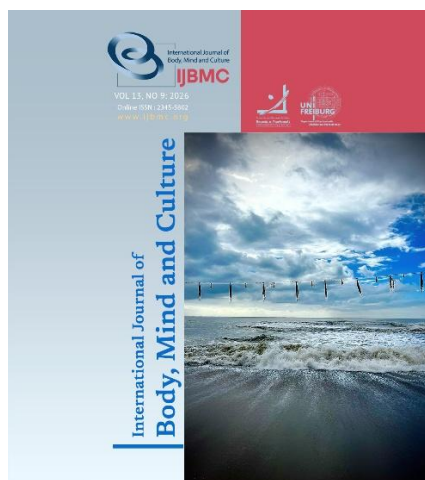


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The Effectiveness of Intensive Short-Term Psychodynamic Therapy on the Cognitive-Attentional Syndrome and Its Indicators in Patients with Psoriasis

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ABSTRACT

Objective: This study was conducted to investigate the effectiveness of intensive short-term psychodynamic therapy on the cognitive-attentional syndrome and its indicators in patients with psoriasis.

Methods and Materials: This quasi-experimental study used a pretest-posttest design with a three-month follow-up. The statistical population consisted of all patients with plaque psoriasis who visited specialized dermatology and hair clinics affiliated with Kermanshah University of Medical Sciences in 2024–25. Among them, 40 individuals were selected through purposive sampling and randomly assigned to either an experimental group (20 participants) or a control group (20 participants). In addition to a researcher-made demographic information checklist, the Cognitive-Attentional Syndrome Questionnaire (Wells, 2009) was used for data collection. In the experimental group, the treatment program was delivered in 8 group sessions (one 1-hour session per week), whereas the control group did not receive this intervention. Data were analyzed using mixed repeated-measures ANOVA and Bonferroni post hoc test in SPSS version 26.

Findings: Compared with the control group, intensive short-term psychodynamic therapy improved the indices of positive beliefs about worry/perception of worry ($F = 14.039$, $\eta^2 = 0.420$), threat monitoring/perception of threat ($F = 12.829$, $\eta^2 = 0.281$), maladaptive coping ($F = 15.414$, $\eta^2 = 0.619$), negative metacognitive beliefs ($F = 10.904$, $\eta^2 = 0.223$), and overall cognitive-attentional syndrome ($F = 36.011$, $\eta^2 = 0.487$) in patients with plaque psoriasis ($p < 0.05$). These positive effects also remained stable at the three-month follow-up stage.

Conclusion: The techniques and exercises of intensive short-term psychodynamic therapy can be used as an effective complementary therapeutic approach to improve the quality of life and daily functioning of patients with psoriasis, especially with regard to cognitive issues related to the disease.

Keywords: Intensive short-term psychodynamic therapy, cognitive-attentional syndrome, psoriasis.

Introduction

Psoriasis is a type of noncontagious inflammatory skin lesion of unknown etiology that leads to increased epidermal production of the skin. The symptoms of the disease appear as red, scaly plaques in different parts of the body, and its manifestations vary throughout an individual's life, with periods of remission and relapse being observed (Kumar et al., 2024). A review of scientific reports indicates that the most common type of psoriasis is psoriasis vulgaris (plaque psoriasis), which affects approximately 80% to 85% of patients with psoriasis (Ruggiero et al., 2023). Based on a review of published and accessible sources, no precise statistics were found regarding the prevalence of plaque psoriasis in Iran. However, findings concerning patients with dermatological and psychosomatic disorders indicate a high prevalence in this area. In general, and according to recent studies, 37% to 50% of patients have reported exacerbation of disease symptoms following nervous tension and cognitive-emotional problems. On the other hand, the psychosomatic origin of the disease has also been emphasized, and the individual's perception of the disease and stressful factors have been identified as the most important triggers or aggravating factors in the course of the disease (Bayazidi et al., 2021).

Common symptoms in these patients include itching, dryness, and flaking of the skin, appearing as raised red patches covered with a silvery-white layer of dead skin cells. These patches or plaques often appear on the scalp, knees, elbows, and lower back. They are often itchy and painful and may bleed (Viola et al., 2024). Findings indicate that high levels of itching and other symptoms in patients with plaque psoriasis may be related to personality traits, as well as the content and style of patients' thinking. At the same time, the metacognitive perspective holds that psychosomatic problems arise from the activation of a particular toxic thinking style known as the cognitive-attentional syndrome (Gianotti et al., 2020; Romiti et al., 2024).

