Journal Website

Article history:
Received 01 December 2024
Revised 21 January 2025
Accepted 03 February 2025
Published online 30 May 2025

Iranian Journal of Neurodevelopmental Disorders

Volume 4, Issue 1, pp 28-39

Journal of Neurodevelopmental Disorder

E-ISSN: 2980-9681

A Comparison of the Effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) on Psychological Distress and Ego Strength in Women Victims of Domestic Violence

Sahar Shokohifar[1], Hossein Mahdian[2*], Mehdi Ghasemi Motlagh[3]

[1] Department of Psychology, Boj.C., Islamic Azad University, Bojnord, Iran.
[2] Department of Psychology, Boj.C., Islamic Azad University, Bojnord, Iran (Corresponding Author).
[3] Department of Psychology, Boj.C., Islamic Azad University, Bojnord, Iran.

*** Corresponding author email address**: hossein3284@gmail.com

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Shokohifar, S., Mahdian, H., Ghasemi Motlagh, M. (2025). A Comparison of the Effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) on Psychological Distress and Ego Strength in Women Victims of Domestic Violence. *Iranian Journal of Neurodevelopmental Disorders, 4*(1), 28-39.
https://doi.org/10.61838/kman.jndd.4.1.4

© 2025 the authors. Published by Iranian Association for Intelligence and Talent Studies, Tehran, Iran. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

A B S T R A C T

Purpose: This study aimed to compare the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) on reducing psychological distress and enhancing ego strength in women victims of domestic violence.

Methods and Materials: This quasi-experimental study employed a pretest-posttest-follow-up design with a control group. Forty-five women aged 20 to 45 who had experienced domestic violence and met the inclusion criteria were selected purposefully from counseling centers in Gorgan, Iran, and randomly assigned into three groups: ISTDP (n = 15), ACT (n = 15), and control (n = 15). Participants completed the Depression Anxiety Stress Scales (DASS-21) and the Ego Strength Scale (ESS) before and after the interventions and again at a three-month follow-up. The ISTDP intervention was administered in 15 individual sessions, and the ACT protocol was delivered in 8 individual sessions. The control group was placed on a waitlist. Data were analyzed using repeated measures multivariate analysis of variance (MANOVA) and Bonferroni post hoc tests.

Findings: The results indicated significant effects of time on psychological distress variables including depression ($F = 102.07$, $P < .001$), anxiety ($F = 33.70$, $P < .001$), and stress ($F = 72.75$, $P < .001$), and on ego strength dimensions such as ego control ($F = 48.57$, $P < .001$), resilience ($F = 18.59$, $P < .001$), mature defenses ($F = 79.95$, $P < .001$), problem-focused coping ($F = 28.23$, $P < .001$), and emotion-focused coping ($F = 30.55$, $P < .001$). However, no significant differences were found between the ISTDP and ACT groups ($P > .05$) in any of the outcome variables.

Conclusion: Both ISTDP and ACT were equally effective in significantly reducing psychological distress and improving ego strength in women victims of domestic violence, and their benefits were sustained at follow-up. These findings support the use of either therapy in trauma-focused clinical interventions.

Keywords: *Intensive Short-Term Dynamic Psychotherapy, Acceptance and Commitment Therapy, Psychological Distress, Ego Strength, Domestic Violence.*

1. Introduction

Domestic violence represents one of the most pressing public health and psychological challenges globally, with particularly severe consequences for women's mental health. In societies undergoing sociocultural transitions or facing structural gender disparities, women are often more vulnerable to various forms of domestic abuse, which can result in profound psychological trauma (Mordas, 2024; Muchtarom, 2024). These traumas frequently manifest as elevated psychological distress—encompassing symptoms of depression, anxiety, and stress—and diminished ego strength, which is crucial for resilience, identity integrity, and adaptive functioning in the face of adversity (Thamizhmathi et al., 2024). Thus, identifying and evaluating effective psychotherapeutic approaches to alleviate psychological distress and enhance ego strength in this population has become a central concern in clinical psychology and public health interventions.

Among the therapies increasingly used to address trauma-related psychological symptoms in women exposed to domestic violence are Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT). Both therapies, though grounded in different theoretical traditions, share a focus on emotional processing and restructuring of maladaptive psychological patterns. ISTDP, rooted in psychodynamic theory, emphasizes rapid access to unconscious conflicts and defense mechanisms through focused emotional engagement and confrontation with internal resistances (Balali Dehkordi & Fatehizade, 2022; Cyranka et al., 2018; Jafari & joharifard, 2023). It facilitates ego strengthening through insight and corrective emotional experiences, making it a suitable method for clients with complex emotional disturbances. Studies have shown ISTDP's effectiveness in enhancing ego strength, reducing psychosomatic symptoms, and modifying maladaptive defense styles (Jafari & Johari, 2023; Klippel, 2019; Nakhaei Moghadam et al., 2024).

In parallel, ACT has emerged from the third wave of cognitive-behavioral therapies and is based on the relational frame theory, promoting psychological flexibility through processes such as acceptance, mindfulness, cognitive defusion, and value-driven committed action (Peleg-Sagy, 2017; Vahabi et al., 2022). Unlike traditional cognitive approaches that seek to change the content of thoughts, ACT focuses on altering the individual's relationship with distressing thoughts and emotions, helping them move toward meaningful life goals despite emotional pain. Research has demonstrated that ACT is particularly effective in treating chronic psychological distress, enhancing distress tolerance, and fostering emotional resilience in both clinical and subclinical populations (Fattahi et al., 2023; Gladwyn-Khan & Morris, 2023; Moradi, 2023).

