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Effectiveness of Intensive and Short-Term Psychodynamic Group Therapy on Anger and Grief Symptoms in Bereaved People

Zahra Abdoli[1], Fattemeh Zam[2], & Somayeh Shabani[3]

1. Master of Science in Clinical Psychology, Department of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran.
2. Corresponding author, Assistant Professor, Department of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran
3. Assistant Professor, Department of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran.

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ABSTRACT

Introduction: Since unresolved grief can cause anger and the prolongation of this process can lead to complicated grief and its non-acceptance, the purpose of this research is to determine the effectiveness of group therapy based on intensive and short-term psychodynamics on anger and grief symptoms in bereaved people.

Method: The research method was semi-experimental with a pre-test, post-test, and follow-up plan with a control group. The statistical population of this research included all the bereaved people in 2022, of which 30 people were selected by purposeful sampling and randomly assigned to 2 intervention and control groups. The research tools included a demographic questionnaire, a "State-Trait Anger Expression Inventory" and a "Grief Experience Questionnaire". The content validity of tools was measured by qualitative method and reliability by internal consistency method by calculating Cronbach's alpha coefficient. After the implementation of 8 training sessions for the intervention group, the data of the present study were analyzed using the variance analysis method with repeated measurements in the SPSS software 24 version.

Results: In the present study, the interaction effect of group*time for the component of guilt (F= 9.85), trying to justify and cope (F= 5.03), physical reactions (F= 8.90) and judgment Person or others about the cause of death (F= 5.99) were significant at the 0.01 level. The interaction effect of group*time for the component of angry feeling (F= 9.09), verbal anger (F= 5.08), physical anger (F= 6.19), angry temperament (F= 7.40) angry reaction (F= 5.01), anger expression-out (F= 5.80), anger expression-in (F= 9.28), anger control out (F= 5.57) and anger control in (F= 12.01) were significant at the 0.01 level.

Conclusion: Intensive and short-term psychodynamic group therapy was effective on anger and grief symptoms. Therefore, it is suggested that officials and health professionals provide psychodynamic interventions for Bereaved People, in addition to medical treatments

Introduction

Psychological distress such as anger and despair have been the most basic traumatic psychological reactions in most traumatized and grieving individuals (1). Losing a loved one with whom one had a deep relationship can cause "grief" in an individual. Grief is a process that a person, as a social being, has been and is inevitably experiencing, and the most important factor that underlies this psychological state is death. Death is more than a biological phenomenon of concern to biologists and doctors; it is a social, cultural, and psychological issue that brings sadness and grief to an individual or individuals in human society (2). The consequences of the coronavirus outbreak (such as the health of oneself or loved ones, financial losses, disruption of daily life and quarantine, and loss of opportunity to see friends and family) may provoke anger and unrest. This anger can include increased severity of symptoms and a worse response to treatment (3). In a study titled Bereavement Before and During the COVID-19 Pandemic, Eisma et al. (4) concluded that people bereaved during the pandemic experience more intense grief and sadness than those bereaved before the pandemic and are likely to have higher rates of mood and anxiety disorders related to bereavement in the future. Intensive short-term dynamic psychotherapy is a type of psychotherapy that facilitates rapid resolution of a wide range of emotional problems. According to the intensive short-term dynamic psychotherapy approach, reactive anger leads to the formation of a large layer of guilt. This is also covered by a layer of sadness and grief, and the person's major defenses, which are part of his or her temperament, reveal his or her resistance. Resistance to emotional closeness (5). In this layer, the individual resists any close and intimate relationship to avoid the pain of intimacy with others based on past trauma. This resistance in the treatment process takes the form of preventing access to the individual's true feelings and thoughts. Feelings and impulses that are being expressed are associated with anxiety because they are immoral or impossible to express in the real world due to fear of punishment and the reaction of others. This anxiety creates a defense to control emotions (6). In this approach, understanding the nature of the patient's anxiety, the level of anxiety experienced, and the physical ways in which the patient's anxiety is directed are of particular importance in diagnosis and treatment and should be examined during therapy (7). The primary goal of short-term dynamic psychotherapy is to enable the client to overcome his or her internal conflict with his or her feelings and emotions about past and present experiences that have overwhelmed him or her due to their frightening, threatening, or painful nature. This form of therapy is classified as intensive therapy, which addresses these hidden emotions and exposes clients to them as much as possible in the shortest possible time. This therapy is considered dynamic because it uses the individual's unconscious as an ally in internal conflict and the transfer of emotional conflict and chaos (8).

