

# Comparing the Effectiveness of Intensive Short-Term Psychodynamic Therapy and Emotion-Focused Therapy on Alexithymia in Patients with Psychosomatic Disorders

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## ABSTRACT

The present study aimed to compare the effectiveness of intensive short-term psychodynamic therapy and emotion-focused therapy on alexithymia in patients with psychosomatic disorders. This applied study employed a quasi-experimental design with a pretest–posttest control group and a follow-up phase. The statistical population consisted of patients with psychosomatic disorders referred to Niayesh Psychiatric Hospital in Tehran during 2024–2025. A total of 45 participants were selected using purposive sampling based on inclusion criteria and were randomly assigned into three groups: intensive short-term psychodynamic therapy, emotion-focused therapy, and a control group (15 participants in each group). The experimental groups received structured therapeutic interventions over multiple sessions, while the control group received no intervention during the study period. Data were collected using the Toronto Alexithymia Scale (TAS-20) at three stages: pretest, posttest, and follow-up. Data analysis was conducted using SPSS-28 at both descriptive and inferential levels, including analysis of covariance, repeated measures ANOVA, and Bonferroni post hoc tests. The results of analysis of covariance indicated that both intensive short-term psychodynamic therapy ( $F = 25.91, p < 0.001, \eta^2 = 0.558$ ) and emotion-focused therapy ( $F = 39.62, p < 0.001, \eta^2 = 0.595$ ) had significant effects on reducing alexithymia. Repeated measures ANOVA showed a significant effect of time ( $F = 32.53, p < 0.001, \eta^2 = 0.437$ ) and a significant interaction effect between time and group ( $F = 16.07, p < 0.001, \eta^2 = 0.433$ ), while the main effect of group was not significant ( $F = 1.17, p = 0.320$ ). Bonferroni post hoc results revealed that both intervention groups had significantly lower alexithymia scores compared to the control group at posttest ( $p < 0.001$ ), with no significant difference between the two treatment groups ( $p = 0.452$ ). Pairwise comparisons across time indicated significant reductions from pretest to posttest and follow-up in both intervention groups ( $p < 0.001$ ). Both intensive short-term psychodynamic therapy and emotion-focused therapy are effective interventions for reducing alexithymia in patients with psychosomatic disorders, with stable effects over time and no significant difference in effectiveness between the two approaches.

**Keywords:** Alexithymia, Psychosomatic Disorders, Intensive Short-Term Psychodynamic Therapy, Emotion-Focused Therapy, Emotional Regulation

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## Introduction

Psychosomatic disorders represent a complex class of conditions in which psychological processes, particularly emotional dysregulation, play a central role in the onset, maintenance, and exacerbation of physical symptoms. These disorders are characterized by the manifestation of somatic complaints that

cannot be fully explained by organic pathology, and they are often accompanied by impairments in emotional awareness, expression, and regulation. Among the psychological constructs associated with psychosomatic disorders, alexithymia has received considerable attention due to its strong theoretical and empirical links with both emotional dysfunction and somatic symptomatology. Alexithymia refers to a multifaceted deficit involving difficulty in identifying and describing feelings, as well as a tendency toward externally oriented thinking, which limits individuals' capacity to process emotional experiences effectively (1, 2). These deficits hinder emotional processing and may lead to the somatization of psychological distress, thereby contributing to the persistence of psychosomatic symptoms.

The theoretical foundations of alexithymia suggest that individuals with this condition have limited access to their internal emotional states and often rely on bodily sensations as substitutes for emotional awareness. This phenomenon has been widely documented across various clinical populations, including individuals with depression, anxiety disorders, eating disorders, and chronic pain conditions (1, 3). In psychosomatic disorders, alexithymia plays a particularly critical role, as the inability to recognize and articulate emotions may lead to the misinterpretation of emotional arousal as physical illness. Consequently, individuals with higher levels of alexithymia are more likely to experience heightened somatic symptoms and poorer psychological adjustment. Empirical evidence has consistently demonstrated that emotional dysregulation, including alexithymia, is associated with increased symptom severity and reduced treatment responsiveness in psychosomatic conditions (2, 4).

