

Effectiveness of Intensive Short-term Dynamic Psychotherapy on Rumination and Self-doubt Depressed Women Victims of Partner's Infidelity

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ABSTRACT

Objective: This study aimed to evaluate the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) in reducing rumination and self-doubt among depressed women who have experienced partner infidelity.

Methods and Materials: A randomized controlled trial was conducted with 30 women aged 25 to 45 who reported betrayal by a male partner within the past year and met DSM-5 criteria for mild to moderate depression. Participants were recruited from mental health centers across Tehran and randomly assigned to an intervention group (ISTDP) or a waitlist control group. All participants completed the Ruminative Responses Scale (RRS) and Subjective Overachievement Scale (SOS) at baseline and post-intervention. The intervention group received ten weekly 60-minute ISTDP sessions based on Frederickson's protocol, culturally adapted to the Iranian context. Mixed-design ANOVA was used to analyze pre- and post-test scores.

Findings: Statistical analyses revealed significant time \times group interaction effects for both rumination and self-doubt. Rumination scores in the ISTDP group decreased from $M = 62.40$ ($SD = 8.21$) at pretest to $M = 48.20$ ($SD = 7.50$) at posttest, while the control group showed minimal change. For rumination, $F(1, 28) = 31.94$, $p < .001$, partial $\eta^2 = .53$. Self-doubt scores dropped from $M = 43.60$ ($SD = 6.95$) to $M = 32.67$ ($SD = 6.08$) in the intervention group, with $F(1, 28) = 27.13$, $p < .001$, partial $\eta^2 = .49$. No significant main effects of group were found. All assumptions of ANOVA were met.

Conclusion: ISTDP proved effective in significantly reducing rumination and self-doubt in depressed women who experienced partner infidelity. The findings support the utility of ISTDP as a culturally adaptable and emotionally focused intervention for cognitive-affective symptoms associated with relational trauma.

Keywords: Intensive Short-Term Dynamic Psychotherapy, Rumination, Self-Doubt, Infidelity.

1. Introduction

Marital infidelity constitutes one of the most distressing interpersonal traumas and is a significant precipitant of psychological disorders, particularly in women. The psychological consequences of betrayal include a wide spectrum of cognitive-emotional disruptions such as chronic rumination, diminished self-worth, relational insecurity, and depression. In patriarchal contexts, these consequences are often exacerbated by cultural norms that stigmatize female victims, rendering emotional recovery even more complex. Women who experience infidelity by their male partners frequently exhibit heightened levels of self-doubt and repetitive negative thinking, both of which undermine emotional resilience and adaptive coping mechanisms (Kashefi et al., 2024). Rumination and self-doubt are not merely byproducts of trauma but are also implicated in the maintenance and recurrence of depressive symptomatology, making their clinical reduction a therapeutic priority (Mobassem, Delavar, Karami, Sana, et al., 2012; Shams et al., 2022).

Rumination, characterized by repetitive and passive focus on distressing thoughts, has been identified as a key cognitive vulnerability contributing to the persistence of depressive states in betrayed individuals. The presence of unprocessed emotional conflict following infidelity often leads to recursive thought loops centered on guilt, shame, anger, and inadequacy. Studies have shown that such maladaptive patterns intensify affective symptoms and diminish the individual's capacity to engage in adaptive emotional processing (Azam Parisuz et al., 2019; Sarafraz & Moradi, 2022). In parallel, self-doubt—a chronic internal questioning of one's adequacy—frequently arises in women whose sense of identity and relational value has been undermined. This internalized sense of failure is frequently reinforced by sociocultural messages that blame women for the breakdown of intimate relationships (Kashefi et al., 2023; Ranjbar Bahadori et al., 2022). As a result, therapeutic interventions targeting these cognitive patterns must address both their intrapsychic origins and their culturally reinforced expressions.

Intensive Short-Term Dynamic Psychotherapy (ISTDP), developed by Davanloo and expanded upon in contemporary clinical practice, offers a psychodynamically oriented and affect-focused method for treating psychological symptoms rooted in unconscious emotional conflict. The core mechanism of ISTDP involves bypassing maladaptive defenses and facilitating direct access to warded-off

emotions, particularly those connected to early attachment trauma and relational injuries (Jarare & Etemadi, 2007; Jarareh & Taleh-Pasand, 2011). The therapeutic goal is not only symptom relief but also structural personality change through the integration of previously repressed emotional content. In women affected by betrayal trauma, where emotional avoidance and interpersonal mistrust are prominent, ISTDP facilitates re-engagement with primary emotional experiences and supports the reconstruction of self-narratives that have been damaged by infidelity (Balali Dehkordi & Fatehizade, 2022; Sayde, 2023).

