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Effectiveness of Paradox Therapy on Post Traumatic Stress Disorder

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ABSTRACT

Objective: Extramarital relationships have witnessed an upward trend in recent years, constituting a significant factor contributing to familial disintegration, divorce, and, ultimately, a deterioration in societal well-being. Consequently, the current investigation was undertaken with the objective of evaluating the efficacy of paradox therapy in alleviating post-traumatic stress disorder symptoms among women adversely impacted by extramarital relationships.

Methods: The methodological framework of the present study was semi-experimental, employing a pre-test-post-test design alongside a control group, supplemented by a follow-up phase spanning two months. The research population encompassed all women who had experienced the consequences of their husbands' extramarital affairs and who sought psychological services at various psychology and counseling clinics located in Tehran. The sample for this investigation comprised 30 individuals who expressed a willingness to engage in the study and were selected through convenience sampling; however, during the course of the research, 3 participants withdrew from each group. The instrument utilized for data collection was the PTSD Checklist for DSM-5 (PCL-5), with data analysis employing analysis of variance with repeated measures.

Results: The findings indicated that paradox therapy exerted a statistically significant influence on the reduction of post-traumatic stress disorder symptoms in women affected by extramarital relationships ($p<0.05$).

Conclusions: Therefore, it is posited that paradox therapy may serve as a viable intervention in addressing psychological trauma and mitigating the symptoms of post-traumatic stress disorder resultant from extramarital relationships.

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Introduction

The sustenance of stable emotional bonds within the institution of marriage constitutes a paramount concern for families, necessitating meticulous consideration of its multifaceted dimensions (Wilkinson & Dunlop, 2021). Among the detrimental factors that endanger the fidelity of couples, instigate relational instability, and precipitate separation, extramarital affairs engender significant turmoil for partners (Semenyna et al., 2021). Covert relationships outside the marital framework invariably inflict profound emotional distress, manifesting as depression, anger, hopelessness, diminished self-esteem, erosion of identity, and feelings of worthlessness, occasionally culminating in post-traumatic stress disorder symptoms in the unfaithful spouse (Khalili et al., 2021). Research conducted by Davies et al. (2021) elucidates that the revelation of a spouse's extramarital infidelity evokes intense negative emotional responses, with women who have endured trauma from such affairs exhibiting a sixfold increase in susceptibility to anxiety and psychological disorders. Post-traumatic stress disorder may manifest subsequent to an individual's exposure to a traumatic event; specifically, the direct experience of such an event or the observation of a situation involving significant actual harm or death threats engenders a threat to the individual's physical integrity or that of another; the traumatic experience must also elicit a response characterized by profound fear, horror, or helplessness (Svenaeus, 2014).

The occurrence of extramarital affairs inherently carries the potential to sever the emotional connection between partners, alongside the likelihood of confronting issues such as violence, abandonment, divorce, and financial hardship. Although the emotional disconnection that ensues from an extramarital affair constitutes a fundamental detriment, imposing considerable stress and pressure (Warach & Josephs, 2021), affected women often experience a loss of trust in their unfaithful partners, rendering them unavailable to fulfill their emotional needs. Such adverse repercussions may endure over an extended period and can result in enduring challenges in achieving forgiveness and reinstating emotional interactions with their spouses (Dehghani et al., 2019). The investigation of couples who have endured the ramifications of extramarital affairs is crucial from this vantage point, as this phenomenon engenders radical and profound transformations in these individuals' perceptions of marital life, love, and commitment, potentially fostering a propensity towards further extramarital engagements while exerting destructive influences on their parenting methodologies (Selterman et al., 2019). This functional impairment,

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when manifested, lays the groundwork for the emergence of intrapersonal, interpersonal, and environmental challenges within each couple, ultimately resulting in dysfunctionality among children and family members (Yuan & Weiser, 2019). It engenders depression (Kaggwa et al., 2021), anxiety, and pervasive worry (Sakman et al., 2021). Consequently, in light of the observed escalation of this phenomenon within society and the apparent inadequacy of appropriate and effective interventions by the pertinent and accountable institutions, it appears exceedingly imperative to undertake research in this domain. This research may facilitate the identification of the underlying and contributory factors associated with this phenomenon, and ultimately lead to the development of suitable psychological interventions, thereby enabling the provision of essential support to individuals and families grappling with these challenges, to foster the restoration of both familial and societal structures.

