




Comparing the Effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy Enriched with Compassion on the Components of Dysfunctional Communication Beliefs in Women Seeking Divorce

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ABSTRACT

Objective: This study aims to compare the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) enriched with compassion in altering dysfunctional communication beliefs among women seeking divorce.

Methods: Statistical population of this study consisted of all women seeking divorce in District 4 of Tehran city in the year 2021, who were selected from counseling centers supervised by the Organization of Psychology and Welfare through convenience sampling. Next, Eidelson and Epstein's (1982) Communication Beliefs Questionnaires were distributed for completion, and 45 individuals who scored high on these scales were selected as the sample and randomly placed into two experimental groups and one control group (each group consisting of 15 individuals). For data analysis, descriptive statistical methods (frequency indices, mean, and standard deviation) and inferential statistics (multivariate repeated measures analysis of variance) using SPSS-24 were employed.

Findings: Results indicated no significant difference between the ISTDP and ACT enriched with compassion in altering dysfunctional communication beliefs. Both groups showed improvement compared to the control group, but no significant difference was noted between the two in terms of effectiveness.

Conclusion: Both ISTDP and ACT enriched with compassion are effective in reducing dysfunctional communication beliefs among women seeking divorce, with no significant difference in effectiveness between the two. This suggests that both therapeutic approaches can be beneficial in this context. Future research should consider broader and more diverse samples, longer follow-up periods, and comparisons to active control groups to further understand the sustained impact and efficacy of these therapies.

Keywords: ISTDP, ACT, compassion, communication beliefs, divorce.

1. Introduction

One of the psychological problems affecting the divorce request by couples is dysfunctional communication beliefs. Rational beliefs are those that are realistic, consistent with reality, can be supported by reasoning, and are expressed as preferences or inclinations rather than as a necessity. Irrational beliefs form a self-destructive philosophy that is not consistent with reality, is based on suspicion, and incorrect preliminary information, and is like a mandatory command (Danesh et al., 2023). Irrational beliefs are inflexible, unrealistic, and unhelpful thoughts that include phrases such as "must," "absolutely," or "need." They pose impossible and unrealistic demands for oneself, others, or the world that cannot be fulfilled. Consequently, irrational beliefs cause dysfunctional emotions and behaviors (Dalokay & Aydin, 2023). Therefore, someone harboring such beliefs cannot adopt a new perspective on the issue. Factors such as gender, age, education, and culture (Asmand et al., 2014; Eidelson & Epstein, 1982; Fasihi et al., 2018; Ghazizadeh et al., 2018; Lampis et al., 2019; Salehpour et al., 2020) affect irrational beliefs. This is explained by various cultural norms and cognitive abilities. In this context, there are five irrational communication beliefs: belief in the destructiveness of disagreement, expectation of mind reading, belief in the immutability of the spouse, sexual perfectionism, and belief in gender differences (Albein-Urios et al., 2019; Rahimi et al., 2019). Belief in the destructiveness of disagreement means that disagreement is destructive and devastating, and any discord or difference of opinion destroys a relationship. Expectation of mind reading means that one's feelings, thoughts, and needs should be recognized by the partner without the need for expression or communication. Belief in the immutability of the spouse means believing that couples cannot change and are incapable of altering themselves and their relationship (Mosayebi dorche et al., 2022; Salehpour et al., 2020). Sexual perfectionism means that each person should expect sexual perfection from their spouse and themselves. Belief in gender differences refers to beliefs about the dissimilarities and misunderstanding of the differences between men and women (Albein-Urios et al., 2019). Research shows that irrational communication beliefs are associated with weaker interaction, lower marital satisfaction, and higher emotional and physical abuse in relationships. Communication beliefs are one of the crucial areas in communication processes determining the type of relationship (Rahimi et al., 2019). Rational relationships are

the most common problem expressed by dissatisfied couples. Findings indicate that irrational communication beliefs negatively significantly correlate with marital satisfaction, adjustment, and dysfunctional problem-solving. Communication beliefs can be a suitable predictor for a successful marital life and relationship quality and affect the quality of romantic relationships (Salehpour et al., 2020). Other studies have also shown that efficient beliefs mediate between attachment styles and relationship satisfaction. Individuals with insecure attachment styles experience less marital satisfaction because they have fewer efficient beliefs about their ability to care for others and seek care from others (Albein-Urios et al., 2019).