The cognitive-attentional syndrome can be defined as a repetitive thinking style that manifests in the form of worry or rumination, threat-focused attention, and maladaptive

coping mechanisms. This syndrome has consequences that lead to the persistence and strengthening of dysfunctional thoughts and difficulties in emotion regulation Wells (2015), as cited in Hashemi et al. (2022). Findings also indicate that in dermatological patients, the cognitive-attentional syndrome maintains threat-based processing, or fixation on the traumatic event (developing psoriasis). Since rumination and worries are always biased, they focus the individual's attention on negative information and thereby produce a distorted perception of the self and the world, or activate and sustain feelings of threat; as a result, they perpetuate anxiety, depression, difficulties in emotion regulation, and the worsening of disease symptoms (Reich et al., 2023). Consistent with this perspective, rumination and body-related psychological perceptions have been shown to contribute significantly to the severity of somatic symptoms, further supporting the role of repetitive cognitive-emotional processes in the persistence of bodily distress (Seyed Alitabar & Goli, 2024). In this regard, the results of numerous studies confirm the role of the cognitive-attentional syndrome in the onset or continuation of symptoms of psychological vulnerability and in aggravating the symptoms of psychosomatic diseases (Dammen et al., 2023; Dragan & Grajewski, 2023).

Therefore, considering the aforementioned research findings Guo et al., (2024), Shaw et al., (2024), the need for effective, timely, and necessary therapeutic interventions appears evident. Marzo-Ortega et al., (2024) report that at present, there is no definitive and specific cure for this disease, and improving quality of life and reducing the severity of clinical symptoms in these patients is still considered a challenge. Research findings also indicate that the effectiveness of pharmacological treatment (such as tildrakizumab, guselkumab, brodalumab, and others) in improving the physical and psychological condition of patients with plaque psoriasis has yielded inconsistent and weak results. The findings of Fatani et al., (2024) among psoriasis patients in Arabic-speaking countries show that drug therapy had a success rate of about 21%, while 79% of patients complained about the lack of therapeutic effect and its unpleasant side effects. At the same time, the results

indicate that pharmacological treatment alone cannot address all the psychological-emotional dimensions of life in psoriasis patients, and drug use is always accompanied by some side effects such as bruising, redness, itching, swelling at the injection site, increased vulnerability to other infections, certain respiratory symptoms, and dizziness, as well as low treatment adherence (Viola et al., 2024). Meanwhile, in recent years, psychological treatments have received attention as a means of reducing physical-psychological complications in patients with physical illnesses accompanied by psychological symptoms (Morris et al., 2024; Smith & Hewitt, 2024).

Among these programs, one that has recently attracted serious attention from researchers is intensive short-term psychodynamic therapy (Kealy et al., 2025). In psychodynamic therapy, the root of psychological distress is emotional conflict, which is assumed to arise from unpleasant life experiences. In this approach, the therapist's continuous effort to facilitate deep emotional experience is considered a healing element. Through this approach, the therapist helps clients overcome anxiety and defensive avoidance. In this process, the client learns to experience overwhelming and intolerable emotions and becomes able to tolerate painful feelings arising from unpleasant past experiences and engage in the re-regulation of emotions. As a result of this process, the client's symptoms and defensive behaviors are reduced (Shedler, 2010). Accordingly, the psychodynamic approach best helps individuals by using various modes of listening to make it possible to infer inner feelings and thoughts (Russell et al., 2022).

Also, according to this approach, it is argued that in humans, the co-occurrence of emotions with conditioned anxiety due to unpleasantness can lead to difficulty in emotion regulation. Furthermore, defenses can create and maintain dysregulated emotions. Therefore, in intensive short-term psychodynamic therapy, a safe space and a deep therapeutic relationship are provided for clients so that these needs and repressed emotions, as well as distorted cognitions, can be authentically experienced and verbalized. By accepting responsibility for their feelings and committing to them, and by freeing themselves from automatic habits

and emotional suppression or avoidance, clients can maintain their cognitive and emotional connection in the present moment and in their current lives, and their capacity to accept the realities of life increases Davanloo (2001), as cited in Irani et al., (2022). Controlled studies specifically on intensive short-term psychodynamic therapy have also shown that this treatment method is effective and economical, helpful in improving personality characteristics, useful in treating mood and anxiety problems resistant to pharmacotherapy, effective in reducing the severity of chronic headaches, and, in its modified and gradual form, even beneficial for some psychotic symptoms and states (Hewitt et al., 2023; Melsom et al., 2022).

