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Research Article

Designing and Validating the Paradoxical Group Therapy (PGT) Protocol for Anxiety Disorders

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Abstract

Objective: Anxiety disorders require cost-effective and time-limited interventions. The present study aimed to design and validate a Paradoxical Group Therapy (PGT) protocol for anxiety disorders.

Method: This study employed a mixed-methods approach, conducted in two phases using a sequential qualitative (focus group) and quantitative (descriptive-survey) design for the purpose of designing and establishing the content validity of the Paradoxical Group Therapy protocol. The statistical population consisted of eight expert psychotherapists experienced in paradoxical therapy and group therapy. The protocol's validity was then evaluated using the Content Validity Ratio (CVR) and the Content Validity Index (CVI).

Results: The protocol comprised five core stages: (1) the pre-group stage, (2) the initial stage, (3) the transition stage, (4) the working or therapeutic stage, and (5) the termination stage. Special paradoxical therapy techniques such as symptom prescription, exaggeration therapy, goal reversal, paradoxical role-playing, paradoxical intention, and focusing on the here and now were collected. The results indicated that the content validity of the protocol was confirmed at an acceptable level (CVI = 0.91; CVR = 0.97). Given that all session-level CVR values exceeded 0.85, and the overall mean CVR (0.97) was higher than the minimum acceptable value proposed by Lawshe (1975), it can be concluded that experts rated the paradoxical group therapy protocol for anxiety disorders as appropriate and valid.

Conclusion: This validated protocol can serve as a standardized and practical tool for psychotherapists and clinicians familiar with paradoxical psychotherapy, providing a structured approach to the treatment of anxiety disorders in group settings.

Keywords: Anxiety Disorders, Paradoxical Therapy, Paradoxical Group Therapy, PTC, Mental Health.

Extended Abstract

Background and Objectives

Empirical research has shown that paradoxical techniques are effective in individual treatment for anxiety disorders (Asayesh, 2025a). Studies by Besharat (2017, 2019, 2020) indicate positive outcomes for obsessive-compulsive disorder, social anxiety, and generalized anxiety disorder. Similarly, Salehin and Asayesh (2025) reported reductions in social anxiety and improved self-confidence among students, while Asayesh and Parsakia (2025a) highlighted the importance of paradoxical assignments, active acceptance of symptoms, and engagement with dysregulated emotional experiences.

Although paradoxical therapy has proven helpful in individual settings (Asayesh, 2025b; Besharat, 2023) and family settings (Asayesh and Parsakia, 2025b; Besharat, 2017, 2019), applying it to large samples requires substantial time, energy, and financial resources. Group therapy, however, offers a supportive interpersonal environment, allowing therapeutic factors such as empathy, shared experience, and peer observation to enhance treatment effectiveness (Burlingame et al., 2011; Yalom & Leszcz, 2020). It also reduces costs and increases treatment acceptability. Group-based approaches for anxiety further help individuals recognize maladaptive patterns, strengthen interpersonal skills, reduce avoidance and shame, and build self-efficacy and distress tolerance (Bieling et al., 2022).

Despite these benefits, no culturally adapted or standardized paradoxical group therapy protocol for anxiety disorders currently exists. Therefore, the present study aims to develop a structured group-based paradoxical intervention for adolescents and adults. By doing so, it seeks to advance clinical practice and expand effective therapeutic options in mental health care.

Materials and Method

This study employed a mixed-methods approach, conducted in two phases using a sequential qualitative (focus group) and quantitative (descriptive-survey) design. In the first phase, the focus group method and focus group interviews were used to develop the initial content of the paradoxical group therapy protocol. In this stage, in addition to conducting a documentary analysis, expert opinions gathered through a focus group were incorporated to develop the content of the educational package and the objectives and tasks for each session.

the key components of a paradoxical group therapy protocol for anxiety were extracted through an extensive documentary review. Session content was organized based on empirical evidence, theoretical models of anxiety, and effective therapeutic practices. Core paradoxical techniques—such as symptom-prescription scheduling, exaggeration, goal reversal, paradoxical role-playing, paradoxical intention, and here-and-now focus—were integrated into the structure. Principles of group psychotherapy outlined by Yalom and Leszcz (2020) were also incorporated. The draft protocol then underwent several rounds of expert review and revision, refining session formats, exercises, and assignments.

In the second phase (descriptive-survey), the content validity of the protocol was assessed using CVR and CVI methods within a descriptive-survey design. The sample included 8 clinical psychologists and psychotherapists in Tehran specializing in paradoxical and group therapy. Two instruments—the Treatment Manual Evaluation Scale and the Therapeutic Session Evaluation Questonnaire—were employed to evaluate content and structural validity.

Results

The main dimensions of the Paradoxical Group Therapy Protocol for anxiety disorders were defined through six structured sessions.

Pre-group Stage: Social stage, diagnostic interview, preliminary preparation/ Developing a therapeutic contract

Initial Group Stage (Session 1): Building therapeutic alliance, group assessment of problems and symptoms, goal setting/ Goal reversal, prescription of "no change," attending to symptoms; creating a personal list of anxiety symptoms and tracking their daily intensity

Transition Stage (Session 2): Group sharing and discussion of anxiety-related experiences between sessions/ Prescribing the actual anxiety symptom within a paradoxical daily schedule, 3 times per day, up to 10 minutes each

Transition Stage (Session 3): Paradoxical role-playing, facilitating emotional experiences/ Encouragement to "continue feeling anxious," continuation of paradoxical symptom scheduling 2–3 times daily (max 10 min), adjusted to progress and symptom changes; reinforcing paradoxical engagement

Working/Therapeutic Stage (Session 4): Normalizing fluctuations in anxiety, promoting gradual change, feedback and self-referencing/ Continuation of paradoxical symptom prescription 2–3 times daily (max 10 min), adjusted to progress; introduction of a new symptom prescription (if relevant); implementation of Complementary Technique I (if needed)

Working/Therapeutic Stage (Session 5): Consolidation of changes, group feedback and monitoring/ Continuation of paradoxical scheduling with gradual reduction for the primary symptom and continued prescription for the secondary symptom (1–2 times daily, max 10 min); implementation of Complementary Technique II (if needed)

Termination Stage (Session 6): Group reflection and self-referencing on achieved progress/ "Incomplete ending" assignment, development of a self-therapy plan, and scheduling of follow-up sessions

The results showed that the S-CVI = 0.928, which is well above the minimum acceptable threshold of 0.79. Therefore, it can be concluded that the experts evaluated the Paradoxical Group Therapy Protocol as appropriate, well-structured, and content-valid.

Based on the results, the minimum CVR value obtained for the evaluation questionnaire of the Paradoxical Group Therapy sessions was 0.85. According to Lawshe's (1975) criteria, for a panel of eight experts, the minimum acceptable CVR value is **0.75**. Therefore, all sessions meet the required content validity threshold. The level of agreement among the raters was assessed using Fleiss' Kappa coefficient, which yielded a value of $\kappa = 0.81$ ($p < 0.001$), indicating a high level of inter-rater agreement.

Discussion

Implementing paradoxical therapy in a group setting depends on an active interpersonal atmosphere that encourages interaction and mutual involvement, thereby strengthening therapeutic outcomes. Several core group dynamics are essential for the success of paradoxical group interventions. **First**, creating a climate of safety and trust enables members to share experiences openly and participate in paradoxical tasks without fear of judgment, forming the foundation for effective treatment.

