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Effectiveness of Mentalization-Based Treatment on Relationship quality with parents and High in Rejection Sensitivity in Self-Harming Students

Monireh Esmaeelbeigi[1], Khadijeh Shiralinia[2]*, Zabihollah Abbaspour[2]

1. PhD student in counseling, Department of Counseling, Shahid Chamran University of Ahvaz, Ahvaz, Iran.
2. Associate Professor, Department of Counseling, Shahid Chamran University of Ahvaz, Ahvaz, Iran.

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Abstract

Abstract

Relationship quality with parents and high in rejection sensitivity are factors that can lead to emotional and behavioral disorders, such as self-harm, in adolescents. Mentalization-Based Treatment (MBT) is a therapeutic approach that aims to target the mechanisms underlying self-harm by enhancing an individual's ability to better understand their own and others' mental states and emotions. The present study aimed to evaluate the effect of MBT on the quality of parent-child relationships and high sensitivity to rejection in self-harming students. This research was conducted within the framework of a single-case experimental design, including baseline assessment and a follow-up period. The statistical population of the study consisted of self-harming female students who sought treatment at psychological counseling centers of the Ministry of Education in Tehran during the 2024-2025 academic year. The instruments used included the Interpersonal Quality of Relationships Scale (QRI) and the Rejection Sensitivity Scale (RSQ). Three self-harming students participated in the study, receiving 12 sessions of 60-minute MBT. The findings, based on the Permanent Change Index, the percentage of improvement formula, and visual analysis methods, showed that MBT led to an improvement in the quality of parent-child relationships and a reduction in high rejection sensitivity in self-harming students (Between 20 to 30 percent improvement). This result, with a reliability index of z = 1.96, remained clinically significant even after a two-month follow-up. Therefore, it can be concluded that MBT can play a significant role in improving the relationship with parents and reducing rejection sensitivity in self-harming students by creating a safe and supportive environment.

***Corresponding author**
Email: k.shiralinia@scu.ac.ir

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Introduction

Non-suicidal self-injury is a serious and widespread mental health problem that usually begins and peaks in adolescence. This behavior involves the intentional destruction of body tissues and poisoning using methods that are not socially or culturally approved, but without the intention of suicide (Hajek Gross et al., 2024). Studies show that one important factor in the emergence of self-injurious behaviors among adolescents is the quality of the relationship with parents (Chen et al., 2023). The quality of the relationship with parents is a central factor in the family system and plays an important role in children's development. Dysfunctional family patterns such as parental neglect, controlling attachment without affection, and insecure attachment are important risk factors for suicide, while parental care and a sense of security have been identified as protective factors of suicide (Alvarez-Subiela et al., 2022).

Studies also show that another factor in the emergence of self-injurious behaviors in adolescents is high rejection sensitivity (Nock et al., 2010). Research has shown that non-suicidal self-injury is often a maladaptive self-regulation strategy in adolescents' coping with experiences of parental rejection (Quirk et al., 2015), sibling rejection (O'Reilly et al., 2021), and peer rejection or bullying (Esposito et al., 2019). One promising evidence-based approach to treating self-injurious behaviors is mentalization-based therapy, a structured psychotherapy that has been recommended for the treatment of borderline personality disorder (Bateman & Fonagy, 2016). Mentalization is the ability to understand one's and others' mental states regarding desires, intentions, thoughts, feelings, and behaviors (Fonagy & Luyten, 2009). Given the limited literature on mentalization-based treatment in self-injurious adolescents, it is essential to consider underlying factors such as family support, parental conflicts, and experiences of being abandoned, ignored, or rejected by significant others in the initiation of self-injurious behaviors. The present study aims to investigate whether mentalization-based treatment can be effective in treating poor parental relationships and high rejection sensitivity in adolescents compared to baseline.

Method

The present study is a single-case, asynchronous multiple-baseline design to investigate the effectiveness of mentalization-based therapy. The statistical population of this study included all female students with self-harming behaviors referred to Al-Zahra Psychological Treatment Center, affiliated with the Education Department of District 12 of Tehran in 2024. The sample consisted of three students with at least one type of self-harming behavior, selected using purposive sampling method in compliance with the inclusion criteria (i.e., being at least 12 and at most 16 years old, having signs of self-harm on body parts in the last two months, consent to participate in the treatment and the research study, not suffering from psychotic disorders or severe mental disorders, no history of receiving therapeutic and pharmacological interventions in the last year or at the time of the research, no history of drug abuse) and exclusion criteria (i.e., unwillingness to participate in the research study, absence of more than two sessions, and no other diagnoses by a psychiatrist). The mentalization-based treatment protocol (Bateman & Fonagy, 2016; Bateman, 2020; Bateman, 2022) was developed over 12 sessions, held weekly, each lasting 60 minutes. The Quality of Interpersonal Relationships Questionnaire (QIRQ) (Pierce et al., 1991) and the Rejection Sensitivity Questionnaire (RSQ) (Downey & Feldman, 1996) were used to collect data. Then, to examine the research hypothesis, the Reliable Change Index, the improvement percentage formula, and visual analysis methods were used.

