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

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A B S T R A C T

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

Methods and Materials: Statistical population of this study consisted of all women seeking divorce in District 4 of Tehran city in the year 2021, who were selected from counseling centers supervised by the Organization of Psychology and Welfare through convenience sampling. Next, Pines' (1996) Marital Burnout Questionnaire were distributed for completion, and 45 individuals who scored high on these scales were selected as the sample and randomly placed into two experimental groups and one control group (each group consisting of 15 individuals). For data analysis, descriptive statistical methods (frequency indices, mean, and standard deviation) and inferential statistics (multivariate repeated measures analysis of variance) using SPSS-24 were employed.

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

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

Keywords: *ISTDP, ACT, compassion, marital burnout, divorce, women.*

1 Introduction

Marital burnout is commonly seen among couples seeking divorce, and in its most severe form, it leads to the collapse of the marital relationship (Goudarzi et al., 2022; Jalalvand et al., 2023; Mardani et al., 2023). Marital burnout leads to irreversible consequences for couples (Kali, 2010) and, given its destructive effects on the relationship, its attention and treatment are of great importance (Dunham, 2016). Marital burnout is a painful state of emotional, physical, and psychological exhaustion that affects individuals who have expectations that love and marriage will bring meaning to their lives (Pryor & Baraka, 2013). Stemming from prolonged disagreements between couples, marital burnout increases aggressive behavior and reduces any love they may have for each other, ultimately diminishing marital life quality and satisfaction (Asadpour & Veisi, 2019; Falahati & Mohammadi, 2020; Sadeghi, Moheb, & Alivandi Vafa, 2021). Marital burnout is one of the primary causes of marital disputes and lack of intimacy between them. It also relates to how couples communicate, solve problems, and their problem-solving skills. Most studies examining marital burnout have reported that the experience of burnout is greater in women than in men (Capri, 2013; Pines, 1996; Pines & Nunes, 2003). The reason for increased burnout in women is that women start their marital lives with greater expectations than men. The problems and stress that married women face when trying to fulfill their roles as wives or mothers are greater than the stress experienced by men as husbands or fathers (Khosravi et al., 2021; Zarenezhad et al., 2019). Marital burnout is one of the problems many couples are involved with and is considered one of the main reasons for emotional divorce, and if not psychologically treated, it can lay the groundwork for formal divorce (Bozkur et al., 2022; Capri, 2013). Therefore, considering the negative consequences of marital burnout, providing appropriate psychological interventions to improve it in marital life can prevent negative outcomes such as divorce (Davarniya et al., 2015; Yaarmohammadi Vasel et al., 2021; Zare Baghbidi & Etemadifard, 2020).

Intensive Short-Term Dynamic Psychotherapy (ISTDP), due to its sustained effectiveness, has recently caught the attention of researchers. This therapy is a condensed form of psychodynamic treatment developed by Habib Davanloo in the 1970s (Davanloo, 2001, 2013). ISTDP assumes that early attachment experiences have a profound influence on the development and stability of attachment patterns in adulthood. Therefore, emotions and impulses that may harm attachment relationships and are unacceptable to the individual are repressed from consciousness (Caldiroli et al., 2020; Moazzami Goudarzi et al., 2021; Pejman Hoviatdoost et al., 2020). ISTDP suggests that many pathological symptoms are explained by the "triangle of conflict," with emotions at its core. These emotions or impulses that might have caused attachment disruption in the past can become a source of anxiety and are avoided through defensive processes. Over time, this avoidance of emotional experiences leads to pathological symptoms and maintains problematic relational patterns (Abbass & Town, 2013; Moazzami Goudarzi et al., 2021). The goal of ISTDP is to support patients in bringing unconscious impulses and emotions to consciousness. This process is known as "unlocking the unconscious." Depending on the complexity and intensity of the experienced emotions, unlocking can occur at various levels. Usually, these complex feelings first manifest towards the therapist. Once the emotions are brought into the patient's awareness, the therapy focuses on supporting the patient to understand the relationship between these emotions and past attachment experiences, thereby achieving a higher level of insight that leads to a reduction in anxiety and empowers the patient to change pathological patterns (Ahmadi et al., 2018; Parisuz et al., 2019; Rosso et al., 2019; Town et al., 2017). As defense can protect patients against unwanted experiences, various levels of resistance may appear. In the tension between the self-perpetuating nature of defenses (resistance) and the patient's unconscious, therapeutic alliance tendencies for better self-understanding and recognition by others (unconscious therapeutic alliance) emerge. The therapist implements interventions to overcome resistance but must modulate the intensity of interventions considering the patient's psychological fragility (Caselli et al., 2023; Kashefi et al., 2023; Mami et al., 2021; Sarafraz & Moradi, 2022). The theory of ISTDP shows that the process of experiencing fundamental emotions and gaining insight into the relationship between emotions, anxiety, and defense leads to symptom reduction and behavioral change (Town et al., 2017). Given the foundation of this therapy, it appears to be effective in changing marital burnout in women seeking divorce.

