

Original research

The effectiveness of short-term and intensive psychodynamic therapy on the difficulty in regulating emotions and attachment styles in psychosomatic patients

Erfan Abdollahi Chirani^{*1}, Farnaz Klidari², Seyyed Masoomeh Moosavi³, Ghazal KianFard⁴,
 Fatemeh Emami⁵

Abstract

Introduction: Psychosomatic diseases are physical diseases that psychological factors are effective in starting or aggravating them, and intensive and short-term dynamic treatment can play an effective role in improving psychological symptoms; Therefore, the present study was conducted with the aim of determining the effectiveness of intensive and short-term dynamic therapy on the difficulty in regulating emotions and attachment styles in psycho-physical patients.

Research methods: The research method was semi-experimental with a pre-test-post-test design and follow-up with a control group. The research population was all psychosomatic patients referred to psychosomatic clinics in Tehran in 1402. Among them, 30 people were selected by available sampling and randomly assigned to two experimental and control groups (15 people). The experimental group received dynamic therapy 15 sessions of 90 minutes, while the control group did not receive any intervention. Two groups with difficulty in emotion regulation and attachment styles were evaluated in three stages. Two-way analysis of variance with repeated measurements was used to analyze the data.

Findings: The average scores of difficulty in emotion regulation and attachment styles before the intervention were 72.25, 58.36, 24.08 in the treatment group and 72.12, 59.16, 23.52 in the control group respectively. ($p < 0.05$), but after the intervention, the average scores of attachment styles in the treatment group increased significantly compared to the control group and showed a decrease in difficulty in emotion regulation ($p < 0.01$).

Conclusion: The results of the study indicated the effect of intensive and short-term dynamic therapy intervention on the improvement of psychological symptoms in the experimental group. With caution, it is recommended to use this intervention as a complementary treatment in psycho-physical patients.

Keywords: attachment styles, emotion regulation, intensive and short-term dynamic therapy, psycho-physical patients

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¹ - Master's degree, Department of Psychology, Boali Sina University, Hamadan, Iran. (**Corresponding author**), arashmahdavi927@gmail.com Tell: 09921088635

² - Master's degree, Department of Psychology, Semnan Branch, Islamic Azad University, Semnan, Iran.

³ - Master's degree, Department of Psychology, Garmsar Branch, Islamic Azad University, Semnan, Iran.

⁴ - PhD student, Department of Psychology, North Tehran Branch, Islamic Azad University, Tehran, Iran.

⁵ - Master's student, Department of Psychology, Bojnord University, North Khorasan, Iran.



Introduction:

Psychosomatic disease refers to the physical condition that psychological factors affect the onset or intensification, the most important of which are chronic colitis, blood pressure, coronary artery disease, and finally gastrointestinal ulcers (1). These disorders involve interactions between the mind and the body, where the brain sends out a variety of messages in ways that are not yet known, affecting the person's awareness and foretelling a serious problem in the body. In addition, there are unknown psychological or brain mechanisms that cause minor or undetectable changes in neurochemistry, neurophysiology, neuroimmunology and cause these diseases (2). The results of global studies show that the prevalence of psychosomatic disorders is inconsistent and vary depending on gender, cultural, racial and different socio-economic factors (4, 3). Research in European countries has found that in Denmark the prevalence of psychosomatic disorders is 18% (6), 70% for young people in the Netherlands, 78% for middle-aged people, 81% for elderly and 22% in the United Kingdom.

It is difficult to regulate emotional self-regulation and, in other words, inability to process cognitive emotion information and emotion regulation (5). This psychological variable consists of difficulty in identifying feelings, difficulty in describing feelings, and intellectual orientations in the external world. These characteristics that make up the emotional disability construct indicated a critical attitude in cognitive processing and emotion regulation (6). Emotional disability is believed to be a risk factor for many psychiatric disorders; because people with this condition are under the pressure of physical correlates, emotions that cannot be said. This inconsistency interferes with the regulation of emotions, making it difficult to adapt successfully. People with emotional abstinence engage in destructive nonverbal activities to express their feelings (7).