Findings

Table 1 shows the scores of parents' relationship with self-harming students who volunteered to participate in mentalization-based treatment, in the three stages of baseline, treatment, and follow-up.

Table 1. *The trend of change in the stages of mentalization-based treatment of three adolescents with self-harming behaviors on the Quality of Interpersonal Relationships Questionnaire*

Stages	The first adolescent	The second adolescent	The third adolescent
Baseline			
The first baseline	29	25	39
The second baseline	28	27	38
The third baseline	-	26	37
The fourth baseline	-	-	38
The mean baseline	28.5	26	38
Treatment			
Session one	22	20	30
Session four	20	18	28
Session seven	23	17	31
Session ten	21	16	27
Session twelve	18	17	25
Mean treatment stage	20.80	17.06	28.20
Persistent change index (treatment)	3.50	2.63	3.91
Percentage of improvement after treatment	27.01	34.38	25.78
Follow-up			
First follow-up	17	15	20
Second follow-up	15	13	22
Third follow-up	-	15	18
Mean follow-up period	16	14.33	20
Persistent change index (follow-up)	2.44	2.28	3.52
Percent improvement after follow-up	43.85	44.88	47.36

Table 1 indicates an improvement in the quality of the relationship with the parents of self-harming adolescents during the intervention and follow-up stages compared to the baseline stage. The mean conflict scores with parents of the three participants at baseline were 28.50, 26, and 38, respectively, which decreased to 20.80, 17.06, and 20.28, respectively, after the interventions. Finally, after the third follow-up treatment, the mean scores of the three participants for the conflict with parents were recorded as 16, 14.33, and 20, respectively, which still shows a significant decrease compared to the baseline stage and generally indicates the success of the mentalization-based treatment in the interpersonal conflict of self-harming adolescents.

Table 2. *The process of changing the stages of the mentalization-based treatment of three adolescents with self-harming behaviors on the Rejection Sensitivity Questionnaire*

Stages	The first adolescent	The second adolescent	The third adolescent
Baseline			
The first baseline	38.16	20.94	24.88
The second baseline	23.15	19.50	24.08
The third baseline	-	19.11	24.88
The fourth baseline	-	-	22.50
The mean baseline	80.15	19.85	24.08
Treatment			
Session one	10.23	17.11	19.21
Session four	10.53	16.50	17.22
Session seven	10.22	14.11	17.88
Session ten	10.22	11.22	17.66
Session twelve	8.72	10.72	15.18
Mean treatment stage	9.98	13.93	17.43
Persistent change index (treatment)	2.50	2.55	2.86
Percentage of improvement after treatment	36.83	29.82	27.61
Follow-up			
First follow-up	8.66	9.66	14.50
Second follow-up	6.38	9.38	12.38
Third follow-up	-	9.38	11.72
Mean follow-up period	7.52	9.47	12.86
Persistent change index (follow-up)	3.56	4.47	4.83
Percent improvement after follow-up	52.40	52.29	49.59

Table 2 indicates a decrease in high sensitivity to rejection in self-harming adolescents during the intervention and follow-up phases compared to the baseline phase. The mean scores of rejection sensitivity for the three participants at the baseline phases were 15.80, 19.85, and 24.08, respectively, which decreased to 9.98, 13.93, and 17.43 after the interventions, respectively. Finally, after the third follow-up, the mean scores of the three participants in terms of rejection sensitivity were recorded as 7.52, 9.47, and 12.86, respectively, indicating the success of the mentalization-based treatment in reducing high sensitivity to rejection in self-harming adolescents.

Conclusion

The study showed that mentalization-based therapy had a significant effect on improving the quality of relationships between parents and adolescents with self-harming behavior. These findings are consistent with those of previous studies (Bales et al., 2012; Bo et al., 2017; Karimi et al., 2019). In explaining this finding, it can be stated that mentalization is a multidimensional construct (Fonagy & Luyten, 2009). When these dimensions work together in optimal combination, they enable the individual to represent causal mental states, distinguish internal from external reality, infer the mental states of others from subtle behavioral and contextual cues, and ultimately construct adaptive behaviors (Clarke et al., 2020). The results also showed that mentalization-based therapy had a significant effect on reducing high sensitivity to rejection in adolescents with self-harming behaviors. These findings are consistent with previous research (Ramadas et al., 2024; Moradi et al., 2024; Maleki, 2025). In explanation, it can be said that what distinguishes mentalization-based therapy from other treatments is the emphasis on promoting mentalization as the primary goal of the intervention. This approach includes special attention to arousal levels, a focus on identifying moments when the client's capacity for mentalization is lost, empathy, validation, exploration, and mentalization of the therapeutic relationship itself (Bateman & Fonagy, 2016). Regarding the limitations of single-subject research, we can point out the small number of participants, which reduces the generalizability of the results. It is suggested that more participants be included in experimental designs to improve the accuracy and the validity of this therapeutic approach. In addition, to compare the effectiveness of mentalization-based therapy between male and female students, it is recommended that interested researchers control for gender in further studies.

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Conflict of interest

This paper is one part of a dissertation at Shahid Chamran University of Ahvaz. According to the corresponding author, there was no financial support for the research and no conflict of interest.

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