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Comparison of the Effectiveness of Short-Term Psychodynamic Therapy and Mentalization-Based Therapy on Self-Injurious Behaviors, Rejection Sensitivity, and Self-Control in Adolescents with Borderline Personality Organization

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A B S T R A C T

Objective: The aim of the present study was to compare the effectiveness of short-term psychodynamic therapy and mentalization-based therapy on self-injurious behaviors, rejection sensitivity, and self-control in adolescents with borderline personality organization.

Method: The present research was a quasi-experimental study using a pretest–posttest design with a control group. The statistical population consisted of all adolescents with borderline personality organization who referred to clinics in western Tehran during the second half of the year 2025 (September 2025 to March 2026). From this population, 60 participants were selected through non-random purposive sampling and were then randomly assigned to three groups: short-term psychodynamic therapy, mentalization-based therapy, and a control group. Data were collected using the Personality Organization Questionnaire by Kernberg (2002), the Self-Injury Questionnaire by Sansone, Wiederman, and Sansone (1998), the Rejection Sensitivity Questionnaire by Downey and Feldman (1996), and the Self-Control Scale (SCS). Subsequently, therapeutic interventions were implemented for the experimental groups based on the short-term psychodynamic therapy protocol and the mentalization-based therapy protocol developed by Bateman and Fonagy (2016) across nine 90-minute sessions, while the control group was placed on a waiting list. After the completion of treatment, posttests were administered to both groups. Data were analyzed using multivariate analysis of variance (MANOVA) and repeated measures analysis of variance. Bonferroni post hoc tests were used to test the research hypotheses.

Results: The results of the analysis indicated that short-term psychodynamic therapy was not effective in reducing self-injurious behaviors in adolescents with

borderline personality organization, whereas mentalization-based therapy led to a significant reduction in self-injurious behaviors in this population. Furthermore, the findings showed that both treatments had equal effects on rejection sensitivity and self-control in adolescents with borderline personality organization.

Conclusion: Based on the findings, the use of short-term psychodynamic therapy and mentalization-based therapy is recommended for improving self-injurious behaviors, rejection sensitivity, and self-control in adolescents with borderline personality organization.

Keywords: *Short-term psychodynamic therapy; mentalization-based therapy; self-injurious behaviors; rejection sensitivity; self-control; borderline personality.*

1. Introduction

Adolescence represents a critical developmental stage characterized by rapid biological, psychological, and social changes, during which vulnerabilities related to emotional regulation, identity formation, interpersonal functioning, and self-control become particularly salient. Disruptions in these developmental processes can significantly increase the risk of maladaptive outcomes, including self-injurious behaviors, heightened rejection sensitivity, and deficits in self-regulation, especially among adolescents exhibiting borderline personality organization. Borderline personality pathology during adolescence has been associated with persistent emotional instability, impulsivity, interpersonal conflict, and maladaptive coping strategies that often extend into adulthood if left untreated (Dehghan et al., 2025; Levy et al., 2021; Taj Ilyai Far et al., 2024). The early identification and effective treatment of these risk factors is therefore essential for preventing chronic psychological impairment and promoting adaptive psychosocial development.

Self-injurious behavior constitutes one of the most clinically concerning manifestations of borderline personality pathology. Non-suicidal self-injury serves as a maladaptive strategy for regulating overwhelming emotional states, managing interpersonal distress, and alleviating internal psychological tension (Abbass et al., 2020; Moradzadeh Khorasani et al., 2020). Meta-analytic findings have demonstrated that self-harm behaviors are highly prevalent among individuals with borderline features and are strongly associated with emotional dysregulation and impaired interpersonal functioning (Abbass et al., 2020). The persistence of self-injury during adolescence not only predicts greater psychiatric severity but also increases the risk of suicidal behavior, substance misuse, and long-term functional impairment (Berenson et al., 2019; Dehghan et al., 2025). Consequently, reducing self-injurious behavior represents a central objective of contemporary psychotherapeutic interventions for adolescents with borderline personality organization.

Closely related to self-injury is the construct of rejection sensitivity, which refers to the tendency to anxiously expect, readily perceive, and overreact to social rejection. Rejection sensitivity is deeply embedded in the interpersonal dysfunction observed in borderline pathology and plays a pivotal role in the development and maintenance of emotional instability and maladaptive relational patterns (Downey et al., 2020; Levy et al., 2021). Individuals high in rejection sensitivity demonstrate heightened vigilance to social threat cues, impaired attentional control in interpersonal contexts, and increased vulnerability to depressive symptoms and aggressive reactions (Berenson et al., 2019; Downey et al., 2020). Empirical evidence further suggests that adolescents with elevated rejection sensitivity are more likely to engage in self-injurious behaviors as a means of regulating the distress elicited by perceived interpersonal rejection (Ayduk et al., 2020; Galliher & Bentley, 2020). Thus, interventions that effectively target rejection sensitivity may yield substantial therapeutic benefits across emotional, behavioral, and interpersonal domains.