ACT's application in trauma-affected populations, including women with chronic pain, cancer, grief, or anxiety disorders, has been the subject of several empirical investigations. For example, Alizadeh et al. found that ACT reduced pain intensity and increased psychological flexibility in individuals with chronic pain who had experienced childhood trauma (Alizadeh et al., 2023). Similarly, Moin et al. confirmed ACT's role in mitigating existential anxiety among women with breast cancer by reinforcing value-consistent living and acceptance of suffering (Moin et al., 2023). These findings align with those of Jin et al. and Gibson Watt et al., who observed that ACT reduced psychological distress in caregivers and parents of children with life-threatening conditions, suggesting its adaptability and effectiveness in emotionally burdened caregivers and trauma-exposed individuals (Gibson Watt et al., 2023; Jin et al., 2023).

Women who are victims of domestic violence face chronic emotional trauma that weakens their self-concept and ego resilience. In these individuals, ego strength functions as a psychological buffer that allows for emotional regulation, integration of past traumas, and assertive decision-making. Therapeutic interventions aimed at enhancing ego strength are thus critical in enabling them to navigate oppressive environments and reestablish self-worth. In this regard, ISTDP targets unconscious processes that disrupt ego integrity, while ACT builds flexible thinking and emotional acceptance, thereby addressing different levels of psychological functioning. Comparative studies between these two approaches remain limited, especially among female survivors of interpersonal trauma such as domestic violence.

The empirical literature suggests that both ISTDP and ACT can be powerful interventions for trauma-related disorders. For instance, Jafari and Johari's research with patients suffering from irritable bowel syndrome revealed that ISTDP significantly improved ego strength and reduced alexithymia and neurotic defense styles, reinforcing its role in restructuring unconscious processes (Jafari & joharifard, 2023). On the other hand, research by Zaemi et al. indicated that ACT significantly improved distress tolerance in emotionally distant couples, emphasizing its applicability in relational trauma contexts (Zaemi et al., 2023). These lines

E-ISSN: 2980-9681

of evidence point to the relevance of both therapies for addressing the complex emotional and behavioral sequelae of domestic violence.

Additionally, the relevance of ego strength as an outcome variable has garnered increasing attention in clinical research. Ego strength, conceptualized as a dynamic intrapsychic structure that regulates drives, affects, and defenses, serves as a central marker of psychological adjustment and maturity (Cyranka et al., 2018). Interventions that can meaningfully enhance ego strength are vital for individuals whose psychological development has been interrupted by trauma. Notably, Afshari et al. reported that both ACT and integrated self-analytic approaches significantly increased ego strength and reduced emotional dysregulation among individuals suffering from COVID-19-related grief, suggesting their capacity to repair ego functioning under distressing circumstances (Afshari et al., 2024).

Moreover, the gendered dimensions of psychological distress must not be overlooked. Women, especially those living under conditions of chronic interpersonal violence, experience compounded psychological burdens that increase their vulnerability to anxiety, depression, and trauma-related disorders. Studies by Sarabadani et al. and Shahidi et al. emphasized the critical need for tailored psychotherapeutic responses to distress and ego fragility in women with anxiety or dermatological conditions, respectively, underscoring the utility of ACT in these contexts (Sarabadani et al., 2023; Shahidi et al., 2023). Similarly, Sierra and Sasaki explored the digital and cross-cultural efficacy of ACT interventions, finding consistent improvements in psychological well-being and distress regulation among women in Latin America and Japan, respectively, through online or workplace-based ACT delivery (Sasaki et al., 2023; Sierra & Ortiz, 2023).

Despite these promising findings, comparative studies that evaluate the relative efficacy of ISTDP and ACT on psychological distress and ego strength in women subjected to domestic violence remain scarce. While both modalities have been supported individually in varied populations, their differential impact on victims of domestic abuse—who typically experience complex trauma, chronic fear, emotional suppression, and disintegration of ego defenses—has yet to be rigorously tested in controlled designs. Given that ISTDP may more directly engage the unconscious emotional residues of trauma and ACT may more effectively promote resilience through psychological flexibility, comparing these two modalities can offer clinically relevant insights for optimizing trauma therapy in this vulnerable group.

In response to this research gap, the present study aimed to compare the effectiveness of Intensive Short-Term Dynamic Psychotherapy and Acceptance and Commitment Therapy in reducing psychological distress and enhancing ego strength among women victims of domestic violence.

2. Methods and Materials

2.1. Study Design and Participants

This study utilized a quasi-experimental design featuring a pretest–posttest–follow-up structure with a control group. The study was applied in nature, aiming to evaluate the practical efficacy of two psychotherapeutic interventions. The statistical population included all women aged 20 to 45 in the city of Gorgan who had experienced domestic violence and had referred to psychological and counseling centers affiliated with the Iranian Organization of Psychology and the Welfare Organization during the first half of the year 1402 (March to September 2023). From this population of approximately 200 individuals, all were first screened using the Domestic Violence Questionnaire by Mohseni Tabrizi, Kaldi, and Javadianzadeh (2012). Using the G-POWER software and considering statistical power requirements, 45 women who scored 120 or above on the questionnaire—indicating a high level of domestic violence exposure—were selected purposefully. These individuals were then randomly assigned into three groups: the first experimental group receiving ISTDP (15 individuals), the second experimental group receiving ACT (15 individuals), and a control group (15 individuals) that received no intervention and was placed on a waiting list. All groups completed pretest assessments before the intervention. The interventions were then delivered to the two experimental groups individually. After the completion of the intervention period, all three groups completed a posttest, and a follow-up test was administered three months later.

2.2. Measures

To assess psychological distress, the Depression Anxiety Stress Scales (DASS-21) developed by Lovibond and Lovibond (1995) was employed. This 21-item instrument includes three subscales—depression, anxiety, and stress—each consisting of seven items. Responses are rated on a four-point Likert scale ranging from 0 (does not apply to me at all) to 3 (applies to me very much). Since the DASS-21 is

E-ISSN: 2980-9681

a shortened version of the original 42-item scale, final scores for each subscale are multiplied by two. Lovibond and Lovibond reported reliability coefficients of .89 for depression, .84 for anxiety, and .82 for stress, with an overall internal consistency of .83. In Iran, the psychometric properties of the DASS-21 were confirmed by Samani and Jokar (2007), who reported test-retest reliability coefficients of .80 for depression, .76 for anxiety, and .77 for stress, and Cronbach's alpha values of .81, .74, and .78, respectively, confirming its suitability for clinical and research settings.