Furthermore, investigations of this nature possess the potential to significantly enhance educational initiatives for couples, assist in the rectification of marital discord, and offer guidance and counseling to individuals predisposed to forming relationships outside the confines of the family unit. Additionally, the failure to address hostile emotions may exacerbate the adverse repercussions stemming from the potential revelation of infidelity among spouses, thus amplifying societal issues such as substance addiction, divorce, and imposing substantial financial burdens on the nation's healthcare and judicial infrastructures. The urgency of mitigating these harms and their multifaceted negative effects, coupled with the discernible research deficit within the country regarding paradox therapy applied to women affected by their partners' extramarital liaisons, has culminated in the present study. This study aims to evaluate the efficacy of paradox therapy in alleviating the symptoms of post-traumatic stress disorder in women impacted by extramarital affairs, and seeks to address the inquiry: Is paradox therapy effective in diminishing the symptoms of post-traumatic stress disorder in women affected by extramarital affairs?

Material and Methods

The methodology employed in the current investigation was semi-experimental, incorporating a pre-test-post-test design alongside a control group, and included a two-month follow-up phase. In the course of this study, the sample size was ascertained following the administration of a questionnaire obtained from the Islamic Azad University of Karaj, with determinations made in

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accordance with the insights provided by statisticians and findings from prior research (Salehi et al., 2021). The research population comprised all women who had experienced the impact of extramarital affairs perpetrated by their spouses and who had sought psychological services at various psychological clinics in Tehran. The study sample consisted of 30 participants (with 15 individuals allocated to each group, as determined by the G*Power software, employing an effect size of 0.25, an alpha of 0.05, and a power of 0.80) from the aforementioned women affected by extramarital affairs, all of whom expressed willingness to partake in the research and were selected via convenience sampling. Subsequently, 15 participants were randomly assigned to the control group and 15 to the intervention group from the research sample, while it is noteworthy that during the course of the study, 3 individuals from the paradox therapy group and 3 individuals from the control group experienced dropout. The inclusion criteria for the sample stipulated that participants must be women impacted by extramarital affairs, hold a minimum educational qualification of a high school diploma, be aged between 18 and 55 years, and have a variable number of children ranging from none to three. The assessment of the absence of other mental and personality disorders was conducted by the psychiatrists at the clinics involved in the study, covering the criteria of non-participation in concurrent treatment programs, non-engagement in individual counseling or pharmacotherapy, and the expressed willingness and capability to participate in treatment sessions during the study period. The exclusion criteria encompassed the absence of more than two sessions, lack of cooperation during treatment sessions, initiation of psychotropic medication, and incomplete submission of the research instrument.

Instrument

PTSD Checklist for DSM-5 (PCL-5): This instrument was formulated by Blevins et al. (2015) to effectively evaluate and distinguish patients suffering from post-traumatic stress disorder from normative individuals and other patient populations, grounded in the diagnostic criteria established by the DSM-5. The PCL-5 questionnaire comprises 20 items, with questions 1 to 5 addressing symptoms associated with the re-experiencing of the traumatic event (Criterion B), questions 6 and 7 pertaining to avoidance symptoms (Criterion C), questions 8 to 14 related to negative alterations in cognition and mood (Criterion D), and questions 15 to 20 focused on symptoms of hyperarousal (Criterion E). Sadeghi et al. (2016) reported an internal consistency coefficient of 0.79 for the entire scale, derived from a sample of 400 veterans diagnosed with post-traumatic

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stress disorder. Moreover, the internal consistency coefficients for the constructs of re-experiencing, avoidance, negative cognitive and mood alterations, and hyperarousal were determined to be 0.73, 0.84, 0.90, and 0.85, respectively. The test-retest reliability was also established at a three-week interval with a coefficient of 0.77. Furthermore, the convergent validity of the PCL-5 in relation to the CAPS scale was found to be 0.68. Ultimately, the threshold score of the PCL-5 for the diagnosis of post-traumatic stress disorder within the Iranian context was reported to be 50 (Sadeghi et al., 2016). In the current investigation, the reliability, as measured by Cronbach's alpha for the comprehensive instrument, was 0.82.

