

Effectiveness of Paradoxical Treatment Model on Emotional Regulation and Perception of Rejection in Retirees

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ABSTRACT

Objective: Retirement is one of the most sensitive situations in the life of any working individual, requiring numerous skills for optimal adaptation. Among these skills is the ability to regulate emotional behavior. The present study aimed to determine the effectiveness of the paradoxical treatment model on emotional regulation and the perception of rejection among retirees of Mellat Bank in Tehran.

Methods and Materials: The research method was quasi-experimental, utilizing a pre-test-post-test design with a control group. The population consisted of all male and female retirees of Mellat Bank in Tehran in the year 2023, and based on a convenience sampling method, 30 individuals were selected and randomly assigned to experimental (15 participants) and control (15 participants) groups. The instruments for data collection included the Kraaij and Garnefski (2019) Emotional Regulation Questionnaire and the Leary and MacDonald (2010) Rejection Sensitivity Questionnaire. The paradoxical therapy approach sessions consisted of six 60-minute sessions, with the experimental group members attending weekly sessions. For data analysis, multivariate and univariate covariance analyses were employed using SPSS version 22.

Findings: The results indicated that the paradoxical treatment model was effective in improving emotional regulation and perception of rejection among the retirees. **Conclusion:** It can be concluded that the implementation of the paradoxical therapy approach has led to an improvement in emotional regulation and a decrease in rejection perception scores.

Keywords: Paradoxical treatment, Emotional regulation, Perception of rejection, Retirement.

1. Introduction

Retirement is one of the most sensitive situations in any employed individual's life, requiring numerous skills for optimal adaptation. Among these skills is the ability to regulate emotional behavior; this is because the retirement phase demands the ability to positively regulate emotions, and emotionally competent individuals recognize their feelings when facing anything distressing, understand the implicit meanings of those emotions, and express their emotional states more effectively to others (Karami & Shahmohammadi 2023). Compared to individuals who lack the skill and ability to appropriately express their emotions, these individuals are more successful in coping with negative experiences and show better adaptation (Vaseghi et al., 2022).

Emotional behavioral regulation is considered a self-regulatory behavioral skill that encompasses strategies such as distraction efforts (referring to diverting attention from emotions by engaging in other activities), proactive coping strategy (referring to active personal behavior to confront a stressful event), seeking social support (referring to actively sharing emotions and requesting support and advice to deal with a stressful event), ignoring (referring to ignoring and behaving as if nothing has happened in order to deal with a stressful event), and withdrawal (referring to withdrawing oneself from situations and social interactions to cope with stressful conditions). Each of these strategies measures a behavioral coping process in response to unpleasant events and situations (Kraaij & Garnefski, 2019). On the other hand, the retirement status and separation from work can create feelings of rejection in an individual. Rejection is a form of deprivation and diminishment of an individual that could result from the individual's own perceptions of physical weakness and lack of effective activities in society or from the perceptions of others. MacDonald and Leary (2005) explained that in social psychology, the perception of rejection is defined as a form of deprivation or being considered of lesser value by a person, group, or desired relationship (MacDonald & Leary, 2005). According to the Rejection Sensitivity Model by Levy et al. (2001), greater sensitivity to rejection is associated with perceptions of rejection that trigger cognitive-emotional responses. Previous studies have focused on the outcomes of rejection perception in the emergence of negative traits such as anxiety, depression, anger, emotional distress, and personal distress (Ali et al., 2021; Brown et al., 2019).

The Social Identity Theory in the context of retirement has focused on group membership and identity in society. According to this theory, being a member of a social group is of great importance, and part of individuals' sense and awareness of self is formed through group membership; hence, individuals seek to define themselves within the group, which is a positive point for them. Conversely, being recognized in a group opposed to their desired group is considered a negative point for them. This process makes individuals feel a higher sense of identity within the group and creates positive attitudes and confidence in them (Ebrahimi et al., 2020). On the other hand, examining the cognitive status in retirees is very important, as cognitive functions decline with age, causing challenges for retired individuals. Cognitive status is a theoretical construct known to be linked with the functioning of brain structures, especially the frontal lobes, and psychological functions such as problem-solving, abstract thinking, and changing cognitive strategies, playing a significant role in individual-social functioning (Ghaemi et al., 2021). Cognitive functions are important structures related to psychological processes responsible for controlling consciousness, thinking, and action (Kraaij & Garnefski, 2019; Nikan et al., 2021). These functions encompass a wide range of cognitive processes and behavioral abilities including reasoning, problem-solving, planning, organizing, working memory, sequencing, sustained attention capacity, dealing with interference, utilizing feedback, and multitasking performance (Aghaziarati et al., 2023).