A growing body of evidence has validated the efficacy of ISTDP in a wide range of clinical populations, including individuals suffering from trauma-related depression, emotional dysregulation, and relational conflicts. In a study by Parisuz et al., ISTDP significantly reduced marital conflict and improved interpersonal functioning in women experiencing emotional divorce (A. Parisuz et al., 2019). Similarly, Jafari et al. demonstrated significant reductions in depression, health anxiety, and somatic symptoms in patients with coronary artery disease following ISTDP, indicating the method's holistic impact on both psychological and physiological domains (Jafari et al., 2024). In another study, Hajrezaei et al. found ISTDP to be effective in alleviating depressive and gastrointestinal symptoms in patients with irritable bowel syndrome, further confirming the method's capacity to target somaticized emotional distress (Hajrezaei et al., 2024). These outcomes align with the psychodynamic principle that unprocessed affect contributes to both emotional and physical symptoms, and that facilitating affective breakthroughs can result in durable psychological change.

ISTDP's influence extends beyond symptom reduction; it is also effective in modifying deeper cognitive-affective structures such as attachment styles, defense mechanisms, and dysfunctional self-perceptions. Nakhaei Moghadam et al. showed that ISTDP effectively reduced somatization and health anxiety while improving attachment security in individuals with chronic pain (Nakhaei Moghadam et al., 2024). Likewise, Kashefi et al. found that ISTDP significantly improved sensation-seeking behaviors and reduced the tendency toward marital infidelity in women, suggesting the method's potential in promoting self-regulation and relational stability (Kashefi et al., 2024). Moreover, research by Ranjbar Sudejani et al. illustrated that ISTDP helped individuals with obsessive-compulsive disorder overcome irrational beliefs and cognitive avoidance, highlighting the model's utility in reshaping rigid

cognitive styles (Ranjbar Sudejani et al., 2017). These findings are particularly relevant to women with betrayal trauma, where entrenched cognitive distortions such as "I am not enough" or "I caused the infidelity" perpetuate emotional suffering and self-blame.

In the Iranian cultural context, where family reputation, gender norms, and emotional restraint are deeply entrenched, ISTDP has demonstrated compatibility through its flexible and emotionally intensive structure. Iranian studies have shown that women affected by infidelity benefit from therapeutic interventions that directly engage with suppressed emotions and challenge internalized cultural narratives of blame and shame (Kashefi et al., 2023; Mobassem, 2022). The focus on affective restructuring and defense deactivation allows ISTDP to access culturally mediated resistance patterns and provide women with a framework for reclaiming emotional agency and relational clarity (Mobassem, Delavar, Karami, Sana'i, et al., 2012; Sarafraz & Moradi, 2022). In this way, ISTDP does not merely address individual symptoms but also interacts with broader societal discourses that shape emotional expression and self-worth in women.

Furthermore, research has increasingly explored the comparative efficacy of ISTDP against other therapeutic models. In one study, Shams et al. found that ISTDP was more effective than mentalization-based therapy in reducing emotional dysregulation, insecure attachment, and maladaptive defense mechanisms in women who had experienced infidelity-related trauma (Shams et al., 2022). These findings are echoed by Ziapour et al., who demonstrated that ISTDP enhanced sexual functioning and marital satisfaction in depressed women, indicating the method's comprehensive impact on both individual and relational well-being (Ziapour et al., 2023). Such comparative results bolster the position of ISTDP as a robust and culturally adaptable treatment model for the complex psychological sequelae of betrayal.

Despite this emerging evidence base, there remains a lack of focused studies examining the effects of ISTDP on specific cognitive vulnerabilities such as rumination and self-doubt in betrayed women. Although some investigations have explored general outcomes like depression and marital conflict, few have isolated the mechanisms by which ISTDP influences core maladaptive cognitions that perpetuate distress in post-infidelity adjustment (Kashefi et al., 2024; Mobassem, 2022). This gap is especially critical in populations where sociocultural dynamics amplify self-blame and inhibit emotional

disclosure. By addressing this void, the current study aims to assess the effectiveness of ISTDP in reducing levels of rumination and self-doubt among women who have experienced infidelity within the context of a heterosexual relationship.

