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Integrated Theoretical Model of Existential Short-Term Dynamic Psychotherapy: A Qualitative Study

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A B S T R A C T

The two approaches of short-term dynamic psychotherapy and existential psychotherapy theoretically possess the capacity for linear and process-based integration to assist individuals experiencing psychological problems, such as individuals presenting symptoms associated with disorganized attachment style. Accordingly, the present study aimed to develop an integrated linear and process-based theoretical model of short-term dynamic psychotherapy and existential psychotherapy. This study employed a qualitative design based on deductive thematic network analysis. The research corpus consisted of scientific sources, including books, articles, and research dissertations, and the sample comprised 37 scientific sources. A thematic analysis results-recording form was used to extract the components of the integrated theoretical model of existential short-term dynamic psychotherapy. The textual data were analyzed using deductive thematic analysis and by calculating the Content Validity Index (CVI) and Content Validity Ratio (CVR). The findings indicated that the integrated linear and process-based theoretical model of existential short-term dynamic psychotherapy comprised five categories of organizing themes: emotional conflicts and pain, insight into and management of tactical defenses, existential freedom and isolation, existential meaning in life, and existential personal responsibility. Each of these five major themes also encompassed a diverse range of specific subthemes. Based on the findings of this study regarding the integrated theoretical model of existential short-term dynamic psychotherapy, it is recommended that the results be used to develop an applied model of existential short-term dynamic psychotherapy for individuals experiencing psychological problems, such as those presenting symptoms of disorganized attachment.

Keywords: *short-term dynamic psychotherapy, existential psychotherapy, integrated model, qualitative study*

1. Introduction

Psychological distress rarely develops through a single mechanism. Emotional suffering may simultaneously involve unresolved affective conflicts, maladaptive defensive processes, difficulties in emotion regulation, interpersonal insecurity, avoidance of painful internal experiences, loss of meaning, concerns about freedom and responsibility, and uncertainty regarding one's future. Consequently, psychotherapy increasingly faces the challenge of addressing multiple levels of psychological functioning rather than focusing exclusively on symptoms or a single explanatory mechanism. Contemporary psychotherapy research has therefore shown growing interest in approaches capable of integrating intrapsychic, emotional, interpersonal, and existential dimensions of human experience. Psychodynamic and existential traditions are particularly relevant in this regard because both approaches attend to dimensions of psychological suffering that extend beyond overt symptoms and emphasize the individual's subjective experience, emotional life, relational patterns, and encounter with fundamental concerns of existence (1, 2). The possibility of theoretically integrating these traditions is therefore clinically and conceptually important, particularly when the therapeutic objective is to formulate a coherent process through which emotional conflicts can be identified and worked through while existential concerns are simultaneously addressed.

Psychodynamic psychotherapy conceptualizes psychological symptoms as meaningful expressions of underlying emotional processes, conflicts, defensive operations, and relational patterns. Contemporary short-term psychodynamic approaches have sought to translate classical psychodynamic principles into more focused, active, and time-sensitive therapeutic procedures. Research on short-term psychodynamic psychotherapy indicates continuing interest in identifying the processes through which emotional conflicts, personality characteristics, defensive patterns, and therapeutic interventions contribute to treatment outcomes (3, 4). The importance of personality structure and personality traits in treatment response also suggests that psychological symptoms cannot always be understood independently of enduring patterns of affect regulation, self-experience, and interpersonal functioning (4). Accordingly, short-term psychodynamic treatments aim not merely to suppress symptoms but to identify the emotional and defensive processes that maintain psychological distress and interfere with adaptive functioning.

Among the more active forms of short-term psychodynamic intervention, Intensive Short-Term Dynamic Psychotherapy (ISTDP) places considerable emphasis on accessing previously avoided emotions, identifying defensive operations, regulating anxiety, and helping patients experience emotions that have been blocked or distorted by habitual defensive processes. Recent studies continue to examine the effectiveness of ISTDP across different psychological difficulties. For example, ISTDP has been investigated in relation to emotion-regulation difficulties in individuals with depression (5), major depressive symptoms (6), anxiety, resilience, and self-harming behavior (7), as well as cognitive emotion regulation and experiential avoidance among individuals with generalized anxiety disorder (8). Research has also extended ISTDP to contemporary behavioral and psychosomatic concerns, including digital distress, self-destructive tendencies, psychosomatic symptoms, and health-related behaviors among adolescents with internet addiction (9). Collectively, these studies reflect the relevance of dynamic therapeutic principles to a broad range of emotional and behavioral problems.

Short-term psychodynamic psychotherapy has likewise been examined beyond traditional psychiatric settings. Its application to chronic migraine demonstrates the potential relevance of psychodynamic intervention to conditions in which psychological and somatic processes may interact and highlights the importance of identifying patient characteristics and factors associated with therapeutic response (10). Such developments reinforce the view that emotional processing and defensive functioning may have implications across a range of psychological and psychosomatic presentations. They also support the broader clinical assumption that therapeutic change may depend on helping individuals recognize and tolerate emotional experiences that have previously been managed through avoidance, suppression, cognitive distancing, or other defensive strategies.

An important feature of the psychodynamic perspective is its focus on emotions as processes that may be

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simultaneously experienced, feared, avoided, and defended against. When difficult affects remain outside conscious awareness or cannot be directly experienced, defensive processes may become rigid and contribute to symptom persistence. The therapeutic task therefore involves facilitating awareness of these processes and weakening defenses that prevent adaptive emotional experiencing. This emphasis is especially relevant to individuals whose difficulties involve experiential avoidance, dysregulated affect, unstable interpersonal functioning, or patterns in which emotional experiences are rapidly transformed into anxiety, somatic symptoms, or defensive responses (5, 8). From this perspective, recognizing emotional conflicts and addressing tactical defenses are not secondary components of psychotherapy but central mechanisms through which access to authentic emotional experience becomes possible.

