

Effectiveness of Brief Empathic Dynamic Psychotherapy on Emotional Expression and Reduction of Anxious Attachment Style in Students

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Abstract

Aim: Emotional expressiveness and attachment styles are among the psychological variables that may have so great importance in different groups in terms of psychological pathology and the effect of psychological therapies on these variables should be considered. In this regard, the aim of this study was to present the effectiveness of brief empathic dynamic psychotherapy on emotional expression and attachment style due to anxiety among Amol students. **Method:** The research design was experimental studies with quasi-experimental design and pre-test-post-test with control group. The statistical population of the study included all students of Amol universities in the first half of the academic year 2018-2019. In the first step, 100 students were selected by Convenience Sampling Method. And King and Ammons (1990) emotional expression questionnaires and Hazen and Sheaver (1987) adult attachment scale were applied to them. People who received higher scores from the cutting point according to the inclusion criteria and they were selected as the sample. And were randomly divided into two groups of 12 experimental and control. The experimental group received short-term Psychotherapy with empathetic approach (Seruya, 1997) for 12 sessions (one 45-minute session per week for 12 weeks). Then post-test was performed for both groups. Data were analyzed by analysis of covariance and SPSS 20 software. **Result:** The results showed that in the post-test stage, there is a significant difference between the score of positive emotion expression ($F(1,21)= 4.78, p=0.04, \eta^2=0.201$), negative emotion expression ($F(1,21)= 4.78, p=0.04, \eta^2=0.204$) and intimacy ($F(1,21)= 5.364, p=0.03, \eta^2=0.22$), anxiety attachment ($F(1,21)= 8.81, p=0.007, \eta^2=0.296$), experimental and control groups. **Conclusion:** Based on the findings, it can be concluded that brief empathic dynamic psychotherapy is effective for increasing positive emotion expression, reducing negative

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emotion expression and increasing intimacy and reducing students' anxious attachment style, so using this method to psychotherapists recommended.

Keywords: Brief Empathic Dynamic Psychotherapy, Emotional expression, Anxious attachment style, Students.

Introduction

Emotion is a complex psychological state which includes the three distinct components of mental experience, emotional response, and overt behavior (Lench et al., 2018). Emotional expressiveness, as one of the main components of emotion refers to the external expression of emotion regardless of value (positive or negative) or method (facial, verbal or physical state) (Riggio, 2010). To examine emotional expressiveness, three distinct methods have been introduced. Some people express their emotions freely and without worrying about the consequences. These individuals express their emotions through emotional expressiveness. Emotionally capable people recognize their feelings, understand their implications, and express their emotional states to others more effectively. Compared to those who do not have the ability to understand and express their emotional states, these individuals are more successful in coping with negative experiences; they show higher level adjustment to the environment and others (Froyen et al., 2013; Woldarsky, 2006).

Another research variable is anxious attachment. Attachment is a deep and stable biological, psychological and social situation which is formed based on the relationship between the child and the caregivers in the early years of life. The methods of dealing with emotional response or non-response to the manifestations of attachment in human beings are limited. They are organized in the two dimensions of secure and insecure (anxious and avoidant). Among people with insecure attachments, the attachment system either is over-activated and leads to exaggerated behaviors to avoid danger or threat of separation and loss, or acts too weakly to form avoidance and suppress emotions and attachment needs (Campbell & Marshall, 2011). In addition, for adults with avoidant insecure attachment style, a valuable issue is self-reliance. When they are likely to be rejected by others, they try to maintain a positive image through denying the need for attachment. Adults with an avoidant attachment style have negative expectations and attitudes (Chris Fraley et al., 2006). Researchers have emphasized that attachment style in adults can be one of the determining factors in directing behaviors in different situations (Blalock et al., 2015; Scrima et al., 2015).

