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Comparison of the Effectiveness of Short-Term Psychodynamic Therapy and Mentalization-Based Therapy on Rejection Sensitivity in Individuals with Borderline Personality Structure

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ABSTRACT

This study aimed to compare the effectiveness of short-term psychodynamic therapy (STPT) and mentalization-based therapy (MBT) in reducing rejection sensitivity among individuals with borderline personality structure. The research utilized an applied, semi-experimental design with a pre-test, post-test, control group, and a two-month follow-up. The study population comprised individuals diagnosed with borderline personality structure who attended psychotherapy clinics in western Tehran during the second half of 2024. A total of 45 participants meeting the inclusion criteria were selected through purposive sampling and randomly assigned into three groups of fifteen after matching for age and gender. The two experimental groups received nine 90-minute sessions of STPT or MBT, while the control group received no intervention during the study period. The Rejection Sensitivity Questionnaire (Downey & Feldman, 1996) was administered at three stages—pre-test, post-test, and follow-up. Data were analyzed using multivariate analysis of variance (MANOVA), repeated-measures ANOVA, and Bonferroni post hoc tests. The results showed a significant main effect of time and a significant time × group interaction on rejection sensitivity ($p < 0.001$), confirming that both STPT and MBT led to meaningful reductions in rejection sensitivity over time. Post hoc comparisons indicated that both intervention groups had significantly lower post-test and follow-up scores compared to the control group ($p < 0.001$), while no significant difference was found between the two treatment groups ($p > 0.05$). These therapeutic effects remained stable during the follow-up period, indicating sustained improvement. The comparable efficacy of the two approaches suggests that both emotional processing through psychodynamic mechanisms and reflective functioning through mentalization play crucial roles in decreasing interpersonal vulnerability and emotional reactivity to perceived rejection.

Keywords: *Borderline personality structure; short-term psychodynamic therapy; mentalization-based therapy; rejection sensitivity*

1. Introduction

Borderline Personality Disorder (BPD) is a complex and pervasive psychological condition characterized by instability in affect regulation, impulse control, interpersonal relationships, and self-image. Individuals with borderline personality structure often experience intense fears of abandonment and heightened sensitivity to rejection, which can manifest in emotional dysregulation, self-destructive behaviors, and unstable attachments (Sharp et al., 2024). Rejection sensitivity, as a cognitive-affective processing disposition, represents a tendency to anxiously expect, readily perceive, and overreact to perceived rejection cues, often leading to maladaptive emotional and behavioral responses (Ramadas et al., 2024). This construct plays a central role in BPD pathology, where emotional and interpersonal instability are maintained through hypervigilance toward potential rejection and misinterpretation of social cues (Sahi & Eisenberger, 2021).

Psychodynamic and mentalization-based approaches have long been considered foundational for the treatment of borderline psychopathology, emphasizing the importance of emotional awareness, defense analysis, and reflective functioning. Short-term psychodynamic therapy (STPT), particularly in its intensive form developed by Davanloo, aims to uncover and resolve unconscious conflicts through focused exploration of affective experiences and defensive operations within a limited time frame (Andrews, 2011). The method's emphasis on confronting defensive patterns and facilitating the direct experience of suppressed emotions helps patients develop insight and internal coherence, thus reducing impulsive reactions to perceived rejection. Empirical studies have supported the utility of STPT in improving emotion regulation and reducing self-harm behaviors in patients with borderline personality features (Niknejad et al., 2023). Similarly, Yousefi and Hosseini demonstrated that short-term psychodynamic therapy effectively decreases self-destructive tendencies and enhances emotional stability in individuals with a history of self-injury (M. Yousefi & S. Hosseini, 2022; M. Yousefi & Sh Hosseini, 2022).

Mentalization-Based Therapy (MBT), developed by Bateman and Fonagy, represents another prominent psychotherapeutic model for borderline personality disorder, grounded in attachment theory and social-cognitive neuroscience (Bateman & Fonagy, 2024). Mentalization refers to the capacity to understand one's own and others' behavior in terms of intentional mental states such as thoughts, desires, and emotions (Bateman et al., 2025). Individuals with borderline traits often display unstable or distorted mentalizing processes, particularly under emotional stress, leading to misinterpretation of interpersonal events and heightened rejection sensitivity (Ryu & Lee, 2024). The process of re-establishing epistemic trust and reflective functioning fosters resilience against emotional dysregulation and impulsivity (Nolte et al., 2023).