Therefore, cognitive status is a term used to describe strategies essential for the conscious control of thinking, emotions, and behaviors of a person and plays a significant role in managing daily life (Fogel et al., 2020; Vahidi Nesab & Abbasi 1399). Various approaches can be used to improve the emotional, psychological, and cognitive status of retirees. One of the emerging approaches that has received considerable attention in recent years is the paradoxical treatment model. This therapeutic model is a method for emotional and psychological disorders that theoretically stems from psychoanalytic and systemic theories, but in practice, it relies on behavioral techniques (Besharat, 2019). This therapeutic approach consists of two components: paradox and timing (Besharat, 2019).

Based on this, the very symptoms of the disease are prescribed to the patient (paradox), and the patient is required to advance these symptoms at specific times based on the guidance prescribed by the therapist (Besharat & Naghipoor, 2019). In this therapeutic approach, these two

techniques are prescribed together and follow the principle of inseparability. The effects of this therapeutic approach have been confirmed across a wide range of anxiety disorders, the spectrum of obsessive-compulsive thoughts and actions and related diseases, stress, trauma-related disorders, and somatic symptom disorders (Dehaqin et al., 2023). Therefore, considering that the effects of the paradoxical treatment model on emotional regulation, perception of rejection, and cognitive status, especially among retirees, have not been examined in any study so far, the main issue of this research is whether the paradoxical treatment model is effective in regulating emotional behavior and perception of rejection among retirees of Mellat Bank in Tehran city?

2. Methods and Materials

2.1. Study Design and Participants

The research method was quasi-experimental, utilizing a pre-test-post-test design with a control group. In this study, the population consisted of all male and female retirees of Mellat Bank in Tehran in the year 2023, from which, based on a convenience sampling method, 30 individuals were selected and randomly assigned to experimental (15 participants) and control (15 participants) groups. The inclusion criteria for the study were informed consent to participate in the research and entry into retirement. Exclusion criteria included absence from more than one therapy session and incomplete responses to the questionnaires. In this study, based on a convenience sampling method, 30 male and female retirees of Mellat Bank in Tehran were selected and randomly assigned to experimental (15 participants) and control (15 participants) groups.

In this study, to implement the research design, a field method was employed. Accordingly, the research was designed as a quasi-experimental study with experimental and control groups, along with a pre-test-post-test plan. Upon approaching the study's statistical population, which consisted of male and female retirees of Mellat Bank in Tehran in 2023, statistical samples were collected. At this stage, based on a convenience sampling method, a sample of 30 individuals who were willing to participate in the research was selected and randomly assigned to experimental (15 participants) and control (15 participants) groups. Subsequently, participants from both groups responded to Kraaij and Garnefski's (2019) Behavioral Emotion Questionnaire and Leary and MacDonald's (2010) Rejection

Sensitivity Questionnaire in the pre-test phase. Paradoxical therapy sessions were then conducted on members of the experimental group, while the control group was placed on a waiting list.

2.2. Measures

2.2.1. Emotion Regulation

This self-report questionnaire was designed by Kraaij and Garnefski in 2019. The test consists of five subscales: effort to distract, proactive approach, seeking social support, ignoring, and withdrawal, each containing 4 items, making a total of 20 items that focus on coping strategies in response to stressful and unpleasant life events. The questionnaire is based on a 5-point Likert scale from 1 (never) to 5 (always), with the total score for each subscale obtained by summing the item scores, where the score range for each can vary from 4 to 20. The psychometric properties of this questionnaire were examined in a study by Kraaij and Garnefski (2019) with a sample of 457 adults from the general population. In their study, reliability was determined through Cronbach's alpha for the subscales of distraction effort, proactive approach, seeking social support, ignoring, and withdrawal, respectively, as 0.86, 0.91, 0.91, 0.89, and 0.93. The questionnaire's reliability was obtained using Cronbach's alpha method and retest. The questionnaire was designed with 20 five-option questions in five subscales, and its face and content validity (Total Content Validity Index = 0.84) was confirmed. The Content Validity Index for each of the subscales for engaging in other activities, withdrawal, active confrontation, seeking social support, and ignoring was, respectively, 0.82, 0.87, 0.86, 0.87, and 0.83. The reliability of each of the subscales of the Behavioral Emotion Regulation Questionnaire was determined using Cronbach's alpha method as 0.88, 0.90, 0.91, 0.89, and 0.87, and also with the retest method in the range of 0.59 to 0.66 (Kraaij & Garnefski, 2019). For the current study, the reliability of the Behavioral Emotion Regulation Questionnaire was assessed using Cronbach's alpha coefficient, yielding values of 0.84 for distraction effort, 0.70 for proactive approach, 0.76 for seeking social support, 0.68 for ignoring, and 0.71 for withdrawal.