A review of previous research shows that previous research has examined the effectiveness of short-term intensive dynamic psychotherapy on depression, guilt, and anger in various populations, and the results of these studies confirm the effectiveness of this approach. For example, in the study by Ahmadi et al. (9), the findings showed that short-term intensive dynamic psychotherapy in a group setting had a significant effect on reducing the subscales of anxiety, depression, posttraumatic stress, and guilt in the experimental group compared to the control group, and this was also stable during the two-month follow-up period. The results of the present study showed that short-term intensive dynamic therapy in a group setting is an effective strategy in improving symptoms of anxiety, depression, post-traumatic stress, and guilt in individuals bereaved by COVID-19 and can be used as an effective treatment method. Heydari-Nasab et al. (10) showed that short-term intensive dynamic psychotherapy leads to improved mood in depressed patients. Khorianian et al. (11) conducted a study aimed at determining the effectiveness of short-term intensive dynamic psychotherapy on reducing symptoms and emotional expression in patients with depression. The results showed that short-term intensive psychodynamic intervention reduced symptoms of depression and increased emotional expression. According to the findings, it can be stated that short-term intensive psychodynamic intervention leads

to improved mood (reduced symptoms of depression) and increased emotional disclosure. Solbakken & Abbass (12) in a study aimed at determining the effectiveness of short-term intensive psychodynamic therapy on the symptoms of patients with treatment-resistant disorders showed that this treatment is effective on depression, anxiety, interpersonal problems and functions of patients. Town et al. (13) stated that depression is correlated with anger suppression and psychodynamic therapy is effective in reducing depression and anger in patients.

The death of a loved one is one of the most common stressful events. In most people, symptoms of grief improve over time, but accepting it has certain complications, and the consequences of grieving over time may be extremely traumatic (14). Since unresolved grief during the COVID-19 pandemic can cause anger toward the lost object, and the prolongation of this process can lead to complicated grief and its non-acceptance. A review of the research background shows that although short-term intensive psychodynamic psychotherapy is an effective approach in reducing guilt, depression, and anger, its effectiveness in the field of grief and anger symptoms in bereaved individuals has not been studied. Therefore, the present study aimed to determine the effectiveness of short-term intensive psychodynamic group therapy on anger and grief symptoms in bereaved individuals.

Methods

The research method was a semi-experimental design with a pretest-posttest-follow-up and control group design. The statistical population of this study included all bereaved individuals in 1400, of whom 30 were selected through purposive sampling and randomly assigned to two intervention and control groups. Referring to Cohen's table, considering the number of groups u=2, a confidence level of 95%, a test power of 0.8, and an effect size of 0.4, the sample size was 12 for each group, which was determined by considering a 20% probability of attrition, 15 for each group. The inclusion criteria for the present study included experiencing grief due to the coronavirus, not receiving psychological intervention at the same time, informed consent, and willingness to cooperate in this study, and the exclusion criteria for the present study included not having chronic diseases, not cooperating, and missing more than two sessions. The following tools were used to collect information:

"Demographic questionnaire" which included age, education, and marital status.