Various approaches have been proposed to increase emotional expression and reduce anxious attachment, one of which is the brief empathic dynamic psychotherapy. This approach was introduced by Seruya (1997). His model was a combination of his psychological concepts and cognitive-behavioral theory as a brief individual therapy. According to this model, people's problems arise due to the disruption of communication with parents and important individuals in the social environment (Heidari, 2012). In this therapeutic approach, the client's experience is a stable empathic relationship of self-related issues' changes which begin with internalization of vitality, hope, enhanced psychological organization, improved cognitive actions and modified thematic relationships. These actions are identified and internalized by the client and form the basis for changing and developing mental structure during and after treatment sessions. Furthermore, in this method, empathy is the main tool for collecting the client's psychological information. It is also the main factor of healing. The therapist systematically and empathically immerses himself in the client's active environment; the

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client's active world is the subject of the study. The main goals of this therapeutic approach are to rehabilitate the client's previous appropriate functions and to help him to continue his psychological development through the relationship between one's self and the therapist, which re-activates the client's unmet needs (Seruya, 1997).

Various studies have examined the effectiveness of brief empathic dynamic psychological approach in psychological variables. In Iran, Hajloo and Molaei (2016) supported the effectiveness of brief anxiety-modifying and empathic dynamic psychotherapy in reducing the students' symptoms and defense mechanisms. Molaei et al. (2015) supported the effectiveness of brief anxiety-modifying and empathic dynamic psychotherapy in emotional expression and self-image of the students with symptoms of adults' separation anxiety disorder. Mami and Heidari (2015) supported the effect of group-based brief empathic dynamic psychotherapy on sexual function and emotional expression of women with multiple sclerosis. Ajilchi et al. (2020) supported the effect of brief dynamic psychotherapy on social cognition in patients with major depression. Moreover, Caldiroli et al. (2020) supported the effect of intensive and brief dynamic psychotherapy on mood disorders.

A study shows that attachment relationships with caregivers play a very important role in the vulnerability of individuals to psychological disorders. According to Balbi's Attachment theory (1982; cited in Sherman et al., 2015), an individual's initial experiences with the caregiver's response and accessibility at the time of perceived or real threat leads to the development of internal pattern of attachment, which can determine the individuals' level of mental health at different stages of life and in the face of life stress. Researchers have stated that attachment is one of the main areas of development in adolescence and strongly affects an individual's mental health (Jones et al., 2017). On the other hand, emotions play an essential role in human life and affect an individual's relationship with others. Theoretical models in this field show that emotional expression and the quality of emotional regulation are associated with proper health consequences, improved relationships as well as good academic and professional performance. In contrast, problems in expressing and regulating emotions are associated with mental disorders (Laukka & Elfenbein, 2021). Therefore, considering the importance of the students' daily problems, the factors which can be effective in reducing the disorders of this group are very important. Thus, it seems that attachment styles and emotional expression are the variables which can improve the students' mental health. However, the researches have shown that the effect of brief empathic dynamic psychotherapy on the students' emotional expression and anxious attachment style has not comprehensively been studied. As a result, the present study sought to investigate the following hypotheses:

1. Brief empathic dynamic psychotherapy affects the students' emotional expression style.
2. Brief empathic dynamic psychotherapy affects the students' anxious attachment style.

Methods

The method of the present study was quasi-experimental, and a pretest-posttest design with a control group was used. The population included all students of Amol universities during the academic year of 2018-2019. With regard to sampling, in a call, the students were provided with some explanations. Then, 100 students were selected randomly from

among 20-30 year-old students of all educational levels in Amol who were eager to receive free courses on brief empathic dynamic psychotherapy. They filled out Emotional Expression and Attachment Style questionnaires. From among those whose scores were 1 standard deviation below the mean considering positive emotional expression (score 25) and intimacy expression (score 17) and 1 standard deviation above the mean regarding negative emotional expression (score 8) and anxious attachment style (score 28), 24 students were selected. Then, they were randomly divided into the experimental and the control groups. In fact, there were 12 students in each group. At the beginning, the participants in both groups filled out the questionnaires (pretest). Then, the experimental group was exposed to the independent variable (treatment); the control group did not receive the treatment. At the end, both groups filled out the questionnaires again (posttest). Data were analyzed through analysis of covariance using SPSS software (version 25).

Intervention

The intervention included brief empathic dynamic psychotherapy. The experimental group received it for 12 sessions (one 45-minute session per week) according to the protocol proposed by Seruya(1997) (see Table 1).