2.2.2. Rejection Sensitivity

This scale was designed by Rajabi and colleagues in 2015 based on the definition of rejection sensitivity by Leary and MacDonald (2010). The test consists of 4 questions that

measure the perception of rejection. The items are: ("I feel left out," "I feel socially deprived," "I feel hated," and "I feel rejected"). Respondents are asked to indicate how often they experience these feelings on a 7-point Likert scale from 1 (never) to 7 (most of the time). The minimum score on this questionnaire is 4 and the maximum is 28. A higher score indicates a higher perception of rejection, and lower scores indicate a lower perception of rejection (MacDonald & Leary, 2005). Crossley and colleagues (2016) stated that this scale is a global assessment tool that can effectively measure individuals' mental experiences of rejection. The reliability coefficient of this scale in the study by Crossley et al. (2016) was 0.85, and in Iran, it was first used in the study by Rajabi and colleagues (2015), where the reliability coefficient using Cronbach's alpha method was calculated as 0.83 (Brown et al., 2019; Giovazolias & Paschalidi, 2022).

2.3. Interventions

2.3.1. Paradoxical Therapy

In the present study, paradoxical therapy sessions consisted of 6 one-hour sessions, with the experimental group members attending weekly sessions. The session summaries were adapted based on the treatment plan by Dr. Mohammad Ali Besharat (Besharat & Naghipoor, 2019; Besharat, 2019; Dehaqin et al., 2023):

Session 1: Introduction and Baseline Assessment

The first session serves as an introduction to the paradoxical treatment model. The therapist explains the rationale behind the treatment, its objectives, and what participants can expect from the sessions. This session also involves a baseline assessment where participants share their experiences and challenges related to emotional regulation and feelings of rejection. The therapist introduces the concept of paradoxical intention and sets the stage for subsequent sessions, emphasizing the importance of openness and active participation.

Session 2: Identifying Emotional Patterns and Introducing Paradoxical Strategies

Participants are guided to identify their patterns of emotional response and triggers for feelings of rejection. The therapist introduces the concept of paradoxical strategies, such as intentionally exaggerating fears or negative emotions in a controlled manner, to reduce their impact. Through guided discussions and activities, participants learn how to apply these strategies to their identified emotional patterns, focusing on the mechanics of redirecting their emotional responses.

Session 3: Implementation of Paradoxical Strategies in Daily Life

This session focuses on the practical implementation of paradoxical strategies in daily life. Participants are encouraged to apply the techniques learned in session 2 to real-life situations that trigger emotional dysregulation or feelings of rejection. The therapist provides guidance on how to effectively use these strategies, including how to set realistic expectations and how to deal with potential setbacks or challenges.

Session 4: Enhancing Self-Regulation and Cognitive Reappraisal

Participants are taught advanced techniques for self-regulation and cognitive reappraisal. The session aims to strengthen participants' ability to manage their emotions and perceptions, particularly in situations where they feel rejected or undervalued. Techniques such as mindfulness, focused breathing, and positive self-talk are introduced to help participants develop a more resilient and positive outlook.

Session 5: Strengthening Social Connections and Reducing Feelings of Rejection

Focusing on social interactions, this session aims to reduce feelings of rejection by enhancing participants' social skills and their understanding of social dynamics. The therapist works with participants to identify and challenge negative beliefs about social interactions and rejection. Role-playing and social skills training are used to practice new behaviors and increase participants' confidence in social settings.

Session 6: Consolidation and Future Planning

The final session is dedicated to consolidating the skills and strategies learned throughout the program. Participants review their progress, discuss improvements, and share feedback on the intervention. The therapist helps each participant develop a personalized plan for continuing to apply the paradoxical treatment techniques in their lives, ensuring long-term benefits. Additionally, resources for further support and guidance are provided.