Given the centrality of emotional processes in psychosomatic disorders, therapeutic approaches that target emotional awareness and regulation have gained prominence in recent years. Emotion-focused therapy (EFT), grounded in humanistic and experiential traditions, emphasizes the role of emotions as adaptive sources of information and change. This approach aims to help individuals access, experience, and transform maladaptive emotional patterns through structured therapeutic interventions. Research has shown that EFT is effective in reducing alexithymia and improving emotional functioning across various populations. For example, studies have demonstrated that EFT can significantly decrease alexithymia and related constructs such as rumination and emotional schemas, thereby enhancing psychological well-being (5, 6). Similarly, comparative studies have indicated that EFT is effective in addressing alexithymia in individuals with chronic pain and relational difficulties, highlighting its applicability in psychosomatic contexts (7, 8).

In addition to EFT, intensive short-term psychodynamic therapy (ISTDP) has emerged as a powerful intervention for addressing deep-seated emotional conflicts and maladaptive defense mechanisms that underlie psychosomatic symptoms. ISTDP is based on psychodynamic principles and focuses on the rapid mobilization of unconscious emotional processes, facilitating emotional breakthroughs and restructuring defensive patterns. This approach is particularly relevant for individuals with alexithymia, as it directly targets the mechanisms that inhibit emotional awareness and expression. Empirical studies have provided strong support for the effectiveness of ISTDP in reducing alexithymia and improving emotional functioning. For instance, research has shown that ISTDP significantly reduces alexithymia in patients with chronic medical conditions such as rheumatoid arthritis and irritable bowel syndrome, as well as in individuals experiencing marital distress (9-11). These findings suggest that psychodynamic interventions can effectively address the emotional deficits that contribute to psychosomatic disorders.

Recent research has also highlighted the growing interest in integrating emotion-based approaches within broader therapeutic frameworks for psychosomatic disorders. Studies conducted in clinical and non-clinical populations have demonstrated that interventions focusing on emotional processing can lead to significant improvements in both psychological and physical outcomes. For example, group-based emotion-focused family therapy has been shown to enhance self-differentiation and reduce alexithymia in adolescents with psychosomatic symptoms, indicating the broader applicability of emotion-centered interventions (12, 13). Similarly, interventions combining emotional and mindfulness-based techniques have been found to reduce psychosomatic distress by improving self-compassion and emotional awareness (14). These findings underscore the importance of targeting emotional processes in the treatment of psychosomatic disorders.

Despite the growing body of evidence supporting the effectiveness of both EFT and ISTDP, there remains a need for comparative studies that directly examine their relative efficacy in reducing alexithymia among individuals with psychosomatic disorders. Most existing studies have focused on the effectiveness of a single therapeutic approach, limiting the ability to determine which intervention may be more beneficial for specific populations. Comparative research can provide valuable insights into the mechanisms of change associated with different therapeutic modalities and inform clinical decision-making. Furthermore, cultural and contextual factors may influence the effectiveness of therapeutic interventions, highlighting the importance of conducting research within diverse populations (15, 16).

In recent years, several studies conducted in Iranian contexts have contributed to the understanding of emotional interventions in clinical populations. These studies have demonstrated the effectiveness of emotion-focused and psychodynamic therapies in improving emotional functioning and reducing alexithymia across various groups, including women with depression, individuals with emotional trauma, and patients with psychosomatic disorders (5, 10, 17). Additionally, research has emphasized the role of coping strategies, emotional schemas, and interpersonal dynamics in shaping alexithymia and related outcomes, further supporting the need for integrative and comparative approaches to treatment (4, 6). These findings suggest that both EFT and ISTDP hold promise as effective interventions, but their comparative effectiveness remains underexplored.

Moreover, theoretical advancements in the understanding of alexithymia have highlighted its multidimensional nature and its interaction with other psychological constructs such as self-regulation, attachment, and cognitive processing. Contemporary models suggest that alexithymia is not merely a deficit but a complex adaptive response to emotional stress, shaped by developmental and interpersonal factors. This perspective underscores the importance of therapeutic approaches that address both the experiential and relational aspects of emotional functioning. Emotion-focused therapy, with its emphasis on experiential processing, and ISTDP, with its focus on uncovering unconscious dynamics, offer complementary pathways for addressing alexithymia. However, empirical comparisons are needed to determine their relative strengths and limitations in specific clinical contexts.