Another foundational component of psychological functioning implicated in borderline pathology is self-control. Self-control encompasses the capacity to regulate impulses, emotions, and behaviors in the service of long-term goals and adaptive functioning. Deficits in self-control have been consistently associated with aggression, risk-taking behavior, academic difficulties, substance use, and emotional dysregulation (Clinton et al., 2020; Cobb-Clark et al., 2022; Lei et al., 2020). In adolescents, inadequate self-control predicts a wide range of negative life outcomes and is strongly linked to psychopathology, including borderline personality features (Hidayah, 2021; Hirtenlehner & Baier, 2019). Importantly, self-control functions as a protective factor that buffers the impact of emotional stressors, interpersonal conflicts, and environmental adversity (Li et

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al., 2020; Liang et al., 2022). Strengthening self-control capacities is therefore a crucial therapeutic target for adolescents struggling with emotional instability and maladaptive behavioral patterns.

From a developmental perspective, adolescence constitutes a sensitive period for modifying these maladaptive trajectories. Neurodevelopmental maturation of executive functions, emotional processing systems, and social cognition occurs extensively during this stage, rendering adolescents particularly responsive to targeted psychotherapeutic interventions (Cobb-Clark et al., 2022; Lazar, 2021). Accordingly, early intervention may not only alleviate current symptomatology but also alter the long-term developmental course of borderline pathology.

Among the psychotherapeutic approaches designed to address these core deficits, Short-Term Psychodynamic Therapy and Mentalization-Based Therapy have gained increasing empirical support. Short-Term Psychodynamic Therapy, particularly in its intensive form, focuses on uncovering unconscious emotional conflicts, dismantling maladaptive defense mechanisms, and facilitating the integration of previously avoided affective experiences (Abbass et al., 2020; Aminifar et al., 2023). This approach emphasizes emotional insight, experiential processing, and the resolution of internal conflicts that underlie maladaptive behaviors. A growing body of research has demonstrated the effectiveness of intensive short-term psychodynamic interventions in reducing self-harm behaviors, improving emotional awareness, and enhancing emotion regulation capacities (Abbass et al., 2020; Aminifar et al., 2023; Moradzadeh Khorasani et al., 2020). Furthermore, dynamic therapy has shown positive outcomes in improving resilience and reducing shame among individuals with personality disorders (Hojjati et al., 2024).

In contrast, Mentalization-Based Therapy is grounded in attachment theory and developmental psychopathology and aims to enhance individuals' capacity to understand their own and others' mental states. Deficits in mentalization are considered central to the pathology of borderline personality disorder, leading to misinterpretation of interpersonal signals, emotional dysregulation, and impulsive behavior (Bateman & Fonagy, 2019; Fong, 2021). By strengthening mentalizing capacities, MBT promotes emotional stability, improved interpersonal functioning, and enhanced self-regulation. Extensive empirical research supports the efficacy of MBT in reducing self-harm, improving affect regulation, decreasing interpersonal conflict, and enhancing long-term psychosocial functioning in individuals with borderline pathology (Bateman & Fonagy, 2019; Bateman et al., 2025; Juul et al., 2025).

Recent advances in the field highlight the importance of epistemic trust, attachment security, and mentalization as interconnected mechanisms underlying therapeutic change in borderline pathology (Knapen et al., 2025; Kurt, 2025; Ünver, 2025). Disruptions in these processes contribute to heightened rejection sensitivity, impaired self-control, and vulnerability to self-injurious behaviors. Mentalization-based interventions directly address these mechanisms, whereas psychodynamic approaches facilitate emotional integration and conflict resolution through experiential processing. Despite their theoretical convergence on emotional regulation and interpersonal functioning, these two approaches differ substantially in their therapeutic techniques and change mechanisms.

Although both interventions have demonstrated effectiveness independently, direct comparative research examining their relative impact on self-injurious behaviors, rejection sensitivity, and self-control in adolescents with borderline personality organization remains limited. Most existing studies focus on adult populations or examine isolated outcome domains rather than integrating multiple core features of borderline pathology (Abbass et al., 2020; Bateman & Fonagy, 2019; Dehghan et al., 2025). Furthermore, the majority of available evidence originates from Western contexts, underscoring the need for culturally diverse research samples to strengthen the generalizability of findings (Hojjati et al., 2024; Taj Ilyai Far et al., 2024).

Given the central role of self-injury, rejection sensitivity, and self-control in the development and maintenance of borderline pathology, a comprehensive evaluation of these outcomes within a single comparative framework is essential. Such research can inform clinical decision-making, optimize treatment planning, and guide the development of integrative intervention models that address both emotional and interpersonal dysfunction in adolescence.

Therefore, the aim of the present study was to compare the effectiveness of short-term psychodynamic therapy and mentalization-based therapy on self-injurious behaviors, rejection sensitivity, and self-control in adolescents with borderline personality organization.