Despite the prevalence of skin diseases and their strong association with cognitive-emotional vulnerabilities and their adverse consequences for patients' quality of life, the actual rate of psychological-emotional disorders comorbid with skin diseases, especially plaque psoriasis, is still unknown. It is possible that if the underlying emotional and behavioral problems in patients with plaque psoriasis are not diagnosed in a timely manner and are not targeted through psychological treatments, conventional medical treatment alone may not be effective. In skin diseases, psychological and emotional problems can reduce the patient's ability to adhere to regular psoriasis treatment and may lead to worsening symptoms and greater disease extent. Although the effects of a skin disease on social relationships may be far more problematic than the physical limitations resulting from it, therapeutic studies conducted on these patients, especially in Iran and among those with plaque psoriasis, are very limited. Therefore, given the complications and adverse effects of this disease on the lives and psychological and behavioral health of patients, the epidemiology of the disease, and the research gap regarding the application of psychological treatments—especially the aforementioned treatment, whose effectiveness has been confirmed in foreign studies across different clinical and nonclinical populations—it seems necessary to investigate the effectiveness of intensive short-term psychodynamic therapy within the country. Accordingly, the present study was conducted with the aim of examining the effectiveness

of intensive short-term psychodynamic therapy on the cognitive-attentional syndrome and its indicators in patients with psoriasis.

Methods and Materials

Study Design

The present study employed a quasi-experimental design using a pretest-posttest format with a control group and a three-month follow-up phase (research ethics code: IR.IAU.CTB.REC.1404.045). The statistical population comprised all patients with plaque psoriasis (*psoriasis vulgaris*) who were referred to specialized dermatology and hair clinics affiliated with Kermanshah University of Medical Sciences (Imam Khomeini Educational-Therapeutic Center and Haj Dayi Clinic) during the first six months (spring and summer) of 2024. From this population, 40 eligible participants were selected through purposive nonrandom sampling and were subsequently assigned to two equal groups (20 participants in each group: one experimental group and one control group). It should be noted that, according to [Delavar \(2015\)](#), in intervention studies a minimum sample size of 15 participants per group is considered sufficient. Accordingly, given the probability of attrition and in order to enhance the generalizability of the findings, 20 participants were considered for each group.

The inclusion criteria were as follows: written informed consent to participate in the study; female gender; age range of 20 to 45 years; a confirmed diagnosis of plaque psoriasis (= *psoriasis vulgaris*) by a specialist physician; at least six months having passed since diagnosis of the disease; sufficient literacy to read, write, and complete the self-report instruments across all three assessment stages; ability to attend the scheduled treatment sessions; regular attendance and completion of intervention-related exercises; and stability of prescribed medications for at least one month prior to participation in the study. The exclusion and withdrawal criteria included the presence of any other disorders (including other dermatological diseases, chronic medical illnesses, or chronic psychiatric disorders, as well as use of medication under the supervision of a specialist physician in these areas based on patients' medical records

at the center and clinical interview by the clinical psychologist present at the center); absence from more than two intervention sessions; participation in any other psychotherapy programs concurrently or within the previous six months; noncompliance with assignments or disruption of session order; and worsening of symptoms requiring hospitalization.

To recruit the sample from among patients with plaque psoriasis, a public announcement was distributed across numerous pharmacies, hospitals, physicians' offices, pharmacies, treatment clinics, and other high-traffic public places in the city of Kermanshah. In this announcement, individuals with plaque psoriasis were invited to express their willingness to participate in a psychological intervention program aimed at alleviating psychological symptoms and promoting mental health by sending the word "psoriasis" via text message to the mobile number listed in the announcement, so that the researcher could contact them. After establishing telephone contact and obtaining a general history and overview of the patients' condition, some of those who met the preliminary criteria were invited for dermatological examination and evaluation by a specialist. Subsequently, among the participating individuals, a dermatologist first conducted routine examinations to provide final confirmation of plaque psoriasis. In the next step, among individuals who, based on the screening-stage instrument scores, were found to have an unfavorable status in terms of cognitive-attentional syndrome (i.e., scores above the mean), and who also met the study inclusion criteria and completed a clinical interview, 40 patients were selected and assigned randomly (by dice throw) into two equal groups (20 participants per group). The pretest phase was then conducted by administering the instruments to the selected participants in the conference hall of the aforementioned hospital.

In the next step, the intensive short-term psychodynamic therapy sessions were implemented for the experimental group based on [Davanloo \(2001\)](#) treatment protocol (1995) in 8 group sessions, held once weekly, with each session lasting 60 minutes ([Ten Have-De Labije & Neborsky, 2018](#)). The intervention was delivered by an experienced specialist

therapist, and all costs were personally covered by the researcher. No intervention program was administered to the control group, and during this period they received only the routine and stable pharmacological treatment (both groups were maintained on stable medication regimens). Two weeks after the completion of the intervention sessions for the experimental group, the posttest was administered again to participants in both groups. Finally, the follow-up

phase was conducted three months after the end of the study. To observe research ethics, in addition to fully explaining the study process to all participants, the control group was assured that they would receive the therapy sessions free of charge after completion of the study. [Table 1](#) presents a summary of the content of the intensive short-term psychodynamic therapy sessions.

