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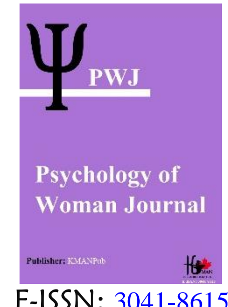

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The Effectiveness of Short-Term Object Relations Therapy on the Dimensions of Shame in Women with Multiple Sclerosis (MS): A Randomized Clinical Trial

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A B S T R A C T

Objective: The present study aimed to determine the effectiveness of short-term object relations therapy on the dimensions of shame in women with multiple sclerosis.
Methods and Materials: This study was an applied quantitative research conducted using a quasi-experimental design with pretest, posttest, and three-month follow-up, including an experimental group and a control group. The statistical population consisted of women diagnosed with multiple sclerosis referred to medical centers in Isfahan during 2025–2026. A total of 36 participants were selected through convenience sampling and randomly assigned to an experimental group (n = 18) and a control group (n = 18). The experimental group received short-term object relations therapy based on Masterson's protocol in 14 sessions (45 minutes each, twice weekly), while the control group received no intervention. Data were collected using the Experience of Shame Scale (ESS), which assesses characterological, behavioral, and bodily shame. Data analysis was performed using SPSS-29 at both descriptive and inferential levels, including repeated-measures analysis of variance and Bonferroni post hoc tests.
Findings: The results of repeated-measures ANOVA indicated significant effects of time, group, and the interaction between time and group on total shame and all its dimensions ($p < 0.001$), with large effect sizes. Bonferroni post hoc tests showed that shame scores in the experimental group significantly decreased from pretest to posttest and from pretest to follow-up ($p < 0.001$), while no significant differences were observed between posttest and follow-up stages, indicating stability of treatment effects. No significant changes were observed in the control group.
Conclusion: Short-term object relations therapy is an effective intervention for reducing the dimensions of shame in women with multiple sclerosis, and its effects are stable over time, suggesting its potential as a valuable psychotherapeutic approach for improving emotional functioning in this population.
Keywords: *Multiple sclerosis, object relations therapy, shame, short-term psychotherapy, randomized clinical trial*

1. Introduction

Multiple sclerosis (MS) is a chronic, progressive neurological disorder that imposes a substantial burden not only on physical functioning but also on psychological well-being. The unpredictable course of the disease, the experience of disability, and changes in bodily functioning often lead to profound emotional challenges, including anxiety, depression, and disturbances in self-concept. Among these psychological consequences, shame has emerged as a particularly salient and yet underexplored construct in individuals with chronic illness. Shame is a self-conscious emotion that involves negative evaluations of the self, feelings of inferiority, and a perceived loss of social value, often leading to withdrawal, secrecy, and impaired interpersonal functioning. In patients with MS, bodily changes, perceived social stigma, and disruptions in identity can intensify experiences of shame and negatively affect quality of life and treatment adherence (Andami et al., 2023; Joseph & Witter, 2024).

From a theoretical standpoint, shame is not merely an isolated emotional response but is deeply rooted in early relational experiences and internalized object representations. Object relations theory conceptualizes personality and emotional functioning as being shaped by internalized images of self and others, formed through early interactions with significant caregivers. These internalized object relations influence how individuals perceive themselves, regulate emotions, and engage in interpersonal relationships throughout life (Caligor et al., 2023; Summers, 2024). Within this framework, shame can be understood as emerging from maladaptive internal object relations characterized by critical, rejecting, or inconsistent caregiving experiences. Such internalized representations contribute to a fragmented self-image and heightened vulnerability to shame in response to perceived failures or relational disruptions (Spero, 1984).

Empirical research has consistently demonstrated the central role of object relations in psychological functioning and psychopathology. Studies have shown that impairments in object relations are associated with difficulties in emotional regulation, identity formation, and interpersonal functioning across a range of clinical populations. For example, research has indicated that individuals with weaker ego strength and maladaptive defense mechanisms exhibit poorer object relations, which in turn are linked to depressive symptoms and emotional dysregulation (Bahmani Nia & Sohrabi Shegefti, 2024). Similarly, object relations have been identified as a key predictor of relational satisfaction and psychological adjustment, with maladaptive patterns contributing to interpersonal conflicts and reduced well-being (Kahraman & Aktan, 2024).

In the context of chronic illness, the role of object relations becomes even more critical. The experience of illness can activate underlying vulnerabilities in self-structure and relational patterns, leading to intensified emotional distress. Studies have demonstrated that object relations significantly influence how individuals cope with chronic conditions, including their ability to regulate emotions, maintain self-coherence, and adapt to illness-related challenges. For instance, object relations have been found to predict symptom severity and emotional outcomes in patients with fibromyalgia, highlighting the relevance of relational dynamics in psychosomatic conditions (Omidi Cheshmeh Kabood et al., 2025). These findings suggest that addressing maladaptive object relations may be an effective therapeutic pathway for improving psychological outcomes in patients with chronic diseases such as MS.

