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Evaluating the Efficacy of Paradoxical Therapy within the Psychoanalytic Framework for Mental Health and Symptoms of Prolonged Grief Disorder

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A B S T R A C T

Objective: Prolonged grief disorder (PGD) is associated with various maladaptive psychological consequences. The present study aimed to examine the effectiveness of Paradoxical Therapy within a psychoanalytic framework on mental health indices and symptoms of prolonged grief.

Methods and Materials: This study employed a single-case experimental design. Three clients, during 2024 at the University of Tehran Psychology Clinic, received psychotherapy using Paradoxical Therapy. The research design followed a baseline–intervention–follow-up (ABA) model. Interventions consisted of six individual sessions grounded in the principles of psychoanalytic Paradoxical Therapy. Assessment tools included a diagnostic interview, the Treatment Outcome Subjective Rating Scale (TOSRS), and the Symptom Checklist-90 (SCL-90).

Findings: Findings indicated a marked reduction in grief-related symptom severity and sustained improvement in psychological well-being indices on the SCL-90, including somatization, interpersonal sensitivity, depression, anxiety, hostility, and phobic anxiety. Additionally, qualitative data revealed positive changes in emotion regulation, emotional self-awareness, and meaning reconstruction of loss, as reported by both clients and the therapist. The results suggest that psychoanalytic Paradoxical Therapy—emphasizing free association and emotional experiencing through structured daily exercises—was highly effective.

Conclusion: Six- and twelve-month follow-ups confirmed that therapeutic gains were satisfactory, consistent, and stable over time, with no evidence of relapse. This approach may serve as a promising intervention for complicated and prolonged grief. Further controlled studies are recommended to substantiate these findings.

Keywords: *prolonged grief disorder, paradoxical therapy, paradoxical psychotherapy, psychoanalysis, free association*

1. Introduction

Grief is a universal response to loss; however, for some individuals it develops into Prolonged Grief Disorder (PGD)—a debilitating condition characterized by persistent yearning, intense emotional pain, and significant impairment in daily functioning (American Psychiatric Association, 2022). Despite its inclusion in both the revised fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and the International Classification of Diseases (ICD-11), major gaps remain in our understanding of the ethology and effective treatment of PGD (World Health Organization, 2022).

Research has identified several key challenges in diagnosing PGD, emphasizing the need for improved diagnostic tools, culturally sensitive interventions, and longitudinal studies to enhance clinical outcomes (Prigerson et al., 2021). Although diagnostic criteria are outlined in both the DSM-5-TR and ICD-11, ambiguities persist. For example, the required duration for diagnosis differs—six months in ICD-11 versus twelve months in DSM-5-TR—and the overlap of PGD symptoms with depression, PTSD, and anxiety complicates differential diagnosis (Boelen et al., 2018; Boelen & Smid, 2017; Bryant et al., 2024; Bryant et al., 2017). Additionally, cultural variations in the expression of grief may contribute to both overdiagnosis and underdiagnosis (Stelzer et al., 2020).

In the field of traumatic grief, Rubin et al. (2020) introduced the Two-Track Model of Bereavement (TTMB), which highlights the importance of rebalancing the mourner's relationship with the deceased and constructing a coherent death narrative. Henderson & Black (2021) and Westoby et al. (2021) further examined the emotional and therapeutic dimensions of grief, emphasizing openness to the diverse ways in which individuals and communities heal through mourning. These works underscore that acknowledging the complex and multifaceted nature of grief can facilitate deeper engagement with loss and foster resilience.

In contemporary psychoanalysis, the process of mourning is regarded not merely as a natural emotional reaction, but as a complex experience of reconstructing inner relationships and attachment to the lost object. The concept of mourning was first introduced by Freud in his essay Mourning and Melancholia (Freud, 1917/2001). Freud appears to have paid particular attention to death and mourning during the middle of World War I, when much of Europe was grappling with widespread loss, as reflected also in his works Thoughts for the Time of War and Death (B1915) and On Transience (Freud, 1915, 1916).

Indeed Mourning is a set of mental processes, both conscious and unconscious, that begins with the loss of an emotional and instinctual object. As the mourning process unfolds, the subject gradually separates from the lost object over a period of time that cannot be hastened. Throughout this process, intense pain and sorrow, denial of reality, misperception of the object's presence, and awareness of the loss are experienced continuously. Eventually, mental transformations occur that allow for personal growth and the formation of attachments to new objects, enabling life to continue.

According to Freud, through gradual orientation toward reality, the individual learns that the deceased is truly gone and comes to accept that they have departed forever. The individual's engagement with the memories of the deceased must gradually diminish and conclude. This is a painful process, and most people resist it for a time. When Freud lost his grandson, he felt that something within him had been destroyed, making it difficult to form emotional bonds with others (Freud & Rank, 2012). Later, Freud stated that "although the acute stage of mourning can be said to pass, the sense of loss may perhaps remain forever"(Hagman, 1995).

in complicated grief, the internal representations of the deceased (introjects) do not integrate with the bereaved individual's self-representation as they typically would in ordinary mourning (identification) (Baker, 2001). These representations appear to maintain an independent existence, giving the impression that the deceased remains "alive" in the mind of the mourner. At the same time, there is limited evidence of broader ego splitting and self-critical accusations that characterize depressive states.

Recent research has demonstrated that many psychiatric disorders are associated with disturbances in the mourning process, and failure to accomplish the "work of mourning" can result in pathological fixation and the persistence of symptoms. For example, Gibbons (2024) argues that mourning is not only intertwined with depression and anxiety but also constitutes a fundamental element in the psychoanalytic understanding of the emergence of mental disorders. This perspective aligns with Freud's classical distinction between mourning and melancholia, while simultaneously placing greater emphasis on the role of mourning in redefining mental health and fostering inner cohesion.

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Given that Prolonged Grief Disorder (PGD) manifests with a range of maladaptive psychological and functional consequences—such as the inability to accept the death, emotional numbness, avoidance of reminders of the deceased, pervasive feelings of emptiness and meaninglessness, and impairments in daily functioning (American Psychiatric Association, 2022)—psychotherapy plays a crucial role in alleviating the symptoms of complicated grief and improving the quality of life among bereaved individuals. Accordingly, the treatment of PGD through Prolonged Grief Disorder Therapy (PGDT) (Shear et al., 2014) has been deemed essential.

In this regard, multiple studies have been conducted. Cognitive-behavioural therapy for grief (CBT-G) has shown efficacy in reducing PGD symptoms (Bryant et al., 2024), while pharmacological interventions such as selective serotonin reuptake inhibitors (SSRIs) have been utilized for comorbid depression associated with grief (Zisook, 2010). Other research has demonstrated that psychotherapy focused on enhancing quality of life can significantly reduce depressive symptoms, improve psychological well-being, and strengthen individuals' ability to manage grief (Akbari et al., 2017). Integrative approaches, including Rational-Emotive Behavioural Therapy (REBT) and group-based meaning therapy, have also been reported to substantially reduce grief following emotional trauma, fostering psychological adjustment and alleviating grief-related symptoms (Akbari & Aref, 2021).