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2. Methods and Materials

2.1. Study Design and Participants

The present study was a quasi-experimental research with a pretest–posttest design and a control group. The statistical population consisted of all adolescents with borderline personality organization who referred to clinics in western Tehran during the second half of 2025 (September 2025 to March 2026). From this population, 60 participants were selected through non-random purposive sampling and were then randomly assigned to three groups: short-term psychodynamic therapy, mentalization-based therapy, and a control group. Data were collected using the Personality Organization Questionnaire developed by Kernberg (2002), the Self-Injury Questionnaire by Sansone, Wiederman, and Sansone (1998), the Rejection Sensitivity Questionnaire by Downey and Feldman (1996), and the Self-Control Scale (SCS). Subsequently, therapeutic interventions were implemented for the experimental groups based on the short-term psychodynamic therapy protocol and the mentalization-based therapy protocol proposed by Bateman and Fonagy (2016) across nine 90-minute sessions, while the control group was placed on a waiting list. After the completion of the treatment period, posttests were administered to both groups. Data were analyzed using multivariate analysis of variance (MANOVA) and repeated-measures analysis of variance. Bonferroni post hoc tests were used to test the research hypotheses.

Accordingly, the inclusion criteria were as follows: (1) provision of informed consent; (2) only individuals who were diagnosed with borderline personality organization based on clinical assessment and psychological diagnosis were eligible to participate, and this diagnosis was established by a clinical psychologist and a psychiatrist; (3) minimum educational level of high school diploma; (4) minimum age of 20 years and maximum age of 50 years; (5) absence of continuous substance or alcohol use; (6) not currently taking psychiatric medications based on self-report; (7) absence of severe comorbid psychiatric disorders based on self-report; (8) absence of specific environmental or social conditions that could interfere with participation in the study (such as severe unemployment, family, or social problems); and (9) ability to communicate effectively and comprehend psychological content. The exclusion criteria included: (1) unwillingness to continue participation, and (2) absence from more than three therapy sessions.

Data collection in the documentary phase was conducted through systematic review of theses, scientific articles, and conference papers obtained from Iranian academic databases and international sources indexed in Google Scholar. The present study was applied in purpose, quantitative in approach, and quasi-experimental in design with a pretest–posttest control group and a two-month follow-up. Forty-five individuals with borderline personality organization were selected through convenience sampling and assigned to three groups. After obtaining ethical approval, the experimental groups received short-term psychodynamic therapy and mentalization-based therapy, while the control group remained on a waiting list. Posttests were administered under identical conditions following treatment completion. A follow-up assessment was conducted 60 days later. All interventions were delivered in person by the researcher at Novin Clinic.

2.2. Measures

Personality Organization Questionnaire:

The Personality Organization Questionnaire was developed and validated by Kernberg (2002). This instrument consists of 37 closed-ended items rated on a five-point Likert scale and assesses three dimensions of personality organization: reality testing, primitive psychological defenses, and identity diffusion. The response options range from “strongly agree” to “strongly disagree.” Total scores between 37 and 74 indicate a low level of the construct, scores between 74 and 148 indicate a moderate level, and scores above 148 indicate a very high level. The questionnaire was validated in Iran by Shaker (2018). In Shaker’s (2018) study, the reliability coefficient obtained from a pilot sample of 30 participants was 0.81. Content validity was confirmed based on expert review by the research supervisor and several academic specialists, who evaluated the relevance, clarity, and appropriateness of the items. In the present study, internal consistency of the questionnaire was confirmed with Cronbach’s alpha of 0.81.

Self-Injury Questionnaire: This instrument is a 22-item self-report questionnaire with dichotomous (yes/no) responses developed by Sansone, Wiederman, and Sansone (1998) to assess history of self-injurious behaviors. Unlike other measures in this domain, this questionnaire is specifically used in the diagnosis of borderline personality disorder. It evaluates behaviors deliberately performed for self-harm, such as substance and alcohol misuse, self-mutilation, intentional physical injury, and deliberate job loss. The instrument was designed for psychiatric populations. Scoring is binary, with “yes” scored as 1 and

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"no" scored as 0. A cut-off score of 5 or higher correctly classified 84% of respondents who met diagnostic criteria for borderline personality disorder based on structured clinical interviews (Sansone et al., 1998). Convergent validity of the instrument has been demonstrated through significant correlations with self-report measures of borderline personality, depression, and childhood trauma (Sansone et al., 1998). In a study by Tahbaz Hosseinzadeh, Ghorbani, and Nabavi (2011), Cronbach's alpha was reported as 0.74. In the present study, the reliability of the questionnaire was 0.77 based on Cronbach's alpha.

Rejection Sensitivity Questionnaire (Downey & Feldman, 1996): This questionnaire measures rejection sensitivity using 18 two-part items (a and b) rated on a six-point Likert scale. Part (a) assesses the degree of anxiety experienced in each interpersonal situation, and part (b) assesses the perceived likelihood of receiving acceptance from the other person. For example, one item asks respondents to imagine requesting a significant favor from a friend and to rate their anxiety (1 = not at all anxious to 6 = very anxious) and the likelihood that the friend would comply (1 = very unlikely to 6 = very likely). Downey and Feldman (1996) calculated rejection sensitivity by subtracting acceptance expectancy scores from rejection expectancy scores and multiplying the result by the anxiety rating for each situation, then averaging across all 18 situations. The developers reported satisfactory internal consistency and test–retest reliability in a sample of 321 girls and 263 boys, with Cronbach's alpha of 0.83. No significant gender differences were observed. Factor analysis using principal components revealed one dominant factor accounting for 27% of the variance. In an Iranian study by Khoshkam et al. (2014), the questionnaire was translated, culturally adapted, and validated. In the present study, Cronbach's alpha was 0.89.

