



# Paradoxical Therapy in Couple and Family Therapy: Mechanisms of Change and Implications




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E d i t o r	R e v i e w e r s
Anela Hasanagic  Full Professor, Department of Psychology, Faculty of Islamic Education, University of Zenica, Bosnia and Herzegovina anela.hasanagic@unze.ba	<b>Reviewer 1:</b> Parvaneh Mohammadkhani  Professor, Department of Clinical Psychology, University of Rehabilitation Sciences and Social Health, Tehran, Iran. Email: Pa.mohammadkhani@uswr.ac.ir <b>Reviewer 2:</b> Mohammadreza Zarbakhsh Bahri  Associate Professor, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran. Email: M.Zarbakhsh@Toniau.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The phrase “Amidst the growing repertoire of therapeutic interventions, paradoxical techniques...” is strong, but you might contextualize it by briefly noting the historical trajectory of paradoxical methods in family therapy since Haley (1976), to strengthen grounding.

In the section discussing ACT and EFT comparisons, the sentence “paradoxical therapy performs comparably—or in some dimensions, superiorly” requires more nuance. Please indicate which outcomes were superior, and in which contexts.

In the sentence “The five final themes identified were: (1) Restoration of Volitional Control...”, it would be helpful to indicate which themes were most dominant in the literature, beyond simply stating frequency of sources.

The table is comprehensive, but ensure consistent use of subtheme terminology. For example, “De-shaming of conflict behavior” is mentioned here but not fully elaborated in the results narrative.

The paragraph “The fifth and final theme, Therapeutic Resistance Bypass...” could be enriched by including a case example or a brief quotation from one of the reviewed studies to illustrate the mechanism in practice.

The sentence “Therapists should ensure that clients understand the paradoxical logic...” is important. Expand with practical guidance on psychoeducation strategies—e.g., role-play, metaphor use, or humor—to help practitioners.

Response: Revised and uploaded the manuscript.

## 1.2. Reviewer 2

Reviewer:

When discussing the “structured 10-minute complaint period” or “15-minute stalling time”, please provide proper citations or indicate whether these are hypothetical illustrations. Otherwise, readers may misinterpret them as direct clinical case evidence.

The paragraph beginning with “PTC is conceptually rooted in the logic of behavioral, Systemic and psychodynamic paradoxes...” blends multiple theoretical bases. Consider separating systemic, behavioral, and psychodynamic rationales into distinct sentences for conceptual clarity.

The claim “PTC functions as a multifaceted intervention capable of altering not only individual behavior but also relational scripts...” is strong but somewhat repetitive of the abstract. Consider emphasizing novel insights specific to your synthesis.

The paragraph beginning with “Moreover, the theme of resistance bypass...” should expand on how PTC compares with other systemic approaches like structural or narrative therapy, not just ACT/EFT, to position it more fully.

The suggestion to explore telehealth applications of PTC is innovative. However, please expand on how paradoxical interventions might need to be adapted in digital contexts—especially considering asynchronous communication.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.