A growing body of evidence has confirmed that deficits in mentalization mediate the relationship between attachment insecurity, emotion dysregulation, and borderline pathology (Shirazi et al., 2022). Kim and Lee found that rejection sensitivity acts as a mediating mechanism linking attachment insecurities and emotional dysregulation, suggesting that interventions targeting mentalization could effectively modulate these processes (Kim & Lee, 2023). Similarly, Ramadas et al. highlighted that mentalization and emotion regulation jointly buffer the effects of trauma on rejection sensitivity, reinforcing the importance of enhancing reflective capacity as a therapeutic goal (Ramadas et al., 2024). From a neurocognitive perspective, the mentalizing network, comprising the medial prefrontal cortex, temporoparietal junction, and posterior cingulate cortex, is closely involved in processing social rejection and evaluating interpersonal feedback (Sahi & Eisenberger, 2021). Dysregulation in this network contributes to the exaggerated rejection sensitivity typical of borderline pathology, emphasizing the need for interventions that recalibrate social-cognitive functioning.

Recent research has also emphasized the integration of emotion-focused psychodynamic and mentalization-based principles for effective treatment outcomes in BPD. Shams et al. demonstrated that both intensive short-term psychodynamic psychotherapy and MBT significantly reduced emotional dysregulation, maladaptive defense mechanisms, and insecure attachment styles among women with betrayal trauma (Shams et al., 2022). Their findings suggest that while both interventions operate through distinct theoretical mechanisms—STPT emphasizing affect exposure and MBT emphasizing reflective function—they converge in facilitating emotional integration and self-regulatory control. Azizi and colleagues further confirmed the efficacy of MBT in reducing emotional dysregulation and self-harm tendencies among young adults with borderline personality features, highlighting its role in improving mentalizing abilities and emotional coherence (Azizi et al., 2023).

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The conceptual link between rejection sensitivity and mentalization has received increasing empirical attention. Debbané et al. proposed that mentalizing serves as a protective factor linking alexithymia and borderline traits, indicating that improved mentalization may buffer the maladaptive effects of emotional unawareness on interpersonal functioning (Debbané et al., 2024). Uzar and colleagues observed that adolescents with BPD exhibit underdeveloped mentalization capacities, which exacerbate social rejection experiences and interpersonal conflicts (Uzar et al., 2023). Enhancing mentalization not only mitigates emotional instability but also improves tolerance to rejection and frustration, both of which are core difficulties in BPD. Similarly, Smits et al. reported that MBT effectively reduced trauma-related symptoms and improved treatment outcomes among borderline patients, suggesting that mentalization may serve as a transdiagnostic mechanism promoting emotional integration (Smits et al., 2022).

From a developmental and neuropsychological perspective, early relational trauma and attachment disruptions undermine the maturation of mentalization and emotion regulation capacities, setting the stage for chronic interpersonal dysfunction (Sabour et al., 2023). Insecure attachment patterns and invalidating environments contribute to the development of defensive mechanisms and cognitive distortions that heighten rejection sensitivity (Johnstone et al., 2022). Mentalization-based and psychodynamic models both conceptualize these maladaptive processes as consequences of disrupted early caregiving relationships. While psychodynamic therapy seeks to bring unconscious relational templates into awareness and restructure them through the therapeutic relationship, MBT focuses on restoring reflective function within attachment contexts (Bateman & Fonagy, 2024). Both approaches therefore aim to enhance self-regulation and interpersonal understanding through emotionally corrective experiences in therapy.

The contemporary literature suggests that the improvement of emotion regulation and mentalization may represent a shared therapeutic mechanism underlying both STPT and MBT. The psychodynamic model's emphasis on confronting emotional defenses parallels the mentalization model's goal of restoring reflective awareness when affective arousal threatens cognitive control (Andrews, 2011). Bateman and Fonagy's updated MBT framework underscores the importance of fostering epistemic trust and collaborative exploration in therapy, helping patients reinterpret interpersonal cues and tolerate affective uncertainty (Bateman et al., 2025). Similarly, psychodynamic interventions focused on affect exposure have been found to facilitate integrative self-reflection and reduce defensive avoidance, leading to improved emotional resilience (Niknejad et al., 2023).