2.4. Data analysis

After completing the training sessions, participants from both groups responded again to the questionnaires they had completed in the pre-test, and the collected data were entered into SPSS software for descriptive and inferential analysis. For the analysis of research data, both descriptive and inferential analyses were used. At the descriptive level,

demographic information including frequency and percentage frequency as well as mean and standard deviation were examined, and at the inferential level, multivariate and univariate covariance analyses were employed, assuming statistical presuppositions were met. The SPSS software package version 26 was also used for data analysis.

3. Findings and Results

In the experimental group, there were 11 male participants and 4 female participants. In the control group, there were 9 male participants and 6 female participants.

Table 1

Descriptive Data of Variables

Variable	Group	Pre-test Mean	Pre-test Standard Deviation	Post-test Mean	Post-test Standard Deviation
Distraction	Experimental	12.33	3.69	12.86	2.38
	Control	10.93	3.34	11.60	3.24
Proactive Approach	Experimental	11.66	3.73	15.33	3.63
	Control	13.20	4.50	12.46	3.66
Seeking Social Support	Experimental	13.80	4.48	15.13	3.50
	Control	12.93	3.28	13.00	4.11
Ignoring	Experimental	13.53	4.08	9.73	2.54
	Control	15.73	3.60	14.26	4.15
Withdrawal	Experimental	11.06	4.63	8.33	3.16
	Control	12.06	4.09	11.93	3.08
Perception of Rejection	Experimental	15.46	4.26	10.40	3.33
	Control	16.86	5.11	16.20	4.54

The results of the Levene's test showed that there was no significant difference in variance between the experimental and control groups for any of the dependent variables, including emotional behavioral regulation and the perception of rejection among retirees of Mellat Bank in Tehran. After examining Levene's test, the Shapiro-Wilk test was used to check for normal distribution in the dependent variables. According to the Shapiro-Wilk test data, the calculated statistic for all dependent variables, including

emotional behavioral regulation and perception of rejection among retirees of Mellat Bank in Tehran at the pre-test stage, was not significant, thereby accepting the assumption of normal distribution of data scores. Finally, to check the assumption of homogeneity of covariance matrices, Box's M test was used, and the results indicated that the assumption of homogeneity of covariance matrices was not violated with a Box's M value of 45.884, F score of 1.190, and a significance level of 0.225.

Table 2

Analysis from Multivariate Analysis of Covariance (MANCOVA)

Test	Value	F	Hypothesis DF	Error DF	Sig	Eta Squared
Pillai's Trace	0.782	7.669	7	15	0.001	0.782
Wilks' Lambda	0.218	7.669	7	15	0.001	0.782
Hotelling's Trace	3.579	7.669	7	15	0.001	0.782
Largest Root	3.579	7.669	7	15	0.001	0.782

Based on the results of the multivariate analysis of covariance (MANCOVA), there was a significant difference in the linear combination of scores for emotional behavioral regulation and perception of rejection among the participants of this study from Mellat Bank, considering the group ((sig = 0.0001, F = 7.669, and Wilks' Lambda = 0.218). Additionally, the eta squared coefficients also indicate that 78.2% of the variance in the dependent variables is determined by the grouping variables (participants in the

experimental and control groups), thus, the findings indicate that changes in the independent variable, namely the implementation of the paradoxical therapy approach, have been significant for at least one of the dependent variables including emotional behavioral regulation and perception of rejection. Subsequently, univariate analysis of covariance (ANCOVA) was utilized to examine and evaluate the difference patterns in each of the dependent variables.

Table 3

ANCOVA Analysis for Research Variable Scores

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	P	Eta Coefficient
Distraction	Pre-test Effect	36.648	1	36.648	6.513	0.018	0.221
	Group Effect	20.209	1	20.209	3.591	0.071	0.135
	Error	129.428	23	5.627			
Proactive Approach	Pre-test Effect	3.470	1	3.470	0.709	0.408	0.030
	Group Effect	40.686	1	40.686	8.319	0.008	0.266
	Error	112.486	23	4.891			
Seeking Social Support	Pre-test Effect	67.609	1	67.609	14.148	0.001	0.381
	Group Effect	21.925	1	21.925	4.588	0.043	0.166
	Error	109.913	23	4.779			
Ignoring	Pre-test Effect	1.468	1	1.468	0.192	0.666	0.008
	Group Effect	126.726	1	126.726	16.553	0.0001	0.419
	Error	176.077	23	7.656			
Withdrawal	Pre-test Effect	50.420	1	50.420	9.335	0.006	0.289
	Group Effect	68.873	1	68.873	12.751	0.002	0.357
	Error	124.227	23	5.401			
Perception of Rejection	Pre-test Effect	106.525	1	106.525	12.756	0.001	0.321
	Group Effect	174.938	1	174.938	20.948	0.001	0.437
	Error	225.475	27	8.351			