Intensive Short-Term Dynamic Psychotherapy (ISTDP), recognized for its lasting efficacy, has garnered interest among scholars. This condensed version of psychodynamic therapy, pioneered by Habib Davanloo in the 1970s, posits that formative attachment experiences critically shape adult attachment styles. It suggests that emotions and impulses potentially damaging to these attachments are repressed (Davanloo, 2001, 2013). ISTDP identifies the "triangle of conflict" where central emotions, if associated with past attachment disturbances, become sources of anxiety and are consequently avoided, perpetuating unhealthy relational dynamics and symptoms (Caldirola et al., 2020; Caselli et al., 2023; Taghavi et al., 2019). The therapy's aim is to make these unconscious emotions and impulses conscious, through a process termed "unlocking the unconscious." This unlocking varies in depth and often initially involves the therapist-patient dynamic. As patients become conscious of these emotions, the therapy aids in correlating them with past attachments, enhancing insight, decreasing anxiety, and altering maladaptive patterns (Qaziani & Arefi, 2017; Town et al., 2017; Ziapour et al., 2023). Patients' defenses, while initially protective, present varying levels of resistance, balancing against an innate drive towards better self-understanding and validation (the unconscious therapeutic alliance). Therapists, therefore, tailor their approach to patient sensitivities. ISTDP's theory underscores the role of processing deep-seated emotions and understanding their interplay with anxiety and defenses in alleviating symptoms and modifying behaviors (Abbass & Town, 2013; Town et al., 2017), proving particularly beneficial for women facing marital burnout and contemplating divorce.

In the other hand, Acceptance and Commitment Therapy (ACT), unlike traditional cognitive-behavioral therapy approaches, does not directly work on reducing symptoms. Instead, it targets the utility and function of psychological

experiences such as thoughts, feelings, memories, and sensations and pursues meaningful life activities regardless of their presence (Afshinpoor et al., 2018; Amidisimakani et al., 2018; Khosroshahi et al., 2019). Its underlying principles include: 1) acceptance or willingness to experience pain or other disturbing events without trying to control them, 2) value-based action or commitment coupled with a willingness to act as meaningful personal goals rather than eliminating unwanted experiences. It also involves verbal and cognitive processes interacting with other non-verbal dependencies in ways that lead to healthy functioning. This approach includes exercises based on exposure, linguistic metaphors, and methods like mindfulness (Barnes et al., 2023; Karimi et al., 2022). Generally, therapists encourage clients in ACT to reduce unhelpful battles with psychological content while fostering a more accepting stance to move in a valued direction (Afshari et al., 2022; Caletti et al., 2022). For instance, in the application of ACT for anxiety disorders, the client learns to end the struggle with discomfort associated with anxiety and to engage in activities that bring them closer to chosen life goals (values) (Otared et al., 2021; Zarling et al., 2019). Self-compassion, as a positive stance towards oneself when things go wrong, is considered both a trait and an effective protective factor for cultivating emotional resilience. Compassion entails being moved by one's own suffering and harsh behavior towards oneself, an unjudgmental understanding of pain, incompetencies, and failures as part of a broader human experience (Janbozorgi et al., 2020; Neff, 2019). This construct is defined by three main elements: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. These components, in combination and interaction, form the mental format of self-compassion (Raque-Bogdan et al., 2016). Moreover, in ACT enriched with compassion, rather than changing cognitions, the treatment attempts to enhance an individual's psychological relationship with their thoughts and feelings. Initially, the treatment aims to increase psychological acceptance of mental experiences (thoughts, feelings) and, conversely, decrease dysfunctional control actions. Clients are taught that any action to avoid or control these mental experiences is futile or counterproductive, intensifying them, and that they must fully accept these experiences without any internal or external reaction to eliminate them (Saadati et al., 2021).