Similarly, cognitive-behavioural interventions (CBT) have proven effective in addressing grief, depression, and anxiety among relatives of COVID-19 victims, reducing both the intensity and frequency of grief-related negative emotions (Hoseininezhad & Rezaeian Faraji, 2022). Moreover, meaning-cantered therapies and time-perspective–based approaches have been shown to effectively reduce depression and enhance social well-being in bereaved women (Mousavi et al., 2019). In addition, Rice (2022) underscores the importance of contextually tailored clinical interventions and supportive systems to facilitate healthy mourning processes in younger populations.

In psychoanalytic theory, free association serves as a fundamental technique through which individuals can access unconscious emotions and memories, including those linked to grief and loss. When bereaved individuals express their thoughts without censorship, previously repressed conflicts or unresolved attachments to the deceased may emerge, thereby facilitating the psychotherapeutic process of "working through the loss" (Thurschwell, 2009). Grief is not merely an emotional reaction; rather, it constitutes a dynamic intrapsychic process in which the bereaved gradually withdraws libidinal investments from the lost object and reinvests them in new relationships or internal adaptations (Freud, 1917/2001).

Applying free association during grief enables the expression of latent emotions such as guilt, anger, or ambivalent feelings, thereby allowing the loss to be integrated into the individual's psychic structure and fostering a healthier resolution of mourning. Empirical evidence underscores that psychotherapy—particularly cognitive-behavioural, meaning-cantered, and psychodynamic approaches—can facilitate the grief process and reduce its intensity, promoting psychological adjustment and well-being.

While evidence-based treatments such as Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT) (Khalilizadeh Mahani et al., 2022) are widely utilized, the existing literature on interventions for Prolonged Grief Disorder (PGD) highlights the importance of addressing the cognitive, emotional, and behavioural aspects of grief for effective recovery (Tang et al., 2024). Paradoxical therapy has emerged as a promising alternative, particularly for treatment-resistant cases (Asayesh & Parsakia, 2025; Besharat, 2020; Besharat, 2023; Healy, 1976; Salehin et al., 2025).

Over the decades, the therapeutic use of the "paradoxical symptom prescription" has been described in various psychotherapeutic schools under different terminologies. These include negative practice (Dunlap, 1930), massed practice (Yates, 1958), paradoxical intention (Frankl, 1960), explosion (Stampfl & Levis, 1967), symptom scheduling (Newton, 1968), symptom prescription (Rohrbaugh et al., 1981), paradox + timetable = Cure (PTC) (Besharat, 2023), and paradoxical Timetable Therapy (Asayesh & Parsakia, 2025), And we introduce a newer model based on psychoanalytic principles and paradoxical timetable therapy, termed Psychoanalytic Paradoxical Therapy. Although these approaches differ in clinical application and the theoretical mechanisms proposed to explain them, they share a common feature: clients are deliberately guided to engage in the very behaviour or symptom from which they seek relief (Katz, 1984).

Besharat (2023) also, drawing on earlier theoretical frameworks, introduced the Paradoxical Timetable Therapy (PTC) model, which integrates paradoxical interventions within a structured schedule (Besharat, 2023). PTC provides a framework for reconstructing maladaptive cues and

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promoting behavioural change in clients. This approach introduces novel avenues for addressing psychological issues. Paradoxical therapy, through the prescription of the very symptom and reduction of avoidance, strengthens exposure-based mechanisms (Shear et al., 2014). Paradoxical therapy is grounded in the principle of symptom prescription—that is, encouraging clients to intentionally engage with thoughts or behaviours associated with their pathology—to disrupt maladaptive cycles (Weeks & L'Abate, 1982).

Individuals with Prolonged Grief Disorder (PGD) often exhibit intense and persistent grief reactions that can significantly impair daily functioning and increase vulnerability to both physical and psychological decline (Stegmeir, 2023). Concurrently, a growing body of research has examined various therapeutic interventions for PGD, including Cognitive Behavioural Therapy (CBT), Complicated Grief Therapy (CGT), and mindfulness-based approaches (Baumann et al., 2022). Nevertheless, there remains a need for more diverse and innovative approaches to address the complex nature of grief. Paradoxical therapy has emerged as a novel and effective intervention (Asayesh & Parsakia, 2025; Besharat, 2019a, 2019b, 2023; Salehin et al., 2025). Moreover, standardized paradoxical protocols for PGD are currently lacking, and some clients demonstrate resistance to direct therapeutic interventions.

In summary, the reviewed literature emphasizes that grieving and mourning are deeply embedded within social, cultural, and psychological contexts, requiring nuanced approaches that recognize the multifaceted nature of these processes and support therapeutic outcomes. Given the existing research, psychoanalytic and paradoxical psychotherapy—recognized as effective interventions for various psychological disorders—may offer valuable contributions in this domain. Therefore, the present study aims to examine the efficacy of paradoxical psychotherapy, with a focus on a psychoanalytic framework, in the treatment of Prolonged Grief Disorder (PGD).

2. Methods and Materials

2.1. Study Design

From the perspective of its objective, this study is applied in nature and, based on data collection methodology, falls within single-subject research designs. It constitutes an experimental approach that involves intensive investigation of one or a few individuals, considered as a single unit (Gall, 2006).

The ABA design consists of three phases. The first phase, referred to as Phase A, serves as the baseline or pre-intervention period. During the baseline phase, the behaviour of the participant(s) is observed repeatedly until relative stability in the behaviour is achieved. The second phase, Phase B, is the intervention or treatment phase, during which the independent variable is manipulated to assess its effect on the behaviour under study (Delavar, 2016). The final Phase A represents the follow-up period.

This research design pays particular attention to two important characteristics: the complexity and the individuality of participants. It examines the effect of one variable on another within a single (or small number of) participant(s), and data are analysed individually for each participant (Sarmad et al., 2004). Single-subject designs are also commonly used in preliminary intervention studies to assess initial efficacy (Khaleghi et al., 2016).

Given that the present study is a clinical investigation and serves as a preliminary assessment of the effectiveness of a psychoanalytic paradoxical therapy model, an ABA single-subject design was employed. Specifically, the study included a baseline phase, an intervention phase, and a follow-up measurement phase, as described below:

1.Baseline Phase (A): This phase lasted two weeks, during which participants' grief symptoms and overall mental health were assessed and recorded in two sessions. Once a stable baseline was established, the study proceeded to the intervention phase.

2.Intervention Phase (B): This phase spanned three months. Participants received six 45-minute sessions in which paradoxical techniques, emphasizing symptom prescription and free association, were implemented and monitored. The effects of the intervention were measured throughout this period.

3.Follow-up Phase (A): This phase evaluated the durability of treatment effects over a 12-month period.

2.2. Participants

The population of the present study comprised all individuals experiencing prolonged grief disorder (PGD) in Tehran who sought services at the Counselling Clinic of the Faculty of Psychology and Educational Sciences, University of Tehran, in 2024 (1403). From this population, three participants were purposefully and voluntarily selected: (1) an 18-year-old unmarried female high school senior, (2) a 21-year-old unmarried female undergraduate student, and (3) a 42-year-old married male with two children.