Shame, in particular, has been closely linked to object relational dynamics. Individuals with insecure or disorganized internal object representations are more likely to experience chronic shame, as their sense of self is heavily dependent on perceived external validation and prone to internalized criticism. Research has shown that body-related shame and self-objectification are significantly associated with psychological disorders, including body dysmorphic disorder, where maladaptive object relations play a mediating role (Andami et al., 2023). Furthermore, interventions targeting relational patterns have been found to reduce feelings of shame and guilt, underscoring the therapeutic importance of addressing underlying object relations (Rostaa et al., 2024).

Object relations-based therapies, particularly short-term dynamic approaches, have gained increasing attention as effective interventions for a range of psychological difficulties. These therapies focus on identifying and modifying maladaptive internalized relational patterns, enhancing self-awareness, and improving emotional regulation. Short-term object relations therapy, derived from psychoanalytic principles, emphasizes the exploration of unconscious conflicts, the interpretation of transference and countertransference, and the restructuring of internal object representations within a limited number of sessions (Clarkin et al., 2020; Summers, 2024). This approach is particularly suitable for clinical settings where time constraints necessitate efficient yet effective interventions.

A growing body of empirical evidence supports the effectiveness of object relations-based interventions in improving psychological outcomes. Studies have demonstrated that such therapies can enhance emotional expression, interpersonal functioning, and marital satisfaction, as well as reduce symptoms of depression, anxiety, and personality disorders (Boroumand & Hosseini Ravari Zadeh, 2023; Hosseini et al., 2021; Safavi et al., 2022). Additionally, short-term dynamic and object relations therapies have been shown to improve object relations, reduce anger and guilt, and promote psychological integration in clinical populations (Sarlak et al., 2023; Sarlaki et al., 2024). Recent findings further indicate that short-term object relations group interventions can significantly enhance self-awareness and reduce social anxiety and alexithymia, suggesting their broad applicability across different psychological conditions (Sarlak & Talebi, 2025).

Moreover, emerging research highlights the effectiveness of object relations therapy in addressing issues related to self-concept and body image, which are closely relative with shame. For example, object relations therapy has been found to improve self-concept and reduce perfectionism related to physical appearance in individuals with body dysmorphic disorder (Akbari & Talebi, 2025). Similarly, dynamic-interpersonal group therapies have demonstrated efficacy in reducing maladaptive cognitive processes such as thought suppression, which are often linked to shame and emotional avoidance (Shafigh & Talebi, 2024). These findings suggest that interventions targeting relational and intrapsychic processes can have a meaningful impact on shame-related experiences.

Despite the growing evidence base, there remains a notable gap in research examining the effectiveness of short-term object relations therapy specifically in patients with multiple sclerosis, particularly in relation to shame. While some studies have explored the role of object relations in chronic illness and emotional functioning, and others have demonstrated the effectiveness of related therapeutic approaches, few have directly investigated the multidimensional construct of shame in MS populations. Additionally, most existing studies have focused on other clinical groups, such as individuals with personality disorders, depression, or anxiety, limiting the generalizability of findings to patients with neurological conditions (Ovisi et al., 2023; Poulton, 2023).

Given the complex interplay between physical illness, psychological functioning, and relational dynamics in MS, it is essential to develop and evaluate interventions that address these interconnected domains. Short-term object relations therapy, with its focus on internalized relationships and emotional processing, offers a theoretically grounded and empirically supported approach for reducing shame and improving psychological well-being in this population. Furthermore, recent studies continue to emphasize the central role of object relations in shaping emotional experiences and psychopathology, reinforcing the relevance of this therapeutic framework in contemporary clinical practice (Rousta et al., 2024; Sarlak, 2024; Sarlak & Talebi, 2024).

In light of these considerations, the present study aims to investigate the effectiveness of short-term object relations therapy on the dimensions of shame in women with multiple sclerosis.

2. Methods and Materials

2.1. *Study design and Participant*

This study was an applied quantitative investigation conducted using a quasi-experimental pretest-posttest design with an experimental group, a control group, and a three-month follow-up assessment. In this design, random assignment was used after participant selection, such that eligible participants were allocated to either the experimental group or the control group. Both groups were first assessed at baseline through a pretest before the implementation of the intervention. The experimental group then received short-term object relations therapy, whereas the control group received no psychological intervention during the study period. After completion of the intervention, both groups were reassessed at posttest in order to determine the effect of the independent variable, namely short-term object relations therapy, on the dependent variable, which was the dimensions of shame. A follow-up assessment was conducted three months after the posttest to evaluate the durability of treatment effects over time.