Table 1. Summary of paradox therapy sessions developed by Besharat (2017)

Session	Content
1	The social and problematic phase of the interview, which includes a greeting; points that are usually mentioned during introductions, such as marital status, duration of marriage; number of children; employment status; and, if necessary, raising specific family and social issues - the reason for the visit and a detailed description of the problem(s) and/or disorder(s) by the client/patient and potential companions; description of the treatment plan by the therapist and determination of treatment goals; prescribing appropriate tasks for the client/patient to perform between sessions (usually and as a minimum task of the "paradoxical schedule"); a full description of how to perform the tasks prescribed in the previous session; possible difficulties and limitations in performing the tasks for the client/patient; consequences of performing the tasks from the client/patient and potential companions' point of view; estimation of the percentage of possible therapeutic changes by the client/patient; Possible need to continue previous assignments alone (for example, continuing with a lower dose/number of assignments - according to the principle of decreasing the prescribed assignments) or in combination with new assignments (for example, prescribing a paradoxical schedule in the context of other symptoms).
2	A full description of how to perform the assignments prescribed in the previous session; the consequences of performing the assignments from the perspective of the client/patient and possible companions; an estimate of the percentage of possible therapeutic changes by the client/patient; Possible need to continue previous assignments (for example, continuing with a lower dose/number of assignments - according to the principle of decreasing the prescribed assignments); prescribing the first complementary technique if needed (according to the principle of anxiety reduction in the PTC model, the client/patient is required not to try to reduce symptoms from the current level)
3	A full description of how to perform the assignments prescribed in the previous session; the consequences of performing the assignments from the perspective of the client/patient and possible companions; an estimate of the percentage of possible therapeutic changes by the client/patient; Possible need to continue previous assignments (for example, continuing with a lower dose/number of assignments - according to the principle of decreasing the prescribed assignments); prescribing a second complementary technique if needed (according to the principle of anxiety reduction in the PTC model, the client/patient is asked to maintain symptoms at the current level); Full description of how to perform the assignments prescribed in the previous session; Consequences of completing the assignments from the perspective of the client/patient and possible companions; Estimate of the percentage of possible therapeutic changes by the client/patient; Announcement of the end of the course if the treatment goals are achieved or continuation of sessions until the treatment goals are fully achieved if necessary - Description of the client/patient's self-treatment plan in the future (this plan is explained to the client/patient in the final session)
4	The social and problematic phase of the interview, which includes a greeting; points that are usually mentioned during introductions, such as marital status, duration of marriage; number of children; employment status; and, if necessary, raising specific family and social issues - the reason for the visit and a detailed description of the problem(s) and/or disorder(s) by the client/patient and potential companions; description of the treatment plan by the therapist and determination of treatment goals; prescribing appropriate tasks for the client/patient to perform between sessions (usually and as a minimum task of the "paradoxical schedule"); a full description of how to perform the tasks prescribed in the previous session; possible difficulties and limitations in performing the tasks for the client/patient; consequences of performing the tasks from the client/patient and potential companions' point of view; estimation of the percentage of possible therapeutic changes by the client/patient; Possible need to continue previous assignments alone (for example, continuing with a lower dose/number of assignments - according to the principle of decreasing

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	the prescribed assignments) or in combination with new assignments (for example, prescribing a paradoxical schedule in the context of other symptoms).
5-6	A full description of how to perform the assignments prescribed in the previous session; the consequences of performing the assignments from the perspective of the client/patient and possible companions; an estimate of the percentage of possible therapeutic changes by the client/patient; Possible need to continue previous assignments (for example, continuing with a lower dose/number of assignments - according to the principle of decreasing the prescribed assignments); prescribing the first complementary technique if needed (according to the principle of anxiety reduction in the PTC model, the client/patient is required not to try to reduce symptoms from the current level)

In this investigation, all pertinent ethical principles, including the confidentiality of questionnaires, informed consent, and the right to withdraw from participation in the study, were meticulously adhered to. Data were subjected to analysis utilizing the SPSS v.26 software package, and the analysis of variance test with repeated measures was employed, while observing the statistical assumptions at a significance threshold of 0.05.

Results

In Table 2, the mean of the dependent variable (symptoms associated with post-traumatic stress disorder) is delineated according to the various stages of the study. As is evident from Table 2, the post-traumatic stress disorder variable exhibited a mean of 73.46 during the pre-test phase, decreased to 59.19 in the post-test phase, and subsequently further declined to 57.06 during the follow-up period.

Table 2. Mean of the dependent variable (symptoms associated with post-traumatic stress disorder) across study stages

Variable	Phase	Mean	SD	Confidence interval	
				Lower limit	Upper limit
Post-traumatic stress disorder	Pretest	73.46	1.61	70.19	76.72
	Posttest	59.19	2.33	54.46	63.92
	Follow-up	57.06	2.31	52.36	61.76

In Table 3, an analysis of the comparative mean scores of post-traumatic stress disorder symptoms across the three distinct study phases (pre-test, post-test, and follow-up) is elucidated.