Self-Control Scale (SCS): The Self-Control Scale developed by Tangney, Baumeister, and Boone (2004) measures dispositional self-control and consists of 13 items rated on a five-point Likert scale from 1 (not at all) to 5 (very much). Tangney et al. (2004) reported Cronbach's alpha coefficients of 0.89 for the long 36-item version and 0.83 for the short 13-item version. Convergent validity was supported through correlation with the Wilcox Self-Control Questionnaire (r = 0.49), and divergent validity through correlation with Zuckerman's Sensation Seeking Scale (r = 0.42; Reider et al., 2011). The scale was standardized in Iran by Azadmanesh et al. (2020), who identified two coherent factors and reported internal consistency coefficients ranging from 0.75 to 0.81. In the present study, Cronbach's alpha for the total scale was 0.88.

2.3. Interventions

The short-term psychodynamic therapy intervention was implemented in nine 90-minute sessions based on the Intensive Short-Term Dynamic Psychotherapy (ISTDP) model developed by Davanloo (1995). The protocol began with an introductory session focused on establishing the therapeutic framework, clarifying session rules, and conducting an initial dynamic assessment through an experimental dynamic interview to enhance participants' awareness of therapeutic processes. Subsequent sessions systematically targeted patients' defensive mechanisms, beginning with tactical defenses and progressing toward deeper characterological defenses, including intellectualization, rumination, rationalization, denial, and emotional suppression. Core therapeutic techniques included clarification, pressure, challenge, blocking of defenses, and restructuring of maladaptive emotional and cognitive patterns, with an emphasis on enhancing emotional awareness, present-moment attention, and psychological flexibility. Throughout the intervention, participants were guided to confront rather than avoid defenses, differentiate thoughts from emotions, accept negative emotional experiences without judgment, and develop adaptive emotion regulation skills. The later sessions focused on facilitating emotional disclosure, reducing resistance to affective expression, increasing emotional realism, and consolidating therapeutic gains. The final session was devoted to treatment integration, administration of posttest measures, and termination, with an emphasis on sustaining improvements in emotional regulation, self-awareness, and psychological flexibility through continued practice of therapeutic techniques. The content validity of this protocol was previously supported by Kashefi et al. (2023) and Shams et al. (2021).

The mentalization-based therapy (MBT) intervention was delivered across 20 structured 90-minute group sessions following the protocol proposed by Bateman and Fonagy (2016). Treatment began with orientation to group goals, active participation expectations, introduction of group members, and psychoeducation regarding the concept of mentalization and its relevance to emotional regulation, self-control, self-injury, and rejection sensitivity. Early sessions emphasized identifying deficits in mentalization, difficulties in self-control and impulsivity, and vulnerabilities related to

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self-harm and rejection sensitivity, followed by systematic training in recognizing primary and secondary emotions, understanding interpersonal emotional cues, and strengthening self-regulation capacities. Subsequent sessions addressed self-injurious behaviors through exploration of emotional triggers, emotional experiences during and after self-harm, and the development of alternative coping strategies. Specific attention was devoted to rejection sensitivity, attachment insecurity, and the establishment of safe interpersonal relationships within the therapeutic context. Advanced phases of treatment focused on enhancing epistemic trust, strengthening mentalizing capacities through experiential exercises, resolving interpersonal difficulties through group reflection and therapist-guided clarification, and preparing participants for treatment termination by processing separation-related emotions and consolidating therapeutic progress. The content validity of this protocol was supported by Boroumand et al. (2022) and Moradzadeh et al. (2020).

2.4. Data Analysis

Data from pretest, posttest, and follow-up stages were analyzed using descriptive statistics and inferential tests via SPSS-26, including MANOVA and repeated-measures ANOVA, after verification of statistical assumptions. Bonferroni post hoc tests were applied to examine group differences.

3. Findings and Results

The demographic characteristics of the participants are presented as follows. Each group consisted of 15 adolescents. In the short-term psychodynamic therapy group, 11 participants (73.3%) were female and 4 (26.7%) were male; in the mentalization-based therapy group, 9 participants (60%) were female and 6 (40%) were male; and in the control group, 11 participants (73.3%) were female and 4 (26.7%) were male. The distribution of gender did not differ significantly across groups ($p = 0.661$). Regarding marital status, 10 participants (66.7%) in the psychodynamic group, 9 participants (60%) in the mentalization group, and 11 participants (73.3%) in the control group were single, while 5 (33.3%), 6 (40%), and 4 (26.7%) participants, respectively, were married; no significant difference was observed between the groups ($p = 0.741$). In terms of educational level, in the psychodynamic group 4 participants (26.7%) held a high school diploma, 9 (60%) had an associate's or bachelor's degree, and 2 (13.3%) had a master's degree or doctorate; in the mentalization group 3 participants (20%) had a diploma, 9 (60%) had an associate's or bachelor's degree, and 3 (20%) had a master's degree or doctorate; and in the control group 5 participants (33.3%) had a diploma, 8 (53.3%) had an associate's or bachelor's degree, and 2 (13.3%) had a master's degree or doctorate. No statistically significant differences were found among the three groups in educational level ($p = 0.930$).