The "State-Trait Anger Expression Inventory" developed by Spielberger et al. in 1999 consists of 57 items, including 9 components: "State Anger/Angry Feeling" (items 1, 2, 3, 6, 10), "State Anger/Verbal Anger" (items 4, 9, 12, 13, 15), "State Anger/Physical Anger" (items 5, 7, 8, 11, 14), "Trait Anger/Angry Temperament" (items 16, 17, 18, 21), "Trait Anger/Angry Reaction" (items 19, 20, 23, 25), "Anger Control/Anger Expression-Out" (items 19, 20, 23, 25), and "Anger Control/Anger Expression-Out" (items 20, 24, 25). It evaluates items 27, 31, 35, 39, 43, 47, 51, 55, "Anger control/ Anger Expression-In" with item numbers 29, 33, 37, 41, 45, 49, 53, 57, "Anger control/ Anger Control Out" with item numbers 26, 30, 34, 38, 42, 50, 54, 46, and "Anger control/ Anger Control In" with item numbers 28, 32, 36, 40, 44, 48, 52, 56 on a 4-point Likert scale from not at all = 1 to very much = 4. The minimum score in this tool is 57 and the maximum score is 228, and a higher score in this tool means more anger. Lievaart et al. (15) reported the construct validity and convergent validity of the "Trait-State Anger Expression Inventory" in a sample of 1211 Dutch people with the "Aggression Questionnaire" in a range of 0.26 to 0.69 and the reliability by internal consistency method by calculating Cronbach's alpha coefficient in the above sample in a range of 0.71 to 0.96. Maxwell et al. (16) reported the construct validity and convergent validity of the "Trait-State Anger Expression Inventory" in a sample of 674 Chinese students with the "Aggression Questionnaire" in a range of 0.11 to 0.44 and the reliability by internal consistency method by calculating Cronbach's alpha coefficient in the above sample in a range of 0.71 to 0.91. Khodayarifard et al. (17) reported the construct validity of the "Trait-State Anger Expression Inventory" in a sample of 1140 male and female students of Tehran University with the "Overcontrolled-Hostility Scale" in a range of 0.21 to 0.34 and the reliability of the internal consistency method by calculating Cronbach's alpha coefficient in the above sample in a range of 0.83 to 0.93. Asghari-Moghaddam et al. (18) reported the construct validity of

the "Trait-State Anger Expression Inventory" in a sample of 570 Iranian students based on its correlation with the "Ahvaz Aggression Questionnaire" in a range of 0.14 to 0.63 and the reliability of the internal consistency method by calculating Cronbach's alpha coefficient in the above sample in a range of 0.74 to 0.91.

The Grief Experience Questionnaire (GQ) developed by Barrett and Scott in 1988 consists of 34 items that assess the level of grief on a 5-point Likert scale of never = 1, rarely = 2, sometimes = 3, often = 4, and always = 5. The minimum score in this instrument is 34 and the maximum score is 170, and a higher score in this instrument means a greater grief experience. Barrett & Scott (19) The construct validity of the Grief Experience Questionnaire was examined using confirmatory factor analysis in a sample of 57 men and women with grief experience in the state of Minnesota, using confirmatory factor analysis, and the single-factor structure was confirmed. The internal consistency reliability was reported as 0.97 by calculating the Cronbach's alpha coefficient in the above sample. Bailley et al. (20) examined the construct validity of the "Bereavement Experience Questionnaire" using confirmatory factor analysis in a sample of 350 students in Texas using confirmatory factor analysis and confirmed the single-factor structure. The internal consistency reliability was reported as 0.70 to 0.87 by calculating Cronbach's alpha coefficient in the above sample. Mehdipour et al. (20) reported the construct validity of the "Bereavement Experience Questionnaire" using convergent validity in a sample of 348 Iranian students with bereavement experience as 0.58 and 0.61 based on its correlation with the "Symptom Checklist". The internal consistency reliability was reported as 0.88 by calculating Cronbach's alpha coefficient in the above sample. Momeni and Delfan (21) reported the construct validity of the "Bereavement Experience Questionnaire" using the convergent validity method in a sample of 24 elderly women with bereavement experience as 0.63 based on its correlation with the "General Health Questionnaire". The reliability of the internal consistency method by calculating the Cronbach's alpha coefficient in the above sample was reported as 0.75.

In the present study, the content validity of the "Anxiety Assessment Test" and the "Bereavement Experience Questionnaire" using the qualitative method for all items was confirmed by 3 psychology instructors at the Islamic Azad University, Karaj Branch. To examine the content validity of the sessions, the opinions of 3 psychology faculty instructors at the Islamic Azad University, Karaj Branch were used, which indicated that the content validity of the sessions was satisfactory. Reliability was obtained by calculating the Cronbach's alpha coefficient of the "Anxiety Assessment Test" and the "Bereavement Experience Questionnaire" on 30 participants, respectively, equal to 0.76 and 0.73.

