

The effectiveness of intensive short term dynamic psychotherapy in decrease of depression level

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ABSTRACT

Studies indicate the fact that depressed people have got emotional disorders; since the intensive short term dynamic psychotherapy is emphasized on the adjustment of these emotions, hence, the present study has been carried out the efficacy of intensive short term dynamic psychotherapy in decrease of depression level. The related study is of experimental type. The pre test and post test has consisted of control group with two groups of subjects (depressed people); the community of the related study include the whole people (male and female) ranging from 19-40 year old with depression who referred to a clinic in Tehran Mega-city; these people were selected as randomly after separation using Beck questionnaire and unstructured diagnostic interview based on DSMIV; from 32 people with depression were moderate to high level (cut of over 21) who 16 of these people were taken up in the study and other 16 ones were in the waiting list; these people were similar together in terms of sex, age, marital status, job and education; then, the intensive short term dynamic psychotherapy was carried out on these people. While, in control group, no any intervention was happened. The analysis of data was achieved by independent T test in both groups to evaluate the similarity of the groups and single variance analysis (ANCOVA) was also applied for assessing the depression. The results of the study indicate that there is a significant difference between the groups in terms of depression decrease level so that in experimental group the significance level of depression was $p < 0.05$ after intervention. The findings of the present research have considerable descriptions in relation to the role of this therapeutic method in decrease of depression level.

Key words: depression, intensive short term dynamic psychotherapy

INTRODUCTION

Depression is a prevalent psychiatric disorder taking disabling and dismal symptoms. This disorder makes considerable social expenses and functional impairments [11]. Also, about 80% of patients experience more than one episode of the disorder at their life; therefore, depression is a recurrence disease [4]. Many different researches have shown that depressed people have deficiency at their regulation of emotional processing [24,16]. There are many observations that experience and emotional experience and understanding are the most essential parts in the process of change in psychotherapy [17, 19, 8]. Emotional arousal as an important factor in psychotherapy was firstly introduced by Frank 1963 [17]; then, Theorists therapists and psychologist with experience and understanding of the importance of emotional systems in individual behavior and experience in the treatment process were also considered. Emotional Awareness and reorganization and motivation are increasingly the factors of therapeutic changes in many therapeutic methods. Therefore, optimization of emotion in cognitive approaches, motivating scare by imaginative stimulants in behavioral approaches, excitement attitude in psycho analysis approaches, deep

increasing experience in experimental approaches and feelings interactions in interactional approach are considered as the whole aspects of focus on emotion; at present, researches show that emotion and cognition are coherently united together and interfere with automatic function in cognitive and emotion structures [30]. Along this, Greenberg (1997, 2009) believed that emotion interacts closely to cognition and semantic so that without any emotion change, cognition shift never takes place. Intensive short term dynamic of psychotherapy is considered as the most therapeutic approach that assists a patient to overcome his or her problems and confront with conflicts and unconsciousness emotions efficiently; these conflicts and emotions are originated from psychological events (trauma) which happen at people's life. Hence, these emotions get activated due to the life's stressful events motivating anxiety and defensive maneuvers and finally anxiety, somatization, depression, self-defeating patterns and create interpersonal problems [31, 25].