Table 1. Summary of the content of brief empathic dynamic psychotherapy regarding the students' emotional expression and anxious attachment style

<p>The First session Signing a treatment contract Explaining the duties of the therapist and the client Describing of the type of treatment, the number of sessions, and the duration of each session Answering the client's questions in this regard Examining the clients' feelings concerning attending the treatment sessions Following up regarding previous treatment history Examining the clients' expectations from the treatment sessions</p>
<p>The second session Investigation narcissistic problems or lack of motivation for treatment Determining the focal goals (i.e., the goals which are repetitive and cause anxiety and instability). It should be noted that due to the limited sessions, a maximum of two focal goals were considered. Examining the clients' fears, especially of dependency, anger, or shame, in response to the request for help Investigating how they dealt with problems and who their sources of support were</p>
<p>The third session Continuing the previous session's investigations Examining the healthy and defensive methods of the client's adjustment, investigating the relationship between the client's emotional reactions and the expectations from himself and others Trying to understand the social environment of what the client tells about his life Instructing the concepts of attachment theory and helping the clients identify their attachment style in their close relationships Forming and strengthening the therapeutic alliance between the client and the therapist Investigating the detection events which relate to the patterns of the self-reported client's inadequacies, examining the effect of these inadequacies on recent relationships, and explaining the insight triangle</p>
<p>The fourth and the fifth sessions Paying attention to the formation of therapeutic alliance and its strength</p>

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Investigating the transference and counter-transference processes
 Following up the focal issues identified in the second session (examining the client's lack of chronic response to the issue of self)
 Asking questions to convey the genuine interest and curiosity about the client's struggles
 Addressing the client's experiences without judgment through empathic introspection
 Training the client to use empathic introspection as a way to explore himself and as a model of harmony
 Identifying and protecting self, distorted expectations, and incompatible interpersonal patterns
 Identifying and developing resources and supporting self in a desirable way
 Applying the concepts of attachment theory in the timely detection and identification of repetitive problems in relationships

The sixth and the seventh sessions

Evaluating the state and the functions of the client's self and repeating it in subsequent sessions
 Investigating the transference and counter-transference processes
 Guiding the focal issues identified in the second session (examining the lack of chronic response to the issue of the client's self)
 Assessing the client's state of self and his vulnerability in order to understand the client's experiences of himself and the world, which include three continuities: vitality / emptiness, interconnectedness / fragmentation, and stability / discontinuity
 Reusing the insight triangle in understanding individual problems and improving them
 Investigating and explaining the relevance of the client's experiences to his met needs, its positive effects on self and unmet needs, its negative effects on the state of self (self-confidence, self-concept, and expectations), and developed patterns regarding parental self and recent relationships
 Reviewing the client's problems, examining the client's acceptance of the self functions proposed by the therapist (the therapist's functions regarding helping anxious and depressed individuals, calming individual, an antidote to reduction and extinction, and organizing the client's thoughts and feelings)

The eighth, the ninth and the tenth sessions

(The client is more active in these stages)
 Reviewing and strengthening the therapeutic alliance
 Investigating the transference process, resolving it, and taking care of the counter-transference process
 Identifying and accepting the needs of one's self by the clients
 Accepting the fact that changing the state of self occurs in response to the acceptance or satisfaction of these needs
 Reviewing the progress in focal goals and emphasizing the application of what the clients learned in their daily life
 Applying transference interpretations (especially those based on attachment theory) in relation to other self issues, and generalizing them
 Consolidating and strengthening changes in attitudes, feelings and behaviors
 Investigating the repression phenomenon produced by the treatment at this stage

The eleventh and the twelfth sessions

Examining the extent to which the client achieved the focal goals, the client's understanding of the psychological issues of self which underlie his recent problems and reduce his vulnerability regarding the focal issues, and the readiness to terminate the treatment
 Examining the issue of dependency on the therapist which is usually raised at the end (since from the beginning of the treatment, the emphasis was on improving the self-sustaining issues for clients, dependency on the therapist in the termination stage is less than other short-term treatments)
 Following up the clients' negative reactions regarding the termination of the treatment sessions (e.g., anxiety, anger, appearance of old symptoms, emergence of new symptoms, devaluing treatment or therapist, and seeking more time for further explanation) and trying to resolve these issues.
 Examining resistance in order to work on the termination process, investigating possible unresolved conflicts centered on the issue of separation which leads to power struggles