Examination of the participants' background characteristics indicated that the three groups were homogeneous in terms of gender, marital status, and educational level ($p > .05$). The significance levels of the chi-square tests for demographic variables were greater than the criterion value of .05, indicating that the three groups were comparable with respect to gender, marital status, and education. The majority of participants in all three groups were female, single, and had an associate's or bachelor's degree.

Table 1

Descriptive Statistics of Self-Injurious Behaviors, Rejection Sensitivity, and Self-Control by Group and Time

Variable	Time	Short-Term Psychodynamic Therapy Mean	SD	Mentalization-Based Therapy Mean	SD	Control Mean	SD
Self-injurious behaviors	Pretest	6.73	3.01	7.00	6.16	6.80	3.76
	Posttest	5.60	2.29	4.33	3.62	6.67	3.85
	Follow-up	5.80	2.24	4.47	3.72	6.53	3.82
Rejection sensitivity	Pretest	85.00	21.16	83.40	23.55	88.47	26.30
	Posttest	78.67	16.81	75.07	20.17	89.80	25.70
	Follow-up	77.27	16.49	75.73	19.84	90.47	25.37
Self-control	Pretest	40.67	8.37	41.20	8.07	43.00	8.38
	Posttest	46.53	6.15	49.47	6.21	42.13	10.11
	Follow-up	46.20	6.80	48.33	6.61	43.47	10.24

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Table 1 indicates that the mean score of self-injurious behaviors in the short-term psychodynamic therapy group decreased from 6.73 at pretest to 5.60 at posttest and 5.80 at follow-up. In the mentalization-based therapy group, the mean decreased from 7.00 at pretest to 4.33 at posttest and remained low at follow-up. In the control group, the mean of self-injurious behaviors did not change substantially. For rejection sensitivity, the mean in the psychodynamic group decreased from 85.00 at pretest to 78.67 at posttest and 77.27 at follow-up, indicating improvement, whereas the control group showed no meaningful change. The mean of self-control in the psychodynamic group increased from 40.67 at pretest to 46.53 at posttest and 46.20 at follow-up.

Table 2

Results of Repeated Measures Analysis of Variance for Self-Injurious Behaviors, Rejection Sensitivity, and Self-Control

Variable	Source	SS	df	MS	F	p	η^2
Self-injurious behaviors	Group	44.28	2	22.14	0.617	.544	.029
	Time	49.08	1.11	44.34	7.27	.008	.148
	Time × Group	30.16	2.21	13.62	4.59	.042	.107
Rejection sensitivity	Group	3351.22	2	1675.61	1.17	.320	.053
	Time	595.57	1.14	520.25	32.53	< .001	.437
	Time × Group	588.25	2.29	256.93	16.07	< .001	.433
Self-control	Group	270.93	2	135.47	0.838	.440	.038
	Time	580.84	1.69	344.46	18.59	< .001	.307
	Time × Group	361.16	3.37	107.09	5.78	< .001	.216

The results in Table 2 show that the main effect of time and the interaction effect of time and group were statistically significant ($p < .05$) for all three dependent variables. These findings indicate that at least one of the interventions produced a statistically significant change in self-injurious behaviors, rejection sensitivity, and self-control over time. Given the significance of the interaction effects, which represent the most critical effects, pairwise comparisons were subsequently conducted.

Table 3

Bonferroni Post Hoc Test for Comparing the Effectiveness of Interventions at Posttest

Variable	Group	Adjusted Posttest Mean	SE	Reference Group	Comparison Group	Mean Difference	p
Self-injurious behaviors	Short-term psychodynamic	5.66	0.587	Short-term psychodynamic	Control	−1.03	.664
	Mentalization-based	4.25	0.587	Mentalization-based	Control	−2.44	.016
	Control	6.69	0.587	Short-term psychodynamic	Mentalization-based	1.41	.290
Rejection sensitivity	Short-term psychodynamic	79.21	1.06	Short-term psychodynamic	Control	−8.10	< .001
	Mentalization-based	77.01	1.06	Mentalization-based	Control	−10.29	< .001
	Control	87.31	1.06	Short-term psychodynamic	Mentalization-based	2.20	< .001
Self-control	Short-term psychodynamic	47.16	1.43	Short-term psychodynamic	Control	5.94	.017
	Mentalization-based	49.75	1.43	Mentalization-based	Control	8.52	< .001
	Control	41.22	1.43	Short-term psychodynamic	Mentalization-based	−2.58	—

The Bonferroni post hoc results in Table 3 for self-injurious behaviors indicated a significant difference between the mentalization-based therapy group and the control group at posttest ($p < .05$), with the mentalization-based group scoring 2.44 points lower than the control group, confirming the effectiveness of mentalization-based

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therapy in reducing self-injurious behaviors. The effect of short-term psychodynamic therapy on self-injurious behaviors was not statistically significant ($p > .05$). For rejection sensitivity, significant differences were observed between both intervention groups and the control group at posttest ($p < .05$), with mean differences of −8.10 for the psychodynamic group and −10.29 for the mentalization group, indicating that both interventions were effective. The comparison between the two intervention groups showed no significant difference in their effectiveness ($p > .05$). For self-control, significant differences were found between each intervention group and the control group ($p < .05$), with mean increases of 5.94 and 8.52, respectively, indicating that both interventions effectively improved self-control. The effectiveness of the two interventions did not differ significantly ($p > .05$).