To assess ego strength, the Ego Strength Scale (ESS) developed by Basharat (2016) was used. This self-report questionnaire consists of 25 items across five subscales: ego control, personal resilience, mature defense mechanisms, problem-focused coping strategies, and positive emotion-focused coping strategies. Items are rated on a five-point Likert scale from 1 (very low) to 5 (very high), yielding subscale scores ranging from 5 to 25 and a total score ranging from 25 to 125. The ESS has been psychometrically validated across multiple studies conducted between 2005 and 2014 on both clinical (n = 327) and non-clinical (n = 1,257) samples. Internal consistency estimates (Cronbach's alpha) ranged from .73 to .93 for the subscales and total score. Test-retest reliability, based on two- to four-week intervals, yielded values from .64 to .88, all statistically significant at the $p < .001$ level. These results confirm the ESS as a reliable and valid measure of ego strength for use in Iranian populations.

2.3. Interventions

The first intervention consisted of Intensive Short-Term Dynamic Psychotherapy (ISTDP), administered individually over 15 sessions, based on the treatment protocol developed by Dr. Habib Davanloo. ISTDP is a focused therapeutic method aimed at helping patients identify and overcome unconscious emotional conflicts that underlie psychological symptoms. The treatment began with an initial session to establish therapeutic rules and conduct an exploratory dynamic interview. Throughout the sessions, specific attention was given to recognizing and challenging both formal and tactical defense mechanisms, such as indirect speech, cognitive rumination, denial, minimization, and somatic defenses like facial expressions or bodily symptoms. The therapy emphasized the therapist-client alliance, with the therapist refraining from giving advice or directing behavior, focusing instead on enhancing the client's self-awareness and emotional processing. The protocol emphasized emotional breakthroughs and insight development as mechanisms for reducing resistance and fostering change. The final sessions were devoted to consolidating therapeutic gains, reviewing progress, and preparing for post-intervention assessments. The therapist maintained flexibility in applying the protocol, adjusting to each client's emotional needs and defensive patterns, while adhering to the core components of ISTDP: dynamic assessment, defense work, emotional mobilization, insight facilitation, and resolution planning.

The second intervention was Acceptance and Commitment Therapy (ACT), which was also delivered individually over eight structured sessions following Steven C. Hayes's original therapeutic model. ACT is a third-wave cognitive-behavioral approach that encourages individuals to accept distressing thoughts and feelings rather than attempting to eliminate them, promoting psychological flexibility as a means of achieving mental well-being. The initial session introduced participants to the therapy's goals and structure and allowed for group rapport and shared experiences related to psychological distress. The subsequent sessions systematically addressed the core ACT processes: cognitive defusion, acceptance of emotional experience, mindfulness and present-moment awareness, self-as-context, clarification of personal values, and committed action. Techniques such as metaphor exercises, mindfulness practices, and experiential exercises were employed to help participants engage with painful internal experiences non-judgmentally and identify meaningful life directions. In the final session, the main therapeutic content and skills were reviewed, and participants completed the posttest assessment. This intervention aimed to reduce psychological distress and increase ego strength by fostering value-driven behavior, increasing emotional openness, and enhancing psychological flexibility in the face of distressing internal states.

2.4. Data Analysis

Data analysis was conducted using both descriptive and inferential statistics. Descriptive statistics, including frequency distributions, means, and standard deviations, were used to summarize demographic variables and outcome scores. At the inferential level, a multivariate repeated measures analysis of variance (MANOVA) was employed to examine the differences between the experimental and control groups across the three measurement points: pretest, posttest, and follow-up. To determine specific intergroup

E-ISSN: 2980-9681

differences across time, Bonferroni post hoc tests were conducted. This statistical approach allowed for robust testing of the hypotheses regarding the relative effectiveness of ISTDP and ACT on reducing psychological distress and enhancing ego strength among women who had experienced domestic violence.

3. Findings and Results

The demographic characteristics of the participants in the three groups—Intensive Short-Term Dynamic Psychotherapy (ISTDP), Acceptance and Commitment Therapy (ACT), and control—indicated overall homogeneity. The mean age of participants in the ISTDP, ACT, and control groups was 34.20, 30.60, and 32.67 years, respectively. A one-way ANOVA test revealed no significant differences in age among the groups ($F = 1.16$, $P > .05$), suggesting age homogeneity. Regarding marital status, 66.7% of participants in the ISTDP group, 60.0% in the ACT group, and 66.7% in the control group were married. The chi-square test showed no significant group differences in marital status ($\chi^2 = 0.19$, $P > .05$). In terms of education level, 73.3% of the ISTDP group, 60.0% of the ACT group, and 53.3% of the control group had a high school diploma or lower. The median test indicated no significant differences among groups in educational attainment ($\chi^2 = 1.32$, $P > .05$). With respect to employment status, 53.3% of participants in both the ISTDP and ACT groups and 73.3% in the control group were unemployed. Again, the median test found no significant differences among the groups in employment status ($\chi^2 = 1.67$, $P > .05$). These findings confirm that the three groups were demographically comparable at baseline.

Table 1 presents the means and standard deviations of psychological distress (depression, anxiety, and stress) and ego strength (including its dimensions) across the pretest, posttest, and follow-up phases for the three groups: Intensive Short-Term Dynamic Psychotherapy (ISTDP), Acceptance and Commitment Therapy (ACT), and the control group.

