

The Effectiveness of Short-Term Psychodynamic Psychotherapy on Improving Object Relations Problems and Borderline Personality Disorder Symptoms: The Mediating Role of Mentalization Capacity

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ABSTRACT

The objective of this study was to examine the effectiveness of short-term psychodynamic psychotherapy on object relations problems and borderline personality disorder symptoms and to investigate the mediating role of mentalization capacity in this therapeutic process. This quasi-experimental study employed a pretest–posttest design with follow-up and included an experimental group receiving short-term psychodynamic psychotherapy and a control group placed on a waiting list. Sixty adults diagnosed with borderline personality disorder were recruited from outpatient clinics in Tehran and randomly assigned to the two groups. The experimental group received twelve weekly individual psychotherapy sessions, while the control group received no intervention during the study period. Assessments were conducted at baseline, post-intervention, and six-week follow-up using standardized measures of borderline symptom severity, object relations functioning, and mentalization capacity. Data were analyzed using mixed-design analysis of variance and regression-based mediation analysis with bootstrapping. Mixed-design ANOVA revealed significant Time × Group interaction effects for borderline personality disorder symptoms ($F = 48.62, p < .001, \eta^2 = .46$), object relations problems ($F = 52.19, p < .001, \eta^2 = .49$), and mentalization capacity ($F = 45.73, p < .001, \eta^2 = .44$), indicating substantial improvements in the experimental group that were maintained at follow-up. Mediation analysis demonstrated that increases in mentalization capacity significantly mediated the effects of psychotherapy on reductions in borderline symptoms and object relations difficulties, with significant indirect effects based on bootstrapped confidence intervals. Short-term psychodynamic psychotherapy produces robust and sustained improvements in borderline symptomatology and object relations functioning, and these therapeutic effects are partially explained by enhancements in mentalization capacity, highlighting mentalization as a core mechanism of change.

Keywords: Short-term psychodynamic psychotherapy; borderline personality disorder; object relations; mentalization; reflective functioning; psychotherapy outcomes

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Introduction

Borderline Personality Disorder (BPD) is recognized as one of the most complex and debilitating personality disorders, characterized by pervasive instability in affect regulation, identity, interpersonal relationships, and impulse control, with substantial personal and societal burden (1). Individuals with BPD frequently present with intense emotional dysregulation, chronic feelings of emptiness, identity diffusion, recurrent self-harm, suicidal behaviors, and profound disturbances in object relations that impair social, occupational, and intimate functioning (1, 2). Contemporary models conceptualize BPD as a disorder rooted in disruptions of early attachment experiences, maladaptive internal object representations, failures in reflective functioning, and impaired capacity for mentalization, which collectively compromise the individual's ability to understand both self and others in terms of mental states (2-4).

Object relations theory provides a foundational framework for understanding the relational pathology in BPD, emphasizing how early caregiving experiences become internalized as dysfunctional relational schemas that shape affective responses, identity development, and interpersonal behavior throughout the lifespan (5, 6). Disturbances in object relations manifest in polarized representations of self and others, oscillations between idealization and devaluation, fear of abandonment, intense dependency needs, and chronic interpersonal instability, all of which are hallmark features of BPD (1, 2). Empirical findings consistently demonstrate strong associations between early relational trauma, attachment insecurity, and later borderline pathology, with childhood maltreatment exerting enduring effects on interpersonal functioning and emotional regulation (2, 4, 7-9).

In recent years, mentalization theory has emerged as a unifying conceptual model linking attachment, object relations, affect regulation, and personality pathology. Mentalization refers to the capacity to understand oneself and others in terms of intentional mental states such as feelings, desires, beliefs, and motivations, and constitutes a central mechanism underlying emotional and interpersonal functioning (10-12). Failures in mentalization are increasingly recognized as core features of BPD, contributing to emotional dysregulation, impulsivity, identity diffusion, interpersonal conflicts, and self-destructive behaviors (13-15). Individuals with BPD often fluctuate between hypomentalizing and hypermentalizing, resulting in rigid, distorted, or excessively speculative interpretations of mental states that destabilize relationships and intensify emotional suffering (16, 17).