Psychodynamic formulations, however, may not fully encompass all dimensions of psychological suffering. Individuals may resolve or understand emotional conflicts while continuing to struggle with questions concerning meaning, freedom, isolation, mortality, choice, responsibility, and the direction of their lives. Existential psychotherapy directly addresses these concerns by conceptualizing psychological distress partly in relation to the individual's confrontation with unavoidable conditions of human existence. Rather than regarding existential anxiety as inherently pathological, existential approaches consider it a potential consequence of becoming aware of freedom, limitation, responsibility, uncertainty, isolation, and finitude. Psychological health therefore involves developing a more authentic and responsible relationship with these realities rather than eliminating existential anxiety altogether (2, 11).

The clinical relevance of existential concerns is supported by research examining existential anxiety and meaning-related processes in psychological well-being. For instance, existential anxiety has been studied alongside generalized anxiety and emotion-regulation strategies, illustrating the importance of existential dimensions within broader patterns of emotional distress (12). Existential psychotherapy has also been compared with other established therapeutic approaches in populations experiencing interpersonal and emotional difficulties. Its effectiveness has been examined in relation to fear of intimacy and sexual self-expression among women with marital conflicts (13), while existential therapy has also been compared with mindfulness-based cognitive therapy in relation to meta-worry and distress tolerance among adolescents with social anxiety disorder (14). These studies indicate that existentially oriented interventions can be relevant to both intrapersonal and interpersonal dimensions of psychological functioning.

Meaning constitutes one of the most prominent constructs within existential psychotherapy. The experience of meaning can provide individuals with an organizing framework through which suffering, relationships, personal values, and future-directed goals can be interpreted. Conversely, loss of meaning may intensify distress and contribute to experiences of emptiness, helplessness, and psychological disorientation. Meaning-centered interventions and logotherapy have consequently attracted increasing empirical attention. A systematic review of logotherapy and meaning-centered therapy among women with breast and gynecological cancer highlights the clinical relevance of meaning-focused approaches to both psychological and existential symptoms in populations confronting severe life challenges (15). This line of work supports the assumption that psychotherapy may need to address not only how individuals regulate emotion but also how they interpret suffering and construct personally significant directions for living.

Existential approaches also emphasize the therapeutic importance of emotional experience rather than treating existential psychotherapy as an exclusively philosophical or cognitive intervention. Working with emotions is considered an essential component of existential–humanistic psychotherapy because authentic engagement with existential concerns requires contact with the emotional meanings attached to choice, responsibility, loss, relationship, uncertainty, and vulnerability (16). In this respect, existential psychotherapy and psychodynamic psychotherapy share a significant area of convergence: both seek to deepen awareness of subjective experience and both view avoidance of emotionally significant material as an important obstacle to psychological growth. Their differences lie primarily in the level and language of conceptualization. Dynamic psychotherapy concentrates more explicitly on unconscious conflict, anxiety, and defense, whereas existential psychotherapy focuses more

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directly on freedom, responsibility, isolation, meaning, and engagement with existence.

Historical and conceptual work has already suggested that psychodynamic and existential perspectives can be productively combined. Psychodynamic–existential formulations have been employed to understand occupational and identity-related experiences, including burnout and career narratives. Teacher burnout, for example, has been interpreted from a psychodynamic–existential perspective that links psychological exhaustion with deeper questions of meaning, ideals, expectations, and personal investment (17). Burnout among nurses has similarly been discussed within an existential–psychodynamic framework, illustrating the usefulness of combining intrapsychic and existential perspectives when conceptualizing prolonged psychological strain (18). A psychodynamic–existential perspective has also been applied to the career narratives of social entrepreneurs, demonstrating the potential value of integrating internal psychological dynamics with questions of identity, meaning, purpose, and life direction (1). These applications indicate that the two traditions are not conceptually incompatible and may provide complementary explanatory levels.

The contemporary movement toward psychotherapy integration further supports the development of models that combine theoretically compatible therapeutic processes. Integrative approaches do not necessarily require an indiscriminate combination of techniques. Rather, theoretically coherent integration requires identifying constructs and mechanisms that can be arranged within a meaningful therapeutic sequence. Current conceptual developments in psychotherapy have increasingly explored the incorporation of existential dimensions into established therapeutic frameworks. The integration of existential perspectives into schema therapy, for example, demonstrates how concerns such as mortality, meaning, freedom, and responsibility can be connected with structured psychological formulations without abandoning the theoretical integrity of the original model (19). Similarly, contemporary existential psychotherapy literature emphasizes the development of research-informed approaches while retaining attention to subjective experience and humanistic-existential principles (20).

Brief existential psychotherapy further demonstrates that existential work can be adapted to focused and pragmatic therapeutic formats. This is particularly relevant to integration with short-term dynamic psychotherapy because both models can operate within a time-limited framework while maintaining attention to deeper psychological concerns (11). Existential-spiritual psychotherapy likewise reflects the continued expansion of existential principles into models that address multiple dimensions of human experience and psychological suffering (2). These developments suggest that existential concepts need not remain abstract philosophical constructs but can be operationalized as components of clinically oriented psychotherapeutic processes.