Taken together, the existing literature highlights the critical role of alexithymia in psychosomatic disorders and the potential of emotion-focused and psychodynamic interventions in addressing this construct. While both approaches have demonstrated effectiveness in reducing alexithymia and improving emotional functioning, the lack of direct comparative studies represents a significant gap in the literature.

Addressing this gap is essential for advancing clinical practice and optimizing treatment outcomes for individuals with psychosomatic disorders.

Therefore, the aim of the present study is to compare the effectiveness of intensive short-term psychodynamic therapy and emotion-focused therapy on alexithymia in patients with psychosomatic disorders.

## **Methods and Materials**

### *Study Design and Participants*

The present study was applied in nature and employed a quasi-experimental design with a pretest–posttest structure including a control group and a follow-up phase. The design incorporated three groups: two experimental groups receiving different therapeutic interventions and one control group that did not receive any intervention during the study period. Measurements were conducted at three time points: pretest, posttest, and follow-up, allowing for the assessment of both immediate and sustained treatment effects. Participants were randomly assigned to the three groups after selection, ensuring internal validity and reducing allocation bias.

The statistical population consisted of all patients diagnosed with psychosomatic disorders who referred to Niayesh Psychiatric Hospital in Tehran between July 2024 and March 2025 for specialized psychological services. Inclusion criteria required participants to have at least a high school diploma, a confirmed diagnosis of psychosomatic disorders by a psychiatrist and a clinical psychologist, completion of informed consent for participation in treatment sessions, absence of concurrent individual counseling during the intervention period, and a general psychological condition within the normal range without severe comorbid psychiatric disorders. Additionally, participants were required to be between 20 and 40 years of age and to obtain a score above the specified threshold on the psychosomatic disorder questionnaire. Exclusion criteria included absence from more than two therapy sessions or unwillingness to continue participation in the study.

Sample size was determined using Cohen's (1981) table, which initially suggested 10 participants per group. However, considering potential attrition and recommendations from similar studies, the final sample size was increased to 45 participants. These individuals were selected through purposive, non-random sampling based on inclusion criteria and specific cutoff scores, including elevated scores on psychosomatic disorder and alexithymia measures and lower scores on pain self-efficacy. Participants were then assigned to three groups of 15 individuals each, including two experimental groups and one control group.

### *Data Collection*

Data were collected using the Toronto Alexithymia Scale (TAS-20), a widely used self-report instrument developed by Bagby and colleagues in 1994 to assess difficulties in emotional awareness and expression. The scale consists of 20 items rated on a five-point Likert continuum ranging from strongly disagree to strongly agree. It measures three core dimensions: difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. Higher scores indicate greater levels of alexithymia and more pronounced deficits in emotional processing.

The psychometric properties of the scale have been extensively validated in prior research. Internal consistency coefficients reported in earlier studies indicate acceptable reliability, with Cronbach's alpha values around 0.74 for the total scale and slightly varying coefficients for subscales. Construct validity has been supported through factor analysis, confirming the three-factor structure corresponding to the theoretical components of alexithymia. In Persian adaptations of the scale, reliability indices have been reported to be higher, demonstrating strong internal consistency across both total scores and subscales. Concurrent validity has also been established through correlations with measures of emotional intelligence, psychological well-being, and psychological distress.

In the present study, the reliability of the Toronto Alexithymia Scale was assessed using Cronbach's alpha, yielding a coefficient of 0.86, which indicates high internal consistency and suitability of the instrument for the target population.