The cultural adaptation of these therapeutic approaches in Iranian clinical settings has shown promising results. Yousefi and Hosseini's studies demonstrated that short-term psychodynamic therapy, when tailored to the sociocultural context of Iranian patients with borderline features, effectively enhanced emotional stability and reduced impulsivity (M. Yousefi & S. Hosseini, 2022). Likewise, Shams et al. adapted both MBT and psychodynamic protocols for Iranian samples, confirming their cross-cultural validity and therapeutic utility in treating emotional dysregulation and attachment-related difficulties (Shams et al., 2022). Such findings highlight the universal relevance of underlying mechanisms—mentalization, affect tolerance, and self-regulation—while emphasizing the need for contextually sensitive application of these models.

In light of these theoretical and empirical developments, comparative research on short-term psychodynamic therapy and mentalization-based therapy offers an opportunity to delineate their relative contributions to emotional and behavioral outcomes in borderline populations. Despite the robust evidence supporting both interventions individually, direct comparative studies remain limited, particularly concerning their differential effects on rejection sensitivity (Ramadas et al., 2024; Ryu & Lee, 2024). By simultaneously addressing affective exposure and reflective processing, both STPT and MBT may complement each other in reducing the exaggerated reactivity to perceived rejection and enhancing cognitive-emotional integration.

Therefore, the present study aims to compare the effectiveness of short-term psychodynamic therapy and mentalization-based therapy on rejection sensitivity among individuals with borderline personality structure.

2. Methods and Materials

2.1. Study Design and Participants

This study was applied in nature and employed a semi-experimental design with pre-test, post-test, and control groups, including a two-month follow-up phase. The study population consisted of all individuals with a borderline personality structure who visited private psychotherapy clinics located in the western districts of Tehran during the second half of 2024 (from October to March).

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Participants were recruited based on a set of inclusion criteria, which ensured diagnostic accuracy and suitability for participation. Only individuals who provided informed consent and were clinically diagnosed with borderline personality structure by a psychologist and psychiatrist were included. Additional inclusion criteria required participants to possess at least a high school diploma, be aged between 20 and 50 years, refrain from chronic use of drugs or alcohol, not be under psychiatric medication at the time of the study (according to self-report), and not present severe comorbid psychological disorders or significant social or environmental disruptions that could interfere with participation (such as unemployment or major family crises). Participants also had to have no prior exposure to psychodynamic or mentalization-based therapy and demonstrate the ability to communicate and comprehend psychological materials.

Exclusion criteria included lack of willingness to continue participation and absence from more than three treatment sessions. Initially, the Borderline Personality Organization Questionnaire was administered to approximately 150 individuals attending Mehr and Binish-e-No clinics. Those scoring above 74 were considered to meet the borderline threshold and were invited to participate. Using Cohen's (1981) sample size table, a minimum of ten participants per group was calculated. Given the presence of three groups—two experimental and one control—and considering potential dropouts, 45 individuals were ultimately selected through purposive sampling and randomly assigned into three groups of fifteen after matching for demographic characteristics such as age and gender.

All participants were fully briefed about the study objectives, procedures, and ethical considerations prior to the commencement of the intervention. Two experimental groups received short-term psychodynamic therapy and mentalization-based therapy respectively, while the control group remained on a waiting list and did not receive any therapeutic intervention during the study period. After the treatment phase, participants completed post-test assessments, and two months later, a follow-up assessment was conducted to evaluate the persistence of therapeutic effects.

2.2. Measures

The primary tool for measuring rejection sensitivity was the Rejection Sensitivity Questionnaire (RSQ) developed by Downey and Feldman (1996). This instrument consists of 18 double-part items (A and B) rated on a six-point Likert scale. Part A assesses the level of anxiety an individual feels in potentially rejecting situations, while part B measures the expected likelihood of acceptance from others. For instance, a question may ask: "You ask a close friend for a big favor." Part A assesses the participant's worry about whether the friend will agree, while Part B measures the perceived probability of the friend accepting. Rejection sensitivity scores are computed by subtracting the expectation of acceptance score from the anxiety of rejection score for each item, multiplying by the degree of anxiety, and averaging across all 18 scenarios. Downey and Feldman (1996) reported a Cronbach's alpha reliability coefficient of 0.83, with consistent internal reliability and test-retest stability across genders. Factor analysis confirmed a single dominant factor explaining 27% of the variance, with all items loading above 0.30 on the main component. In Iran, the questionnaire was translated and culturally adapted by Khoshkam et al. (2014). Revisions were made by experts in English literature and counseling to ensure linguistic fluency and cultural appropriateness. For example, culturally specific terms such as "boyfriend" and "girlfriend" were replaced with "significant other." The final Persian version received expert validation from five faculty members specializing in counseling psychology. The correlation of each item with the total score was significant, confirming the retention of all original items. The reliability coefficient in the present study was calculated using Cronbach's alpha, confirming acceptable internal consistency.