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Inclusion criteria were: (1) experiencing grief within the past five years, (2) willingness and availability to participate in all counselling and therapy sessions, (3) residency in Tehran, (4) minimum education level of a high school diploma, (5) absence of addiction or other psychiatric or psychotic disorders, and (6) no concurrent use of psychotropic medications.

Exclusion criteria were: (1) participation in any concurrent therapeutic interventions, (2) comorbid psychiatric disorders (e.g., psychosis, substance use disorders, cognitive disability) or severe medical conditions, (3) use of medication, and (4) discontinuation of therapy sessions.

2.3. Measures

To collect data, establish baseline levels, and assess changes during the intervention and follow-up phases, validated questionnaires and data recording sheets were used. These instruments were developed by the researcher based on established standardized measures. The following provides an overview of these tools:

2.3.1. Demographic Information Checklist

This checklist was developed by the researcher to capture essential participant characteristics emphasized in the literature and to complete the necessary study information. It included basic demographic variables such as age, education level, place of birth, place of residence, occupation, religion, number of children, and duration of marriage.

2.3.2. Treatment Outcome Subjective Rating Scale (TOSRS)

Treatment Outcome Subjective Rating Scale (TOSRS) is a self-report instrument designed to assess the degree of positive therapeutic change and the individual's perceived satisfaction with the outcome of therapy (Besharat, 2003). This scale is based on numerical, verbal, and visual rating formats (Jensen & Karoly, 2001; Jensen et al., 1986; Roland & Morris, 1983) and is available in both numerical and verbal forms. It allows individuals to rate their perceived therapeutic outcomes on a 10-point scale, ranging from 1 (minimal therapeutic change and personal satisfaction with the treatment outcome) to 10 (maximum therapeutic change and personal satisfaction with the treatment outcome), or as a percentage scale from 10% (minimal change) to 100% (maximum change). The inter-rater reliability of the TOSRS, calculated using intraclass correlation coefficients (ICC) across 47 rater pairs, ranged from r = 0.80 to r = 0.94 (Besharat, 2003, 2016).

2.3.3. SCL-90-R

The Symptom Checklist-90-Revised (SCL-90-R) comprises 90 items designed to assess a broad range of psychological symptoms, using a 5-point Likert scale ranging from "not at all" to "extremely." This instrument is among the most widely used psychometric tools in the United States (Khodayarifard, 2015). Its reliability and validity in Iran have been reported as acceptable, with internal consistency coefficients ranging from 0.77 for the psychoticism dimension to 0.90 for the depression dimension. Test-retest reliability ranged from 0.80 for somatization complaints to 0.90 for paranoid ideation (Basharpoor et al., 2011).

2.3.4. Semi-Structured Diagnostic Interview (FLII-11)

The FLII-11 is a structured clinical interview designed to identify psychological problems, complaints, psychopathology, and needs, as well as to develop treatment goals and select appropriate intervention strategies. The FLII-11 is a fully structured interview for diagnosing mental disorders that contribute substantially to the global burden of disease. It aligns with the diagnostic requirements of the ICD-11 and was developed through an international collaborative process under the supervision of the World Health Organization (WHO) (Reed et al., 2024). In a study conducted by Jaisoorya et al. (2025), the FLII-11, based on ICD-11 criteria, demonstrated strong psychometric properties. Data from a sample of 365 patients and 260 controls indicated high reliability and validity. The diagnostic agreement between FLII-11 and psychiatric evaluation (the gold standard) was $\kappa = 0.81$, indicating very good concordance. The instrument's sensitivity was 83.3%, and its diagnostic accuracy was 78.8%, reflecting excellent discriminative ability (Jaisoorya et al., 2025). In the present study, the translated version of FLII-11 was administered to assess eligibility criteria for prolonged grief disorder and to ensure the absence of comorbid psychiatric disorders.

2.4. Intervention

2.4.1. Psychoanalytic Paradoxical Therapy

Paradoxical therapy is a distinctive psychotherapeutic approach rooted in several theoretical frameworks, including

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Adler's individual psychology, Dunlap's behavioural therapy, Frankl's existential approach, the Milan systemic model, and Jay Haley's strategic family therapy. It is based on the deliberate use of "paradox" to reduce psychological resistance and treat clinical symptoms(Asayesh & Parsakia, 2025; Besharat, 2023; Frankl, 1960; Healy, 1976; Watzlawick, 1974; Weeks & L'Abate, 1982). symptom scheduling (Newton, 1968), symptom prescription (Rohrbaugh et al., 1981) and PTC (Besharat, 2023) comprises two core techniques: paradox and timetable. The paradox involves prescribing the symptom itself—whether behavioural or pathological—while the timetable specifies that the paradoxical tasks be performed at designated times and for a predetermined duration, which is fixed and immutable.

In this research, Psychoanalytic Paradoxical Therapy—also referred to as Paradoxical Free Association Timetable Therapy within the framework of psychoanalysis—was applied. In this approach, under the therapist's guidance, the patient is instructed to deliberately reenact or experience the prescribed symptom, including memories, grief, and emotions, through free association at specific times of the day and over a defined period. Given the psychoanalytic dimensions of mourning, the intervention incorporated free association and recollection of the deceased loved one within the paradoxical prescription, allowing the patient to fully engage with all related emotions and symptoms. The intervention was delivered in individual sessions. Each participant attended a total of six sessions, lasting approximately 45–60 minutes each, conducted biweekly over a three-month period.

Session 1: Social and Interview Phase: Welcome and collection of demographic information (e.g., marital status, employment). Problem Identification: Case history, presenting complaints, history of the issue, associated symptoms, and mental status examination. Goal Setting, Intervention, and Therapeutic Assignment: Therapist presents treatment goals and plan; introduces foundational treatment principles (e.g., avoiding other therapists, gradual discontinuation of medications under psychiatric supervision, guidelines for assigned tasks). Assign paradoxical-analytic tasks for the inter-session period: inhibition-free experience of emotions, grief symptoms, and psychological pain. Patients are instructed to allow all grief-related emotions, rumination, and symptoms to be present until further notice.

Session 2: Emotion, Symptom and Personal Function Analysis: Review execution of prior session assignments; identify obstacles and limitations; evaluate outcomes from the patient's perspective in terms of symptoms, emotions, behaviours, thoughts, and relationships. Estimate perceived therapeutic change in percentage. Assign paradoxical tasks: deliberate enactment of grief symptoms, recall of the deceased, and related emotions with free association, 2–3 times daily for 10–15 minutes based on symptom severity.

Session 3: Emotion, Symptom and Personal Function Analysis: Review execution of prior session assignments; identify obstacles and limitations; evaluate outcomes from the patient's perspective in terms of symptoms, emotions, behaviors, thoughts, and relationships. Estimate perceived therapeutic change in percentage.

Continue previous assignments with appropriate dosage following the principle of gradual reduction. Continue paradoxical timetable free association practice to experience grief and related emotions twice daily. prescribing new therapeutic paradoxical timetable free association based on patient symptoms and emotions: paradoxical timetable with free association exercises for negative emotions, anxiety, or anger toward others, family, or treatment staff (twice daily, 5–10 minutes).

Session 4: Emotion, Symptom and Personal Function Analysis: Review execution of prior session assignments; identify obstacles and limitations; evaluate outcomes from the patient's perspective in terms of symptoms, emotions, behaviours, thoughts, and relationships. Estimate perceived therapeutic change in percentage.