Acceptance and Commitment Therapy (ACT) diverges from standard cognitive-behavioral therapy by not focusing on symptom reduction. Instead, it concentrates on the role and impact of psychological phenomena like thoughts, emotions, memories, and physical sensations, emphasizing engagement in meaningful life activities despite these experiences (Saadati et al., 2021). Its core principles include:

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1) acceptance, or the willingness to undergo discomfort without attempting to manage it, and 2) commitment to action aligned with personal values over the eradication of unwanted experiences. It integrates verbal and cognitive strategies with other non-verbal elements to promote well-being, utilizing techniques such as exposure, metaphorical language, and mindfulness (Barnes et al., 2023; Ferreira et al., 2022; Shepherd et al., 2022). In practice, ACT therapists guide clients to diminish futile struggles with mental experiences and instead adopt an accepting approach to progress towards valued life directions (Caletti et al., 2022). For example, ACT's application in treating anxiety involves clients learning to cease their fight against anxiety's discomfort and to instead participate in activities aligned with their personal values. Furthermore, self-compassion is recognized as a beneficial characteristic and a critical factor in developing emotional resilience, involving a positive self-attitude during challenging times. It's characterized by understanding one's own suffering and fallibility as part of the universal human experience, emphasizing self-kindness, shared human experience, and balanced awareness (Janbozorgi et al., 2020; Neff, 2019). In a compassion-focused variant of ACT, the emphasis is not on altering thoughts but on enhancing the relationship with one's mental experiences, promoting acceptance of these experiences while reducing counterproductive control efforts. This approach teaches that attempts to avoid or control mental experiences often exacerbate them and that acceptance without internal or external resistance is crucial (Aminifar et al., 2023; Saadati et al., 2021).

Therefore, the current research seeks to answer whether Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) enriched with compassion are effective in altering marital burnout in women seeking divorce.

2 Methods and Materials

2.1 Study design and Participant

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

2.2 Measures

2.2.1 Marital Burnout

In this research, Pines' (1996) 21-item self-assessment questionnaire was utilized. This scale includes three subscales: physical burnout (fatigue, lethargy, sleep disturbances, etc.), emotional burnout (depression, hopelessness, feeling trapped, etc.), and psychological burnout (worthlessness, frustration, anger towards the spouse, etc.). Higher scores on this scale indicate greater burnout, with the maximum score being 147 and the minimum 21. For interpretation, the scores are converted into degrees by dividing the total score obtained from the questionnaire by the number of questions (21). In the interpretation of scores, a grade of 6 indicates the necessity of urgent help, 5 indicates a crisis, 4 indicates a state of burnout, 3 indicates the risk of burnout, and 2 or less indicates a good relationship. The reliability coefficient of the test was calculated to be between 0.91 and 0.93. The correlation between each item and the level of burnout was statistically significant at the 0.001 level. The Cronbach's alpha for the validity was estimated to be 0.89 over one month, 0.76 over two months, and 0.66 over four months (Pines, 1996). In Iran, the correlation coefficient of this questionnaire with the Enrich Marital Satisfaction questionnaire was significant at less than 1% (Fahimi & Taghvaei, 2022).

