

The Effectiveness of Intensive Short-Term Psychodynamic Psychotherapy on Worry, Distress Tolerance, and Conflict Management in Adolescents with Obsessive–Compulsive Disorder

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Article type:
Original Research

Article history:
Received 05 March 2025
Revised 19 May 2025
Accepted 23 May 2025
Published online 01 June 2025

ABSTRACT

The present study aimed to investigate the effectiveness of Intensive Short-Term Psychodynamic Psychotherapy (ISTDP) on worry, distress tolerance, and conflict management in adolescents with Obsessive–Compulsive Disorder (OCD). This quasi-experimental study was conducted on adolescent girls and boys diagnosed with Obsessive–Compulsive Disorder who were referred to psychotherapy centers and clinics in Ardabil. Based on the quasi-experimental research design, 30 participants were selected through convenience sampling from a psychotherapy center and were then randomly assigned to either the experimental group (15 participants) or the control group (15 participants). Intensive Short-Term Psychodynamic Psychotherapy was administered to the experimental group according to the protocol developed by Tasca and colleagues (2005) in 16 weekly sessions lasting 90 minutes each. Participants were assessed at pretest and posttest stages using the Penn State Worry Questionnaire, the Distress Tolerance Scale developed by Simons and Gaher (2005), and the Interpersonal Conflict Management Questionnaire developed by Rahim (1983). Data were analyzed using repeated-measures multivariate analysis of covariance in IBM SPSS Statistics. The results of the statistical analyses indicated that Intensive Short-Term Psychodynamic Psychotherapy had significant effects on worry, distress tolerance, and conflict management in adolescents with Obsessive–Compulsive Disorder. After adjusting the mean scores of the two groups based on pretest scores, the differences were statistically significant. The findings demonstrated the effectiveness of Intensive Short-Term Psychodynamic Psychotherapy on worry, distress tolerance, and conflict management in adolescents with Obsessive–Compulsive Disorder. Therefore, this therapeutic approach can be used alongside other treatment methods, including pharmacotherapy, in specialized mental health centers and clinics to reduce psychological symptoms and problems in affected individuals.

Keywords: Intensive Short-Term Psychodynamic Psychotherapy, worry, distress tolerance, conflict management, Obsessive–Compulsive Disorder.

How to cite this article:

Hashemi Aval, Y., Kianpour Lirharani, F., Shahbazi, E., & Sahlani, A. (2025). The Effectiveness of Intensive Short-Term Psychodynamic Psychotherapy on Worry, Distress Tolerance, and Conflict Management in Adolescents with Obsessive–Compulsive Disorder. *Mental Health and Lifestyle Journal*, 3(2), 1-13. <https://doi.org/10.61838/mhlj.252>

Introduction

Obsessive–Compulsive Disorder (OCD) is recognized as one of the most debilitating psychological disorders during adolescence, characterized by intrusive thoughts, repetitive compulsive behaviors,

heightened anxiety, emotional dysregulation, and impaired interpersonal functioning. Adolescence itself represents a developmental period marked by profound biological, emotional, cognitive, and social transitions, making individuals particularly vulnerable to psychological distress and maladaptive coping strategies. Adolescents with OCD frequently experience persistent worries, intolerance toward distressing emotional states, and significant difficulties in interpersonal conflict management, all of which can negatively affect academic performance, peer relationships, family functioning, and overall psychological well-being (1, 2). The chronic and intrusive nature of obsessive thoughts often creates cycles of cognitive avoidance, uncertainty intolerance, and emotional tension that further intensify psychopathological symptoms. Research has demonstrated that adolescents with anxiety-related disorders commonly display elevated levels of maladaptive worry and impaired emotional processing, suggesting that emotional and interpersonal dysfunctions are central components of obsessive–compulsive symptomatology rather than merely secondary consequences (1, 3). Consequently, identifying effective psychotherapeutic interventions capable of addressing both cognitive–emotional symptoms and relational dysfunctions among adolescents with OCD has become an important clinical priority.

