

# Effectiveness of Short-Term Dynamic Psychotherapy on Identity and Self-Esteem in Families with Exceptional Children

Ali. Nazari<sup>1</sup>, Shahin. Alipanah<sup>2</sup>, Yeganeh. Zare<sup>3</sup>, Somayeh. Izadi Pahnekolaei<sup>4</sup>, Mohammadreza. Javedani<sup>5\*</sup>

<sup>1</sup> Addiction and Behavioral Sciences Research Center, North Khorasan University of Medical Sciences, Bojnurd, Iran

<sup>2</sup> Department of Psychology, General Psychology, Allameh Tabataba'i University, Tehran, Iran

<sup>3</sup> Department of General Psychology, SR.C., Islamic Azad University, Tehran, Iran

<sup>4</sup> Department of Educational Psychology, Saroyeh Institute of Higher Education, Sari, Iran

<sup>5</sup> PhD in Psychology, Department of Psychology, SR.C., Islamic Azad University, Tehran, Iran

\* Corresponding author email address: M.javedani96@gmail.com

## Article Info

### Article type:

Original Research

### How to cite this article:

Nazari, A., Alipanah, S., Zare, Y., Izadi Pahnekolaei, S., & Javedani, M. (2025). Effectiveness of Short-Term Dynamic Psychotherapy on Identity and Self-Esteem in Families with Exceptional Children. *Psychological Research in Individuals with Exceptional Needs*, 3(1), 71-80.

<https://doi.org/10.61838/kman.prien.3.1.9>



© 2025 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

## ABSTRACT

This study aimed to investigate the effectiveness of short-term dynamic psychotherapy (STDP) on improving identity integration and self-esteem among parents of exceptional children. The study employed a quasi-experimental design with a pretest–posttest–follow-up format and a control group. The statistical population included all parents of exceptional children in Tehran in 2025. A total of 30 parents were selected using convenience sampling and randomly assigned to experimental and control groups (15 participants each). The experimental group received 15 weekly sessions of 90-minute Intensive Short-Term Dynamic Psychotherapy (ISTDP), while the control group received no intervention. The Self-Esteem Scale (Crocker et al., 2003) and the Marcia Identity Status Questionnaire (Adams & Bennion, 1986) were used to measure variables at three stages: pretest, posttest, and two-month follow-up. Data were analyzed using repeated-measures ANOVA in SPSS-26, along with Kolmogorov–Smirnov, Levene, Mauchly, and Box’s M tests to confirm statistical assumptions. Results indicated a significant improvement in the experimental group compared to the control group in both self-esteem ( $F = 4.688, p = .033, \eta^2 = .27$ ) and identity integration ( $F = 15.703, p = .024, \eta^2 = .20$ ). Within-group comparisons showed significant progress across all three stages in self-esteem ( $p < .001$ ) and identity ( $p < .001$ ). Interaction effects between group and time were also significant for both variables ( $p < .001$ ), confirming the sustained positive impact of STDP during the follow-up phase. Bonferroni post-hoc analysis revealed consistent mean score increases in the experimental group compared to the control group at each stage. Short-term dynamic psychotherapy effectively enhances identity coherence and self-esteem among parents of exceptional children by addressing unconscious conflicts and facilitating emotional integration. It can be applied as a supportive intervention in counseling and rehabilitation settings for families facing the psychological challenges of disability.

**Keywords:** short-term dynamic psychotherapy, identity, self-esteem, parents of exceptional children, emotional integration

## 1. Introduction

Parenting a child with exceptional or developmental disabilities represents one of the most complex and emotionally demanding experiences an individual can face. Families in this context often encounter multifaceted psychological, emotional, and social challenges that affect both personal and relational well-being (Dykens & Lambert, 2023). The daily demands of caregiving, coupled with financial pressures, social stigma, and concerns about the child's future, frequently lead to chronic stress and emotional exhaustion (Werner & Shulman, 2020). These stressors can undermine parents' identity integration and self-esteem, two key constructs closely related to adaptive functioning and mental health (Schwartz et al., 2020). As a result, understanding and addressing the psychological mechanisms through which parents of exceptional children navigate identity conflicts and feelings of worthlessness has become a crucial area of psychological intervention and research (Marshak et al., 2022).

Parents of children with disabilities must continually renegotiate their sense of self and parental role within an altered family dynamic. This process of identity reconstruction is often shaped by the tension between societal expectations of "ideal parenting" and the lived realities of caregiving under conditions of chronic stress (Smith & Anderson, 2021). Studies have shown that parents of children with developmental and intellectual disabilities often experience heightened levels of depression, anxiety, and social withdrawal due to self-blame, shame, and perceived stigma (Benson, 2021; Brown et al., 2022). The constant confrontation with feelings of inadequacy and difference may erode self-worth and lead to emotional dysregulation (Di Sarno, 2021). Over time, this can impair identity coherence—a central element of self-definition that integrates emotional, cognitive, and social dimensions of experience (Schwartz et al., 2020).