2.3 Intervention

2.3.1 Intensive Short-Term Dynamic Psychotherapy Protocol (ISTDP)

In this study, the implementation of the independent variable took place over 16 sessions based on Dr. Habib Davanloo's ISTDP protocol (Davanloo, 2001, 2013). A

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summary of the session structure based on the dynamic sequence is as follows:

First Stage - Inquiry about problems

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

Gaining deeper and more accurate information

Specifying the beginning and continuation of the problem

Second Stage - Pressure

Initiating pressure with specific and concrete demands against vague responses

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

Third Stage - Challenge

Identifying and clarifying defenses

Provoking the patient against their defenses

Challenge based on technical interventions

Fourth Stage - Transference Resistance

Signs of transference resistance appearance

Directly engaging with transference resistance based on technical interventions

Fifth Stage - Experiencing Transference Emotions

Continuing pressure and challenge until signs of nearing emotions and impulses

Focusing on experiencing emotions directly instead of defenses

Expressing emotions to the therapist and describing them

Experiencing emotions with all cognitive/physiological/motor components

Strengthening therapeutic alliance

Sixth Stage - Analysis of Transference

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

Seventh Stage - Dynamic Exploration in the Unconscious

Analyzing disclosed materials with two triangles of conflict and person

Exploring in family life

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

2.3.2 Acceptance and Commitment Therapy Protocol Enriched with Compassion

The session protocol is organized from the protocol of Acceptance and Commitment Therapy (Saadati et al., 2021) and Compassion-Focused Therapy (Gilbert, 2009). It comprises 10 sessions of 90 minutes over 8 consecutive weeks. The content of each session is presented in Table 1.

Table 1

Acceptance and Commitment Therapy Protocol Enriched with Compassion

Session	Session Objective	Session Content	Expected Behavioral Change	Homework
First	Introducing members and establishing therapeutic rapport	Evaluating clients with research questionnaires, introducing research variables, and explaining 4 life areas	Awareness of problems and motivation to strive for life change	Identify one's own life area
Second	Understanding three emotion regulation systems, clarifying the security system	Definition and interpretation of 3 emotional systems, characteristics of each, and the role of the security system in increasing awareness	Initiating the activation of the security system and reducing hyperactivity of the two systems of defense and motivation	Note and pay attention to when the defense or motivation system activates
Third	Defining and explaining the mind and control issues	Interpretation and explanation of the mind and types of mind productions with the metaphor of a factory, the inner and outer world, and the shovel metaphor	Creative despair and letting go of mind control	Mindfulness practice and attention to different shovel metaphors, identifying the shovels
Fourth	Understanding the brain	Reviewing childhood memories, pure and impure suffering, and its relation to emotional systems, introducing 3 brains (old, analytical, conscious)	Connection with the conscious brain	Note instances produced by the three brains and pay attention to them
Fifth	Introducing compassionate reasoning, teaching techniques of compassionate attention and being present	Compassionate reasoning and its difference from logical reasoning, sensitivity to one's own suffering, and being present, self-observer and compassionate attention	Activating the security system	Perform exercises of compassionate reasoning and compassionate attention
Sixth	Introducing compassionate behaviors	Practicing compassion towards others, compassionate behaviors, empathy and sympathy using the flashlight metaphor	Replacing self and others blame and admonishment with compassionate behaviors	Practice sensitivity to suffering and empathy and sympathy with oneself and others
Seventh	Introducing acceptance and distress tolerance	Explaining acceptance and distress tolerance using the metaphor of an	Acceptance and tolerance of distress	Daily note of mental experiences regarding