The statistical population consisted of all women diagnosed with multiple sclerosis who were referred to educational, medical, and treatment centers in Isfahan during the 2025–2026 period and whose diagnosis had been confirmed by a neurologist according to updated diagnostic criteria. Based on reports from medical and treatment centers in Isfahan Province, including those affiliated with Isfahan and Kashan Universities of Medical Sciences, more than 13,000 patients with MS had been registered at the provincial level. From among the neurological and specialty

clinics in Isfahan, Bahranian Specialized Neurology and Psychiatry Clinic was selected as the study site. A total of 36 participants were recruited through convenience sampling and screened according to the inclusion and exclusion criteria. The final sample consisted of 36 women with MS who were placed into two groups: an experimental group with 18 participants and a control group with 18 participants. Sample size was determined a priori using G*Power software based on an alpha level of 0.05, a statistical power of 0.90, and an effect size of 0.25, which indicated that 36 participants would be sufficient for the planned analyses.

The inclusion criteria were being between 20 and 50 years of age, having at least basic literacy skills sufficient for reading, understanding, and completing the research questionnaires, having a confirmed diagnosis of multiple sclerosis by a neurologist and an active medical record in the relevant treatment centers, having relatively stable physical status allowing regular attendance in treatment sessions and questionnaire completion, having a clinically stable disease course without acute relapse or newly emerging neurological symptoms during the previous three months, not meeting criteria for severe psychiatric disorders such as active psychosis or severe substance dependence that could interfere with the therapeutic process, providing informed consent and demonstrating sufficient motivation and commitment to participate in the study, not receiving other similar psychotherapeutic interventions during the previous six months or during the study period, being in the early phase of the disease with no more than five years having passed since definite diagnosis or the first clinical attack, and meeting the trauma-related prerequisite set for study entry. The exclusion criteria included being younger than 20 or older than 50 years, being in a preclinical stage of MS or lacking a definitive neurological diagnosis, having severe physical, cognitive, or psychological impairments that prevented regular participation or questionnaire completion, presenting with severe psychiatric disorders that could compromise the effectiveness of the intervention, experiencing an acute MS relapse during the previous three months or during the study period, receiving concurrent similar psychotherapeutic treatment, being absent for more than two consecutive therapy sessions, withdrawing consent or showing repeated non-cooperation with the study procedures, and developing an acute or recurrent disease condition during the study period that could substantially affect participation or the interpretation of treatment outcomes. It should also be noted that both groups were selected from among patients in the early stages of the disease.

2.2. *Measures*

Experience of Shame Scale (ESS). The dimensions of shame were assessed using the Experience of Shame Scale developed by Andrews, Qian, and Valentine in 2002. The ESS is a standard self-report instrument specifically designed to measure different domains of shame experience in non-clinical and clinical populations. This questionnaire contains 25 items and evaluates shame across three major subscales: characterological shame, behavioral shame, and bodily shame. Characterological shame refers to negative feelings about one's personal qualities or sense of self, behavioral shame reflects embarrassment or humiliation regarding one's actions and past behaviors, and bodily shame assesses shame-related feelings about physical appearance and the body. Items are rated on a Likert-type scale, commonly from 1 to 4, with higher scores indicating greater levels of shame. The total score is obtained by summing the item scores, and subscale scores can also be calculated separately in order to provide a multidimensional profile of shame experiences. The ESS has been widely used in psychological and clinical research and has shown satisfactory psychometric properties across different populations. Previous studies have confirmed its construct validity, convergent validity, and internal consistency, and the scale has repeatedly demonstrated acceptable to high reliability coefficients for both the total score and its subscales. Given that the present study focused on the dimensions of shame in women with MS, the ESS was considered an appropriate and theoretically relevant instrument for assessing changes in shame-related experiences before, after, and following the intervention.

2.3. *Intervention*

The intervention administered to the experimental group was Masterson's short-term object relations therapy protocol, originally formulated within the object relations tradition and adapted for brief therapeutic work. The treatment was delivered in a group format over 14 sessions, held twice weekly, with each session lasting approximately 45 minutes. The intervention was organized into four sequential phases, including an initial phase, a first middle phase, a second middle phase, and a final phase. In the initial phase, which included the first two sessions, participants were screened for suitability for short-term object relations