Continue previous assignments with appropriate dosage, following the reduction principle. Continue daily paradoxical timetable free association exercises for grief-related emotions (once daily, max 10 minutes). Continue new paradoxical timetable free association tasks for negative emotions, anxiety, or anger from others, family, or staff (once daily, 5–10 minutes), adjusted to symptom reduction. prescribing "first complementary task" if necessary to maintain symptom intensity and manage treatment expectations.

Session 5: Emotion, Symptom and Personal Function Analysis: Review execution of prior session assignments; identify obstacles and limitations; evaluate outcomes from the patient's perspective in terms of symptoms, emotions, behaviours, thoughts, and relationships. Estimate perceived therapeutic change in percentage.

Continue previous assignments following the dose reduction principle. Practice paradoxical timetable free association with full reenactment of grief symptoms every other day (max 10 minutes). Continue paradoxical tasks

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targeting anxiety or anger toward others, family, or staff every other day (max 10 minutes).

Session 6: Emotion, Symptom and Personal Function Analysis: Review execution of prior session assignments; identify obstacles and limitations; evaluate outcomes from the patient's perspective in terms of symptoms, emotions, behaviours, thoughts, and relationships. Estimate perceived therapeutic change in percentage.

Review execution of prior tasks, assess obstacles and treatment outcomes. Discontinue assignments upon achieving therapeutic goals. Schedule follow-up sessions (1–2 sessions, 2–6 months apart). Summarize treatment achievements and declare completion. Provide instructions for self-directed maintenance in case of symptom recurrence.

2.4.2. Study Procedure

After selecting the target participants, initial assessments were conducted twice to establish baseline levels of the outcome variables: once at the time of the consultation appointment (Baseline 1) and once during an introductory session (Baseline 2), using the study measures. Following baseline assessment, the therapeutic intervention was implemented based on the Paradoxical Therapy model combined with free association. During the intervention phase, assessments were conducted three times (Sessions 2, 4, and 6) to monitor progress. After completion of the intervention, follow-up assessments were conducted twice—at 6 months and 12 months post-treatment—using the same study instruments to evaluate mental health outcomes. Finally, the collected data were subjected to statistical analysis.

2.5. Data Analysis

For single-subject research designs, the most appropriate method for presenting data is graphical representation (Delavar, 2016). Accordingly, in this study, visual analysis of graphs was used to evaluate the effects of the intervention. An auxiliary method for assessing treatment effectiveness involves considering clinical significance and cutoff scores. Clinical significance indicates whether symptom reduction is sufficient for the participant to move outside the diagnostic range. Jacobson et al. (1984, as cited in McKay, 2008) noted that determining clinically significant change for an individual requires two key criteria: (1) the magnitude of change must be large enough to be attributable to factors other than measurement error, and (2) the post-test performance level should be closer to that of a normative group than to the clinical group. This threshold is referred to as the cutoff score. In this study, in addition to visual graph analysis of all variables, the mental health dimension was analysed using the cutoff scores derived from the SCL-90 questionnaire. Graphs were plotted for the mean scores at baseline (pre-intervention), intervention (during treatment), and follow-up (post-intervention). The effect size of the therapeutic intervention was also calculated to quantify treatment impact.

2.6. Case introduction

Case 1:

Demographic Information: 18-year-old female, single, final-year high school student, residing in Tehran.

History: No prior psychiatric disorders or medication use; family history of mood disorders reported in the mother.

Bereavement Trigger: Sudden death of father in a traffic accident two years ago.

Symptoms and Signs: Persistent depressed mood, frequent crying, feelings of emptiness and meaninglessness, obsessive thoughts about death, nightmares, and declining academic performance. Initial insomnia and decreased appetite reported.

Case 2:

Demographic Information: 21-year-old female, single, undergraduate student in Social Sciences.

History: No major physical or psychiatric illnesses; extensive social network but limited social support.

Bereavement Trigger: Loss of grandmother due to COVID-19 three years ago.

Symptoms and Signs: Social withdrawal, intense guilt, persistent preoccupation with the deceased, passive suicidal thoughts, anxiety, and panic attacks when reminded of the deceased.

Case 3:

Demographic Information: 42-year-old male, married, father of two, employed at a software company.

History: Occasional alcohol use; no prior psychiatric history.

Bereavement Trigger: Mother's death due to cancer one year ago.

Symptoms and Signs: Severe irritability, verbal aggression toward family members, middle insomnia, somatic complaints (tension headaches and diffuse pain), avoidance of places or conversations related to mother, high fatigue, and reduced interest in daily activities.

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3. Findings and Results

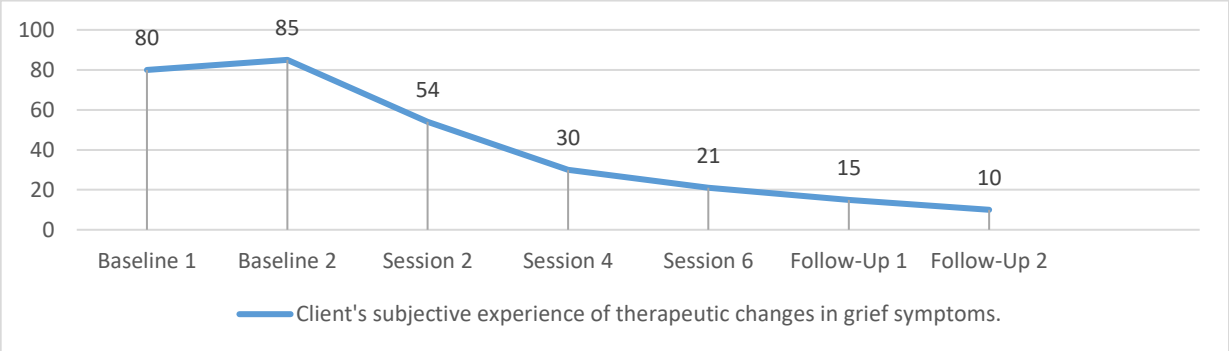
The results of the intervention and differences between baseline, intervention, and follow-up phases are presented in the following tables and figures. The Treatment Outcome Self-Rating Scale (TOSRS) was used to evaluate treatment effectiveness, while the SCL-90 questionnaire assessed participants' mental health. Effectiveness was determined through visual graph analysis, clinical significance, and cutoff scores.

3.1. Treatment Results – Case 1

The pre- and post-intervention scores on the Treatment Outcome Self-Rating Scale for Case 1 are shown in Figures 1 and 2.

Figure 1

Self-Rated Severity of Grief Symptoms for Case 1 Before, During, and After Treatment



As shown in Figure 1, the participant's psychological state before the intervention was at a severely unhealthy level, with grief symptoms reaching approximately 80% of the maximum intensity from the participant's lived experience perspective. Following the psychoanalytic paradoxical therapy intervention, scores decreased to their lowest levels, between 10–15%, reflecting a substantial improvement in perceived mental health. A closer examination of Figure 1 indicates a clear downward trend in grief symptoms and distress, demonstrating both the clinical significance and the meaningful effectiveness of the psychoanalytic paradoxical therapy model.