2.3. Intervention

The short-term psychodynamic therapy protocol in this study was based on Davanloo's Intensive Short-Term Dynamic Psychotherapy (ISTDP, 1995) and was implemented in nine 90-minute sessions. The content validity of this protocol was confirmed in prior studies by Kashefi et al. (2023) and Shams et al. (2021). The therapeutic process began with an introductory session aimed at establishing rapport, clarifying therapeutic goals, setting group rules, and conducting an initial assessment through exploratory psychodynamic interviewing. The second session focused on working with tactical defenses through the identification of avoidance mechanisms and direct confrontation with them to increase mindfulness and emotional awareness. In the third session, the therapist guided participants to identify both positive and negative

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personality traits by analyzing language patterns, indirect speech, and defensive verbalizations, helping clients accept emotions and thoughts without judgment. The fourth session emphasized teaching conflict resolution strategies by addressing rumination and rationalization defenses using clarification, challenge, and blocking techniques to enhance psychological flexibility and break maladaptive interactional cycles. The fifth session addressed intellectualization and overgeneralization, encouraging cognitive restructuring through the clarification and challenge of rigid thought patterns to reduce emotional resistance. In the sixth session, participants were trained in emotion regulation skills by identifying avoidance tactics, increasing self-awareness, and developing realistic self-evaluation through emotional expression exercises. The seventh session dealt with resistance to emotional disclosure by identifying denial mechanisms and promoting emotional acceptance and adaptive expression. The eighth session aimed to deepen emotional experience by differentiating between cognitive and emotional processes, challenging negative perspectives toward emotions, and fostering emotional openness. The final session involved summarizing therapeutic progress, re-administering questionnaires, and consolidating learned techniques to enhance emotional resilience and flexibility. Overall, the protocol sought to promote awareness of unconscious defenses, facilitate direct emotional experience, and build enduring psychological adaptability in individuals with borderline personality structure.

The mentalization-based therapy (MBT) intervention followed the structured protocol of Bateman and Fonagy (2016) and was carried out in nine 90-minute sessions. The content validity of this protocol was supported by Bromand et al. (2022) and Moradzadeh et al. (2020). The first session focused on introducing group members, clarifying therapy goals, emphasizing active participation, explaining the nature and benefits of mentalizing, and distinguishing it from misinterpretation or projection. The second session explored weak and strong mentalization markers, problems with self- and other-mentalizing, impulsivity, and self-harming behaviors, while providing opportunities for clarification and reflection. The third session concentrated on the recognition and differentiation of primary and secondary emotions, emotion regulation, and understanding how others contribute to one's emotional regulation, accompanied by relaxation techniques and homework assignments. The fourth session highlighted self-control as a central component of adaptive functioning by discussing volition, self-regulation strategies, and techniques for managing impulses. The fifth session focused on the relationship between self-harming behaviors and deficits in mentalizing, emphasizing the identification of emotions that precede and follow such behaviors to foster emotional insight. In the sixth session, participants learned about rejection sensitivity, its impact on interpersonal relationships, and the importance of developing secure attachments with the therapist and peers, supported by psychoeducational materials and exercises. The seventh session involved direct training and practice of mentalization, helping participants develop epistemic trust and reflective functioning through empathic inquiry and guided discussion of interpersonal difficulties. The eighth session continued with in-depth exploration of relational dynamics, clarifying transference patterns, and collaboratively addressing group members' difficulties through mentalizing dialogue and empathic challenge. The final session prepared participants for the termination of therapy, focusing on processing feelings of loss, consolidating gains, and reinforcing the use of mentalizing strategies beyond therapy. Collectively, the MBT protocol aimed to strengthen participants' ability to understand mental states in themselves and others, reduce emotional impulsivity and rejection sensitivity, and improve interpersonal stability and self-regulation in individuals with borderline personality structure.