In the present study, intensive and short-term dynamic psychotherapy derived from the intervention presented by Duvanlu (5) was held in 8 weekly sessions (1.5 hours). The content of the sessions was as follows:

Session 1: Questions about the problems

The dynamic sequence begins with questions about the patient's problem. Duvanlu uses the "descriptive-phenomenological" method at this stage. In this method, the therapist searches for symptoms of the patient's personality disorder and problems, asks for objective and specific answers from him, and focuses on his feelings.

Second Session: Pushing

After asking for further explanation from the patient, the therapist's pressure to specify, objectify, and clarify the patient's responses gradually begins the second stage of the dynamic sequence.

Session Three: Challenge

When the patient's problem is questioned and pressure is exerted for specific answers and the experience of feelings, the patient's defence systems are activated, and at this stage, the therapist enters the stage of examining and analyzing defences by challenging them.

Session Four: Challenge with Transference Resistance

As the patient's intrapsychic tension increases, conflicting forms of transference feelings between the patient and the therapist inevitably emerge.

Session Five: Direct Engagement with Transference Resistance

Increasing the challenge with the resistance that is directed at the transference feelings at this stage causes further crystallization of the resistance in the transference.

Session Six: Direct Access to the Unconscious (Direct Experience of Transference Feelings and the First Penetration)

Once the patient has been able to express the feeling of being hurt to the therapist, the therapist asks him to describe his inner experience of that feeling. In this way, the therapist reaches the patient's level of emotional integration with the interview process and checks the possibility of any type of defense being active.

Session 7: Transference Analysis

Transference analysis at this stage consists of: establishing connections and analyzing similarities between the patient's communication pattern in the transference and other relationships in his or her present and past life. In this position, the patient gains insight into how he or she defends himself or herself against hidden feelings of anxiety or guilt on all three sides of the person triangle (the person's relationships in the present, past, and transference).

Session 8: Dynamic Exploration of the Unconscious

The therapist uses the conflict and person triangle to analyze the material that is being disclosed. This analysis emphasizes the different and similar ways in the transference, present, and past in which the patient defends himself or herself against his or her feelings and impulses. Exploration of the patient's family life is of fundamental importance at this stage.

The statistical methods of analysis of variance with a repeated measures design and chi-square, Shapiro-Wilk, Lone, M-box, and Bonferroni post hoc tests were used to describe and analyze the data, with significance levels of 0.05 and 0.01. Data were analysed in SPSS version 24.

Findings

Table 1 shows the mean and standard deviation of anger and grief components in participants of the intervention and control groups, in the three stages of pre-test, post-test, and follow-up.

Table 1. Mean (standard deviation) of grief and anger components in the three .stages of pre-test, post-test, and follow-up

Follow-up	Post-Test	Pre-Test	Group	Variable
(3/10) 18/20	(3/86) 18/73	(4/29) 26/33	Test	Guilt
(3/81) 25/67	(3/18) 26/30	(5/00) 25/53	Control	
(2/69) 14/12	(2/09) 15/07	(2/69) 19/07	Test	Attempt to justify and cope
(2/26) 19/13	(3/88) 18/25	(3/40) 19/49	Control	
(1/89) 12/80	(3/22) 12/94	(3/68) 18/13	Test	Physical reactions
(2/10) 16/87	(2/26) 17/20	(2/46) 16/90	Control	
(2/46) 7/27	(2/50) 7/33	(2/92) 8/67	Test	Feeling abandoned
(2/35) 8/60	(1/98) 8/73	(2/56) 8/00	Control	
(1/92) 9/86	(2/34) 10/07	(2/78) 14/00	Test	Judgment of the person or others...
(1/98) 14/00	(2/85) 13/60	(2/27) 14/20	Control	
(1/68) 8/87	(2/36) 10/15	(2/80) 10/13	Test	Shame/Embarrassment
(2/03) 10/40	(1/87) 10/92	(2/39) 10/53	Control	
(2/29) 6/37	(2/07) 6/13	(1/97) 7/20	Test	Notoriety
(2/11) 7/20	(2/23) 6/87	(2/53) 7/13	Control	