Furthermore, the results of baseline, intervention, and follow-up assessments regarding Case 1's overall mental health are presented in Figure 2.

Figure 2

Scl90-R Scores Of Mental Health Status of Case 1 Before, During, and After Intervention

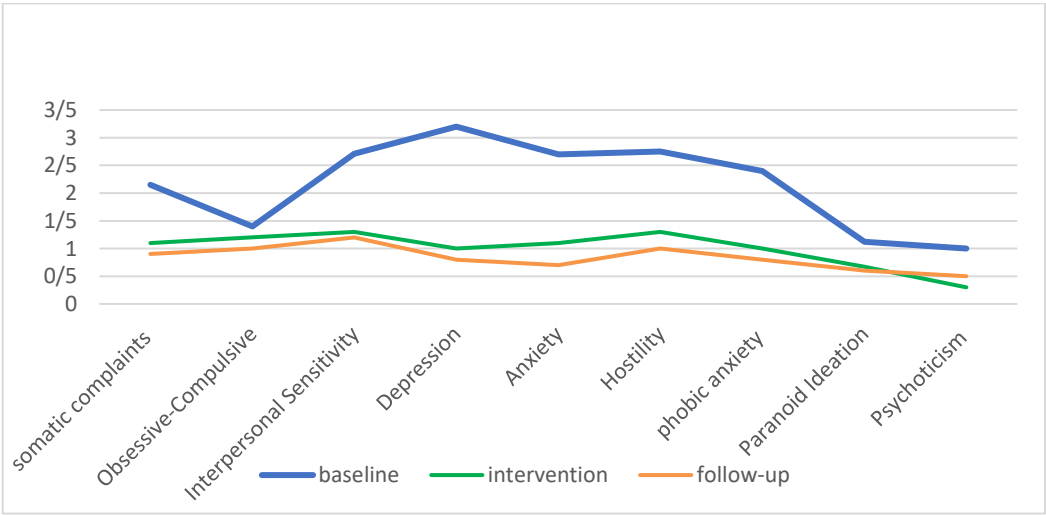


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Figure 2 illustrates the participant's mental health across baseline, intervention, and follow-up phases. The T-scores of the SCL-90 subscales before and after treatment changed as follows: somatization (from 2.15 to 0.9), obsessive-compulsive (from 1.4 to 1.1), interpersonal sensitivity (from 2.7 to 1.3), depression (from 3.2 to 0.8), anxiety (from 2.7 to 0.7), hostility (from 2.75 to 1), phobic anxiety (from 2.4 to 0.7), paranoid ideation (from 1.2 to 0.6), and psychoticism (from 1 to 0.5). This figure demonstrates improvements across all subscales, including depression, anxiety, and hostility, indicating the positive impact of psychoanalytic paradoxical therapy on the participant's clinical symptoms.

In addition to the quantitative outcomes, the qualitative report from Case 1 further supports the effectiveness of the intervention. The participant stated:

"The intensity of my sobbing and crying during exercises is no longer as strong—maybe 10–20%. Outside the exercises, I sometimes feel choked up, but it passes quickly, and I remind myself, 'God bless them, death is a natural fact.' … I am thinking more rationally now, and my mind is not constantly stuck on the past or the loss. I am focusing on the future and how I can live a better life."

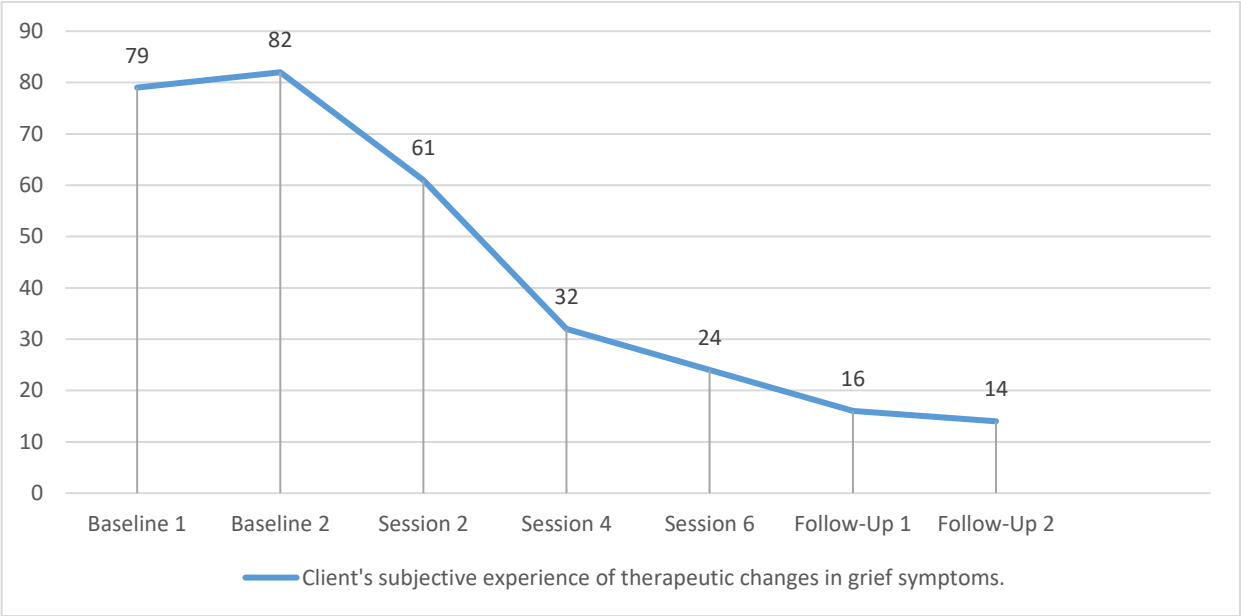
This qualitative feedback reinforces the clinical significance and therapeutic efficacy of the intervention.

3.2. Treatment Results – Case 2

The pre- and post-intervention scores for Case 2 are presented in Figures 3 and 4. These figures illustrate the changes in the participant's grief severity and overall mental health following the psychoanalytic paradoxical therapy intervention.

Figure 3

Grading of Grief Symptom Severity for Case 2 Before, During, and After Intervention



As shown in Figure 3, the participant's psychological status prior to the intervention indicated a high level of distress, with grief symptoms rated at 79% from the participant's subjective perspective. Following the psychoanalytic paradoxical therapy intervention, scores decreased to their lowest level at 14% (representing the participant's perceived level of mental health). A closer examination of Figure 3 reveals a clear reduction in grief symptoms and distress, indicating both clinical significance and the substantial effectiveness of the psychoanalytic paradoxical therapy model.

The analysis of baseline and post-intervention mental health for Case 2 is presented in Figure 4.

