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# Effectiveness of Short-Term Intensive Dynamic Psychotherapy on Locus of Control and Achievement Motivation in Divorced Depressed Women

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#### ABSTRACT

**Objective:** The aim of this study was to determine the effectiveness of Short-Term Intensive Dynamic Psychotherapy (ISTDP) on locus of control and achievement motivation in divorced depressed women.

Methods and Materials: This research employed a quasi-experimental design with pretest-posttest and a control group. The study population included all divorced depressed women who referred to psychological clinics in Qom during the summer of 2024. From this population, 30 individuals were selected using cluster random sampling and randomly assigned to experimental (15 participants) and control (15 participants) groups. The experimental group received five 60-minute sessions of Short-Term Intensive Dynamic Psychotherapy. The control group did not receive any form of treatment. The research instruments included the Locus of Control Questionnaire and the Hermans Achievement Motivation Questionnaire. Data were analyzed using analysis of covariance (ANCOVA) through SPSS version 22.

**Findings:** The results of the analysis of covariance at a significance level of p < .05 indicated that the variables of locus of control (F = 21.14) and achievement motivation (F = 32.13) showed significant differences between the control and experimental groups.

**Conclusion:** Based on the findings, Short-Term Intensive Dynamic Psychotherapy appears to be effective in shifting locus of control from external to internal and enhancing achievement motivation among divorced depressed women.

**Keywords:** Short-Term Intensive Dynamic Psychotherapy, Locus of Control, Achievement Motivation, Divorced Depressed Women.



#### 1. Introduction

ivorce has long been regarded as one of the most stressful life events. It is recognized as a significant factor contributing to psychological disorders in life. Divorced individuals are more likely to experience mental health disorders compared to their married counterparts (Purnomo & Suprihandari, 2025). Research has indicated that divorce increases the likelihood of experiencing a major depressive episode. Indeed, marital breakdown and divorce are associated with high levels of major depression in both men and women (Shirali-Nia et al., 2018). Divorced women, compared to non-divorced women, report higher levels of depression and encounter more stress-inducing factors in their lives (Kahraman & Özbay, 2025). In a study comparing divorced and non-divorced women, a significant difference in depression levels was found, with 70% of divorced women suffering from major depression (Araghi, 2025). Depression is among the most common psychological disorders. The World Health Organization has ranked depression fourth on the list of the most severe public health issues worldwide. Depression is characterized by reduced energy and interest, feelings of guilt, concentration difficulties, loss of appetite, and suicidal ideation. It also involves changes in activity level, cognitive abilities, speech, sleep patterns, and appetite, leading to impairment in occupational performance, social interactions, interpersonal relationships. Divorce is not only associated with increased depressive feelings but also with lower levels of self-esteem and self-efficacy (Motaghi et al., 2018).

Researchers have long demonstrated that maladaptive attributional styles and locus of control are related to depression and hopelessness (Gladstone et al., 1889). Locus of control is a concept used to describe the perceived source of control over human behavior (Rutter et al., 1967). Numerous studies have examined the relationship between locus of control and depression. For instance, Seligman stated that an event is perceived to be under personal control if the individual or their behavior can influence its outcome. However, if this sense of control is lost, it leads to motivational, emotional, and cognitive deficits, resulting in learned helplessness and depression (Seligman, 1972). From Rotter's perspective, individuals can be categorized into those with an internal locus of control and those with an external locus. People with an internal locus believe they can shape life events and influence outcomes themselves, whereas individuals with an external locus believe events are controlled by fate, luck, or other external forces (Rutter et

al., 1967). A positive correlation exists between external locus of control and depression. Researchers have also found that the stressful conditions of divorce can influence women's locus of control. Individuals with an internal locus of control are less likely to experience anxiety and depression and are at a lower risk of suicidal ideation (Aryanfar et al., 2020).