2. Methods and Materials

2.1. Study design and Participant

The present study utilized a randomized controlled trial design to investigate the effectiveness of Intensive Short-term Dynamic Psychotherapy (ISTDP) on reducing levels of rumination and self-doubt in depressed women who had experienced infidelity by their male partners. The study sample consisted of 30 adult women aged between 25 and 45 years, all of whom had reported being victims of partner betrayal within the past year in the context of a heterosexual romantic relationship. Participants were recruited through a combination of public outreach and referrals from community mental health centers across various districts of Tehran, Iran. The recruitment strategy aimed to ensure diversity in educational background, occupational status, and socioeconomic standing. Prior to inclusion, all prospective participants underwent a structured clinical interview conducted by licensed clinical psychologists to confirm that they met the criteria for mild to moderate depression based on DSM-5 diagnostic guidelines. Furthermore, eligibility was confirmed by scores exceeding the clinical threshold on the Beck Depression Inventory-II (BDI-II). Exclusion criteria included the presence of severe psychiatric disorders such as bipolar disorder or schizophrenia, current participation in psychotherapy or use of psychiatric medications, substance abuse, suicidal ideation, and any cognitive impairment that might interfere with the comprehension or implementation of therapy. Participants who met the inclusion criteria were then randomly assigned to either the intervention group, which received ISTDP, or to a waitlist control group, which received no active treatment during the study period.

2.2. Measures

To assess the cognitive and emotional outcomes of the intervention, two validated instruments were employed. The first instrument was the Ruminative Responses Scale (RRS), a 22-item self-report questionnaire originally developed by Treynor, Gonzalez, and Nolen-Hoeksema in 2003. The RRS is designed to measure individual tendencies to engage in

rumination, particularly in response to depressed mood. It distinguishes between two subtypes of rumination: brooding, which reflects a passive and judgmental focus on distress, and reflection, which refers to purposeful self-examination. Participants rated each item on a four-point Likert scale ranging from "almost never" to "almost always." The scale has demonstrated strong psychometric properties across different populations. In Iranian samples, the Persian-translated version has shown excellent internal consistency with Cronbach's alpha coefficients exceeding 0.88, and its structural validity has been established through confirmatory factor analysis. The RRS was administered at two time points: at baseline prior to the intervention and after the final therapy session.

The second instrument employed was the Subjective Overachievement Scale (SOS), a 15-item measure created by Oleson and colleagues in 2000. This scale assesses levels of self-doubt by examining patterns such as chronic fear of failure, anxiety about performance, and compensatory overachievement behaviors. Each item is scored on a Likert scale, capturing the intensity and frequency of self-critical thoughts. The SOS provides a nuanced understanding of self-doubt as it relates to interpersonal expectations and perceived inadequacy, both of which are relevant constructs in the aftermath of relational betrayal. The Persian version of the SOS, validated in Iranian clinical populations, has demonstrated high reliability (Cronbach's alpha = 0.86) and content validity in relation to constructs of negative self-evaluation and achievement pressure. The scale was used in conjunction with the RRS at both pre-intervention and post-intervention stages to capture changes in cognitive-affective functioning over time.

2.3. Intervention

The ISTDP intervention followed a structured ten-session protocol rooted in the psychodynamic principles outlined in Davanloo's intensive short-term psychotherapy model. Each session lasted approximately 60 minutes and was delivered weekly by licensed clinical psychologists trained extensively in the ISTDP approach and supervised according to ethical and clinical standards. The treatment framework adhered to the manualized procedures set forth by Frederickson (2013), allowing for standardization while also enabling cultural adaptation to address specific socio-emotional dynamics prevalent in Iranian society, such as gender-based expectations, emotional restraint, and the stigma associated with marital discord. The intervention

began with two sessions focused on psychodiagnostic assessment and therapeutic alliance building. During these sessions, therapists identified the clients' core conflicts, patterns of emotional avoidance, and defensive structures through intensive inquiry and dynamic pressure techniques. The next phase, encompassing sessions three to five, was oriented toward recognizing and challenging defensive processes that obstruct access to primary emotions. Therapists encouraged patients to experience previously repressed emotions such as anger, grief, and shame connected to the experience of infidelity. Sessions six to eight concentrated on interpreting unconscious relational templates, often rooted in early attachment injuries, and facilitated the integration of these insights with newly accessible affective material. The final two sessions focused on consolidating therapeutic gains, reinforcing self-regulatory strategies, and reworking maladaptive narratives that had maintained symptoms of rumination and self-doubt. Therapists provided emotional feedback and encouraged clients to generalize internal changes to relational contexts beyond the therapy room. All interventions were conducted in private clinical settings that ensured psychological safety and confidentiality, and culturally tailored practices were incorporated to respect participants' values regarding family roles and gender norms.