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Figure 4

Scl90-R Scores Of Mental Health Status of Case 2 Before, During, and After Intervention

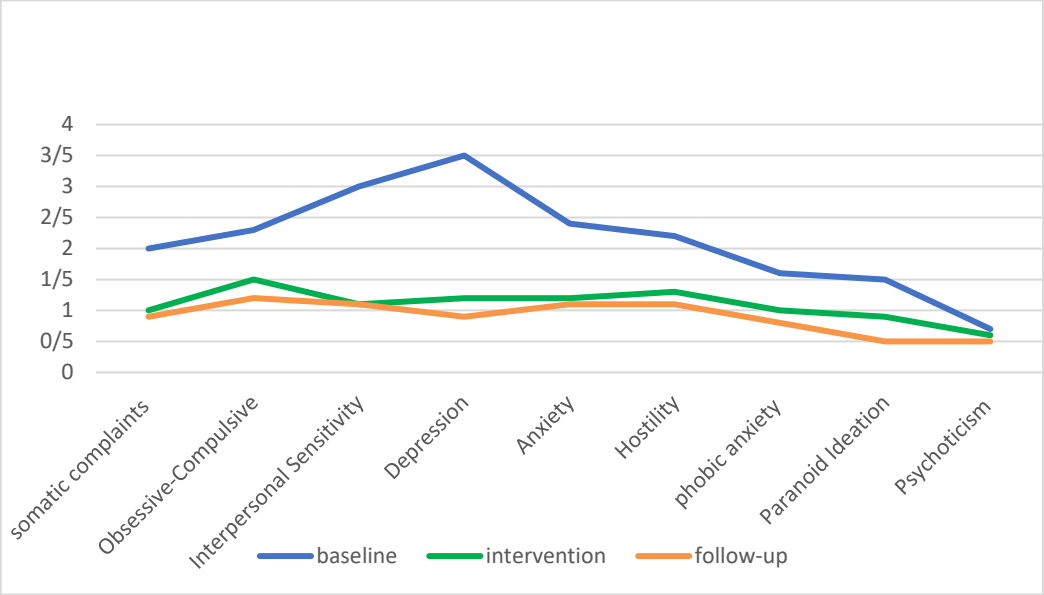


Figure 4 illustrates the participant's mental health status across the baseline, intervention, and post-intervention phases. The SCL-90 T-scores before and after treatment were as follows: somatic complaints (from 2 to 1), obsessive-compulsive symptoms (from 2.4 to 1.5), interpersonal sensitivity (from 3 to 1.1), depression (from 3.5 to 0.9), anxiety (from 2.4 to 1.1), hostility (from 2.2 to 1.4), phobic anxiety (from 1.6 to 0.8), paranoid ideation (from 1.5 to 0.5), and psychoticism (from 0.7 to 0.5). This figure demonstrates improvements across most subscales, particularly depression, anxiety, and interpersonal sensitivity, indicating the positive impact of psychoanalytic paradoxical therapy on the participant's clinical symptoms and the generalization of treatment effects.

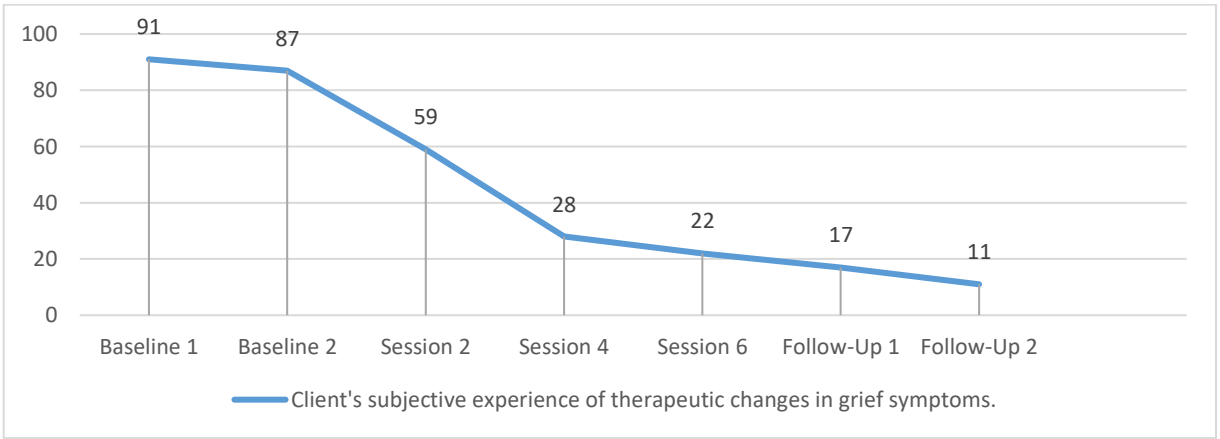
Qualitative data further support the intervention's effectiveness. The participant reported: "My crying and longing are no longer as intense; perhaps only a small portion remains that doesn't disrupt my life. Now, when I think of my late grandmother, it is accompanied more by calm acceptance than by grief. I remember her good memories more, and I don't try to escape from them." These changes reflect both the clinical effectiveness and meaningful therapeutic impact of the intervention.

3.3. Treatment Results – Case 3

The results of pre- and post-intervention assessments for Case 3 are presented in Figures 5 and 6.

Figure 5

Grief Symptom Severity Ratings for Case 3 Before, During, and After Treatment



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As shown in Figure 5, the participant's psychological condition prior to the intervention was highly impaired, with grief-related symptoms reported at 91% of maximum severity. Following the paradoxical psychoanalytic therapy intervention, scores decreased to 11%, reflecting the participant's perceived level of psychological well-being. A close examination of Figure 5 indicates a marked reduction in both grief symptoms and associated distress, demonstrating the clinical significance and substantial effectiveness of the Analytical Paradoxical Therapy model. The results of the baseline, intervention, and post-intervention assessments for the participant's overall mental health are presented in Figure 6.

Figure 6

Scl90-R Scores Of Mental Health Status of Case 3 Before, During, and After Intervention