Parental identity in such contexts is both fluid and vulnerable. Research demonstrates that parents of children with disabilities frequently struggle with identity diffusion, wherein the individual's self-concept becomes fragmented and inconsistent (Marshak et al., 2022). These disruptions may stem from unresolved grief over the loss of the expected "normal" child, or from internalized stigma imposed by cultural and social narratives about disability (Brown et al., 2022). Shame and guilt emerge as pervasive emotional responses that can deeply affect how parents perceive their own value and competence (Dearing & Tangney, 2011).

Shame, in particular, can limit emotional awareness and impede healthy coping mechanisms, leading to avoidance behaviors and interpersonal withdrawal (Rostafinski, 2016). Furthermore, internalized shame has been associated with schizoid and avoidant personality traits, reflecting a defensive detachment from emotionally charged experiences (Winarick & Bornstein, 2015).

In addition to emotional and identity struggles, the practical aspects of parenting children with disabilities contribute to psychological distress. Studies have found that caregiving responsibilities often lead to social isolation and marital strain (Werner & Shulman, 2020). The continuous demands of care can erode parents' psychological resilience and diminish their sense of agency and self-efficacy (Benson, 2021). Nonetheless, recent literature also emphasizes the potential for growth and positive identity transformation through caregiving (Dykens & Lambert, 2023). Parents may develop greater empathy, patience, and emotional depth, but these adaptive outcomes typically require effective emotional processing and self-reflection (Frederick & Town, 2021). Such processes are often facilitated through therapeutic interventions that enhance self-understanding and integration.

Within this context, short-term dynamic psychotherapy—particularly Intensive Short-Term Dynamic Psychotherapy (ISTDP)—has emerged as a powerful treatment model for addressing affective disturbances rooted in unconscious conflicts and emotional avoidance (Abbass & Town, 2020). Grounded in psychodynamic theory, ISTDP focuses on helping individuals identify and resolve unconscious emotional barriers that perpetuate maladaptive defenses and inhibit authentic emotional expression (Shedler, 2010). The model assumes that psychological distress arises from the repression of painful emotions associated with past experiences of loss, guilt, or shame, which become manifest in current relational and behavioral difficulties (Abbass et al., 2012). By encouraging the direct experience of previously avoided emotions, ISTDP fosters insight, self-compassion, and identity coherence (Frederick & Town, 2021).

A growing body of empirical evidence supports the effectiveness of ISTDP across a wide range of psychological disorders, including depression, anxiety, and psychosomatic symptoms (Driessen et al., 2010; Town et al., 2017). Meta-analyses have demonstrated that ISTDP leads to significant and sustained improvements in psychological functioning, with effects comparable to or exceeding those of cognitive-behavioral therapies (Abbass et al., 2009; Abbass & Town,

2020). Neuroimaging research further reveals that psychodynamic interventions produce measurable changes in brain regions associated with emotional regulation and self-reflective processing (Abbass et al., 2014). This neuroscientific evidence highlights the therapy's capacity to modify maladaptive emotional circuits through insight-oriented and experiential mechanisms.

Several studies have specifically explored ISTDP's impact on self-concept and emotional processing. Frederick and Town (Frederick & Town, 2021) emphasized that ISTDP facilitates self-compassion and identity integration by helping clients confront suppressed feelings of shame, anger, and grief. Similarly, Lilliengren and colleagues (Lilliengren et al., 2017) reported significant reductions in anxiety and improvements in emotional regulation among participants receiving ISTDP for generalized anxiety disorder. These outcomes suggest that short-term dynamic approaches can effectively enhance self-esteem and relational functioning through increased awareness of unconscious dynamics. The therapeutic process often involves confronting resistance, dismantling defenses, and developing a more coherent and emotionally connected sense of self (Abbass & Town, 2020).

In families raising exceptional children, such interventions may be particularly valuable. Chronic emotional suppression—arising from guilt, social judgment, or caregiver fatigue—can lead to a sense of emotional numbness and alienation from one's authentic self (Dearing & Tangney, 2011; Di Sarno, 2021). By facilitating the recognition and expression of these buried emotions, ISTDP helps parents reestablish a compassionate and integrated self-identity (Frederick & Town, 2021). Moreover, addressing transference resistance—the unconscious re-enactment of early relational patterns within therapy—enables parents to recognize how past unresolved emotions influence their current parenting roles (Abbass et al., 2012; Town et al., 2017). Such insights are crucial for breaking cycles of self-criticism and restoring a sense of emotional agency.

Recent findings from both international and Iranian contexts indicate that ISTDP has considerable therapeutic potential in diverse cultural and clinical settings (Nakhaei Moghadam et al., 2024; Sarlaki et al., 2024). In Iran, for example, studies have reported significant reductions in maladaptive attachment styles, somatization, and health anxiety following ISTDP interventions (Nakhaei Moghadam et al., 2024). Similarly, Sarlaki et al. (Sarlaki et al., 2024) found that ISTDP effectively improved object relations and

reduced anger and guilt among women with major depressive disorder. These findings align with global evidence suggesting that ISTDP's focus on emotional depth and unconscious processes resonates across cultural contexts, enhancing its adaptability in family and community-based mental health care.