### *Interventions*

The emotion-focused therapy intervention was implemented as a structured ten-session program grounded in the theoretical framework of Leslie S. Greenberg and Robert Elliott Goldman (2015), specifically adapted for psychosomatic disorders. The protocol was initially developed and subsequently refined through iterative expert review to ensure content validity. The intervention began with establishing a strong therapeutic alliance, enhancing clients' sense of safety, and introducing the conceptual link between emotions and psychosomatic symptoms. Early sessions focused on emotional awareness and identification, facilitating clients' ability to recognize and accept painful emotional experiences through guided exploration of current concerns. As therapy progressed, deeper emotional processing was encouraged through experiential techniques such as accessing core maladaptive emotions, exploring attachment-related needs, and reprocessing unresolved emotional experiences, particularly those linked to past trauma. Middle sessions emphasized deep emotional engagement, differentiation between primary and secondary emotions, and the use of techniques such as chair work to facilitate emotional expression and transformation. Clients were guided to overcome emotional avoidance and blocks, enabling fuller experiential access to previously suppressed feelings. In later sessions, the focus shifted toward emotional integration, reconstruction of interpersonal patterns, and development of adaptive emotional responses. Techniques involving imagery, body awareness, and symbolic expression were used to consolidate a new sense of self and promote generalization of therapeutic gains to future situations. The final session involved re-authoring personal narratives, reinforcing newly acquired coping strategies, and completing post-assessment, with the overall aim of enhancing emotional awareness, regulation, and expression in patients with psychosomatic conditions.

The intensive short-term psychodynamic therapy intervention was conducted over nine weekly sessions, each lasting approximately 75 minutes, based on the treatment manual developed by Habib Davanloo (1995). This approach focused on uncovering unconscious emotional conflicts and addressing maladaptive defense mechanisms that contribute to psychosomatic symptoms. The initial session involved establishing therapeutic structure, clarifying treatment rules, and conducting an exploratory dynamic interview to assess emotional functioning and defensive patterns. Subsequent sessions systematically targeted patients' defense mechanisms, including tactical defenses such as intellectualization, rationalization, and indirect

communication, through techniques such as clarification, confrontation, and pressure. The therapist actively challenged defenses to increase patients' emotional awareness and facilitate direct experience of underlying feelings. As therapy progressed, attention was given to identifying both adaptive and maladaptive personality features, with a focus on recognizing distorted cognitive-emotional patterns and fostering acceptance of previously avoided emotions. Interventions also addressed maladaptive coping strategies such as rumination and emotional avoidance, promoting greater psychological flexibility. Middle sessions emphasized working through resistance to emotional disclosure, including denial and suppression, and enhancing patients' capacity to tolerate and express emotions. Techniques aimed at blocking defenses and intensifying emotional experience were used to facilitate breakthroughs in emotional processing. In later sessions, patients were encouraged to confront and experience previously repressed emotions more directly, leading to increased emotional insight and reduced psychological resistance. The final session involved summarizing therapeutic progress, consolidating gains, and facilitating termination, with the overarching goal of reducing alexithymia by enhancing emotional awareness, expression, and psychological flexibility.

### *Data Analysis*

Data analysis was conducted using SPSS version 28. Quantitative data obtained from the administration of the research instruments were analyzed at both descriptive and inferential levels. At the descriptive level, frequency distributions, percentages, and central tendency and dispersion indices were used to summarize demographic characteristics and examine the distribution of variables across groups and measurement stages.

At the inferential level, statistical analyses were selected based on the measurement scale of variables and the assumptions underlying parametric tests. Prior to hypothesis testing, assumptions such as normality of data distribution, homogeneity of variances, homogeneity of covariance matrices, and sphericity were examined and confirmed. To evaluate the effectiveness of the interventions, mixed-design analysis of variance was employed to assess within-group and between-group differences across time. Additionally, multivariate analysis of variance was used to examine the simultaneous effects of independent variables on multiple dependent variables, where applicable. Repeated measures analysis of variance was also conducted to analyze changes across the three measurement stages. Post hoc comparisons were performed using the Bonferroni correction method to identify specific group differences while controlling for Type I error.

Overall, this analytical approach enabled a comprehensive evaluation of treatment effects, capturing both immediate and longitudinal changes in alexithymia among patients with psychosomatic disorders.

### **Findings and Results**

The demographic characteristics of participants across the three groups indicated a relatively homogeneous distribution with no statistically significant differences. In terms of gender, the majority of participants in the intensive short-term psychodynamic therapy group were female (73.3%,  $n = 11$ ) and male participants comprised 26.7% ( $n = 4$ ); similarly, in the emotion-focused therapy group, females constituted 60% ( $n = 9$ ) and males 40% ( $n = 6$ ), while in the control group, 73.3% ( $n = 11$ ) were female and 26.7% ( $n = 4$ ) were male. The difference across groups was not statistically significant ( $p = 0.661$ ). Regarding marital status, most participants in all groups were single, with 66.7% ( $n = 10$ ) in the psychodynamic group, 60% ( $n = 9$ ) in the emotion-focused group, and 66.7% ( $n = 10$ ) in the control group.