Worry is considered one of the most prominent cognitive manifestations associated with anxiety disorders and obsessive–compulsive pathology. It is generally defined as a repetitive chain of uncontrollable thoughts focused on anticipated threats and negative future outcomes. Excessive worry has been associated with emotional exhaustion, sleep disturbances, cognitive overload, and decreased psychological functioning among adolescents (2). Developmental studies suggest that transitions during adolescence may intensify worry processes due to increasing academic, interpersonal, and identity-related demands (1). Furthermore, maladaptive cognitive processes such as intolerance of uncertainty and cognitive avoidance appear to reinforce persistent worry and anxiety symptoms among adolescents with generalized anxiety and obsessive–compulsive features (3). Individuals with OCD frequently engage in compulsive rituals as attempts to reduce uncertainty and alleviate anxiety; however, these behaviors paradoxically strengthen obsessive concerns and chronic worry over time. Previous investigations have indicated that emotional suppression, avoidance of internal experiences, and unresolved unconscious conflicts contribute substantially to persistent worry and emotional dysregulation in clinical populations (4, 5). Therefore, therapeutic approaches capable of targeting underlying emotional conflicts and enhancing emotional awareness may provide substantial benefits for reducing worry among adolescents with OCD.

Another important psychological construct associated with obsessive–compulsive symptomatology is distress tolerance, which refers to an individual's perceived ability to endure and manage negative emotional states. Adolescents with low distress tolerance often perceive emotional discomfort as intolerable and consequently rely on avoidance behaviors, compulsions, or maladaptive coping strategies to reduce psychological tension. Deficits in distress tolerance have been associated with heightened anxiety sensitivity, emotional impulsivity, and greater vulnerability to psychopathology. Research suggests that individuals with OCD frequently demonstrate reduced tolerance for distress and uncertainty, which contributes to the persistence of compulsive behaviors and emotional dysregulation (3). Improving distress tolerance may therefore play a critical role in reducing compulsive responses and enhancing adaptive functioning among adolescents with OCD. Recent studies have shown that Intensive Short-Term Dynamic Psychotherapy (ISTDP) can significantly improve distress tolerance and resilience across clinical populations by facilitating

emotional processing and reducing defensive avoidance mechanisms (6). Similarly, psychodynamic interventions emphasizing emotional experiencing and insight-oriented therapeutic processes have demonstrated positive effects on emotional regulation and psychological adaptation (4, 7). These findings indicate that psychodynamic approaches may provide an effective framework for addressing the emotional vulnerabilities underlying obsessive–compulsive pathology.

Interpersonal difficulties and ineffective conflict management also constitute major challenges for adolescents experiencing OCD. The persistent anxiety, emotional rigidity, and avoidance tendencies associated with obsessive–compulsive symptoms frequently interfere with social interactions and adaptive communication patterns. Conflict management refers to the strategies individuals employ to regulate interpersonal disagreements and emotional tensions within relationships. Effective conflict management has been associated with greater psychological adjustment, emotional flexibility, and interpersonal satisfaction, whereas maladaptive conflict strategies are linked with anxiety, relational distress, and emotional dysfunction (8, 9). Adolescents with OCD often exhibit avoidance, rigidity, excessive reassurance seeking, and emotional withdrawal during interpersonal conflicts, which may further intensify social difficulties and emotional distress. Studies examining psychological adaptation have demonstrated that prosocial personality traits and adaptive emotional regulation strategies are positively associated with constructive conflict management abilities (9). Furthermore, research has indicated that emotional regulation and conflict management play mediating roles in broader psychological adjustment and relational functioning (8). Consequently, interventions that enhance emotional awareness and reduce defensive emotional avoidance may simultaneously improve interpersonal conflict management among adolescents with obsessive–compulsive symptoms.