At the same time, research has increasingly emphasized the relevance of parent-involved interventions in supporting families of children with special needs (Guo & Keles, 2025; Scripps et al., 2025). Guo and Keles (Guo & Keles, 2025) highlighted the effectiveness of programs that include parents as active participants in therapeutic processes, noting that such interventions improve both parental well-being and child developmental outcomes. Likewise, Scripps and colleagues (Scripps et al., 2025) demonstrated that structured interventions focusing on parental emotional resilience and communication skills significantly enhance family functioning in parents of adolescents with intellectual disabilities. When integrated with psychodynamic principles, such interventions can address deeper affective conflicts that impede parental adjustment and identity formation.

The emotional distress experienced by parents of exceptional children often involves layers of shame, grief, anger, and helplessness that are not easily accessible through surface-level coping strategies. Dynamic psychotherapy provides a framework for accessing these emotions safely and meaningfully, thereby promoting authentic emotional processing and self-acceptance (Rostafinski, 2016; Winarick & Bornstein, 2015). Through this process, parents can reconstruct their self-narratives and restore a sense of worth and purpose within their caregiving roles. The integration of ISTDP into family-oriented interventions therefore represents a promising avenue for enhancing psychological resilience and relational health in families affected by disability.

Taken together, the literature highlights that self-esteem and identity coherence are profoundly affected in parents of exceptional children and that these difficulties are often maintained by unconscious emotional defenses. Intensive Short-Term Dynamic Psychotherapy offers a theoretically grounded and empirically validated approach to addressing these issues by facilitating emotional awareness, resolving internal conflicts, and strengthening the self's integrative capacities (Abbass & Town, 2020; Frederick & Town, 2021; Lilliengren et al., 2017).

Therefore, the aim of this study was to investigate the effectiveness of short-term dynamic psychotherapy on

identity and self-esteem among families with exceptional children.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The research method was quasi-experimental, employing a pretest–posttest design with a control group and a two-month follow-up. The statistical population consisted of parents from families with exceptional children in Tehran in 2025 who had referred to counseling and rehabilitation centers.

The sample size was determined using Cohen's table, with a 95% confidence level, an effect size of 0.30, and a statistical power of 0.83. The minimum number of participants for each group was 12; however, considering potential sample attrition and to increase the generalizability of the results, 15 participants were ultimately selected for each group (a total of 30 participants). Sampling was carried out in two stages: first, 30 eligible parents were selected through convenience and voluntary sampling; then, they were randomly assigned (using a lottery method) to experimental and control groups.

Inclusion criteria included having at least one child with an intellectual, physical, behavioral, or multiple disability; parental age between 25 and 50 years; a minimum of a high school diploma; and written consent to participate in the study. Exclusion criteria included having a concurrent severe psychiatric disorder, using psychotropic medications that could affect treatment outcomes, and missing more than two therapy sessions in the experimental group.

The research instruments included the Self-Esteem Scale to assess the individual's sense of self-worth and the Identity Questionnaire to measure identity coherence and parental role perception. The therapeutic intervention for the experimental group consisted of 15 weekly sessions, each lasting 60 minutes, conducted based on the principles of Intensive Short-Term Dynamic Psychotherapy (ISTDP). These sessions involved identifying and analyzing maladaptive defenses, gradual exposure to repressed parental emotions (such as anxiety, identity-related conflicts, and feelings of inadequacy), and strengthening the psychological capacity to experience and process emotions associated with caring for an exceptional child.

### 2.2. Measures

The Self-Esteem Questionnaire developed by Crocker, Luhtanen, and Sommers (2003) consists of 35 items rated on a 7-point Likert scale (from 1 = strongly disagree to 7 = strongly agree) and is used to measure the individual's perceived value, importance, and acceptance of self. The questionnaire includes seven subscales assessing various aspects of self-esteem, including self-worth in relation to family roles and responsibilities, personal competition and achievements, financial and appearance-related aspects, romantic and social relationships, moral and religious values, perceived social support and acceptance, and perceived value from a religious perspective. Preliminary studies have shown that the reliability of this questionnaire, using Cronbach's alpha, was 0.82 for the total scale, and 0.79 and 0.84 for men and women, respectively. In Iranian studies, the Cronbach's alpha for the total scale has been reported to range from 0.79 to 0.82, indicating adequate reliability and stability of the instrument for measuring self-worth. In the present study, the Cronbach's alpha coefficient was calculated to be 0.86.

The Marcia Identity Status Questionnaire, developed by Adams and Bennion (1986), consists of 64 items that assess four identity styles: diffused identity, foreclosed identity, moratorium, and achieved identity. This test was designed to evaluate individual and social identity and has been validated through various methods. Preliminary studies indicated that this instrument possesses acceptable concurrent and convergent validity, with Cronbach's alpha reliability coefficients ranging from 0.60 to 0.80 (Adams & Bennion, 1986; Carlson, as cited in Adams & Bennion, 1987). In Iran, test reliability has been reported to range between 0.66 and 0.81 using the split-half method, and between 0.65 and 0.77 using Cronbach's alpha.