Therefore, the current research seeks to answer whether Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) enriched with

compassion are effective in altering dysfunctional communication beliefs in women seeking divorce.

2. Methods

2.1. Study Design and Participants

The research method of the present study was a quasi-experiment with one control group and two experimental groups. The statistical population of this study consisted of all women seeking divorce in District 4 of Tehran city in the year 2021, who were selected from counseling centers supervised by the Organization of Psychology and Welfare through convenience sampling. Next, Communication Beliefs Questionnaires were distributed for completion, and 45 individuals who scored high on these scales were selected as the sample and randomly placed into two experimental groups and one control group (each group consisting of 15 individuals). Initially, all three groups were pre-tested using research instruments. Subsequently, Intensive Short-Term Dynamic Psychotherapy was conducted for the first experimental group and Acceptance and Commitment Therapy enriched with compassion for the second experimental group, while the control group did not receive any psychological intervention and was simply placed on a waiting list. After the intervention period, all three groups underwent a post-test and a follow-up test one month later.

2.2. Measures

2.2.1. Communication Beliefs

Relationship Beliefs Inventory (RBI): This questionnaire consists of 40 items and 5 sub-scales, developed by Eidelson and Epstein in 1982. Each item is scored on a 6-point Likert scale from 0 (completely false) to 5 (completely true). The five sub-scales of this inventory include 1) belief in the destructiveness of disagreement, 2) belief in the immutability of the spouse, 3) expectation of mind reading, 4) sexual perfectionism, and 5) belief in gender differences. The Cronbach's alpha coefficient for the sub-scales ranged from 0.72 to 0.81 (Eidelson & Epstein, 1982). The translation and examination of the psychometric properties of the Persian version were carried out by Mazaheri and Pour Etemad (2001), who calculated the Cronbach's alpha reliability between 0.60 and 0.72.

2.3. Interventions

2.3.1. Intensive Short-Term Dynamic Psychotherapy Protocol (ISTDP)

In this study, the implementation of the independent variable took place over 16 sessions based on Dr. Habib Davanloo's ISTDP protocol (Davanloo, 2001, 2013). A summary of the session structure based on the dynamic sequence is as follows:

First Stage - Inquiry about problems

Determining the patient's ability and capacity to respond and explore the nature and factors of the problem

Gaining deeper and more accurate information

Specifying the beginning and continuation of the problem

Second Stage - Pressure

Initiating pressure with specific and concrete demands against vague responses

Following up questions and increasing pressure to feel emotions based on technical interventions

Third Stage - Challenge

Identifying and clarifying defenses

Provoking the patient against their defenses

Challenge based on technical interventions

Fourth Stage - Transference Resistance

Signs of transference resistance appearance

Directly engaging with transference resistance based on technical interventions

Fifth Stage - Experiencing Transference Emotions

Continuing pressure and challenge until signs of nearing emotions and impulses

Focusing on experiencing emotions directly instead of defenses

Expressing emotions to the therapist and describing them

Experiencing emotions with all cognitive/physiological/motor components

Strengthening therapeutic alliance

Sixth Stage - Analysis of Transference

Establishing a connection and analyzing similarities between the patient's communication pattern in transference with their current and past relationships

Seventh Stage - Dynamic Exploration in the Unconscious

Analyzing disclosed materials with two triangles of conflict and person

Exploring in family life

Making inquiries more dynamic and clarifying the patient's core conflict structure

2.3.2. Acceptance and Commitment Therapy Protocol Enriched with Compassion

The session protocol is organized from the protocol of Acceptance and Commitment Therapy (Saadati et al., 2021) and Compassion-Focused Therapy (Gilbert, 2009). It comprises 10 sessions of 90 minutes over 8 consecutive weeks. The content of each session is presented below.

