An Ethical Analysis of the Application of Paradoxical Strategies in Psychotherapy

Abstract

Objective: One of the most widely used approaches to addressing resistance in psychotherapy is the application of paradoxical interventions. The aim of this technique is to help clients view their problems from a new perspective and to facilitate rapid behavioral change. Critics argue that such practices risk oversimplifying clients' problems. The purpose of this study is to review the ethical arguments surrounding the legitimacy of paradoxical strategies in psychotherapy.

Methodology: ۱

This study was conducted as a narrative–critical review. Sources were identified through searches in reputable academic databases, including PubMed, Google Scholar, Web of Science, SID, and Magiran, covering the period from ۱۹۷۵ to ۲۰۲۵ and using the keywords *"paradoxical intervention"*, *"paradoxical intention"*, and *"psychological reactance."*

The selected texts were analyzed based on their degree of innovation, theoretical rigor, and empirical evidence, and were categorized into three main themes: Critiques of the application of paradoxical strategies, Ethical analysis grounded in moral theories and Ethical considerations in the practical use of paradoxical strategies.

Findings: The review of philosophical perspectives in applied ethics, together with the ethical analysis of paradoxical interventions, suggests that if the therapist has first established trust with the client, and if the client presents with a sense of helplessness, the intervention should directly address this issue. In such cases, no deception is involved. The therapist's temporary stance against change is genuine and not misleading. As a result, the client may conclude: *"If my therapist believes I do not need to change right now, then I do not need to change at this moment."* This process enables the client to regain a sense of control over the situation.

Discussion and Conclusion: Paradoxical interventions represent a valuable tool for clients with high psychological reactance. Nevertheless, obtaining informed consent remains essential and requires sensitivity.

Keywords: Strategy, paradoxical intervention, ethics, change, resistance.

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Introduction

The credibility of the profession. Psychotherapy is not only a science grounded in empirical research but also an art that is closely intertwined with interpersonal dynamics, including informed consent (Rashtbari & Saed, ۲۰۱۸). Professional ethics addresses the practical and substantive issues arising in professional practice and plays an operational role in resolving ethical dilemmas in business and professional settings (Gharamaleki, ۲۰۱۱). This is particularly important in helping professions, which deal with the human psyche and therefore require scrutiny of the interventions undertaken during counseling and psychotherapy sessions. Accordingly, professional organizations in these fields monitor practitioners' conduct through the development and implementation of professional codes of ethics.

One of the contentious issues in counseling is the use of paradoxical strategies, which has prompted considerable debate regarding their ethical legitimacy and clinical utility (O'Connell, ۱۹۸۳). In psychotherapy, paradoxical strategies involve asking clients to continue or even intensify their presenting complaints to demonstrate that they have some degree of voluntary control over their symptoms (*Corsini Encyclopedia of Psychology*, ۲۰۰۲). These techniques aim to help clients view their problems from a new perspective and facilitate rapid behavioral change (Peluso & Freund, ۲۰۲۳). Similarly, the *APA Dictionary of Psychology* (۲۰۰۷) defines paradoxical intention as a therapeutic technique in which the therapist asks the client to deliberately exaggerate and intensify the presenting complaint. By repeatedly and exaggeratedly engaging in certain aspects of their reported problematic behavior, clients may come to recognize the absurdity of those behaviors. Therapists employ these techniques in several ways (Weeks & L'Abate, ۲۰۱۳). For example, rather than encouraging clients to change a particular behavior, some therapists recommend that they refrain from attempting to change it. They may even suggest that any alternative course of action would exacerbate the client's difficulties.

A defining characteristic of paradoxical interventions is their unexpected nature and their ability to create a sense of inevitability for the client. If clients comply with the therapist's recommendation, the perceived compulsion to repeat the symptom is alleviated, rendering the behavior voluntary. Conversely, if they resist the therapist's suggestion and discontinue the problematic behavior, they demonstrate their ability to exert control over the symptom. Thus, within this therapeutic strategy, clients are effectively compelled to relinquish their resistance to treatment (Foreman, ۱۹۹۰). Resolving client resistance is one of the major challenges in psychotherapy, and theoretical approaches differ in how they conceptualize and address resistant clients (Goudarzi et al., ۲۰۲۳). Nevertheless, paradoxical interventions are among the methods commonly employed to address resistance.