Attachment is a profound emotional bond that we maintain with certain people in our lives, which makes us feel uplifted when we interact with them and feel relieved when we stress that we have them next to us. The attachment to a stable bond or emotional ties between the Dunfrost so that one of the parties tries to maintain the proximity of the attachment to ensure that the connection continues (8). The major part of research on attachment in children is rooted in research by John Balbi, a psychoanalyst, in the 1950s and 1960s. This research convinced him that the child's inability to establish a secure attachment to one or more people in the early years of life is related to his inability to establish close personal relationships in the adult period (9). According to Balby (10), on the basis of the quality of this interaction, children make expectations about themselves, other important people, and the relationship between these two forms, and the child gradually intersects these expectations in a mental representation series called internal work patterns (positive or negative), these patterns are a framework for thoughts, emotions and behaviors that guide the individual's future relationship (10). Hazen and Shior (11) using the styles formulated by Anzoor, they raised three adult attachment styles: Safe, Tajanbi and Sorbi. Hazen and Shaver suggest that attachment styles represent the fundamental distinctions of the people involved in the mental visualization of romantic love. Safe handbags describe their love experiences as pleasant, reliable, supportive and enjoyable, and generally easy to relate to others, feel comfortable to be

leaning on them, leaning on one another, not worrying about the proximity of others. Conversely, abusers describe their love experience with fear of intimacy. Dosages describe the experience as obsessive, with envy and extreme sexual attractiveness. People with unsafe attachment cannot trust and approach others completely and do not even allow themselves to be near others, they experience a lot of emotional turmoil (11). In other words, the short-term intensive psychodynamic perspective is a function of Freud's psychoanalysis model developed by the Iranian scientist Donello at McGill University in which the long-term, psychoanalytical approach has become a short-term, effective, organized and clear method, and in this treatment, patients are helped to adjust their anxiety and emotions and change against their defenses, which with this change, I become more powerful and can be faced with feelings they have avoided (12). In a recent meta-analysis study, the efficiency of low-term dynamic psychotherapists was assessed in 13 clinical trials on physical abnormalities. The results of this study showed that short-term psychotherapies can be used as reliable therapies for physical disorders. Since psychological disorders are important spontaneously and can be associated with other disorders or can be detected by mistake in other disorders; In this regard, accurate identification and treatment of this disorder can be very helpful both economically and hygienic. The purpose of this study was to determine the effect of intensive and short-term dynamic psychotherapy on difficulties in emotion regulation and attachment styles in psychosomatic patients.

Research method:

This semi-experimental study with pre-test design, post-test and two-month follow-up with the control group. The target community of psychosomatic patients is referred to Psychosomatic Clinic of Tehran in 1402. The sample size was determined by reference to Cohen table. Thus at the 95% confidence level, the effect size was 0.30 and statistical power was 0.83 for each group 12 individuals. However, in order to generalizability of the results, the sample size in each group was 15. In the first step, 30 subjects were selected by convenience sampling. In the second step, 30 of them were replaced by simple random sampling in an experimental group (n=15) and a control group (n=15). None of the subjects were interrupted and only two of the subjects missed a session for which a compensatory session was held.

The criteria for entry into the study include complete consent to attend therapy sessions, not having any other psychosomatic illness (by asking the study participants), education at least at the guidance and higher levels (to understand the physical therapy), not taking neuropsychiatric drugs (such as fluoxetine and sertraline), not receiving psychological services (such as depression and anxiety treatment) for the past three months, and no history of receiving the treatment for short-term and intensive exercise. Motalebi withdrawal criteria. It included more absenteeism than two sessions, mental illness including depression, simultaneous participation in other psychological-cognitive workshops, and withdrawal from continued collaboration. Data were collected in addition to demographic information (including age, gender, level of education, marital status).

Measuring Tools:

A difficult questionnaire in emotion regulation: The questionnaire was created by Gretz and his colleague in 1994 and is a self-report index designed to assess the difficulty in emotion regulation in a more comprehensive way than the tools in this field. This questionnaire has 36 questions and six factors, and is calibrated based on the five-degree Likert test, which scores above 110 show the difficulty of emotion regulation. Factors include: The first factor for not accepting emotional responses with 6 questions, the second factor is difficulty in doing targeted behavior with 5 questions, the third factor is difficulty in controlling impulse with 6 questions, the fourth factor is lack of emotional awareness with 6 questions, the fifth factor is limited access to emotion regulation strategies with 8 questions, and the sixth factor is lack of emotional transparency with 5 questions. The questions 24, 34, 22, 1, 2, 6, 78, 10, 17, and 20 have reverse notation. Graetz and Romero reported 0.93 and Cronbach's alpha 0.80 respectively (13). The questionnaire letter reliability coefficient for lack of accepting the emotional response was 0.60, 0.62 for difficult to do the targeted behavior, 0.63 for difficult and 0.65 for lack of emotional information and 0.67 for having limited access to emotional adjustment strategies, and for the overall difficulty score in setting the emotional adjustment was 0.79.