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Table 3. Comparative analysis of the mean scores of post-traumatic stress disorder symptoms across the three study phases

Variable	Phase	Phase	Mean difference	Std. Error	P	Confidence interval	
						Lower limit	Upper limit
Post-traumatic stress disorder	Pretest	Posttest	14.265*	2.098	0.001	8.983	19.547
	Pretest	Follow-up	16.400*	2.284	0.001	10.649	22.150
	Posttest	Follow-up	2.135	1.897	0.805	-2.643	6.912

According to the findings presented in Table 3, a statistically significant difference was observed among the mean scores of the post-traumatic stress disorder variable. A significant difference was found between the pre-test and post-test phases. Additionally, a significant difference was also identified between the pre-test and follow-up phases. Conversely, no statistically significant difference was noted between the post-test and follow-up stages.

Discussion

Extramarital relationships have witnessed a notable increase in prevalence in recent years, serving as a significant contributor to familial disintegration, divorce, and ultimately, a deterioration in societal health. Consequently, the present investigation was undertaken with the objective of assessing the efficacy of paradox therapy on post-traumatic stress disorder in women who have been adversely affected by their partners' extramarital relationships. The results indicated that paradox therapy exerted a substantial influence on ameliorating and alleviating the symptoms associated with post-traumatic stress disorder in women impacted by extramarital affairs. The literature review revealed that no prior investigations had been undertaken to evaluate the efficacy of paradox therapy in mitigating the symptoms of post-traumatic stress disorder among women affected by extramarital relationships; however, it aligns with the findings of analogous studies in this domain, such as the research conducted by Chitgarzadeh et al. (2023), which, in a study entitled The Effectiveness of Paradox Couple Therapy on Marital Conflicts and Emotion Regulation in Incompatible Couples, asserted that this therapeutic approach is effective in diminishing marital conflicts and enhancing emotional regulation among couples. Besharat (2019a) undertook a study aimed at evaluating the efficacy of paradox therapy in the context of obsessive-compulsive disorder via a case study methodology. The outcomes of the five-session paradox therapy indicated that the intervention was entirely successful, with an 18-month follow-up demonstrating that the favorable changes observed during treatment were stable and enduring,

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devoid of any relapses throughout this interval. In a subsequent study, Besharat (2019b) assessed the effectiveness of paradox therapy concerning couples' issues through a case study approach. The findings revealed a significant enhancement in the psychological well-being of the couples, alongside a marked reduction in their psychological distress and communication difficulties, thereby suggesting that the therapeutic intervention was indeed efficacious. Mohammadpour and Aslami (2022) conducted an investigation to explore the effectiveness of paradox therapy on the components of psychological well-being among conflicted couples. The results corroborated that this therapeutic intervention plays a beneficial role in enhancing the psychological well-being of couples experiencing conflict. Paradox therapy represents an innovative and holistic approach applicable to a diverse array of psychological disorders, including worry and rumination (Nikan et al., 2021), anxiety disorders such as social anxiety disorder (Besharat & Naghipoor, 2019) and illness anxiety disorder (Besharat & Naghipoor, 2019), as well as eating disorders, personality disorders, obsessive-compulsive disorder and related conditions, body dysmorphic disorder (Besharat & Naghipoor, 2019), negative emotional states in women diagnosed with body dysmorphic disorder (Mahboubi et al., 2024), and the treatment of couples' disorders and issues (Besharat, 2019a), somatic symptom disorder, and disorders associated with trauma and stress (Besharat, 2019b). The findings pertaining to paradox therapy have substantiated the rapid and decisive efficacy of this therapeutic technique (Besharat & Naghipoor, 2019).

Paradox therapy has demonstrated efficacy in alleviating anxiety as well as both mental and physical manifestations associated with this condition (Eatesamipour et al., 2021), in addition to mitigating anxiety levels in mothers of newborns (Saeedinejad et al., 2024). A notable advantage of the paradoxical psychotherapy model is its simplicity and brevity as an intervention method. These characteristics significantly diminish the probability of participant dropout and are also economically viable for individuals. The profound and authoritative efficacy of paradoxical therapy substantially lowers the chances of disease relapse. These distinctive attributes have positioned paradoxical therapy as an innovative and singular approach within the realm of psychological disorders (Besharat & Naghipoor, 2019).