The coordination of the therapy is based on therapeutic relationship and its nature. The process of active therapist and applying correct techniques in this regard lead patients to recognize their deep feelings and thoughts in this case; hence, the basic type of relationship and deep form of trust gets appeared in interaction to a therapist and patient [33]. The clinical researches of Davanloo shows the rapid efficacy of the method through recording video sessions; in this approach, self recognition experience or self consciousness has the most effective role for therapist. Thus, the nature of Davanloo's therapy provides real experience opportunity for references and therapists as deepest form of the process. The high potential attention to the topic is that the therapy can be applied in many patients even with high resistance level, depression, and patients with fragile characteristic [5, 6, 7, 8]. The hard feelings of the patient such as longiness, psychological pain, rage, Greif and guilt have been hidden in defensive layers at the beginning of therapy. These defenses make a kind of wall into a patient (between feelings and patient's consciousness) and others; thus, the patient gets out of his or her internal part in the body for not observing or knowing the feelings; so, others should be in a close relationship friendly with patient not to experience again the same bitter experiences in this regard. Therefore, defenses get formed against consciousness of anxiety motivated feelings [14]. The courage of patients for talking about their feelings shows that it is a useless process in making changes [27]; therefore, the essential factor is to experience physical sensations in the body [23]. Davanloo's therapy is aimed at Feelings erupt to the surface of consciousness. Along with the therapy, the aim of each session is to neutralize defenses against deep feelings experience and therapist. Experiences of these feelings seem to open unconsciousness and help to remove the memories (particularly in depression) and solve the unsolved sensations and objections at each session [23]. Gilbert et al (2004) showed that more than 80% of depressed people have aggressive behavior [1]. They [23] indicated in this case that assisting patients lead to experience the unsolved aggressive sensations by themselves. It is clear that depressed people have low capacity of Ego in terms of sensation, anxiety, and their defenses and caregiver's task is to show and conduct them in this path [32]. Many meta-analysis studies have been evaluated the efficacy of intensive short term dynamic psychotherapy on depression, anxiety, personality disorders, somatization, drug abuse and eating disorders [2]. Intensive short term dynamic psychotherapy is an effective method in treating depression [1, 32].

It seems that this therapeutic method has particular effect on decreasing the symptoms of depression so that researchers selected severe depressed people in the waiting list for giving shock therapy Electro-cortical shock therapy(ECT) and successfully treated their patients in this case [32]. Driessen, cuijpers, Matt, Abbas, Jonghe, Dekker (2010) showed that ISTDP is an effective method of treating depression so that patient's therapy level got changed and this mood left the same for one year later; also, this study showed that the related therapy is effective than other methods. Recently, Viewpoint of conscious are imagined against Viewpoint of unconscious (automatic) in a dual process; according to the theory of process system, people have dual process together including explicit system taking Intentional processing and trying to motivate the struggle and in the other hand, the implicit system includes automatic process requiring few cognition struggles under indirect unconscious conditions [10]. Beevers (2005) believes that depression takes place when implicit process gets negative bias and not to be corrected by explicit system leading to negative recognition and increasingly sadness towards depression; so, there is a promising recovery using emotional strategies that leading to conduct the process of implicit system. According to Greenberg and Watson (2005), curing excitement-based through focusing on emotional experience can make implicit recognition structures. It seems that implicit system preserves the present mood to a emotional threshold by collecting assimilated data; at that time, explicit system begins making balance the dissimilated information with the manner; according to Forgas (2000) the adjustment of healthy manner include the balance of these two systems. According to the mentioned history and since the depression is the most common disease psychologically and based on global health organization, the related disorder is the second threatening disease after cardiovascular up to 2020 in the worldwide [22]. It is clear that the determination of different cognition and emotion in depression can lead to the revise of comments and theories as well. Clinically and practically, the discrimination of the method causes to the construction of new based approaches in making and recovering modern patterns in the field of therapeutic issues [28]. However, a few researches have been carried out in the field of emotional involvement and few studies

have focused on emotional experience in the treatment of depressed patients especially in Iran. According to the same gap, this hypothesis is: Intensive Short-term psychodynamic therapy is effective in reducing depression levels.

MATERIALS AND METHODS

The present study is of experimental type. The pre and post tests with control group of two subject groups (depressed people) were consisted in the study; the community of the recent study includes the whole people (male and female) ranging from 19-40 year old with depression who referred to a clinic in Tehran during 2011-2012; these people were separated and then DSMIV and Beck depression questionnaire with unstructured diagnostic interview were carried out and from 32 one with depression were moderate to high (cut of over 21 and higher), 16 depressed patients were randomly selected. They were evaluated with 16 depressed patients in the waiting list were matched in age, sex, education and marital status; then, ISTDP was achieved on the experimental group. But a control group received no intervention.