= 9) in the emotion-focused group, and 73.3% (n = 11) in the control group, while married participants constituted 33.3% (n = 5), 40% (n = 6), and 26.7% (n = 4), respectively; these differences were also not statistically significant ( $p = 0.741$ ). In terms of educational level, participants with a high school diploma represented 26.7% (n = 4) of the psychodynamic group, 20% (n = 3) of the emotion-focused group, and 33.3% (n = 5) of the control group. Those with associate or bachelor's degrees formed the majority in all groups, accounting for 60% (n = 9) in both experimental groups and 53.3% (n = 8) in the control group, while participants with postgraduate education (master's or doctoral degrees) comprised 13.3% (n = 1) in the psychodynamic group, 20% (n = 3) in the emotion-focused group, and 13.3% (n = 2) in the control group. Overall, the lack of statistically significant differences across demographic variables ( $p > 0.05$ ) suggests that the groups were comparable at baseline.

**Table 1. Descriptive Statistics of Alexithymia by Group and Time**

Variable	Time	Intensive Short-Term Psychodynamic Therapy		Emotion-Focused Therapy		Control Group	
		Mean	SD	Mean	SD	Mean	SD
Alexithymia	Pre-test	85.00	21.16	83.40	23.55	88.47	26.30
	Post-test	78.67	16.81	75.07	20.17	89.80	25.70
	Follow-up	77.27	16.49	75.73	19.84	90.47	25.37

The descriptive findings presented in Table 1 indicate that the mean scores of alexithymia in both experimental groups decreased from pre-test to post-test and were relatively maintained at follow-up, whereas the control group showed a slight increase over time. Specifically, in the intensive short-term psychodynamic therapy group, the mean score decreased from 85.00 (SD = 21.16) at pre-test to 78.67 (SD = 16.81) at post-test and further to 77.27 (SD = 16.49) at follow-up. Similarly, in the emotion-focused therapy group, the mean score declined from 83.40 (SD = 23.55) at pre-test to 75.07 (SD = 20.17) at post-test and slightly increased to 75.73 (SD = 19.84) at follow-up, though still lower than baseline. In contrast, the control group exhibited an increase in alexithymia scores from 88.47 (SD = 26.30) at pre-test to 89.80 (SD = 25.70) at post-test and 90.47 (SD = 25.37) at follow-up. These patterns suggest a reduction in alexithymia following both therapeutic interventions, with relatively stable effects over time, while no improvement was observed in the control group.

The assumptions underlying the inferential analyses were systematically examined prior to hypothesis testing. The normality of the alexithymia variable was assessed using the Shapiro–Wilk test, and the results indicated that the distribution of scores was approximately normal across all groups, with significance levels exceeding the conservative threshold ( $p > 0.001$ ), thereby supporting the assumption of normality. The homogeneity of variances was evaluated using Levene's test, which yielded a non-significant result ( $p = 0.616$ ), indicating that the variance of alexithymia scores was equal across groups and that this assumption was satisfied. However, the assumption of homogeneity of variance–covariance matrices, assessed via Box's M test, was violated, as the significance level was below the threshold ( $p < 0.001$ ), suggesting inequality in covariance matrices across groups. Furthermore, Mauchly's test of sphericity, conducted to examine the equality of error covariance matrices, was also significant ( $p < 0.001$ ), indicating that the sphericity assumption was not met. Consequently, given the violation of sphericity, the Greenhouse–Geisser correction was applied in the inferential analyses to adjust the degrees of freedom and ensure more accurate statistical inference.