2.4. Data Analysis

Quantitative data were analyzed using SPSS software. Analyses were conducted at both descriptive and inferential levels. Descriptive statistics, including frequency distributions, percentages, means, and standard deviations, were used to summarize demographic characteristics and to describe the study variables by group.

At the inferential level, the assumptions of normality, homogeneity of variance, and sphericity were verified prior to hypothesis testing. Multivariate Analysis of Variance (MANOVA) and Repeated Measures Analysis of Variance were performed to evaluate within-group and between-group differences across pre-test, post-test, and follow-up phases. Bonferroni post-hoc tests were employed to determine specific group differences. The statistical significance threshold was set at $p < 0.05$ for all analyses.

3. Findings and Results

The demographic characteristics of participants across the three groups—short-term psychodynamic therapy,

mentalization-based therapy, and control—were statistically similar, indicating successful group matching. Each group consisted of 15 participants (n = 45 in total). In the psychodynamic therapy group, 73.3% were female (n = 11) and 26.7% male (n = 4); in the mentalization-based therapy group, 60% were female (n = 9) and 40% male (n = 6); and in the control group, 73.3% were female (n = 11) and 26.7% male (n = 4), with no significant difference across groups (p = 0.661). Regarding marital status, 66.7% of participants in the psychodynamic group, 60% in the mentalization group, and 73.3% in the control group were single, while 33.3%, 40%, and 26.7%, respectively, were married (p = 0.741). Educational attainment was also comparable across groups (p = 0.930), with most participants holding associate or bachelor's degrees (60% in both experimental groups and 53.3% in the control group). Finally, the mean age of participants was 31.53 years (SD = 7.11) in the psychodynamic group, 35.53 years (SD = 5.36) in the mentalization group, and 34.47 years (SD = 7.45) in the control group, showing no significant age difference among groups (p = 0.250). Overall, the homogeneity of demographic variables confirmed that observed effects in the study were not attributable to differences in gender, marital status, education, or age.

Table 1

Descriptive Statistics of Rejection Sensitivity by Group and Time

Variable	Time	Short-Term Psychodynamic Therapy		Mentalization-Based Therapy		Control	
		Mean	SD	Mean	SD	Mean	SD
Rejection Sensitivity	Pre-test	85.00	21.16	83.40	23.55	88.47	26.30
	Post-test	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

The descriptive statistics presented in Table 1 show the mean and standard deviation of rejection sensitivity scores across the three groups—short-term psychodynamic therapy, mentalization-based therapy, and control—measured at pre-test, post-test, and follow-up stages. At baseline, all groups demonstrated relatively high and comparable levels of rejection sensitivity, with mean scores ranging from 83.40 to 88.47. Following the intervention, both treatment groups exhibited a noticeable reduction in rejection sensitivity, with the psychodynamic therapy group declining from a mean of 85.00 to 78.67 and the mentalization-based therapy group from 83.40 to 75.07. In contrast, the control group showed no meaningful change, maintaining high sensitivity levels (from 88.47 to 89.80). These improvements were largely maintained at the two-month follow-up, where the psychodynamic and mentalization groups reported mean scores of 77.27 and 75.73, respectively, while the control group remained elevated at 90.47. The pattern of results suggests that both therapeutic interventions were effective in reducing rejection sensitivity among individuals with borderline personality structure, and that these effects persisted over time.

Table 2

Results of Repeated Measures ANOVA for the Effectiveness of Interventions on Rejection Sensitivity

Variable	Source of Effect	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Rejection Sensitivity	Group	3351.22	2	1675.61	1.17	0.320	0.053
	Time	595.57	1.14	520.25	32.53	<0.001	0.437
	Time × Group	588.25	2.29	256.93	16.07	<0.001	0.433

As shown in Table 2, the results of repeated measures ANOVA for rejection sensitivity indicated a significant main effect of time ($p < 0.001$, $\eta^2 = 0.437$) and a significant time × group interaction effect ($p < 0.001$, $\eta^2 = 0.433$). However, the between-subjects main effect of group was not statistically significant (p = 0.320), suggesting that although the overall levels of rejection sensitivity did not differ significantly among the groups at baseline, the pattern of change over time differed between the experimental and control groups. These findings confirm that the interventions had a statistically significant effect on reducing rejection sensitivity across the measurement phases, and that the observed reduction was influenced by the type of intervention received.