According to the data in Table 3, the findings show that the effects of the paradoxical therapy approach on improving scores of emotional behavioral regulation among retirees of Mellat Bank in Tehran were significant. In other words, the results indicate that, after controlling for pre-test scores as a covariate, the main effect of the paradoxical therapy protocol on the post-test scores for proactive approach and seeking social support was significant, and the therapeutic intervention based on the paradoxical approach in the experimental group led to improved scores of emotional behavioral regulation in the dimensions of proactive approach and seeking social support among retirees of Mellat Bank in Tehran. Moreover, after controlling for pre-test scores as a covariate, the main effect of the paradoxical therapy protocol on the post-test dimensions of ignoring and withdrawal was effective and significant, and the therapeutic intervention based on the paradoxical approach in the experimental group led to a reduction in scores of emotional behavioral regulation in the dimensions of ignoring and withdrawal among retirees of Mellat Bank in Tehran, but the effects of the therapeutic approach on emotional behavioral regulation in the effort to distract was not significant (significance level = 0.071). Furthermore, the eta squared coefficients also show that the paradoxical therapy approach in the experimental group was effective and significant for improving scores in proactive approach and seeking social support, as well as amending scores in ignoring and withdrawal among retirees of Mellat Bank, with percentages

of 26.6%, 16.6%, 41.9%, and 35.7%, respectively. The findings indicate that the effects of the paradoxical therapy approach on reducing scores of perception of rejection among retirees of Mellat Bank in Tehran were significant. In other words, the results suggest that, after controlling for pre-test scores as a covariate, the main effect of the paradoxical therapy protocol on the post-test perception of rejection was significant, and the therapeutic intervention based on the paradoxical approach in the experimental group led to a reduction in scores of perception of rejection among retirees of Mellat Bank in Tehran. Additionally, the eta squared coefficients also show that the paradoxical therapy approach in the experimental group was effective and significant for reducing scores of perception of rejection among the retirees of Mellat Bank, with a percentage of 43.7%.

4. Discussion and Conclusion

The present research aimed to determine the effectiveness of the paradoxical treatment model on emotional behavioral regulation and the perception of rejection among retirees of Mellat Bank in Tehran. The results showed that the scores of emotional behavioral regulation, perception of rejection, and cognitive status of the participating retirees from Mellat Bank have been influenced by the independent variable, namely the implementation of the paradoxical therapy approach. In other words, the findings indicated that the paradoxical therapy approach led to improvements in

emotional behavioral regulation and cognitive status, as well as a decrease in the perception of rejection. The results showed that the effects of the paradoxical therapy approach on improving emotional behavioral regulation scores among retirees of Mellat Bank in Tehran were significant. Specifically, the results indicated that the paradoxical therapy protocol led to improvements in emotional behavioral regulation in the dimensions of proactive approach and seeking social support and a reduction in scores of ignoring and withdrawal among the retirees. These findings are in line with the prior research (Ashraf-Sadat, 1970; Besharat & Naghipoor, 2019; Besharat, 2019; Dehaqin et al., 2023; Ghadimi Nouran et al., 2020; Nikan et al., 2021).