Lack of motivation, accompanied by anhedonia, is a prominent feature of depression (Zhang et al., 2021). In recent years, motivational impairments in depression have drawn considerable attention, and a more nuanced understanding of these deficits is emerging (Admon & Pizzagalli, 2015). Components of motivation and cognitive dysfunction in depression are closely related to disturbances in emotional and motivational processes (Crocker et al., 2013). Research using various assessment tools has demonstrated that depression is associated with diminished and, paradoxically, sometimes heightened motivation (Rottenberg et al., 2002). In line with the idea that depression is linked to reduced motivation, laboratory experiments have shown that depressed individuals respond less to rewards than non-depressed controls. For example, unlike nondepressed control groups, depressed individuals fail to produce more optimal responses in demanding tasks when correct answers yield rewards (Admon & Pizzagalli, 2015).

The effectiveness of psychodynamic psychotherapies in improving symptoms of depressive disorders has been wellestablished (Bond & Perry, 2005). Studies examining the impact of short-term psychodynamic psychotherapy on depression have shown positive results in reducing symptoms, alleviating interpersonal distress, and improving occupational and social functioning (Heshmati et al., 2023). In a study by Ajilchi et al. (2013), the effects of Short-Term Intensive Dynamic Psychotherapy (ISTDP) were tested on anxiety and depression in women with generalized anxiety disorder. The results showed significant reductions in depressive and anxiety symptoms (Ajilchi et al., 2013). Similarly, Jafari et al. (2024) investigated the effectiveness of ISTDP on depressed individuals and found it to be effective (Jafari et al., 2024). Given the vulnerable condition of divorced depressed women and the existing research gap in this area, the present study was conducted to examine the effectiveness of Short-Term Intensive Dynamic Psychotherapy on locus of control and achievement motivation in divorced depressed women.

#### 2. Methods and Materials

## 2.1. Study design and Participant

This study employed a quasi-experimental design with a pretest-posttest format and a control group. The statistical population included all divorced depressed women who referred to psychological clinics in Qom during the summer of 2024. Considering that a minimum sample size of 15 participants per group is recommended for experimental studies, a total of 30 eligible and willing participants were selected using cluster random sampling based on inclusion and exclusion criteria. They were then randomly assigned to the intervention group (n = 15) and the control group (n = 15).

Inclusion criteria included a diagnosis of depressive disorder confirmed by a psychiatrist, age range between 30 and 45 years, signing an informed consent form to participate in the study, and refraining from simultaneous use of psychotherapy or pharmacotherapy. Exclusion criteria included missing one therapy session, incomplete questionnaire responses, and unwillingness to continue participation in the study.

During the first session, ethical considerations were addressed, including explaining the study objectives, ensuring confidentiality, respecting participant privacy, obtaining written consent for data recording, and confirming voluntary participation. After evaluating the mental health status of the participants, both groups completed pretests using the Locus of Control Questionnaire and the Hermans Achievement Motivation Questionnaire, and the results were recorded.

Subsequently, the intervention group received five sessions of Short-Term Intensive Dynamic Psychotherapy, each lasting 60 minutes, under the supervision of a clinical psychologist, with two sessions per week. The control group did not receive any treatment during this period (researchers committed to offering the therapy sessions free of charge to the control group if the results proved to be significant). After the intervention, both groups completed the posttest, and their results were recorded.

#### 2.2. Measures

## 2.2.1. Locus of Control

Locus of Control Questionnaire: The standardized Locus of Control Questionnaire was developed by Ganji et al. in 2001 and contains 40 items. It is based on a five-point Likert

scale and includes a valid source, a defined scoring method, conceptual and operational definitions, and satisfactory validity and reliability (Cronbach's alpha = 0.80). The questionnaire has been validated in terms of content and construct and is suitable for use in various studies (Ganji et al., 2005).