First Session: Introducing members and establishing therapeutic rapport

In this initial session, the primary focus is on building rapport among the group members and between the members and the therapist. Participants complete research questionnaires to assess baseline measures of relevant variables. The session includes an introduction to the four key life areas: health, relationships, work, and personal growth. The aim is to increase awareness of current issues and enhance motivation for change. Participants are asked to identify their own key life area as homework, fostering a deeper understanding of their personal motivations and challenges.

Second Session: Understanding three emotion regulation systems, clarifying the security system

This session delves into the three emotion regulation systems: threat, drive, and soothing. The characteristics and functions of each system are discussed, with a particular emphasis on the security (soothing) system and its role in emotional regulation. The objective is to initiate the activation of the soothing system and reduce the hyperactivity of the threat and drive systems. Homework involves observing and noting when the defense or motivation system is activated, which promotes self-awareness and the beginning of emotional self-regulation.

Third Session: Defining and explaining the mind and control issues

Participants learn about the mind and its control issues through metaphors like the mind as a factory and the shovel metaphor, which illustrates how mental efforts can sometimes exacerbate problems. The concept of creative despair is introduced, encouraging participants to relinquish futile attempts at controlling their thoughts. This session promotes mindfulness and teaches participants to observe their thoughts without engaging in unproductive control efforts. For homework, participants practice mindfulness and identify their "shovels," or habitual thought patterns.

Fourth Session: Understanding the brain

The session explores the different parts of the brain (old, analytical, and conscious) and their roles in emotional

processing. By reviewing childhood memories and distinguishing between pure and impure suffering, participants gain insight into how past experiences shape current emotional responses. The goal is to strengthen the connection with the conscious brain, enhancing emotional regulation. Homework involves noting instances where different brain functions are at play, promoting deeper self-awareness.

Fifth Session: Introducing compassionate reasoning, teaching techniques of compassionate attention and being present

This session introduces compassionate reasoning, distinguishing it from logical reasoning, and emphasizes sensitivity to one's own suffering and the importance of being present. Techniques for compassionate attention and self-observation are taught. Participants learn to activate their soothing system and approach their experiences with compassion. Homework includes practicing compassionate reasoning and compassionate attention exercises, reinforcing these skills.

Sixth Session: Introducing compassionate behaviors

Participants practice extending compassion towards others through behaviors that demonstrate empathy and sympathy. Using the flashlight metaphor, they learn to focus on compassionate actions rather than blame or admonishment. The session aims to replace self-criticism and judgment with compassionate behaviors. Homework involves practicing empathy and compassion towards oneself and others, reinforcing these new behaviors in daily life.

Seventh Session: Introducing acceptance and distress tolerance

This session focuses on acceptance and distress tolerance using the metaphor of an uninvited guest. Participants learn to accept distressing thoughts and feelings rather than fighting them, viewing them as temporary guests. This approach fosters greater acceptance and tolerance of distress. Homework involves daily journaling of experiences related to acceptance and connecting with a conscious, compassionate mindset.

Eighth Session: Explaining disidentification and verbal change strategies to increase willingness

Participants learn cognitive disidentification using the metaphor of bus passengers, fostering the understanding that thoughts are separate from the self. Techniques for

observing thoughts with compassionate attention are practiced. This session aims to increase willingness to engage with thoughts and emotions without identifying with them. Homework involves noting mental experiences of disidentification and practicing self-observation.

Ninth Session: Demonstrating the importance of values and client awareness of the connection between values and acceptance

The focus shifts to identifying and prioritizing personal values, emphasizing their connection to acceptance and well-being. Participants engage in value assessment exercises and are introduced to the mind ceremony metaphor to understand the role of values in guiding actions. Homework involves identifying and prioritizing personal values, fostering a value-driven approach to life.

Tenth Session: Explaining values as a compass

The final session consolidates the understanding that values act as a compass for behavior, guiding compassionate actions. Participants are encouraged to actively pursue activities aligned with their values, even in the face of challenges. The aim is to solidify a compassionate, value-based approach to life. Homework includes creating and pursuing challenges aligned with personal values, reinforcing the commitment to a value-driven path.