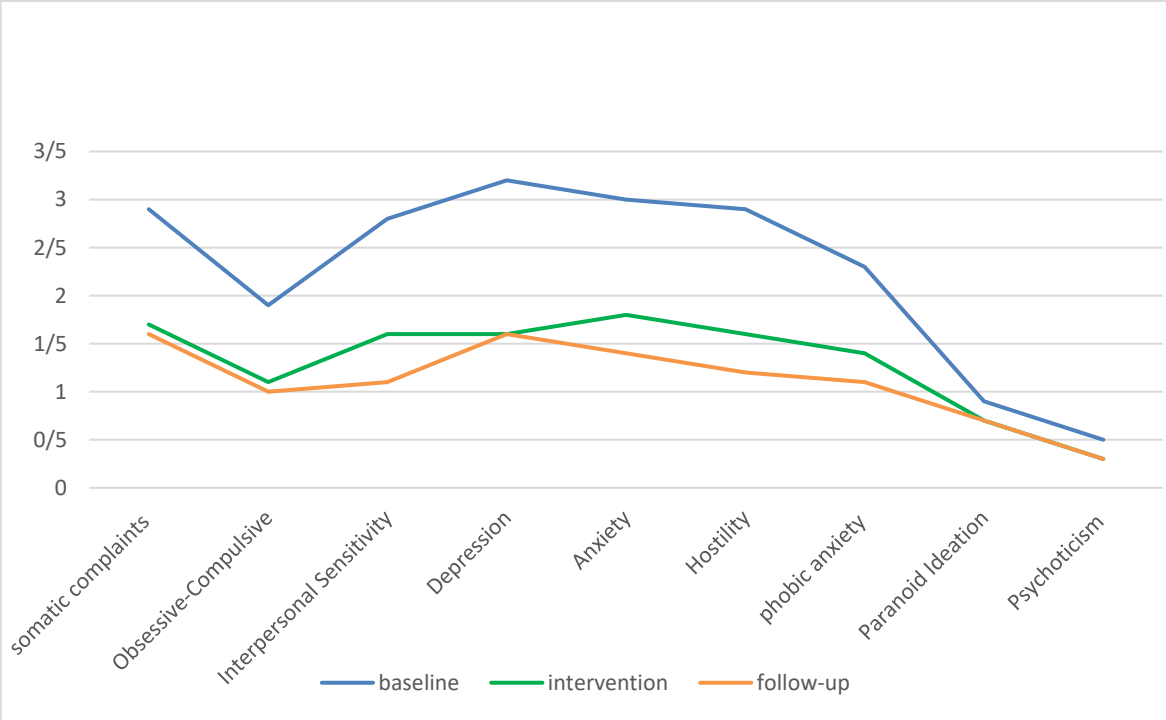

Figure 6 illustrates the mental health status of Case 3 across the baseline, intervention, and post-intervention phases. SCL-90 standardized scores before and after treatment changed as follows: somatic complaints (from 2.9 to 1.6), obsessive-compulsive symptoms (from 1.9 to 1.0), interpersonal sensitivity (from 2.7 to 1.1), depression (from 3.3 to 1.6), anxiety (from 3.0 to 1.4), hostility (from 2.9 to 1.2), phobic anxiety (from 2.3 to 1.1), paranoid ideation (from 0.8 to 0.7), and psychoticism (from 0.5 to 0.4). This figure demonstrates improvements across most subscales, particularly in depression, anxiety, and interpersonal sensitivity, indicating the positive effect of Analytical Paradoxical Therapy on the clinical symptoms of this participant.

3.4. Clinical Significance

Jacobson et al. (1984, as cited in McKay, 2008) emphasized that establishing treatment efficacy requires determining clinically significant change (cut-off point). The results indicated that participants' scores on the subscales of somatic complaints, interpersonal sensitivity, hostility, and depression were above the cut-off (greater than 2) prior to the intervention and fell below the cut-off (less than 2) following the intervention. Notably, the therapeutic changes also manifested across other clinical symptom domains of mental health, confirming the generalization of treatment effects in the participants. Table 1 and the following section illustrate the observed treatment efficacy.

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Table 1

Changes in Global Symptom Index (GSI) and Effect Sizes Across Research Phases

Index / Phase	Participant 1 GSI	Participant 2 GSI	Participant 3 GSI
Baseline Mean (SD)	2.15 (0.76)	2.11 (0.69)	2.26 (0.81)
Intervention Mean (SD)	0.99 (0.39)	1.08 (0.41)	1.31 (0.51)
Follow-up Mean (SD)	0.83 (0.34)	0.90 (0.37)	1.12 (0.42)
Cohen's d (Intervention)	0.73	0.79	0.75
Percentage Improvement (Intervention)	53.95%-	48.8%-	42.03%-
Cohen's d (Follow-up)	0.75	0.80	0.81
Percentage Improvement (Follow-up)	61.39%-	57.35%-	50.44%-

As shown in Table 1, the Global Symptom Index (GSI) from the SCL-90-R, along with effect sizes (Cohen's d) and percentage improvement, were used to report the outcomes. For Participant 1, the intervention effect was significant with Cohen's d = 0.73 and a percentage improvement of 53.95%. For Participant 2, Cohen's d = 0.79 with a 48.8% improvement, and for Participant 3, Cohen's d = 0.75 with a 42.03% improvement. Overall, these effect sizes indicate the clinical significance of the intervention and demonstrate a meaningful reduction in the clinical and maladaptive symptoms of the participants.

4. Discussion

The present study demonstrates the efficacy of paradoxical therapy in improving grief symptoms and overall mental health among individuals experiencing prolonged grief disorder (PGD). Paradoxical interventions in the treatment of psychological disorders aim to help clients adopt more flexible perspectives and view their difficulties from a novel, often counterintuitive, standpoint. A major advantage of these interventions is their ability to induce rapid and fundamental behavioral changes in the structure of psychological functioning (Peluso & Freund, 2023). Findings from this study indicate that the use of paradoxical techniques, including the prescription of the symptom itself, led to significant improvements in grief-related symptoms. These results are consistent with previous research by Jahanpanah et al. (2023), Soltani & Fatehizade(2020), Basharat (2019), and Etemadi et al. (2025). From a practical standpoint, paradoxical therapy requires individuals with complicated grief to consciously recall, reconstruct, and emotionally experience loss-related symptoms according to a structured plan—an approach fully compatible with psychoanalytic principles. In psychoanalysis, free association coupled with emotional experience facilitates the conscious processing of unconscious material and supports the therapeutic "working through" of loss (Thurschwell, 2009). Through the paradoxical prescription of the symptom itself, previously uncontrolled or unregulated grief-related emotional states become intentionally engaged. This process, referred to as "directive intensification" or "artificial induction," allows clients, under the guidance of the therapist, to deliberately enhance these feelings, such as sorrow, sense of loss, or grief-related distress, thereby promoting adaptive processing and integration.

Recent empirical evidence indicates that paradoxical therapy or paradoxical interventions are significantly effective in reducing symptoms of various psychological disorders, particularly anxiety disorders and social anxiety (Besharat, 2019b, 2023; Salehin et al., 2025). For example, a quasi-experimental study on individuals with social anxiety disorder demonstrated that six scheduled sessions of paradoxical therapy significantly reduced anxiety sensitivity and attention-related problems, with effects sustained at follow-up (Babaie et al., 2024). Tahernajad et al. (2022) found paradoxical therapy effective in improving self-coherence, self-awareness, and reducing depression, anxiety, and stress among individuals with spinal cord injury. Soltani & Fatehizade (2020) reported the efficacy of paradoxical therapy in alleviating rumination symptoms in clients experiencing romantic breakup. Mohammadi et al. (2019) indicated that the paradoxical timetable approach is a rapid and effective method for reducing obsessive-compulsive symptoms, outperforming exposure and response prevention and pharmacotherapy. Similarly, Ghadimi Nuran et al. (2020) reported paradoxical therapy to be highly effective in treating binge-eating disorder in women, with effects maintained at follow-up.

Paradoxical therapy, as a brief and innovative psychotherapeutic approach, has gained attention for controlling and reducing symptoms of psychological disorders, including complicated and prolonged grief. In a study by Jahanpanah et al. (2023) on women with complicated grief, eight group sessions of paradoxical

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therapy led to significant symptom improvement. Another study showed paradoxical therapy effectively reduced COVID-19-related anxiety and associated physical and psychological symptoms (Eatesamipour et al., 2022). Etemadi et al. (2025) in a randomized controlled trial demonstrated that PGD patients who were instructed to engage in 30 minutes of daily grief exposure showed greater symptom reduction compared to those who avoided grief-related stimuli.