This approach has been reported to be effective in treating a range of conditions, including obsessive behaviors, insomnia, migraine headaches, anorexia nervosa, phobic neuroses, conversion disorders, and psychotic states (Ataoglu et al., ۲۰۰۳); binge-eating disorder (Ghadimi Nooran et al., ۲۰۲۰); obsessive-compulsive disorder (Ahmadi et al., ۲۰۲۰; Besharat, ۲۰۱۸); social

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anxiety (Besharat, ۲۰۱۹); depressed mood in older adults (Lanza et al., ۲۰۱۷); chronic depression, test anxiety, and health anxiety (Besharat & Naghipoor, ۲۰۱۹); and improvements in emotion-regulation behaviors, reductions in feelings of rejection, and enhancements in the cognitive functioning of retirees (Ebrahimpour Khartoomi & Khedmatgozar, ۲۰۲٤). Paradoxical interventions have also been reported to be effective in addressing anticipatory anxiety and in individuals with high reactivity (VandenBos, ۲۰۰۷), in some cases yielding better outcomes than conventional treatments. Furthermore, research findings suggest that paradoxical-thinking interventions can alter the mental processing of narratives concerning intergroup conflict. By employing neuroimaging techniques, one study introduced a novel approach to investigating the effects of intergroup interventions, offering a method that is more robust than self-report measures alone (Levy et al., ۲۰۲٤). Long-term follow-up findings have also indicated sustained reductions in depression and increase in ego strength, without reported adverse effects (Tahernojad Javazm et al., ۲۰۲۲).

Theoretical Origins

Paradoxical therapy draws on techniques derived from several theoretical models, including reframing in cognitive therapy; imaginal implosion and in vivo flooding in behavior therapy; massed practice and stimulus saturation; and paradoxical intention in logotherapy (Besharat, ۲۰۱۸). In addition, paradoxical strategies have been influenced by Milton Erickson's strategic therapy and Jay Haley's contributions to family therapy.

Examples of Paradoxical Interventions

For a client experiencing insomnia, a paradoxical intervention may involve prescribing adherence to sleep restriction or instructing the client to remain awake rather than attempting to fall asleep (Riedel & Lichstein, ۲۰۰۱; Horvath & Goheen, ۱۹۹۰). Similarly, for an individual who procrastinates because of perfectionism, the therapist may impose a shorter time limit for completing a task. This intervention may help the individual focus on task completion rather than on achieving flawlessness, experiencing a sense of inadequacy, or engaging in self-blame. Consequently, it may prevent the individual from becoming trapped in a vicious cycle of perfectionistic thinking and perceived incompetence (Otermin-Cristeta & Hautzinger, ۲۰۱۸).

Given the growing application of paradoxical strategies to a wide range of psychological problems, alongside the ongoing criticisms of their use, the present review study examines their ethical implications in three stages. First, it reviews the major criticisms of these interventions and the responses to those criticisms. Second, it critically examines the use of paradoxical strategies considering different ethical theories. Finally, it proposes guidelines for the ethical application of paradoxical interventions.

Research Method

This study employed a narrative-critical review approach. Rather than adhering to a fully systematic protocol, this approach emphasizes the critical analysis and synthesis of existing

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theoretical perspectives and empirical findings. To this end, relevant literature was searched in major scholarly databases and search engines, including PubMed, Google Scholar, Web of Science, SID, and Magiran. The search covered the period from ۱۹۷۵ to ۲۰۲۵.

The extended time frame was selected in response to Wigger's (۲۰۲٤) systematic review of the literature on paradoxical interventions, which concluded that research interest in these interventions had declined over the preceding two decades. Accordingly, the search period was broadened to identify a larger body of relevant literature. The search terms included "paradoxical intervention," "paradoxical intention," and "psychological reactance."

The inclusion criteria comprised scholarly articles published in peer-reviewed journals, books, and relevant book chapters addressing paradoxical interventions and ethical theories. Sources lacking a sound scholarly basis and non-specialist reports were excluded. Following the collection of relevant literature, the selected texts were evaluated in terms of their originality, theoretical rigor, and empirical evidence. Sources were selected if they had been cited in at least five texts addressing the literature on paradoxical interventions and contained novel findings or substantive contributions.

Each selected study was then critically analyzed, and the findings were compared to develop a comprehensive and critical account of the current state of knowledge in this field. Ultimately, the findings were organized into three main themes: (۱) an analysis and critical appraisal of objections to the use of paradoxical strategies; (۲) a critical examination of the use of paradoxical strategies in light of ethical theories; and (۳) ethical considerations in the application of paradoxical strategies.

Findings

Critical Analysis of Criticisms of Paradoxical Strategies

As paradoxical techniques gained popularity and became more widely used during the ۱۹۸۰s, criticism of these strategies and concerns about their potential misuse also increased for various reasons. This section reviews the major criticisms and the responses offered to them.

