



The effectiveness of short-term intensive psychodynamic therapy on emotional self-awareness, empathy and self-compassion in psychotherapy trainees

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Background and Aim: Paying attention to the mental state of psychotherapy trainees plays an essential role in preparing students to enter the field of therapy. Therefore, this research was conducted with the aim of determining the effectiveness of short-term intensive psychodynamic therapy on emotional self-awareness, empathy and self-compassion in psychotherapy trainees. **Methods:** It was a semi-experimental research with a pre-test-post-test design with two experimental and control groups and a two-month follow-up. The statistical population of the research consisted of all the psychotherapist trainees in Tehran in 2021, who were selected by the available sampling method, 30 people and randomly replaced in two groups of 15 people. Data collection was done with emotional self-awareness questionnaire (Rifi et al., 2008), empathy questionnaire (Mehrabian and Epstein, 1972) and self-compassion questionnaire (Neff, 2003). For each of the experimental groups, an intervention program was held in the form of weekly meetings. In addition to descriptive statistics, data analysis was performed with mixed analysis of variance and Bonferroni's post hoc test. **Results:** The results showed that in the post-test period, between the mean scores of emotional self-awareness ($p < 0.01$), empathy ($p < 0.01$) and self-compassion ($p < 0.01$) of the experimental group in the intervention sessions compared to the control group. Statistically, the difference is significant. The effectiveness of short-term intensive psychodynamic therapy was stable over time in the subjects of the experimental groups. **Conclusion:** Based on the results of the research, conducting psychological interventions for the preparation of psychotherapy trainees is very important and can be a basis for raising awareness and correctly applying these interventions in psychotherapy trainees.



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Introduction

Psychotherapy is a profession that requires conscious management of all implicit events in the treatment environment. Since events outside the treatment process affect the flow of therapeutic communication, it is necessary to increase the awareness and self-awareness of psychotherapists (Williams, 2003). According to Nap et al.'s (2017) research, one of the psychological components seen in psychotherapy trainees is a lack of emotional self-awareness. This problem causes their inability to control emotions and emotional impulses, which may cause them to be weak in providing treatment (Fogel, 2020). Emotional self-awareness is the ability of people to understand their emotions and their effects on their performance. In other words, people with this skill can recognize even small changes in their emotions and are aware of how these emotions affect their behavior, performance and decisions (Huggins et al., 2020).

Golman (1995) considers emotional self-awareness to be the basis of other components of emotional intelligence and believes that people who have higher self-awareness have high self-confidence because they know their abilities and weaknesses. But those who are deficient in this skill, frequently blame bad luck or dumbness and stupidity for wrong decisions and inappropriate actions they do after these decisions (Zarkani, 2018). Therefore, emotional awareness is necessary because it allows a person to access important and inherent information about emotions, including their values, goals, and needs; Access to this knowledge in turn leads to more effective processing and regulation of emotions (Al-Bajali, 2019). Where emotional self-awareness is considered as a deeper element than emotion, it can be said that self-awareness is the main starting point in the development of emotional intelligence, because it plays a role in identifying and understanding emotions in a person. It also develops skills that help regulate emotions and empathize with others (Greski & Ranoff, 2019). In addition, the development of self-awareness, empathy skills and stress management is possible and has beneficial results for therapists (Geranmayehpour et al., 2020).

The research of Baybio et al. (2020) confirms the fact that empathy is an essential part of the therapeutic alliance in theories and is considered

essential in the process of psychotherapy or counseling. Empathy is the ability to recognize, understand and share the thoughts and feelings of another person (Bove, 2019). Empathy is based on self-awareness; The more open people are to their feelings, the more skilled they will be in understanding the feelings of others. In all relationships, the source of giving importance to others is emotional harmony and the ability to empathize with them (Kaluzoikiot, 2020). Empathy is an important ability that harmonizes a person with the feelings and thoughts of others, connects him to the social world, facilitates helping others and prevents harm to others (Vejdani & Nouri, 2019). This feature stimulates social behaviors and results in therapeutic coherence (Ozuni, 2012). Also, creating empathy is very important for establishing relationships and benevolent behavior and causes people to react to the abuse of their fellows, establish friendly relationships and make moral decisions. Humans show signs of empathy since childhood, and this characteristic grows continuously from childhood and adolescence to adulthood (Elliott et al., 2018). Usually, people can be effective in managing their relationships when they are able to understand and control their own emotions and feelings and empathize with the feelings of others (Watson et al., 2013). This feature is also very important in psychotherapists because it allows them to easily convince people and this is a manifestation of self-awareness, self-discipline and empathy. Psychotherapists who are deficient in empathy may not be able to understand the clients' emotional process well and the treatment process will be practically useless (Ulis, 2014).