Attachment Styles Questionnaire: Adult attachment styles scale is developed by Hazen and Shaver 1995 and has 15 questions and three types of intertextual attachment styles (including the questions 1, 2, 3, 4 and 5), Imen (including the questions 6, 7, 8, 9 and 10) and Dosagra (including the questions 11, 12, 13, 14 and 15) on the scale 5 of the Likert scale (completely disagree=1, 2, disagree, agree to a limit of 4=5). The minimum and maximum scores in the subscales are 5 and 25, respectively. The higher score indicated the dominant attachment style (14). Hazen and Schaver obtained the full verification of this questionnaire from 0.81 and its reliability with Cronbach's alpha was 0.78. Cronbach's alpha (safe, avoidant insecure, bisexual unsafe) was calculated as 0.77, 0.81 and 0.83, respectively (14). In Iran, Cronbach's alpha for the safe attachment style is 0.89, 0.87 and 0.83 respectively (15). In this study, Cronbach's alpha for the style of safe attachment, avoidant insecure and ambivalent insecure properties are respectively 0.79, 0.85 and 0.82.

The experimental group received the medication for 15 90minute sessions, while the control group received no intervention. The matching of the current manual of the short-term dynamics, i.e. the seven stages of the question on the problems, pressure, challenge, transfer resistance, direct access to the asynchronous, Table 1 and in accordance with the manual of the Duvanlu Dynamic Therapy (16) were performed.

Table 1 - headings, content, meetings, psychotherapy, mental پویشی short-term intensive

Session	Content session
1	In the first meeting, to express the rules for the implementation of the therapy sessions and the initial interview with the implementation of the sequence dynamic that therapy trial is called, for an initial assessment of the problem, the participants were evaluated.

2	According to the type the appropriate interventions and effective related to each to run accordingly. A variety of tactical common and interventions affecting related to each one briefly in the following are presented.
3	Work with tactical terms the head of the pack (in the guise of speaking), the words surround - cladding. Effective intervention: suspect, the challenge out, the challenge with the defense
4	Check the keywords specialized used participants tactical speech indirect and morbid thoughts and possible. Intervention effective : the challenge of the defense and specify the speech, the challenge with the defense, and the hesitation in defense
5	Check the defense, rumination, and because of the masonry. Interventions effective to arrange: clear up apply a definite answer. The hesitation in defense, the challenge with the defense, the challenge, etc. blocking the defense.
6	Rational storage and sweeping generalizations, and generalizations spam. Effective intervention: clear storage the ... block, the challenge, and specify the challenge with Defense
7	Tactics to distract storage and forget. Interventions: turn the ... hesitation in defense, and challenge with the defense
8	Deny down. Effective interventions: turn the ... hesitation in defense, and challenge with the defense
9	Exterior storage and ambiguity. Effective interventions: clear, challenge, defense
10	Dodge, etc. skeptical obsessive. Effective interventions: turn the challenge with Defense
11	Physical storage and act as a defense against feelings. Effective intervention: clear storage.
12	Rebellion, rebellion, etc. introduction of Chinese and cry out and use, but scrollable. Effective interventions: the confrontation, the challenge and conflict-direct, clear storage
13	Talking instead of touching, emotions, etc. symptoms are non-verbal. Follow - inaction. Effective interventions: clear up the doubts in defense, the challenge with the defense, turn the challenge
14 and 15	In two sessions the last addition to the consolidation of achievements and in-app tracking, and especially the time to do the post-test and also thank the patients, the end of the Sessions, was announced.

For analyze data were analyzed by SPSS version 26 and two methods of descriptive statistics and inferential statistics were used. Indicators of descriptive statistics frequency, percentage, average and standard deviation be, and inferential statistics of analysis of variance bilateral measurement frequent were used.

Findings:

For data analysis From Exact test Fisher due to the low level of the frequency bands to assess the information, etc. T-test two independent samples to compare the average age of the two groups IZemun Kolmogorov-Smirnov for the analysis of normal frequency distribution of the variables a little in the intervention and control in the process ago Test so Test and track. This test Box's M to check the homogeneity matrices of variance, repeated, etc. Test Levin to check the homogeneity and Test the sphericity of the to check the parity of in groups and To investigate the test until the research of Analysis of variance bilateral measurements Was used.

Average and standard deviation age of the test group and the control, respectively, $92/3 \pm 40/43$, etc. $49/4 \pm 07/44$ the year was ($669/0=P$). Test results Two independent samples at about the age test and exact Fisher regarding Gender, educational level and marital status Showed that between the intervention and control groups, There was no significant difference ($05/0<P$).