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		uninvited guest instead of fighting with mind productions, accepting them as guests		acceptance of suffering and connection with the conscious and kind mind
Eighth	Explaining disidentification and verbal change strategies to increase willingness	Teaching cognitive disidentification using the metaphor of bus passengers, self-observer, compassionate attention, and practice of self-connection	Understanding the mind as a separate reality from oneself and paying attention to mind productions	Daily note of mental experiences regarding disidentification and practice of self-observer
Ninth	Demonstrating the importance of values and client awareness of the connection between values and acceptance	Taking care of health and introducing values, identifying client's values, mind ceremony metaphor, value assessment exercises, and taking care of well-being	Acting on defined values along with caring for well-being	Identify personal values and prioritize them, write them down, instructions for value-based path activation
Tenth	Explaining values as a compass	The model of action appropriate with compassionate behavior	Active performance of activities planned based on values with a compassionate movement	Challenge creation in the path of values

2.4 Data Analysis

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

3 Findings and Results

In the ISTDP, ACT, and control groups, the average ages of the participants were respectively 34.00, 35.33, and 33.87. Descriptive indices of marital burnout at pre-test, post-test, and follow-up stages are presented separately for groups in the Table 2.

Table 2

Descriptive statistics findings

Variables	Group	Pre-test (Mean)	Pre-test (SD)	Post-test (Mean)	Post-test (SD)	Follow-up (Mean)	Follow-up (SD)
Physical Fatigue	Intensive Short-Term Dynamic Psychotherapy	20.00	2.98	16.20	3.93	15.13	3.27
	Acceptance and Commitment Therapy enriched with compassion	21.27	3.06	16.87	4.03	16.13	3.54
	Control	20.27	2.87	19.87	3.70	20.80	3.12
Emotional Fatigue	Intensive Short-Term Dynamic Psychotherapy	27.00	2.96	22.60	3.98	22.00	3.40
	Acceptance and Commitment Therapy enriched with compassion	27.27	3.08	23.53	3.96	23.13	3.54
	Control	27.20	2.87	26.80	3.75	27.07	3.17
Psychological Fatigue	Intensive Short-Term Dynamic Psychotherapy	24.00	2.96	19.53	3.09	18.93	3.20
	Acceptance and Commitment Therapy enriched with compassion	25.27	3.07	20.93	4.10	20.13	3.54
	Control	25.20	2.84	24.80	3.75	25.07	3.17

The results indicate that the mean of marital burnout in the participants of Intensive Short-Term Dynamic Psychotherapy and Acceptance and Commitment Therapy enriched with compassion groups in the post-test and follow-up are less than the mean scores of the participants in the control group and have decreased from pre-test to post-test in the experimental groups. However, there has been no significant change from the post-test to follow-up.

To examine the normality of the population distribution due to the small sample size in each group ($n<50$), the Shapiro-Wilk test was used. The results showed that the distribution of all variables is normal for each group ($P>0.05$). Leven's test results indicated that the homogeneity of variances in marital burnout has been achieved ($p>0.05$). The Box's M test also showed that the homogeneity of the variance-covariance matrix has been achieved ($P>0.05$, $F=0.79$, Box's $M=17.44$). The Bartlett's test of sphericity also indicated that there is a moderate and significant correlation among dimensions of marital burnout ($P<0.001$, $\chi2=90.81$). Moreover, the Mauchly's test results showed that the sphericity assumption has only not been met for the belief in the destructiveness of disagreement ($P>0.05$), and

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the Greenhouse-Geisser epsilon correction should be used for estimating differences for this variable.