In a systematic study on the improvement of the communication between the therapist and the patient reported with changes such as encouraging the patient to ask questions about issues that concern him. Increasing therapists' understanding of patients' expectations and concerns, strengthening attention to patients' feelings and empathizing with them in more than 50 cases of pain has increased clients' recovery. In addition, the quality of the data obtained from the patient during the history and examinations by the therapist improves with increasing empathy. Since 60 to 80 percent of diagnosis and treatment decisions are made based on the results of clinical history, it also helps the diagnosis process (Yeghini, 2015).

In addition to the mentioned cases, based on the research of Kotra et al. (2021), another factor that is important to examine in psychotherapists is self-compassion. In this regard, the research has also shown that one of the important factors in interpersonal relationships and human interactions is the examination of the feeling of compassion. It can show itself through empathy (Tran et al., 2022) and research results support a positive and significant relationship between empathy with a high level of compassion (Krisan et al., 2022). Although psychologists have spent much time in their empirical work examining empathy and compassion for others, self-compassion has only recently been explored. Since 2003, when Neff defined this construct and provided tools to measure it, until 2017, 1840 researches were conducted in this field (Germer & Neff, 2019). Self-compassion means being in touch with one's suffering and pain instead of refraining or cutting off the relationship with it, creating the desire to remove the pain and being kind to oneself. It also includes unnecessary judgments about incompetence, pain, and failures, because individual experience is a part of a person's larger experiences (Butz & Stalberg, 2020). Additionally, self-compassion is the ability to internalize understanding, acceptance, and love. Many psychotherapists can show compassion to others, but have trouble extending that same compassion to themselves (Lander, 2019). Whereas compassion requires paying attention to ourselves with the same kindness, concern and support that we show to a good friend. This feature causes people to be kind to themselves in case of negative thoughts. It also facilitates the process of engaging with challenges and developing skills to deal with problems. When facing life's struggles or dealing with mistakes and shortcomings, self-compassion responds to these factors with self-kindness instead of misjudgment, recognizing this imperfection is part of the common human experience (Gilbert et al., 2014). Hence, it can keep therapists' performance in balance even in challenging situations (Wang et al., 2016).

One of the treatment methods that can be predicted to improve emotional self-awareness, empathy and self-compassion in psychotherapy trainees is short-term intensive psychodynamic therapy. Short-term dynamic psychotherapy is a type of psychotherapy developed by Dr. Habib Davanlo (1995) at McGill University.

Duvanlow was the first to use video technology in therapy, has taught in several international training programs, and is actively researched and taught at the Center for Emotion and Health in Halifax, Canada (Chalager, 2016). Psychodynamic perspectives are based on the idea that thoughts and emotions are important causes of behavior and observable behaviors are a function of internal psychological processes. Perhaps the most basic focus of psychodynamic therapy is on emotional or psychological pain, in which life is imagined as a difficult and exhausting process (Mazlom & Arefi, 2019).

The psyche is built in the conflict to deal with and endure it and creates defenses or pain avoidance mechanisms: Ways of seeing, thinking, feeling and behaving that most of these activities happen outside of consciousness. These unconscious attempts to avoid emotional pain often fail, but because our awareness is limited, they are nevertheless repeated over and over again (Ajilchi et al., 2020). This psychotherapy refers to the therapist's use of the treatment framework to shape the transitional space. In this novel, the patient's unconscious communication issues with the therapist appear and repeat quickly. The therapist interprets them in relation to the symptoms that the patient complains about, in the framework of transference and using cross-transference and other techniques of object relationship therapy (Tourani, 2019).

Although short-term intensive psychodynamic therapy is considered the shortest and fastest method of psychoanalysis, it is still considered as a long-term and difficult treatment. In case, cognitive therapy based on mindfulness is a very flexible, simple, applicable treatment in all conditions and with the least amount of psychological pressure. If there is a difference between these two treatments, we can answer the question whether the third wave treatments, which are very simple and effortless, can replace long-term and exhausting psychoanalytic treatments or not. Based on this and considering the mentioned research gap, this research seeks to find the answer to the question of whether short-term intensive psychodynamic therapy is effective on emotional self-awareness, empathy and self-compassion in psychotherapy trainees?