**Table 2. Results of Analysis of Covariance (ANCOVA) for Assessing the Effectiveness of Interventions on Alexithymia**

Variable	Source of Effect	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Alexithymia	Intensive Short-Term Psychodynamic Therapy	874.44	2	437.22	25.91	<0.001	0.558
	Emotion-Focused Therapy	760.82	1	760.82	39.62	<0.001	0.595

The results presented in Table 2 indicate that both interventions had a statistically significant effect on alexithymia. Specifically, intensive short-term psychodynamic therapy showed a significant effect ( $F = 25.91$ ,  $p < 0.001$ ,  $\eta^2 = 0.558$ ), suggesting that approximately 55.8% of the variance in alexithymia was explained by this intervention. Similarly, emotion-focused therapy demonstrated a significant and slightly stronger effect ( $F = 39.62$ ,  $p < 0.001$ ,  $\eta^2 = 0.595$ ), accounting for 59.5% of the variance. These findings confirm that both therapeutic approaches were effective in reducing alexithymia, with emotion-focused therapy showing a marginally higher effect size.

**Table 3. Results of Repeated Measures ANOVA for Stability of Intervention Effects on Alexithymia**

Variable	Source of Effect	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Alexithymia	Group	3351.22	2	1675.61	1.17	0.320	0.053
	Time	595.57	1.14	520.25	32.53	<0.001	0.437
	Time $\times$ Group	588.25	2.29	256.93	16.07	<0.001	0.433

As shown in Table 3, the main effect of group was not statistically significant ( $F = 1.17$ ,  $p = 0.320$ ), indicating no overall difference between groups when time was not considered. However, the main effect of time was significant ( $F = 32.53$ ,  $p < 0.001$ ,  $\eta^2 = 0.437$ ), demonstrating that alexithymia scores changed significantly across measurement stages. Importantly, the interaction effect between time and group was also significant ( $F = 16.07$ ,  $p < 0.001$ ,  $\eta^2 = 0.433$ ), indicating that the pattern of change over time differed across groups. This suggests that the interventions produced differential longitudinal effects compared to the control condition.

**Table 4. Bonferroni Post Hoc Test for Between-Group Comparisons at Post-Test**

Variable	Group	Adjusted Mean (Post-test)	SE	Reference Group	Comparison Group	Mean Difference	p
Alexithymia	Intensive Short-Term Psychodynamic Therapy	79.21	1.06	Psychodynamic	Control	-8.10	<0.001
	Emotion-Focused Therapy	77.01	1.06	Emotion-Focused	Control	-10.29	<0.001
	Control	87.31	1.06	Psychodynamic	Emotion-Focused	2.20	0.452

The results in Table 4 reveal that both intervention groups had significantly lower alexithymia scores compared to the control group at post-test. The psychodynamic therapy group showed a significant reduction compared to the control group (mean difference = -8.10,  $p < 0.001$ ), and the emotion-focused therapy group demonstrated an even larger reduction (mean difference = -10.29,  $p < 0.001$ ). However, the difference between the two intervention groups was not statistically significant ( $p = 0.452$ ), indicating that both treatments were similarly effective at post-test.

**Table 5. Pairwise Comparisons Across Time Using Bonferroni Test**

Variable	Group	Reference Time	Comparison Time	Mean Difference	p	
Alexithymia	Intensive Short-Term Psychodynamic Therapy	Pre-test	Post-test	6.33	<0.001	
		Pre-test	Follow-up	7.73	<0.001	
	Emotion-Focused Therapy	Post-test	Follow-up	1.40	0.031	
		Pre-test	Post-test	8.33	<0.001	
	Control	Pre-test	Follow-up	7.67	<0.001	
		Post-test	Follow-up	-0.67	0.007	
		Pre-test	Post-test	-1.33	0.002	
		Pre-test	Follow-up	-2.00	<0.001	
			Post-test	Follow-up	-0.67	0.076

Table 5 presents pairwise comparisons across time points within each group. In both intervention groups, significant reductions in alexithymia were observed from pre-test to post-test and from pre-test to follow-up ( $p < 0.001$ ), indicating strong treatment effects that were maintained over time. In the psychodynamic group, a small but significant difference between post-test and follow-up ( $p = 0.031$ ) suggests continued improvement. In the emotion-focused group, the slight increase from post-test to follow-up was statistically significant ( $p = 0.007$ ), although scores remained lower than baseline. In contrast, the control group showed slight increases in alexithymia over time, with significant differences between pre-test and both post-test and follow-up, but no significant change between post-test and follow-up ( $p = 0.076$ ). These findings further support the effectiveness and relative stability of both therapeutic interventions over time.