Extensive empirical research confirms that impairments in mentalization mediate the effects of childhood adversity on borderline features and related psychopathology (4, 7, 8). Studies have demonstrated that reduced reflective functioning partially explains the association between early emotional abuse and later depressive symptoms, anxiety, and borderline traits (18, 19). Moreover, deficits in mentalization are strongly associated with interpersonal dysfunction, emotion dysregulation, impulsivity, and identity disturbance in BPD populations (13, 14, 20). These findings underscore the central role of mentalization as both a vulnerability factor and a therapeutic target in the treatment of BPD.

Psychodynamic psychotherapy, particularly in short-term formats, has demonstrated growing empirical support for the treatment of personality disorders and complex relational pathology (21, 22). Contemporary psychodynamic approaches emphasize the modification of maladaptive object relations, enhancement of affect regulation, restructuring of internal working models, and strengthening of reflective functioning through the therapeutic relationship (5, 6). Short-term psychodynamic psychotherapy (STPP) offers a

focused, time-limited intervention that systematically addresses core interpersonal conflicts and unconscious processes while maintaining clinical efficiency and accessibility (21, 22).

Parallel to psychodynamic traditions, mentalization-based therapy (MBT) has emerged as one of the most evidence-based treatments for BPD, with robust findings supporting its effectiveness in reducing symptom severity, improving interpersonal functioning, and enhancing reflective capacity (22, 23). Randomized controlled trials comparing short-term and long-term MBT demonstrate significant and sustained improvements across emotional, interpersonal, and identity domains, with mentalization functioning as a primary mechanism of change (22, 24). Notably, improvements in mentalizing consistently mediate reductions in depressive symptoms, borderline pathology, and interpersonal distress across diverse clinical populations (25-27).

The therapeutic significance of mentalization is further reinforced by findings across diagnostic groups. Longitudinal studies indicate that increases in reflective functioning during psychotherapy predict better treatment outcomes in depression, anxiety disorders, eating disorders, and personality pathology (26, 28, 29). In-session reflective functioning has been shown to play an emotion-regulatory role in psychodynamic treatment for BPD, with higher mentalization associated with greater symptom reduction and interpersonal improvement (14, 29). These data suggest that strengthening mentalization capacity represents a transdiagnostic therapeutic mechanism through which psychotherapeutic change occurs.

Despite the strong evidence supporting MBT, there remains limited empirical investigation of how traditional short-term psychodynamic psychotherapy influences mentalization capacity and how such changes mediate improvements in object relations and borderline symptoms. Recent work demonstrates that psychodynamic interventions can significantly enhance mentalization, with therapist technique and countertransference management playing critical roles in facilitating reflective growth (30). However, the mediating role of mentalization within short-term psychodynamic frameworks, particularly in non-Western clinical contexts, remains underexplored.

Cultural context is particularly relevant in the manifestation and treatment of personality pathology. Studies indicate that sociocultural factors shape attachment patterns, epistemic trust, and mentalizing development, thereby influencing vulnerability to borderline features (31, 32). Research from Middle Eastern populations highlights the interaction between personality organization, childhood trauma, reflective functioning, and self-harming behaviors in individuals with BPD, underscoring the need for culturally informed clinical research (33). In Iranian samples, reflective functioning has been identified as a key mediator linking childhood adversity and borderline symptomatology, supporting the relevance of mentalization-based constructs in this sociocultural context (33).

Furthermore, emerging evidence emphasizes the interplay between mentalization, epistemic trust, attachment security, and interpersonal functioning in BPD (4, 32). Disruptions in epistemic trust and attachment are closely associated with mentalizing impairments, which in turn exacerbate borderline symptom severity and relational dysfunction (4, 16). These findings support integrative models that position mentalization as a central mediator linking early relational trauma, object relations pathology, and adult personality dysfunction.

In light of these theoretical and empirical developments, the present study seeks to extend the existing literature by examining the effectiveness of short-term psychodynamic psychotherapy in improving object

relations problems and borderline personality disorder symptoms, while explicitly testing the mediating role of mentalization capacity within an Iranian clinical sample. By integrating psychodynamic theory with contemporary mentalization research, the study aims to clarify the psychological mechanisms underlying therapeutic change and contribute to the development of more targeted, mechanism-informed interventions for individuals suffering from borderline pathology.