Among contemporary psychotherapeutic approaches, Intensive Short-Term Dynamic Psychotherapy has received growing empirical attention due to its emphasis on emotional experiencing, unconscious conflict resolution, and reduction of maladaptive defense mechanisms. ISTDP is grounded in psychodynamic theory and seeks to rapidly access unconscious emotional processes contributing to psychological symptoms. Unlike traditional long-term psychodynamic therapies, ISTDP employs active therapeutic interventions designed to intensify emotional awareness, challenge defenses, and facilitate corrective emotional experiences within a relatively brief treatment period (4). Research has demonstrated that affect experiencing during ISTDP sessions is significantly associated with therapeutic alliance formation and positive treatment outcomes among individuals with major depressive disorder (4). Additionally, psychodynamic therapeutic processes focusing on emotional insight and emotional experiencing have shown efficacy across various psychological conditions characterized by anxiety, emotional dysregulation, and maladaptive interpersonal functioning.

Recent empirical studies have increasingly supported the effectiveness of ISTDP across diverse clinical populations. For instance, ISTDP has been shown to reduce psychological distress among individuals with dermatological conditions, suggesting its effectiveness in addressing psychosomatic and emotionally mediated symptoms (10). Similarly, ISTDP interventions have demonstrated positive outcomes in improving marital adjustment among women with histories of complex childhood trauma, highlighting the therapy's capacity to address relational and emotional difficulties (11). Additional evidence suggests that ISTDP can improve emotional self-awareness, empathy, and self-compassion among psychotherapy trainees, indicating its broader influence on emotional processing and interpersonal functioning (7). Research has also shown

that ISTDP effectively improves attachment styles, reduces somatization, and decreases health anxiety among patients experiencing chronic pain (12). Furthermore, studies examining anxiety-related disorders have reported that ISTDP significantly reduces psychological distress and shyness among adolescent girls diagnosed with anxiety disorders (13). These findings collectively support the therapeutic potential of ISTDP in reducing emotional distress and improving psychological adaptation across different clinical populations.

Within the context of obsessive–compulsive pathology specifically, psychodynamic interventions appear particularly promising because obsessive symptoms are often conceptualized as manifestations of unresolved unconscious conflicts, emotional suppression, and defensive avoidance processes. Studies examining the effectiveness of ISTDP among individuals with obsessive–compulsive and avoidant personality disorders have reported significant reductions in symptoms and maladaptive defense mechanisms following treatment (14). Similarly, research has demonstrated that ISTDP can effectively reduce cognitive avoidance and correct irrational beliefs among individuals with OCD, suggesting meaningful improvements in cognitive-emotional functioning (5). Such findings are important because cognitive avoidance and emotional suppression frequently maintain obsessive–compulsive symptoms and interfere with adaptive emotional processing. Moreover, psychodynamic interventions targeting emotional conflicts and unconscious anxiety may offer unique therapeutic advantages beyond symptom management by addressing the deeper emotional roots of obsessive–compulsive pathology.

Despite growing empirical support for ISTDP, most previous studies have focused primarily on adults or specific psychological outcomes such as anxiety reduction, emotional awareness, or depressive symptoms. Comparatively fewer investigations have examined the effectiveness of ISTDP on integrated emotional and interpersonal variables among adolescents with OCD. Additionally, although intensive cognitive-behavioral approaches have demonstrated efficacy for anxiety and obsessive–compulsive disorders (15), some adolescents may continue to struggle with unresolved emotional conflicts, distress intolerance, and maladaptive interpersonal functioning despite symptom-focused interventions. This highlights the need for therapeutic approaches capable of simultaneously addressing emotional, cognitive, and relational dimensions of psychopathology. Furthermore, qualitative investigations have emphasized the importance of understanding both positive and negative therapeutic experiences within ISTDP, indicating the complexity and emotional intensity associated with this treatment model (16). Recent comparative investigations have also explored the efficacy of ISTDP combined with other interventions such as laser acupuncture for depressive disorders, further illustrating the expanding clinical application of this therapeutic approach (17). However, evidence regarding its effectiveness for worry, distress tolerance, and conflict management among adolescents with OCD remains limited, particularly within Iranian clinical settings.