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psychotherapy, a therapeutic focus was established at symptomatic and dynamic levels, and a functional therapeutic alliance was formed. During this phase, participants were also introduced to the general rules of therapy and the theoretical foundations of object relations, and the therapist obtained a brief life history and an understanding of each participant's major sources of suffering, relational patterns, and emotional conflicts. In the first middle phase, covering sessions three through six, the therapist used core psychodynamic techniques such as clarification, confrontation, and interpretation to help participants explore unconscious conflicts, identify maladaptive relational patterns, and link shame experiences to internalized object relations and ongoing interpersonal difficulties. Treatment focus was maintained consistently in order to promote psychological growth and insight. In the second middle phase, covering sessions seven through ten, the same psychodynamic goals continued, but flexibility was allowed when necessary for the selective use of supportive or non-analytic techniques, including limited cognitive-behavioral elements, provided these techniques served the therapeutic relationship and the dynamic goals of treatment. Examples included relaxation training and daily event recording for identifying cognitive distortions, although these were used cautiously and only when they strengthened patient awareness and therapeutic engagement. At this stage, the therapist also began preparing participants for the termination process and facilitated discussion of possible feelings associated with the approaching end of treatment. The final phase, encompassing sessions eleven through fourteen, focused on consolidation of therapeutic gains, exploration of separation-related conflicts and previous losses, strengthening the participants' ability to understand emotions and relationships, internalization of the therapeutic process, and discussion of possible challenges in maintaining gains after treatment. The final sessions also included review of changes achieved, evaluation of progress toward therapeutic goals, and administration of the posttest. The intervention's credibility was supported through expert optimization and review by four specialists, including one neurologist/psychiatrist, two academic supervisors, and one treatment supervisor, who reached consensus regarding the appropriateness of the protocol for women with MS. Treatment fidelity was assessed using structured checklists for the initial, first middle, second middle, and final phases of therapy. Session recordings were evaluated by three independent observers, and Kendall's tau coefficients for inter-rater agreement were reported at approximately 0.95 for the initial phase, 0.96 for the first middle phase, 0.97 for the second middle phase, and 0.98 for the final phase, indicating high adherence to the treatment protocol.

2.4. *Data Analysis*

Data analysis was conducted at both descriptive and inferential levels using SPSS version 29. At the descriptive level, frequency, percentage, mean, and standard deviation were calculated to summarize participant characteristics and study variables. At the inferential level, the Kolmogorov-Smirnov test was used to assess the normality of score distributions, and Levene's test was applied to examine the homogeneity of variances across groups. Because the study included three measurement points, namely pretest, posttest, and follow-up, repeated-measures analysis of variance was considered the primary analytic approach for examining within-group and between-group changes over time. This method was selected because it allows simultaneous evaluation of temporal change, group differences, and the interaction effect between time and group. However, it was anticipated that if pretest scores exerted a statistically significant influence on post-intervention outcomes requiring statistical control, analysis of covariance would be considered as an alternative complementary procedure. The significance level for all statistical tests was set at 0.05.

3. Findings and Results

The demographic characteristics of the participants indicated that the two groups were comparable at baseline. In terms of age distribution, in the short-term object relations therapy group, 29.4% of participants were under 30 years old, 35.3% were between 31 and 40 years, and 35.3% were between 41 and 50 years, while in the control group, 22.2% were under 30 years, 38.9% were between 31 and 40 years, and 38.9% were between 41 and 50 years. The mean age and standard deviation were 35.647 ± 8.587 in the experimental group and 36.944 ± 7.658 in the control group. The chi-square test showed no significant difference between the groups in terms of age distribution ($\chi^2 = 2.370$, $p = 0.888$). Regarding gender, although the study focused on women with multiple sclerosis, the recorded data showed that in the experimental group 41.2% were male and 58.8% were female, while in the control group both males and females each comprised 50.0% of participants; however, this difference was not statistically significant ($\chi^2 = 0.274$, $p = 0.600$). In terms of educational level, 47.1% of participants in the experimental group had a diploma or below, 35.3%

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had an associate or bachelor's degree, and 17.6% had a master's degree or higher, whereas in the control group 38.9% had a diploma or below, 38.9% had an associate or bachelor's degree, and 22.2% had a master's degree or higher. The chi-square test again indicated no significant difference between the groups in educational level ($\chi^2 = 0.258$, $p = 0.879$). Overall, these findings suggest that the experimental and control groups were homogeneous with respect to key demographic variables at baseline.

Table 1

Descriptive Statistics of Shame Dimensions by Group Across Measurement Stages

Variable (Shame Dimensions)	Stage	Experimental Group Mean	Experimental Group SD	Control Group Mean	Control Group SD
Total Shame	Pretest	74.36	8.52	73.91	7.84
	Posttest	58.47	7.93	72.65	7.51
	Follow-up	56.82	7.41	71.88	7.63
Characterological Shame	Pretest	25.74	3.91	25.38	3.67
	Posttest	19.63	3.52	25.11	3.48
	Follow-up	18.94	3.26	24.87	3.55
Behavioral Shame	Pretest	24.88	3.76	24.55	3.58
	Posttest	20.14	3.41	24.21	3.44
	Follow-up	19.53	3.27	24.03	3.39
Bodily Shame	Pretest	23.74	3.58	23.98	3.62
	Posttest	18.70	3.29	23.33	3.36
	Follow-up	18.35	3.18	22.98	3.41

The descriptive statistics indicated that both groups were comparable at baseline across all dimensions of shame, with similar mean scores and standard deviations at pretest. However, following the intervention, the experimental group demonstrated a substantial reduction in total shame and all subcomponents, including characterological, behavioral, and bodily shame, whereas the control group showed minimal changes across posttest and follow-up stages. The reduction in the experimental group persisted at follow-up, suggesting stability of treatment effects over time.