The paradoxical therapy model has wide applications for psychological and emotional disorders, as it relies on behavioral techniques in practice and can effect change in behavior to improve emotional factors. The paradoxical therapy approach plays an efficient role in moderating negative emotions, reducing conflicts and interpersonal relationships, and changing the meaning of these relationships and negative emotions, stubbornness, criticism, obsession, and revenge behaviors. Therefore, paradoxical therapists use a schedule and symptoms of the disease (paradox in obsession) to prescribe exercises for individuals to reconstruct the symptoms of their problems at predetermined times. The influencing mechanisms of the paradoxical dialogue include prescriptiveness and artificiality, providing a context for individuals to overcome negative emotions and thoughts through behavioral planning while experiencing negative emotions, relationships, and feelings of rejection from others (Besharat, 2019). Also, artificiality creates a context for dissociating problems and conflicts from negative emotions. The dissociation technique removes the association of problems with negative emotions from individuals' lives, eliminating emotions that have been the basis for negative self-regulatory behaviors like withdrawal and ignoring without external pressure or compulsion. Paradoxical therapy exercises will increase the personality trait of ego resilience, and the resilient ego, transcending individual functions, replaces the helpless and desperate self, preventing the emergence of negative emotions in interpersonal relationships with the newly created capacity in the individual (Nikan et al., 2021).

The use of the paradoxical therapy program can be considered a successful treatment for factors related to emotional regulation and cognitive status because this therapeutic approach, through its paradox and timing

components, can treat many negative thoughts and emotions. In this method, the very symptoms of the disease are prescribed to the patient (paradox), and the patient is instructed by the therapist to advance these symptoms at specific times. The feeling of rejection causes individuals to negatively evaluate themselves and have a pessimistic view of themselves and the world, and the use of the paradoxical therapy program can reduce and treat pathological signs of rejection in individuals through timing and paradox. This approach is particularly applicable in the context of the feeling of rejection, which is a type of misunderstanding and insult due to an individual's perception of others' behaviors and words, as changing thoughts and subsequent behavioral practice can reduce many of these symptoms and negative thoughts. In the paradoxical therapy program, symptoms are allowed to activate anytime until the end of treatment. In other words, the fact that individuals need to reconstruct and experience it at these times does not mean they are not allowed to experience these anxieties at other times; individuals continue their usual life, adding just a few minutes of practice to their life. In paradoxical therapy, a better outcome is contingent on better play, meaning that the more this practice and reconstruction of emotions resemble real situations that have been previously experienced, the better the result will be (Dehaqin et al., 2023; Ghadimi Nouran et al., 2020).

In the paradoxical therapy approach, the individual, due to being obligated to think about their intrusive and self-destructive thoughts during a specified schedule and through time engineering as a scheduled program with the application of paradox as a symptom prescription, reconstructs and experiences their negative signs and inefficient cognitions through directive techniques. This leads to a stress-free confrontation with these signs and gradually ends the conflicts between the id and the superego within the individual, allowing for more focused and effective cognitive performance (Besharat & Naghipoor, 2019; Besharat, 2019). The paradoxical therapy approach, using both the paradox program and the timing component, can reduce many negative emotions. The use of the paradoxical therapy program can reduce and treat inefficient schemas in individuals through timing and paradox. In this therapeutic approach, the therapist prescribes exercises for individuals using a schedule and obsessive signs (paradox in obsession), for them to reconstruct their negative emotional signs at predetermined times, resulting in the enhancement of self-regulation skills. Therefore, the paradoxical psychotherapy approach, using a combination of principles

and concepts from psychoanalytic, cognitive, and behavioral theories, targets negative and anxious signs in a very short-term, decisive, and rapid manner, focusing on reducing negative self-directed emotions, thoughts, or avoidance and withdrawal behaviors (Besharat, 2019; Dehaqin et al., 2023; Ghadimi Nouran et al., 2020).

5. Limitations & Suggestions

One of the limitations of the current study was the lack of a follow-up test, which leaves the permanency of the treatment effects ambiguous. There is also a limitation in generalizing the results, as this research was conducted only on 30 retirees, both men and women, from Mellat Bank in Tehran in 2023. No previous research studies have been conducted on the effects of the paradoxical therapy approach on the variables studied in the current research. It is recommended that future studies use a follow-up test to examine the permanency of the effects of paradoxical therapy. It is suggested that the effects of the paradoxical therapy approach on the process of change in scores of emotional behavioral regulation, perception of rejection, and cognitive status be examined in other communities and age groups as well. Future studies are advised to utilize the paradoxical therapy approach for treating other psychological and anxiety disorders. It is suggested to use the paradoxical therapy approach for improving the level and manner of emotional behavioral regulation in retired individuals to strive to strengthen their positive emotional skills. It is recommended to use the paradoxical therapy approach to reduce the perception of rejection in retired individuals. It is also advised to employ the paradoxical therapy approach for improving the cognitive status in retired individuals.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

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 contributed in this article.

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