Method

The research is semi-experimental with a pre-test-post-test-follow-up plan and control group

in terms of its practical purpose and implementation method. For the subjects of the experimental group, intervention sessions were carried out in a group according to specific treatment protocols, but the subjects of the control group did not receive any intervention program and were put on the waiting list for treatment. The statistical population of this research consisted of all psychotherapy trainees in Tehran in the fourth quarter of 2021. Interns are people who have at least a master's degree in one of the fields of psychology and counseling and related trends and are engaged in full-time or part-time training in one of the government and private centers licensed by the competent authorities. Since psychotherapy interns were working in different areas of Tehran as the researched community, and it was not possible to reach all psychotherapy interns because of this wide and scattered distribution. Therefore, the available sampling method was used to select the target sample. To select the sample, 30 centers including 5 government centers and 25 private centers were willing to cooperate in the implementation of the research. Then 30 people were selected from these centers and 15 people were randomly placed in the experimental group and 15 people in the control group. In this study, 15 people were considered for each group. Entry criteria: having at least a master's degree in psychology and counseling and related trends, age range (27 to 45 years old); Participating in one of the psychotherapy programs as an intern; At least 3 continuous months have passed since the entry of psychotherapy trainees into internship; Willingness and informed consent to participate in research and treatment sessions is considered; Participation in three periods of research intervention (pre-test, post-test and follow-up). Exclusion criteria: history of using drugs, alcohol, or suffering from a diagnosed mental disorder; Dissatisfaction with participation in intervention courses, incomplete responses to questionnaires in assessment stages; Absence of more than 1 session in the intervention sessions and defects in the post-test questionnaires.

Data collection is done in two library and field methods. In the library method to collect research data, part of the work is done in the form of theory. In this section, books, articles, treatises and researches and computer search are used to obtain articles and treatises from abroad. Regarding the field method, according to the

objectives of the research and its nature, the most appropriate method to collect the required information is to use the completion of the questionnaire and participation in the intervention sessions. The reason for choosing this method as an information gathering method is the need for the purpose of the research and the need to obtain valid information. For this purpose, after selecting the sample people and obtaining permission to carry out the executive tasks of the research and paying attention to the ethical principles of the research, the researcher proceeded to distribute self-report questionnaires among the people participating in the research (pre-test stage). Then, short-term psychodynamic therapy sessions and cognitive therapy sessions based on mindfulness during 8 sessions (each therapeutic intervention has 8 sessions) were performed weekly and in groups on the subjects of the experimental group. Finally, after the completion of the intervention sessions, self-report questionnaires were again given to the people of both groups to answer (post-test stage). Also, after 2 months of the post-test stage, the people of all three groups answered the questions of the self-report questionnaires as a follow-up stage. After collecting the data, the collected information was analyzed with appropriate statistical tests.

Materials

1. Emotional self-awareness questionnaire. The revised version of the emotional self-awareness questionnaire was designed by Rifi et al. (2008) to describe 6 aspects of emotional functioning, i.e. differentiation of emotions, verbal participation of emotions, disclosure of emotions, body awareness, attention to emotions of others and analysis of emotions. The questionnaire has 30 items and is completed on a 5-point Likert scale (from very agree, 5 points to very disagree, 1 point). Rifi et al. (2008) in a sample of 665 students, obtained the internal consistency of the questionnaire items in the original version for 6 emotional aspects in the following order: 0.74, 0.77, 0.76, 0.74, 0.77 and 0.77. Also, in the factor analysis performed on the original version of the emotional self-awareness questionnaire, which indicates the appropriate factor structure of the questionnaire, the creators (Reifi et al., 2008) have identified 6 factors that explain 49% of the variance. The psychometric characteristics of this questionnaire were investigated in Iran by Yousefi and Taghiani (2018). In the mentioned

research, the results of exploratory factor analysis using principal components analysis showed that the sum of components explains 52.13 of the total variance. Confirmatory factor analysis also indicated the optimal fit of the extracted model. The reliability coefficient of the questionnaire was calculated by the test-retest method for the whole questionnaire at 0.82 and for the components between 0.66 and 0.79. Also, the calculation of the correlation coefficients between the components of emotional awareness and the scale of emotional inadequacy and emotional intelligence showed that the above questionnaire has high and good criterion validity; Therefore, the emotional awareness questionnaire has the necessary psychometric properties for the Iranian sample. In the present study, the reliability of the total emotional self-awareness questionnaire was calculated with Cronbach's alpha coefficient equal to 0.91 and its subscales in the range between 0.54 and 0.95.