Table 1

Descriptive Findings

Variable	Test Phase	ISTDP (M)	ISTDP (SD)	ACT (M)	ACT (SD)	Control (M)	Control (SD)
Depression	Pretest	14.87	2.45	15.00	2.59	15.53	3.18
	Posttest	11.73	2.22	12.13	2.70	15.20	2.81
	Follow-up	11.67	2.06	12.20	2.34	15.07	2.66
Anxiety	Pretest	15.40	2.64	15.33	3.18	16.40	2.72
	Posttest	12.87	2.59	12.60	2.72	16.47	2.10
	Follow-up	12.87	2.17	12.87	2.85	16.27	1.75
Stress	Pretest	16.60	2.38	16.60	2.26	16.27	1.83
	Posttest	12.93	2.31	12.53	1.73	16.07	2.74
	Follow-up	12.07	2.19	12.60	1.68	16.80	2.57
Ego Control	Pretest	12.87	2.67	12.73	2.76	12.47	3.00
	Posttest	19.00	2.73	18.27	2.55	12.20	2.70
	Follow-up	19.80	2.24	18.07	2.46	12.93	2.40
Personal Resilience	Pretest	9.07	2.87	10.20	3.17	10.13	2.72
	Posttest	14.00	4.05	15.00	4.42	10.73	3.08
	Follow-up	13.87	3.50	14.27	3.61	10.27	2.58
Mature Defense Mechanisms	Pretest	11.73	2.60	11.00	2.85	11.53	3.20
	Posttest	16.13	4.05	15.80	3.86	11.80	2.91
	Follow-up	15.93	3.77	15.93	3.71	11.60	2.80
Problem-Focused Coping Strategies	Pretest	10.53	4.05	9.93	3.22	9.13	2.90
	Posttest	15.47	2.17	15.93	2.94	9.87	2.64
	Follow-up	15.47	2.97	15.00	3.36	9.60	1.96
Positive Emotion-Focused Coping	Pretest	13.87	4.17	13.47	4.44	13.27	4.59
	Posttest	18.53	3.25	19.80	2.37	13.00	4.17
	Follow-up	18.53	2.70	19.80	2.81	12.73	3.63
Total Ego Strength	Pretest	58.07	7.51	57.33	6.75	56.53	5.63
	Posttest	83.13	8.31	84.80	6.53	57.60	7.09
	Follow-up	83.60	7.86	83.07	7.90	57.13	5.59

As observed in the descriptive data, both experimental groups—those receiving ISTDP and ACT—showed considerable reductions in psychological distress indicators (depression, anxiety, and stress) from pretest to posttest, and

E-ISSN: 2980-9681

these improvements were maintained at follow-up. In contrast, the control group displayed minimal change across all three phases. Similarly, both experimental groups demonstrated notable improvements in ego strength and its dimensions, including ego control, personal resilience, mature defense mechanisms, problem-focused coping, and positive emotion-focused coping strategies. Mean scores for total ego strength increased substantially in the ISTDP and ACT groups during the posttest and remained high at follow-up, whereas the control group's scores remained relatively stable over time. These trends suggest that both ISTDP and ACT interventions had significant and lasting effects on enhancing ego strength and reducing psychological distress among women who had experienced domestic violence.

Hypothesis 1: There is a difference between the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) on psychological distress in women victims of domestic violence.

Before testing this hypothesis, key assumptions required for multivariate repeated measures analysis were examined. The assumption of homogeneity of variances was met for all psychological distress variables ($P > .05$). The assumption of homogeneity of variance-covariance matrices was also satisfied, as indicated by Box's M test ($F = 1.01$, Box's $M = 70.59$, $P > .05$). Bartlett's test of sphericity demonstrated a moderate and significant correlation among the subscales of psychological distress ($\chi^2 = 16.53$, $P < .05$), indicating that multivariate analysis was appropriate. The sphericity assumption was satisfied for anxiety ($P > .05$), but violated for depression and stress ($P < .05$); thus, Greenhouse-Geisser corrections were applied where necessary.

The results of the multivariate test using Wilks' Lambda are presented in Table 2:

Table 2

Multivariate Test Results for Differences in Psychological Distress Across Groups and Test Phases

Source	Wilks' Lambda	F	Sig.	Partial Eta Squared
Test Phase	0.05	79.31	.001	0.95
Group Membership	0.99	0.06	.98	0.01
Test × Group Interaction	0.91	0.37	.89	0.09

As seen in Table 2, there was a significant effect of test phase on psychological distress scores (Wilks' Lambda = 0.05, $F = 79.31$, $P < .001$), indicating that participants' levels of psychological distress changed significantly over time. However, neither group membership ($F = 0.06$, $P = .98$) nor the interaction between test phase and group membership ($F = 0.37$, $P = .89$) showed statistically significant effects. This suggests that although psychological distress decreased over time, this change did not differ significantly between the ISTDP and ACT groups.

To investigate each dimension of psychological distress (depression, anxiety, and stress) individually, repeated measures ANOVA was performed. The results are presented in Table 3:

Table 3

Repeated Measures ANOVA Results for Dimensions of Psychological Distress

Variable	Source	SS	df	MS	F	Sig.	Partial Eta Squared
Depression	Test Phase	180.00	1.57	114.36	102.07	.001	0.79
	Group	2.84	1	2.84	0.18	.67	0.01
	Test × Group	0.62	1.57	0.40	0.35	.65	0.01
Anxiety	Test Phase	132.02	2	66.01	33.70	.001	0.55
	Group	0.28	1	0.28	0.02	.90	0.001
	Test × Group	0.29	2	0.114	0.07	.93	0.003
Stress	Test Phase	333.16	1.34	248.30	72.75	.001	0.72
	Group	0.04	1	0.04	0.01	.94	0.00
	Test × Group	3.29	1.34	2.45	0.72	.44	0.03

As shown in Table 3, the effect of test phase was significant for all three components of psychological distress: depression ($F = 102.07$, $P < .001$), anxiety ($F = 33.70$, $P < .001$), and stress ($F = 72.75$, $P < .001$). However, the main effect of group membership and the interaction between group and test phase were not significant for any of

E-ISSN: 2980-9681

the variables, reinforcing that improvements in psychological distress were consistent across both treatment groups and not significantly different from one another.