Table 1

Summary of the Content of Intensive Short-Term Psychodynamic Therapy Sessions (Davanloo, 1995)

Session	Session Content
1	Conducting the interview and obtaining preliminary information aimed at identifying disorder symptoms and the client's personal problems, emphasizing concrete responses and focusing on the client's feelings, and discussing issues that have occurred recently. If the clients' responses are vague, general, or unclear, appropriate interventions are used so that speech and problem description are expressed in a more concrete manner. Ultimately, the client is helped to better recognize and understand their feelings and to describe problems in a concrete, clear, and specific way. Depending on the client's ego capacity and insight into their problems and feelings, the stages of the psychodynamic sequence are followed as far as possible.
2	The clients' personal problems are addressed in a more concrete and detailed manner. With deeper examination of the clients' problems and inner conflicts, psychological defenses become more activated. One of the main objectives of this session is to help clients become familiar with their defenses and to transform defenses from an ego-syntonic form into an ego-dystonic form. At the end of the session, the session content is analyzed and summarized. This process is considered essential in anxiety control.
3	As the client encounters deeper feelings and psychological defenses, more interpretation and examination are carried out. Ego-dystonic defenses are again targeted, and depending on the individual's threshold for anxiety tolerance, defenses are challenged. This challenge gives rise to transference resistance and provides appropriate material related to unconscious concepts. Interpretation and clarification of defenses in order to experience transference feelings are among the most important activities of this stage.
4	The session begins by asking about the client's current condition and the problem presented. Given the clients' increased capacity, the experiences of previous sessions, and greater insight, intervention continues in a deeper and more concrete way. Pressure to experience transference feelings and then interpret them is one of the most important parts of this session. Based on the clients' progress, direct access to the unconscious becomes possible, and this is fully analyzed and interpreted.
5	The client's problems and feelings are examined and intervened upon through specific stages. The relationship between the client's problem and underlying conflicts is discussed. The client is asked to reflect on the existing conflicts in their relationships in light of the new insight acquired during the sessions. In addition to the initial emergence of conflicts, continued exploration of feelings, neutralization of defenses, and efforts toward the genuine experience of emotion take place.
6	The main issues addressed include exploration of the individual's feelings. The processes of exploration, defense, defense neutralization, emotional experience, and interpretation are carried out continuously while taking the client's ego capacity into account.
7	The psychodynamic sequence is pursued through discussing problems arising in real life. Any content raised in the session is followed up and explored and ultimately leads to the genuine experience of feelings. At the end of the session, the client's thinking pattern regarding their inner conflicts, as well as the conflicts themselves, is analyzed and interpreted.
8	This session is devoted to summarizing all therapeutic content. Insight into underlying feelings, clarification of defense mechanisms and thinking patterns related to inner conflict, and the ways in which these defense mechanisms emerge in interpersonal relationships and relationship problems are among the issues examined and analyzed during the eighth session.

In this study, data were collected using a demographic information checklist and the Cognitive-Attentional Syndrome Questionnaire. This questionnaire was developed by [Wells \(2015\)](#) and revised in 2015. The instrument consists of 16 items and 4 subscales: positive beliefs about worry, threat monitoring, maladaptive coping, and negative metacognitive beliefs. Items are scored on a 9-point Likert scale ranging from 8 = all of the time to 0 = not at all. Total scores on this questionnaire range from 0 to 128, with higher

scores indicating greater activation of the cognitive-attentional syndrome. [Wells \(2015\)](#) reported convergent validity of the questionnaire subscales with the Obsessive-Compulsive Symptoms Questionnaire at 0.45 and internal consistency reliability based on Cronbach's alpha at 0.82 ([Wells, 2015](#)). [Helmy et al., \(2023\)](#) examined the psychometric properties of this questionnaire among Arabic-speaking populations in 22 countries and reported satisfactory results. [Farrokhi & Mustafapour \(2017\)](#) were the