2. Empathy questionnaire. This tool, designed by Mehrabian and Epstein (1972), is a 33-item scale that measures one's emotional responses to the emotional reactions of others. It is scored on a 5-point Likert scale (from strongly agree, 5 points to strongly disagree, 1 point). The minimum and maximum score of the subject in the empathy scale is 33 and 297, respectively. Mehrabian and Epstein (1972) used factor analysis to determine the validity of this tool and reported its validity based on Cronbach's alpha coefficient of 0.84. In Iran, the psychometric properties of this scale were investigated by Basharat, Khodabakhsh, Farahani and Rezazadeh (2011) in a sample of 924 people, and the Cronbach's alpha coefficient was 0.91, which is a sign of good internal consistency. In order to check the construct validity of this scale, exploratory factor analysis with principal component analysis method was used, which was able to explain 0.67 of the total variance. Its convergent and discriminant validity was calculated through the simultaneous implementation of the mental health inventory and the list of positive and negative emotions. The results of Pearson

correlation coefficients showed that the subjects' score on the emotional empathy scale has a positive correlation with psychological well-being and positive emotions and a negative correlation with psychological helplessness and negative emotions. These results confirm the convergent and discriminant validity of the emotional empathy scale. In the present study, the reliability of the empathy questionnaire was calculated with Cronbach's alpha coefficient equal to 0.95.

3. Self-compassion questionnaire. In this research, the score obtained by the subject in the Self-Compassion Questionnaire (2003) was considered as the subject's self-compassion. This scale has 26 questions that are answered on a 5-point Likert scale (from almost never 1 point to almost always 5 points). In this study, the total score obtained from this questionnaire was considered as the total score of self-compassion. Questions 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24 and 25 are scored in reverse. Negative dimensions are scored inversely. NEF has reported the reliability coefficients of six subscales from 0.72 to 0.85, and the reliability coefficient of the whole test has been reported as 0.93 through retesting (NEF, 2003). Iranian researchers have reported the reliability coefficients of six subscales as 0.83 to 0.89. The factor analysis of this instrument using principal component analysis and varimax rotation explains a total of 75.11 percent of the total variance of the scale (Kord & Babakhani, 2016). The internal consistency of this questionnaire was reported in another domestic study for the components of self-kindness, self-judgment, human commonalities, isolation, mindfulness, and extreme identification as follows: 0.76, 0.88, 0.89, 0.91, 0.84 and 0.83 (Rezapour et al., 2021). In the present study, the total reliability of the self-compassion questionnaire was calculated as 0.89 and its subscales ranged from 0.51 to 0.95.

4. Short-term intensive psychodynamic therapy implementation protocol. In this research, short-term intensive psychodynamic therapy was implemented based on the Doanload (1996) protocol.

Table 1. Protocol of 8 sessions of 45 minutes of short-term intensive psychodynamic therapy intervention (Davanloo, 1996)

Session	Content
1	After conducting the interview and obtaining basic information, the symptoms of disorders and personal problems of the clients were searched for. What was emphasized was objective answers and

	focus on emotions. The clients stated some of the problems that happened recently, and if the answers of the clients were vague, general and unclear, they were expressed more objectively by performing appropriate speech intervention and describing the problem. Finally, clients were helped to know their feelings more and better and act objectively, clearly and clearly in expressing problems. Considering the client's ego capacity and his insight into problems and feelings, the steps of the dynamic sequence were followed as much as possible.
2	Clients' personal problems were addressed more objectively and in detail. Due to the deeper investigation of internal problems and conflicts of clients, psychological defenses became more active. The need to acquaint the clients with their defenses and to transform the defenses from "consistent with themselves" to "inconsistent with themselves" was considered one of the most important goals of this meeting. At the end of the meeting, the content of the meeting was analyzed and summarized. This is an essential factor in controlling anxiety.
3	Due to the clients encountering deeper feelings and psychological defenses, further interpretation and investigation was done. Incongruent defenses were targeted again and according to the individual's anxiety tolerance threshold, the defenses were challenged. This challenge caused transference resistance and provided appropriate content related to unconscious concepts. Interpretation and disclosure of defenses to experience transitional emotions was one of the most important activities of this stage.
4	It starts with asking about the current situation and the problem raised by the authorities. Due to the increase in the capacity of the clients and the experiences of the previous sessions, as well as gaining more insight, the intervention continued in a deeper and more objective manner. The pressure to experience transitional feelings and then interpret them was considered one of the most important parts of this session. Based on the client's progress, direct access to the unconscious is possible and this is fully analyzed and interpreted.
5	The problems and emotions of the clients were investigated and investigated during certain stages. (Relation of the problem of references with conflicts) was brought up. The client was asked to think about the conflicts in his relationship according to the new insight he gained during the sessions. In addition to the initial presentation of conflicts, the exploration of feelings and the neutralization of defenses and the attempt to truly experience the feeling take place.
6	Most of the mentioned items were: exploring one's feelings. The process of exploration, defense, neutralization of defense, experience of emotions, and the process of interpretation were done continuously and taking into account the client's ego capacity.
7	Also, dynamic sequence was considered by expressing the problems raised during real life. Bringing up any content in the meeting followed and explored and finally the real experience of feelings. At the end of the session, the client's thinking pattern was analyzed and interpreted in relation to their internal conflicts as well as conflicts.
8	It was devoted to summarizing all the therapeutic content. The insight into one's underlying feelings, the revelation of defense mechanisms and thought patterns in relation to one's internal conflict, how these defense mechanisms are raised in the interactive relationship and the problems in the relationship were among the things that were analyzed and analyzed during the eighth session. was analyzed.