To further explore the pattern of change over time, Bonferroni post hoc tests were used to compare the mean scores of psychological distress dimensions at different phases. The results are shown in Table 4:

Table 4

Bonferroni Post Hoc Test for Psychological Distress Across Test Phases

Variable	Group	Pretest - Posttest	Sig.	Pretest - Follow-up	Sig.	Posttest - Follow-up	Sig.
Depression	ISTDP	3.13	.001	3.20	.001	0.07	1.00
	ACT	2.87	.001	1.80	.001	-0.07	1.00
Anxiety	ISTDP	2.53	.001	2.53	.003	0.001	1.00
	ACT	2.73	.001	2.47	.001	-0.27	1.00
Stress	ISTDP	3.67	.001	4.53	.001	0.87	.73
	ACT	4.07	.001	4.00	.001	-0.07	1.00

As illustrated in Table 4, both ISTDP and ACT groups showed statistically significant reductions in depression, anxiety, and stress from pretest to posttest and from pretest to follow-up ($P < .01$). However, there were no statistically significant differences between posttest and follow-up scores in either group ($P > .05$), indicating that the effects of both therapies were stable over time.

Hypothesis 2: There is a difference between the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) on ego strength in women victims of domestic violence.

To evaluate this hypothesis, the necessary assumptions for repeated measures multivariate analysis were first assessed. The assumption of homogeneity of variances was confirmed ($P > .05$). The homogeneity of the variance-covariance matrices was also met, as indicated by Box's M test ($F = 1.01$, Box's $M = 70.01$, $P > .05$). Bartlett's test of sphericity showed a moderate and significant correlation among the subscales of ego strength ($\chi^2 = 39.07$, $P < .001$), and the assumption of sphericity was confirmed for all ego strength dimensions ($P > .05$), permitting the use of repeated measures MANOVA without correction.

The multivariate test results for group and time effects are presented in Table 5:

Table 5

Multivariate Test Results for Differences in Ego Strength Across Groups and Test Phases

Source	Wilks' Lambda	F	Sig.	Partial Eta Squared
Test Phase	0.05	35.77	.001	0.95
Group Membership	0.79	1.28	.31	0.21
Test × Group Interaction	0.80	0.48	.89	0.20

As Table 5 indicates, there was a statistically significant effect of test phase (Wilks' Lambda = 0.05, $F = 35.77$, $P < .001$), suggesting that ego strength changed meaningfully across the three measurement points. However, neither the main effect of group ($F = 1.28$, $P = .31$) nor the interaction between group and test phase ($F = 0.48$, $P = .89$) reached significance. This means that both treatment groups improved over time, but to a statistically similar extent.

Detailed results for each dimension of ego strength from repeated measures ANOVA are presented below:

Table 6

Repeated Measures ANOVA Results for Dimensions of Ego Strength

Variable	Source	SS	df	MS	F	Sig.	Partial Eta Squared
Ego Control	Test Phase	717.36	2	358.68	48.57	.001	0.63
	Group	16.90	1	16.90	3.30	.08	0.11
	Test × Group	9.80	2	4.90	0.66	.52	0.02
Personal Resilience	Test Phase	435.27	2	217.63	18.59	.001	0.40

E-ISSN: 2980-9681

	Group	16.04	1	16.04	0.98	.33	0.03
	Test × Group	2.29	2	1.14	0.10	.91	0.003
Mature Defense Mechanisms	Test Phase	420.16	2	210.08	79.95	.001	0.74
	Group	2.84	1	2.84	0.09	.77	0.003
	Test × Group	2.02	2	1.01	0.39	.68	0.01
Problem-Focused Coping	Test Phase	551.02	2	275.51	28.23	.001	0.50
	Group	0.90	1	0.90	0.09	.77	0.003
	Test × Group	5.07	2	2.53	0.26	.77	0.01
Positive Emotion-Focused Coping	Test Phase	605.00	2	302.50	30.55	.001	0.52
	Group	11.38	1	11.38	0.79	.38	0.03
	Test × Group	13.89	2	6.94	0.70	.50	0.02

Table 6 shows that for all dimensions of ego strength, the main effect of test phase was significant (P < .001), reflecting improvement over time in both experimental groups. However, neither the group effect nor the interaction between test phase and group membership reached significance in any subscale (P > .05), indicating that ISTDP and ACT were similarly effective.

Post hoc comparisons using Bonferroni adjustments further clarified the nature of these improvements:

Table 7

Bonferroni Post Hoc Comparisons for Ego Strength Dimensions by Test Phase

Variable	Group	Pre–Post Difference	Sig.	Pre–Follow-up Difference	Sig.	Post–Follow-up Difference	Sig.
Ego Control	ISTDP	-6.13	.001	-6.93	.001	-0.80	.99
	ACT	-5.53	.001	-5.33	.001	0.20	.99
Personal Resilience	ISTDP	-4.93	.001	-4.80	.004	0.13	.99
	ACT	-4.80	.006	-4.07	.021	0.73	.99
Mature Defense Mechanisms	ISTDP	-4.40	.001	-4.20	.001	0.20	.99
	ACT	-4.80	.001	-4.93	.001	-0.13	.99
Problem-Focused Coping	ISTDP	-4.93	.001	-4.93	.015	0.01	1.00
	ACT	-6.00	.001	-5.07	.001	0.93	.99
Positive Emotion-Focused Coping	ISTDP	-4.67	.001	-4.67	.020	0.01	1.00
	ACT	-6.33	.001	-6.33	.001	0.01	1.00

According to the results, both ISTDP and ACT led to significant increases in all dimensions of ego strength from pretest to posttest and from pretest to follow-up (P < .05). However, there were no significant changes between posttest and follow-up scores in either group (P > .05), suggesting that the gains were stable and maintained over time.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Acceptance and Commitment Therapy (ACT) on psychological distress and ego strength in women who have experienced domestic violence. The findings indicated that both therapeutic approaches significantly reduced psychological distress—including symptoms of depression, anxiety, and stress—and significantly enhanced various dimensions of ego strength. However, no statistically significant difference was observed between the two therapies in either outcome domain, indicating that both interventions were equally effective.