Prior to conducting the main inferential analyses, the statistical assumptions underlying repeated-measures analysis of variance were examined. The normality of the distribution of scores for all study variables at each measurement stage was assessed using the Kolmogorov–Smirnov test, and the results indicated that the distributions did not significantly deviate from normality ($p > 0.05$). The homogeneity of variances between the experimental and control groups was evaluated using Levene's test, which confirmed that the assumption of equal variances was met across all measurement points ($p > 0.05$). In addition, the assumption of sphericity for within-subject comparisons was tested using Mauchly's test; where violations were detected, appropriate corrections such as the Greenhouse–Geisser adjustment were applied to the degrees of freedom. Furthermore, inspection of residual plots and boxplots indicated no significant outliers or deviations from linearity, supporting the suitability of the data for parametric analysis.

Table 2

Results of Between-Subjects and Within-Subjects Effects for Shame Dimensions

Variable	Effect Type	Source	Sum of Squares	df	Mean Square	F	p	η^2
Total Shame	Between	Group	1824.53	1	1824.53	21.67	0.001	0.39
	Within	Time	2145.71	2	1072.85	32.48	0.001	0.49
	Interaction	Group × Time	1986.64	2	993.32	30.75	0.001	0.47
Characterological Shame	Between	Group	412.76	1	412.76	18.94	0.001	0.36
	Within	Time	536.88	2	268.44	27.53	0.001	0.45
	Interaction	Group × Time	498.27	2	249.13	26.11	0.001	0.43
Behavioral Shame	Between	Group	365.91	1	365.91	16.87	0.001	0.33
	Within	Time	489.63	2	244.81	25.06	0.001	0.42
	Interaction	Group × Time	455.72	2	227.86	24.11	0.001	0.41
Bodily Shame	Between	Group	382.44	1	382.44	17.32	0.001	0.34
	Within	Time	501.28	2	250.64	25.71	0.001	0.43
	Interaction	Group × Time	468.39	2	234.19	24.67	0.001	0.42

The results of repeated-measures analysis of variance demonstrated significant between-group effects, within-group (time) effects, and interaction effects (group × time) for total shame and all its dimensions. Specifically, the significant group effect indicated overall differences between the experimental and control groups, while the significant time effect reflected changes across measurement stages. Importantly, the significant interaction effects suggested that the pattern of change over time differed between the two groups, with the experimental group showing a marked reduction in shame scores compared to the relatively stable scores in the control group. The effect sizes (η^2) were large, indicating a substantial impact of the intervention.

Table 3

Bonferroni Post Hoc Test Results for Pairwise Comparisons in the Experimental Group

Variable	Stage Comparison	Mean Difference	SD	p
Total Shame	Pretest–Posttest	15.89	4.62	0.001
	Pretest–Follow-up	17.54	4.38	0.001
	Posttest–Follow-up	1.65	2.11	0.142
Characterological Shame	Pretest–Posttest	6.11	2.08	0.001
	Pretest–Follow-up	6.80	2.01	0.001
	Posttest–Follow-up	0.69	1.37	0.214
Behavioral Shame	Pretest–Posttest	4.74	1.96	0.001
	Pretest–Follow-up	5.35	1.88	0.001
	Posttest–Follow-up	0.61	1.21	0.233
Bodily Shame	Pretest–Posttest	5.04	1.84	0.001
	Pretest–Follow-up	5.39	1.79	0.001
	Posttest–Follow-up	0.35	1.15	0.311

The Bonferroni post hoc comparisons in the experimental group revealed that there were significant reductions in total shame and all its dimensions from pretest to posttest and from pretest to follow-up. However, the differences between posttest and follow-up were not statistically significant, indicating that the improvements achieved immediately after the intervention were maintained over time without significant decline. This pattern supports the stability and durability of short-term object relations therapy in reducing various dimensions of shame among women with multiple sclerosis.

4. Discussion

The present study aimed to examine the effectiveness of short-term object relations therapy on the dimensions of shame in women with multiple sclerosis, and the findings provide clear empirical support for the effectiveness of this intervention. The results demonstrated that participants in the experimental group experienced a significant reduction in total shame as well as in all its dimensions, including characterological, behavioral, and bodily shame, from pretest to posttest. Furthermore, these improvements were maintained at the three-month follow-up, indicating the durability and stability of treatment effects over time. In contrast, the control group did not show meaningful changes across measurement stages, suggesting that the observed improvements can be attributed to the therapeutic intervention rather than to the passage of time or external factors. The significant interaction effects between group and time confirmed that the pattern of change differed substantially between the experimental and control groups, with large effect sizes indicating a robust impact of short-term object relations therapy on reducing shame.