A further rationale for integration emerges from the recognition that psychological adaptation is dynamic rather than static. Emotional, cognitive, and relational capacities may change as individuals encounter new contexts, demands, and experiences. Even research outside psychotherapy has increasingly emphasized short-term changes in psychological and adaptive processes. For example, research on exposure to artificial intelligence during onboarding and knowledge sharing has examined how psychological and learning-related capacities may increase and subsequently decline across short periods, illustrating the broader importance of understanding adaptation as a temporally dynamic process (21). Although such findings arise from a different psychological context, they reinforce the general methodological importance of conceptualizing human functioning as a process that develops across successive stages rather than as a fixed state.

From an integrative clinical perspective, short-term dynamic psychotherapy may provide a structured pathway for identifying emotional conflicts, recognizing tactical defenses, and facilitating direct emotional experience, whereas existential psychotherapy may provide a framework for transforming increased emotional awareness into more deliberate engagement with freedom, isolation, meaning, choice, and responsibility. Such a sequence is theoretically coherent because authentic existential engagement may be difficult when defensive processes prevent individuals from recognizing and tolerating their own emotional experience. Conversely, emotional insight alone may remain incomplete when individuals lack a framework for translating insight

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into values, life direction, personal responsibility, and committed choice. A combined model may therefore connect emotional uncovering with existential reconstruction.

This complementary relationship may be especially relevant for individuals whose difficulties involve insecure or disorganized patterns of attachment, emotional dysregulation, avoidance, interpersonal instability, or uncertainty concerning self and future. Dynamic treatment can focus on the defensive and affective processes underlying interpersonal distress, while existential work can address the person's relationship with autonomy, aloneness, choice, values, and responsibility. Contemporary evidence regarding the effectiveness of short-term dynamic treatments for emotionally complex clinical populations (3), the relevance of personality characteristics to treatment response (4), and the effectiveness of existential interventions for anxiety, interpersonal concerns, meaning-related distress, and tolerance of difficult internal experiences (13-15) collectively supports further theoretical work aimed at identifying how these approaches may be organized within a coherent integrative framework.

Despite these areas of conceptual compatibility, a major challenge remains the absence of a clearly articulated linear and process-based theoretical model specifying how core psychodynamic and existential components can be sequentially organized. Simply placing psychodynamic and existential concepts alongside one another does not constitute a therapeutic model. A theoretically useful integration requires identification of the principal components of each approach, clarification of their conceptual relationships, and specification of how therapeutic work may progress from one domain to another. The literature on emotion-focused dynamic work (5, 6, 8), existential emotional processing (16), meaning-centered intervention (15), and integrative existential formulation (19) provides important foundations, but these components require systematic synthesis if they are to form a unified model.

Accordingly, constructing an integrated model requires a rigorous qualitative examination of the theoretical and empirical literature to identify organizing themes, basic themes, and their relationships. Such an approach can clarify which elements of short-term dynamic psychotherapy and existential psychotherapy are sufficiently central, complementary, and clinically applicable to constitute an integrated therapeutic sequence. The emerging evidence supporting both psychodynamic and existential interventions, together with longstanding conceptual work linking these perspectives (1, 17, 18), provides a strong basis for developing such a framework.

Therefore, the aim of the present study was to develop an integrated linear and process-based theoretical model of short-term dynamic psychotherapy and existential psychotherapy through qualitative deductive thematic network analysis of the relevant scientific literature.

2. Methods and Materials

The present study was a qualitative investigation employing deductive thematic network analysis based on the theoretical and empirical literature (Attride-Stirling, 2001). The research corpus consisted of scientific sources, including valid and retrievable books, articles, and dissertations, addressing the two approaches of short-term dynamic psychotherapy and existential psychotherapy published between 1996 and 2026; Persian-language sources published between 2011 and 2025 were also included. At this stage, 150 valid scientific sources were initially retrieved. The inclusion criteria for scientific sources were publication by reputable publishers and availability in credible scientific databases, adherence to scientific research standards, retrievability, and an explicit and practical focus on the principles and foundations of either short-term dynamic psychotherapy or existential psychotherapy. The study sample ultimately consisted of 37 valid scientific sources that met the inclusion criteria. The adequacy of the 37 sources was determined according to the principle of saturation. Ethical considerations included adherence to scientific and ethical principles regarding accurate and appropriate citation of sources and the use of textual content solely for the purpose of extracting the explicit and applicable principles and foundations of short-term dynamic psychotherapy and existential psychotherapy. The sample sources used to extract the themes of the integrated existential short-term dynamic psychotherapy approach are presented in Table 1.

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Table 1

Sources Used to Extract Themes Related to the Integrated Theoretical Model of Existential Short-Term Dynamic Psychotherapy