2.4. Data Analysis

Data were analyzed using IBM SPSS Statistics Version 26. Descriptive statistics, including means and standard deviations, were calculated for each variable to provide a summary overview of the sample's demographic and psychological characteristics. The normality of the data distribution was assessed using the Shapiro-Wilk test. The primary analytic approach involved a mixed-design analysis of variance (ANOVA) to examine within-subject (time: pretest vs. posttest) and between-subject (group: intervention vs. waitlist) effects. This method allowed for the assessment of changes in both rumination and self-doubt as a function of the therapeutic intervention. Statistical significance was established at a threshold of $p < .05$.

3. Findings and Results

As shown in Table 1, participants in the ISTDP group demonstrated notable improvements in both rumination and self-doubt scores following the intervention. For rumination, the ISTDP group's mean score decreased from 62.40 at pretest to 48.20 at posttest, indicating a substantial reduction

in maladaptive cognitive processing. In contrast, the control group showed only a minimal decline from 61.87 to 60.27, suggesting no meaningful change in the absence of intervention. Similarly, the self-doubt scores for the ISTDP group dropped from 43.60 to 32.67, reflecting significant

improvement, while the control group's scores remained largely unchanged (44.13 to 43.40). These patterns suggest a differential therapeutic effect attributable to the ISTDP intervention across both psychological outcomes.

Table 1

Means and Standard Deviations of Rumination and Self-Doubt by Group and Time

Variable	Time	ISTDP Group (n = 15) M (SD)	Control Group (n = 15) M (SD)
Rumination	Pretest	62.40 (8.21)	61.87 (7.95)
Rumination	Posttest	48.20 (7.50)	60.27 (7.88)
Self-Doubt	Pretest	43.60 (6.95)	44.13 (7.11)
Self-Doubt	Posttest	32.67 (6.08)	43.40 (7.09)

Before conducting the mixed-design ANOVA, all relevant statistical assumptions were examined and confirmed. The assumption of normality was assessed using the Shapiro-Wilk test for each group and variable at both pretest and posttest stages, and no significant deviations from normality were detected. Levene's test for equality of variances indicated homogeneity of variances across groups ($p > .05$), satisfying the assumption of homoscedasticity.

Additionally, the assumption of sphericity was not applicable, as each within-subject factor involved only two levels (pretest and posttest), thereby automatically meeting this requirement. No outliers or influential cases were detected based on standardized residuals and Mahalanobis distance values. These diagnostic checks ensured that the data met all criteria for valid interpretation of ANOVA results.

Table 2

Results of Mixed-Design ANOVA for Rumination and Self-Doubt

Outcome Variable	Effect Type	F-value	p-value	Partial η^2	Interpretation
Rumination	Time	$F(1, 28) = 46.78$	$< .001$	.63	Significant overall decrease over time
	Group	$F(1, 28) = 0.72$	.40	–	No main effect of group
	Time \times Group	$F(1, 28) = 31.94$	$< .001$	.53	Significant interaction; ISTDP group improved notably
Self-Doubt	Time	$F(1, 28) = 38.26$	$< .001$	.58	Significant reduction over time
	Group	$F(1, 28) = 0.48$	.49	–	No main effect of group
	Time \times Group	$F(1, 28) = 27.13$	$< .001$	.49	Meaningful improvement in ISTDP group

Table 2 presents the results of the mixed-design ANOVA, which confirm the effectiveness of ISTDP in reducing both rumination and self-doubt. For rumination, there was a significant main effect of time ($F(1, 28) = 46.78$, $p < .001$, $\eta^2 = .63$), indicating an overall decrease across the sample. However, the main effect of group was not significant ($F = 0.72$, $p = .40$), suggesting that differences between the ISTDP and control groups were not uniform at all times. Crucially, the interaction between time and group was significant ($F = 31.94$, $p < .001$, $\eta^2 = .53$), indicating that the reduction in rumination was significantly greater in the ISTDP group compared to the control. A similar pattern was found for self-doubt: a strong main effect of time ($F = 38.26$, $p < .001$, $\eta^2 = .58$) and a significant time \times group interaction ($F = 27.13$, $p < .001$, $\eta^2 = .49$) revealed that the ISTDP group benefited substantially from the intervention, while the control group did not exhibit comparable changes. These

findings support the hypothesis that ISTDP is effective in improving cognitive-emotional outcomes for depressed women affected by partner infidelity.