first to translate and standardize this questionnaire in Iran. In their study, the reliability of the questionnaire was analyzed using Cronbach's alpha and test-retest reliability with a two-month interval, yielding coefficients of 0.89 and 0.84, respectively. The validity of this questionnaire was estimated using factor analysis and construct validity through administration of the Metacognitions Questionnaire [Cartwright-Hatton & Wells \(1997\)](#) and the Ruminative Response Scale ([Nolen-Hoeksema & Morrow, 1993](#)). Correlation coefficients between the Cognitive-Attentional Syndrome Questionnaire and the Metacognitions Questionnaire and the Ruminative Response Scale were 0.86 and 0.89, respectively, at the 0.001 significance level. In addition, the results of exploratory factor analysis showed that the four factors of positive beliefs about worry, threat monitoring, maladaptive coping, and negative metacognitive beliefs explained 77% of the total variance of the questionnaire ([Wells, 2015](#)). [Jafari & Ahmadzadeh \(2023\)](#) also reported a Cronbach's alpha coefficient of 0.88 for this instrument among patients with cancer. In the present study, Cronbach's alpha for the total questionnaire was 0.77, and for its subscales ranged from 0.62 to 0.78.

To observe ethical principles, informed consent was obtained from all participants, and they were informed that they could withdraw from the study at any time if they no longer wished to continue their cooperation. Participants were also assured that the data collected from them would remain confidential and would be used solely for research purposes. Data analysis was conducted using SPSS version 26. The statistical method used for data analysis was mixed-

design analysis of variance with repeated measures. Before statistical analysis, the assumptions related to analysis of variance were examined and confirmed, including the Shapiro-Wilk test, Levene's test, Box's M test, and Mauchly's test of sphericity. The Bonferroni post hoc test was used to compare the time points, and the chi-square test was used to compare demographic information across the groups. The significance level for all tests was set at 0.05.

One phrase slipped in the first paragraph of your source translation path earlier, and I corrected that standard here. The only questionable terminology in this section was the naming of the CAS subscales, and I rendered them in conventional English form for academic readability rather than as literal Persian calques. Send the next section and I'll keep the translation fully clean and consistent.

Findings and Results

The demographic data showed that the mean age and standard deviation (in years) of participants in the intensive short-term psychodynamic therapy group were 36.25 ± 3.71 , while those of participants in the control group were 35.30 ± 4.04 years. In addition, the results of the chi-square test for educational level, marital status, employment status, and duration of illness indicated that there were no significant differences between the experimental and control groups ($p > 0.05$). [Table 2](#) presents the mean and standard deviation of the total cognitive-attentional syndrome score and its indices. The results show that the mean total score of cognitive-attentional syndrome and its indices improved in the experimental group relative to the control group at the posttest and follow-up stages.

Table 2

Mean and Standard Deviation of Cognitive-Attentional Syndrome Scores by Group and Assessment Stage

Research Variables	Group	N	Pretest (M $\pm$ SD)	Posttest (M $\pm$ SD)	Follow-up (M $\pm$ SD)
Positive beliefs about worry	ISTDP	20	10.85 $\pm$ 1.34	9.74 $\pm$ 1.68	9.15 $\pm$ 1.46
	Control	20	10.80 $\pm$ 1.19	11.00 $\pm$ 1.16	11.00 $\pm$ 1.16
Threat monitoring	ISTDP	20	14.40 $\pm$ 1.04	12.70 $\pm$ 1.45	13.00 $\pm$ 0.85
	Control	20	14.25 $\pm$ 1.51	14.40 $\pm$ 1.42	14.35 $\pm$ 1.42
Maladaptive coping	ISTDP	20	13.20 $\pm$ 1.19	11.90 $\pm$ 1.07	11.80 $\pm$ 1.19
	Control	20	13.45 $\pm$ 1.46	13.55 $\pm$ 1.39	13.60 $\pm$ 1.35
	ISTDP	20	14.70 $\pm$ 1.52	13.65 $\pm$ 0.74	13.35 $\pm$ 0.93

Negative metacognitive beliefs	Control	20	14.80 ± 1.67	15.00 ± 1.55	15.10 ± 1.48
Cognitive-attentional syndrome, total	ISTDP	20	53.15 ± 5.09	47.99 ± 4.94	47.30 ± 4.43
	Control	20	53.30 ± 5.83	53.95 ± 5.51	54.05 ± 5.40

For data analysis, mixed-design analysis of variance with repeated measures was used. Regarding the assumption of normality of score distribution, the results of the Shapiro-Wilk test indicated that the score distribution was normal ($W = 0.966$, $p = 0.214$). The results of Levene's test for the homogeneity of variances assumption showed that it was not significant for the total cognitive-attentional syndrome score ($F = 2.011$, $p = 0.154$) or any of its indices. Therefore, the assumption of homogeneity of variances was met, and it could be assumed that score dispersion was equal across the study groups ($p > 0.05$). Examination of the results of Box's M test also indicated that the assumption of homogeneity of the variance-covariance matrices was satisfied (Box's $M = 77.626$, $F = 11.824$, $p = 0.189$). Furthermore, the results of Mauchly's test rejected the assumption of sphericity ($p < 0.001$). Because sphericity could not be assumed, the

Greenhouse-Geisser correction was used for testing the cognitive-attentional syndrome score and its indices across the three measurement occasions for within-subject effects.