Table 3

Bonferroni Post Hoc Test for Comparing the Effectiveness of Interventions on Rejection Sensitivity at Post-Test

Variable	Group	Adjusted Post-Test Mean	Standard Error	Reference Group	Comparison Group	Mean Difference	p
Rejection Sensitivity	Short-Term Psychodynamic Therapy	79.21	1.06	Psychodynamic Therapy	Control	-8.10	<0.001
	Mentalization-Based Therapy	77.01	1.06	Mentalization-Based Therapy	Control	-10.29	<0.001
	Control	87.31	1.06	Psychodynamic Therapy	Mentalization-Based Therapy	2.20	0.452

According to the Bonferroni post hoc test (Table 3), there were significant differences between the intervention groups and the control group in adjusted post-test scores for rejection sensitivity ($p < 0.001$). Participants in the short-term psychodynamic therapy group showed an average of 8.10 points lower rejection sensitivity than those in the control group, while participants in the mentalization-based therapy group demonstrated a reduction of 10.29 points compared to the control group. However, the difference between the two therapeutic interventions themselves was not statistically significant ($p = 0.452$), indicating that both short-term psychodynamic therapy and mentalization-based therapy were equally effective in reducing rejection sensitivity relative to the control condition.

Table 4

Bonferroni Pairwise Comparisons of Mean Scores for Rejection Sensitivity Across Time by Group

Variable	Group	Reference Time	Comparison Time	Mean Difference	p
Rejection Sensitivity	Short-Term Psychodynamic Therapy	Pre-test	Post-test	6.33	<0.001
		Pre-test	Follow-up	7.73	<0.001
		Post-test	Follow-up	1.40	0.031
	Mentalization-Based Therapy	Pre-test	Post-test	8.33	<0.001
		Pre-test	Follow-up	7.67	<0.001
		Post-test	Follow-up	-0.67	0.007
	Control	Pre-test	Post-test	-1.33	0.002
		Pre-test	Follow-up	-2.00	<0.001
		Post-test	Follow-up	-0.67	0.076

The Bonferroni pairwise comparison results (Table 4) revealed that in both intervention groups, rejection sensitivity significantly decreased from pre-test to post-test and from pre-test to follow-up ($p < 0.001$), demonstrating the effectiveness of both treatments in reducing rejection sensitivity over time. Moreover, in the psychodynamic therapy group, the decrease from post-test to follow-up remained statistically significant ($p = 0.031$), while in the mentalization-based group, a small but significant change was observed between these two time points ($p = 0.007$), reflecting continued improvement or stabilization of therapeutic effects. In contrast, the control group exhibited a slight but significant increase in rejection sensitivity from pre-test to both post-test and follow-up ($p < 0.01$), indicating no spontaneous improvement without intervention. Overall, these findings confirm the sustained and significant impact of both short-term psychodynamic therapy and mentalization-based therapy in reducing rejection sensitivity among individuals with borderline personality structure, with effects persisting two months after treatment completion.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of short-term psychodynamic therapy (STPT) and mentalization-based therapy (MBT) on rejection sensitivity among individuals with borderline personality structure. The findings revealed that both interventions significantly reduced rejection sensitivity over time, with improvements maintained at the two-month follow-up. Although the two therapies differed in theoretical orientation and intervention mechanisms, their comparative effectiveness was statistically similar, suggesting that both methods fostered meaningful reductions in emotional reactivity to perceived rejection and enhanced self-regulatory capacities. The

results also indicated a significant interaction between group and time, confirming that the observed improvements were specifically attributable to the psychotherapeutic interventions rather than to the passage of time or spontaneous recovery.

These results align closely with previous empirical evidence demonstrating the efficacy of short-term psychodynamic therapy in addressing emotional dysregulation and maladaptive interpersonal patterns in individuals with borderline features. Niknejad et al. found that STPT reduced self-harming behaviors and improved emotional regulation among adolescents with borderline personality traits (Niknejad et al., 2023). Similarly, Yousefi and Hosseini reported that psychodynamic interventions significantly decreased impulsive behavior and improved affective stability among borderline patients with a history of self-injury (M. Yousefi & S. Hosseini, 2022; M. Yousefi & Sh Hosseini, 2022). These findings reinforce the present study's results by highlighting that the psychodynamic emphasis on confronting defensive mechanisms and processing unconscious emotions leads to a reduction in the intensity of emotional responses to perceived rejection.