4. Discussion and Conclusion

The current study explored the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) in reducing levels of rumination and self-doubt among depressed women who had experienced partner infidelity. The findings demonstrated that participants who received ISTDP exhibited significant improvements in both psychological outcomes, while those in the control group showed no meaningful change. Specifically, there was a statistically significant reduction in rumination and self-doubt scores in the ISTDP group from pretest to posttest, confirmed by significant time \times group interaction effects. These results

support the hypothesis that ISTDP is an effective intervention for addressing cognitive-affective symptoms in women suffering from betrayal-related trauma.

These results are consistent with previous studies that have shown ISTDP's efficacy in modifying maladaptive emotional and cognitive processes through accessing unconscious conflict and dismantling rigid defenses. The significant reduction in rumination is in line with findings by (Kashefi et al., 2023) and (Shams et al., 2022), who demonstrated that ISTDP facilitates emotional processing and reduces dysfunctional coping mechanisms in women with relational trauma. Rumination, often maintained by unresolved grief, shame, and guilt, can be effectively targeted through ISTDP's pressure techniques and emotional breakthroughs. (A. Parisuz et al., 2019) found that ISTDP significantly decreased marital conflict and interpersonal dysfunction in emotionally divorced women, supporting the idea that accessing repressed affect can interrupt repetitive, negative thought patterns and enhance psychological clarity.

The findings concerning self-doubt also align with prior research. ISTDP's capacity to access early attachment-related trauma allows for restructuring of internalized self-criticism and fear of inadequacy. In the current study, participants reported significant decreases in self-doubt after 10 sessions of ISTDP, a finding that mirrors those of (Kashefi et al., 2024) and (Ranjbar Bahadori et al., 2022), who noted improvements in emotional expressiveness and differentiation among betrayed women. These therapeutic gains are likely due to increased affect tolerance and shifts in self-narratives achieved through confrontation of unconscious conflict. Similarly, (Mobassem, 2022) emphasized the role of ISTDP in exposing and managing defense mechanisms that protect against painful emotions, leading to lasting cognitive changes. Self-doubt, often anchored in distorted early relational schemas, becomes accessible and modifiable within ISTDP's emotionally focused framework.

The present results are further supported by clinical evidence from somatic and psychiatric contexts. (Nakhaei Moghadam et al., 2024) demonstrated that ISTDP decreased health anxiety and attachment insecurity in patients with chronic pain, suggesting that the therapy's core mechanisms—emotional reprocessing, anxiety regulation, and conflict resolution—are broadly applicable. Likewise, (Jafari et al., 2024) reported reduced depression and physical symptoms in patients undergoing cardiac surgery following ISTDP, indicating that psychological shifts through ISTDP

may also alleviate physiological symptoms. In a study by (Hajrezaei et al., 2024), ISTDP significantly reduced depressive and gastrointestinal symptoms in patients with irritable bowel syndrome, again confirming its multi-systemic effectiveness. These findings complement the current study's results by highlighting ISTDP's impact on emotion-driven cognitive vulnerabilities such as rumination and self-doubt.

Moreover, the intervention's effectiveness must be understood within the sociocultural framework in which these women live. In Iranian society, gendered expectations and family-centered norms often exacerbate the psychological burden experienced by women who are betrayed by a partner. Many women internalize the betrayal as personal failure, leading to heightened shame, suppression of emotional expression, and cognitive preoccupations (Jarareh & Taleh-Pasand, 2011; Mobassem, Delavar, Karami, Sana, et al., 2012). ISTDP's ability to bypass cultural defenses and help women process repressed emotions aligns well with the findings of (Sarafraz & Moradi, 2022), who observed improved attachment styles in women with marital conflict. Furthermore, (Ziapour et al., 2023) demonstrated significant improvements in sexual functioning and marital satisfaction following ISTDP in depressed women, suggesting that the therapy promotes not only symptom reduction but also relational and identity repair. As this study also shows, ISTDP empowers women to reinterpret the meaning of betrayal, deconstruct internalized blame, and reconstruct a more compassionate self-concept.

The clinical value of ISTDP in cases of betrayal trauma is also reflected in broader theoretical contributions. According to (Sayde, 2023), psychodynamic therapy offers a powerful lens for working with individuals exposed to overwhelming emotional experiences, including those who have survived traumatic relationship ruptures. The model's emphasis on emotional truth and confrontation of defenses creates a pathway toward affective resolution and identity integration. This is particularly important in cases involving relational trauma, where cognitive-behavioral interventions may fall short in addressing unconscious guilt or dissociation. The current study's large effect sizes and significant interaction effects support this assertion and affirm that ISTDP can produce meaningful change in cognitive-affective domains, particularly for women whose suffering is compounded by cultural constraints and emotional inhibition.