Implementation

In this research, in order to protect the subjects' rights and protect their privacy and humanity, the following considerations were observed: The work process and the time required for it were fully explained to the subjects. Written consent was obtained from the subjects to participate in the research. In order to respect the privacy of individuals, the names of the subjects were avoided in the questionnaires and reports. The participants

were informed that the results were interpreted for them if they wished and that the people were informed that participating in the research would not cause any financial burden for the participants.

Two methods of descriptive and inferential statistics were used to analyze the data. Mean and standard deviation were used in the descriptive statistics section. In the inferential statistics section, two-factor analysis of variance with repeated measurements on one factor (mixed analysis of variance), Bonferroni's post hoc test, and the mean

test of two dependent groups (using the pairwise difference of scores) were used. The statistical software used in this research was spss version 26.

Results

The mean (standard deviation) age of the experimental group participants was 40.2 (10.4)

and the control group was 39.9 (10.5). Also, the minimum and maximum ages in the experimental group were 28 and 44 years and in the control group, 27 and 42 years.

Table 2. Mean and standard deviation of research data

Variable	Component	Stage	Exp. (n=15)		Control (n=15)	
			Mean	SD	Mean	SD
Emotional self-awareness	Differentiation of emotions	Pre-test	13/60	0/91	12/93	0/80
		Post-test	16/00	0/85	13/00	0/76
		Follow-up	15/87	0/99	13/07	0/80
	Verbal participation	Pre-test	4/33	0/62	4/27	0/70
		Post-test	6/73	0/70	4/53	0/92
		Follow-up	6/60	0/83	4/60	0/99
	Disclosure of emotions	Pre-test	10/73	0/70	10/67	0/82
		Post-test	12/87	0/64	10/87	0/99
		Follow-up	12/80	0/78	10/93	1/10
	body awareness	Pre-test	11/80	0/56	11/13	0/83
		Post-test	13/67	0/72	11/20	0/86
		Follow-up	13/53	0/83	11/27	0/88
	Attention to excitement	Pre-test	12/27	0/59	12/47	0/63
		Post-test	15/40	1/81	12/53	0/64
		Follow-up	15/33	1/80	12/60	0/62
Emotion analysis	Pre-test	12/93	0/70	12/73	0/80	
	Post-test	15/67	0/82	12/87	0/83	
	Follow-up	15/60	0/91	12/80	0/94	
Sympathy		Pre-test	117/60	3/27	118/33	4/06
		Post-test	136/47	4/93	118/87	4/5
		Follow-up	136/07	6/04	118/80	4/62
Self-compassion	Kindness to yourself	Pre-test	14/80	0/86	14/53	0/92
		Post-test	16/67	1/45	14/73	0/96
		Follow-up	16/60	1/50	14/67	0/98
	Self-judgment	Pre-test	14/00	1/07	13/87	1/06
		Post-test	17/33	1/23	14/00	1/13
		Follow-up	17/20	1/42	14/07	1/22
Human commonality	Pre-test	8/07	0/70	7/67	0/62	
	Post-test	10/80	0/68	7/80	0/68	
	Follow-up	10/60	0/91	7/87	0/83	
Isolation	Pre-test	4/60	0/63	4/53	0/51	
	Post-test	10/13	0/83	4/80	0/86	
	Follow-up	10/20	0/78	4/93	0/88	
Mindfulness	Pre-test	4/67	0/62	4/60	0/51	
	Post-test	8/13	0/74	4/67	0/62	
	Follow-up	8/07	0/88	4/80	0/68	
Extreme assimilation	Pre-test	7/00	1/13	6/93	0/80	
	Post-test	10/40	0/63	7/07	0/96	
	Follow-up	10/27	0/80	7/20	1/01	

According to the results of Table 2, the average dimensions of all the variables that have a positive semantic load, in the post-test and follow-up stage of the experimental group, have

been associated with an increase in the average, if this change was not observed in the evidence group.