The observed reduction in rejection sensitivity after MBT is also consistent with prior research establishing the central role of mentalization in mitigating borderline psychopathology. Bateman and Fonagy emphasized that the restoration of mentalizing capacity helps individuals reinterpret social cues accurately, reducing misperceptions of rejection and abandonment (Bateman & Fonagy, 2024). Further, Bateman et al. described how MBT fosters epistemic trust—confidence in the reliability of interpersonal communication—allowing patients to engage more flexibly with others and respond to relational challenges with greater emotional balance (Bateman et al., 2025). The findings of the current study are in line with these theoretical propositions, indicating that strengthening reflective functioning reduces hypersensitivity to interpersonal cues and helps maintain emotional stability in social contexts.

The comparable efficacy of the two interventions suggests that although they operate through different therapeutic processes, both converge on improving emotion regulation and reducing interpersonal hyperreactivity. Psychodynamic therapy achieves this by facilitating insight into unconscious conflicts and defensive operations, while MBT focuses on enhancing metacognitive awareness and reflective function. As Shams et al. demonstrated, both therapies are effective in reducing emotional dysregulation, insecure attachment, and maladaptive defense mechanisms among individuals experiencing relational trauma (Shams et al., 2022). Similarly, Azizi et al. found that MBT improved emotion regulation and reduced self-harming tendencies among young adults with borderline features, consistent with the present findings (Azizi et al., 2023). Together, these results suggest that both approaches provide corrective emotional experiences and promote self-reflective capacities, thereby addressing core vulnerabilities in borderline pathology such as rejection sensitivity.

The findings further support theoretical models linking deficits in mentalization and emotion regulation to heightened rejection sensitivity. Ramadas et al. reported that emotion regulation and mentalization jointly buffer the impact of traumatic experiences on rejection sensitivity, emphasizing the interdependence between reflective functioning and affect regulation (Ramadas et al., 2024). Similarly, Ryu and Lee found that mentalization mediates the relationship between covert narcissism and relationship addiction through rejection sensitivity, indicating that the ability to mentalize moderates the emotional reactivity associated with perceived interpersonal threats (Ryu & Lee, 2024). In line with these results, the present study demonstrated that both STPT and MBT reduced emotional overreactivity to rejection by improving the ability to process and regulate affective experiences consciously. This suggests that interventions promoting emotional awareness and cognitive restructuring can counteract the maladaptive cycles that maintain interpersonal instability in borderline individuals.

Moreover, the results resonate with neurocognitive findings showing that deficits in the brain's mentalizing network—particularly the medial prefrontal cortex and temporoparietal junction—underlie maladaptive responses to social rejection (Sahi & Eisenberger, 2021). By enhancing mentalization, MBT and related interventions may normalize activation in these neural systems, improving the interpretation of social information and reducing interpersonal misperception. Smits et al. also found that MBT contributed to improved emotional integration and trauma processing in individuals with borderline personality disorder, reinforcing its capacity to address both affective and cognitive dimensions of the disorder (Smits et al., 2022).

The persistence of therapeutic gains at the follow-up assessment provides further evidence for the stability of treatment effects. The sustained reduction in rejection sensitivity indicate that both interventions foster durable internal changes rather than short-term symptom

suppression. Debbané et al. suggested that mentalizing acts as a protective mechanism linking alexithymia and borderline pathology, supporting the idea that enhanced reflective function can maintain emotional stability over time (Debbané et al., 2024). Likewise, Andrews noted that affect-focused psychodynamic therapy facilitates emotional restructuring by enabling patients to experience and integrate previously repressed affective states, producing long-term improvements in self-regulation (Andrews, 2011). This longitudinal stability observed in the current study thus supports the conceptualization of both MBT and STPT as transformative rather than merely compensatory interventions.

From a developmental perspective, the findings underscore the significance of early relational trauma and attachment insecurity in shaping rejection sensitivity and emotion regulation difficulties. Sabour et al. found that childhood trauma contributes to borderline personality features through the mediating role of emotion dysregulation and mentalization deficits (Sabour et al., 2023). Similarly, Shirazi et al. identified mentalization as a key mechanism mediating the relationship between insecure attachment and borderline symptoms (Shirazi et al., 2022). The improvements observed in the present study may therefore reflect a reparative process through which participants, in the context of supportive and reflective therapeutic relationships, reconstructed more secure internal working models of self and others. Both psychodynamic and mentalization-based frameworks view the therapeutic relationship as an attachment experience that restores trust and fosters emotional integration (Nolte et al., 2023). The comparable effectiveness of both approaches suggests that achieving a secure therapeutic bond and fostering reflective awareness are critical mechanisms of change regardless of theoretical orientation.