Focusing on the treatment process itself, following up the clients' expected reactions of anger and anxiety regarding the end of the treatment as well as the loss of the therapist as a valuable self
 Investigating the therapist's transference process (e.g., dependency, separation, perfectionism, unresolved magnification, guilt over unresolved issues, and feelings of inadequacy and worthlessness in the therapist) considering the treatment's termination
 Administering the tests used in the pretest phase

Instruments

1. Emotional Expression Questionnaire: This questionnaire which was developed by King and Emmons (1990) consists of 16 items and the three subscales of positive emotional expression (7 items), intimacy expression (5 items) and negative emotional expression (4 items). It is used to examine the importance of the role of emotional expression in health. The questionnaire is scored on a 5-point Likert scale; the options of strongly agree, somehow agree, neither agree nor disagree, somehow disagree and strongly disagree indicate 1, 2, 3, 4 and 5, respectively. Items 7, 8 and 9 are inversely scored. An individual's total score varies from 16 to 80. A higher score indicates more emotional expression. King and Emmons (1990) reported the Cronbach's alpha coefficient for the whole scale and subscales of positive emotional expression, intimacy expression and negative emotional expression as .70, .74, .63 and .67, respectively. With regard to the convergent validity of the questionnaire, a significant positive correlation was found between the scores of this questionnaire and those of Multidimensional Personality Questionnaire and Bradburn's Positive Emotional Scale. In addition, Rafieinia et al. (2006) investigated the reliability of this questionnaire through internal consistency method. The Cronbach's alpha coefficient ($P < .05$) for the whole scale and the mentioned sub-scales were .68, .65, .59 and .68, respectively.

2. Hazen and Shaver's Attachment Styles Questionnaire (1987): This questionnaire was developed by Hazen and Shaver (1987) and was standardized by Besharat (2000) who investigated Tehran University students. It includes two parts. In the first part, the three styles of secure attachment, avoidant attachment and ambivalent attachment are examined through 21 items on a 5-point Likert scale. It should be noted that avoidant attachment and ambivalent attachment styles are considered as anxious attachment styles. In the second part, the participant should determine the type of his attachment style by choosing from among three options (i.e., the three types of attachment). Pakdaman (2004) studied a sample of 100 participants (i.e. 50 girls and 50 boys), and investigated the reliability through test-retest method. He reported the coefficients of .72, .56 and .37 for ambivalent, avoidant and secure attachment styles. In addition, the Cronbach's alpha coefficient was .79, which indicates a relatively high validity.

Results

The mean age of the participants in the experimental group was 23.98 and that of the participants in the control group was 23.51. Table 2 shows the participants' educational level. As it is evident, in the experimental group, 25% had A.A., 50% had B.A., 25% had M.A. and above. In the control group, 33.33% had A.A., 50% had B.A., 16.66% had M.A. and above.

Table 2. The educational level of the experimental and the control groups

Participants' educational level	Groups			
	Experimental group		Control group	
	Frequency	Percent	Frequency	Percent
A.A	3	25	4	33.33
B.A.	6	50	6	50
M.A. and above	3	25	2	16.66
Total	12	100	12	100

In addition, as it is evident in Table 3, there was a significant difference between the experimental and the control groups in terms of emotional expression.

Table 3. Mean and standard deviation of emotional expression and anxious attachment of the experimental and the control groups in the pretest and the posttest phases

Variable	Group	Pretest		Posttest	
		Mean	Std.	Mean	Std.
Positive emotional expression	Experimental	18.917	3.655	24	3.191
	Control	20.833	2.25	21.583	2.575
Intimacy expression	Experimental	13.917	1.621	16.083	1.379
	Control	14.917	3.088	15.25	2.832
Negative emotional expression	Experimental	12.5	2.355	10.083	2.575
	Control	12.333	2.146	12.417	2.429
Anxious attachment	Experimental	40.5	6.157	32.333	6.065
	Control	37.5	2.276	38.167	2.949

Based on the results of Kolmogorov-Smirnov and Shapiro-Wilk tests which are presented in Table 4, it can be concluded that all research variables in the experimental and the control groups in the pretest and posttest phases had a normal distribution since the significance levels were higher than .05.

Hypothesis 1: Brief dynamic emphatic psychotherapy affects the emotional expression of Amol students.