Table 3. The results of the normal distribution of scores and homogeneity of variances test

Variable	Group	K-S			Levene			Mauchly		
		Df	Statistics	Sig	Df	Statistics	Sig	Statistics	Statistics	Sig
Differentiation of emotions	Exp.	15	1/41	0/22	28	1/50	0/245	3/15	0/84	0/16
	Control	15	0/78	0/85						
Verbal participation	Exp.	15	0/81	0/51	28	2/33	0/18	2/69	0/91	0/27
	Control	15	0/97	0/16						
Disclosure of emotions	Exp.	15	0/822	0/510	28	2/391	0/133	3/16	0/84	0/47
	Control	15	0/933	0/334						
body awareness	Exp.	15	0/532	0/924	28	1/754	0/196	2/55	0/77	0/35
	Control	15	0/748	0/516						
Attention to excitement	Exp.	15	1/07	0/129	28	0/842	0/367	2/67	0/93	0/30
	Control	15	0/745	0/651						
Emotion analysis	Exp.	15	1/011	0/235	28	1/246	0/274	2/99	0/95	0/46
	Control	15	0/627	0/735						
Sympathy	Exp.	15	0/912	0/326	28	0/157	0/695	3/18	0/80	0/33
	Control	15	0/731	0/629						
Kindness to yourself	Exp.	15	0/620	0/845	28	1/070	0/221	2/18	0/89	0/36
	Control	15	0/973	0/304						
Self-judgment	Exp.	15	0/437	0/947	28	2/702	0/112	2/44	0/85	0/24
	Control	15	0/545	0/922						
Human commonality	Exp.	15	0/532	0/924	28	0/842	0/367	2/67	0/93	0/30
	Control	15	0/748	0/516						
Isolation	Exp.	15	0/822	0/510	28	2/391	0/133	3/16	0/84	0/47
	Control	15	0/78	0/85						
Mindfulness	Exp.	15	0/81	0/51	28	0/157	0/695	3/18	0/80	0/33
	Control	15	0/933	0/334						
Extreme assimilation	Exp.	15	1/07	0/129	28	1/754	0/196	2/55	0/77	0/35
	Control	15	0/627	0/735						

The results of the analysis of variance of the repeated measurement of several variables among the studied groups in the research variables showed that the effect between the subject (group) is significant and this effect means that at least one of the groups is different

from each other in at least one of the research variables and are different. The within-subject effect (time) was also significant for the research variables, which means that there was a change in at least one of the average variables during the time from pre-test to follow-up.

Table 4. The results of analysis of variance with repeated measures to compare pre-test, post-test and follow-up in experimental and control groups.

Variable	Source	SS	df	ME	F	Sig	Eta ²
Differentiation of emotions	Group*time	170/556	2	85/278	25/632	0/001	0/423
	Group	81/667	1	81/667	19/656	0/001	0/412

Verbal participation	Group*time	179/289	2	89/644	31/419	0/001	0/515
	Group	48/600	1	48/600	12/862	0/001	0/315
Disclosure of emotions	Group*time	261/622	2	130/811	46/573	0/001	0/478
	Group	81/667	1	81/667	21/235	0/001	0/433
body awareness	Group*time	32/289	2	66/144	20/492	0/001	0/529
	Group	54/150	1	54/150	10/804	0/003	0/278
Attention to excitement	Group*time	1086/467	2	543/233	63/964	0/001	0/696
	Group	464/817	1	464/817	60/347	0/001	0/683
Emotion analysis	Group*time	861/800	2	430/900	88/570	0/001	0/760
	Group	552/150	1	522/150	78/350	0/001	0/737
Sympathy	Group*time	106/467	2	53/233	15/790	0/001	0/361
	Group	88/817	1	88/817	16/956	0/001	0/377
Kindness to yourself	Group*time	717/800	2	358/900	41/204	0/001	0/595
	Group	440/356	1	440/356	34/899	0/001	0/555
Self-judgment	Group*time	1086/467	2	287/233	29/704	0/001	0/515
	Group	928/267	1	928/267	79/614	0/001	0/740
Human commonality	Group*time	211/60	1	211/60	13/53	0/001	0/21
	Group	61/35	2	30/67	67/50	0/001	0/76
Isolation	Group*time	418/17	1	418/17	38/86	0/001	0/39
	Group	284/57	2	142/28	162	0/001	0/88
Mindfulness	Group*time	260/10	1	260/10	4/93	0/035	0/15
	Group	10494/76	2	5247/38	94/72	0/001	0/81
Extreme assimilation	Group*time	146/94	1	146/94	41/16	0/0001	0/59
	Group	137/40	1	137/40	55/51	0/001	0/72

The results from Table 4 showed that the F ratio obtained in the groups factor is significant in the dimensions of emotional self-awareness ($p < 0.01$), empathy ($p < 0.01$) and self-compassion ($p < 0.01$). This finding indicates that short-term intensive psychodynamic therapy improved emotional self-awareness, empathy

and self-compassion. In this regard, analysis of variance with repeated measurements was performed for the experimental group in three stages of therapeutic intervention. The observed F ratio was in improving emotional self-awareness ($p < 0.01$), empathy ($p < 0.01$) and self-compassion ($p < 0.01$).