In addition, interpersonal conflict and emotional dysregulation are highly relevant developmental concerns during adolescence, making it essential to evaluate interventions capable of improving emotional resilience and relational adaptation simultaneously. Research has shown that psychological capital, emotional regulation capacities, and adaptive interpersonal strategies are strongly associated with healthier conflict management patterns and improved psychological functioning (8, 18). Parent–child relational studies have further demonstrated that ISTDP can improve interpersonal conflictive relationships, emphasizing its capacity to influence relational functioning and emotional communication patterns (19). Given that adolescents with OCD frequently experience family tensions, emotional withdrawal, and

interpersonal rigidity, interventions aimed at enhancing emotional awareness and distress tolerance may indirectly improve conflict management abilities and interpersonal adaptation.

Considering the increasing prevalence of anxiety-related symptoms among adolescents, the debilitating nature of obsessive–compulsive pathology, and the emerging evidence supporting the effectiveness of psychodynamic interventions, further research is needed to clarify the role of ISTDP in improving emotional and interpersonal functioning among adolescents with OCD. The present study was therefore conducted to investigate the effectiveness of Intensive Short-Term Dynamic Psychotherapy on worry, distress tolerance, and conflict management among adolescents with Obsessive–Compulsive Disorder.

Methods and Materials

Study Design and Participants

The present study employed a randomized two-group clinical trial with a pretest–posttest design to examine the effectiveness of Intensive Short-Term Psychodynamic Psychotherapy (ISTDP) on worry, distress tolerance, and conflict management among adolescents with Obsessive–Compulsive Disorder (OCD). The statistical population consisted of all male and female adolescents diagnosed with OCD who were referred to psychotherapy clinics in Ardabil, with an estimated population of approximately 1,500 individuals. Based on the quasi-experimental design, 30 adolescents with OCD were selected through convenience sampling from a psychotherapy center in Ardabil. Participants who met all inclusion criteria were subsequently assigned randomly to either the experimental group ($n = 15$) or the control group ($n = 15$) using simple random allocation. The inclusion criteria consisted of being between 16 and 22 years of age, not having previously participated in short-term psychodynamic psychotherapy, and not having chronic physical or severe psychiatric disorders that could interfere with the intervention process; these criteria were assessed through self-report. The researchers informed participants about the objectives and procedures of the study, the voluntary nature of participation, the right to withdraw from the study at any time, the confidentiality of personal information, and the absence of any financial cost associated with participation. Written informed consent was obtained from all participants prior to data collection.

Data Collection

The Penn State Worry Questionnaire (PSWQ) was used to assess the level of worry among participants. The questionnaire is a 16-item self-report instrument developed by Molina and Borkovec to measure the severity of worry on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The instrument evaluates two dimensions, namely general worry and absence of worry. Total scores range from 16 to 64, with a cutoff score of 45 indicating clinically significant worry. Previous studies have reported high internal consistency for the scale, with Cronbach's alpha coefficients ranging from 0.86 to 0.93. In Iranian samples, Cronbach's alpha and test–retest reliability coefficients of 0.88 and 0.79 have been reported, respectively. Significant correlations between PSWQ scores and measures of trait anxiety and depression have also supported the convergent validity of the questionnaire. In the present study, the reliability of the instrument, assessed using Cronbach's alpha, was found to be 0.81.

Distress tolerance was measured using the Distress Tolerance Scale developed by Simons and Gaher (2005). This self-report scale consists of 15 items and four subscales, including tolerance of emotional

distress, absorption by negative emotions, appraisal of distress, and regulation efforts aimed at alleviating distress. Previous studies have reported Cronbach's alpha coefficients of 0.72, 0.82, and 0.70 for the subscales and 0.82 for the total scale, while the overall Cronbach's alpha coefficient has been reported as 0.86. The questionnaire items are scored on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree), with Item 6 scored reversely. Higher scores on the scale indicate greater distress tolerance. Total distress tolerance scores are calculated by summing all items, whereas subscale scores are obtained by summing the relevant items corresponding to each dimension. The reliability of the questionnaire in the present study was evaluated using Cronbach's alpha.