In order to investigate and describe the data obtained from samples of case study statistics descriptive (mean and standard deviation) related to the variables of research in the Study Groups at the stage of The Post-test and follow-up in Tables 2 Insert effortless.

Table 2: Some demographic characteristics of patients

Variables	Components	Experiment (15=n) Number (percent)	Control (15=n) Number (percent)	Amount P
Sex	Man	13 (67/86)	13 (67/86)	1
	Female	2 (33/13)	2 (33/13)	
Level of Education	Diploma	3 (20)	2 (33/13)	522/0
	Undergraduate	12 (80)	13 (67/86)	
Marital status	Single	10 (66/66)	1 (66/6)	279/0
	Married	5 (33/33)	14 (34/93)	

Matching Table 3, etc. Indices descriptive of the two groups in stage agoTest, post-test and follow up has been provided. As Table 3 shows, etc. average scores of the intervention group from pre - Test track improved is.

Table 3: Table descriptive for attachment styles and difficulty in adjusting the excitement

Variables	Statistics for variables	SD average	+ Post-test SD + average	Track SD average	+ Min	Maximum
avoidance	Test	$25/72 \pm 66/7$	$37/51 \pm 73/3$	$75/53 \pm 28/1$	163	201
	Control	$12/72 \pm 27/3$	$37/69 \pm 87/2$	$00/74 \pm 95/4$	150	193
safe	Test	$56/44 \pm 67/3$	$40/75 \pm 70/3$	$40/75 \pm 70/3$	19	32
	Control	$80/45 \pm 16/2$	$48/46 \pm 38/3$	$12/46 \pm 19/3$	15	30
	Test	$60/51 \pm 23/4$	$84/42 \pm 02/3$	$80/41 \pm 58/3$	56	62

Style ambivalent	Control	20/50 ± 32/4	34/49 ± 15/4	12/49 ± 35/3	65	59
The difficulty in setting the thrill	Test	56/74 ± 67/3	40/33 ± 70/3	40/35 ± 70/3	78	97
	Control	80/45 ± 16/2	48/46 ± 38/3	12/46 ± 19/3	84	103

For data analysis, and review until the before performing the analysis of variance bilateral measurements frequent, it was investigated. Test results Kolmogorov-Smirnov Showed that the values of the distribution of the data at the level of reliability of 95% is normal ($05/0 < P$). Test results Levene More than 05/0, respectively, and assume homogeneity two groups, the researcher was. Assume the sphericity of the Mauchly ($05/0 < P$) Verification province.

Therefore, Test Sphericity assumed was used. To assess the equality of matrices covariance of the test Box's M The use of ... Established was. With respect to establishing essential analysis of variance with measurements frequent, the use of this test allowed this so, to test the hypothesis research from the analysis of variance two-tailed, with measurements repeated was used.

Significant, and as well as the average scores at the stage of tracking, compared to the post-test remain unchanged The test results showed that the difference between intervention and control groups in terms of average Style a secure attachment ($008/0 = P$) Etc avoidance ($026/0 = P$) etc ($033/0 = P$), The difficulty in setting the thrill ($024/0$) Significant is

Table 4: The results of analysis of variance two-tailed, with measurements repeated in explaining the effect of variable

Variable	Source changes	Total residual	Degrees of freedom	Average residual	The amount of F	The amount of p	Effect size
avoidance safe	Group	589/179	1	589/179	646/7	008/0	377/0
	Period	572/79	1	572/79	996/12	001/0	52/0
	Group*period	001/69	1	001/69	403/11	001/0	487/0
Defense styles	Group	589/1605	1	588/1605	688/7	026/0	39/0
	Period	572/958	1	957/959	418/42	001/0	78/0
	Group*period	001/924	1	001/924	888/40	001/0	77/0
Set the excitement avoidance	Group	589/205	1	589/205	688/4	033/0	27/0
	Period	572/96	1	572/96	416/24	001/0	67/0
	Group*period	001/120	1	001/120	888/30	001/0	71/0
mood	Group	974/146	1	589/179	906/2	013/0	195/0
	Period	753/155	1	753/155	352/17	001/0	591/0
	Group*period	896/128	1	869/128	360/14	001/0	545/0

Discussion and conclusion:

This study was conducted with the aim of determining the effectiveness of intensive and short-term dynamic therapy on difficulty in emotional regulation and attachment styles in psycho-physical patients.