4. Discussion

The present study sought to compare the effectiveness of short-term psychodynamic therapy (STPDT) and mentalization-based therapy (MBT) on self-injurious behaviors, rejection sensitivity, and self-control in adolescents with borderline personality organization. The findings demonstrated that MBT was significantly more effective than the control condition in reducing self-injurious behaviors, whereas STPDT did not yield a statistically significant reduction in this outcome. In contrast, both interventions were equally effective in reducing rejection sensitivity and improving self-control relative to the control group. These results provide important empirical insights into the differential and shared mechanisms of change associated with psychodynamic and mentalization-based interventions in this vulnerable clinical population.

With respect to self-injurious behaviors, the superiority of MBT over both the control condition and STPDT is theoretically and empirically consistent with the mentalization framework. MBT explicitly targets the core deficits in understanding and regulating internal mental states that characterize borderline pathology (Bateman & Fonagy, 2019; Fong, 2021). Self-injurious behavior is conceptualized within this model as a maladaptive strategy for regulating intense affective states that the individual is unable to mentalize or symbolize (Bateman & Fonagy, 2019; Bateman et al., 2025). By strengthening mentalizing capacity, MBT enables adolescents to identify emotional triggers, interpret interpersonal cues more accurately, and replace impulsive self-harm with adaptive regulatory strategies. The present findings align with longitudinal evidence demonstrating robust reductions in self-harm following MBT, even at extended follow-up intervals (Bateman et al., 2025; Juul et al., 2025). Furthermore, improvements in epistemic trust and attachment security achieved through MBT may reduce the interpersonal hypersensitivity that frequently precipitates self-injurious episodes (Knapen et al., 2025; Kurt, 2025).

In contrast, although STPDT has demonstrated efficacy in reducing self-harm in adult populations (Abbass et al., 2020; Moradzadeh Khorasani et al., 2020), its lack of significant impact on self-injurious behaviors in the present adolescent sample warrants careful consideration. STPDT primarily focuses on uncovering unconscious conflicts and dismantling maladaptive defense mechanisms through intensive affective exploration (Abbass et al., 2020; Aminifar et al., 2023). While this process enhances emotional insight and emotional awareness, adolescents may lack the cognitive and emotional maturity necessary to translate insight into stable behavioral change in the domain of self-harm. Developmental constraints on executive functioning and impulse control during adolescence may attenuate the behavioral impact of insight-oriented interventions when compared to skills-focused, here-and-now approaches such as MBT (Cobb-Clark et al., 2022; Lazar, 2021). Thus, although STPDT may facilitate intrapsychic change, its direct influence on impulsive self-harm behaviors in adolescents may be limited relative to MBT.

Regarding rejection sensitivity, both interventions produced significant reductions compared to the control condition. This finding underscores the centrality of interpersonal processing in borderline pathology and highlights the capacity of both therapeutic approaches to modify maladaptive relational schemas. Rejection sensitivity reflects a chronic expectation of rejection that heightens vigilance to social threat cues and amplifies emotional reactivity (Downey et al., 2020; Levy et al., 2021). Both STPDT and MBT address this construct through different but complementary mechanisms. STPDT facilitates the resolution of internalized relational conflicts and maladaptive attachment representations that sustain hypersensitivity to rejection (Aminifar et al., 2023; Hojjati et al., 2024). MBT, in turn, directly enhances the individual's capacity to mentalize interpersonal situations, enabling more accurate interpretation of others' intentions and reducing misattributions of rejection (Bateman & Fonagy, 2019; Fong, 2021). The present findings are consistent with

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previous studies demonstrating that therapeutic interventions targeting attachment insecurity and emotional processing reduce rejection sensitivity and improve relational functioning (Erozkan, 2019; Galliher & Bentley, 2020).

Similarly, both interventions significantly improved self-control. Self-control represents a foundational capacity for regulating impulses, emotions, and goal-directed behavior and is a strong predictor of adaptive functioning across developmental domains (Cobb-Clark et al., 2022; Lei et al., 2020). The improvement observed in both treatment groups is consistent with evidence that emotional regulation training and enhanced interpersonal awareness promote self-regulatory capacity (Li et al., 2020; Liang et al., 2022). STPDT contributes to self-control by strengthening affect tolerance and reducing reliance on maladaptive defenses that disrupt behavioral regulation (Abbass et al., 2020; Aminifar et al., 2023). MBT, by fostering reflective functioning and epistemic trust, enhances the individual's ability to pause, reflect, and regulate impulses in emotionally charged contexts (Bateman & Fonagy, 2019; Kurt, 2025). These mechanisms likely converge in their capacity to strengthen executive control systems that underlie self-regulation.

The equivalence of STPDT and MBT in reducing rejection sensitivity and enhancing self-control suggests that both therapies engage core transdiagnostic processes underlying borderline pathology. This convergence supports contemporary models emphasizing the central role of emotional regulation, attachment security, and self-regulatory functioning in the treatment of personality pathology (Dehghan et al., 2025; Taj Ilyai Far et al., 2024). Importantly, the sustained effects observed across the follow-up period further indicate that these interventions produce durable changes in psychological functioning.

