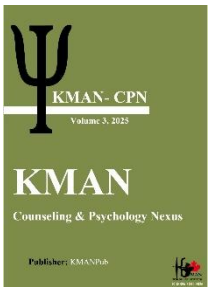
PUBLISHING INSTITUTE
Journal Website

Article history:
Received 01 June 2026
Revised 01 September 2026
Accepted 06 September 2026
Initial Publication 08 September 2026
Final Publication 01 January 2027

KMAN Counseling & Psychology Nexus

OPEN PEER-REVIEW



E-ISSN: 3041-9026

Development and Evaluation of the Effectiveness of an Integrated Ego Educational Model Based on Object Relations Theory and Davanloo's Psychodynamic Approach

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1. Round 1

1.1. Reviewer 1

Reviewer:

The theoretical rationale for combining object relations theory with Davanloo's psychodynamic approach requires further elaboration. The Introduction states that "the combination of object relations theory with Davanloo's approach offers a particularly useful conceptual synthesis," but the manuscript does not sufficiently explain the mechanisms through which these two theoretical traditions are integrated. The authors should specify which components of the model originate primarily from object relations theory and which are grounded in Davanloo's intensive short-term dynamic psychotherapy, and they should explain how concepts such as object representations, ego differentiation, resistance, defenses, anxiety pathways, and affect tolerance are theoretically connected. A more explicit conceptual map would considerably strengthen the internal coherence of the educational model.

The first phase of model development is currently underreported. In the Methods section, the manuscript states that "the model was developed through a systematic examination of the relevant theoretical foundations, previous empirical studies, expert opinions, and the final factors extracted from the researcher-made Integrated Ego Questionnaire." This description does not provide sufficient methodological detail for replication. The authors should report the procedure used to review the

literature, the number and qualifications of experts consulted, the method used to obtain and synthesize expert opinions, the criteria applied to retain or exclude components, and the specific process through which the final seven factors were translated into educational sessions. If a formal content-validation procedure was used, indices such as CVR or CVI and their decision criteria should also be reported.

The development and psychometric evaluation of the researcher-made Integrated Ego Questionnaire require substantially greater detail. The statement that "seven final factors were retained and used as the principal dimensions of both the measurement instrument and the educational model" suggests that factor analytic procedures were central to the study, yet the manuscript does not report the number of initial items, item-generation procedure, response scale, pilot testing, exploratory or confirmatory factor analysis, factor loadings, eigenvalues, explained variance, model-fit indices, or reliability coefficients. Because the same questionnaire appears to define both the intervention dimensions and the outcome variables, robust psychometric evidence is essential. The authors should provide a complete description of the scale-development process and evidence supporting construct validity and reliability.

The descriptive results reveal substantial baseline differences on several variables, and these should be discussed more carefully. For example, resistance and non-attachment had a pretest mean of 37.80 in the control group and 51.60 in the experimental group, while mindfulness and motivation for change also differed at baseline. Although ANCOVA was used to adjust for pretest differences, such pronounced initial imbalance raises questions regarding group equivalence and allocation procedures. The authors should formally test and report baseline group differences and discuss whether these differences may reflect selection bias, especially given the quasi-experimental design and small sample size.

Some descriptive changes in the control group are unexpectedly large and require explanation. For example, the control group's mindfulness and motivation for change score increased from M = 22.50 at pretest to M = 38.46 at posttest, while resistance and non-attachment increased from M = 37.80 to M = 48.98 despite the statement that "the control group received no intervention." These sizable changes may indicate measurement reactivity, contamination, regression to the mean, external influences, scoring issues, or instability in the instrument. The authors should examine and discuss these patterns rather than interpreting the intervention solely on the basis of between-group posttest differences.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The sampling and allocation procedures in the quasi-experimental phase need clarification. The Methods section states that "a total of 30 students were included in the study and assigned to two groups of 15 participants each," but it does not indicate how participants were recruited or how group assignment was performed. The authors should specify whether sampling was convenience, purposive, volunteer-based, or probabilistic, and whether assignment to the experimental and control groups was random or nonrandom. If random assignment was used, the randomization procedure should be described; if not, the authors should explicitly acknowledge the implications for internal validity and potential baseline nonequivalence.

The inclusion and exclusion criteria are absent and should be added to the "Study Design and Participants" subsection. Because the intervention involves psychodynamic concepts and emotional exercises, it is important to know who was eligible to participate and whether individuals with severe psychiatric disorders, concurrent psychotherapy, psychotropic medication use, acute crisis, or substantial psychological instability were excluded. The manuscript should also indicate whether participants were required to attend a minimum number of sessions and how attrition, if any, was handled. Without this information, it is difficult to evaluate the homogeneity of the sample or the safety and interpretability of the intervention.

Ethical procedures should be reported explicitly. The current Methods section describes recruitment and intervention but does not mention ethical approval, informed consent, confidentiality, voluntary participation, or participants' right to withdraw. Given that the study involved human participants and psychologically oriented intervention sessions, the manuscript should provide the approving institutional ethics committee, ethical approval code, and procedures used to obtain informed consent.

E-ISSN: 3041-9026

The authors should also clarify whether the control group was offered the intervention after completion of posttest assessment, if applicable.

The intervention protocol needs additional procedural information to permit replication. The Methods section states that "the integrated ego educational model was implemented for the experimental group in seven sessions," but session duration, frequency, interval between sessions, group size, intervention setting, therapist or facilitator qualifications, and whether sessions were individual or group-based are not specified. These details are essential for understanding intervention dosage and reproducibility. The authors should also indicate whether a written intervention manual was used and whether adherence to the protocol was monitored.

Treatment fidelity should be addressed more rigorously. The manuscript provides a detailed description of session content but does not indicate whether the intervention was delivered consistently across participants. For example, the sentence "each session incorporated a specific educational objective, theoretically grounded content, and practical exercises" suggests a structured protocol, but there is no information on whether session checklists, supervision, audio/video recording, facilitator ratings, or independent fidelity assessments were used. The authors should report any available fidelity procedures or acknowledge the absence of formal fidelity assessment as a limitation.

The authors should reconsider the designation of certain psychodynamic procedures as purely "educational." For instance, the intervention includes "confrontation with the internal critic, reparenting, self-care, and regulation of personal needs in the face of excessive superego pressure," as well as exercises designed to reduce resistance and increase access to emotionally meaningful experiences. Some of these procedures may move beyond conventional psychoeducation and resemble therapeutic techniques. The manuscript should clearly delineate the boundary between psychoeducation and psychotherapy, explain how emotional safety was managed, and justify why the intervention is appropriately labeled an educational model.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.

E-ISSN: 3041-9026