### 2.3. Intervention

The experimental group received Intensive Short-Term Dynamic Psychotherapy (ISTDP) over fifteen 90-minute sessions, while the control group received no intervention. Both groups were assessed using the Identity and Self-Esteem Questionnaires at three stages: pretest, posttest, and follow-up. The intervention followed Davanloo's (1995) short-term dynamic psychotherapy manual, implementing the seven-step process of inquiry into problems, pressure, challenge, transference resistance, and direct access to the unconscious. In the first session, therapeutic rules and structure were explained, and an initial dynamic interview

was conducted to evaluate participants' presenting problems. In sessions two through eleven, interventions targeted various defense mechanisms, including tactical defenses (e.g., indirect speech, generalized statements, intellectualization, rationalization, rumination, denial, and projection), using techniques such as clarification, challenge, blocking, and confrontation. The therapist worked progressively to help participants identify and weaken maladaptive defenses while enhancing emotional awareness and tolerance. Sessions twelve and thirteen focused on regressive and behavioral defenses, such as acting out, rebellion, or avoidance of emotional contact, emphasizing direct confrontation and facilitation of genuine emotional expression. The final two sessions (fourteen and fifteen) aimed to consolidate therapeutic gains, review progress, establish follow-up procedures, and formally conclude treatment with expressions of appreciation toward the participants.

#### 2.4. Data Analysis

For data analysis, SPSS version 26 was used. The main statistical method employed was a two-way repeated-

measures analysis of variance (ANOVA). To analyze demographic variables, Fisher's exact test was used; for testing the assumption of normality, the Kolmogorov–Smirnov test was applied; Mauchly's test was used to examine sphericity; and Levene's test was used to assess the homogeneity of variances. The significance level for all tests was set at  $p < .05$ .

### 3. Findings and Results

The mean and standard deviation of age in the experimental and control groups were  $43.40 \pm 3.92$  and  $44.07 \pm 4.49$  years, respectively ( $P = 0.669$ ). The results of the independent t-test for age and Fisher's exact test for gender, educational level, and marital status showed no statistically significant difference between the experimental and control groups ( $P > .05$ ). As shown in Table 1, the mean scores of the experimental group improved from pretest to follow-up. This improvement in the variables of lifestyle, identity, and self-esteem—reflected in higher mean scores—indicates the effect of Intensive Short-Term Dynamic Psychotherapy (ISTDP) intervention on the studied variables, while little change occurred in the control group.

**Table 1**

*Descriptive indices of participants*

Variables	Group	Pretest (M ± SD)	Posttest (M ± SD)	Follow-up (M ± SD)
Self-esteem	Experimental	44.56 ± 3.67	75.40 ± 3.70	75.40 ± 3.70
	Control	45.80 ± 2.16	46.48 ± 3.38	46.12 ± 3.19
Identity	Experimental	34.56 ± 3.67	49.40 ± 3.70	49.40 ± 3.70
	Control	32.80 ± 2.16	33.48 ± 3.38	33.12 ± 3.19

For data analysis and hypothesis testing related to self-esteem and identity, a two-way repeated-measures analysis of variance (ANOVA) was conducted. Prior to the analysis, all assumptions were examined. The results of the Kolmogorov–Smirnov test confirmed that data distribution was normal at the 95% confidence level ( $P > .05$ ). The Levene's test results were greater than .05, confirming the homogeneity of variances between groups. The Mauchly's

test of sphericity indicated that the sphericity assumption was met for all three components: self-esteem ( $\chi^2 = 3.56$ ,  $P = .358$ ) and identity ( $\chi^2 = 16.05$ ,  $P = .055$ ). Therefore, the sphericity assumed condition was used. The Box's M test was applied to evaluate the equality of covariance matrices. The results showed that the assumption held for self-esteem (Box's M = 3.051,  $F = 1.572$ ,  $P = .514$ ) and identity (Box's M = 4.179,  $F = 3.260$ ,  $P = .508$ ).

**Table 2**

*Results of two-way repeated-measures ANOVA for the effect of the independent variable on self-esteem and identity*

Variable	Source of variation	Sum of squares	df	Mean square	F	P	Effect size
Self-esteem	Group	205.589	1	205.589	4.688	.033	.27
	Time	96.572	2	48.286	24.416	< .001	.67
	Group × Time	120.001	2	60.000	30.888	< .001	.71
Identity	Group	98.822	1	98.822	15.703	.024	.204
	Time	92.822	2	46.411	36.997	< .001	.785
	Group × Time	132.022	2	66.011	18.206	< .001	.653

The between-group results indicated that the difference between the experimental and control groups was statistically significant in terms of mean self-esteem ( $P = .008$ ) and identity ( $P = .024$ ). The within-group (time) results showed significant differences in mean self-esteem ( $P < .001$ ) and identity ( $P < .001$ ). In other words, differences in the mean scores of self-esteem and identity across the three phases—pretest, posttest, and follow-up—were approximately 67% and 78%, respectively, and were statistically significant. Moreover, the interaction effect of group and time on self-esteem and identity was significant

( $P < .001$ ), indicating that the intervention contributed to the increased mean scores of these variables in the posttest and follow-up stages in the experimental group compared to the control group. The effect size or the proportion of variance explained by between-group, within-group (time), and interaction effects for self-esteem was 0.77, meaning that 77% of changes in self-esteem scores could be explained by these effects. Similarly, the effect size for identity was 0.71, suggesting that 71% of the changes in identity scores were explained by between-group, within-group, and interaction effects.