The results pertaining to psychological distress showed a significant reduction in scores from pretest to posttest and sustained improvements at follow-up in both the ISTDP and ACT groups. These findings suggest that both therapeutic modalities are capable of alleviating the high levels of psychological distress commonly experienced by women exposed to domestic violence. The absence of significant differences between the two experimental groups suggests that although they operate based on different theoretical foundations, ISTDP and ACT may converge in their efficacy through common therapeutic mechanisms, such as emotional processing, behavioral change, and enhancement of self-regulation capacities.

The effectiveness of ISTDP in reducing psychological distress can be attributed to its active engagement with unconscious emotional conflicts and maladaptive defense mechanisms, which are often intensified in trauma survivors. By facilitating emotional breakthroughs and insight into

E-ISSN: 2980-9681

internalized conflict, ISTDP enables clients to process painful feelings associated with abuse and reduce anxiety that fuels symptoms of distress (Cyranka et al., 2018; Jafari & Johari, 2023). Prior studies have confirmed the efficacy of ISTDP in reducing symptoms such as depression and anxiety in patients with psychosomatic and neurotic conditions (Klippel, 2019; Nakhaei Moghadam et al., 2024). Specifically, Jafari and Joharifard found that ISTDP reduced alexithymia and improved ego functioning in patients with chronic stress-related disorders, reinforcing its effectiveness in emotionally rigid populations (Jafari & joharifard, 2023).

Similarly, ACT has demonstrated effectiveness in reducing psychological distress through its emphasis on psychological flexibility and mindfulness-based emotional regulation. In the current study, participants undergoing ACT reported significant reductions in distress across all subdomains, which were sustained at follow-up. This outcome is consistent with a robust body of evidence supporting ACT's use in trauma-related and chronic stress conditions. For instance, Fattahi et al. observed that ACT significantly reduced distress and improved emotion regulation in patients with cardiovascular disease, highlighting its therapeutic potential in high-stress populations (Fattahi et al., 2023). Jin et al. also reported reduced psychological distress and enhanced quality of life in parents of children with cancer following ACT, suggesting that the therapy's focus on value-based living and emotional acceptance can buffer against ongoing trauma exposure (Jin et al., 2023).

In studies with women experiencing psychological hardship, ACT has been shown to be particularly effective. Moradi, in her study on divorced women, found ACT to be effective in increasing distress tolerance and reducing emotional reactivity (Moradi, 2023). Likewise, Sarabadani et al. found that ACT significantly enhanced distress tolerance and cognitive emotion regulation in women with generalized anxiety disorder, which parallels the present findings with trauma-exposed women (Sarabadani et al., 2023). These alignments affirm the generalizability of ACT's mechanisms of change across different female populations experiencing chronic psychological suffering. Furthermore, research by Sierra and Sasaki extended ACT's efficacy to online and occupational delivery formats for women, underscoring its adaptability and scalability (Sasaki et al., 2023; Sierra & Ortiz, 2023).

The results concerning ego strength also revealed significant improvements in both treatment groups from pretest to posttest, which were maintained at follow-up. Ego strength—encompassing domains such as ego control, resilience, use of mature defense mechanisms, and adaptive coping strategies—was substantially elevated by both ISTDP and ACT. The absence of group differences suggests that despite theoretical divergences, both approaches effectively foster intrapsychic resilience and emotional maturity in women recovering from domestic violence.

In the ISTDP group, the improvement in ego strength may be explained by the therapy's targeted focus on unconscious defenses and emotional avoidance, which are commonly entrenched in individuals with a history of interpersonal trauma. By confronting these defenses and activating authentic emotional experiences, ISTDP helps clients construct stronger ego boundaries and enhances their capacity for psychological integration (Balali Dehkordi & Fatehizade, 2022; Cyranka et al., 2018). Consistent with this view, Jafari and Johari reported that ISTDP significantly increased ego strength and replaced maladaptive defense styles with more functional ones in patients with stress-related gastrointestinal disorders (Jafari & joharifard, 2023). Similarly, Nakhaei Moghadam et al. demonstrated ISTDP's capacity to improve emotional organization and reduce somatization in patients with chronic pain, supporting its role in strengthening ego functions (Nakhaei Moghadam et al., 2024).

The ACT group also demonstrated significant gains in ego strength, which aligns with ACT's goal of fostering psychological flexibility, acceptance, and value-driven behavior. By encouraging individuals to relate differently to distressing internal experiences, ACT enhances the capacity to tolerate discomfort without emotional avoidance, a key component of ego maturity. This finding is corroborated by Afshari et al., who showed that ACT increased ego strength and reduced emotion regulation difficulties in individuals grieving COVID-19-related losses (Afshari et al., 2024). Additionally, studies with women in emotionally vulnerable contexts—including cancer patients and caregivers—have shown ACT's effectiveness in increasing psychological resilience and self-regulatory capacities (Gibson Watt et al., 2023; Moin et al., 2023).

Furthermore, the equal effectiveness of ISTDP and ACT in the current study may point to the significance of therapy common factors in facilitating ego repair and reducing distress. Both modalities emphasize a strong therapeutic alliance, emotional engagement, and the development of adaptive responses to internal conflict. These shared characteristics could account for the convergence in treatment outcomes. Peleg-Sagy, in a case study using ACT

E-ISSN: 2980-9681

with a client experiencing religious conflict and distress, emphasized the importance of experiential awareness and therapeutic empathy—elements also emphasized in ISTDP (Peleg-Sagy, 2017). Similarly, Gladwyn-Khan and Morris highlighted that ACT, even in self-guided bibliotherapy formats, could effectively reduce psychological symptoms, indicating the role of psychological engagement rather than modality-specific techniques (Gladwyn-Khan & Morris, 2023).