Second, shared experiences and the sense of universality reduce feelings of isolation, helping members recognize that others face similar struggles and motivating them to confront anxiety symptoms. **Third**, strong and skilled group leadership is vital; therapists must manage conflicts, assign paradoxical tasks creatively, and guide the change process to prevent misunderstanding or resistance.

Fourth, open and constructive interactions allow for social acceptance, peer feedback, and emotional rebuilding. Supportive communication deepens self-awareness and strengthens internal transformation.

Finally, group-based emotional regulation enables members to observe and adjust emotional responses during real interpersonal exchanges—a crucial process for individuals with anxiety disorders, who often struggle with dysregulated emotion processing.

Conclusion

In paradoxical group therapy, observing peers successfully engage with paradoxical tasks boosts motivation and commitment to face personal fears. Its effectiveness relies on careful management of group dynamics—creating a safe, supportive environment, guiding tasks creatively, addressing resistance, and fostering emotional regulation. Properly implemented, this approach enhances individual outcomes while leveraging group mechanisms like feedback, catharsis, and observational learning, leading to lasting improvements in social functioning, self-confidence, and quality of life. Overall, Paradoxical Group Therapy is a promising, evidence-based method for treating anxiety disorders.

Introduction

Anxiety disorders are among the most prevalent psychological disorders (Twenge et al., 2019). These conditions exert a significant negative impact on individuals' quality of life, social relationships, and overall functioning (Bruggeman et al., 2022). During adolescence and adulthood, individuals experience profound developmental changes associated with puberty, identity formation, growing independence, and cognitive maturation. Although adolescence provides many opportunities for growth and transformation, some of these changes can lead to mood fluctuations and difficulties in emotion regulation (Arnett, 2023), which often persist into young adulthood and bring about various psychological challenges.

Based on Diagnostic and statistical manual of mental disorders (DSM-5-TR), Among mental disorders, anxiety disorders—including generalized anxiety disorder, social anxiety disorder, agoraphobia, and panic disorder—are among the most common (American Psychiatric Association, 2022; Zarafshan et al., 2015). Such anxiety and worry often interfere with individual, social, and academic functioning (GBD 2019 Diseases and Injuries Collaborators, 2020). Recent studies in Iran also indicate an increasing prevalence of anxiety disorders, particularly generalized anxiety disorder, especially among girls (Fadavi et al., 2021). Recent research has highlighted the severe psychological, social, and economic consequences of anxiety disorders (Casares et al., 2024). Furthermore, evidence shows that generalized anxiety disorder is linked to a heightened risk of developing other mental health problems, including major depressive disorder, substance use disorders, and suicidal ideation and behaviors in adulthood (Copeland et al., 2021). Individuals experiencing generalized anxiety also tend to face lower life satisfaction, academic and occupational difficulties, and impaired interpersonal relationships later in life (Barlow & Durand, 2014). In addition to its psychological and social consequences, generalized anxiety disorder imposes a substantial economic burden on families and healthcare systems (Santomauro et al., 2021). Given the chronic nature and extensive impact of this disorder, timely intervention and effective treatment are of critical importance. In recent years, various therapeutic approaches have been examined for the treatment of generalized anxiety, social anxiety, and phobic disorders. These include cognitive therapy and cognitive behavioral therapy (Demir & Ercan, 2022; Wright etal, 2019), acceptance and commitment therapy (Dinarvand, 2025), mindfulness-based interventions (Goldberg et al., 2023), reality therapy (Sepas etal, 2021), pharmacotherapy (Garakani etal, 2019), and multimodal therapy (Barlow et al., 2018). Although each of these approaches has demonstrated relative efficacy, treatment outcomes can be challenging for certain individuals due to specific personality styles or resistance to direct and cognitively oriented methods (Westra etal, 2009). Among alternative strategies, the paradoxical therapy approach has shown notable effectiveness as an indirect and creative method for reducing client resistance and enhancing self-awareness (Asayesh & Parsakia, 2025a; Weeks & L'Abate, 1982).

Paradoxical psychotherapy, or paradoxical therapy, is a distinctive and unconventional approach within the field of psychotherapy (Asayesh, 2025a). It has its theoretical roots in Adler's individual psychology, Dunlap's behavioral perspective (1928, 1930), Frankl's existential approach (1960), Haley's strategic family therapy (1963, 1976), and the Milan systemic family therapy (Salamino & Gusmini, 2025; Palazzoli et al., 1974). This approach is founded on the deliberate use of paradox to reduce psychological resistance and facilitate the treatment of mental disorders. The therapeutic process typically involves prescribing

the symptom itself, preventing avoidance behaviors, and encouraging the voluntary maintenance or intensification of symptoms (Asayesh, 2025a, Asayesh & Parsakia, 2025a; Besharat, 2023, 2019, 2017; Weeks & L'Abate, 1982; Haley, 1976, 1973).

Empirical studies have demonstrated the effectiveness of paradoxical techniques in individual therapy for anxiety disorders (Salehin & Asayesh, 2025; Asayesh, 2025b). Besharat (2017, 2018, 2019) reported that this approach can be beneficial in treating various anxiety and obsessive-compulsive disorders, including obsessive-compulsive disorder, social anxiety, and generalized anxiety disorder, through individual therapy. In another study, Asayesh (2025b) examined the effectiveness of paradoxical therapy on the symptoms of trauma and anxiety of war survivors, and his findings focused on the effectiveness of this therapy on their psychological symptoms and anxiety. Similarly, Salehin and Asayesh (2025) found that paradoxical therapy effectively reduced social anxiety and enhanced self-confidence among students. Asayesh and Parsakia (2025) further emphasized the importance of paradoxical assignments, active acceptance of symptoms, and engagement with dysregulated emotional experiences in the treatment of psychological disorders.

As with other therapeutic modalities, paradoxical therapy in a group format requires a supportive context of interpersonal interaction and group dynamics to achieve optimal effectiveness (Burlingame et al., 2011). On the other hand, as with many individual interventions, conducting paradoxical psychotherapy individually for large samples demands considerable time, energy, human resources, and financial cost. Therefore, to enhance implementation efficiency, facilitate therapeutic processes, capitalize on group dynamics, and conserve temporal and human resources, there is a growing need for a paradoxical group therapy protocol. however, a review of the existing literature indicates that no culturally adapted protocol for paradoxical group therapy targeting anxiety disorders has yet been developed or empirically tested. Given that group therapy, by its participatory nature, fosters empathy, reduces costs, and enhances treatment acceptability, it provides a promising framework for the effective application of this innovative therapeutic approach (Yalom & Leszcz, 2020).

The paradoxical group therapy protocol addresses a gap in group psychotherapy by targeting inner contradictions, unconscious resistance, and ambivalence toward change, which are often overlooked by approaches like CBT (Afshari et al., 2024; Rahmani et al., 2025). Many clients, despite insight and willingness, remain stuck in cycles of resistance and relapse. Grounded in symptom reconstruction and using resistance therapeutically, paradoxical therapy turns obstacles into catalysts for change. In group settings, member interactions enhance this effect. This culturally adapted protocol offers a novel approach for Persian-speaking contexts to manage persistent resistance effectively. The paradoxical group therapy protocol offers an innovative, integrative, and multilayered framework, merging classical paradoxical therapy concepts with principles of group dynamics. Emphasizing indirect confrontation of resistance, reflection of contradictory intentions in behavior, and the therapist's use of purposeful paradoxical directives, the approach seeks to activate the process of change through experiential awareness and emotional insight, rather than solely through cognitive restructuring. In this framework, the group becomes a dynamic environment for the reenactment and reconstruction of intrapsychic and interpersonal conflicts, enabling members to gain greater insight and psychological flexibility through confronting their own paradoxes. Drawing simultaneously from paradoxical, psychodynamic, behavioral, and systemic traditions, this protocol provides a step-by-step structure for culturally grounded group intervention.