5. Conclusion

From a broader clinical perspective, the findings highlight the importance of matching therapeutic approaches to specific symptom domains. While MBT appears particularly well-suited for reducing self-injurious behavior in adolescents, STPDT offers substantial benefits in domains related to emotional awareness, interpersonal processing, and self-regulation. Integrating elements of both approaches may therefore yield optimal outcomes for adolescents with borderline personality organization.

6. Limitations & Suggestions

Several limitations of the present study should be acknowledged. The relatively modest sample size restricts the generalizability of the findings and limits statistical power for detecting smaller effect sizes. The reliance on self-report measures may introduce response bias and inflate associations among variables. Additionally, the follow-up period, while sufficient to observe short-term maintenance of treatment effects, does not permit conclusions regarding long-term stability of change. The exclusive focus on adolescents from a single cultural and geographic context further constrains external validity. Finally, the absence of blinded assessment may have introduced expectancy effects.

Future investigations should employ larger, more diverse samples and incorporate multi-site designs to enhance generalizability. Longitudinal studies with extended follow-up intervals are needed to examine the durability of treatment effects across developmental transitions. Incorporating multi-method assessment strategies, including clinician ratings, behavioral measures, and neurocognitive indices, would provide a more comprehensive understanding of therapeutic change mechanisms. Comparative studies examining integrative or hybrid models that combine psychodynamic and mentalization-based components may further refine treatment optimization for adolescents with borderline personality organization.

Clinicians working with adolescents presenting borderline features should consider prioritizing mentalization-based approaches when self-injurious behavior is a primary clinical concern, while also recognizing the value of psychodynamic interventions for enhancing emotional insight and self-regulatory capacity. Treatment planning should emphasize flexibility and responsiveness to developmental needs, incorporating skills training, affective exploration, and interpersonal processing. Establishing strong therapeutic alliances and addressing attachment-related vulnerabilities remain essential components of effective intervention.

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Declaration of Interest

The authors of this article declared no conflict of interest.

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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 to this article.

References

Abbass, A., Lilliengren, P., Town, J. M., & Johansson, R. (2020). Intensive short-term dynamic psychotherapy for self-harm behaviors: A meta-analysis. *Psychotherapy*, *57*(1), 67-79.

Aminifar, S., Bahrami Hidaji, M., Kraskian Mujembari, A., Mansoobifar, M., & Peyvandi, P. (2023). The effectiveness of short-term intensive psychodynamic therapy on emotional self-awareness, empathy and self-compassion in psychotherapy trainees [Research]. *Journal of Adolescent and Youth Psychological Studies*, *4*(5), 133-149. https://doi.org/10.61186/jayps.4.5.133

Ayduk, O., Mendoza-Denton, R., Mischel, W., Downey, G., Peake, P. K., & Rodriguez, M. (2020). Regulating the interpersonal self: strategic self-regulation for coping with rejection sensitivity. *Journal of personality and social psychology*, *79*(5), 776. https://doi.org/10.1037/0022-3514.79.5.776

Bateman, A., & Fonagy, P. (2019). *Mentalization-based treatment for borderline personality disorder: A practical guide*. Oxford University Press. https://doi.org/10.1016/B978-0-12-813373-6.00009-X

Bateman, A. W., Fonagy, P., & Campbell, C. (2025). Enhancing mentalizing in borderline personality: Advances and challenges. *Current opinion in psychology*, *50*, 101649. https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.70120

Berenson, K. R., Gyurak, A., Ayduk, O., Downey, G., Garner, M. J., Mogg, K., & Pine, D. S. (2019). Rejection sensitivity and disruption of attention by social threat cues. *Journal of research in personality*, *43*, 1064-1072. https://doi.org/10.1016/j.jrp.2009.07.007

Clinton, M. E., Conway, N., Sturges, J., & Hewett, R. (2020). Self-control during daily work activities and work-to-nonwork conflict. *Journal of Vocational Behavior*, *118*, 103-141. https://doi.org/10.1016/j.jvb.2020.103410

Cobb-Clark, D. A., Dahmann, S. C., Kamhöfer, D. A., & Schildberg-Hörisch, H. (2022). The predictive power of self-control for life outcomes. *Journal of Economic Behavior & Organization*, *197*, 725-744. https://doi.org/10.1016/j.jebo.2022.02.028

Dehghan, M., Mirzaei, M., Rezaei, M., Didehjahan, N., & Pourmohammad Ghouchani, K. (2025). Effectiveness of Cognitive-Analytic Therapy on Improving Personality Organization, Worry, and Experiential Avoidance in Adolescents with Borderline Personality Disorder. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, *6*(11), 1-9. https://doi.org/10.61838/kman.jayps.4517

Downey, G., Feldman, S., & Ayduk, O. (2020). Rejection sensitivity and male violence in romantic relationships. *Personal Relationships*, *7*, 45-61. https://doi.org/10.1111/j.1475-6811.2000.tb00003.x