Table 5. The results of the Benferoni follow-up test within the short-term intensive psychodynamic group in the dimensions of emotional self-awareness, empathy and self-compassion in the experimental group.

Variable	Stage		Mean diff.	SDE	Sig
Differentiation of emotions	Pre-test	Post-test	-2/40	1/25	0/002
		Follow-up	-2/27	1/25	0/005
	Post-test	Follow-u;	0/27	1/22	0/157
Verbal participation	Pre-test	Post-test	-2/56	1/25	0/002
		Follow-up	-2/33	1/31	0/004
	Post-test	Follow-u;	0/13	1/29	0/194
Disclosure of emotions	Pre-test	Post-test	2/86	1/25	0/021
		Follow-up	2/90	1/31	0/003
	Post-test	Follow-u;	-0/21	1/33	0/145
body awareness	Pre-test	Post-test	-2/72	1/15	0/004
		Follow-up	-2/30	1/15	0/005
	Post-test	Follow-u;	-0/88	1/12	0/131
Attention to excitement	Pre-test	Post-test	2/72	1/15	0/001
		Follow-up	-2/57	1/21	0/002
	Post-test	Follow-u;	-0/15	1/19	0/121
Emotion analysis	Pre-test	Post-test	2/30	1/15	0/005
		Follow-up	2/57	1/21	0/003
	Post-test	Follow-u;	-0/57	1/22	0/179
Sympathy	Pre-test	Post-test	-2/83	0/34	0/002
		Follow-up	-2/48	0/34	0/017
	Post-test	Follow-u;	-0/61	0/33	0/147
Kindness to yourself	Pre-test	Post-test	3/83	0/34	0/002
		Follow-up	3/35	0/36	0/034
	Post-test	Follow-u;	-0/77	0/35	0/103
Self-judgment	Pre-test	Post-test	3/48	0/34	0/007
		Follow-up	-3/35	0/36	0/034
	Post-test	Follow-u;	-0/13	0/37	0/142
Human commonality	Pre-test	Post-test	2/80	1/15	0/001
		Follow-up	2/57	1/21	0/003
	Post-test	Follow-u;	0/20	1/22	0/163
Isolation	Pre-test	Post-test	-5/70	0/34	0/002
		Follow-up	-5/48	0/34	0/017
	Post-test	Follow-u;	-0/07	0/33	0/120
Mindfulness	Pre-test	Post-test	2/55	0/34	0/002
		Follow-up	2/35	0/36	0/008
	Post-test	Follow-u;	0/06	1/15	0/187
Extreme assimilation	Pre-test	Post-test	3/57	1/21	0/001
		Follow-up	3/21	1/22	0/001
	Post-test	Follow-u;	-0/19	0/34	0/197

The changes of the experimental group over time in Table 5 showed that the dimensions of emotional self-awareness, empathy and self-compassion in the training group were significant in the post-test compared to the pre-test ($P < 0.001$). Also, in the follow-up stage, a significant difference was observed compared to

the pre-test ($P < 0.001$), but no significant difference was observed in the follow-up compared to the post-test ($p < 0.01$).

Conclusion

The research was conducted with the aim of determining the effectiveness of short-term intensive psychodynamic therapy on emotional

self-awareness, empathy and self-compassion in psychotherapy trainees. Short-term intensive psychodynamic therapy interventions have a significant effect on increasing emotional self-awareness. Also, since the results obtained did not specify which treatment method was the effect created in the post-test and follow-up stage or which treatment method was more effective. There is no research that has shown the result obtained from this research. However, this result can be aligned with the results of de Jong et al. (2016) and Britton et al. (2012) who have shown the effectiveness of short-term intensive dynamic psychotherapy. Also, no consistent finding was found for the result obtained from this research hypothesis.

In explaining the effectiveness of short-term intensive psychodynamic therapy on emotional self-awareness, it can be said that short-term intensive psychodynamic therapy is one of the most important and practical techniques for identifying and neutralizing defenses, which are used as internal and external mechanisms to avoid painful emotions and memories. Especially one of the malignant defenses is projection, which is very important and vital to identify and neutralize in this treatment method. For example, a person claims that he knows that others think he is stupid and laughs, to neutralize this defense the therapist asks for evidence, such that what evidence is there to prove that others think that way about him? This question calls the person to reflect and explore more in himself, then the therapist says, who used the word idiot? And who laughed at himself? Next, the therapist summarizes the entire process for the individual, you noticed that a thought formed in your mind, you attributed it to me, while this thought was your own and formed in your mind. It was you who was judging yourself and at the same time laughing at yourself, did you notice this process? and invites a person to reflect more on the mind and mental processes. At the same time, he asks the person to share it with the therapist if a thought or judgment comes to his mind during the treatment session so that they can work on it (Moradzadeh Khorasani et al., 2020). This process of identifying and neutralizing defenses has led to a person's greater awareness of the processes and states of his mind, which, as a result, leads to an increase in his emotional self-awareness. Therefore, it is reasonable to say that short-term intensive

psychodynamic therapy is effective on emotional self-awareness.