Group therapy for anxiety disorders helps individuals identify maladaptive patterns, gain motivation, and observe peers' progress, while fostering interpersonal skills and reducing avoidance, shame, and isolation. Practicing skills in a group strengthens self-efficacy, distress tolerance, and treatment continuity (Bieling et al., 2022). Paradoxical therapy has also been shown to reduce anxiety symptoms in the short term. Given the lack of structured research and standardized protocols, this study aimed to develop a paradoxical group therapy protocol for adolescents and adults to reduce anxiety. By introducing a dedicated therapeutic framework for paradoxical group therapy, this study seeks to make a meaningful contribution to the advancement of clinical interventions and counseling practices in the field of mental health.

Method

Since the researcher aimed to develop a paradoxical group therapy protocol, employing a mixed-methods approach was a methodological necessity. The study utilized a qualitative (focus group) and quantitative (descriptive-survey) sequential design. The first stage involved extracting the main components of the paradoxical group therapy protocol for anxiety disorders. The key concepts, processes, and techniques required for paradoxical group therapy were extracted from a comprehensive review of the literature based on Asayesh (2025a) and Asayesh and Parsakia (2025a). This review also included studies by Asayesh (2025b), Asayesh and Parsakia (2025b), Salehin and Asayesh (2025), and Besharat (2017, 2018, 2019, 2023), as well as foundational works by Viguer et al. (2024), Salamino and Gusmini (2025), Maldonado-Durán and Sausada-Garcia (2025), Weeks and L'Abate (1982), Haley (1973, 1976), Newton (1968), Frankl (1960), and Yalom and Leszcz (2020). Following this, an initial draft of the protocol was developed by integrating these scientific findings with expert opinions gathered from psychotherapists in a focus group (table 1). The content of each session was structured based on theoretical frameworks related to anxiety, as well as established successful interventions in group therapy and paradoxical therapy. At this stage, specific paradoxical therapy techniques—including *time table symptom prescription*, *exaggeration therapy*, *goal reversal*, *paradoxical role-playing*, *paradoxical intention*, and *focusing on the here and now* —were compiled and integrated into the therapeutic structure. The therapeutic principles identified by Yalom & leszcz (2020) were also regarded as essential to the success of group psychotherapy. After the initial structure and content of the sessions were prepared, the draft protocol underwent multiple rounds of expert review and revision by psychotherapists and academic supervisors. Consequently, the delivery format, exercises, and session assignments were refined and finalized.

In the second stage, to assess the content validity of the sessions in the paradoxical group therapy protocol for anxiety, a descriptive survey design was employed using Content Validity Ratio (CVR) and Content Validity Index (CVI) methods. The statistical population consisted of all clinical psychologists and psychotherapists specializing in paradoxical therapy and group psychotherapy in Tehran in 2025 (1404 SH), who had experience working with clients diagnosed with anxiety disorders. A purposive sampling method was used, and based on the Lawshe (1975) content validity table and the criterion of saturation, eight experts were selected to participate in this stage. Their demographic characteristics are presented in Table 1.

Table 1. Demographic Information of Participants in the Focus Group and Survey

Psychotherapy Specialty	Work Experience (Years)	Educational Level	Age (Years)	Gender	Participant Code
Paradoxcal Therapist	15	Ph.D.	39	Male	P1
Paradoxcal Therapist	16	Ph.D.	46	Male	P2
Paradoxcal Therapist	10	Ph.D.	36	Male	P3
Group Therapist	18	Ph.D.	44	Male	P4
Paradoxcal Therapist	8	Ph.D.	35	Female	P5
Group Therapist	11	Ph.D.	39	Female	P6
Paradoxcal Therapist	14	Ph.D.	42	Female	P7
Group Therapist	9	Ph.D.	39	Female	P8

As shown in Table 1, eight specialists (four men and four women) participated in the survey. Among them, five experts specialized in paradoxical therapy and three in group therapy, with an average age of 40 years and an average of 12.5 years of professional experience. All participants held a Ph.D. degree in psychology or psychotherapy.

To evaluate the content validity of the protocol sessions, a questionnaire consisting of 18 items was developed, covering the main components of the protocol, including its objectives, processes, methods, and therapeutic techniques. This questionnaire, along with the final version of the protocol, was distributed to the experts.

For both face and content validity assessment, the participants were asked to evaluate each section of the protocol using a three-point Likert scale (1 = Not necessary, 2 = Useful but not essential, 3 = Essential). They were also invited to provide detailed written feedback and recommendations for improvement. to analyze the experts' responses, the standard evaluation criteria for treatment manuals were applied, following the guidelines proposed by Hollon et al. (2002) and the American Psychological Association (APA, 2021).

Instruments

In this study, two primary instruments were used to evaluate the content and structural validity of the *Paradoxical group therapy Protocol for Anxiety*: 1- the *Treatment Manual Evaluation Scale*, and 2- the *Therapeutic Session Evaluation Questionnaire*. the following sections describe these instruments in detail.

Treatment Manual Evaluation Scale: To assess the content and face validity of the protocol, the *Treatment Manual Evaluation Scale*—originally developed by Hollon et al. (2002) and later revised by the American Psychological Association (APA, 2021)—was employed. This comprehensive instrument is designed to evaluate the structure and content of therapeutic protocols. Its reliability and validity for use in Iranian research contexts were confirmed by Zadeh Mohammadi et al. (2020). In this study, the following sections of the scale were provided to the experts for evaluation: Items 1–15 to 5–15: assessing the *structural principles* of the protocol. Items 16–17 (sub-items 1–17 to 5–17): assessing *therapeutic goals, methods, and strategies*. Item 18 (sub-items 1–18 and 2–18): assessing *treatment adaptability to clients' problems*. Item 19 (sub-items 1–19 and 5–19): assessing *therapist safety and responsibility*. Items 20–21 (sub-items 1–21 to 4–21): assessing *treatment effectiveness, replicability, and trainability*. To determine the level of inter-rater agreement among evaluators in coding the protocol sessions, Fleiss' Kappa coefficient was calculated, with results reported in the *Findings* section.

Therapeutic Session Evaluation Questionnaire: To examine the session-level validity of the *Paradoxical group therapy Protocol for Anxiety*, a researcher-developed 18-item questionnaire was constructed. This instrument assessed each session based on three main dimensions:

Alignment of session goals and content with the theoretical structure of the protocol (6 items, one per session).

Relevance of tasks and activities to the therapeutic objectives of each session (6 items, one per session).

Consistency of session content with the expected process of change (6 items, one per session).

Together, these 18 items provided a comprehensive measure of the content and functional validity of the paradoxical group therapy protocol. The resulting data formed the basis for evaluating the quality, structure, and practical applicability of each therapeutic session.

The sessions in this protocol were structured to guide the process of change in anxiety disorders step by step, integrating paradoxical principles with elements of strategic, psychodynamic, and behavioral therapies.

All eight participating experts rated the instrument as having adequate validity, and the calculated CVR (Content Validity Ratio) and CVI (Content Validity Index) values are reported in the *Findings* section.