The findings of the present study indicate that the Paradoxical Timetable free association model effectively promotes post-traumatic growth and self-compassion among individuals experiencing prolonged grief after COVID-19 bereavement. The demonstrated efficacy of PTC in enhancing these constructs underscores its value as a therapeutic approach for individuals facing long-term grief due to the pandemic.

The mechanism of action of paradoxical therapy is based on deliberate and intelligent exposure to problematic symptoms or behaviors. In this approach, the patient is voluntarily and therapeutically guided to confront their fear or anxiety in a paradoxical manner—that is, to engage in behaviors that may initially seem to exacerbate the problem but, in fact, reduce anxiety. This exposure enables the patient to recognize the exaggerated nature of their fear, gradually diminishing resistance and alleviating anxiety (Besharat, 2023). One key mechanism is "artificial induction," in which symptoms are intentionally experienced as if the patient is performing a role prescribed by the therapist. Artificial induction, combined with the paradoxical prescription of the symptom and the delayed initiation of scheduled tasks, reduces or eliminates task-related anxiety and increases the likelihood of reconstructing the symptom while diminishing distress. Moreover, paradoxical therapy, through artificial induction and the disruption of avoidance cycles, facilitates the re-experiencing of negative emotions such as grief and anxiety, helping the individual break free from maladaptive patterns of worry. This process applies directly to prolonged grief: individuals gradually gain controlled exposure to negative affect, ultimately mastering their emotional responses.

Interventions based on free association (Freud, 1913) have been a central tool in psychoanalysis and psychodynamic psychotherapy since Freud. Free association allows unconscious content—particularly repressed emotions and memories related to loss or internal conflicts—to surface into conscious awareness, enabling the individual to experience, recognize, and interpret them. Recent research indicates that the process of free association not only enhances insight and emotional self-awareness but also engages neural circuits involved in emotion processing (e.g., the amygdala and prefrontal cortex), thereby facilitating emotional regulation and reducing psychological symptoms (Kächele et al., 2011; Shedler, 2010). Specifically, in disorders such as prolonged grief, free association provides the patient with an opportunity to experience memories and emotions associated with the deceased without avoidance or repression, promoting reintegration of the loss experience into the psychic structure and supporting meaning reconstruction.

On the other hand, the Paradoxical Timetable Therapy is grounded in psychoanalytic theory, which posits that ego weakness is a primary factor in emotional disturbances and psychological disorders. Freud (1923, as cited in Besharat, 2023) argues that psychopathology fundamentally arises from an imbalanced relationship among the three core psychic structures—Id, Ego, and Superego. Mental health is maintained when the ego, as the apex of the personality triangle, can effectively regulate and manage the conflicts between the Id and Superego. Through engaging with this therapeutic approach, the client actively confronts these internal conflicts, gradually shifting the psychic equilibrium so that the ego assumes a central and authoritative role within the personality structure.

The speed and extent of ego strengthening appear to depend on several factors, including the innate and genetic robustness of the ego, as well as the intensity and speed of an individual's emotional responses under various conditions, whether typical or atypical. These emotional experiences simultaneously represent the underlying causes of psychological disturbances and form the foundation for the therapeutic process. In Paradoxical Therapy, this process is intentionally structured to emphasize the patient's practical, firsthand engagement in a direct and straightforward manner (Besharat, 2019a). Research findings suggest that utilizing these mechanisms effectively reduces negative emotions and, in turn, enhances psychological functioning and overall mental well-being.

Recent research indicates that Prolonged Grief Disorder (PGD) involves disruptions in the brain's reward system, such as hyperactivation of the nucleus accumbens during recollection of the deceased (O'Connor et al., 2008), impairments in autobiographical memory processing leading to rumination (Drożdżowicz, 2020), and the use of maladaptive coping strategies such as avoidance or excessive preoccupation with the loss (Boelen et al., 2018).

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It appears that complex psychological and neurobiological mechanisms—such as reduced activity in anxiety-related regions (e.g., the amygdala) and enhanced activation of areas responsible for cognitive control (e.g., the prefrontal cortex)—play a role in psychoanalytic paradoxical therapy.

Several neurocognitive mechanisms may underlie the effectiveness of paradoxical therapy: 1. Reduction of amygdala activity. Studies have shown that targeted exposure and psychological interventions can gradually reduce amygdala activity, the central hub for fear and anxiety processing. For instance, research on functional changes in stress responses within the amygdala has demonstrated that decreased activity in these anxiety-related regions is associated with symptom reduction (Zhang et al., 2018). Paradoxical therapy, by reducing fear of grief-related reactions, may help regulate the hyperactivation of the amygdala observed in PGD (O'Connor et al., 2008). 2. Enhancement of prefrontal cortex activity. The prefrontal cortex, responsible for cognitive control, decision-making, and emotional regulation, can be strengthened through psychotherapeutic approaches such as paradoxical therapy. Enhanced prefrontal functioning improves self-regulation and reduces maladaptive responses. Research has shown that increased activity in this region contributes to decreased anxiety symptoms (Shenhav et al., 2013). 3. Neuroplasticity. Structural and functional changes in the brain through neuroplasticity are recognized as a foundation for therapeutic improvement. Psychotherapeutic interventions that restructure neural pathways and weaken entrenched maladaptive thought patterns have been supported by evidence from neuroimaging and functional studies (Pascual-Leone et al., 2005; Price & Duman, 2020).

Taken together, these mechanisms provide a scientifically supported neurocognitive framework for understanding the efficacy of paradoxical therapy and other psychological interventions in the treatment of PGD.

5. Conclusion

Overall, it can be concluded that psychoanalytic Paradoxical Therapy, combined with free association, serves as an effective approach for treating prolonged grief disorder (PGD) by reducing symptom severity and improving patients' psychological functioning. This approach can be considered as a complementary or alternative option within psychotherapy programs addressing complicated grief. Paradoxical Therapy represents a practical, low-cost, and intensive intervention for PGD, particularly for clients resistant to conventional treatments. Given its effectiveness in alleviating grief-related symptoms, it is recommended that this method be incorporated into counseling and psychotherapy programs. Due to its short-term format, cost-effectiveness, and structured protocol, this therapeutic model can be implemented in various clinical settings and applied by counselors and psychotherapists following basic training. Additionally, it can serve as a complementary strategy alongside other interventions for clients experiencing severe grief.

6. Limitations & Suggestions

Despite the contributions of the present study, several limitations should be acknowledged. The primary limitation concerns the relatively small sample size in the intervention phase, which may have reduced the statistical power of the analyses and limited the ability to detect smaller but potentially meaningful effects of the intervention. A small sample also increases the risk of sampling bias and restricts the representativeness of the participants, thereby constraining the extent to which the findings can be confidently generalized to broader clinical or population contexts.

In addition, the cross-sectional nature of the study design constitutes another important limitation. Because data were collected at a single point in time, the study does not allow for the examination of causal relationships or changes over time. Consequently, it is not possible to determine the stability, durability, or long-term effects of the observed outcomes. This design also limits the capacity to assess developmental or process-oriented dynamics that may be particularly relevant in intervention-based research.

Future studies would benefit from employing larger and more diverse samples, as well as longitudinal or experimental designs, to enhance statistical robustness, improve external validity, and provide stronger evidence regarding causal mechanisms and long-term intervention effects.

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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

Not applicable.

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