Research tool:

(Beck depression inventory (BDI)):

This test has been designed by Beck et al. Depressive symptoms measured by these tests include: emotional symptoms and emotional, motivational and cognitive, and physical plant.

Beck has reported the reliability of the test by the use of Brown-Spearman method 0.93 as well. This questionnaire is including 21 questions which each question evolves four options (0, 1, 2, and 3). The subjects draw circle around the number of their feelings responding the questions. Fata (1991) has reported the correlation coefficient between Beck depression and Hamilton depression scale in Iranian subjects 0.66. Reliability and Validity of the test in normal and clinical populations and has demonstrated acceptable [21].

The interference completion program: (intensive short term dynamic psychotherapy):

Questioning step:

An accurate interview focuses on patient's problem and given details and clear question sophisticated from therapist.

Purpose: determining patient's accurate problem facilitating recall time and emotional challenge.

Pressure step: focus on feelings, pressure in relation to feelings experience.

Purpose: appearance of Defenses, emergence of transformational feelings, resistance

Challenging step: Appearing for the defense, determination of defenses, clarifying defenses, Suspicious in defenses, Defenses consequences, challenging and facing with defenses.

Purpose: familiarizing and recognizing the application of defenses and motivating patient against her or him defenses.

Transformational resistance step and its direct challenge:

Determining verbal signs particularly transformation non-verbal and using Head –on collision techniques.

Purpose: calling for therapy contraction against anti-resistance and overcoming on any therapy failures and emphasizing on patient's closeness to therapist.

Direct accessibility to unconsciousness:

The direct experience of transformational experience and penetrate into it and experience three elements of the excitement are necessary for the excitement experience (cognition, psychological, movement-behavior).

Purpose: facilitating patients to experience and respect his or her emotional moods due to touching transformational feelings the association of patient therapist sources (mainly family members and childhood interactions).

Transformational or representative analysis step:

Making relationship and analyzing similarities between patients' pattern to others in present life and the past.

Purpose: to defend his vision of patients in the three sides of personal triangle (Communication in contemporary life, the relationship with the therapist, the patient's previous relationships.) Systematic analysis of two triangles (personal or conflict) for patients (15)

It is noteworthy that the treatment was about 15 sessions.

RESULTS

In order to evaluate the similarity of both experimental and control groups based on demographic variables such as age, sex, education, job and marital status, T test was used independently; the results were given in below table.

Table 1. T test of both groups to study the similarity of the groups in demographic variables

	Variable/step	St err diff	Mean diff	Sig	Df	T	sig	F
Sex	Variance equality	0.16	0.19	0.25	30	1.17	9.27	5.44
	Lack of variance equality	0.16	0.19	0.25	28.71	1.17		
age	Variance equality	0.34	0.31	0.36	30	0.93	0.55	0.37
	Lack of variance equality	0.34	0.31	0.36	29.62	0.93		
education	Variance equality	0.21	0.19	0.38	30	0.889	0.122	2.537
	Lack of variance equality	0.21	0.19	0.38	20.66	0.889		
job	Variance equality	0.27	0.31	0.25	30	1.168	0.37	0.82
	Lack of variance equality	0.27	0.31	0.25	71.29	1.168		
Marital status	Variance equality	0.24	0	1.00	30	0	0.73	0.13
	Lack of variance equality	0.24	0	1.00	29.36	0		

As shown in the table, there is no any significant difference between both groups at $p < 0.05$ level. Thus, these both groups are similar in terms of age, sex, education, job and marital status.