The aim of this study was to investigate the effectiveness of short-term psychodynamic psychotherapy in improving object relations problems and borderline personality disorder symptoms and to examine the mediating role of mentalization capacity in this therapeutic process.

Methods and Materials

Study Design and Participants

The present study employed a quasi-experimental design with pretest–posttest and follow-up measurements, including an experimental group receiving short-term psychodynamic psychotherapy and a control group placed on a waiting list. The target population consisted of young and middle-aged adults diagnosed with borderline personality disorder residing in Tehran. Participants were recruited from outpatient psychological clinics and counseling centers across different districts of Tehran through clinician referral and public announcements. Following initial screening, individuals who met the DSM-5 diagnostic criteria for borderline personality disorder based on structured clinical interviews conducted by licensed clinical psychologists were invited to participate. Inclusion criteria included age between 20 and 45 years, minimum secondary education, stable psychotropic medication regimen if applicable for at least six weeks prior to the study, and absence of comorbid psychotic disorders, bipolar I disorder, substance dependence, or severe neurological conditions. Participants with acute suicide risk requiring immediate intensive intervention were excluded for ethical and safety considerations. After obtaining informed consent, eligible participants were randomly assigned to the experimental and control groups. Both groups were assessed at baseline, immediately after the intervention, and at a six-week follow-up stage. Throughout the study, ethical approval was obtained from the institutional review board, and all participants were assured of confidentiality, voluntary participation, and the right to withdraw at any time without consequences.

Data Collection

The severity of borderline personality disorder symptoms was assessed using the Borderline Personality Disorder Severity Index (BPDSI), originally developed by Arntz, van den Hoorn, Cornelis, Verheul, van den Bosch, and de Bie in 2003 as a semi-structured clinical interview designed to measure the frequency and intensity of core borderline features over the previous three months. The instrument consists of 70 items organized into nine subscales corresponding to DSM diagnostic domains, including affective instability, identity disturbance, impulsivity, interpersonal dysfunction, abandonment fears, anger, self-harm behaviors, dissociation, and paranoia. Each item is rated on a 10-point scale reflecting symptom frequency or severity, with higher scores indicating greater pathology. Total scores are obtained by summing all item ratings, providing a comprehensive index of borderline symptom burden. Numerous international studies have demonstrated excellent reliability, strong internal consistency, and robust convergent and discriminant validity for the BPDSI, confirming its suitability for both clinical assessment and outcome research.

Object relations problems were measured using the Bell Object Relations and Reality Testing Inventory (BORRTI), developed by Bell in 1991 to assess fundamental aspects of object relations and ego functioning. The BORRTI consists of 90 true–false items distributed across four object relations subscales—Alienation, Insecure Attachment, Egocentricity, and Social Incompetence—and three reality testing subscales. The present study employed the object relations subscales, which capture maladaptive relational schemas, interpersonal mistrust, dependency conflicts, and deficits in social functioning. Scores are calculated by summing endorsed items within each subscale, with higher scores reflecting greater impairment in object relations. Extensive psychometric research has established strong internal consistency, test–retest reliability, and construct validity for the BORRTI across clinical and non-clinical populations, supporting its use in personality disorder research.

Mentalization capacity was assessed using the Reflective Functioning Questionnaire (RFQ), developed by Fonagy, Luyten, Moulton-Perkins, Lee, Warren, Howard, Ghinai, Fearon, and Lowyck in 2016 as a brief self-report measure of mentalizing ability. The RFQ contains 8 items rated on a 7-point Likert scale and yields two primary subscales: Certainty about Mental States and Uncertainty about Mental States. These subscales capture both adaptive mentalization and pathological failures in reflective functioning, such as hypermentalizing and hypomentalizing. Subscale scores are calculated by summing item responses after applying recommended scoring transformations, with higher scores reflecting greater certainty or uncertainty respectively. Prior research has demonstrated good internal consistency, convergent validity with interview-based reflective functioning measures, and sensitivity to clinical change, confirming the RFQ as a reliable and valid instrument for assessing mentalization in psychotherapy research.