(2/04) 10/00	(1/98) 9/27	(2/58) 14/27	Test	Anger state/angry feeling
(2/52) 13/73	(2/67) 13/40	(2/97) 13/46	Control	
(2/76) 9/73	(1/98) 10/07	(2/14) 13/20	Test	Anger state/verbal expression of anger
(2/19) 12/68	(2/86) 12/71	(2/36) 13/00	Control	
(2/20) 9/47	(2/06) 9/87	(2/38) 13/40	Test	Anger state/physical expression of anger
(2/53) 12/87	(2/16) 13/13	(2/11) 13/20	Control	
(2/06) 7/67	(1/85) 7/87	(1/92) 11/00	Test	Anger trait/angry temperament
(2/39) 11/80	(2/57) 11/53	(1/60) 11/47	Control	
(3/59) 13/74	(2/13) 13/67	(2/94) 17/33	Test	Anger trait/angry reaction
(2/14) 15/85	(2/76) 16/42	(2/86) 16/20	Control	
(2/37) 16/77	(2/63) 16/80	(3/51) 22/00	Test	Anger control/outward anger expression
(3/14) 20/00	(4/60) 20/27	(2/74) 20/33	Control	
(2/68) 16/80	(2/32) 16/60	(3/10) 21/87	Test	Anger control/inner anger expression
(3/72) 21/13	(3/00) 21/40	(2/53) 21/50	Control	
(2/63) 22/93	(3/05) 22/00	(2/87) 17/00	Test	Anger control/outward anger control
(3/05) 18/00	(2/90) 18/00	(2/98) 17/13	Control	
(2/39) 24/87	(3/26) 24/07	(2/64) 18/33	Test	Anger control/inner anger control
(2/34) 18/67	(3/69) 19/80	(3/27) 19/35	Control	

Next, the assumptions of the analysis of variance with repeated measures were examined. The results of the normality assumption, which was examined by the Shapiro-Wilk test, showed that the components of anger and grief in all three groups and all three stages of pre-test-post-test and follow-up had a normal distribution, and the assumption of normality was not rejected. The Levine statistic was also not significant for any of the research variables. Therefore, the assumption of homogeneity of variance for the dependent variables in the three stages was valid. The results of the Muehli sphericity test showed that the assumption of equality of variances within subjects for the components of anger and grief was valid.

Table 2. Results of repeated measures analysis of variance in explaining the effect of .independent variables on the components of grief and anger

Probability value	F	sum of squared error	Sum of squares	Effects	Variable
0/623	0/001	46/23	308/22	508/84	Group Effect	Guilt
0/445	0/001	22/35	300/73	240/00	Time Effect	Attempts to justify and cope
			986/84	347/29	Interaction Effect Group*Time	
0/260	0/001	9/85				
0/416	0/001	19/95	259/56	184/90	Group Effect	
0/331	0/001	13/86	210/13	104/02	Time Effect	Physical reactions
0/152	0/010	5/03	448/44	80/60	Interaction Effect Group*Time	
0/558	0/001	35/41	100/58	127/21	Group Effect	Feeling abandoned
0/302	0/002	12/10	253/13	109/35	Time Effect	Judgement of self or others
0/241	0/001	8/90	453/56	144/16	Interaction Effect Group*Time	
0/088	0/112	2/72	110/09	10/67	Time Effect	
0/012	0/562	0/34	195/62	2/40	Interaction Effect Group*Time	Embarrassment/Shame
0/048	0/249	1/43	406/04	20/69	Time Effect	
0/492	0/001	27/11	159/78	154/71	Time Effect	Notoriety
0/360	0/001	15/77	125/07	70/42	Interaction Effect Group*Time	Anger state/Feeling angry
0/176	0/004	5/99	314/89	67/36	Time Effect	
0/097	0/093	3/02	173/16	18/68	Time Effect	
0/040	0/273	1/25	164/33	7/35	Interaction	Anger state/Verbal