These findings can be understood within the framework of object relations theory, which posits that emotional experiences such as shame are rooted in internalized representations of self and others formed through early relational experiences. According to this perspective, maladaptive object relations characterized by internalized criticism, rejection, or inconsistency contribute to a fragmented and vulnerable self-structure, predisposing individuals to chronic feelings of shame (Caligor et al., 2023; Summers, 2024). The significant reduction in shame observed in the experimental group suggests that short-term object relations therapy effectively facilitated the restructuring of these maladaptive internal representations. By helping participants gain insight into their relational patterns, interpret unconscious conflicts, and integrate previously split-off aspects of the self, the therapy likely

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contributed to a more cohesive and resilient sense of self, thereby reducing susceptibility to shame.

The findings of the present study are consistent with previous research demonstrating the central role of object relations in emotional regulation and psychological well-being. For example, studies have shown that individuals with more adaptive object relations exhibit greater ego strength and more effective defense mechanisms, which in turn are associated with lower levels of emotional distress (Bahmani Nia & Sohrabi Shegefti, 2024). Similarly, research has indicated that impairments in object relations are linked to difficulties in emotion regulation and increased vulnerability to negative self-conscious emotions such as shame and guilt (Nikosafat & Qarebaghi, 2020). The observed improvements in shame dimensions in the current study can therefore be interpreted as reflecting enhanced emotional regulation capacities resulting from the modification of underlying object relational structures.

Moreover, the results align with empirical evidence supporting the effectiveness of object relations-based and psychodynamic interventions in reducing negative emotional states. For instance, Rostaa et al. demonstrated that mentalization-based therapy, which shares conceptual overlap with object relations approaches, significantly reduced feelings of shame and guilt in individuals experiencing relational conflicts (Rostaa et al., 2024). Similarly, studies have reported that intensive short-term dynamic psychotherapy leads to improvements in object relations and reductions in negative emotions such as anger and guilt (Sarlak et al., 2023; Sarlaki et al., 2024). These findings support the notion that interventions targeting relational dynamics and unconscious processes can effectively alleviate self-conscious emotions.

The effectiveness of the intervention in reducing bodily shame is particularly noteworthy in the context of multiple sclerosis. MS often involves visible and functional changes in the body, which can negatively affect body image and increase vulnerability to shame. Research has shown that body-related shame is closely associated with self-objectification and maladaptive cognitive-emotional processes, contributing to psychological distress (Andami et al., 2023). In this regard, the ability of short-term object relations therapy to reduce bodily shame suggests that the intervention may have helped participants reinterpret their bodily experiences within a more compassionate and integrated self-framework. This interpretation is supported by findings indicating that object relations therapy can improve self-concept and reduce perfectionism related to physical appearance, thereby mitigating body-related distress (Akbari & Talebi, 2025).

Another important finding of the study is the stability of treatment effects at follow-up. The absence of significant differences between posttest and follow-up scores in the experimental group indicates that the gains achieved during therapy were maintained over time. This stability may be attributed to the internalization of therapeutic processes and the development of more adaptive relational patterns, which continue to influence emotional functioning beyond the termination of therapy. Object relations theory emphasizes the importance of internalization in sustaining therapeutic change, suggesting that individuals who internalize supportive and coherent relational experiences are better equipped to regulate emotions and cope with future challenges (Clarkin et al., 2020). The high level of treatment fidelity observed in the present study further supports the reliability of these outcomes.

In addition, the findings can be interpreted in light of research highlighting the role of object relations in interpersonal functioning and relational satisfaction. Studies have shown that maladaptive object relations are associated with difficulties in forming and maintaining healthy relationships, which can exacerbate feelings of shame and social withdrawal (Kahraman & Aktan, 2024). By improving participants' understanding of their relational patterns and enhancing their capacity for empathy and emotional connection, short-term object relations therapy may have contributed to improved interpersonal functioning, thereby reducing the social and relational dimensions of shame. This interpretation is consistent with research demonstrating the effectiveness of object relations-based therapies in improving emotional expression and relational dynamics (Hosseini et al., 2021; Safavi et al., 2022).

Furthermore, the present findings are in line with studies examining the impact of object relations on psychological outcomes in chronic illness populations. For example, research has shown that object relations significantly influence emotional responses and symptom severity in individuals with chronic conditions such as fibromyalgia (Omidi Cheshmeh Kabood et al., 2025). Similarly, studies have demonstrated that interventions targeting relational processes can improve emotional expression and reduce psychological distress in individuals experiencing relational conflicts (Rousta et al., 2024). These findings underscore the relevance of addressing relational and intrapsychic factors in the psychological treatment of chronic illness.

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The effectiveness of the intervention may also be understood in relation to broader psychodynamic mechanisms of change. Techniques such as clarification, confrontation, and interpretation, which were central to the therapeutic process in this study, facilitate increased self-awareness and insight into unconscious processes. This enhanced awareness enables individuals to recognize and modify maladaptive patterns of thinking, feeling, and relating, leading to improved emotional regulation and reduced psychological distress. The integration of limited cognitive-behavioral techniques in the middle phase of therapy may have further supported these changes by providing practical tools for managing distress and reinforcing new patterns of behavior. Such integrative approaches have been shown to enhance the effectiveness of psychodynamic interventions in addressing complex emotional and relational issues (Shafigh & Talebi, 2024).