Author(s) and Year	Original Title of the Source
Prochaska and Norcross (2016)	*Systems of Psychotherapy: A Transtheoretical Analysis*
Sharf (2016)	*Theories of Psychotherapy and Counseling*
Ghorbani (2014)	*Intensive Short-Term Dynamic Psychotherapy: Principles and Techniques*
Vahedi et al. (2012)	*Diagnosis of Low-Level Personality Pathology Through Short-Term Dynamic Psychotherapy*
Yalom (2011)	*Existential Psychotherapy*
Yalom (2012)	*Staring at the Sun: Overcoming the Terror of Death*
Abbass (2002)	*Short-Term Dynamic Psychotherapies in the Treatment of Major Depression*
Abbass (2006)	*Intensive Short-Term Psychodynamic Psychotherapy of Treatment-Resistant Depression: A Pilot Study*
Abbass (2016)	*The Emergence of Psychodynamic Psychotherapy for Treatment Resistant Patients: Intensive Short-Term Dynamic Psychotherapy*
Abbass et al. (2008)	*A Naturalistic Study of Intensive Short-Term Dynamic Psychotherapy Trial Therapy*
Berman et al. (2006)	*Existential Anxiety in Adolescents: Prevalence, Structure, Association With Psychological Symptoms and Identity Development*
Brassai et al. (2012)	*Existential Attitudes and Eastern European Adolescents' Problem and Health Behaviors: Highlighting the Role of the Search for Meaning in Life*
Brown and Wright (2001)	*Attachment Theory in Adolescence and Its Relevance to Developmental Psychopathology, Clinical Psychology, and Psychotherapy*
Butėnaitė et al. (2016)	*Components of Existential Crisis: A Theoretical Analysis*
Cassidy and Shaver (1999)	*Handbook of Attachment*
Cooper (2012)	*The Existential Counselling Primer: A Concise, Accessible and Comprehensive Introduction*
Craig et al. (2016)	*Existential Psychotherapies*
Davanloo (1996)	*Management of Tactical Defenses in Intensive Short-Term Dynamic Psychotherapy, Part II: Spectrum of Tactical Defenses*
Davanloo (2001)	*Intensive Short-Term Dynamic Psychotherapy: Extended Major Direct Access to the Unconscious*
Eppel (2018)	*Short-Term Psychodynamic Psychotherapy*
Fernando (2007)	*Existential Theory and Solution-Focused Strategies: Integration and Application*
Gottwik et al. (1998)	*Application of Davanloo's Intensive Short-Term Dynamic Psychotherapy in the Treatment of Patients With Agoraphobia, Fainting Attacks, Anxiety, Panic, Somatization and Functional Disorders. Part I: Technical and Metapsychological Roots of the Technique; Initial Phase of Trial Therapy*
Groth (2000)	*Existential Psychotherapy Today*
Hilsenroth et al. (2003)	*Short-Term Psychodynamic Psychotherapy for Depression: An Examination of Statistical, Clinically Significant, and Technique-Specific Change*
Johansson et al. (2014)	*Davanloo's Intensive Short-Term Dynamic Psychotherapy in a Tertiary Psychotherapy Service: Overall Effectiveness and Association Between Unlocking the Unconscious and Outcome*
Kashanki and Aslani (2018)	*A Review of Intensive and Short-Term Psychodynamic Psychology: Principles to Practice*
Lewis et al. (2008)	*Short-Term Psychodynamic Psychotherapy: Review of Recent Process and Outcome Studies*
Lilliengren et al. (2017)	*Intensive Short-Term Dynamic Psychotherapy for Generalized Anxiety Disorder: A Pilot Effectiveness and Process-Outcome Study*
Mascaro and Rosen (2006)	*The Role of Existential Meaning as a Buffer Against Stress*
Mikulincer (2005)	*Attachment Working Models and the Sense of Trust: An Exploration of Interaction Goals and Affect Regulation*
Mikulincer and Shaver (2007)	*Attachment in Adulthood: Structure, Dynamics, and Change*
Mikulincer et al. (2003)	*Attachment Theory and Affect Regulation: The Dynamics, Development, and Cognitive Consequences of Attachment-Related Strategies*
Parade et al. (2010)	*Attachment to Parents, Social Anxiety, and Close Relationships of Female Students Over the Transition to College*
Solbakken and Abbass (2015)	*Intensive Short-Term Dynamic Residential Treatment Program for Patients With Treatment-Resistant Disorders*
Vos (2023)	*Existential Psychological Therapies: An Overview of Empirical Research*
Vos et al. (2015)	*Existential Therapies: A Meta-Analysis of Their Effects on Psychological Outcomes*
Yalom and Leszcz (2020)	*The Theory and Practice of Group Psychotherapy*

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The following instruments were used in the study.

This checklist was used during the initial stage of the study to assess the eligibility of the retrieved studies and texts for inclusion. The criteria included publication by a reputable publisher and accessibility through credible scientific databases, adherence to scientific standards of writing and content, explicit and comprehensive coverage of the principles and foundations of short-term dynamic psychotherapy and existential psychotherapy, the presence of valid and necessary citations, and retrievability and accessibility.

This form was used to extract organizing themes, basic themes, and descriptive instances of each theme based on the thematic network analysis approach (Attride-Stirling, 2001), followed by conventional thematic analysis for extracting the principles and foundations of short-term dynamic psychotherapy and existential psychotherapy. The form was used while extracting findings from scientific texts, and its content validity was fully consistent with the thematic network analysis approach.

Data were collected by searching PubMed, Frontiers, Google Scholar, Scopus, the Scientific Information Database (SID), Magiran, Islamic World Science Citation Center (ISC), the Comprehensive Portal of Humanities, and Noormags, with a focus on the principles and foundations of short-term dynamic psychotherapy and existential psychotherapy. Sources meeting the inclusion criteria were selected during the first stage. At this stage, 150 sources, including books, scientific articles, and research dissertations, were identified. Subsequently, through a detailed content review, sources that comprehensively addressed the principles and foundations of short-term dynamic psychotherapy and existential psychotherapy while also possessing a scientific basis and valid and necessary citations were identified and selected. At this stage, 37 final sources were selected for thematic analysis. Finally, based on the thematic network analysis approach (Attride-Stirling, 2001), followed by conventional thematic analysis, organizing themes, basic themes, and descriptive instances relating to the basic themes were extracted. At this stage, six independent coders carefully reviewed the completed data-extraction process. For data analysis, the four-stage process of deductive thematic network analysis (Attride-Stirling, 2001) was applied to the scientific texts, followed by conventional thematic analysis. The Content Validity Ratio (CVR) and Content Validity Index (CVI) were used to determine the content validity of the resulting thematic analysis.

3. Findings and Results

The thematic network of the integrated theoretical model of existential short-term dynamic psychotherapy and the specific and basic themes encompassed by the organizing themes are presented in Figure 1 and Table 2, respectively. Because of the large number of specific instances associated with the basic themes, these instances are not presented in Table 2.