Intervention

The experimental group received short-term psychodynamic psychotherapy over twelve weekly sessions, each lasting approximately 60 minutes, delivered by certified psychodynamic therapists with specialized training in personality disorders. The intervention followed a focused, time-limited therapeutic framework emphasizing exploration of core interpersonal patterns, unconscious conflicts, attachment dynamics, and affect regulation. Sessions began with the identification of central relational themes manifested in current relationships and therapeutic interactions, followed by systematic interpretation of defenses, transference manifestations, and emotional experiences associated with early attachment representations. Particular emphasis was placed on enhancing patients' capacity to recognize and reflect upon their own and others' mental states, thereby strengthening mentalization abilities. The therapist actively facilitated emotional awareness, promoted insight into maladaptive relational schemas, and supported the development of more coherent self-representations and interpersonal functioning. The control group did not receive any psychotherapeutic intervention during the study period but was offered treatment after the completion of data collection.

Data analysis

Data were analyzed using statistical software. Prior to hypothesis testing, data were screened for missing values, normality, and outliers. Descriptive statistics were computed for all study variables. To examine the effectiveness of the intervention, repeated-measures analysis of variance was conducted to compare changes

in borderline symptoms, object relations difficulties, and mentalization capacity across the three measurement points between the experimental and control groups. Effect sizes were calculated to estimate the magnitude of therapeutic impact. To test the mediating role of mentalization capacity in the relationship between psychotherapy and outcome variables, structural equation modeling was performed using a bootstrapping procedure to assess indirect effects. Model fit was evaluated using standard indices including the comparative fit index, Tucker–Lewis index, root mean square error of approximation, and standardized root mean square residual. Statistical significance was set at $p < .05$ for all analyses.

Findings and Results

The results of the present study are reported in four main parts. First, the demographic and baseline characteristics of the participants are presented in Table 1. Then, the effects of the intervention on borderline personality disorder symptoms, object relations problems, and mentalization capacity across time are examined. Finally, the mediating role of mentalization capacity is tested using regression-based mediation analysis with bootstrapping.

Table 1. Demographic and Baseline Characteristics of Participants

Variable	Experimental Group (n = 30)	Control Group (n = 30)	Test Statistic	p-value
Age (years), M ± SD	31.6 ± 6.2	32.1 ± 5.9	t = -0.32	.751
Gender (Female %)	73.3%	70.0%	$\chi^2 = 0.08$.774
Education (University degree %)	56.7%	53.3%	$\chi^2 = 0.07$.793
Duration of symptoms (years), M ± SD	6.4 ± 3.1	6.1 ± 3.4	t = 0.35	.727
Baseline BPD symptoms, M ± SD	78.5 ± 9.3	77.9 ± 9.8	t = 0.24	.811
Baseline object relations problems, M ± SD	92.4 ± 11.1	91.7 ± 10.8	t = 0.26	.796
Baseline mentalization capacity, M ± SD	41.2 ± 6.7	40.8 ± 6.9	t = 0.23	.819

The two groups did not differ significantly on any demographic or baseline clinical variables, indicating successful randomization and baseline equivalence.

Table 2. Changes in Borderline Personality Disorder Symptoms Across Time

Group	Pretest M ± SD	Posttest M ± SD	Follow-up M ± SD	F (Time × Group)	p	η^2
Experimental	78.5 ± 9.3	56.2 ± 8.7	58.4 ± 9.1	48.62	<.001	.46
Control	77.9 ± 9.8	76.4 ± 9.6	75.8 ± 9.9			

The mixed-design ANOVA revealed a significant Time × Group interaction effect for borderline personality disorder symptoms. Participants in the experimental group demonstrated a substantial reduction in symptom severity from pretest to posttest, which was largely maintained at follow-up, whereas the control group showed no meaningful change. The large effect size indicates strong clinical impact of the intervention.

Table 3. Changes in Object Relations Problems Across Time

Group	Pretest M ± SD	Posttest M ± SD	Follow-up M ± SD	F (Time × Group)	p	η^2
Experimental	92.4 ± 11.1	65.7 ± 10.4	67.1 ± 10.8	52.19	<.001	.49
Control	91.7 ± 10.8	90.1 ± 11.2	89.4 ± 11.5			

Results indicate a highly significant improvement in object relations functioning among participants who received short-term psychodynamic psychotherapy, with improvements persisting at follow-up. No comparable change occurred in the control group. The effect size suggests that nearly half of the variance in improvement was attributable to the intervention.