Procedure

The initial draft of the protocol was developed based on theoretical foundations derived from the research literature in three main areas: (a) paradoxical psychotherapy (Asayesh, 2025a, 2025b; Asayesh & Parsakia, 2025a, 2025b; Salamino & Gusmini, 2025; Maladona-Durán & Sausada-Garcia, 2025; Salehin & Asayesh, 2025; Besharat, 2017, 2018, 2019, 2023; Weeks & L'Abate, 1982; Newton, 1968; Frankl, 1960), (b) strategic psychotherapy (Haley, 1973, 1976; Watzlawick et al., 1974), and (c) the theory and practice of group psychotherapy (Yalom & Leszcz, 2020). Subsequently, a panel of expert psychotherapists was selected. First, a focus group was formed to discuss the content, key concepts, and techniques required for developing the paradoxical group therapy protocol. After an initial version of the protocol was developed, it was distributed to the experts for evaluation and feedback using a series of multi-stage questionnaires. Finally, the protocol was refined and finalized based on the data and insights gathered from the experts' responses.

Ethical Statements

In this descriptive study aimed at developing an intervention protocol, all stages of the research were conducted in accordance with established research ethics principles, including safeguarding participants' rights, ensuring the confidentiality of all collected information, and obtaining informed consent from the expert contributors. The researcher avoided any form of misinformation or misrepresentation and maintained full transparency in reporting the methodological procedures and the theoretical sources used throughout the study.

Data analysis

To analyze the data, the Content Validity Index (**CVI**) was used to quantitatively assess the content validity of the protocol based on expert evaluations. In the second stage, two indices—the Content Validity Ratio (CVR) and CVI—were employed to assess the quantitative content validity of the therapeutic sessions, following the approach proposed by Lawshe (1975). The CVI values range between 0 and 1. To calculate CVI, the Waltz and Bausell (1981) method was used. Experts were asked to rate each item in terms of relevance, clarity, and simplicity using a four-point Likert scale as follows: Relevance: 1 = Not relevant, 2 = Somewhat relevant, 3 =

Relevant, 4 = Highly relevant; Clarity: 1 = Not clear, 2 = Somewhat clear, 3 = Clear, 4 = Very clear; Simplicity: 1 = Not simple, 2 = Somewhat simple, 3 = Simple, 4 = Very simple. According to Zadeh Mohammadi et al. (2020), a minimum acceptable CVI value is 0.79; therefore, any item with a CVI lower than 0.79 should be eliminated from the protocol.

For the **CVR** calculation, the minimum acceptable value depends on the number of experts evaluating the protocol. Based on Lawshe's (1975) table, the acceptable minimum CVR value for eight experts is 0.75. Experts were asked to rate each item on a three-point scale: 1. Essential, 2. Useful but not essential, 3. Not necessary. The CVR for each item was computed using Lawshe's formula: where N is the total number of experts and N_e is the number of experts indicating that the item is "essential". Lawshe's critical values are based on a one-tailed significance test at the 0.05 level; therefore, for the present study with eight experts, a CVR $\geq$ 0.75 was considered acceptable. Verification of these thresholds is presented in the results section.

Results

The paradoxical group therapy protocol was developed using the focus group method, based on a documentary study and an extensive review of the literature. Based on qualitative analysis and document-based synthesis, the main components of the Paradoxical Group Therapy Protocol for anxiety disorders were formulated.

Section One: General Characteristics and Structure of the Paradoxical Group Therapy Protocol

The Paradoxical Group Therapy Protocol for Anxiety presents an integrative and paradoxical framework grounded in strategic therapy, paradoxical intervention principles, psychoanalytic concepts, and group therapy dynamics. The protocol consists of six structured sessions designed for 6 to 12 participants in each group. Its primary objectives include: 1- Reducing or eliminating anxiety symptoms, 2- Modifying maladaptive avoidant behaviors, 3- Decreasing client resistance, 4- Facilitating the acceptance and experiential processing of anxiety, 5- Enhancing insight and emotional regulation, 6- Correcting dysfunctional coping styles, and 7- Promoting change through indirect and paradoxical techniques. Through paradoxical interventions, participants are guided to engage creatively with their anxiety symptoms, leading to symptom modulation, emotional reprocessing, and symptomatic improvement within a dynamic and interactive group setting.

Following an extensive literature review and practitioners' comments, the Paradoxical Group Therapy Protocol was developed in consultation with eight expert psychotherapists specializing in paradoxical and group therapy. Based on Yalom and Leszcz's (2020) model, the protocol was structured in five stages: 1. Pre-group Preparation, 2. Initial group stage, 3. Transition stage, 4. Working or therapeutic stage, and 5. Termination stage. The main dimensions of the Paradoxical Group Therapy Protocol for anxiety disorders were defined through six structured sessions (Table 2).

Table 2. Summary of the Paradoxical Group Therapy Sessions

Therapeutic Stage	Interventions /Assignments
Pre-group Stage	Social stage, diagnostic interview, preliminary preparation/ Developing a therapeutic contract
Initial Group Stage (Session 1)	Building therapeutic alliance, group assessment of problems and symptoms, goal setting/ Goal reversal, prescription of "no change," attending to symptoms; creating a personal list of anxiety symptoms and tracking their daily intensity
Transition Stage (Session 2)	Group sharing and discussion of anxiety-related experiences between sessions/ Prescribing the actual anxiety symptom within a paradoxical daily schedule, 3 times per day, up to 10 minutes each

Transition Stage (Session 3)	Paradoxical role-playing, facilitating emotional experiences/ Encouragement to "continue feeling anxious," continuation of paradoxical symptom scheduling 2–3 times daily (max 10 min), adjusted to progress and symptom changes; reinforcing paradoxical engagement
Working/Therapeutic Stage (Session 4)	Normalizing fluctuations in anxiety, promoting gradual change, feedback and self-referencing/ Continuation of paradoxical symptom prescription 2–3 times daily (max 10 min), adjusted to progress; introduction of a new symptom prescription (if relevant); implementation of Complementary Technique I (if needed)
Working/Therapeutic Stage (Session 5)	Consolidation of changes, group feedback and monitoring/ Continuation of paradoxical scheduling with gradual reduction for the primary symptom and continued prescription for the secondary symptom (1–2 times daily, max 10 min); implementation of Complementary Technique II (if needed)
Termination Stage (Session 6)	Group reflection and self-referencing on achieved progress/ "Incomplete ending" assignment, development of a self-therapy plan, and scheduling of follow-up sessions

Based on the sessions presented in Table 2, the detailed structure of the Paradoxical Group Therapy Protocol for Anxiety Disorders is elaborated in the following section.

1. Pre-group Stage (Individual Screening)

The Pre-Group Assessment Stage focuses on individual orientation, screening, and preparation prior to group therapy. Participants engage in rapport-building, a diagnostic interview to assess eligibility and type of anxiety disorder, and an evaluation of readiness for group participation based on inclusion and exclusion criteria. The therapist introduces the group framework, explains rules and expectations, and establishes an initial therapeutic agreement. This stage ensures participants are suitably prepared and aligned for effective engagement in the subsequent group sessions. The specific steps of this stage are as follows:

a. Characteristics and Processes: This stage involves the participants' initial orientation, assessment, and screening for eligibility. The main tasks include introducing the therapeutic framework, evaluating expectations, and determining each individual's suitability for participation in the group based on the inclusion criteria.

b. Objectives: To establish an initial therapeutic relationship; conduct a diagnostic interview; assess participants' readiness for group therapy; provide preliminary preparation for participation; and develop an initial therapeutic agreement.

c. Process, Content, Interventions, and Assignments: This stage is conducted in a **45–60-minute individual session** prior to group formation and includes the following steps:

Initial Engagement: Establishing rapport through mutual introduction and informal conversation (social stage).