Table 4. Results of Kolmogorov-Smirnov and Shapiro-Wilk tests which examine the normality of research variables in the experimental and the control groups

Phase	Variable	Group	Kolmogorov-Smirnov test			Shapiro-Wilk test		
			z	df	P	z	df	P
Pretest	Positive emotions	Experimental	0.234	12	.068	.895	12	.138
		Control	0.198	12	0.2	.931	12	.395
	Intimacy	Experimental	0.146	12	.02	.928	12	.363
		Control	0.177	12	.20	.957	12	.736
	Negative emotions	Experimental	0.249	12	.038	.922	12	.303
		Control	0.149	12	0.2	.949	12	.628
	Anxious attachment	Experimental	0.134	12	0.2	.984	12	.995
		Control	0.172	12	0.2	.932	12	.405
Posttest	Positive emotions	Experimental	0.206	12	.168	.863	12	.053
		Control	0.231	12	.077	.917	12	.264
	Intimacy	Experimental	0.201	12	.197	.915	12	.245
		Control	0.202	12	.191	.961	12	.805
	Negative emotions	Experimental	0.18	12	0.2	.943	12	.532
		Control	0.197	12	0.2	.929	12	.366
	Anxious attachment	Experimental	0.113	12	0.2	.962	12	.808
		Control	0.184	12	0.2	.944	12	.556

Furthermore, as it is evident in Table 5, the value of multivariate F is 3.36, which is statistically significant at the .05 level. Results of multivariate analysis of covariance indicate that brief dynamic emphatic psychotherapy was effective in at least one of the components of emotional expression of Amol students. To investigate this effect, univariate analysis of covariance was used and the results are presented as follows.

Table 5. Results of multivariate analysis of covariance regarding the emotional expression components

Test	Value	F	df.	Error df.	Sig.	Eta coefficient	Effect size
Pill'i Trace	.372	3.36	3	17	.04	.37	.65
Wilks Lambda	.628	3.36	3	17	.04	.37	.65
Hotelling Trace	.593	3.36	3	17	.04	.37	.65
Roy's Largest Root	.593	3.36	3	17	.04	.37	.65

After controlling the effect of pretest, the effect of brief dynamic emphatic psychotherapy on the components of the students' emotional expression in the posttest of the two groups was investigated. The data related to univariate analysis of covariance (see Table 6) show that brief dynamic emphatic psychotherapy was effective in positive emotions, intimacy and negative emotions of the students ($P < .05$). It actually led to a decrease in negative emotions and an increase in positive emotions and intimacy.

Hypothesis 2: Brief dynamic emphatic psychotherapy affects the anxious attachment style of Amol students.

Table 6. Results of univariate analysis of covariance which investigate the effect of brief dynamic emphatic psychotherapy on emotional expression

Variables	Sum of the squares	df.	Mean of the squares	F	Sig.	Eta coefficient	Effect size
Positive emotions	43.792	1	43.792	4.785	.041	.201	.546
Intimacy	14.982	1	14.982	5.364	.032	.22	.594
Negative emotions	26.713	1	26.713	4.871	.04	.204	.554

After controlling the effect of pretest, the effect of brief dynamic emphatic psychotherapy on the students' anxious attachment was investigated in the posttest phase of the two groups. The data related to univariate analysis of covariance (see Table 7) show that brief dynamic emphatic psychotherapy was significantly effective in students' anxious attachment ($P < .05$). In other words, brief dynamic emphatic psychotherapy reduced the students' anxious attachment.

Table 7. Results of univariate analysis of covariance which examines the effect of brief dynamic emphatic psychotherapy on the students' anxious attachment

Variable	Sum of the squares	df.	Mean of the squares	F	Sig.	Eta coefficient	Effect size
Group	207.08	1	207.08	8.817	.007	.296	.808
Error	493.236	21	23.487				
Total	30526	24					

Discussion

The objective of the current study was to investigate the effectiveness of brief dynamic emphatic psychotherapy in emotional expression and anxious attachment style of Amol students. The results showed that in the posttest phase, there were significant differences among positive emotional expression, negative emotional expression and intimacy of the experimental and the control groups; In other words, brief dynamic emphatic psychotherapy had a significant effect on improving positive emotional expression and intimacy, and reducing negative emotional expression. Therefore, the first hypothesis was supported.