Table 2

Results of the Deductive Thematic Analysis of the Integrated Theoretical Model of Existential Short-Term Dynamic Psychotherapy

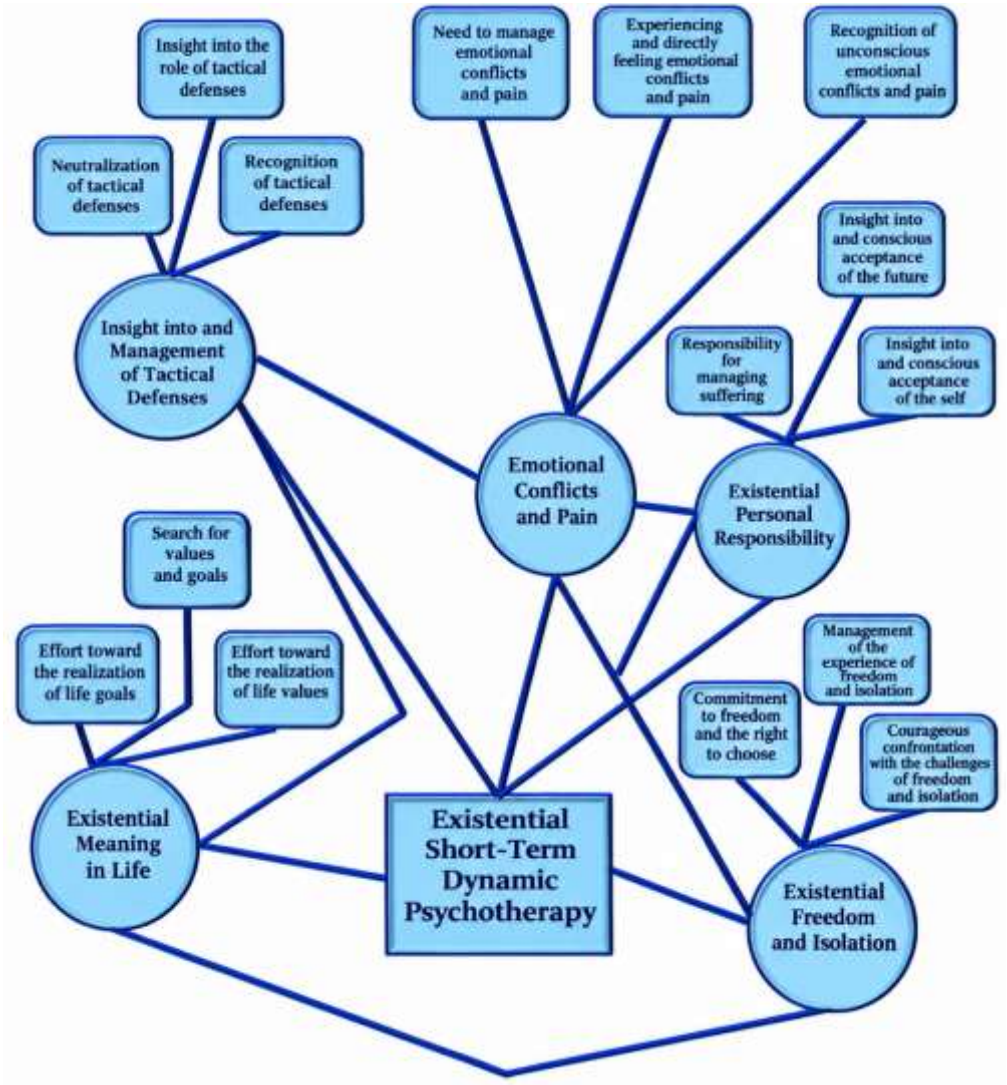
First-Order Organizing Theme	Second-Order Organizing Theme	Basic Theme
Emotional conflicts and pain (dynamic)	Recognition of unconscious emotional conflicts and pain	Emotional pain; unconscious conflict; emotional conflicts
Emotional conflicts and pain (dynamic)	Experiencing and directly feeling emotional conflicts and pain	Experiencing emotional pain; experiencing emotional conflicts; directly feeling pain and conflicts
Emotional conflicts and pain (dynamic)	Need to manage emotional conflicts and pain	Neutralization of emotional pain; neutralization of emotional conflicts
Insight into and management of tactical defenses (dynamic)	Recognition of tactical defenses	Vague wording; indirect speech; generalization; externalization; diversion; prevarication; rationalization; intellectualization; rumination; denial; forgetting; talking about feelings instead of experiencing them
Insight into and management of tactical defenses (dynamic)	Insight into the functions and role of tactical defenses	Feeling-related functions of tactical defenses; emotional functions of tactical defenses
Insight into and management of tactical defenses (dynamic)	Neutralization of tactical defenses	Neutralization through requesting a definite response; blocking-based neutralization; verbal neutralization; challenge-based neutralization; doubt-based neutralization; confrontation-based neutralization

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Freedom and isolation (existential)	Courageous confrontation with the challenges of freedom and isolation	Challenge of freedom; challenge of isolation; courage to confront challenges
Freedom and isolation (existential)	Management of the experience of freedom and isolation	Interpersonal isolation; inner freedom; intrapersonal isolation; existential management of freedom and isolation
Freedom and isolation (existential)	Commitment to freedom and the right to choose	Right to choose; right to make decisions; commitment to choice; commitment to decision-making
Meaning in life (existential)	Search for values and goals	Personal values and goals; social values and goals; family values and goals; life values and goals
Meaning in life (existential)	Effort toward the realization of values	Free pursuit of values; committed pursuit of values
Meaning in life (existential)	Effort toward the realization of goals	Free pursuit of goals; committed pursuit of goals
Personal responsibility (existential)	Insight into and conscious acceptance of the self	Self-insight; responsible commitment to the self; conscious commitment to the self
Personal responsibility (existential)	Insight into and conscious acceptance of the future	Insight into the future; responsible commitment to the future; conscious commitment to the future
Personal responsibility (existential)	Responsibility for managing suffering	Suffering in life; insight into suffering; management of suffering

Figure 1

Thematic Network of the Integrated Theoretical Model of Existential Short-Term Dynamic Psychotherapy



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As shown in Table 2, the organizing themes comprise five major thematic categories, each containing its own corresponding basic and specific themes.