In elucidating the impact of paradox therapy on the attenuation of post-traumatic stress disorder stemming from recollections and visuals of spousal infidelity, several primary mechanisms can be identified that contribute to alterations in the intensity and frequency of distressing memory

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symptoms inherent to this methodology, including instructional artificialization, dissociation of the symptom from stress, and recontextualization of the symptoms' significance. Within the paradoxical framework, the reconstruction of anxiety and stressors is conducted and experienced in alignment with the therapist's directives, thereby adopting an instructional format. Conversely, as the client enacts the authentic symptoms associated with the distressing and traumatic event at predetermined intervals, these experiences are rendered artificial and akin to a role-playing scenario (artificialization). This mechanism, coupled with the principle of symptom prescription and the delayed initiation of the paradoxical schedule task, mitigates or eliminates the anxiety associated with task execution for the client, subsequently enhancing the likelihood of artificial reconstruction of the symptom pertaining to the traumatic event or ailment. The therapist accentuates the principle of symptom prescription, positing that the more acute symptoms are re-enacted through the abrupt resurgence of distressing scenes at specific and assigned times, the more pronounced the therapeutic benefit will be. Clients were able to adhere to the therapist's guidance and fulfill their assignments in accordance with the stipulated schedule; however, despite their endeavors to relive the symptoms, these did not bear any resemblance to the underlying content (negative emotions and feelings accompanying the symptoms of the ailment) associated with either the disease symptoms or the previously encountered traumatic event. Consequently, the authentic discomfort symptom was transmuted into artificial symptoms, thereby attenuating or severing the nexus between the symptom and post-traumatic stress disorder.

Furthermore, it is imperative to note that when the connection between the manifestations of illness or distressing experiences and anxiety and stress is disrupted, those manifestations cease to impose disruption and tension upon the individual, and after a period of dedicated practice, the individual perceives that the concerns which previously plagued him are now within his jurisdiction, and emotional responses do not exert a significantly detrimental influence on his mental state. As articulated by the clients in their subsequent sessions, following numerous endeavors, they found themselves unable to mentally reconstruct the distressing episodes associated with their spouse's relationship that consistently elicited substantial emotional anguish. In PTC therapy, in contrast to alternative therapeutic modalities that encourage clients to accept and endure their circumstances, clients are instructed to engage in tasks designated at specific intervals entirely of their own volition and agency. The iterative nature of these therapeutic tasks affords clients ample

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opportunity to reconstitute these distressing episodes that have perpetually induced anxiety regarding their resurgence within the cognitive framework and existential reality, thereby facilitating the fortification and consolidation of the individual's ego. Presently, equipped with a more coherent ego, individuals possess the capacity and authority to regulate both the superego and the id. Consequently, the severity and frequency of the symptoms diminish, enabling the individual to ascribe more precise interpretations to their lived experiences. These tangible emotional experiences fundamentally alter the significance attributed to the symptom. Conversely, it is essential to assert that within this therapeutic framework, while engaging in the exercises, stress and anxiety are distanced from the client's symptoms, resulting in the absence of negative emotions associated with troubling memories, which no longer elicit concern for the individual. The individual's perception of painful memories undergoes transformation, leading to the realization that these episodes and recollections no longer possess a stressful essence and have forfeited their pathogenic potential. As a consequence of these experiences, the individual's prior convictions regarding the symptoms undergo modification. The redefinition of the symptom's significance precipitates a reduction in the client's anxiety and stress, thereby enhancing his willingness to undertake the tasks. The subsequent phase, the individual's practical engagement with paradoxical tasks, seeks to facilitate a recontextualization of the symptom's meaning. Ultimately, it is crucial to assert that the process of artificialization-instruction progressively facilitates the severance of the relationship between the symptom and post-traumatic stress disorder, and the redefinition of the symptom collectively contributes to the enhancement of the individual's psychological and cognitive well-being.

The findings of the research indicate that the application of paradox therapy is efficacious in alleviating the distinct symptoms and manifestations of post-traumatic stress disorder, along with other concomitant mental health disorders. Among the constraints of the current investigation were issues related to sampling availability, the restriction of the study sample to female participants, and the limited sample size. Consequently, it is recommended that subsequent researchers employ random sampling techniques and examine the male demographic within various urban settings that possess diverse social and cultural contexts, as well as a more substantial sample size, to enhance the generalizability of the findings. In light of the results, it is proposed that psychologists and

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psychotherapists incorporate paradox therapy as a viable intervention to ameliorate the psychological well-being of women adversely affected by extramarital relationships.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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