This finding is consistent with those of Jafarian et al. (2015), Hajloo and Molaei (2015), Heidari (2012), and Caldiroliet al. (2020). This finding can be explained by referring to the fact that the empathic approach is based on the psychological approach of self and attachment theory; it is a dynamic therapy based on attachment style. In this therapy, the therapist allows the client to gain new experiences regarding self issues. It helps the client rebuild his self. In fact, the first task of the therapist is to use empathy to understand the main cause of pain or dysfunction of the clients and to understand how this condition

affects the client's experience of self. The therapist works on appropriate self-issues and instructs the client to bring other self-issues into his own world. Pathological symptoms are interpreted as attempts at adjustment. In conveying the psychological concepts of self, the therapist uses interpretations of the negative effects of the self inadequacies on the client's state of emotions, thoughts, and expectations of himself and others, explains behavioral consequences of the inadequacies, and helps the client to reduce the symptoms (Hajloo & Molaei, 2015).

In this kind of therapy, the therapist is active and empathically tries to understand the client's psychosocial world, and the way he uses maladaptive defense mechanisms and attachment styles. In fact, empathy is the key component of this treatment. It acts as the main healing role through both the compensatory process and the facilitative process of expansion and interpretation. In this approach, the therapist immerses in the client's actual world in an empathic and organized way, and examines his inner world. In other words, by emphasizing self-psychology, the therapist changes the context of examination from patient to the therapist. Using this method, the client gains an understanding of his psychological state, discovers repetitive patterns and dysfunctional mechanisms to cope with his anxiety, and tries to change them. Being understood, the client feels integrative and lively. Moreover, in this therapeutic environment, he can understand and tolerate his degrading states and inefficient methods of anxiety control by creating a conscious therapeutic alliance. Thus, he can take actions to change them. As a result of this process, the client is able to express his ability to express positive emotions and master negative emotions' management. On the other hand, psychodynamic approaches which are based on self-psychology are much more empathic than other psychodynamic approaches. According to the psychodynamic view, past behaviors of the client's parents and other family members, such as mocking the physical characteristics, depriving the choice and decision-making power, and ignoring the desires and the abilities, lead to the loss of self-confidence. Ultimately, these behaviors can affect the client's future behavior as well as his relationships. Due to the empathic nature of this approach and the supportive and active position of the therapist in this short-term method, it seems that this method is consistent and in line with Iranian culture, compared to other psychodynamic approaches in which the therapist passively and silently waits for the processes which arise the unconscious items and empathically increase the clients' anxiety and anger in the treatment sessions. Thus, it seems that when the client is able to express his negative emotions in an empathic atmosphere and does not receive negative feedbacks, the process of corrective emotional experience will occur. Finally, he is able to reduce negative emotional expression, and improves positive emotional expression and intimacy. Furthermore, it is noteworthy that transference, which is very important in short-term treatments, facilitates detecting the client's anxiety of separation and the chronic problems of expressing anger and fears of punishment in interpersonal relationships with the therapist. Through the therapist's guidance, the client uses therapeutic relationships as opportunities to better understand, account for, and test his fears of assertiveness. He

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realizes that he is not necessarily going to be evaluated through criticism, rejection, and punishment. An important reason for the effectiveness of this treatment in anxiety in clients with adult separation anxiety disorder is that the therapist responds quite empathically and positively to the client's sense of being criticized and the inability of interpersonal relationships with others. In this process, the client is able to internalize the therapist and his reactions to reduce the level of negative emotional expression and to improve positive emotional expression and intimacy. On the other hand, brief empathic dynamic psychotherapy, as one of the active forms of treatment techniques, targets the client's defenses. When individuals are aware of their avoidant defenses and the impact of these defenses on their problems in an empathic therapeutic atmosphere, they are able to identify these defenses and make them ineffective. As a result, they avoid the problems and the consequences of this type of defense style. In addition, observing the effect of their newly learned pattern of analysis and communication leads to strengthening and maintaining these patterns. Thus, being influenced by the therapist, the client seems to reduce his negative emotional expression and anxious attachment, and to improve his positive emotional expression and intimacy.