- **First organizing theme: Emotional conflicts and pain (dynamic).** (1) Recognition of unconscious emotional conflicts and pain, including emotional pain, unconscious conflict, and emotional conflicts; (2) experiencing and directly feeling emotional conflicts and pain, including experiencing emotional pain, experiencing emotional conflicts, and directly feeling pain and conflicts; and (3) the need to manage emotional conflicts and pain, including the neutralization of emotional pain and the neutralization of emotional conflicts.
- **Second organizing theme: Insight into and management of tactical defenses (dynamic).** (1) Recognition of tactical defenses, including recognition of vague wording, indirect speech, generalization, externalization, diversion, prevarication, rationalization, intellectualization, rumination, denial, forgetting, and talking about feelings instead of directly experiencing them; (2) insight into the functions and role of tactical defenses, including the feeling-related functions of tactical defenses and the emotional functions of tactical defenses; and (3) neutralization of tactical defenses, including neutralization based on requesting a definite response, blocking, verbal intervention, challenge, doubt, and confrontation.
- **Third organizing theme: Freedom and isolation (existential).** (1) Courageous confrontation with the challenges of freedom and isolation, including the challenge of freedom, the challenge of isolation, and courage in confronting challenges; (2) management of the experience of freedom and isolation, including interpersonal isolation, inner freedom, intrapersonal isolation, and the existential management of freedom and isolation; and (3) commitment to freedom and the right to choose, including the right to choose, the right to make decisions, commitment to choice, and commitment to decision-making.
- **Fourth organizing theme: Meaning in life (existential).** (1) Search for values and goals, including personal values and goals, social values and goals, family values and goals, and life values and goals; (2) efforts toward the realization of values, including the free pursuit of values and committed pursuit of values; and (3) efforts toward the realization of goals, including the free pursuit of goals and committed pursuit of goals.
- **Fifth organizing theme: Personal responsibility (existential).** (1) Insight into and conscious acceptance of the self, including self-insight, responsible commitment to the self, and conscious commitment to the self; (2) insight into and conscious acceptance of the future, including insight into the future, responsible commitment to the future, and conscious commitment to the future; and (3) responsibility for managing suffering, including suffering in life, insight into suffering, and the management of suffering.

The results of the thematic analysis were compared with the scientific texts by six independent coders. Following revisions to the thematic analysis, the Content Validity Ratio (CVR) and Content Validity Index (CVI) were both equal to 1.00 for the six independent coders.

4. Discussion and Conclusion

The present study aimed to develop an integrated linear and process-based theoretical model of short-term dynamic psychotherapy and existential psychotherapy through qualitative deductive thematic network analysis. The findings indicated that the proposed model consisted of five principal organizing themes: emotional conflicts and pain, insight into and management of tactical defenses, existential freedom and isolation, existential meaning in life, and existential personal responsibility. These themes reflected a progression from recognition and processing of emotionally conflictual experiences toward greater existential awareness, deliberate choice, value-based direction, and responsibility. The resulting structure suggests that psychodynamic and existential approaches can be theoretically integrated not merely by placing their concepts side by side, but by organizing them within a process in which emotional access and defensive restructuring may create conditions for deeper existential engagement.

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The first organizing theme, emotional conflicts and pain, included recognition of unconscious emotional conflicts and pain, direct experiencing of these conflicts and painful affects, and the need to manage them. This finding is consistent with the central role assigned to affective experience in short-term psychodynamic psychotherapy. Contemporary short-term dynamic approaches assume that many psychological symptoms are maintained through avoidance of emotionally significant experiences and unresolved internal conflicts. The present model therefore places recognition of emotional pain at the beginning of the therapeutic process because awareness of previously avoided emotional material may be necessary before meaningful change can occur. Evidence from recent research supports this emphasis. Intensive short-term dynamic psychotherapy has been shown to be relevant to difficulties in emotion regulation among individuals with depression, suggesting that direct work with emotional experience is an important pathway to psychological change (5). Similar findings have been reported in generalized anxiety disorder, where ISTDP has been associated with changes in cognitive emotion regulation and experiential avoidance (8). These findings support the present study's assumption that emotional conflicts and pain should be treated as foundational components of an integrated psychotherapeutic model.

The emphasis on direct emotional experiencing is also compatible with findings from studies examining depression and complex psychological problems. The effectiveness of intensive short-term dynamic psychotherapy in major depression indicates that psychodynamic interventions can facilitate change by helping patients access and process affective experiences that have previously been defended against (6). Similarly, short-term psychodynamic psychotherapy for complex patients emphasizes treatment processes involving affective, interpersonal, and defensive mechanisms rather than symptom reduction alone (3). The present model extends this logic by situating emotional conflict within a broader therapeutic sequence. In this sequence, emotional pain is not simply reduced; rather, it is first recognized, then experienced, and finally managed in a more adaptive manner. This progression is theoretically important because it distinguishes emotional processing from mere emotional expression.