Diagnostic Interview: Conducting an individual diagnostic interview to determine eligibility for group therapy and to identify the nature of the anxiety disorder.

Group Therapy Readiness Assessment: Evaluating inclusion criteria to ensure homogeneity in terms of age, gender, type and pattern of anxiety disorder; assessing exclusion criteria (e.g., inappropriate age range, comorbid disorders of a different type, or concurrent individual therapy).

Preliminary Preparation: Providing participants with general information about the structure, process, and expectations of group sessions; discussing group rules and participation guidelines.

Therapeutic Contract: Establishing a verbal therapeutic agreement and obtaining written informed consent prior to group entry.

2. Initial Stage (Session One)

The Initial Stage focuses on forming the group, establishing trust, and building a therapeutic alliance. Members initially show caution and anxiety, which are explored through icebreaking, social interaction, and discussion of their symptoms. The therapist guides the group in assessing problems, setting goals, and reframing perceptions of anxiety, while fostering acceptance of their experiences. Assignments and structured activities encourage self-disclosure, normalize anxiety, and prepare members for active participation in the therapeutic process. The specific steps of this stage are as follows:

a. Characteristics and Processes of the Initial Stage: This stage includes the formation of the group, gaining group support, reliance on the therapist, the emergence of anxiety during sessions, the initial caution and silence of members, and the activation of anxiety symptoms.

b. Therapeutic Goals: Form the group and establish a group therapeutic relationship, Prepare the group for the therapeutic process, Build a therapeutic alliance, Conduct a group assessment of problems and symptoms, Set goals and reframe or modify initial perceptions of anxiety, Foster acceptance of anxiety symptoms.

c. Process, Content, Interventions, and Assignments: This stage takes place in a 90–120-minute group session and includes the following activities:

Social Interaction and Icebreaking: Greeting and introductions, engaging in social interaction using icebreaking techniques (e.g., members share the reason for their participation, and engage in an activity like "categorization," where members sit together according to the type of anxiety symptoms they experience to make it easier to talk about themselves).

Group Preparation: Reviewing the group rules, including confidentiality and mutual respect, and signing the group's ethical code. Establishing agreements about group structure and guidelines, encouraging active participation, and addressing attendance concerns (e.g., absenteeism).

Building the Therapeutic Alliance: Building a relationship of trust and acceptance, focusing on self-disclosure without judgment. This process is broken into three main steps: 1- Formation of a united group and a safe space based on trust and acceptance. 2- Explaining the therapeutic process (1. Familiarization, 2. Problem presentation, 3. Interaction, 4. Goal-setting, 5. Step-by-step assignments). 3- Creating realistic expectations for therapy and emphasizing the necessity of homework assignments.

Group Assessment of Problems: Describing the anxiety-related symptoms and issues of each member.

Interactive Activities: Discussing anxiety and sharing personal experiences with anxiety symptoms. Creating and completing a list of physical, emotional, and behavioral symptoms of anxiety. Facilitating the experience of anxiety in the group setting (normalizing anxiety in the group). Summarizing the anxiety symptoms and states of the participants.

Goal-Setting: Reversing the goal of symptom reduction, aiming to increase anxiety symptoms as part of the paradoxical approach.

Reframing: Activities and interventions to facilitate the re-interpretation of anxiety symptoms and to reframe the meaning of anxiety. This includes: Facilitating the interaction process, reviewing

symptoms, and asking relevant questions. Normalizing anxiety ("For now, we are focusing on understanding anxiety better. Everyone here will experience anxiety—this is not something we aim to eliminate or fight against. The goal is to experience it naturally"). Using metaphorical language to help members accept their anxiety (e.g., comparing anxiety to sneezing or coughing during a cold—essential for self-care, and improving over time with the right interventions).

Assignment: Priscriping "Don't Change" "The first step to effectively treat anxiety is to understand and experience it well. Let it manifest naturally in your life, without interference, so you can establish a baseline of your anxiety symptoms. Only then can we create a precise treatment plan for you. Therefore, your main task is to observe and feel your anxiety without trying to suppress it. You're not expected to improve or change in this session. Please don't avoid your anxiety, and let it run its course." Daily Assignment: "Pay attention to your symptoms, experience the physical sensations of anxiety, and rate their intensity daily."

3. Transition Stage (Sessions 2 and 3)

In the Transition Stage (sessions 2 and 3), the focus is on navigating resistance, cooperation, and hidden conflicts within the group. Members begin to experience and express anxiety openly, often through paradoxical role-playing, while the therapist facilitates insight, emotional processing, and interpersonal transference management. Assignments encourage continued engagement with anxiety symptoms in a structured, paradoxical manner. This stage fosters self-awareness, reduces defenses, and motivates ongoing participation while transforming conflicts and resistance into opportunities for growth. The specific steps of this stage are as follows:

a. Characteristics and Processes of the Transition Stage: This stage involves the formation of resistance or cooperation, the emergence of hidden conflicts, the onset of transference, competition, and withdrawal from members.

b. Therapeutic Goals: Reduce resistance, Address hidden conflicts and internal contradictions, Facilitate emotional experiences, Manage interpersonal transference, Return control to the individual, Reduce anxiety and defense mechanisms, Facilitate insight, Motivate for continued participation in therapy.

c. Process, Content, Interventions, and Assignments (Session 2):

Start of the Session: Greetings and a thorough review of the previous assignments. Discussing the outcomes of the tasks from the perspective of the members. Sharing emotional, physical, cognitive, and behavioral experiences related to anxiety. Identifying challenges or limitations in performing the tasks.

Interventions and Activities for the Session: Interaction and exchange of experiences related to anxiety during the break between sessions (either in turns or voluntarily). Active listening by the therapist and members to reinforce the therapeutic alliance. Summarizing anxiety-related symptoms. Reminding members of the universality of anxiety, highlighting that they are not alone. Using the technique of "Worst-case Scenario Visualization" (imagining and discussing the worst-case outcomes in therapy to normalize and confront fears).

Reducing Resistance: Direct or implied encouragement of group resistance as part of the paradoxical approach (e.g., "resistance order" or using techniques such as "neutrality," "active listening and

reflecting feelings," "agreeing and confirming," "emphasizing personal control and free will," or "changing the focus from someone who refuses to speak in the group"). For members who are still reluctant to speak, reinforcing their choice: "If you don't want to speak, that's absolutely your choice. Please continue doing that.". Using group mind reading techniques: Let members guess what the resistant member may be thinking. Discussing the natural function of resistance and normalizing it in the group. Offering individualized feedback and confronting internal conflicts through a paradoxical lens.

Addressing Conflicts: This process includes identifying, managing, and resolving disagreements or incompatibilities among group members. The therapist helps transform conflicts into growth opportunities using techniques like reflective questioning and offering neutral feedback.

Emotional Experience: Facilitate anxiety experience within the group, allowing members to express their anxiety and the related intensity and situations. Role-playing Anxiety Paradoxicaly: Members take turns role-playing their anxiety and its symptoms and then share their experiences in the group.