5. Conclusion

Overall, the findings of this study contribute to the growing body of literature supporting the effectiveness of short-term object relations therapy in improving psychological outcomes. By demonstrating significant and sustained reductions in multiple dimensions of shame among women with MS, the study highlights the potential of this intervention as a valuable therapeutic approach in clinical settings. The results also extend existing research by focusing on a specific population and outcome that have received limited attention in previous studies, thereby addressing an important gap in the literature (Ovisi et al., 2023; Poulton, 2023). Additionally, recent research continues to emphasize the importance of object relations in shaping emotional experiences and psychopathology, further supporting the theoretical and empirical foundations of the present findings (Maleki et al., 2025; Sarlak, 2024; Sarlak & Talebi, 2024; Sarlak & Talebi, 2025).

6. Limitations and Suggestions

Despite these strengths, several limitations of the study should be acknowledged. The sample size was relatively small, which may limit the generalizability of the findings to broader populations. The use of convenience sampling may also introduce selection bias, as participants who volunteered for the study may differ systematically from those who did not. In addition, the study focused exclusively on women with MS, which limits the applicability of the results to male patients or other demographic groups. The reliance on self-report measures may be subject to response biases, including social desirability and recall bias. Furthermore, the follow-up period was limited to three months, and longer-term effects of the intervention remain to be examined.

Future research should aim to address these limitations by employing larger and more diverse samples, including both male and female participants, and utilizing randomized sampling methods to enhance generalizability. Longitudinal studies with extended follow-up periods are needed to assess the long-term sustainability of treatment effects. Additionally, future studies could incorporate multimethod assessment approaches, including behavioral and physiological measures, to provide a more comprehensive evaluation of treatment outcomes. Comparative studies examining the effectiveness of short-term object relations therapy relative to other therapeutic approaches would also be valuable in identifying the most effective interventions for reducing shame in individuals with MS.

From a practical perspective, the findings of this study suggest that short-term object relations therapy can be effectively implemented in clinical settings to address shame and related psychological difficulties in patients with multiple sclerosis. Clinicians working with this population may benefit from incorporating object relations-based interventions into their practice, particularly when addressing issues related to self-concept, body image, and interpersonal functioning. The structured yet flexible nature of the intervention makes it suitable for integration into multidisciplinary treatment programs, and its relatively short duration enhances its feasibility in real-world settings.

Authors' Contributions

Authors equally contributed 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.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The present study received ethical approval from the Islamic Azad University, Najafabad Branch (Isfahan), with the ethics code IR.IAU.NAJAFABAD.REC.1404.223.

References

Akbari, Z., & Talebi, G. (2025). Effectiveness of Object Relations Therapy on Self-Concept and Physical Appearance Perfectionism in People with Body dysmorphic disorder. *Journal of Applied Psychological Research*. https://doi.org/10.22059/japr.2025.386121.645078

Andami, A., Hashemi, N., & Nasrollahi, B. (2023). The mediating role of cognitive emotion regulation strategies in the relationship between self-objectification and body shame with body dysmorphic disorder in women referring to beauty clinics. *Journal of Applied Family Therapy*, *4*(1), 172-192. https://doi.org/10.61838/kman.aftj.4.1.10

Bahmani Nia, M., & Sohrabi Shegefti, N. (2024). Comparison of Ego Strength, Defense Mechanisms, and Object Relations in Individuals with Depression and Healthy Individuals. *Clinical Psychology and Personality*, *22*(1), 126-145. https://cpap.shahed.ac.ir/article_4316.html?lang=en

Boroumand, N., & Hosseini Ravari Zadeh, N. (2023). Comparing the Effectiveness of Short-Term Dynamic Psychotherapy and Object Relations Therapy on Interpersonal Sensitivity and Aggressive Behaviors in Individuals with Borderline Personality Disorder. *Royesh-e-Ravanshenasi*, *12*(1), 207-216. https://frooyesh.ir/article-1-3652-en.html

Caligor, E., Preti, E., Stern, B. L., Sowislo, J. F., & Clarkin, J. F. (2023). Object relations theory model of personality disorders. *American Journal of Psychotherapy*, *76*(1), 26-30.