Table 3

Analysis of Between-Group Differences in Dimensions of Marital burnout in Experimental Groups

Variables	Source	SS	df	MS	F	p	Eta^2
Physical Fatigue	Test	426.20	2	213.10	19.90	0.001	0.42
	Group	21.51	1	21.51	1.42	0.24	0.05
	Test × Group	1.36	2	0.68	0.06	0.94	0.002
Emotional Fatigue	Test	376.42	2	188.21	16.63	0.001	0.37
	Group	13.61	1	13.61	0.95	0.34	0.03
	Test × Group	3.09	2	1.54	0.14	0.87	0.005
Psychological Fatigue	Test	458.60	2	229.30	20.30	0.001	0.42
	Group	37.38	1	37.38	3.38	0.08	0.11
	Test × Group	0.16	2	0.08	0.007	0.99	0.001

The results in Table 3 show that there is no significant difference between the two groups of Intensive Short-Term Dynamic Psychotherapy and Acceptance and Commitment Therapy enriched with compassion in marital burnout according to group membership and the interactive effect of test and group membership (P>0.05). The results of the Bonferroni post-hoc test for comparing means according to test stages in experimental groups are presented in the Table 4.

Table 4

Bonferroni Post-hoc Test for Comparing Mean Differences of Marital burnout Dimensions by Test Stages in Experimental Groups

Variables	Groups	Pre-test - Post-test	p	Pre-test - Follow-up	p	Post-test - Follow-up	p
Physical Fatigue	Intensive Short-Term Dynamic Psychotherapy	3.80	0.001	4.87	0.003	1.07	0.99
	Acceptance and Commitment Therapy enriched with compassion	4.40	0.007	5.13	0.003	0.73	0.99
Emotional Fatigue	Intensive Short-Term Dynamic Psychotherapy	4.40	0.006	5.00	0.003	0.60	0.99
	Acceptance and Commitment Therapy enriched with compassion	3.73	0.01	4.13	0.02	0.40	0.99
Psychological Fatigue	Intensive Short-Term Dynamic Psychotherapy	4.47	0.001	5.07	0.003	0.62	0.99
	Acceptance and Commitment Therapy enriched with compassion	4.33	0.031	5.13	0.003	0.80	0.99

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

4 Discussion and Conclusion

The research results indicate that there is no significant difference between the two groups of Intensive Short-Term Dynamic Psychotherapy and Acceptance and Commitment Therapy enriched with compassion in marital burnout based on group membership and the interactive effect of the test and group membership. The results also show that in both experimental groups, the means have decreased from pre-test to post-test and follow-up, with a significant difference. Further results show that no significant change occurred from post-test to follow-up. Consequently, there is no difference between the effectiveness of Intensive Short-Term Dynamic Psychotherapy and Acceptance and Commitment Therapy enriched with compassion on marital burnout in women seeking divorce. The research findings are consistent with previous studies on the effectiveness of ISTDP (Ahmadi et al., 2018; Aminifar et al., 2023; Balali Dehkordi & Fatehizade, 2022; Caldiroli et al., 2020; Caselli et al., 2023; Heshmati et al., 2021; Jahangasht Aghkand et al., 2021; Kashefi et al., 2023; Mami et al., 2021; Mehboodi et al., 2022; Moazzami Goudarzi et al., 2021; Mobassem, 2022; Parisuz et al., 2019; Pasbani Ardabili et al., 2018; Pejman Hoviatdoost et al., 2020; Qaziani & Arefi, 2017;

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Rosso et al., 2019; Salehian & Moradi, 2022; Sarafraz & Moradi, 2022; Taghavi et al., 2019; Town et al., 2017; Ziapour et al., 2023), Acceptance and Commitment Therapy (Aghili & Kashiri, 2022; Amidisimakani et al., 2018; Amini & Karami Nejad, 2021; Asadpour & Veisi, 2019; Mardani et al., 2023; Nazri et al., 2017; Rafiei Saviri et al., 2022; Sadeghi et al., 2022; Sadeghi, Naeimeh, & Alivandvafa, 2021), and compassion-based therapy (Amini & Karami Nejad, 2021; Aminifar et al., 2023; Ramezani et al., 2023; Saadati et al., 2021; Tabibzadeh et al., 2021; Tajdin et al., 2021; Yaghoobi et al., 2021) on marital burnout and other marital variables.