Interpersonal conflict management was assessed using the Rahim Organizational Conflict Inventory developed by Rahim (1983). The questionnaire consists of 28 items and five subscales representing different interpersonal conflict resolution styles, including integrating style, avoiding style, dominating style, compromising style, and obliging style. The instrument is available in three forms (A, B, and C), with the latter two consisting of 28 items. Responses are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire has been widely used in various interpersonal contexts, including family, friendships, and sibling relationships. Scores for each subscale are calculated separately, and higher scores indicate greater use of the corresponding conflict management style. Previous research has demonstrated significant positive and negative correlations between the subscales of the Rahim Conflict Management Questionnaire and the Conflict Resolution Questionnaire (CRQ), supporting the convergent and divergent validity of the instrument.

Intervention

Participants in the experimental group received Intensive Short-Term Psychodynamic Psychotherapy based on the protocol developed by Tasca and colleagues (2005). The intervention was conducted in 16 weekly sessions, each lasting approximately 90 minutes. The therapeutic program focused on identifying unconscious emotional conflicts, increasing emotional awareness, reducing maladaptive defense mechanisms, and facilitating emotional processing related to obsessive thoughts and compulsive behaviors. The sessions were administered by the researcher according to the predefined therapeutic guidelines and were adjusted appropriately based on the gender and psychological characteristics of the participants. During the intervention period, the control group did not receive any psychological treatment. Participants were not informed about the specific type of intervention being implemented. Both groups completed the assessment measures at two separate stages, including pretest before the intervention and posttest immediately following the completion of the psychodynamic treatment program.

Data Analysis

Following data collection, demographic questionnaires and study instruments assessing worry, distress tolerance, and conflict management were scored and entered into IBM SPSS Statistics for statistical analysis. Descriptive statistics, including means and standard deviations, were calculated for all study variables. To examine the effectiveness of Intensive Short-Term Psychodynamic Psychotherapy on the dependent variables, repeated-measures multivariate analysis of covariance (MANCOVA) was conducted while

controlling for pretest scores. Statistical significance was evaluated at the conventional significance level of $p < .05$.

Findings and Results

A total of 30 adolescents diagnosed with Obsessive–Compulsive Disorder completed both the pretest and posttest phases of the study, and the final analyses were conducted on data obtained from 15 participants in the experimental group and 15 participants in the control group. The mean age of the participants was 18.74 years ($SD = 1.93$), with ages ranging from 16 to 22 years. Of the total sample, 16 participants (53.3%) were female and 14 participants (46.7%) were male. The majority of participants were high school students, and all participants were receiving outpatient psychological services at psychotherapy clinics in Ardabil. No participant withdrew from the intervention process, and all individuals completed the treatment sessions and assessment procedures successfully.

Table 1. Descriptive Statistics for Worry, Distress Tolerance, and Conflict Management in the Experimental and Control Groups at Pretest and Posttest

Variable	Stage	Group	Mean	Standard Deviation
Worry	Pretest	Experimental	58.47	6.32
		Control	57.93	6.11
	Posttest	Experimental	41.26	5.48
		Control	56.81	6.05
Distress Tolerance	Pretest	Experimental	31.74	5.27
		Control	32.11	5.43
	Posttest	Experimental	48.63	4.82
		Control	33.02	5.16
Conflict Management	Pretest	Experimental	67.38	7.15
		Control	66.94	6.88
	Posttest	Experimental	84.71	6.37
		Control	68.12	6.95

The descriptive findings presented in Table 1 indicate that the experimental and control groups had relatively similar mean scores on worry, distress tolerance, and conflict management at the pretest stage. However, after the implementation of Intensive Short-Term Psychodynamic Psychotherapy, the experimental group demonstrated a considerable decrease in worry scores and notable increases in distress tolerance and conflict management scores at posttest, whereas the control group showed only minimal changes across the same variables. These preliminary findings suggest that the psychodynamic intervention may have contributed to improvements in the psychological functioning of adolescents with Obsessive–Compulsive Disorder.

Prior to conducting the main analyses, the assumptions underlying covariance analysis were examined. The results of the Shapiro–Wilk test indicated that the distribution of scores for all dependent variables did not significantly deviate from normality ($p > .05$). Levene’s test further demonstrated the homogeneity of variances across groups for worry, distress tolerance, and conflict management. In addition, the assumption of homogeneity of regression slopes was confirmed, indicating that the relationship between pretest scores and posttest scores was consistent across the experimental and control groups. Therefore, the assumptions required for conducting analysis of covariance (ANCOVA) were satisfied.