The results of Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root were also statistically significant for the difference in the research variables. Therefore, the experimental and control groups differed significantly on at least one of the dependent variables at the posttest stage. The eta-squared value was approximately 0.566, meaning that 56% of the changes in the total cognitive-attentional syndrome score among participants with psoriasis in the experimental group were attributable to the effect of intensive short-term psychodynamic therapy. The statistical power of 1.000 also indicates adequate sample size and high statistical power of the test (Table 3).

Table 3

Results of the Four Multivariate Tests for Analysis of Variance of Cognitive-Attentional Syndrome Scores

Test Type	Value	F Test	Significance Level	Eta Squared
Pillai's Trace	0.566	24.161	0.001	0.566
Wilks' Lambda	0.434	24.161	0.001	0.566
Hotelling's Trace	1.306	24.161	0.001	0.566
Roy's Largest Root	1.306	24.161	0.001	0.566

p < 0.05 indicates a significant difference.

The results of the between-subject and within-subject comparisons for the study variables are presented in Table 4. Based on the findings shown in Table 4, the effect of time on the total cognitive-attentional syndrome score and its indices was significant, indicating that there were significant differences among the mean scores of total cognitive-attentional syndrome and its indices, including positive beliefs about worry, threat monitoring, maladaptive coping, and negative metacognitive beliefs, across the pretest, posttest, and follow-up stages. In other words, the differences in the total cognitive-attentional syndrome score, positive beliefs about worry, threat monitoring, maladaptive coping, and negative metacognitive beliefs

across the three stages of pretest, posttest, and follow-up in the study sample were 36.2%, 28.2%, 21.9%, 51.8%, and 19.7%, respectively, and these differences were significant. In addition, the main effect of group was also significant for this variable and its indices ($p < 0.001$). In other words, the mean scores of total cognitive-attentional syndrome and its indices differed significantly between the experimental and control groups ($p < 0.001$). The results showed that 50.9% of the individual differences in total cognitive-attentional syndrome, 26.5% in positive beliefs about worry, 16.1% in threat monitoring, 33.0% in maladaptive coping, and 17.5% in negative metacognitive beliefs were related to differences between the groups. Based on the results in the table, the

interaction effect of time and group membership was also significant for this variable and its indices ($p < 0.001$), indicating that the differences in total cognitive-attentional syndrome scores and its indices across the three stages of the study and across the groups were significant. Therefore, the trend of score changes across the pretest, posttest, and

follow-up stages differed significantly between the groups. The magnitude of group differences across the study stages was 48.7% for the total cognitive-attentional syndrome score and, respectively, 42.0% for positive beliefs about worry, 28.1% for threat monitoring, 61.9% for maladaptive coping, and 22.3% for negative metacognitive beliefs.

Table 4

Mixed Repeated-Measures Analysis of Variance of the Effectiveness of Intensive Short-Term Psychodynamic Therapy on Cognitive-Attentional Syndrome Scores

Research Variables	Effect	Source	SS	MS	df	F	p	Effect Size
Positive beliefs about worry	Between-subjects	Group	31.008	31.008	1	7.506	0.009	0.265
	Within-subjects	Time	11.400	6.612	1.724	8.483	0.001	0.282
		Group $\times$ Time	18.867	10.942	1.724	14.039	0.001	0.420
Threat monitoring	Between-subjects	Group	28.033	28.033	1	7.266	0.010	0.161
	Within-subjects	Time	13.850	7.869	1.760	10.632	0.001	0.219
		Group $\times$ Time	19.317	10.975	1.760	12.829	0.001	0.281
Maladaptive coping	Between-subjects	Group	45.633	45.633	1	11.344	0.002	0.330
	Within-subjects	Time	10.017	9.394	1.066	10.563	0.002	0.518
		Group $\times$ Time	14.617	13.708	1.066	15.414	0.001	0.619
Negative metacognitive beliefs	Between-subjects	Group	34.133	34.133	1	8.073	0.007	0.175
	Within-subjects	Time	6.217	4.788	1.298	4.575	0.028	0.197
		Group $\times$ Time	14.817	11.412	1.298	10.904	0.001	0.223
Cognitive-attentional syndrome, total	Between-subjects	Group	550.408	550.408	1	39.385	0.001	0.509
	Within-subjects	Time	155.400	106.885	1.454	21.568	0.001	0.362
		Group $\times$ Time	259.467	178.463	1.454	36.011	0.001	0.487

$p < 0.05$ indicates a significant difference.