ISTDP focuses on helping individuals quickly identify and experience their true feelings and challenge their internal defenses against these feelings. This therapeutic approach aims to help patients face and process their deepest emotional issues, leading to rapid changes and relief from psychological distress (Caselli et al., 2023). In the context of marital burnout, ISTDP may enable women to explore and understand the underlying emotional causes of their dissatisfaction and distress in the marital relationship, such as unmet needs, unresolved conflicts, or dysfunctional patterns of interaction (Caldiroli et al., 2020; Heshmati et al., 2021). By becoming more aware of and addressing these emotional issues, women may experience a reduction in feelings of burnout and an improvement in marital satisfaction.

On the other hand, ACT enriched with compassion emphasizes the importance of accepting one's emotions and thoughts without judgment, committing to actions that align with one's values, and being compassionate towards oneself and others. This therapy helps individuals develop psychological flexibility, which is the ability to stay in contact with the present moment and change or persist in behavior that serves one's valued ends (Amini & Karami Nejad, 2021; Saadati et al., 2021). For women experiencing marital burnout, ACT can provide tools to better accept and understand their emotional experiences within the marriage, adopt a more compassionate stance towards themselves and their partners, and take actions that improve the relationship or their personal well-being (Yaghoobi et al., 2021). By fostering acceptance and compassion, women may learn to cope more effectively with the emotional challenges of their marriage, leading to decreased feelings of burnout.

Despite their effectiveness, the study suggests that neither therapy significantly outperforms the other, highlighting that different therapeutic approaches can be beneficial for marital burnout. This might be due to the multifaceted nature of burnout, which includes emotional, physical, and psychological exhaustion. Both therapies address these aspects in different ways, yet they converge in helping individuals better understand and manage their emotional states and relational dynamics.

It's important to note that the choice of therapy may depend on individual preferences, specific relationship dynamics, and the availability of therapists trained in these approaches. Some women might prefer the deep emotional work and rapid approach of ISTDP, while others might resonate more with the acceptance, mindfulness, and compassion focus of ACT. As such, therapy should be tailored to the individual's needs, preferences, and specific marital issues.

Furthermore, the research underscores the importance of continued exploration and comparison of different therapeutic interventions for marital burnout. Future studies might consider long-term outcomes, the impact of therapist factors, or how these therapies might be combined or adapted to maximize their effectiveness for individuals or couples experiencing marital burnout. Understanding the unique contributions and limitations of each approach can guide therapists in providing the most effective and personalized care for those struggling with marital burnout.

5 Limitations and Suggestions

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

Future research should broaden the sample size and diversity to enhance external validity and include longer follow-up periods to understand the sustained impact of therapies. Studies should compare interventions to active control groups for a more rigorous efficacy assessment and incorporate objective measures alongside self-reported data to validate outcomes. Detailed reporting of therapist characteristics and adherence to the therapy model is crucial

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to understand the influence of therapist variability. Incorporating qualitative data and a cost-effectiveness analysis could provide deeper insights and practical implications. Finally, exploring the mechanisms of change and the specific components contributing to therapy effectiveness will further elucidate how and for whom these therapies work best.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Ethics Considerations

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

Authors' Contributions

Somayeh Farahdel, Mehdi Ghasemi Motlagh, and Hossein Mahdian all played essential roles in the conception and execution of this study. Somayeh Farahdel contributed to the research design, data collection, and analysis. Mehdi Ghasemi Motlagh was responsible for implementing Intensive Short-Term Dynamic Psychotherapy (ISTDP) and contributed to data interpretation. Hossein Mahdian supervised the study, provided expertise in Acceptance and Commitment Therapy (ACT) enriched with compassion, and contributed to data analysis and interpretation.

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