Clarkin, J. F., Caligor, E., & Sowislo, J. F. (2020). An Object Relations Model Perspective on the Alternative Model for Personality Disorders (DSM-5). *Psychopathology*, *53*(3), 141-148. https://doi.org/10.1159/000508353

Hosseini, F., Vakili, P., & Abolmaali, K. (2021). Comparing the Effectiveness of Object Relations Couple Therapy and Solution-Focused Couple Therapy on Emotional Expression in Couples with Marital Conflict. *Applied Family Therapy Journal*, *2*(1), 108-125. https://journals.kmanpub.com/index.php/aftj/article/view/411

Joseph, M., & Witter, M. (2024). Internalized Object Relationship as an Advanced Level of Psychodiagnosis. *Journal of Contemporary ISTDP*, *1*(1). https://doi.org/10.70839/2pjrxv44

Kahraman, S., & Aktan, E. A. (2024). The Relationship Between Object Relations and Relationship Satisfaction, Marital Adjustment, and Sexual Satisfaction: The Mediating Role of Narcissistic and Borderline Personality Traits. *Opus Toplum Araştırmaları Dergisi*, *21*(3), 189-203. https://doi.org/10.26466/opusjsr.1472521

Maleki, S., Leilabadi, L., & Kooshki, S. (2025). Efficacy of mentalization based group therapy on object relations and difficulties in emotion regulation: Outcome for individuals with dependent personality syndrome. *Journal of Applied Psychological Research*. https://doi.org/10.22059/japr.2023.352891.644491

Nikosafat, Z., & Qarebaghi, F. (2020). The Mediating and Moderating Role of Ego Strength in the Relationship Between Object Relations and Identity States Among Students. *Clinical Psychology and Personality (Daneshvar Raftar)*, *18*(2), 109-118. https://www.sid.ir/paper/1044139/en

Omidi Cheshmeh Kabood, A., Sepahvandi, M., & Mirderikvand, F. (2025). Examining the effect of object relations on fibromyalgia symptoms: the mediating role of alexithymia and self-compassion. *J Psychol Sci*, *24*(151), 33-54. https://psychologicalscience.ir/article-1-2755-en.html

Ovisi, H., Monirpour, N., & Zargham Hajbi, M. (2023). Ego strength model based on object relations and the mediating role of personality organization in individuals seeking cosmetic facial surgery. *Psychology of Growth*, *12*(1), 145-154. https://frooyesh.ir/browse.php?a_id=3920&slc_lang=en&sid=1&printcase=1&hbnr=1&hmb=1

Poulton, J. L. (2023). *Object relations and relationality in couple therapy: Exploring the middle ground*. Jason Aronson, Incorporated. https://www.amazon.com/Object-Relations-Relationality-Couple-Therapy/dp/0765708949

Rostaa, P., Bahrinian, S. A., Ahi, Q., & Ghanifar, M. H. (2024). The Effectiveness of Mentalization-Based Therapy on Object Relations and Feelings of Shame and Guilt in Mother-Child Conflicted Relationships. *Journal of Arak University of Medical Sciences*, *5*(27), 279-286. http://amuj.arakmu.ac.ir/~amuj/article-1-7724-fa.html

Rousta, P., Bahrinain, S. A., Ahai, G., & Ghani Far, M. (2024). The impact of mentalization therapy on object relations and emotional expression in conflicted mother-child relationships. *Journal of Nursing and Midwifery*, *22*(5), 351-341. https://doi.org/10.61186/unmf.22.5.341

Safavi, S., Mokund Hosseini, S., Sabahi, P., & Mohammadi Khani, P. (2022). The Effectiveness of Object Relations-Based Couples Therapy on Marital Satisfaction in Couples Seeking Divorce with Mild Borderline Personality Organization: An Experimental Study Considering the Moderating Role of Executive Functioning. *Clinical Psychology*, *14*(3), 13-24. http://noo.rs/GNQFZ

Sarlak, A., Farrokhzad, M., Khanzadeh, F., Younesi Sinaki, M., Razavi Mahdian, S. Z., & Tayyar Parvin, M. (2023). The Effectiveness of Intensive Short-Term Dynamic Psychotherapy on Object Relations, Anger, and Guilt in Women with Major Depressive Disorder. *Psychological Achievements*. https://psychac.scu.ac.ir/article_18967.html?lang=en

Sarlak, N. (2024). Structural relationships of social anxiety and object relations mediated by alexithymia in patients with asthma. *6*(82), 71-80. https://en.civilica.com/doc/2124189/

Sarlak, N., & Talebi, G. (2024). The effectiveness of short-term object relations group therapy on panic, obsessive-compulsive personality disorder, and narcissistic personality disorder in patients with asthma. *10*(3), 315-326.

Sarlak, N., & Talebi, G. (2025). Effectiveness of Short-Term Object Relations Group Intervention on Self-Awareness, Social Anxiety and Alexithymia in Patients with Asthma.

Research in Clinical Psychology and Counseling, *15*(1), 135-158. https://doi.org/10.22067/tpccp.2025.88949.1671

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

Shafigh, S., & Talebi, G. (2024). The effectiveness of group psychotherapy with a dynamic-interpersonal approach on thought suppression in individuals with obsessive-compulsive disorder. *67*(3), 1204-1218.

Spero, M. H. (1984). Shame: An object-relational formulation. *The Psychoanalytic Study of the Child*, *39*(1), 259-282. https://doi.org/10.1080/00797308.1984.11823429

Summers, F. (2024). *Object relations theories and psychopathology: A comprehensive text*. Routledge. https://doi.org/10.4324/9781003265795

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