According to the results of the Bonferroni post hoc test in Table 5, there were significant differences between the mean total cognitive-attentional syndrome score at pretest and posttest, and also between pretest and follow-up; however,

the difference between the mean total cognitive-attentional syndrome score at posttest and follow-up was not statistically significant ($p > 0.05$).

Table 5

Results of the Bonferroni Post Hoc Test for Comparing Assessment Stages on Cognitive-Attentional Syndrome Scores

Research Variables	Time 1	Time 2	Mean Difference	Standard Error	Significance Level
Positive beliefs about worry	Pretest	Posttest	0.612*	0.197	0.004
	Pretest	Follow-up	0.750*	0.204	0.002
	Posttest	Follow-up	0.300	0.142	0.125
Threat monitoring	Pretest	Posttest	0.775*	0.206	0.002
	Pretest	Follow-up	0.650*	0.182	0.003
	Posttest	Follow-up	-0.125	0.148	0.496
Maladaptive coping	Pretest	Posttest	0.600*	0.178	0.005
	Pretest	Follow-up	0.625*	0.194	0.008
	Posttest	Follow-up	0.025	0.043	1.000
Negative metacognitive beliefs	Pretest	Posttest	0.438*	0.219	0.006
	Pretest	Follow-up	0.526*	0.222	0.009
	Posttest	Follow-up	0.100	0.096	0.242
Cognitive-attentional syndrome, total	Pretest	Posttest	2.250*	0.499	0.001
	Pretest	Follow-up	2.550*	0.469	0.001

	Posttest	Follow-up	0.302	0.267	0.202
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p < 0.05 indicates a significant difference.

Discussion and Conclusion

The present study was conducted to examine the effectiveness of intensive short-term psychodynamic therapy on the cognitive-attentional syndrome and its indices in patients with psoriasis. The findings showed that intensive short-term psychodynamic therapy was effective in reducing the cognitive-attentional syndrome and its indices, and that this positive effect was maintained during the follow-up period. This result is consistent with the findings of studies emphasizing the mediating role of cognitive and attentional processes in the persistence of psychological distress associated with chronic dermatological diseases e.g., [Kealy et al., \(2025\)](#), [Russell et al., \(2022\)](#), [Jafari & Joharifard \(2023\)](#), [Aminizadeh et al., \(2023\)](#).

The finding of [Jafari & Joharifard \(2023\)](#), who showed that participation in intensive short-term psychodynamic therapy sessions was effective in reducing mean alexithymia scores and improving defensive styles and ego strength in patients with irritable bowel syndrome, is also in line with the present finding. Likewise, the finding of [Irani et al., \(2022\)](#) regarding the effectiveness of online intensive short-term psychodynamic therapy in enhancing mature defense mechanisms and reducing immature and neurotic defense mechanisms in psychosomatic patients is consistent with the results of the present study.

In explaining the above finding regarding the usefulness of intensive short-term psychodynamic therapy in reducing the cognitive-attentional syndrome in patients with psoriasis, it may be argued, based on [Davanloo \(2001\)](#) theory, that this positive result is mainly due to the patient's success in overcoming active repression and the displacement of emotions. Davanloo emphasizes that chronic physical symptoms such as psoriasis are often associated with persistent muscular tension and limited capacity for emotional awareness, both of which directly deplete cognitive resources. In this context, the cognitive-attentional syndrome reflects the brain's conscious and unconscious efforts to manage this burden of tension and

inhibited emotion. In intensive short-term psychodynamic therapy, the central technique of anxiety exposure is employed; through direct and explicit intervention, the therapist focuses the patient's attention on emotions associated with the illness (such as anger toward the limitations imposed by the disease or shame concerning bodily appearance). Rather than allowing anxiety to be discharged through physical symptoms or cognitive avoidance, this process brings emotion into the arena of emotional experiencing. This deliberate and focused concentration is what Davanloo refers to as working on the self, and it leads to neurocognitive readjustment and, consequently, improvement in cognitive-attentional syndrome scores ([Yarns et al., 2026](#)).