Moreover, this showed that in the posttest phase, there was a significant difference between the experimental and the control groups in terms of anxious attachment. In other words, brief empathic dynamic psychotherapy had a significant effect on anxious attachment. Therefore, the second hypothesis of the study is supported. This finding is consistent with those of Molaei (2017), Heidari (2012) and Caldiroliet al. (2020).

This finding can be accounted for by referring to the fact that this approach is a combination of approaches to self-psychology and attachment theory. On a very large scale, the approach of self-psychology and the theory of attachment are conceptually related. In fact, the therapist's main goal is to use empathy to understand the underlying causes of the client's suffering and dysfunction and the way this situation affects his experience of self. Therefore, an emphasis is on the client's self and unmet needs. Both theories suggest that early communication with parents is crucial, and internalizing these relationships can have an impact on future relationships. People with insecure attachment styles are those whose basic communication needs are not met in a consistent manner. In turn, it can lead to problems regarding trusting others, including the therapist. In addition, according to both theories, people's problems arise due to the disruption of initial communication with parents and important others in the social context. Therefore, in a therapeutic relationship, therapists should be aware of not only their clients' attachment styles and behaviors, but also their communication needs (Heidari, 2012). Thus, one of the main issues which has been emphasized in this treatment is attachment styles.

Applying attachment theory in therapy sessions and helping the clients to understand their attachment style in their communications, training them to analyze their communication processes with important others and their self, and helping them to recognize the consequences of their communications in problem emergence, and strengthening the changes made in their attitudes and their communications lead to a decrease in defensive

and insecure styles, an increase in secure style, and ultimately a decrease in anxious attachment style. At the end of the treatment, the client will be able to identify the function of self, and have a better and more developed understanding of himself. Due to the importance of using empathy, the therapist immerses himself in the client's internal context; it leads to a kind of behavior modeling in clients. The goal of which is to rebuild the client's previous proper function levels and help him continue his psychological development through a relationship between the client's self and the therapist which activates the client's suspended needs and leads to a more mature view of himself. In this process, the client learns how to influence his experience of self, to work on appropriate self-issues, and gain a broader view of himself. In this process, the client learns to gain a deeper understanding of specific psychological issues and detect the factors which enable him to develop. This contemplation in the mental state of self leads to positive and significant changes in the client's perception of self and the identification of his strengths and weaknesses. In this treatment, the therapist responds optimally to the client's failures. This response and the sense of mutual understanding leads to the integrity of the clients (Molaei et al., 2018). Thus, at the end of this process, the client can change the active internal patterns of himself and others which are completely dysfunctional and insecure in the anxious attachment, and can create more active internal patterns of himself and others. Ultimately, he can reduce his anxious attachment.

As it is evident, in this treatment model, the main concepts of self-psychology are used as a short-term individual therapy. In this therapeutic approach, the client's experiences are a lasting empathic relationship of self-related issues' changes, which are enhanced by internalization, vitality, hope, and intra-psychological organization, and result in improved actions and modified thematic relationships. These actions are identified and internalized by the client, and form the basis of change and development of the client's mental structure during and after the treatment sessions. Thus, the reconstruction of thematic relations was one of the main issues in these sessions. In addition, anxious attachment arises from the internalization of insecure thematic relationships. It can be concluded that the efforts in this course of treatment to improve the modified thematic relationships ultimately led to the reduction of anxious attachment.

Furthermore, when people with anxious attachments become aware of their avoidant defenses and their effects on their problems in an empathic therapeutic atmosphere, they will be able to identify them to make them ineffective. Observing the effect of the newly learned pattern of analysis and communication leads to strengthening and maintaining these patterns. Finally, by changing the active internal pattern and modifying thematic relationships, it seems that the level of anxious attachment will decrease.

Conclusion

This study included some limitations. First, it was difficult to access the students. Second, due to limited resources and professional training, applying this therapeutic approach was problematic. It is suggested that further studies replicate this study in other geographical

areas, and participant with different age and educational level. In addition, follow-up studies can be conducted to generalize the findings.

According to the results of the study, concerning the effect of brief empathic dynamic psychotherapy on emotional expression and anxious attachment style, it is suggested that along with other therapeutic approaches, counselors use brief empathic dynamic psychotherapy to improve the students' mental health, and in particular to modify the students' emotional expression and attachment styles.

Disclosure Statements

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