2.4. Data analysis

For data analysis, descriptive statistical methods (frequency indices, mean, and standard deviation) and inferential statistics (multivariate repeated measures analysis of variance) using SPSS-24 were employed.

3. Findings and Results

In the ISTDP, ACT, and control groups, the average ages of the participants were respectively 34.00, 35.33, and 33.87. Descriptive indices of dysfunctional communication beliefs at pre-test, post-test, and follow-up stages are presented separately for groups in [Table 1](#). The results indicate that the mean of dysfunctional communication beliefs in the participants of ISTDP and ACT enriched with compassion groups in the post-test and follow-up are less than the mean scores of the participants in the control group and have decreased from pre-test to post-test in the experimental groups. However, there has been no significant change from the post-test to follow-up.

Table 1

Descriptive statistics findings

Variables	Group	Pre-test (Mean)	Pre-test (SD)	Post-test (Mean)	Post-test (SD)	Follow-up (Mean)	Follow-up (SD)
Belief in the destructiveness of disagreement	ISTDP	19.73	3.81	15.73	2.46	15.80	2.91
	ACT enriched with compassion	20.07	3.99	16.80	2.78	16.13	2.17
	Control	21.00	3.40	21.67	4.32	20.00	4.05
Expectation of mind reading	ISTDP	18.67	3.79	13.67	4.06	11.87	4.14
	ACT enriched with compassion	18.13	3.87	12.53	4.02	11.80	3.49
	Control	18.07	3.58	18.87	4.34	17.07	3.94
Belief in the immutability of the spouse	ISTDP	17.60	3.36	12.93	4.10	10.87	4.14
	ACT enriched with compassion	17.07	3.99	11.67	3.66	10.80	3.05
	Control	16.87	3.16	17.73	4.22	16.07	3.94
Sexual perfectionism	ISTDP	16.71	3.71	11.87	4.19	10.00	4.41
	ACT enriched with compassion	16.06	3.89	10.93	3.56	10.47	2.50
	Control	16.09	3.48	16.73	4.22	15.07	3.94
Belief about gender differences	ISTDP	16.73	3.81	11.60	3.85	9.87	4.13
	ACT enriched with compassion	16.07	3.99	10.80	3.67	10.20	2.76
	Control	16.06	3.41	16.73	4.20	14.67	4.62

To examine the normality of the population distribution due to the small sample size in each group ($n < 50$), the Shapiro-Wilk test was used. The results showed that the distribution of all variables is normal for each group ($P < 0.05$). Leven's test results indicated that the homogeneity of variances in dysfunctional communication beliefs has been achieved ($p > 0.05$). The Box's M test also showed that the homogeneity of the variance-covariance matrix has been achieved ($P > 0.05$, $F = 0.74$, Box's $M = 18.84$). The Bartlett's

test of sphericity also indicated that there is a moderate and significant correlation among dimensions of dysfunctional communication beliefs ($P < 0.001$, $\chi^2 = 340.49$). Moreover, the Mauchly's test results showed that the sphericity assumption has only not been met for the belief in the destructiveness of disagreement ($P > 0.05$), and the Greenhouse-Geisser epsilon correction should be used for estimating differences for this variable.

Table 2

Analysis of Between-Group Differences in Dimensions of Dysfunctional Communication Beliefs in Experimental Groups

Variables	Source	SS	df	MS	F	p	Eta ²
Belief in the destructiveness of disagreement	Test	287.62	1.50	191.67	70.84	0.001	0.72
	Group	7.51	1	7.51	0.31	0.59	0.01
	Test × Group	2.69	1.50	1.79	0.66	0.48	0.02
Expectation of mind reading	Test	728.16	2	364.08	23.04	0.001	0.45
	Group	7.51	1	7.51	0.54	0.47	0.02
	Test × Group	4.29	2	2.14	0.14	0.87	0.01
Belief in the immutability of the spouse	Test	697.36	2	348.68	24.15	0.001	0.46
	Group	8.71	1	8.71	0.67	0.42	0.02
	Test × Group	5.49	2	2.74	0.19	0.83	0.01
Sexual perfectionism	Test	643.89	2	321.94	19.21	0.001	0.41
	Group	3.21	1	3.21	0.33	0.57	0.01
	Test × Group	8.29	2	4.14	0.25	0.78	0.01
Belief about gender differences	Test	689.36	2	344.68	21.52	0.001	0.44
	Group	3.20	1	3.20	0.33	0.56	0.01
	Test × Group	5.76	2	2.94	0.18	0.84	0.01