A. Even therapists who are well acquainted with paradoxical techniques find the term *paradoxically* confusing, inaccurate, and laden with negative connotations (Weiner & Craighead, ۲۰۱۰).

Response. Although no other therapeutic approach has been subjected to as much ethical criticism as paradoxical techniques, ethical concerns alone do not fully explain the opposition to these interventions. For example, many psychoanalysts viewed the emergence of effective, innovative approaches, such as paradoxical techniques, as a threat to the tradition of long-term psychotherapy and consequently perceived their professional interests to be at risk.

Furthermore, substantial evidence supports the effectiveness of paradoxical interventions. These interventions may be particularly useful in addressing sleep problems and reducing recursive

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anxiety (Viguer et al., ٢٠٢٤). Accordingly, if these strategies are ambiguous or insufficiently defined, the appropriate response is to clarify and refine them rather than to question their use altogether.

In a systematic review of the literature on paradoxical interventions, Viguer (٢٠٢٤) concluded that research interest in these interventions had declined over the preceding two decades. This decline, however, appears inconsistent with the promising findings reported in the literature. Viguer's review also indicated a shift in research trends between the twentieth and twenty-first centuries. Whereas twentieth-century studies focused primarily on anxiety-related problems, research in the twenty-first century has increasingly examined depression and contemporary concerns, including procrastination and excessive pornography use. The review further suggested that paradoxical interventions may be particularly beneficial for individuals with high psychological reactance.

B. It is also worth noting that even therapists such as Jay Haley and his colleagues, who were pioneers in the application of paradoxical techniques in family therapy, have placed less emphasis on these interventions in their later work (Weiner & Craighead, ٢٠١٠).

Response. First, the decline in the use of paradoxical interventions in recent years may partly reflect criticism of their ethical legitimacy that has not always adequately considered their therapeutic effectiveness. Second, although systemic family therapists frame their concerns differently, they raise a fundamental question: Is it necessary to act strategically and intervene deliberately to influence the direction of a family system? Their answer is that such deliberate intervention is not necessarily required. Nevertheless, they maintain that systems are, by definition, regulated through processes of control and feedback. Cybernetics, in this context, is largely concerned with the study of control and the reciprocal effects of forces within systems.

Accordingly, just as it is impossible for an individual not to communicate, it is also impossible for a therapist working with a family system to avoid influencing that system altogether (Watzlawick et al., ١٩٦٧). From this perspective, the central question is not whether therapists should influence clients through strategic interventions, but how such influence can be directed in the most constructive way possible. It appears that systemic therapists were initially drawn to the dramatic, shock-inducing effects of paradoxical strategies and subsequently shifted toward employing them in more constructive ways.

C. Critics of paradoxical strategies also challenge these methods because of their defining characteristics: Their effectiveness and the potential for misuse

Some critics challenge paradoxical strategies precisely because of their defining characteristics, namely, their effectiveness and the possibility that they may be misused (Weeks, ٢٠١٣). For example, in transactional analysis, when paradoxical alliances are employed for therapeutic purposes, the therapist may establish an unexpected form of alliance with the client's internal resistances rather than confronting them directly (Gentelet & Widdowson, ٢٠١٦). This may lead clients to feel that their concerns are not being adequately addressed. In other words, the therapist

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appears to empathize with, or even reinforce, those aspects of the client's psyche that impede change, while doing so with the therapeutic aim of facilitating transformation.

Consider a client who is afraid of change. The therapist might say, "Perhaps this anxiety really is trying to protect you. Maybe we should listen to it more closely." Although this statement appears to validate the client's anxiety, its therapeutic purpose is to help the client confront this aspect of the self and ultimately become more willing to change. Critics argue that this approach may lead to an oversimplification of the client's problems.

Response. All effective methods may be used excessively or inappropriately. Does this criticism, therefore, mean that all appealing and effective methods should be abandoned?

D. The use of paradoxical strategies may be considered unethical because therapists do not disclose the rationale for their interventions, making these strategies potentially manipulative and harmful to the therapeutic relationship

The use of strategies in which therapists do not disclose the rationale underlying their interventions has been criticized as manipulative and potentially damaging to the therapist–client relationship, and therefore unethical (Weiner & Craighead, ۲۰۱۰). One particularly troubling issue—and perhaps the most significant ethical dilemma facing therapists who use strategic paradoxical interventions, whether it is ethically permissible to provide clients with false information or withhold information from them to initiate therapeutic change.