In addition, the improvements observed in ego strength dimensions such as emotion-focused and problem-focused coping suggest that both therapies may contribute not only to symptom relief but also to deeper personality restructuring. Vahabi et al.'s findings that ACT improved mental health and resilience among migrant caregivers resonate with the current findings and imply broader socio-contextual benefits of therapy (Vahabi et al., 2022). Similarly, Joolani et al. showed that ACT improved distress tolerance in mothers of children with disabilities, further validating ACT's effectiveness in emotion-laden caregiving roles (Joolani et al., 2023).

Despite the strengths of the present study, several limitations must be acknowledged. First, the sample size was relatively small and limited to women in a specific geographical and cultural context, which may restrict the generalizability of the findings. Second, the reliance on self-report questionnaires could introduce response biases, particularly in populations sensitive to emotional expression and social desirability. Third, although follow-up assessment was conducted three months post-intervention, longer-term outcomes were not evaluated, limiting conclusions about the durability of treatment effects over time. Additionally, therapist allegiance effects could not be entirely controlled, as different clinicians administered the interventions. Finally, the study did not consider mediating variables such as therapeutic alliance, emotion regulation skills, or trauma severity, which could influence treatment outcomes.

Future research should aim to replicate these findings with larger, more diverse samples and longer follow-up periods to better assess the sustainability of therapeutic gains. Studies could also benefit from using multimodal assessment tools, including clinician-rated scales and biological markers of stress regulation, to triangulate findings. Investigating mediating mechanisms—such as emotional processing, psychological flexibility, and therapeutic alliance—could offer deeper insights into how each modality facilitates change. Moreover, examining the differential effects of these therapies in subgroups based on trauma severity, comorbidity, or cultural background would help tailor interventions more precisely. Comparative effectiveness research involving other trauma-informed therapies, such as EMDR or narrative exposure therapy, could further enrich clinical decision-making for trauma care.

Clinicians working with women victims of domestic violence can confidently employ either ISTDP or ACT as effective treatment approaches for reducing psychological distress and strengthening ego functions. Treatment selection may be guided by client preference, clinical context, and therapist training, as both methods have demonstrated equivalent outcomes. ACT may be particularly suitable for clients with cognitive or behavioral rigidity and those open to mindfulness practices, while ISTDP may benefit clients who require intensive emotional processing and insight. Integrating these modalities in a sequential or blended format may further optimize results for individuals with complex trauma histories. Finally, training programs should ensure that mental health professionals are equipped with both emotion-focused and acceptance-based competencies to respond flexibly to the psychological needs of this vulnerable population.

Authors' Contributions

All authors significantly contributed to this study.

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 hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

E-ISSN: 2980-9681

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

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

References

Afshari, M., Atashpour, S. H., & Khayatan, F. (2024). Comparison of the Effectiveness of Integrated Self-Analytic Approach Therapy and Acceptance and Commitment Therapy on Ego Strength and Emotion Regulation Difficulties in Individuals With COVID-19 Grief Syndrome. *Jayps*, *5*(7), 59-67. https://doi.org/10.61838/kman.jayps.5.7.7

Alizadeh, P., Kooshki, S., & Tarvirdizadeh, H. (2023). The Effectiveness of Acceptance and Commitment Therapy and on Pain Intensity, Childhood Trauma, Perfectionism and Psychological Flexibility in Patients with Chronic Pain. *Journal of Assessment and Research in Applied Counseling (JARAC)*, *5*(2), 123-136. https://doi.org/10.61838/kman.jarac.5.2.15

Balali Dehkordi, N., & Fatehizade, M. (2022). Comparison of the effectiveness of Emotion-focused Therapy and Intensive short-term dynamic psychotherapy on marital adjustment of married women with experience of complex childhood trauma. *Counseling Culture and Psycotherapy*, *13*(51), 31-57. https://doi.org/10.22054/qccpc.2022.65682.2871

Cyranka, K., Rutkowski, K., Mielimąka, M., Sobański, J. A., Klasa, K., Müldner-Nieckowski, Ł., Dembińska, E., Smiatek-Mazgaj, B., & Rodziński, P. (2018). Changes in ego strength in patients with neurotic and personality disorders treated with a short-term comprehensive psychodynamic psychotherapy [journal article]. *Psychiatria Polska*, *52*(1), 115-127. https://doi.org/10.12740/PP/OnlineFirst/40020

Fattahi, A., Mazini, F., Jaberghaderi, N., Rajabi, F., Derakhshani, M., & Laki, M. (2023). Effectiveness of acceptance and commitment therapy upon distress, emotion regulation, and self-compassion in patients with cardiovascular disease: a randomized clinical trial. *Trends in Psychiatry and Psychotherapy*, *AheadOfPrint*, 0-0. https://doi.org/10.47626/2237-6089-2023-0685

Gibson Watt, T., Gillanders, D., Spiller, J. A., & Finucane, A. M. (2023). Acceptance and Commitment Therapy (ACT) for people with advanced progressive illness, their caregivers and staff involved in their care: A scoping review. *Palliative Medicine*, *37*(8), 1100-1128. https://doi.org/10.1177/02692163231183101

Gladwyn-Khan, M., & Morris, R. (2023). The efficacy of therapist-supported acceptance and commitment therapy-based bibliotherapy for psychological distress after stroke: a single-case multiple-baseline study. *Behavioural and Cognitive Psychotherapy*, *51*(1), 87-104. https://doi.org/10.1017/S135246582200042X

