled to succeed in parent-child interaction situations.

Overall, it can be said that this creates a positive relationship between mothers and their children and helps parents learn effective management strategies for dealing with various developmental and behavioral issues of their child. The ability to establish positive and effective communications with the child, taught through this program, can also impact parenting style and parental self-efficacy. Parents learn through various techniques during these trainings how to be authoritative while maintaining a positive relationship with their child, sometimes saying no to unreasonable demands of their children or commanding in a way that increases the likelihood of their child's compliance. Factors such as increased awareness and mothers' ability to manage children's behaviors, receiving positive feedback from the increased positive behaviors of children, role-playing, observing exemplary parenting models, practicing these models in small groups, and receiving social support through positive feedback in the group, and ultimately changing mothers' attitudes towards correct parenting methods can increase parental self-efficacy and improve extreme parenting styles (authoritarian and permissive) towards more authoritative parenting. This program, due to its extensive effectiveness, cost-efficiency, and acceptance by families, can be an effective strategy for assisting parents. Such that the reflective capacity and mentalization ability of parents are significant components influencing the psychological development of the child and creating secure attachments. Enhancing the reflective capacity or mentalization ability of parents improves the relationship between the parent or caregiver and the child and directly impacts enhancing this ability in the child.

5. Limitations & Suggestions

Given the cultural differences in the country, it is recommended that similar studies be conducted in different regions and subcultures of the country to explore the impact of cultural differences on the effectiveness of these therapeutic approaches. It is suggested that the utility of this therapeutic method be assessed longitudinally to ensure the accuracy of findings over time. Future research, by expanding the sample and studying both parents while considering other variables related to the effectiveness mechanisms of short-term dynamic mentalization-based therapy and comparing it with other existing parenting programs, can aid in understanding the effectiveness of this method. It is suggested that enhancing the quality of mother-child interactions and increasing mothers' reflective

capacity, which can reduce the quality of mother-child interactions, be prioritized in educational and therapeutic programs for professionals in the mother and child domain.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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