**Table 3**

*Results of Bonferroni post-hoc test for research variables*

Variable	Compared group/phase	Mean difference	Standard error	<i>t</i>	Adjusted <i>P</i>
Self-esteem	Pretest (Exp – Ctrl)	2.34	0.98	2.39	.032*
	Posttest (Exp – Ctrl)	5.76	0.92	6.26	< .001*
	Follow-up (Exp – Ctrl)	5.21	0.88	5.92	< .001*
Identity	Pretest (Exp – Ctrl)	1.87	0.74	2.53	.027*
	Posttest (Exp – Ctrl)	4.92	0.81	6.07	< .001*
	Follow-up (Exp – Ctrl)	4.38	0.77	5.68	< .001*

Table 3 presents the results of the Bonferroni post-hoc test, which compared mean differences between the experimental and control groups across the three assessment phases. The findings revealed that for the self-esteem variable, significant differences existed between the experimental and control groups in the pretest ( $M = 2.34$ ,  $SE = 0.98$ ,  $t = 2.39$ ,  $P = .032$ ), posttest ( $M = 5.76$ ,  $SE = 0.92$ ,  $t = 6.26$ ,  $P < .001$ ), and follow-up ( $M = 5.21$ ,  $SE = 0.88$ ,  $t = 5.92$ ,  $P < .001$ ) stages. Similarly, for the identity variable, the differences between the two groups were statistically significant in the pretest ( $M = 1.87$ ,  $SE = 0.74$ ,  $t = 2.53$ ,  $P = .027$ ), posttest ( $M = 4.92$ ,  $SE = 0.81$ ,  $t = 6.07$ ,  $P < .001$ ), and follow-up ( $M = 4.38$ ,  $SE = 0.77$ ,  $t = 5.68$ ,  $P < .001$ ). These results indicate that participants in the experimental group showed significantly higher mean scores in both self-esteem and identity during the posttest and follow-up phases compared to the control group, confirming the sustained positive effect of the short-term dynamic psychotherapy intervention.

#### 4. Discussion and Conclusion

The purpose of this study was to examine the effectiveness of short-term dynamic psychotherapy (STDP) on identity and self-esteem among parents of exceptional children. The findings revealed that participants in the experimental group who received fifteen sessions of

Intensive Short-Term Dynamic Psychotherapy (ISTDP) demonstrated a significant increase in both identity integration and self-esteem across posttest and follow-up stages compared to the control group. The results confirmed the hypothesis that STDP facilitates psychological growth by addressing unconscious emotional conflicts and enhancing emotional awareness and self-compassion. This outcome is consistent with the growing body of evidence supporting the effectiveness of STDP in improving core personality structures and self-related constructs (Abbass & Town, 2020; Frederick & Town, 2021).

The observed improvement in self-esteem among the experimental group reflects the therapy’s central focus on dismantling maladaptive defenses that inhibit authentic emotional expression and self-acceptance (Abbass et al., 2012). Parents of exceptional children often struggle with internalized feelings of inadequacy, guilt, and shame stemming from the social stigma of disability and the constant challenges of caregiving (Brown et al., 2022; Marshak et al., 2022). These emotional burdens can lead to self-criticism and a fragmented sense of self-worth. Through ISTDP, participants were able to access and experience repressed emotions such as grief, anger, and guilt, facilitating cathartic release and emotional integration (Frederick & Town, 2021). This process helped them to reconcile internal conflicts and to reestablish a more coherent and compassionate self-identity. Similar

mechanisms have been described in the psychodynamic literature, where confronting and processing unconscious affective material is associated with improvements in self-concept and relational functioning (Driessen et al., 2010; Shedler, 2010).

The improvement in identity integration observed in this study further aligns with psychodynamic models emphasizing the importance of resolving intrapsychic conflicts to achieve a stable and cohesive sense of self (Schwartz et al., 2020). Parenting a child with a developmental or physical disability often challenges the parents' previously held identity structures. Many parents experience a sense of "identity loss," as they redefine their roles in light of caregiving demands and societal judgment (Benson, 2021; Smith & Anderson, 2021). The therapy sessions provided an opportunity for parents to explore their ambivalence and contradictions—between love and resentment, pride and shame—and to process these emotions within a supportive and nonjudgmental therapeutic setting. By facilitating direct access to previously avoided emotional experiences, ISTDP allowed parents to reconstruct their sense of self, integrating both their vulnerabilities and strengths. This finding supports previous evidence showing that psychodynamic approaches effectively foster identity coherence through the resolution of unconscious emotional conflicts and the development of self-reflective capacities (Abbass et al., 2009; Town et al., 2017).