In explaining the effectiveness of short-term intensive psychodynamic therapy on empathy, it can be mentioned that in this therapy, the therapist is active and empathically tries to understand the client's inner psychological world, how to use incompatible defense mechanisms and attachment patterns. Empathy is a key component in this therapy. Empathy as the main healing role works both indirectly in the form of a compensatory process and by facilitating the process of elaboration and interpretation. In this approach, the therapist empathetically and organizedly immerses himself in the active world of the subject and examines his inner psychological world (Hajlo & Moulai, 2019), and this causes the process of empathy between people to increase. Therefore, it is reasonable to say that short-term intensive psychodynamic therapy is effective on empathy. In explaining the effectiveness of short-term intensive psychodynamic therapy on self-compassion, it can be said that the most basic focus of short-term intensive psychodynamic therapy is on emotional or psychological pain in which life is imagined as a difficult and exhausting process. The psyche is built in conflict to cope and endure it and creates defense or pain avoidance mechanisms. Therefore, people who have lower self-compassion have an inflexible, distracted mind and a high level of anxiety due to their low level of self-compassion. In short-term intensive dynamic psychotherapy, due to these people's exposure to unwanted feelings, their anxiety increases at first, which in turn can cause an increase in psychological problems and even inflexible and disturbed thoughts; After a few sessions when the emotions are vented and processed and controlled, the problems caused by the weakness in self-compassion begin to decrease. The axes of this therapeutic method are based on the type of therapeutic relationship and the nature of disclosure. The active position of the therapist and the correct application of techniques in this position make the clients identify and touch the depth of their feelings and thoughts in the shortest possible time and thus help to reduce the problems caused by compassion towards the weak self. Therefore, it is reasonable to say that short-term intensive psychodynamic therapy is effective on self-compassion (De Jong et al., 2016).

In any research, the researcher inevitably needs to choose a special tool or method to collect data. In the present study, because there were three dependent variables and the research was quantitative, the researcher used self-report tools in this field. Due to the fact that the questionnaire can affect the accuracy of the answers given due to various reasons such as fatigue or personal bias, therefore, there is the above limitation in this study. Due to time constraints, long-term follow-up and further investigation of the continuity of the interventions was not possible. The limitation of the research to a specific place (Tehran city due to the residence and employment of the researcher) and the time limit limit the generalization of the results. Limitations in the type and method of sampling: available and voluntary sampling was another limitation of the current research, which limits the generalization of the results. The simultaneity of conducting the research with the corona virus epidemic (Covid-19) was one of the limitations of the present research and created difficulty in collecting information. The lack of internal and external background regarding the effectiveness of short-term intensive psychodynamic therapy on empathy limits the possibility of comparing the effectiveness of this therapy.

Due to the limitation caused by data collection tools, it is suggested to repeat this research in other samples. It is suggested that some questions arising from this study and the background of the research should be scientifically investigated. It is suggested to answer this question with more certainty whether these therapeutic methods are a powerful and effective method compared to common therapeutic interventions in order to reduce the problems caused by low emotional self-awareness, empathy and self-compassion of people or not. Considering the time limit and the impossibility of long-term follow-up and further investigation of the continuity of interventions, it is suggested that: In future researches, considering the long-term and longer follow-up phase (more than six months or even one year), the continuation of short intensive dynamic psychotherapy on psychotherapy trainees should be investigated. Since the number of each group was 15 in this study, it is suggested that researchers use a larger sample size in the future. With this process, the generalizability of treatment results

can be increased. Considering that the research is limited to a specific place (Tehran city due to the residence and employment of the researcher) and the time limit due to the research being a doctoral thesis, it is suggested to conduct this research on other people as well. Therefore, it is possible to speak more confidently about the results and the results can be generalized better. Due to the lack of internal and external background in the field of all the research variables, it is suggested to conduct applied research with similar topics in the field of the effectiveness of short-term intensive dynamic psychotherapy on reducing other problems of psychotherapy trainees. conducting research on comparing the effectiveness of short-term intensive dynamic psychotherapy with other treatment methods such as acceptance/commitment-based therapy; Cognitive-behavioral therapy and emotion-based therapy can lead to effective results in improving the problems of psychotherapy trainees.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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