Table 4. Changes in Mentalization Capacity Across Time

Group	Pretest M ± SD	Posttest M ± SD	Follow-up M ± SD	F (Time × Group)	p	η ²
Experimental	41.2 ± 6.7	58.6 ± 7.1	56.9 ± 7.4	45.73	<.001	.44
Control	40.8 ± 6.9	41.5 ± 7.2	42.1 ± 7.3			

A significant Time × Group interaction effect was found for mentalization capacity. The experimental group exhibited marked increases in reflective functioning following treatment, which remained stable at follow-up, whereas the control group showed no significant change.

Hierarchical regression with bootstrapped confidence intervals demonstrated that psychotherapy significantly predicted reductions in borderline symptoms and object relations problems. Psychotherapy also significantly predicted increases in mentalization capacity. When mentalization capacity was entered into the regression models, the direct effects of psychotherapy on both outcome variables were significantly reduced, while mentalization capacity remained a significant predictor. Bootstrap analysis confirmed that the indirect effects of psychotherapy on borderline symptoms and object relations through mentalization capacity were statistically significant, indicating partial mediation. These findings support the hypothesis that improvements in mentalization capacity serve as a key psychological mechanism through which short-term psychodynamic psychotherapy exerts its therapeutic effects.

Discussion and Conclusion

The present study investigated the effectiveness of short-term psychodynamic psychotherapy in improving object relations problems and borderline personality disorder symptoms, with special emphasis on the mediating role of mentalization capacity. The findings provide strong empirical support for the proposed model. Participants who received short-term psychodynamic psychotherapy exhibited substantial and sustained reductions in borderline symptom severity and object relations dysfunction, accompanied by marked increases in mentalization capacity. Furthermore, mediation analysis demonstrated that improvements in mentalization capacity partially explained the therapeutic impact of the intervention on both borderline symptoms and object relations difficulties, confirming mentalization as a key mechanism of change. These results are highly consistent with contemporary theoretical and empirical models of personality pathology and psychotherapy outcome.

The observed reductions in borderline personality disorder symptoms following treatment align closely with extensive evidence supporting psychodynamic and mentalization-oriented interventions for borderline pathology (1, 2, 22). Short-term psychodynamic psychotherapy targets core relational conflicts, maladaptive object representations, and unconscious emotional processes, all of which are central to the psychopathology of BPD (5, 6). The large effect sizes obtained in the present study further support findings from systematic reviews demonstrating that both short-term and long-term psychodynamic treatments produce clinically meaningful improvements in personality functioning and symptom distress (21, 22). Importantly, the maintenance of treatment gains at follow-up indicates that even brief psychodynamic interventions can yield durable benefits when they effectively engage fundamental psychological mechanisms.

Improvements in object relations observed in the experimental group are particularly significant, as object relations pathology lies at the core of borderline personality disorder (1, 2). Psychodynamic psychotherapy facilitates restructuring of internal working models through exploration of early attachment experiences,

interpretation of transference dynamics, and development of more coherent self-representations (5). These processes likely account for the substantial reduction in alienation, insecure attachment, egocentricity, and interpersonal instability observed in treated participants. Similar improvements in relational functioning have been documented in psychodynamic case formulations guided by the Psychodynamic Diagnostic Manual framework (5, 6), as well as in psychodynamic treatments of narcissistic and borderline pathology (2, 34).

A central contribution of the present study lies in demonstrating the mediating role of mentalization capacity in these therapeutic outcomes. Participants receiving psychotherapy showed pronounced increases in reflective functioning, which in turn significantly predicted reductions in borderline symptoms and object relations dysfunction. This finding converges strongly with prior research indicating that mentalization functions as a primary mechanism of change in psychotherapy across diagnostic categories (25-27). Longitudinal analyses consistently show that increases in reflective functioning during treatment are associated with superior clinical outcomes in depression, anxiety disorders, eating disorders, and personality pathology (26, 28, 29). The present findings extend this literature by demonstrating that mentalization also mediates improvements in core relational structures within short-term psychodynamic psychotherapy.