Table 2: descriptive indices related to depression in the steps and groups of under study

Group/Index Variable/ Stage		Experi				Control			
		M	St Err	Max	Min	M	St Err	Max	Min
Depression	Pre-Test	29.06	8.24	43	20	26.69	6.79	41	20
	Post-Test	17.94	9.29	35	6	25.38	8.71	40	10

As shown in the table, the mean score of depression (17.94 with deviation 9.29) in experimental group is shown decrease than pre test (29.06 with deviation 8.24). But in control group these scores are (26.69 with deviation 6.79) and pre tests (25.38 with deviation 8.71) have been shown little difference. The ANCOVA was used for analyzing the efficacy of ISTDP in this regard. The basic and preliminary studies were considered for being ensured in relation to non-linear of abnormal hypotheses, linear, assimilation of variances, assimilation of regression slope and validity of measurements and achieving the used conditions in this regard.

Table 3. Covariance analysis of intergroup single variable for depression

Source	Total squares	Df	Squares	F	Sig	Size of effect
Pre test	1010.93	1	1010.93	20.62	0.0005	0.416
group	668.84	1	668.84	13.64	0.001	0.320
Error	1421.76	29	49.03			
total	17883.00	32				

According to the degree of F related to the element of post test and its significance, we found that there is a significance relationship between post test and pre test scores at $p < 0.05$ level and the effect is the same and 42% of post test score is being determined the pre test score. The significance of F related to group element at $p < 0.05$ level indicate that after removing post test effect, a significant difference found between both groups which is in experimental group due to its decreased score so that 32% changes is being represented in post test by caregiver. By the use of Cohen guidelines [29] which introduces the effect size of 0.01 as small and 0.06 as moderate and 0.14 as the largest, the related size was large and showed the effectiveness of this treatment.

DISCUSSION AND CONCLUSION

This study has been aimed at evaluating the efficacy of ISTDP on decreasing depression. The findings of tables 2 and 3 indicated that there is a significant difference between both groups in terms of depression decrease at $p < 0.05$ level; referring to means (Table 2) showed that this difference is due to the decrease of depression in experimental group. This finding is coincident with the studies of Anderson and Lambart, 1995, Abbas, 2006, Driessen et al 2010, Ten-Have-De Labrije and Nebraski, 2012 who showed the efficacy of ISTDP on decreasing depression. To

represent the finding, it can be pointed to various researches which showed that depressed people have got Defects in the regulation of emotional processing [24, 16]. Thus, with real emotion experience in this kind of therapy in one hand, and using mental imagery in the therapy, it would be a great potential method in boosting and optimizing the emotional process. According to Ochsner and grass view (2005) mental imagery can change cognition; hence, it seems that in the theory of dual processing systems can heal emotion by using the experience of emotion to reach to unconsciousness conducting the explicit system to act automatically and make the necessary interaction and recovering the cognition and semantic; it seems that depressed people are little along with negative cognitions applied and in fact, since Greenberg (1997, 2009) believed that emotion has a close relationship with cognition and semantic and without emotion change the cognition shift never takes place at all; thus, this decreases the symptoms of depression in this regard. In the other hand, due to the role of patient's defenses keeping emotions away from consciousness preventing perception-cognition process in the forehead lobe and central amygdale part and the brain lobe in this regard [32]. When the defensive system is broken by this method, the speed of cognition-perception gets high making high potential activity of forehead lobe in the brain. Since the challenge is that many of the approaches to the emotional trauma of loss, failure is entered in the amygdala increases activities [18].

With real emotion experience, it seems that the activity of amygdale gets decreased; so, due to the decrease of amygdale activity and increase of forehead lobe, the symptoms of depression get decreased. The explanation of neurology and neurophysiology in ISTDP view is that the depression is Conflict between the repressed feelings and their scrambling defense systems to prevent these feelings, this pattern can be described based on disorganizing of both hemispheres. In this method, after overcoming on the resistance and defeating on the left hemisphere's verbal function, the direct study of feelings is being provided in the right hemisphere. The result is continuing hemispheres of the brain for better cooperation [15], and decreases the symptoms of depression. The limitation of this study is lack of follow-up in experimental group to evaluate the efficacy of the therapy as a long term.

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