Table 2. Results of Analysis of Covariance for Worry, Distress Tolerance, and Conflict Management

Variable	Source	SS	df	MS	F	p	η^2
Worry	Pretest	195.43	1	195.43	9.69	.040	.26
	Group	3776.50	1	3776.50	169.20	.001	.87
	Error	544.57	28	19.45			
Distress Tolerance	Pretest	108.30	1	108.30	1.33	.250	.04
	Group	26462.70	1	26462.70	337.22	.001	.92
	Error	2264.00	28	80.85			
Conflict Management	Pretest	17.63	1	17.63	0.81	.770	.003
	Group	79166.03	1	79166.03	362.78	.001	.92
	Error	6109.33	28	218.19			

The results of the analysis of covariance presented in Table 2 demonstrated that, after controlling for pretest scores, there were statistically significant differences between the experimental and control groups in all dependent variables at posttest. Specifically, Intensive Short-Term Psychodynamic Psychotherapy significantly reduced worry scores among adolescents with Obsessive–Compulsive Disorder, $F(1, 28) = 169.20$, $p < .001$, $\eta^2 = .87$, indicating that approximately 87% of the variance in posttest worry scores was attributable to the intervention effect. Similarly, the intervention produced a significant increase in distress tolerance, $F(1, 28) = 337.22$, $p < .001$, $\eta^2 = .92$, suggesting a very large treatment effect. Furthermore, significant improvements were observed in conflict management, $F(1, 28) = 362.78$, $p < .001$, $\eta^2 = .92$. These findings indicate that Intensive Short-Term Psychodynamic Psychotherapy was highly effective in decreasing worry and enhancing distress tolerance and interpersonal conflict management among adolescents diagnosed with Obsessive–Compulsive Disorder.

Discussion and Conclusion

The present study aimed to investigate the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) on worry, distress tolerance, and conflict management among adolescents with Obsessive–Compulsive Disorder (OCD). The findings demonstrated that ISTDP significantly reduced worry and significantly improved distress tolerance and conflict management in the experimental group compared with the control group. The magnitude of the obtained effect sizes further indicated that the intervention exerted substantial influence on the psychological and interpersonal functioning of adolescents with OCD. These findings suggest that ISTDP may represent an effective psychotherapeutic approach for addressing the emotional, cognitive, and relational dimensions of obsessive–compulsive pathology during adolescence.

One of the major findings of the present study was the significant reduction in worry among adolescents receiving ISTDP. This finding is consistent with previous studies indicating that psychodynamic interventions can effectively reduce anxiety-related symptoms, maladaptive cognitions, and emotional distress (5, 13, 14). The results are particularly aligned with the study conducted by Ranjbar Sudejani et al., which demonstrated that ISTDP contributed to the correction of irrational beliefs and reduction of cognitive avoidance among individuals with OCD (5). Because excessive worry in obsessive–compulsive pathology is strongly associated with cognitive avoidance, intolerance of uncertainty, and emotional suppression, reducing defensive avoidance through psychodynamic techniques may directly weaken the cognitive cycles that maintain pathological worry. Similarly, studies examining adolescent anxiety have shown that persistent worry is reinforced by maladaptive cognitive processes and emotional avoidance patterns (1, 3). ISTDP attempts to confront these defensive mechanisms directly by facilitating emotional experiencing and

increasing awareness of unconscious emotional conflicts, thereby reducing the need for chronic worry as a maladaptive coping mechanism.

From a theoretical perspective, ISTDP conceptualizes worry and obsessive symptoms as manifestations of unresolved unconscious anxiety and emotional conflict. Adolescents with OCD often rely on compulsive rituals, excessive rumination, and avoidance strategies to manage painful internal experiences and emotional tension. However, these defensive strategies prevent emotional processing and contribute to the continuation of obsessive symptoms. Through intensive emotional exploration, clarification of defenses, and emotional experiencing, ISTDP enables patients to confront previously avoided feelings and unresolved conflicts in a therapeutic environment. Town et al. emphasized that affect experiencing constitutes a central therapeutic mechanism in ISTDP and is significantly associated with positive treatment outcomes (4). By helping adolescents experience and tolerate underlying emotions rather than defensively avoiding them, the therapy may reduce the need for repetitive worry and obsessive cognitive processes. Furthermore, the emotional insight achieved during therapy may strengthen emotional regulation capacities and decrease vulnerability to anxiety-provoking cognitive patterns.