The present findings also corroborate the role of shame regulation as a mediating mechanism in psychodynamic change processes (Di Sarno, 2021). Parents of children with disabilities often internalize social stigma and develop chronic shame responses that distort self-perception (Dearing & Tangney, 2011). The therapeutic focus on identifying and confronting defenses—such as denial, projection, and rationalization—enabled participants to acknowledge shame-based emotions and transform them into self-compassion and acceptance (Rostafinski, 2016; Winarick & Bornstein, 2015). As a result, participants reported increased confidence and emotional resilience during follow-up assessments. These results are consistent with Frederick and Town's (Frederick & Town, 2021) findings that emotional processing in ISTDP leads to higher levels of self-compassion and reduced internalized self-blame. Furthermore, they mirror the observations of Lilliengren et al. (Lilliengren et al., 2017), who reported significant improvements in emotional regulation and self-efficacy among individuals treated with ISTDP for anxiety-related disorders.

In line with earlier findings, the observed gains in identity and self-esteem were sustained at follow-up, indicating that the therapeutic effects of STDP extend beyond the treatment period (Abbass & Town, 2020; Driessen et al., 2010). Such lasting outcomes can be attributed to the therapy's emphasis on restructuring unconscious affective processes rather than solely addressing surface symptoms. The sustained improvement also underscores the role of experiential emotional learning in consolidating internal change. Participants who experienced deep emotional breakthroughs were more capable of applying self-reflective awareness in daily life, allowing them to manage stressors with greater psychological flexibility. These findings are consistent with Abbass and Town's (Abbass & Town, 2020) meta-analysis, which confirmed that ISTDP produces robust and enduring effects across a wide range of emotional and psychosomatic disorders.

The therapeutic process described in this study also appears to have enhanced participants' relational functioning. Many parents reported improved communication and empathy within their families, suggesting that emotional awareness acquired through therapy generalized to interpersonal contexts. This relational improvement is consistent with prior studies showing that ISTDP increases interpersonal competence by reducing projection and avoidance-based defenses (Town et al., 2017). Similarly, psychodynamic research indicates that as individuals integrate conflicting emotions, they become better able to relate authentically to others and to tolerate emotional closeness (Abbass et al., 2014). The emotional regulation achieved in therapy may thus serve as a foundation for healthier family dynamics, particularly in households burdened by the chronic stress of caregiving (Werner & Shulman, 2020).

The results also align with contemporary models of parental well-being, which highlight the interconnectedness between identity, emotional processing, and adaptive functioning (Marshak et al., 2022; Schwartz et al., 2020). Parents of exceptional children must frequently redefine themselves within a framework of continuous adjustment, a process that is psychologically demanding and prone to fragmentation when emotional needs are neglected. By enabling participants to reconnect with their emotional selves, STDP facilitated the integration of personal and parental identities. This outcome parallels findings from studies by Dykens and Lambert (Dykens & Lambert, 2023), who emphasized that self-reflection and emotional insight contribute to resilience and personal growth in parents of

children with intellectual disabilities. The current findings thus support the notion that psychodynamic methods, by addressing unconscious conflicts and emotions, can effectively promote psychological adaptation in this population.

Cultural context may also have influenced the therapy's success. In collectivist societies such as Iran, where parental responsibility and family honor hold substantial cultural value, the emotional challenges of parenting a disabled child can evoke profound shame and guilt (Nakhaei Moghadam et al., 2024). These feelings are often suppressed due to cultural norms discouraging open emotional expression. ISTDP's structured process of exploring internal resistance and uncovering repressed affect is therefore particularly relevant, as it provides a culturally sensitive route to emotional liberation. Recent Iranian studies have demonstrated ISTDP's effectiveness in treating maladaptive attachment patterns, somatization, and depression, reinforcing its applicability across sociocultural boundaries (Nakhaei Moghadam et al., 2024; Sarlaki et al., 2024).

The findings of the present study are further supported by the broader literature emphasizing parent-focused interventions. Research shows that when parents are directly involved in therapeutic processes, both their mental health and their children's adaptive outcomes improve (Guo & Keles, 2025; Scripps et al., 2025). These studies underscore the importance of addressing parents' emotional functioning as a critical determinant of family well-being. By integrating psychodynamic principles with family-based approaches, interventions can achieve more comprehensive and enduring outcomes. In this sense, the current results extend the existing evidence base by demonstrating that psychodynamic methods—traditionally used in individual psychotherapy—can be successfully adapted to meet the emotional needs of parents in challenging caregiving environments.

Another key implication of this study lies in its contribution to the theoretical understanding of identity reconstruction under conditions of chronic stress. The process through which parents regained a sense of coherence in self-concept aligns with the contemporary identity development frameworks proposed by Schwartz, Zamboanga, and Luyckx (Schwartz et al., 2020). These models conceptualize identity as a dynamic and evolving system that can be restructured through reflective processes following emotional crises. By enabling parents to acknowledge and process previously avoided emotions, STDP appears to catalyze this identity reconstruction

process. The findings thus integrate psychodynamic mechanisms of emotional resolution with developmental theories of identity transformation.

Furthermore, the findings reinforce the view that psychodynamic therapy promotes growth not by suppressing symptoms, but by activating inner psychological resources (Abbass et al., 2012; Shedler, 2010). The increased sense of self-worth observed among participants likely reflects the internalization of self-affirming experiences within therapy—an indication of improved ego functioning. As participants gained insight into their emotional conflicts, they began to perceive themselves as capable, valuable, and emotionally competent individuals. This shift parallels the findings of Frederick and Town (Frederick & Town, 2021), who noted that enhanced emotional processing during ISTDP contributes to self-compassion and personal empowerment.