Erozkan, A. (2019). Rejection sensitivity levels with respect to attachment styles, gender, and parenting styles: A study with Turkish students. *Social Behavior and Personality*, *37*, 1-14. https://doi.org/10.2224/sbp.2009.37.1.1

Fong, P. (2021). Mentalization-based treatment for borderline personality disorder: A theoretical review. *Journal of the American Psychoanalytic Association*, *49*(1), 125-146. https://pmc.ncbi.nlm.nih.gov/articles/PMC2816926/

Galliher, R. V., & Bentley, C. G. (2020). Links between rejection sensitivity and adolescent romantic relationship functioning: The mediating role of problem-solving behaviors. *Journal of Aggression, Maltreatment & Trauma*, *19*, 603-623. https://doi.org/10.1080/10926771.2010.502066

Hidayah, R. (2021). Students' Self-Adjustment, Self-Control, and Morality. *Journal of Social Studies Education Research*, *12*(1), 174-193. https://www.learntechlib.org/p/219413/?nl=1

Hirtenlehner, H., & Baier, D. (2019). Self-control and offending in late adulthood: Investigating self-control's interaction with opportunities and criminal associations in advanced age. *Journal of Criminal Justice*, *60*, 117-129. https://doi.org/10.1016/j.jcrimjus.2018.09.002

Hojjati, M., Kalantari, S., Hasan Monfared, M., Ghorbani, Z., Bidian Sola, R., & PourMohammad Ghouchani, K. (2024). The effectiveness of dynamic therapy on psychological resilience and shame in individuals with schizoid personality disorder. *Journal of Experimental and Cognitive Psychology*, *1*(2), 187-198. https://doi.org/10.61838/qecp.1393

Juul, S., Jakobsen, J. C., Hestbæk, E., Kamp, C. B., Olsen, M. H., Rishede, M., Frandsen, F. W., Bo, S., Poulsen, S., Sørensen, P. S., Bateman, A., & Simonsen, S. (2025). Short-Term Versus Long-Term Mentalization-Based Therapy for Borderline Personality Disorder: 24 Months Follow-Up of a Randomized Clinical Trial. *Psychotherapy and psychosomatics*, *94*(4), 263-272. https://doi.org/10.1159/000544934

Knapen, S., Mensink, W., Hoogendoorn, A. W., Swildens, W., Duits, P., Hutsebaut, J., & Beekman, A. T. (2025). Associations Between Childhood Trauma and Epistemic Trust, Attachment, Mentalizing, and Symptoms of Borderline Personality Disorder. *Psychopathology*, *58*(3), 187-198. https://doi.org/10.1159/000542919

Kurt, Y. (2025). Attachment and Borderline Personality Features: The Mediating Roles of Hypomentalizing and Epistemic Mistrust. *Clinical Psychology & Psychotherapy*, *32*(6). https://doi.org/10.1002/cpp.70185

Lazar, F. L. (2021). The efforts to develop self-control skills to become an effective person. *Jurnal Pendidikan Dan Kebudayaan Missio*, *13*(2), 179-190. https://doi.org/10.36928/jpkm.v13i2.812

Lei, H., Chiu, M. M., Quan, J., & Zhou, W. (2020). Effect of self-control on aggression among students in China: A meta-analysis. *Children and Youth Services Review*, *116*, 105107. https://doi.org/10.1016/j.childyouth.2020.105107

JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

Levy, S. R., Ayduk, O., Downey, G., & Leary, M. R. (2021). *The role of rejection sensitivity in people's relationships with significant others and valued social groups Interpersonal rejection*. Oxford University Press. https://psycnet.apa.org/record/2001-06667-010

Li, J. B., Yang, A., Dou, K., & Cheung, R. Y. (2020). Self-control moderates the association between perceived severity of coronavirus disease 2019 (COVID-19) and mental health problems among the Chinese public. *International journal of environmental research and public health*, *17*(13), 4820. https://doi.org/10.3390/ijerph17134820

Liang, S., Dong, M., Zhao, H., Song, Y., & Yang, A. (2022). Mindfulness and life satisfaction: The moderating effect of self-control and the moderated moderating effect of resilience. *Personality and individual differences*, *185*, 111241. https://doi.org/10.1016/j.paid.2021.111241

Moradzadeh Khorasani, A., Mirzaeian, B., & Hassanzadeh, R. (2020). The effectiveness of Davanloo's intensive short-term dynamic psychotherapy on emotion regulation difficulties and self-harm behaviors in individuals without suicidal intent. *Nursing research*, *15*(6), 86-104. https://sid.ir/paper/953621/fa

Taj Ilyai Far, S. G., Alipanah, S., Majidpour, Z., Ghanbarnejad, M., Aghaei, N., & PourMohammad Ghouchani, K. (2024). The effectiveness of schema therapy on frustration tolerance and internalized shame in individuals with borderline personality disorder. *Journal of Experimental and Cognitive Psychology*, *1*(4), 103-116. https://doi.org/10.61838/qecp.111

Ünver, B. (2025). Differential Associations Between Mentalizing Dimensions and Psychopathy Subtypes: The Moderating Role of Borderline Personality Traits. *Frontiers in psychology*, *16*. https://doi.org/10.3389/fpsyg.2025.1685417

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