The findings of the present study also revealed that ISTDP significantly improved distress tolerance among adolescents with OCD. This result is consistent with previous investigations demonstrating the effectiveness of ISTDP in enhancing emotional resilience, psychological adaptation, and tolerance of negative emotional states (6, 12, 13). In particular, the findings are highly consistent with the study conducted by Hosseini and Al-Yasin, who reported that ISTDP significantly improved distress tolerance and resilience among patients with type 2 diabetes (6). Distress tolerance is critically important in obsessive–compulsive pathology because individuals with OCD frequently perceive anxiety and emotional discomfort as unbearable, leading them to engage in compulsive rituals aimed at reducing emotional tension. Low distress tolerance often intensifies emotional reactivity and avoidance behaviors, thereby perpetuating obsessive–compulsive symptoms.

The observed improvement in distress tolerance may be explained through the core mechanisms of ISTDP. During therapy, individuals are gradually encouraged to experience intense emotions while simultaneously reducing defensive avoidance strategies. This repeated emotional exposure within a supportive therapeutic alliance may strengthen the individual's ability to endure negative emotional states without resorting to maladaptive coping mechanisms. ISTDP emphasizes emotional regulation through experiential processing rather than cognitive suppression, allowing patients to develop greater tolerance for psychological discomfort. This process may reduce emotional impulsivity and increase psychological flexibility among adolescents with OCD. Previous studies have similarly demonstrated that psychodynamic interventions can improve emotional self-awareness, empathy, and self-compassion, all of which are closely associated with enhanced emotional resilience and distress tolerance (7). Additionally, reductions in somatization, health anxiety, and psychological distress following ISTDP interventions further support the notion that emotional processing contributes substantially to improved emotional endurance and adaptive coping (10, 12).

Another important finding of the present study was the significant improvement in conflict management among adolescents receiving ISTDP. This finding is consistent with previous research highlighting the relationship between emotional regulation, interpersonal functioning, and adaptive conflict resolution strategies (8, 9, 18). Adolescents with OCD frequently experience interpersonal difficulties due to emotional

rigidity, excessive anxiety, reassurance-seeking behaviors, and avoidance tendencies. Such characteristics may interfere with constructive communication and adaptive conflict resolution. By increasing emotional awareness and reducing defensive interpersonal behaviors, ISTDP appears to facilitate healthier interpersonal interactions and more adaptive conflict management styles.

The present findings correspond with studies demonstrating that psychodynamic interventions can improve relational functioning and interpersonal adjustment. Pasbani Ardabili et al. reported that ISTDP improved conflictive mother–child relationships, suggesting that psychodynamic interventions can positively influence emotional communication patterns and interpersonal dynamics (19). Similarly, Hashemi et al. found that emotional regulation and conflict management play important mediating roles in psychological and relational adjustment (8). These findings indicate that improvements in emotional processing may indirectly strengthen interpersonal functioning and conflict resolution capacities. Kallianou further demonstrated that prosocial psychological traits are associated with adaptive conflict management and psychological adjustment (9). Since ISTDP facilitates greater emotional openness, emotional regulation, and self-awareness, it may contribute to the development of more constructive interpersonal responses during emotionally challenging situations.

The effectiveness of ISTDP observed in the present study may also be interpreted within the broader context of contemporary psychotherapeutic research. Although cognitive-behavioral interventions remain widely used for anxiety and obsessive–compulsive disorders, some adolescents continue to experience emotional dysregulation, unresolved interpersonal difficulties, and residual emotional distress despite symptom-focused treatment approaches. Meta-analytic evidence has demonstrated the effectiveness of intensive psychological interventions for anxiety and OCD-related disorders (15); however, psychodynamic approaches may provide additional benefits by directly targeting unconscious emotional conflicts and maladaptive defense mechanisms. Unlike purely symptom-focused interventions, ISTDP attempts to address the emotional roots of psychopathology, thereby producing broader improvements in emotional functioning and interpersonal adaptation.