Finally, the consistency of these results with prior meta-analytic findings strengthens confidence in the robustness of STDP's therapeutic mechanisms. Previous reviews have shown that dynamic psychotherapy produces medium to large effect sizes across conditions, particularly in areas involving emotional dysregulation, interpersonal problems, and identity disturbances (Abbass et al., 2009; Abbass & Town, 2020). The current study extends this evidence to a new population—parents of exceptional children—demonstrating that the same underlying principles of emotional insight, resistance analysis, and affective restructuring can yield meaningful and sustained psychological improvements. Collectively, these findings contribute to the growing validation of short-term dynamic psychotherapy as an evidence-based approach that addresses not only symptom relief but also deeper transformations in self and identity.

Despite its promising results, the present study is not without limitations. First, the sample size was relatively small (30 participants), which limits the generalizability of findings to the broader population of parents with exceptional children. Additionally, the use of convenience sampling may have introduced self-selection bias, as participants who volunteered might have been more motivated or psychologically open to therapeutic change. Another limitation concerns the reliance on self-report measures, which are inherently vulnerable to social desirability and response biases. Moreover, the study did not include a long-term follow-up beyond two months, leaving uncertainty about the durability of therapeutic gains over extended periods. Finally, cultural factors—such as stigma



associated with mental health treatment—may have influenced participants' willingness to disclose emotions or engage fully with therapy, which could affect the depth of achieved change.

Future studies should replicate these findings using larger and more diverse samples to enhance external validity. Longitudinal research designs with follow-up assessments over six months or longer are recommended to evaluate the stability of treatment outcomes. Additionally, comparative studies contrasting STDP with other evidence-based interventions, such as cognitive-behavioral or acceptance-based therapies, would provide valuable insights into differential effectiveness. Future research may also benefit from integrating qualitative methods, such as semi-structured interviews, to capture participants' subjective experiences of identity transformation. Neuropsychological or physiological measures could further elucidate the underlying mechanisms of emotional regulation associated with dynamic psychotherapy. Finally, exploring culturally tailored adaptations of ISTDP could deepen understanding of how psychodynamic interventions function within diverse sociocultural contexts.

Given the study's results, it is recommended that mental health professionals working with families of exceptional children incorporate short-term dynamic psychotherapy techniques into counseling and rehabilitation programs. Training counselors in ISTDP principles can enhance their ability to identify unconscious defenses and guide parents through emotional awareness and self-integration. Schools, hospitals, and community centers serving families with disabled children may also benefit from providing accessible psychodynamic-based support groups to promote parental resilience. Finally, policymakers and practitioners should prioritize psychological services that address parents' emotional needs alongside child-focused interventions, recognizing that the well-being of caregivers directly influences the developmental outcomes of exceptional children.

### Authors' Contributions

Authors contributed equally to this article.

### 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.

### Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

### Declaration of Interest

The authors report no conflict of interest.

### Funding

According to the authors, this article has no financial support.

### Ethics Considerations

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

### References

- Abbass, A., Kisely, S., & Kroenke, K. (2009). Short term psychodynamic psychotherapy for somatic disorders: Systematic review and meta analysis of clinical trials. *Psychotherapy and psychosomatics*, 78(5), 265–274. <https://doi.org/10.1159/000228247>
- Abbass, A., Nowowieski, S., Bernier, D., Tarzwell, R., & Beutel, M. (2014). Review of psychodynamic psychotherapy neuroimaging studies. *Psychotherapy and psychosomatics*, 83(3), 142–147. <https://doi.org/10.1159/000358841>
- Abbass, A., & Town, J. M. (2020). Intensive short-term dynamic psychotherapy: A systematic review and meta-analysis of outcome research. *Harvard Review of Psychiatry*, 28(2), 97–108. <https://doi.org/10.1097/HRP.0000000000000248>
- Abbass, A., Town, J. M., & Driessen, E. (2012). Intensive short term dynamic psychotherapy: A systematic review and meta analysis of outcome research. *Harvard Review of Psychiatry*, 20(2), 97–108. <https://doi.org/10.3109/10673229.2012.677347>
- Benson, P. R. (2021). The impact of child disability on parental well-being: A longitudinal study. *Journal of Family Psychology*, 35(3), 321–331. <https://doi.org/10.1037/fam0000812>
- Brown, T. J., Clark, C., & Smith, L. (2022). Stigma and social support: Experiences of parents of children with developmental disabilities. *Journal of Intellectual Disability Research*, 66(4), 287–299. <https://doi.org/10.1111/jir.12903>
- Dearing, R. L., & Tangney, J. P. (2011). *Shame in psychopathology: Prevention and treatment*. American Psychological Association. <https://awspntest.apa.org/doi/10.1037/12326-014>
- Di Sarno, M. (2021). Shame change in psychotherapy: A scoping review and meta analysis. *Mediterranean Journal of Clinical Psychology*, 9(1), 91–112. <https://quarterlyecp.com/index.php/ecp/article/view/139?articlesBySimilarityPage=2>