#### 2.2.2. Achievement Motivation

Hermans Achievement Motivation Questionnaire: This is one of the most widely used questionnaires to assess the need for achievement. Hermans (1970) developed this questionnaire based on existing theoretical and empirical knowledge and a review of prior research on achievement motivation. The original version contained 29 items, constructed based on ten characteristics that distinguish individuals with high achievement motivation from those with low motivation. The questionnaire uses a Likert-type scale. Content validity was ensured through prior research on achievement motivation, and Hermans calculated the correlation coefficients of each item with achievementoriented behaviors, which ranged between 0.30 and 0.57. In addition, Hermans noted a correlation between this questionnaire and the Thematic Apperception Test (TAT). The internal consistency reliability of the questionnaire was confirmed through Cronbach's alpha, yielding a reliability coefficient of 0.84 (Hermans, 1970).

## 2.3. Intervention

## 2.3.1. ISTDP

The intervention protocol was implemented in a structured, phased manner based on the ISTDP framework. The initial phase involved a trial therapy session accompanied by psychometric assessment to identify the patient's locus of control and its behavioral manifestations. In the stepwise phase, the focus was on building emotional tolerance for complex feelings, restructuring anxiety discharge patterns, and shifting from an external to an internal locus of control. Repeated unlocking of the unconscious was conducted through initial penetrations, relative unlockings, and major unlocking episodes to optimize the unconscious therapeutic alliance and enhance achievement motivation. In the resolution phase, therapeutic emphasis was placed on evoking and experiencing achievement motivation while consolidating therapeutic gains. The treatment concluded with a termination phase



involving five sessions focused on closing the therapeutic relationship and reinforcing emotional autonomy.

## 2.4. Data Analysis

In the descriptive statistics section, the mean and standard deviation of scores for the variables were calculated. In the inferential statistics section, since the study utilized a pretest-posttest design, data were analyzed using SPSS version 22 and analysis of covariance (ANCOVA). Prior to conducting ANCOVA, its assumptions were tested using the Kolmogorov-Smirnov test, Levene's test, and the homogeneity of regression slopes. The significance level for all tests was set at .05.

## 3. Findings and Results

**Table 1**Mean and Standard Deviation of Pretest and Posttest Scores

The findings are presented and analyzed in two sections: descriptive and inferential. Based on demographic data, the mean and standard deviation of participants' age in the intervention group was  $36.12 \pm 2.33$  years, and in the control group, it was  $37.23 \pm 2.13$  years. Moreover, the mean and standard deviation of pretest and posttest scores for the variables of locus of control and achievement motivation in both the intervention and control groups, along with the results of the analysis of covariance (ANCOVA), are presented in Table 1. Prior to conducting the ANCOVA, its assumptions were evaluated. The Kolmogorov-Smirnov test confirmed the normality of the score distributions. Levene's test also confirmed the equality of variances in the pretest and posttest scores for both variables (p > .05). Additionally, the assumption of homogeneity of regression slopes was upheld (p = .233).

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	
Locus of Control	Intervention	13.62	3.27	13.06	2.13	
Locus of Control	Control	14.35	3.11	14.31	3.12	
Achievement Motivation	Intervention	12.35	3.31	23.42	2.32	
Achievement Motivation	Control	12.98	3.23	12.51	2.11	

As shown in Table 1, in the posttest, the intervention group had a lower mean score in locus of control and a higher mean score in achievement motivation compared to the control group.

Subsequently, the results of the repeated measures ANOVA ( $2 \times 3$ ) for comparing the experimental and control groups across the three phases (pretest, posttest, follow-up) on the study variables are presented in Table 2.

 Table 2

 Results of Analysis of Covariance (ANCOVA)

Dependent Variable	Source	SS	df	MS	F	Sig.	Eta <sup>2</sup>
Locus of Control	Group	3624.21	1	3624.21	21.14	.001	.72
	Pretest	121.53	1	121.53	3.08	.080	
	Error	92.77	27	13.25			
Achievement Motivation	Group	3624.21	1	3624.21	32.13	.001	.86
	Pretest	121.53	1	121.53	5.08	.080	
	Error	92.77	27	13.25			

The results of ANCOVA, after controlling for the effect of the pretest, indicated a statistically significant difference in the posttest mean scores for both variables—locus of control and achievement motivation—between the intervention group, which received Short-Term Intensive Dynamic Psychotherapy, and the control group, which did not receive any treatment (p < .001). This suggests that the therapy reduced external locus of control and increased achievement motivation in depressed participants.