The second organizing theme, insight into and management of tactical defenses, further reflects the psychodynamic foundation of the proposed model. The findings identified recognition of tactical defenses, insight into their functions, and their neutralization as distinct but related processes. This result is theoretically coherent with intensive short-term dynamic psychotherapy, in which defensive processes are understood as mechanisms that prevent direct access to emotionally meaningful experience. Defenses may reduce immediate anxiety, but rigid reliance on them can maintain psychological symptoms and interfere with self-awareness and interpersonal functioning. The present findings suggest that successful therapy requires not only identifying defenses but also helping individuals understand what these defenses accomplish psychologically and how they block contact with underlying emotion.

This interpretation is supported by studies examining the effects of ISTDP across different clinical populations. In adolescents with internet addiction, ISTDP has been investigated in relation to digital distress, self-destructive tendencies, psychosomatic symptoms, and health-related behaviors, suggesting that defensive and affective processes may contribute to a broad range of maladaptive outcomes (9). Likewise, research among female students with self-harming behaviors has shown that intensive short-term dynamic psychotherapy can be relevant to anxiety and resilience, both of which may be closely connected to defensive coping and emotional avoidance (7). From the perspective of the present model, tactical defenses may therefore be conceptualized as a central bridge between emotional conflict and psychological symptoms. Their recognition and neutralization may allow the individual to shift from defensive avoidance toward more direct emotional and existential engagement.

The findings concerning tactical defenses are also consistent with research emphasizing personality characteristics and treatment processes in short-term psychodynamic psychotherapy. Personality disorder and personality traits may influence how patients respond to psychodynamic treatment, including how they use defenses, regulate emotion, and engage with the therapeutic relationship (4). Similarly, treatment outcomes in complex patients appear to depend partly on the quality of psychodynamic processes activated during therapy (3).

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These findings reinforce the importance of including defensive functioning explicitly within an integrated model. They also suggest that the process of defense recognition may need to be individualized according to the patient's personality organization, level of anxiety tolerance, and capacity for emotional awareness.

The third organizing theme, existential freedom and isolation, marked a conceptual transition from dynamic emotional work to existential engagement. This theme included courageous confrontation with the challenges of freedom and isolation, management of the experience of freedom and isolation, and commitment to freedom and the right to choose. The inclusion of these elements indicates that emotional insight alone may not be sufficient for comprehensive psychological change. Individuals who become more aware of their emotional conflicts must also confront questions concerning autonomy, aloneness, uncertainty, and choice. Existential psychotherapy conceptualizes such concerns as inevitable dimensions of human existence rather than abnormalities that should be removed. The therapeutic task is therefore to help individuals confront these realities with greater awareness and responsibility.

The present findings are consistent with contemporary existential psychotherapy literature emphasizing engagement with freedom, choice, vulnerability, and authenticity (2, 11). Existential interventions have also demonstrated relevance to interpersonal difficulties, including fear of intimacy and sexual self-expression in women with marital conflict (13). These findings are particularly relevant to the present model because the experience of existential isolation may become especially salient in close relationships. Difficulties in intimacy can reflect not only interpersonal fear but also deeper concerns about vulnerability, autonomy, and the tension between connectedness and separateness. The present model therefore situates freedom and isolation as essential post-dynamic themes that may become more accessible once defensive emotional processes are reduced.

The findings are also supported by research on existential anxiety and emotional regulation. Existential anxiety has been examined alongside generalized anxiety and emotion-regulation strategies, indicating that emotional distress can include concerns that are broader than symptom-based anxiety alone (12). In addition, existential therapy has shown relevance to meta-worry and distress tolerance among adolescents with social anxiety disorder (14). These findings support the idea that individuals may benefit from learning not merely to eliminate distress but to tolerate and interpret it within a broader existential framework. In the current model, managing freedom and isolation may therefore represent a transition from defensive avoidance toward deliberate acceptance of existential uncertainty.

The fourth organizing theme, existential meaning in life, included searching for values and goals and striving toward the realization of those values and goals. This finding is strongly compatible with existential and meaning-centered psychotherapies. Meaning in life functions as an organizing dimension through which individuals interpret suffering, relationships, identity, and future direction. When psychological distress disrupts this organizing function, individuals may experience confusion, emptiness, helplessness, or disconnection from valued goals. The present findings therefore indicate that an integrated model should not stop at emotional insight but should help individuals translate insight into meaningful life orientation.

This interpretation is supported by the evidence concerning logotherapy and meaning-centered therapy. A systematic review examining such interventions in women with breast and gynecological cancer demonstrated their relevance to both psychological and existential symptoms (15). This evidence suggests that meaning-focused work may be particularly important when individuals face suffering that cannot simply be removed. Similarly, brief existential psychotherapy emphasizes pragmatic work with stress while preserving attention to meaning, responsibility, and individual orientation toward life (11). The present model reflects this logic by treating values and goals as active therapeutic components rather than abstract philosophical concepts.

The emphasis on meaning is also consistent with earlier psychodynamic-existential conceptualizations. Teacher burnout has been interpreted through a psychodynamic-existential framework in which exhaustion is related not only to psychological strain but also to unmet ideals, meaning, and existential investment (17). Burnout among nurses has similarly been discussed from an existential-psychodynamic perspective, highlighting the importance of meaning and

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identity in prolonged psychological distress (18). Moreover, the career narratives of social entrepreneurs have been understood through a psychodynamic-existential lens integrating unconscious motivation with meaning, identity, and purpose (1). These studies support the present model's proposition that psychological distress often involves both intrapsychic conflict and existential disorientation.