					Effect	anger
					Group*Time	
0/020	0/546	0/58	240/31	4/96	Time Effect	
0/030	0/359	0/87	173/11	5/38	Time Effect	Anger state/Physical
0/021	0/446	0/60	94/66	2/02	Interaction	anger
					Effect	Anger trait/Angry
					Group*Time	temperament
0/015	0/664	0/41	236/49	3/49	Time Effect	
0/422	0/001	20/43	171/11	124/84	Time Effect	
0/238	0/008	8/75	191/93	60/00	Interaction	Anger trait/Angry
					Effect	reaction
					Group*Time	
0/245	0/001	9/09	347/03	112/62	Time Effect	
0/235	0/007	8/61	237/20	72/90	Time Effect	Anger control/External
0/350	0/001	15/08	100/53	54/15	Interaction	anger expression
					Effect	Anger control/Internal
					Group*Time	anger expression
0/154	0/009	5/08	249/33	46/27	Time Effect	
0/423	0/001	20/55	142/44	104/54	Time Effect	
0/302	0/002	12/09	158/13	68/27	Interaction	Anger control/External
					Effect	anger control
					Group*Time	
0/181	0/004	6/19	282/49	62/49	Time Effect	
0/545	0/001	33/52	142/71	170/84	Time Effect	Anger control/Internal
0/298	0/002	11/91	79/33	33/75	Interaction	anger control
					Effect	Guilt
					Group*Time	
0/209	0/001	7/40	226/22	59/76	Time Effect	
134	0/046	4/35	224/22	34/84	Time Effect	Attempts to justify and
0/250	0/005	9/31	174/47	58/02	Interaction	cope
					Effect	Physical reactions
					Group*Time	
0/152	0/010	5/01	363/11	64/96	Time Effect	
0/189	0/016	6/62	275/78	64/18	Time Effect	
0/294	0/002	11/67	282/13	117/60	Interaction	Feeling abandoned
					Effect	
					Group*Time	
0/172	0/005	5/80	611/51	126/82	Time Effect	
0/356	0/001	15/51	344/31	190/68	Interaction	Judgement of self or
					Effect	others
					Group*Time	Embarrassment/Shame
0/383	0/001	17/38	176/13	109/35	Time Effect	
0/249	0/001	9/28	374/49	124/16	Interaction	
					Effect	
					Group*Time	
0/575	0/001	37/85	149/82	202/50	Interaction	
					Effect	Notoriety
					Group*Time	
0/376	0/001	16/84	288/33	173/40	Time Effect	
0/166	0/006	5/57	565/24	112/47	Interaction	
					Effect	
					Group*Time	
0/468	0/001	24/59	255/11	224/04	Interaction	Anger state/Feeling
					Effect	angry
					Group*Time	
0/450	0/001	22/94	157/53	129/07	Time Effect	
0/303	0/001	12/01	485/96	208/20	Interaction	
					Effect	
					Group*Time	

Table 2 shows that the interaction effect of group*time for the components of guilt (F = 9.85), attempts to justify and cope (F = 5.03), physical reactions (F = 8.90), and judgment of oneself or others about the cause of death (F = 5.99) was significant at the 0.01 level. The interaction effect of group*time for the components of angry feelings (F = 9.09), verbal anger (F = 5.08), physical anger (F = 6.19), angry mood (F = 7.40), angry reaction (F = 5.01), external anger expression (F = 5.80), internal anger expression (F = 9.28), external anger control (F = 5.57), and internal anger control (F = 12.01) was significant at the 0.01 level.

Discussion

The present study aimed to determine the effectiveness of short-term intensive psychodynamic group therapy on anger and grief symptoms in bereaved individuals.

The results of the present study showed that short-term intensive psychodynamic group therapy is effective on the symptoms of grief of bereaved individuals. These results were consistent with the results of studies by Ahmadi et al. (9); Heydari-Nasab et al. (10); Khouryanian et al. (11); Solbakken & Abbass (12) and Town et al. (13).