Managing Interpersonal Transference: Emphasizing completing the assigned tasks outside of the group. Encouraging members to share their thoughts and experiences during sessions but to avoid unnecessary interaction outside of the group context.

Assignment: Encourage continued experience of anxiety: "Please maintain your anxiety through the coming week." Paradoxical Time Table Assignment: Recreate anxiety symptoms in a Paradoxical Time Table (3 times a day, for a maximum of 10 minutes each time).

d. Process, Content, Interventions, and Assignments (Session 3):

Start of the Session: Review of the assignments from the previous session. Discussing the results of these tasks from the perspective of the group members. Providing group feedback to each other. Sharing emotional, physical, cognitive, and behavioral experiences related to anxiety. Identifying potential issues or challenges in performing the tasks. Assessing the level of individual control over symptoms using a structured approach.

Emotional Experience: Directive for Emotional Inhibition: Instruct members not to suppress their emotions and to allow the anxiety to manifest naturally. Continue **role-playing anxiety paradoxicaly**: Members take turns role-playing their anxiety and its symptoms and then share their experiences in the group.

Reducing Defense Mechanisms: This is a crucial process in therapy that allows members to reduce psychological defenses and talk more openly and honestly about their problems and emotions. Techniques used for this purpose include: Providing **individualized, gentle feedback**. Creating a safe space to facilitate emotional expression. Encouraging mutual understanding among group members regarding each other's symptoms. Promoting self-awareness and acceptance of one's symptoms. Continuing the paradoxical role-play (re-enacting symptoms in the session).

Facilitating Insight: Providing feedback and helping members self-reflect on the changes they have made in their symptoms. Increasing anxiety-driven behaviors to encourage greater insight: "Worry more than ever and focus on it—be consciously anxious". Reviewing memories of anxiety-triggering situations and re-enacting emotions related to those situations during the session.

Motivating Continued Participation in Therapy: Offering feedback on the members' progress,

acknowledging their efforts. Emphasizing the gradual nature of change in therapy. Reassuring members that they are not alone in their experiences. Highlighting the importance of homework tasks for treatment and the positive impact they can have.

Assignment: Encourage continued experience of anxiety: "Please continue maintaining your anxiety for the next week". Paradoxical Time Table Assignment: Recreate anxiety symptoms in the Paradoxical Time Table (2-3 times a day for a maximum of 10 minutes each time, adjusted according to progress and symptom changes from previous sessions).

4. Work/Therapeutic Stage[1] (Sessions 4 and 5)

In this stage, the therapy becomes more focused on consolidating the changes made in earlier sessions, with an emphasis on new behaviors, thought patterns, and emotional regulation strategies. Members are encouraged to maintain the gains they've made while simultaneously working to stabilize their anxiety at a manageable level. This stage is vital for preventing relapse and ensuring that the improvements achieved are durable and sustainable in everyday life. The specific steps of this stage are as follows:

a. Characteristics and Processes of the Work Stage: This stage involves honest feedback, emotional risk-taking, increased trust, heightened self-awareness, insight development, and symptom change. It marks a period of significant therapeutic engagement and progress.

b. Therapeutic Goals: Facilitate deeper insight. Support the process of change. Stabilize and reinforce changes. Reduce anticipatory anxiety and impatience (anxiety due to expectations). Address any residual anxiety using complementary interventions when necessary.

c. Process, Content, Interventions, and Assignments (Session 4):

Start of the Session: A detailed review of the assignments from the previous session. Discuss the members' experiences and insights from these tasks. Share emotional, physical, cognitive, and behavioral experiences, and discuss any problems or challenges faced during the completion of the tasks. Estimate potential therapeutic changes based on the group's perception and reflection.

Reducing Anticipatory Anxiety: Focus on normalizing the fluctuations in anxiety, highlighting gradual change and emphasizing the importance of not trying to reduce or eliminate anxiety prematurely.

Facilitating Insight: Provide feedback and self-reflection to members to highlight changes that have been made, thus fostering insight. Use techniques to exaggerate unproductive anxious behaviors to further stimulate insight (e.g., encouraging members to confront and experience their anxiety more fully to understand its role).

Supporting Change: Encourage members to continue resisting the urge to change prematurely and avoid expecting rapid improvement. Focus on accepting the current level of anxiety and allowing it to evolve naturally.

Assignment: Continue the Paradoxical Time Table approach, with anxiety symptoms included in the daily schedule (2-3 times a day for up to 10 minutes each time), ensuring the program reflects the diminishing symptoms while also allowing for potential increases where needed.

Complementary Intervention 1 (if necessary): If a member's anxiety has plateaued, and they expect quicker improvement, the therapist will recommend not attempting to reduce the symptoms further

1- Some clients may not show a noticeable reduction in anxiety symptoms by this stage, which requires a more detailed examination of systemic and personality factors, and may also require individual therapy sessions.

but maintaining the current level of anxiety as a part of the healing process.

d. Process, Content, Interventions, and Assignments (Session 5):

Start of the Session: A thorough review of how the assignments from the previous session were executed. Feedback from members on their progress, and a discussion of their emotional, cognitive, physical, and behavioral states. Provide continued feedback on the achieved changes and reinforce self-efficacy.

Stabilizing Changes: Focus on solidifying the positive changes that have occurred in behavior, thoughts, and emotions. Feedback is provided to reinforce these changes, with particular attention to the sustainability of progress in daily life. Techniques to ensure long-term emotional stability include: Group feedback, Peer reflections and sharing of progress, Self-monitoring and symptom tracking between sessions, Interpersonal reinforcement: Encouraging feedback from group members, Creating group cohesion, Building a sense of belonging and support, Emotional expression and Sharing feelings in a safe group environment. The therapist's role is taking on a guiding, leadership position to organize and direct tasks.

Assignment: Continue the Paradoxical Time Table with an adapted schedule reflecting the ongoing decline of the main symptoms. For some members, especially those with generalized anxiety, the therapist may temporarily increase the frequency of the anxiety exposure to ensure therapeutic progress (e.g., increasing it to 1-2 times a day for 10 minutes, then reducing again once progress is observed).

Complementary Intervention 2 (if necessary): If anxiety levels have plateaued, the therapist will advise that members do not attempt to reduce their symptoms or avoid them but rather allow any remaining anxiety to increase slightly if necessary to facilitate the healing process. This method ensures that members do not inadvertently hinder their recovery by expecting immediate or complete symptom reduction.

5. Termination Stage (Session Six)

In this final stage, the therapeutic process transitions from guided intervention to self-directed continuity. Members are encouraged to integrate their new understanding of anxiety, accept imperfection as part of growth, and sustain their emotional resilience beyond the therapeutic setting. The structured follow-up plan ensures that members remain supported while fully embracing autonomy in their ongoing psychological development. The specific steps of this stage are as follows:

a. Characteristics and Processes of the Termination Stage: This stage is characterized by members' excitement and satisfaction with their therapeutic progress, reflection on personal achievements, mild anxiety about relapse, and growing independence and self-reliance. It represents the emotional culmination of the therapeutic journey, where the group prepares to conclude the shared process and transition toward individual maintenance.

b. Therapeutic Goals: Foster therapeutic autonomy and self-efficacy, Facilitate the closure of the group therapy process, Prepare members for separation and the conclusion of sessions, Promote generalization and transfer of therapeutic gains to real-life contexts outside the group, Reduce fears of relapse or recurrence, Strengthen members' independence in self-directed therapy, Plan and schedule follow-up sessions.

c. Process, Content, Interventions, and Assignments:

Opening the Session: Comprehensive review of the previously assigned tasks, discussing members' implementation, personal outcomes, and reflections. Exploration of emotional, physical, cognitive, and behavioral experiences associated with the tasks.