The results show that there is no significant difference between the two groups of ISTDP and ACT enriched with compassion in dysfunctional communication beliefs according to group membership and the interactive effect of

test and group membership ($P > 0.05$). The results of the Bonferroni post-hoc test for comparing means according to test stages in experimental groups are presented in Table 3.

Table 3

Bonferroni Post-hoc Test for Comparing Mean Differences of Dysfunctional Communication Beliefs Dimensions by Test Stages in Experimental Groups

Variables	Groups	Pre-test - Post-test	p	Pre-test Follow-up	- p	Post-test Follow-up	- p
Belief in the destructiveness of disagreement	ISTDP	4.00	0.001	3.93	0.001	-0.07	0.99
	ACT enriched with compassion	3.27	0.001	3.93	0.001	0.67	0.29
Expectation of mind reading	ISTDP	5.00	0.04	6.80	0.005	1.80	0.48
	ACT enriched with compassion	5.60	0.008	6.33	0.001	0.73	0.99
Belief in the immutability of the spouse	ISTDP	4.67	0.007	6.73	0.003	2.07	0.62
	ACT enriched with compassion	5.40	0.012	6.27	0.001	0.87	0.99
Sexual perfectionism	ISTDP	4.87	0.02	5.73	0.004	1.87	0.92
	ACT enriched with compassion	5.12	0.02	5.60	0.001	0.47	0.99
Belief about gender differences	ISTDP	5.13	0.02	6.87	0.002	1.73	0.90
	ACT enriched with compassion	5.27	0.01	5.87	0.002	0.60	0.99

The results indicate that in both experimental groups, the means have decreased from pre-test to post-test and follow-up, and there is a significant difference ($P < 0.05$). Other results show that no significant change is observed from post-test to follow-up ($P > 0.05$).

4. Discussion and Conclusion

The research results indicate that there is no significant difference between the two groups of ISTDP and ACT enriched with compassion in dysfunctional communication beliefs based on group membership and the interactive effect of test and group membership. Based on what has been examined, the primary hypothesis of the present research is rejected. This means that there is no difference in the effectiveness of Intensive Short-Term Dynamic Psychotherapy and Acceptance and Commitment Therapy enriched with compassion on the dysfunctional communication beliefs of women seeking divorce. The research findings are consistent with previous studies that showed the effectiveness of the methods (Afshari et al., 2022; Aghili & Kashiri, 2022; Aghjane et al., 2021; Ahmadi et al., 2018; Amini & Karami Nejad, 2021; Aminifar et al., 2023; Balali Dehkordi & Fatehizade, 2022; Barnes et al.,

2023; Caldiroli et al., 2020; Caletti et al., 2022; Caselli et al., 2023; Ferreira et al., 2022; Fishbein et al., 2022; Hamidi et al., 2022; Heshmati et al., 2021; Jahangasht Aghkand et al., 2021; Karimi et al., 2022; Kashefi et al., 2023; Kazemeini et al., 2022; Larsson et al., 2022; Mami et al., 2021; Mardani et al., 2023; Mehboodi et al., 2022; Moazzami Goudarzi et al., 2021; Mobassem, 2022; Parisuz et al., 2019; Pasbani Ardabili et al., 2018; Pejman Hoviatdoost et al., 2020; Qaziani & Arefi, 2017; Rafiei Saviri et al., 2022; Ramezani et al., 2023; Rosso et al., 2019; Saadati et al., 2021; Sadeghi et al., 2022; Saito & Kumano, 2022; Salehian & Moradi, 2022; Sarafraz & Moradi, 2022; Shepherd et al., 2022; Tabibzadeh et al., 2021; Taghavi et al., 2019; Tajdin et al., 2021; Town et al., 2017; Van de Graaf et al., 2021; Yaghoobi et al., 2021; Ziapour et al., 2023).