In short-term intensive psychodynamic therapy, techniques are used that cause changes in emotional states and the experience of the stressful event, in such a way that on the one hand, the patient's current emotions and behaviors are based on past experiences and current situations, due to their similarities with past experiences, produce similar behaviors and emotions. This pattern is repeated, strengthened and institutionalized over time. On the other hand, by creating capacities in the patient and then putting him under pressure and additionally evoking his emotions in the therapy session, the defenses are removed and the buried past experiences related to emotions emerge from the unconscious, and the possibility of linking them with current and past experiences and interpreting and presenting a model is provided (22). Intensive and short-term dynamic psychotherapy is a set of techniques for treating problems based on the aforementioned model. In this method, the clarification of defenses and subsequent pressure to experience emotions and the challenge of the patient's defensive barriers should begin from the beginning of the treatment process. The use of these techniques leads to the movement of intense and mixed emotions in the transference (patient-therapist relationship) and activates the layers of defenses woven into the patient's personality against these emotions. This conflict situation awakens similar conflicts in the patient's past. The correct application of these techniques has repeatedly shown that if the patient's defense system is broken down and the patient's feelings are directly touched and expressed in the transference, the unconscious generative experiences and traumas are opened up. According to the theoretical principles of this technique, when the patient consciously confronts what he has previously fled from, he will no longer rely on defenses that are regressive and self-defeating in nature (6). It is therefore expected that, in parallel with the emotional reception and insight that the patient gains into the connection between his disturbed and inhibited emotions and the symptoms of the disease, symptoms will decrease and mood will improve (23). For people grieving and bereaved by the coronavirus, due to the lack of appropriate expression of emotions and delay in the grieving process and failure to accept emotional realities, this treatment method can lead to increased emotional expression in them, and this volume of increased expression is required to reduce signs of anger. In addition, this deep emotional experience and its expression can, in turn, regulate cognitive processes and arousal by reducing inhibition. In these conditions, it seems that the patient is able to live at the highest level of his abilities, and thus, this approach is effective in treating grief syndromes. In line with these findings, Ahmadi et al. (9) stated that this treatment method for people grieving due to the coronavirus can provide the opportunity to experience and work on unprocessed emotions related to the damage caused by this epidemic and the ability to tolerate and be resilient to the death of loved ones and relatives, especially by focusing on rebuilding emotional deficits and tolerating anxiety and increasing capacity building.

The results of the present study showed that short-term, intensive psychodynamic group therapy is effective on the anger of bereaved individuals. These results were consistent with the results of studies

by Ahmadi et al. (9); Heydari-Nasab et al. (10); Khouryanian et al. (11); Solbakken & Abbass (12) and Town et al. (13).

In explaining the present findings, it can be said that psychodynamic theories in the aetiology and persistence of grief symptoms have considered self-directed anger and its conflicting dimensions. This approach considers the experience of anger in the transference relationship to be crucial for symptom recovery and effective treatment of patients (24). In short-term psychodynamics, anger is of great importance because feelings of annoyance or anger (including those toward the therapist) may be a reminder and trigger of mixed feelings (including reactive anger) toward primary attachment figures that have been locked up in the unconscious as a result of attachment trauma. As long as the feelings are locked up and buried in the unconscious, the activation of guilt causes the establishment of destructive defences that lead to the emergence of pathological and self-destructive symptoms. On the other hand, experiencing these mixed feelings and being exposed to them in therapy is a fundamental part of the therapeutic mechanism of short-term psychodynamics (5). In this therapeutic method, the strong healing effect of applying pressure to feel the remorse arising from anger toward the loved one causes the patient to resolve the pathological and residual symptoms and helps him to become aware that he has been damaged; thus, reducing self-destructiveness in the individual (25). In this approach, the use of pressure strategies for The full emotional experience and the challenge with the defences mobilized against the emotional experience and the resistance that occurs in the transference relationship, lead to the arousal of transference feelings.

Anger is a special emotion, and in a way, these repressed emotions are de-repressed, and by expressing repressed emotions, the individual can be freed from this anger, the pain that the strict superego causes (26).

Conclusion

Group therapy based on intensive and short-term psychodynamics was effective on anger and symptoms of grief. Therefore, it is recommended that health authorities and professionals to provide psychodynamic interventions for grieving individuals in addition to medical treatments. The population and sample studied in the present study were limited to Tehran, which may limit the generalizability of the findings. In the present study, a non-random and online sampling method was used to collect the sample, which may be associated with errors. Therefore, it is suggested that the present study be repeated in different samples and its results be compared with the results of this study. It is suggested that in future studies, random sampling methods be used in sample selection as much as possible.

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