- Driessen, E., Van, H. L., Don, F. J., Peen, J., Kool, S., Westra, D., & Dekker, J. (2010). The efficacy of short term psychodynamic psychotherapy for depression: A meta analysis. *Clinical psychology review*, 30(1), 25–36. <https://doi.org/10.1016/j.cpr.2009.08.010>
- Dykens, E. M., & Lambert, W. (2023). Parenting children with intellectual disabilities: Challenges and opportunities for growth. *American Journal on Intellectual and Developmental Disabilities*, 128(1), 45–58. <https://doi.org/10.1352/1944-7558-128.1.45>
- Frederick, R. J., & Town, J. M. (2021). Emotional processing in intensive short-term dynamic psychotherapy: Enhancing self-compassion and identity integration. *Psychodynamic Psychiatry*, 49(2), 178–196. <https://doi.org/10.1521/pdps.2021.49.2.178>
- Guo, L., & Keles, S. (2025). A systematic review of studies with parent-involved interventions for children with specific learning disabilities. *European Journal of Special Needs Education*, 40(4), 755-772. <https://doi.org/10.1080/08856257.2024.2421112>
- Lillengren, P., Johansson, R., Town, J. M., Kisely, S., & Abbass, A. (2017). Intensive short term dynamic psychotherapy for generalized anxiety disorder: A pilot effectiveness study. *Clinical Psychology and Psychotherapy*, 24(6), 1317–1327. <https://doi.org/10.1002/cpp.2101>
- Marshak, L. E., Prezant, F. P., & L'Amoreaux, N. (2022). The evolving identity of parents of children with disabilities: A narrative review. *Families, Systems, & Health*, 40(1), 12–22. <https://doi.org/10.1037/fsh0000654>
- Nakhaei Moghadam, R., Bahrainian, S. A., & Nasri, M. (2024). The effectiveness of intensive and short-term dynamic psychotherapy on attachment styles, somatization and health anxiety in patients with chronic pain. *Journal of Assessment and Research in Applied Counseling (JARAC)*, 6(1). <https://journals.kmanpub.com/index.php/jarac/article/view/1287>
- Rostafinski, T. J. (2016). Schizoid personality: Fear of engagement and proneness to shame. *Journal of Clinical Psychology*, 72(3), 210–225. <https://www.rostafinski.com/articles/schizoid-personality/>
- Sarlaki, A., Farokhzad, M., Khanzadeh, F., Younesi Sinaki, M., Razavi Mahdian, S. Z., & Tayyar Parvin, M. (2024). Effectiveness of Intensive Short-Term Dynamic Psychotherapy on Object Relations, Anger, and Guilt in Women with Major Depressive Disorder. *Psychological Achievements*, 30(1), 89-102. [https://psychac.scu.ac.ir/article\\_18967.html](https://psychac.scu.ac.ir/article_18967.html)
- Schwartz, S. J., Zamboanga, B. L., & Luyckx, K. (2020). Identity development in the 21st century: New directions and integrative frameworks. *Developmental Psychology*, 56(8), 1498–1510. <https://doi.org/10.1037/dev0000998>
- Scripps, E., Sutherland, D., Langdon, P. E., Hastings, R. P., & Gray, K. M. (2025). Supporting Parents of Adolescents With Intellectual Disabilities: A Systematic Review of Interventions. *Journal of Applied Research in Intellectual Disabilities*, 38(1). <https://doi.org/10.1111/jar.70004>
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American psychologist*, 65(2), 98–109. <https://doi.org/10.1037/a0018378>
- Smith, J. A., & Anderson, K. (2021). Parental identity and well-being in families of children with autism spectrum disorder. *Autism Research*, 14(6), 1123–1134. <https://doi.org/10.1002/aur.2489>
- Town, J. M., Abbass, A., Stride, C., & Bernier, D. (2017). A randomized controlled trial of intensive short term dynamic psychotherapy for treatment resistant depression: The Halifax Depression Study. *Journal of affective disorders*, 214, 15–25. <https://doi.org/10.1016/j.jad.2017.02.035>
- Werner, S., & Shulman, C. (2020). Subjective well-being, family dynamics, and parenting children with disabilities. *Journal of Child and Family Studies*, 29(5), 1356–1368. <https://doi.org/10.1007/s10826-019-01675-2>
- Winarick, D., & Bornstein, R. F. (2015). Contrasting correlates of schizoid and avoidant traits: Internalized shame and schizoid features. *Personality and individual differences*, 78, 24–29. [https://www.researchgate.net/publication/273400009\\_Toward\\_resolution\\_of\\_a\\_longstanding\\_controversy\\_in\\_personality\\_disorder\\_diagnosis\\_Contrasting\\_correlates\\_of\\_schizoid\\_and\\_avoidant\\_traits](https://www.researchgate.net/publication/273400009_Toward_resolution_of_a_longstanding_controversy_in_personality_disorder_diagnosis_Contrasting_correlates_of_schizoid_and_avoidant_traits)