Enhancing Therapeutic Autonomy: Providing individualized feedback and self-referential reflections emphasizing the members' active role in their own healing process. Highlighting the idea that the therapist has only been a facilitator, while the true agents of change are the members themselves.

Announcing the End of Treatment: The therapist acknowledges that "we have, to varying degrees, reached our therapeutic goals within this group". The focus shifts from dependence on the therapist to recognizing the members' internalized therapeutic skills.

Emphasizing the Acceptance of Imperfection: Encouraging members to let go of perfectionistic expectations regarding growth and recovery. Discussing the coexistence of manageable anxiety as a natural aspect of life. Highlighting individual differences in anxiety intensity and emphasizing acceptance without comparison.

Generalization and Transfer of Therapeutic Gains: Helping members apply the insights and coping strategies acquired in therapy to their everyday lives. Encouraging active engagement in normal life activities with openness to anxiety, without avoidance or emotional suppression. Promoting acceptance of a normal, functional level of anxiety as a natural part of human experience.

Reducing Fear of Relapse: Emphasizing the gradual, self-sustained nature of the therapeutic changes achieved. For some clients, introducing "incomplete endings" (encouraging the acceptance of lingering uncertainty or unresolved feelings) to strengthen resilience. Employing paradoxical interventions such as "scheduled relapse" or "controlled symptom return", e.g., instructing: *"Allow yourself a few nights in which a panic attack or episode of anxiety may occur naturally, outside the structured exercises".* This technique normalizes occasional symptom recurrence as part of the healing process rather than as a failure.

Fostering Independence: Developing a personalized self-therapy plan for future use, based on previously learned paradoxical techniques. The therapist reinforces: *"You have learned this method yourself; if symptoms persist for more than five days or recur in the future, you can apply these same therapeutic exercises independently."*

Planning Follow-up Sessions: Follow-up is scheduled in two stages: 1- **First follow-up:** An individual telephone check-in after three months. 2- **Second follow-up:** A group session after six months to review therapeutic progress, psychological well-being, and the maintenance of gains.

Section Two: Validation of the Paradoxical Group Therapy Protocol

In the second stage of the study, quantitative content validation was conducted using the **Content Validity Index (CVI)**. Table 3 presents the results of the internal validation and the CVI indices of the Paradoxical Group Therapy Protocol for anxiety, as evaluated by expert raters. The mean scores and standard deviations for each criterion are reported.

Table 3. Results of the Validation of the Paradoxical Group Therapy Protocol for Anxiety

No.	Criterion	Minimum	Maximum	Mean	SD	CVI	S-CVI
1	Validity	3	4	3.55	0.65	0.85	**0.91**
2	Applicability	3	4	3.45	0.66	1.00	
3	Coherence	3	4	3.55	0.73	0.85	
4	Comprehensiveness	3	4	3.45	0.68	0.85	
5	Perceptibility	3	4	3.65	0.70	1.00	
6	Innovation	3	4	3.45	0.72	1.00	
7	Acceptability	3	4	3.75	0.71	0.85	

Given that the questionnaire used a Likert-type scale with a minimum score of 3 and a maximum of 4, the results in Table 3 show that the mean scores for all criteria were above average. To assess content validity, both the Content Validity Index (CVI) and the Scale-level Content Validity Index (S-CVI) were employed. The CVI reflects the degree of consensus among experts regarding the relevance and applicability of the proposed therapeutic package. According to Rubio-Casel et al. (2003), the CVI for each item can be calculated by dividing the number of experts rating the item as 3 or 4 by the total number of experts. Based on the literature (e.g., Soleimani Khashab et al., 2020), the minimum acceptable CVI value is 0.79. As shown in Table 3, all CVI values for the protocol's criteria exceed 0.79, indicating satisfactory content validity. Furthermore, the overall content validity of the protocol (S-CVI) was calculated using the average method, by dividing the sum of individual CVIs by the number of criteria. The results showed that the S-CVI = 0.928, which is well above the minimum acceptable threshold of 0.79. Therefore, it can be concluded that the experts evaluated the Paradoxical Group Therapy Protocol as appropriate, well-structured, and content-valid.

Based on the results, the minimum CVR value obtained for the evaluation questionnaire of the Paradoxical Group Therapy sessions was 0.85. According to Lawshe's (1975) criteria, for a panel of eight experts, the minimum acceptable CVR value is **0.75**. Therefore, all sessions meet the required content validity threshold. Any questionnaire items falling below this threshold would require revision; however, since the CVR values for all sessions were above 0.85 and the mean overall CVR was 0.97, it can be concluded that the entire protocol demonstrates strong content validity.

To further examine inter-rater agreement among the experts who participated in the development of the Paradoxical Group Therapy protocol, the evaluations of eight specialists in psychotherapy and group therapy were analyzed. The expert panel was asked to rate each component, goal, and technique in the protocol in terms of clarity, therapeutic relevance, and conceptual coherence, using a four-point Likert scale. The level of agreement among the raters was assessed using Fleiss' Kappa coefficient, which yielded a value of $\kappa = 0.81$ ($p < 0.001$), indicating a high level of inter-rater agreement.

These findings suggest that the components of the Paradoxical Group Therapy Protocol possess sound content validity and strong structural coherence, supporting its use as a valid and reliable framework for group-based therapeutic interventions.

Discussion

Unlike conventional therapeutic approaches, paradoxical therapy employs techniques such as symptom prescription, symptom exaggeration, scheduled worry, and redirection of efforts aimed at controlling thoughts. Rather than encouraging avoidance of anxiety, it guides the individual toward intentional and goal-oriented exposure to it. Research has demonstrated the effectiveness of paradoxical therapy techniques, particularly when applied in individual therapy settings for anxiety disorders. Besharat (2020) highlighted the efficacy of this approach in treating various anxiety and obsessive-compulsive disorders, including obsessive–compulsive disorder (OCD), social anxiety disorder, and generalized anxiety disorder (GAD). Similarly, Salehin and Asayesh (2025) reported the effectiveness of paradoxical therapy in reducing social anxiety and enhancing self-confidence among adolescents and students. Salehin etal. also provided empirical evidence supporting the effectiveness of paradoxical assignments in the treatment of test anxiety disorder. In his earlier works, Besharat (2017) emphasized the therapeutic importance of paradoxical assignments, active acceptance of symptoms, and engagement with dysregulated emotional experiences. In a study on social anxiety disorder, paradoxical therapy significantly reduced symptoms after only three sessions, and this effect remained stable during follow-up assessments (Besharat, 2019). Moreover, paradoxical therapy has yielded promising results in reducing anger rumination among individuals experiencing anxiety related to the COVID-19 pandemic (Etesamipour & Ramezanzadeh-Moghadam, 2023). International studies have similarly indicated that paradoxical therapy can effectively alleviate symptoms of generalized anxiety disorder and related psychological conditions (Watzlawick et al., 1974). Furthermore, this approach has demonstrated success in the treatment of obsessive–compulsive disorder and social anxiety disorder (Viguer etal, 2024). The mechanism underlying the effectiveness of paradoxical therapy lies in intentional exposure to anxiety and the transformation of cognitive processing patterns toward anxiety-provoking stimuli. This process fosters greater psychological resilience and reduces excessive emotional reactivity (Asayesh & Parsakia, 2025a; Hayes et al., 2016).