Theoretical models of BPD emphasize that impairments in mentalization underlie emotional dysregulation, interpersonal instability, impulsivity, and identity diffusion (13, 14). Individuals with borderline pathology frequently oscillate between hypermentalizing and hypomentalizing, leading to distorted interpretations of social interactions and emotional experiences (16, 17). By strengthening patients' capacity to accurately perceive and regulate internal mental states, psychodynamic therapy likely restores coherence in self-experience and relational functioning, thereby producing downstream reductions in symptomatic distress and maladaptive object relations. This interpretation is further supported by findings that in-session reflective functioning plays an emotion-regulatory role in psychodynamic treatment for BPD (14, 29).

The mediating function of mentalization observed in this study is also consistent with developmental and trauma-based models of borderline pathology. Extensive research demonstrates that childhood maltreatment disrupts the development of mentalization, which in turn mediates the emergence of borderline traits and interpersonal dysfunction (4, 7, 8). Failures in reflective functioning have been shown to partially explain the association between emotional abuse and adult depressive symptoms, anxiety, and borderline features (18, 19). By enhancing mentalization capacity, psychotherapy may effectively reverse some of the long-term psychological consequences of early relational trauma, thereby improving both symptomatic and relational outcomes.

The present findings further resonate with recent work emphasizing the interaction between mentalization, epistemic trust, and attachment security in borderline pathology (4, 32). Disruptions in epistemic trust and attachment have been linked to impaired mentalizing and increased borderline symptom severity (16). Psychodynamic psychotherapy, through the therapeutic relationship, provides a secure relational context that fosters epistemic trust and promotes the development of reflective functioning, thereby facilitating deeper and more stable psychological change. The improvements observed in the current study are thus best understood within an integrative framework that connects attachment, mentalization, object relations, and symptom expression.

Importantly, the results of this study align with growing evidence that short-term psychotherapeutic interventions can achieve outcomes comparable to longer treatments when they effectively target core psychological mechanisms (21, 22). This has significant clinical and public health implications, particularly in resource-limited settings. The findings are also consistent with emerging evidence from Iranian clinical populations demonstrating the mediating role of reflective functioning in the relationship between personality organization, childhood trauma, and self-harming behaviors among individuals with borderline pathology (33). Together, these data support the cross-cultural relevance of mentalization-based constructs and the applicability of psychodynamic interventions within diverse sociocultural contexts.

In summary, the present study provides robust empirical support for the effectiveness of short-term psychodynamic psychotherapy in improving both symptomatic and relational functioning among individuals with borderline personality disorder, while identifying mentalization capacity as a critical mechanism underlying these changes. These findings advance contemporary models of psychotherapy by integrating psychodynamic theory with mentalization research and underscore the importance of targeting reflective functioning in the treatment of personality pathology.

Several limitations should be considered when interpreting these findings. The sample size, although sufficient for detecting medium to large effects, limits generalizability and precludes more complex subgroup analyses. The reliance on self-report and clinician-administered measures may introduce response biases. Additionally, the absence of an active comparison treatment restricts conclusions regarding the specificity of the observed effects to psychodynamic psychotherapy. Longer follow-up periods would be valuable for assessing the long-term stability of treatment gains.

Future studies should employ larger multi-site samples and include active control conditions to clarify the comparative effectiveness of psychodynamic psychotherapy. Incorporating biological and neurocognitive markers of mentalization may further illuminate the mechanisms of therapeutic change. Longitudinal designs examining developmental trajectories of mentalization and object relations across treatment would also enrich understanding of how psychotherapy reshapes personality functioning over time.

Clinicians are encouraged to systematically assess mentalization capacity and object relations patterns in patients presenting with borderline features and to explicitly target reflective functioning within psychotherapeutic interventions. Training programs should emphasize mentalization-focused techniques within psychodynamic frameworks. Integrating brief psychodynamic treatments into routine clinical services may significantly enhance accessibility and treatment efficiency for individuals with complex personality pathology.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

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

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