The findings of the research showed that intensive and short-term dynamic therapy has led to the improvement of difficulty in emotional regulation and attachment styles in psycho-physical patients. This finding is consistent with the results of Farzadi (17) et al., Ahmadi (18) and Abbas et al. (19). This concordance can perhaps be seen as the similar effects of intensive and short-term dynamic therapy and other motivational and social factors on patients' attitudes and, consequently, the reduction of dyslexia.

In explaining the effect of the intervention of intensive and short-term dynamic therapy on reducing the difficulty in emotion regulation, according to the theoretical point of view, he stated that in this treatment, due to the person's exposure to unwanted emotions, his anxiety initially increases, which in turn can increase symptoms, but after a few sessions when the emotions are expressed and processed and controlled and the mood or emotional symptoms decrease. The active position of the therapist and the correct application of techniques in this position will allow the patient or the client to identify and touch the depth of their feelings and thoughts in the shortest possible time (19). In the process of psychodynamic therapy, by acquiring the ability of deep emotional experience and its expression, a person can regulate cognitive and arousal processes by reducing inhibitions and establish a real understanding of himself and his abilities and coping skills and also improve interpersonal relationships and in this way provide the context for appropriate emotional interaction (increasing emotional expression). During therapy sessions, when the unconscious is opened and emotions are released, the emotions deposited in the person are significantly reduced, and by adjusting the anxiety, defense styles are developed and the emotional regulation of the individual occurs in a more effective way, and the individual can experience positive emotions better understand In the process of treatment, people become aware of the physical symptoms of their anxiety and can identify their emotions in different situations and learn how to experience, express and control them, and thus this Difficulty in dyslexia is reduced in these people. Such encounters cause me to reorganize and abandon pathological defenses, and increase the mental capacity of the person and ultimately increase his mental health. In psychodynamic therapy, when clients gain insight into the internal conflicts of the conflict triangle and become aware of how these conflicts are repeated in the person's triangle, they do not hide their emotions behind defenses, it leads them to emotional moderation and self-regulation, and of course causes The mental development of the individual becomes (20).

The results of the study showed that the short-term and compact dynamic therapy led to improvement of patients with physical-mental illness in attachment styles. The results of this research are in line with those of research, Nabizadeh, Colleagues (21), Shams et al. (22) to explain the hypothesis's affirmation, it can be argued that defenses are useful adaptations to damaging environments, but as soon as they are converted to conditional responses to emotions, they are

extended to other environments which become useless and even harmful. Based on the psychodynamic perspective, childhood injuries create conflicting and disturbing emotions that can disrupt the experience of emotions. For this reason, defenses are required to manage the formation of conflict so that the person does not suffer pain (23) in this method of clarifying defenses, and then the pressure to experience emotions and challenges with patient defenses begins at the beginning of the treatment process. The use of these techniques leads to the movement of intense and mixed emotions in the transmission (patient-therapist relationship) and activate the patient's tensed defensive layers against these emotions. This interventional position awakens the same conflicts in the patient in the past. With the correct application of these techniques, the patient's immune system is broken, and the patient's emotions in the transmission directly and expression of the result, experiences and injuries of the unconscious originator are opened. When the patient encounters what he/she has previously fled from, he/she will no longer rely on the defenses that are self-defeating and retrospective so that the person is best able to deal with the illness and difficulties of life.

Research Limitation: It is possible for patients to be screened due to variables such as personality type, personality organization, motivation to enter treatment and expectations, making it difficult to generalize results. The present study attempted to investigate the effect of perturbations on the physical and psychological aspects of the phenomenon. Proportion of referrers to this treatment is one of the factors that should be considered. There are certain disorders that are not suitable for this treatment and their absence in the early stages of the scan sequence are determined. These disorders include severe disturbance psychosis in momentum control, severe forms of alcoholism. A small number of samples was also another limitation of research.

Research application: According to the results, it is recommended that therapists and counselors learn to use short-term psychodynamic approaches in the face of psychosomatic patients. Other psychological interventions are also being evaluated in the society. It is recommended that the remaining psychoactive professionals and researchers conduct intensive and short-term dynamic analyzes with other variables in other societies.

Ethical considerations: Informed consent, justification of the participants about the method and purpose of the research, compliance with the principle of confidentiality and confidentiality of the obtained information, the freedom of the participants to leave the study were among the ethical principles observed in this study.

Conflict of interest: There are no conflicts of interest in it, and the author's share of names is listed in the article, respectively. Accolades

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