Despite the promising outcomes of individual paradoxical interventions, a review of the scientific literature indicates that no culturally adapted protocol has yet been developed or evaluated for group treatment of generalized anxiety disorder (GAD) using the paradoxical therapy approach. This gap is noteworthy, as group therapy, due to its collaborative nature, enhancement of empathy among members, cost-effectiveness, and greater acceptability, offers an ideal context for maximizing the therapeutic potential of this approach (Yalom & Leszcz, 2020).

Implementing paradoxical therapy within a group format requires a dynamic interpersonal environment that fosters interaction and mutual engagement, thereby amplifying its therapeutic impact. In this regard, several key group dynamics have been identified as crucial to the success of paradoxical group interventions: 1. Safety and mutual trust. Establishing a secure environment in which members can express their experiences without fear of judgment and engage in paradoxical exercises is foundational to treatment effectiveness (Burlingame et al., 2011). 2. Shared experience and universality. The recognition of common experiences of anxiety, and the realization that others face similar challenges, reduces isolation and enhances motivation to confront anxiety symptoms (Yalom & Leszcz, 2020). 3. Effective group leadership. The therapist's ability to manage conflicts, creatively assign paradoxical tasks, and guide the gradual process of change

is essential. Without skilled direction, paradoxical techniques may be misunderstood or evoke resistance (Bouckenooghe et al., 2019). 4. Open and positive interactions. Group therapy provides a space for social acceptance, peer feedback, and emotional reconstruction. Honest and supportive communication among members fosters deeper self-awareness and strengthens internal change processes (Demir & Ercan, 2022). 5. Group emotional regulation. The group setting allows members to observe, understand, and modulate emotions in live interpersonal exchanges—a process particularly critical in anxiety disorders, where dysregulated emotion processing is common (Gratz et al., 2015).

Group dynamics establish the relational and emotional foundation necessary for paradoxical therapy to achieve its full potential in treating generalized anxiety disorder. Complementary mechanisms further promote therapeutic change and personal growth among group members:

1- Creation of a supportive environment: A safe, nonjudgmental space fosters trust, belonging, and open expression of emotions and personal struggles. 2- Interpersonal feedback and self-awareness: Constructive feedback and observing others' experiences enhance self-understanding and help modify maladaptive behaviors. 3- Cohesion and sense of belonging: Feeling connected to the group strengthens motivation and commitment to the therapeutic process. 4- Emotional catharsis: Expressing emotions in a supportive setting helps release psychological tension and promotes relief. 5- Therapeutic modeling and observational learning: Witnessing peers' progress provides motivation and serves as a model for adaptive behaviors and personal growth. 6- Enhancement of social and coping skills: Group therapy offers opportunities to practice and refine effective interpersonal and coping strategies. 7- Correction of intrapersonal and interpersonal patterns: The group allows members to revisit, reconstruct, and resolve dysfunctional relational patterns. 8- Existential factors: Encouraging meaning, purpose, and personal responsibility strengthens resilience and psychological development (Yalom & Leszcz, 2021; Bieling et al., 2022). When these mechanisms integrated with paradoxical strategies and therapist techniques, these mechanisms improve mental health outcomes, social functioning, and quality of life, highlighting the transformative potential of paradoxical group therapy.

In paradoxical therapy, key mechanisms play a central role in facilitating therapeutic change. The prescriptive–artificialization process allows patients to transform real symptoms into deliberately induced ones, reducing anxiety. By reconstructing and intentionally experiencing anxious states—combined with symptom prescription and delayed initiation—anxiety gradually diminishes. This process desensitizes individuals to original triggers, making previously distressing symptoms less intrusive and compulsive (Besharat, 2018). The structured paradoxical schedule and prescriptive–artificialization mechanism work to decouple symptoms from anxiety, transforming them into neutral or adaptive behaviors. This process removes the emotional and coercive burden of symptoms, allowing individuals to control or eliminate them. Through artificialization, symptom–anxiety decoupling, and symptom re-signification, paradoxical therapy strengthens ego functioning. In group settings, this ultimately enhances participants' self-confidence and self-efficacy (Asayesh & Parsakia, 2025a; Besharat, 2017).

Conclusion

Paradoxical therapy, as an unconventional yet effective therapeutic approach, employs techniques such as symptom prescription, exaggeration of symptoms, scheduled worry and anxiety time, and redirecting

the individual's effort to control thoughts (Asayesh & Parsakia, 20025a, 2025b; Besharat, 2023, 2019; Weeks & L'Abate, 1982). Together, these methods offer a novel pathway for treating anxiety disorders. Instead of encouraging avoidance of anxiety, this approach guides individuals toward *intentional and active confrontation* with the sources of their distress. A growing body of research—both nationally and internationally—has demonstrated the efficacy of paradoxical therapy in treating disorders such as *social anxiety* and *generalized anxiety disorder*. The core mechanisms underlying its effectiveness include *artificialization*, *Artificialization, Changing the meaning of Symptom, Ego strengthing*. These mechanisms ultimately lead to enhanced *psychological resilience* and the *strengthening of the ego*. Owing to its inherently collaborative nature, group therapy offers unique advantages—lower costs, increased empathy among participants, reduced isolation, and a shared sense of experiencing anxiety. This environment provides an ideal foundation for amplifying paradoxical mechanisms while harnessing the *dynamics of interpersonal interaction*.

When compared to *group cognitive–behavioral therapy (GCBT)*, Paradoxical Group Therapy emphasizes *change through resistance* and *non-confrontation with entrenched mental patterns*. Rather than directly correcting maladaptive thoughts or teaching coping strategies, participants are encouraged to *embrace and symbolically enact their resistances*, leading to transformative insight. By contrast, GCBT primarily focuses on *cognitive restructuring*, *gradual exposure to stress-inducing situations*, and *problem-solving skill development* (Afshari et al., 2024; Rahmani et al., 2025). In paradoxical group therapy, observing peers successfully engage with paradoxical tasks boosts motivation and commitment to face personal fears. Its effectiveness relies on careful management of group dynamics—creating a safe, supportive environment, guiding tasks creatively, addressing resistance, and fostering emotional regulation. Properly implemented, this approach enhances individual outcomes while leveraging group mechanisms like feedback, catharsis, and observational learning, leading to lasting improvements in social functioning, self-confidence, and quality of life. Overall, Paradoxical Group Therapy is a promising, evidence-based method for treating anxiety disorders.

Limitations and Research Recommendations

It should be noted that the present study represents an initial standardization of the protocol. Subsequent stages, including construct validity, reliability, and clinical effectiveness through field testing, should be examined in future research. Additionally, this protocol was specifically developed for anxiety disorders, limiting its generalizability to other mental health conditions. Moreover, the protocol has not yet been implemented, so its effectiveness can be more reliably established after practical application with a target group.

It is therefore recommended that this protocol be applied in applied research and group therapeutic interventions, such as in schools for adolescents and universities for young adults, to evaluate its efficacy. Furthermore, comparative studies examining the effectiveness of the Paradoxical Group Therapy protocol relative to other existing group therapy protocols, such as group cognitive-behavioral therapy (GCBT), are suggested. Finally, it is recommended that similar and validated Paradoxical Group Therapy protocols be designed and standardized for other mental health disorders.

Informed Consent Statement

Informed consent was obtained from all participations involved in the study before participation.

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Conflicts of Interest

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

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