## Discussion and Conclusion

The present study aimed to compare the effectiveness of intensive short-term psychodynamic therapy (ISTDP) and emotion-focused therapy (EFT) on alexithymia in patients with psychosomatic disorders. The findings demonstrated that both interventions were significantly effective in reducing alexithymia compared to the control group, and these effects were maintained over time. The results of the covariance analysis indicated that both ISTDP and EFT had statistically significant and substantial effect sizes on alexithymia, with EFT showing a slightly higher effect magnitude. Furthermore, the repeated measures analysis revealed that while the main effect of group was not significant, the main effect of time and the interaction effect between time and group were both significant. This indicates that changes in alexithymia occurred over time and differed across groups, highlighting the effectiveness of the interventions. Post hoc comparisons further confirmed that both treatment groups showed significantly lower alexithymia scores at post-test compared to the control group, while no significant difference was observed between the two intervention groups. Additionally, pairwise comparisons across time points showed that reductions in alexithymia were significant from pre-test to post-test and from pre-test to follow-up in both intervention groups, indicating not only immediate effectiveness but also relative stability of treatment outcomes.

These findings can be interpreted within the broader theoretical framework of emotional processing and regulation in psychosomatic disorders. Alexithymia is fundamentally characterized by deficits in emotional awareness, identification, and expression, which contribute to the somatization of psychological distress. Therefore, interventions that directly target emotional processes are expected to produce meaningful changes in this construct. The effectiveness of EFT observed in the present study can be explained by its emphasis on facilitating emotional awareness, acceptance, and transformation. EFT helps individuals access

core maladaptive emotions and replace them with more adaptive emotional experiences, thereby enhancing emotional clarity and expression. This interpretation is consistent with previous studies demonstrating that EFT significantly reduces alexithymia and improves emotional functioning in various populations (5, 6). Moreover, research has shown that EFT is effective in reducing anxiety sensitivity, pain catastrophizing, and other emotion-related difficulties in patients with chronic pain and alexithymia, which supports the applicability of this approach to psychosomatic disorders (7, 17).

The slightly higher effect size observed for EFT in the present study may be attributed to its direct focus on emotional experience and expression. Unlike some cognitive or behavioral approaches, EFT prioritizes experiential processing and the transformation of emotional schemas, which are central to alexithymia. This may lead to more profound changes in emotional awareness and expression, particularly in individuals who struggle to access and articulate their feelings. Consistent with this explanation, previous research has highlighted the effectiveness of EFT in addressing alexithymia in diverse clinical contexts, including individuals with emotional trauma, relational problems, and psychosomatic symptoms (8, 16). Additionally, recent studies have demonstrated that emotion-focused interventions can improve self-differentiation and emotional functioning in adolescents with psychosomatic disorders, further supporting the role of emotional processing in reducing alexithymia (12, 13).

At the same time, the significant effectiveness of ISTDP in reducing alexithymia underscores the importance of addressing unconscious emotional conflicts and defense mechanisms in psychosomatic disorders. ISTDP operates by identifying and challenging maladaptive defenses that prevent individuals from experiencing and expressing emotions. By facilitating direct emotional experience and reducing defensive avoidance, ISTDP enables patients to access previously repressed feelings and integrate them into conscious awareness. The findings of the present study are consistent with prior research demonstrating that ISTDP is effective in reducing alexithymia in patients with various medical and psychological conditions, including rheumatoid arthritis, irritable bowel syndrome, and marital distress (9-11). These studies suggest that psychodynamic interventions can effectively target the underlying mechanisms of alexithymia, particularly in individuals with chronic psychosomatic symptoms.

The lack of a statistically significant difference between the two intervention groups at post-test suggests that both EFT and ISTDP are similarly effective in reducing alexithymia, despite their theoretical and methodological differences. This finding aligns with the broader literature indicating that different therapeutic approaches may achieve comparable outcomes through distinct mechanisms of change. While EFT emphasizes emotional awareness and transformation, ISTDP focuses on uncovering unconscious conflicts and dismantling defense mechanisms. Both approaches ultimately facilitate greater emotional processing, which is critical for reducing alexithymia. This convergence of outcomes across different therapeutic modalities highlights the central role of emotional processing in psychosomatic disorders and suggests that multiple pathways can lead to similar therapeutic gains.