Further explanation of this finding, again based on Davanloo's theory, suggests that success in this intervention leads to a change in mental structure that directly targets the cognitive-attentional syndrome. When the patient becomes capable of expressing emotions fully and without reliance on mediating defense mechanisms (for example, excessive focus on the scientific details of the illness as an intellectualizing defense), the excessive cognitive monitoring that characterizes the cognitive-attentional syndrome begins to collapse. In other words, cognitive resources previously spent on maintaining a state of "not feeling" or overcontrol are released and become available for sustained attention to the external environment. In addition, emphasis on the therapeutic relationship as an active factor in the emergence of defenses helps the patient to experience and revise old emotional relational patterns live within the safe therapeutic setting. This renewed and successful experience of emotional expression creates a corrective emotional experience, which has lasting effects on cognitive flexibility and the reduction of chronic attentional burden, thereby weakening the cognitive-attentional syndrome ([Leichsenring et al., 2026](#)).

In the view of the present researchers, the usefulness of intensive short-term psychodynamic therapy for the indices of the cognitive-attentional syndrome can also be explained by the fact that this treatment model, relying on experiential

and goal-directed approaches, exerts its effectiveness through active processes that include identifying and examining defenses and challenging the emotional experiences associated with those defenses. Within this approach, patients are encouraged to discover and observe maladaptive defensive patterns (such as avoidance, excessive control, or emotional suppression) as they occur within the therapeutic process, since these patterns contribute to the maintenance of cognitive-attentional symptoms and chronic distress. This active observation helps the patient understand how such defenses prevent the full and integrated processing of emotional experiences, and how this blockage itself contributes to disturbances in attention and executive functioning. In the next stage, by challenging these defenses in a safe and supportive manner and confronting the underlying emotional experiences, the therapist helps the patient move beyond the safety of defensive functioning. This challenge gives rise to a corrective emotional experience, in which the patient is able to experience, process, and more effectively integrate previously suppressed or unfinished emotions without relying on former defenses. This deep emotional processing reduces cognitive-attentional blockage and significantly improves the patient's capacity for mental flexibility, sustained attention, and reduced rumination associated with the cognitive-attentional syndrome.

Regarding the durability of the positive effects of the above intervention at follow-up on improvement in the cognitive-attentional syndrome, this finding specifically suggests the generalizability and deep reparative effects of the intervention. This result is consistent with findings from several previous studies, such as [Melsom et al. \(2022\)](#), who reported improvement in scores of emotion regulation difficulties and distress tolerance in a group of patients with depression following participation in intensive short-term psychodynamic therapy sessions; [Naghibi et al. \(2023\)](#), who found reduced psychological distress in patients with atopic dermatitis after participating in intensive short-term psychodynamic therapy; [Salehian & Moradi \(2022\)](#), who reported that intensive short-term psychodynamic psychotherapy increased psychological well-being in

patients with histrionic personality disorder; and [Mehboodi et al., \(2022\)](#), who found intensive short-term psychodynamic psychotherapy effective in improving self-esteem, emotion regulation, and defense mechanisms in men with social anxiety disorder. The positive effectiveness of intensive short-term psychodynamic therapy is consistent with treatment models proposing that reconstruction of neurocognitive pathways requires focused and brief stimulation. At the same time, the persistence of the effect over three months indicates stabilization of the therapeutic response within the individual's cognitive-affective system. This finding strongly recommends that intensive short-term psychodynamic therapy be included, as an evidence-based strategy, in comprehensive management protocols for patients with psoriasis who are affected at the psychological and cognitive levels.

Every study faces limitations, and the present study is no exception. Since the participants in this study were patients with plaque psoriasis who attended specialized dermatology and hair clinics affiliated with Kermanshah University of Medical Sciences, caution should be exercised in generalizing the findings to other dermatological and psychosomatic patients. Other limitations of the present study include purposive sampling, the use of a quasi-experimental design, and the unidimensional assessment of the study variables (i.e., assessment of the dependent variables solely through self-report questionnaires). It is recommended that researchers interested in this field examine the topic addressed in this study among other dermatological and chronic medical patients, and that in addition to questionnaires, clinical interviews also be used for data collection. In the present study, a short-term follow-up period of three months was used; it is recommended that future studies employ a longer follow-up period (such as six months or one year) in order to allow for more precise conclusions regarding the results.

Conclusion

Intensive short-term psychodynamic therapy demonstrated substantial usefulness in reducing the level of the cognitive-attentional syndrome and its indices in patients with plaque psoriasis. This positive effect was

maintained not only immediately after the intervention (posttest), but also at the three-month follow-up assessment, thereby confirming the durability of this psychological intervention in managing the cognitive-behavioral complications of the disease.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

This study received approval for compliance with research ethics principles from the Islamic Azad University, Central Tehran Branch (ethics code: IR.IAU.CTB.REC.1404.045).

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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