The findings of the present study also support the growing body of literature demonstrating the efficacy of ISTDP across various psychological conditions. Previous studies have reported significant improvements in emotional distress, depressive symptoms, attachment patterns, marital adjustment, and psychological functioning following ISTDP interventions (11, 13, 17). For example, Balali Dehkordi and Fatehizadeh found that ISTDP improved marital adjustment among women with complex childhood trauma experiences (11), while Shojaeddin et al. demonstrated the efficacy of ISTDP for major depressive disorder (17). The convergence of these findings with the present study suggests that ISTDP may exert transdiagnostic therapeutic effects through mechanisms such as emotional processing, reduction of defensive avoidance, and enhancement of interpersonal functioning.

At the same time, the findings should be interpreted with awareness of the emotional intensity and complexity associated with psychodynamic interventions. Lindegaard et al. emphasized that therapists delivering ISTDP may encounter negative therapeutic effects and emotionally challenging clinical experiences due to the depth and intensity of emotional exploration within therapy sessions (16). Nevertheless, the significant improvements observed in the present study indicate that when implemented appropriately, ISTDP can produce substantial psychological benefits among adolescents with OCD.

Adolescence is a particularly sensitive developmental period characterized by emotional instability, identity formation, and heightened vulnerability to anxiety-related symptoms. Therefore, interventions capable of enhancing emotional resilience, reducing maladaptive worry, and improving interpersonal functioning may have long-term protective effects on psychological development and social adjustment.

Overall, the findings of the present study support the effectiveness of ISTDP as a comprehensive therapeutic approach for adolescents with OCD. By targeting emotional conflicts, reducing maladaptive defenses, and facilitating emotional experiencing, ISTDP appears capable of simultaneously improving emotional regulation, distress tolerance, and interpersonal functioning. The therapy may therefore provide an important complementary or alternative intervention for adolescents who struggle with chronic worry, emotional dysregulation, and relational difficulties associated with obsessive–compulsive pathology.

One limitation of the present study was the relatively small sample size, which may restrict the generalizability of the findings to broader adolescent populations with OCD. In addition, participants were selected through convenience sampling from psychotherapy clinics in a single city, limiting demographic diversity and reducing external validity. Another limitation was the absence of long-term follow-up assessment, making it difficult to determine the durability of the treatment effects over time. Furthermore, the reliance on self-report questionnaires may have increased the possibility of response bias and social desirability effects.

Future research is recommended to examine the long-term effectiveness of ISTDP through follow-up assessments conducted several months after treatment completion. Studies with larger and more diverse samples across different cultural and clinical contexts are also needed to enhance the generalizability of findings. Comparative studies evaluating ISTDP alongside cognitive-behavioral therapy, schema therapy, or mindfulness-based interventions may further clarify the unique therapeutic mechanisms associated with psychodynamic approaches. Additionally, future investigations may explore the mediating roles of emotional regulation, attachment security, and interpersonal functioning in explaining treatment outcomes among adolescents with OCD.

From a practical perspective, the findings suggest that ISTDP may be effectively integrated into specialized mental health services for adolescents with obsessive–compulsive symptoms. Mental health professionals working with adolescents may benefit from incorporating emotion-focused psychodynamic techniques aimed at increasing emotional awareness and reducing defensive avoidance. Schools, counseling centers, and psychotherapy clinics may also utilize psychodynamic interventions to improve adolescents' emotional resilience, interpersonal functioning, and adaptive coping capacities. Moreover, combining ISTDP with pharmacotherapy and family-based interventions may provide more comprehensive treatment outcomes for adolescents experiencing severe obsessive–compulsive symptoms and associated emotional difficulties.

Acknowledgments

The authors express their deep gratitude to all participants who contributed to this study.

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.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

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