The stability of treatment effects observed at follow-up further supports the effectiveness of both interventions. The maintenance of reduced alexithymia scores over time suggests that the changes achieved during therapy were not merely temporary but reflected more enduring transformations in emotional functioning. This finding is particularly important in the context of psychosomatic disorders, which are often chronic and resistant to treatment. The sustained improvement in alexithymia may contribute to better long-

term outcomes by reducing the likelihood of symptom relapse and enhancing overall psychological well-being. Previous research has similarly reported the durability of treatment effects for both EFT and ISTDP, indicating that these approaches can produce lasting changes in emotional processing and related outcomes (10, 15).

The observed increase in alexithymia scores in the control group over time further underscores the importance of therapeutic intervention. In the absence of targeted treatment, individuals with psychosomatic disorders may experience a worsening of emotional deficits, which can exacerbate their physical symptoms and reduce their quality of life. This finding is consistent with studies showing that alexithymia is associated with poorer coping strategies, reduced emotional regulation, and increased psychological distress (2, 4). Without intervention, these factors may contribute to the persistence and intensification of psychosomatic symptoms.

Another important implication of the present findings relates to the broader conceptualization of alexithymia as a modifiable construct. While alexithymia has traditionally been viewed as a relatively stable personality trait, increasing evidence suggests that it can be significantly reduced through targeted therapeutic interventions. The results of this study provide further support for this perspective, demonstrating that both EFT and ISTDP can effectively enhance emotional awareness and expression in individuals with psychosomatic disorders. This is consistent with recent research indicating that interventions focusing on emotional processing, mindfulness, and self-compassion can reduce alexithymia and improve psychological outcomes (14). These findings highlight the potential for therapeutic interventions to address core emotional deficits and promote psychological resilience.

In addition, the findings of this study contribute to the growing body of literature emphasizing the importance of culturally relevant research in psychotherapy. Many of the studies cited in this research have been conducted in Iranian contexts, reflecting the increasing interest in examining the effectiveness of psychological interventions within specific cultural settings. Cultural factors may influence the expression of emotions, the prevalence of alexithymia, and the acceptability of different therapeutic approaches. Therefore, the present study provides valuable insights into the applicability of EFT and ISTDP in a non-Western context, contributing to the global understanding of psychosomatic disorders and their treatment.

Overall, the findings of the present study support the effectiveness of both emotion-focused therapy and intensive short-term psychodynamic therapy in reducing alexithymia in patients with psychosomatic disorders. These results highlight the importance of targeting emotional processes in the treatment of psychosomatic conditions and suggest that both experiential and psychodynamic approaches can produce meaningful and lasting improvements in emotional functioning.

The present study had several limitations. First, the sample size was relatively small, which may limit the generalizability of the findings. Second, the use of a single self-report measure to assess alexithymia may have introduced response biases and limited the comprehensiveness of the assessment. Third, the study was conducted in a single clinical setting, which may restrict the applicability of the results to other populations and contexts. Finally, the follow-up period was relatively short, and longer-term outcomes were not assessed.

Future research is recommended to address these limitations by using larger and more diverse samples, incorporating multiple assessment methods, and extending the follow-up period to examine the long-term effects of interventions. Additionally, future studies could explore the mechanisms of change underlying

different therapeutic approaches, as well as the potential moderating effects of individual differences such as personality traits, attachment styles, and cultural factors. Comparative studies involving other therapeutic modalities may also provide further insights into the relative effectiveness of different interventions for alexithymia.

From a practical perspective, the findings of this study suggest that both emotion-focused therapy and intensive short-term psychodynamic therapy can be effectively used in clinical settings to reduce alexithymia in patients with psychosomatic disorders. Clinicians may consider integrating elements of both approaches to enhance treatment outcomes. Furthermore, training programs for mental health professionals should emphasize the importance of emotional processing and provide practitioners with the skills needed to implement these interventions effectively.

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### **Authors' Contributions**

All authors equally contributed to this study.

### **Declaration of Interest**

The authors of this article declared no conflict of interest.

### **Ethical Considerations**

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

### **Transparency of Data**

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

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