


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

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the opening paragraph beginning “Grief is a universal response to loss...”, the authors correctly introduce PGD classification; however, the introduction would benefit from a clearer conceptual distinction between PGD, Persistent Complex Bereavement Disorder, and major depressive disorder. Without such clarification, readers may struggle to understand the diagnostic boundaries guiding participant selection.

The paragraph discussing Freud’s Mourning and Melancholia effectively contextualizes psychoanalytic foundations, yet the transition from classical psychoanalysis to paradoxical therapy remains abrupt. The manuscript should explicitly articulate the theoretical bridge explaining how paradoxical symptom prescription logically emerges from psychoanalytic mechanisms rather than behavioral or strategic therapy traditions alone.

In the paragraph citing Rubin et al. (2020) and Henderson & Black (2021), the review privileges psychoanalytic interpretations of grief while giving comparatively limited attention to contemporary empirically supported PGD treatments. Expanding discussion of modern clinical guidelines would strengthen scientific balance and prevent theoretical bias.

The paragraph stating that visual graph analysis was used aligns with single-case methodology; however, the addition of effect sizes (Cohen's *d*) requires explanation of calculation procedures for single-subject data. Without methodological clarification, statistical interpretation may appear inconsistent.

In the results section describing Figure 1, the claim of "substantial improvement" relies heavily on subjective percentage ratings. The manuscript should clearly distinguish between subjective improvement and clinically significant change based on standardized measures.

The statement "therapeutic changes also manifested across other clinical symptom domains" would benefit from quantitative benchmarks or reliable change indices rather than narrative interpretation alone. Including formal clinical significance calculations would strengthen credibility.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The sentence "Indeed Mourning is a set of mental processes..." introduces an important construct but lacks citation or operational definition. I recommend clearly defining mourning as either a psychoanalytic process, phenomenological experience, or clinical syndrome to enhance conceptual rigor.

Several consecutive paragraphs reiterate Freud's views on mourning and object loss. While historically valuable, condensation of these sections would improve readability and allow more space for contemporary empirical research directly supporting paradoxical interventions.

The final paragraph of the Introduction states that paradoxical therapy is a "novel and effective intervention," yet the literature cited includes mainly case studies and quasi-experimental work. The rationale should more explicitly identify the empirical gap (e.g., lack of psychoanalytic paradoxical protocols for PGD) rather than assuming established effectiveness.

In the paragraph beginning "From the perspective of its objective, this study is applied in nature...", the terminology alternates between "experimental," "single-subject," and "clinical investigation." These labels should be harmonized and aligned with accepted methodological terminology (e.g., single-case experimental design) to avoid ambiguity.

The section describing Psychoanalytic Paradoxical Therapy is detailed but lacks a formal treatment manual or fidelity checklist. The statement "under the therapist's guidance..." remains vague; specifying therapist behaviors, adherence criteria, or supervision procedures would enhance replicability.

Across Sessions 2–5, repeated wording such as "review execution of prior session assignments" suggests procedural uniformity but does not clarify therapeutic progression. I recommend adding explicit therapeutic objectives or mechanisms of change unique to each session.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.