The findings also converge with developmental research showing that adolescence and early adulthood are critical periods for the formation of stable mentalization and emotion regulation capacities. Uzar et al. emphasized that adolescents with borderline features exhibit underdeveloped mentalizing abilities, leading to heightened social rejection experiences and unstable relationships (Uzar et al., 2023). Sharp and colleagues similarly argued that strengthening mentalizing in adolescence may prevent the consolidation of borderline traits and improve emotional and interpersonal functioning (Sharp et al., 2024). Therefore, the results of the current study provide further support for early psychotherapeutic intervention targeting reflective function and affect regulation to prevent the escalation of borderline symptomatology.

Theoretical integration of the present findings indicates that both STPT and MBT promote adaptive self-organization through different yet complementary mechanisms. STPT facilitates confrontation with defensive patterns and emotional exposure, while MBT cultivates reflective distance and cognitive modulation of affective states. Johnstone et al. suggested that while dialectical behavior therapy and MBT both reduce self-harm and impulsivity in adolescents with borderline traits, MBT may exert broader effects on social cognition and interpersonal functioning (Johnstone et al., 2022). Similarly, the present results imply that while psychodynamic therapy primarily enhances intrapsychic awareness, mentalization-based therapy strengthens social understanding and relational stability. The simultaneous improvement in rejection sensitivity in this study reflects the synergistic impact of emotional and cognitive restructuring on overall psychological resilience.

Finally, these findings have important implications for culturally adapted clinical practice. Iranian research, such as that by Shams et al. and Yousefi and Hosseini, has demonstrated the cross-cultural applicability of both MBT and psychodynamic therapy when adapted to local sociocultural and linguistic contexts (Shams et al., 2022; M. Yousefi & S. Hosseini, 2022). The present results extend this evidence by demonstrating that the mechanisms underlying these therapies—enhancement of reflective capacity, affect tolerance, and interpersonal understanding—are universally relevant and effective in non-Western populations as well.

Despite the promising results, this study faced several limitations that should be acknowledged. First, the relatively small sample size limits the generalizability of findings to broader populations with borderline personality traits. Larger and more diverse samples would enhance statistical power and external validity. Second, self-report questionnaires were used to assess rejection sensitivity, which may be subject to response biases or limitations in introspective accuracy. The inclusion of clinician-rated measures or behavioral assessments could provide more objective evaluation of therapeutic outcomes. Third, the follow-up period of two months may not fully capture the long-term sustainability of treatment effects; future studies should include longer-term assessments to examine the persistence of changes over six months or more. Additionally, the study did not control for potential moderating variables such as attachment style, trauma

history, or medication status, which may influence responsiveness to psychotherapy. Finally, the study was conducted within a specific cultural and clinical context, which may affect the generalizability of results to other populations or healthcare settings.

Future research should employ longitudinal designs to examine the long-term maintenance of therapeutic gains and the underlying mechanisms driving sustained change in emotion regulation and rejection sensitivity. Comparative studies incorporating neurobiological and physiological measures could illuminate how STPT and MBT differentially affect brain networks related to affect regulation and mentalizing. Researchers should also consider exploring hybrid interventions that integrate the affective focus of psychodynamic therapy with the reflective strategies of MBT to maximize treatment outcomes. Additionally, investigating the moderating effects of individual differences, such as attachment patterns, trauma exposure, and temperament, may help identify which patients benefit most from each therapeutic approach. Multi-site randomized controlled trials with larger sample sizes and culturally diverse participants would further strengthen the evidence base for these interventions.

Clinically, the results underscore the importance of incorporating both affect-focused and reflective approaches in the treatment of individuals with borderline personality structure. Therapists may consider combining elements of STPT and MBT to address both the emotional intensity and cognitive distortions characteristic of this population. Training programs should emphasize developing clinicians' competence in managing transference dynamics and fostering mentalization within the therapeutic relationship. Additionally, given the persistence of treatment gains observed in this study, implementing structured follow-up and relapse-prevention sessions can help maintain therapeutic progress. Integrating these approaches into community mental health services could provide accessible and effective interventions for individuals struggling with rejection sensitivity, ultimately improving emotional well-being and interpersonal functioning.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report 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.

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