Therefore, it can be concluded that Short-Term Intensive Dynamic Psychotherapy has a significant effect on locus of control and achievement motivation in divorced depressed women. Additionally, the effect size analysis showed that 72% of the variance in locus of control scores and 86% of the variance in achievement motivation scores between the groups can be attributed to the implementation of the Short-Term Intensive Dynamic Psychotherapy (Table 2).



#### 4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of Short-Term Intensive Dynamic Psychotherapy (ISTDP) on locus of control and achievement motivation in divorced depressed women. The results indicated that ISTDP has a statistically significant effect on these variables, leading to a reduction in external locus of control scores and an increase in achievement motivation among participants. These findings align with those of Ajilchi et al. (2013), who concluded that ISTDP effectively reduces anxiety and depression in women with generalized anxiety disorder (Ajilchi et al., 2013). The results are also consistent with Jafari et al. (2024), who reported the effectiveness of ISTDP in alleviating depression symptoms in individuals with major depressive disorder (Jafari et al., 2024).

To interpret these findings, it can be stated that ISTDP may influence a shift from external to internal locus of control by deactivating defensive mechanisms such as suppression of volition and projection onto circumstances or others. Individuals predisposed to depression tend to resort to a state of helplessness when confronted with stressors. Interpersonally, they often suppress their anger and redirect it inward, experiencing a defensive sadness instead of directly confronting the emotion of anger. Due to repeated past failures, these individuals tend to believe they are incapable of resolving problems independently, which leads to repression of motivation (libido and aggression), and results in states of helplessness, numbness, and depression.

ISTDP modifies patients' locus of control and motivation through several mechanisms (Abbass & Town, 2013). It introduces patients to a previously neglected part of themselves: their emotions. Depressed individuals frequently repress their emotions and confuse them with anxiety or defense mechanisms. The psychodynamic therapist facilitates biofeedback loops for the patient to restore self-regulatory mechanisms, allowing emotional signals to reach the cortical regions of the brain for conscious processing. Each time the therapist directs the patient's attention to a defense, an emotion, or anxiety, it fosters the formation of new synaptic connections in both cortical and subcortical brain regions (Fosha et al., 2003). Repetition of this process enables patients to recognize their emotions, anxiety, and defense mechanisms and gradually reinstate their internal feedback loops.

As previously mentioned, these patients primarily discharge anxiety through the parasympathetic nervous system and smooth muscle tension. This is a consequence of sympathetic over-arousal that exceeds the individual's threshold for tolerating anxiety. The psychodynamic therapist employs a phased approach: initially, they elicit complex emotional responses (such as anger toward a loved one). When the emotional intensity surpasses the patient's tolerance, the therapist halts the pressure and shifts the patient's attention to physical signs of anxiety, explaining the physiological processes occurring in their body. This prepares the ground for biofeedback cycles to activate. Over time, the patient develops the ability to tolerate increasingly intense emotional experiences, and the therapist can gradually apply more pressure to help the patient fully experience unconscious emotions without triggering parasympathetic anxiety or resorting to repression or selfattack defenses.

#### 5. Limitations and Suggestions

This study had several limitations. One major limitation is that the research was conducted exclusively on divorced depressed women, which restricts the generalizability of the findings to other groups. Future studies are encouraged to replicate this research across different age ranges and clinical populations. Another limitation was that the socioeconomic status of the divorced women was not rigorously controlled, which might have influenced the results. It is recommended that future studies control for demographic characteristics such as economic status, presence of children, and availability of social support. Furthermore, the lack of a follow-up phase was another limitation. Future research should include follow-up sessions to observe the long-term effects of ISTDP on reducing depressive symptoms over time.

## **Authors' Contributions**

Authors contributed equally to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## **Transparency Statement**

Data are available for research purposes upon reasonable request to the corresponding author.





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#### **Declaration of Interest**

The authors report no conflict of interest.

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#### **Ethical Considerations**

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

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