Intensive Short-Term Dynamic Psychotherapy can be used as an effective therapeutic method for reducing interpersonal problems and dysfunctional beliefs in women with social anxiety (Caselli et al., 2023). Various reasons may explain why these two therapeutic methods have had the same effectiveness on the dysfunctional communication beliefs of women seeking divorce. In explaining the research results, it can be said that on the one hand, both Intensive Short-Term Dynamic Psychotherapy and Acceptance and

Commitment Therapy enriched with compassion can be effective in reducing the dysfunctional communication beliefs of women seeking divorce. Both treatments focus on identifying and changing dysfunctional communication and behavioral patterns. In Intensive Short-Term Dynamic Psychotherapy, the therapist helps women to connect with and deeply experience their real emotions. This can help women identify and change their dysfunctional communication beliefs (Abbass & Town, 2013; Caldiroli et al., 2020; Town et al., 2017). For example, a woman seeking divorce might be hindered by the dysfunctional communication belief that "if I express my emotions, my husband will not love me." With the help of Intensive Short-Term Dynamic Psychotherapy, the woman can express her emotions directly and honestly. Consequently, she might realize that her husband still loves her, even if she has negative emotions. In Acceptance and Commitment Therapy enriched with compassion, women learn to accept unpleasant emotions as a natural part of life. This can help women let go of negative thoughts and behaviors resulting from trying to avoid unpleasant emotions (Saadati et al., 2021). For example, a woman seeking divorce might be hindered by the dysfunctional communication belief that "if I criticize my husband, he will not love me anymore."

With the help of Acceptance and Commitment Therapy enriched with compassion, the woman can learn to express her emotions directly and honestly, even if they are negative. Consequently, she might realize that her husband still loves her, even if she criticizes him. Overall, both Intensive Short-Term Dynamic Psychotherapy and Acceptance and Commitment Therapy enriched with compassion can be effective in reducing the dysfunctional communication beliefs of women seeking divorce. Both treatments focus on identifying and changing dysfunctional communication and behavioral patterns. However, Intensive Short-Term Dynamic Psychotherapy focuses on helping women process their real emotions (Rosso et al., 2019), while Acceptance and Commitment Therapy enriched with compassion focuses on helping women accept their unpleasant emotions (Amini & Karami Nejad, 2021). Nevertheless, each individual and their specific circumstances have unique characteristics and needs, so choosing the appropriate therapeutic method should be done considering the individual's situation and needs.

5. Suggestions and Limitations

The study's limitations may include a restricted sample size and diversity, limiting generalizability to broader populations. The follow-up period might not have been sufficient to assess long-term therapy effects, while the control group design, if not involving active treatment, might inadequately represent alternative interventions. The reliance on self-report measures could introduce biases, and the specificity of treatment protocols might not encompass the full range of therapeutic techniques employed in practice. Additionally, therapist variability, including differences in experience and adherence to the therapeutic model, might have impacted the results but was not systematically controlled or reported.

Future research should broaden the sample size and diversity to enhance external validity and include longer follow-up periods to understand the sustained impact of therapies. Studies should compare interventions to active control groups for a more rigorous efficacy assessment and incorporate objective measures alongside self-reported data to validate outcomes. Detailed reporting of therapist characteristics and adherence to the therapy model is crucial to understand the influence of therapist variability. Incorporating qualitative data and a cost-effectiveness analysis could provide deeper insights and practical implications. Finally, exploring the mechanisms of change and the specific components contributing to therapy effectiveness will further elucidate how and for whom these therapies work best.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript. This article is derived from the first author's doctoral dissertation.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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