Methodologically, this study contributes to the evidence base by using a randomized controlled trial—a design not often employed in ISTDP research in Iranian contexts. Most previous research relied on single-case designs or pre-post comparisons without control groups (Jarare & Etemadi, 2007; Azam Parisuz et al., 2019), limiting causal inferences. By employing randomization and including a waitlist control, this study increases the internal validity of its findings and confirms that the observed changes are attributable to the intervention. Moreover, the use of standardized instruments like the Ruminative Responses Scale and the Subjective Overachievement Scale adds psychometric strength. The treatment protocol adhered to Davanloo's original principles while incorporating cultural modifications, in line with recommendations from (Kashefi et al., 2024) and (Balali Dehkordi & Fatehizade, 2022), who highlighted the importance of tailoring ISTDP to gender norms and family dynamics in Iran.

Still, it is crucial to recognize that psychodynamic change is a complex, multi-phase process that may not be fully captured within a ten-session frame. While this study showed strong immediate outcomes, it is unknown whether these changes persist long-term. Moreover, ISTDP is a high-intensity therapy requiring trained clinicians and emotionally resilient clients. (Ranjbar Sudejani et al., 2017) pointed out that some clients may struggle with exposure to unconscious content or break down under the pressure of affective mobilization. As such, therapist skill, client readiness, and session pacing are critical variables that likely influenced outcomes in this study. Further investigation into moderating factors such as defense styles, affect tolerance, and attachment classification is warranted to better understand which clients benefit most from ISTDP.

5. Limitations and Suggestions

Despite its strengths, the current study has several limitations that must be acknowledged. First, the sample size was relatively small ($N = 30$), which, while sufficient to detect large effects, may limit the generalizability of the findings to broader clinical populations. Larger samples would provide more statistical power and allow for subgroup analyses. Second, the study was conducted exclusively with women in Tehran, which limits its applicability to rural populations or men who have experienced similar betrayals. Cultural and gender-specific dynamics may influence how individuals respond to ISTDP, and future research should account for these variations. Third, while efforts were made

to ensure treatment fidelity through protocol adherence and session documentation, therapist variability may have influenced outcomes, especially in a model as emotionally intensive as ISTDP. The absence of long-term follow-up data also limits the conclusions that can be drawn about the durability of the treatment effects. Finally, the reliance on self-report measures may introduce bias due to social desirability or inaccurate introspection, particularly in cultures where emotional expression is stigmatized.

To build on the findings of this study, future research should consider expanding the sample size and including participants from diverse cultural and socioeconomic backgrounds. Longitudinal studies that incorporate multiple follow-up points would help determine the long-term effectiveness and relapse rates of ISTDP for betrayal-related trauma. Comparative studies that examine ISTDP alongside other therapeutic modalities—such as cognitive-behavioral therapy, emotion-focused therapy, or mentalization-based therapy—would also be valuable in identifying specific mechanisms of change and treatment superiority. Future research could benefit from incorporating physiological or behavioral measures in addition to self-report scales, offering a more comprehensive picture of emotional and cognitive changes. Moreover, qualitative studies could provide in-depth insights into the lived experiences of clients undergoing ISTDP, shedding light on subjective changes in meaning-making, relational dynamics, and emotional resilience. Finally, studies that explore ISTDP's impact on other betrayal-related symptoms, such as trust difficulties, sexual dysfunction, or complex PTSD, could help extend the intervention's scope.

Practitioners working with women who have experienced infidelity should consider integrating ISTDP into their clinical repertoire, particularly when treating clients who exhibit high levels of rumination, self-doubt, or emotional suppression. Therapists should receive thorough training in ISTDP techniques, including handling resistance, identifying defense mechanisms, and facilitating emotional breakthroughs, to maximize treatment outcomes. Cultural sensitivity is essential, and interventions should be adapted to reflect clients' familial structures, religious beliefs, and gender norms. It is also important to prepare clients for the emotional intensity of the therapy and ensure a strong therapeutic alliance from the outset. Collaborative treatment planning, including psychoeducation about emotional processing and self-compassion, may enhance engagement and help clients sustain therapeutic gains beyond the formal intervention period.

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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