Jafari, S., & Johari, F. (2023). Effectiveness of Intensive Short-Term Dynamic Psychotherapy on Alexithymia, Defense Styles, and Ego Strength in Patients with Irritable Bowel Syndrome: A Semi-Experimental Study. *Rafsanjan University of Medical Sciences Scientific Journal*, *22*(3), 243-258. https://doi.org/10.52547/jrums.22.3.4

Jafari, S., & joharifard, r. (2023). The Effectiveness of Intensive Short-Term Dynamic Psychotherapy on the Alexithymia, Defense Styles, and Ego Strength in Patients with Irritable Bowel Syndrome: A Quasi-Experimental Study. *RUMS_JOURNAL*, *22*(3), 243-258. https://doi.org/10.52547/jrums.22.3.4

Jin, X., Li, H., Chong, Y. Y., Mann, K. F., Yao, W., & Wong, C. L. (2023). Feasibility and preliminary effects of acceptance and commitment therapy on reducing psychological distress and improving the quality of life of the parents of children with cancer: A pilot randomised controlled trial. *Psycho-Oncology*. https://doi.org/10.1002/pon.5941

Joolani, E., Leil Abadi, L., & Golshani, E. (2023). Comparing the Effectiveness of Cognitive Behavioral Therapy Using Rumi's Parables and Stories and Acceptance and Commitment Therapy on Distress Tolerance in Mothers of Children with Cerebral Palsy. *Behavioral Sciences Research*, *21*(2), 238-260. http://rbs.mui.ac.ir/article-1-1518-fa.html

Klippel, A. (2019). Effectiveness of intensive short-term dynamic psychotherapy on psychological distress of patients with atopic dermatitis. *Journal of Modern Psychological Researches*, *17*(68), 287-295. https://psychologyj.tabrizu.ac.ir/article_15341.html?lang=en

Moin, Z. Z., Abolmaali Alhoseini, K., & Seirafi, M. r. (2023). A Comparison of Effectiveness of Spiritual Therapy and Acceptance and Commitment Therapy (ACT) on Reducing Existential Anxiety in Women with Breast Cancer. *Counseling Culture and Psycotherapy*, *14*(56), 39-66. https://doi.org/10.22054/qccpc.2023.70009.3011

Moradi, S. (2023). Effectiveness of Realistic Acceptance and Commitment Therapy on Distress Tolerance in Divorced Women. *Journal of Applied Family Therapy*, *5*(3), 581-586. https://doi.org/10.61838/kman.aftj.3.5.34

Mordas, E. S. (2024). Domestic Violence and Maternal Perversion. *Психолог*(4), 28-44. https://doi.org/10.25136/2409-8701.2024.4.69150

Muchtarom, M. (2024). Analysis of Underage Marriage Impacting Broken Homes and Domestic Violence. *Int. J. Law. Rev. State. Adm*, *2*(1), 28-35. https://doi.org/10.58818/ijlrsa.v2i1.108

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

Peleg-Sagy, T. (2017). Does Acceptance Mean Permission? Using Acceptance and Commitment Therapy to "Treat" Ego-Dystonic Masturbation in a Devout Jewish Man. *Journal of Sexual Medicine*, *14*(Supplement_4b), e283-e283. https://doi.org/10.1016/j.jsxm.2017.04.365

Sarabadani, A., Hasanzadeh, R., & Ghanadzadegan, H. (2023). The effectiveness of acceptance and commitment therapy on distress tolerance and cognitive emotion regulation in women with generalized anxiety disorder. *Applied Family Therapy Journal (AFTJ)*, *4*(2), 96-114. https://doi.org/10.61838/kman.aftj.4.2.6

Sasaki, N., Imamura, K., Nishi, D., Watanabe, K., Asaoka, H., Sekiya, Y., Tsuno, K., Kobayashi, Y., Obikane, E., & Kawakami, N. (2023). The effect of internet-based acceptance and commitment therapy (iACT) on psychological well-being among working women with a pre-school child: A randomized controlled trial. *Journal of Contextual Behavioral Science*, *28*, 33-47. https://doi.org/10.1016/j.jcbs.2023.03.002

Shahidi, S., Hasanzadeh, R., & Mirzaian, B. (2023). The effectiveness of metacognitive therapy on psychological

E-ISSN: 2980-9681

toughness and distress tolerance in female patients with psoriasis. *Journal of Applied Family Therapy*, *3*(5), 374-388. https://doi.org/10.22034/aftj.2022.331799.1422

Sierra, M. A., & Ortiz, E. (2023). Feasibility and effect of a self-help online acceptance and commitment therapy program focused on repetitive negative thinking for Colombian young women. *Journal of Contextual Behavioral Science*, *28*, 127-138. https://doi.org/10.1016/j.jcbs.2023.03.010

Thamizhmathi, J., Vedapriya, D. R., & Bhuvaneswari, N. S. (2024). Prevalence of Domestic Violence and Perceived Stress Among Married Women in an Urban Area of Puducherry: A Cross Sectional Study. *Nbejms*, *2*(7), 678-692. https://doi.org/10.61770/nbejms.2024.v02.i07.005

Vahabi, M., Pui-Hing Wong, J., Moosapoor, M., Akbarian, A., & Fung, K. (2022). Effects of Acceptance and Commitment Therapy (ACT) on Mental Health and Resiliency of Migrant Live-in Caregivers in Canada: Pilot Randomized Wait List Controlled Trial [Original Paper]. *JMIR Form Res*, *6*(1), e32136. https://doi.org/10.2196/32136

Zaemi, H., Rajayi, A. R., Safarian Tosi, M. R., & Najat, H. (2023). Comparing the Effectiveness of Emotion-focused Therapy and Acceptance and Commitment Therapy on the Distress Tolerance of Disaffected Couples. *Rehabilitation Nursing Research Journal*, *9*(3), 55-66. https://ijrn.ir/article-1-762-en.pdf

E-ISSN: 2980-9681