The fifth organizing theme, existential personal responsibility, included insight into and conscious acceptance of the self, insight into and conscious acceptance of the future, and responsibility for managing suffering. This theme represents the culmination of the proposed process. From an existential perspective, awareness without responsibility may remain therapeutically incomplete. Individuals may understand their emotional patterns and existential concerns but still avoid active ownership of their choices. The present findings therefore suggest that responsibility functions as the mechanism through which emotional awareness, freedom, and meaning are translated into committed action.

This result aligns with contemporary integrative developments in psychotherapy. The integration of existential perspectives into schema therapy has emphasized the importance of bringing themes such as choice, responsibility, mortality, and meaning into structured therapeutic work (19). Similarly, existential-spiritual psychotherapy conceptualizes personal responsibility and meaning as central components of psychological growth (2). The present model extends this integrative perspective by placing responsibility after emotional and existential processing, suggesting that the capacity to assume responsibility may emerge more authentically when individuals have already confronted defensive processes, painful affects, freedom, isolation, and personal values.

The role of emotion within existential psychotherapy also supports this process. Existential-humanistic psychotherapy emphasizes that engagement with meaning and responsibility cannot be separated from emotional experience (16). This is important for the present model because it prevents the existential components from becoming overly intellectualized. Responsibility, choice, and meaning are not treated as cognitive decisions alone; rather, they are understood as emotionally lived commitments. The findings therefore support an integrated sequence in which dynamic work reduces barriers to emotional contact and existential work helps the individual use that emotional contact in the service of authentic choice and responsibility.

The integrated character of the proposed model is further supported by broader research on psychotherapy integration and human adaptation. The growing use of existential concepts within structured therapeutic frameworks suggests that theoretical integration is increasingly considered both feasible and clinically meaningful (19, 20). Research in humanistic and existential psychotherapy has also emphasized the importance of connecting clinical theory with empirical research rather than treating existential therapy as separate from evidence-based psychological practice (20). The current findings are compatible with this movement because the model was derived from systematic analysis of scientific literature rather than from purely philosophical synthesis.

Although not directly focused on psychotherapy, research on short-term psychological dynamics in changing contexts also supports the process-oriented nature of the proposed model. The finding that psychological and adaptive capacities may change over relatively short periods under new environmental conditions illustrates the importance of conceptualizing human functioning dynamically rather than statically (21). The current model similarly assumes that psychological change unfolds through successive processes, beginning with recognition of conflict and defense and progressing toward meaning, choice, and responsibility.

Overall, the findings suggest that short-term dynamic psychotherapy and existential psychotherapy possess substantial theoretical compatibility. Dynamic psychotherapy contributes a precise framework for identifying emotional conflict, anxiety, and defensive processes, whereas existential psychotherapy contributes a framework for understanding freedom, isolation, meaning, values, and responsibility. Their integration may therefore address both the underlying emotional mechanisms of distress and the individual's broader relationship with existence. Rather than conceptualizing the two approaches as competing traditions, the present results indicate that they may operate sequentially and complementarily within a unified therapeutic process.

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A notable limitation of the present study is that the proposed model was developed through qualitative analysis of theoretical and empirical sources rather than through direct clinical testing. Although the inclusion of multiple scientific sources and the use of independent coders increased methodological rigor, the findings remain theoretical and require empirical validation. The study also depended on the accessibility and quality of available literature, and some potentially relevant sources may not have been retrieved. In addition, the model was designed at a general theoretical level and did not examine differences associated with diagnosis, age, cultural context, severity of psychopathology, personality organization, or treatment setting. The process-based sequence identified in the study may therefore operate differently across clinical populations.

Future research should empirically test the proposed model through intervention-development studies, pilot trials, randomized controlled trials, and process-outcome research. Researchers could develop a structured treatment protocol based on the five organizing themes and examine whether therapeutic change follows the proposed sequence. It would also be useful to investigate mediating mechanisms, including changes in defense use, emotional awareness, experiential avoidance, existential anxiety, meaning in life, personal responsibility, and attachment-related functioning. Future studies should examine the model in diverse clinical and nonclinical populations and compare it with established forms of ISTDP, existential psychotherapy, cognitive-behavioral therapy, schema therapy, and acceptance-based interventions. Longitudinal research could further determine whether changes in emotional processing precede changes in meaning, responsibility, and psychological adjustment.

In clinical practice, the proposed model may be used as a conceptual framework for therapists working with individuals whose difficulties involve emotional avoidance, unresolved conflict, insecure relational patterns, existential anxiety, lack of meaning, or difficulty assuming responsibility for personal choices. Practitioners may begin by identifying emotional pain and defensive processes, gradually facilitate direct contact with avoided affect, and then address existential themes of freedom, isolation, values, goals, and responsibility. The model may also support treatment planning by helping clinicians determine whether a patient is primarily struggling with defensive emotional processes or with broader existential concerns. Its application should remain flexible rather than mechanically sequential, with attention to the patient's readiness, emotional tolerance, interpersonal functioning, cultural context, and therapeutic alliance.

Authors' Contributions

All authors equally contributed to the study and to manuscript development, and all approved the final version.

Declaration

The authors declare that artificial intelligence tools were used only to assist with language editing, translation, and improvement of the manuscript's readability. All conceptualization, study design, data collection, data analysis, interpretation of findings, and final approval of the manuscript were performed by the authors. The authors take full responsibility for the accuracy, integrity, and originality of the content.

Transparency Statement

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

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Declaration of Interest

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Ethics Considerations

The study placed a high emphasis on ethical considerations. Informed consent obtained from all participants, ensuring they are fully aware of the nature of the study and their role in it. Confidentiality strictly maintained, with data anonymized to protect individual privacy. The study adhered to the ethical guidelines for

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research with human subjects as outlined in the Declaration of Helsinki.

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