Some authors argue that this form of therapy inherently involves deception that remains concealed from clients. Therapists tell clients not to change, even though their actual objective is to bring about change. Consequently, these methods may deprive clients of awareness, at least until their symptoms improve. In his article *The Ethical Use of Paradoxical Interventions in Psychotherapy*, Foreman (۱۹۹۰) examines this issue from several perspectives and, drawing on Doherty (۱۹۸۱)'s views regarding the use of these strategies, writes that: "the rather underhand nature of these techniques has led some authors to question whether such techniques can be used by an ethical therapist." Hare-Mustin (۱۹۹۱) similarly argues that paradoxical interventions carry the risk of covert paternalism.

Response. First, research suggests that although obtaining informed consent for psychotherapy appears to be an accepted principle, the quality of its implementation remains open to question in terms of legal, ethical, and clinical requirements (Gerke et al., ۲۰۲۳).

Second, the purpose of deceiving clients in the context of paradoxical interventions is not the therapist's personal gain but the client's benefit. Third, Patterson and Forgatch (۲۰۰۱) argue that client noncompliance, which may make a paradoxical intervention more effective, can itself be a consequence of the therapist's effectiveness. Fourth, as noted in the response to the second criticism, proponents of strategic therapy maintain that effective therapy is inherently interventionist and that telling the truth may be not only naïve but also tactless (Weiner & Craighead, ۲۰۱۰).

Article in Press

According to MacIntyre (١٩٨٧), an individual's worldview influences their ethical decisions. In a similar vein, Haley (١٩٧٦, as cited in Foreman, ١٩٩٠) argues that if a therapist believes that deceiving a client would benefit that client, it is the therapist's duty to do so. Strategic methods raise important ethical questions. For example, is it reasonable to obtain informed consent for the use of these methods and explain their mechanisms of action? Should informed consent be obtained from all clients receiving such interventions, and is this always feasible (Weeks, ٢٠١٣)? If clients know that the therapist's actual intention is to change them, will paradoxical strategies remain effective?

However, according to the findings of Wigger's (٢٠٢٤) systematic review, paradoxical interventions are more effective when their rationale is explained to clients. One possible explanation for the decline in their reported effectiveness is that practitioners have not consistently explained the rationale underlying these interventions. This may also have contributed to their declining use. In any case, explaining the rationale for paradoxical strategies requires considerable clinical skill and tact, which may help address the concerns raised by critics of these interventions.

Ethical Considerations in the Use of Paradoxical Strategies

- Responsible therapists recognize that paradox should not be used to demonstrate the power associated with it (Weeks & L'Abate, ٢٠١٣).
- Encouraging symptoms or discouraging change out of a therapist's frustration at being unable to help a client can have disastrous consequences (Weiner & Craighead, ٢٠١٠). For example, a therapist might convey the message: "Since you cannot change, spend the rest of your life complaining about this problem!"
- Encouraging clients to repeat their symptoms and discouraging change may be dangerous if done in a mocking or derisive manner (Weeks, ٢٠١٣).
- Assess the client's readiness for change before using paradoxical interventions. Weeks and L'Abate (٢٠١٣) explain that therapists can assess a client's readiness for change by assigning tasks. Initial assignments should be simple and direct, involving specific behaviors to be carried out at home that may help resolve the presenting problem (see Haley, ١٩٧٦). If the client completes the task, there may be little need for paradoxical interventions. However, if the client forgets the assignment, resists it, modifies it, or distorts it, this may indicate resistance and suggests the need for a different approach.

Resistance in therapy can manifest in various ways. Clients may repeatedly disregard the therapist's recommendations or refuse to discuss issues related to their presenting problems. In such circumstances, the more insistently the therapist presses the client, the more the client may avoid the issue, potentially losing access to a path toward recovery that had previously been available. A client who resists treatment therefore presents the therapist with an ethical dilemma: If the therapist makes a direct recommendation, the client may deteriorate, and the therapist may lose the client's trust. If the therapist makes an indirect recommendation, the therapeutic

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relationship may remain trustworthy and resistance may no longer obstruct recovery; however, this may come at the cost of honesty. Doing nothing, in turn, deprives the therapist of the potential benefits of either approach, despite the therapist's belief that an effective treatment is available. Under these circumstances, when a viable therapeutic option exists, withholding agreement with the client's resistance may appear ethically problematic because it may violate the principle of beneficence to which the therapist is committed. Taken together, these considerations suggest that using paradoxical strategies with resistant clients can be an ethically defensible technique, provided that its implementation is consistent with general ethical principles, particularly beneficence and nonmaleficence (Foreman, ١٩٩٠).

- In the circumstances described above, the therapist appears to face a choice between honesty and trustworthiness. The principle of respect for the client's right to make autonomous decisions suggests that this choice should be made by the client; that is, the use of a paradoxical approach requires the client's consent. However, this analysis has another dimension. The ethical justification for using paradox rests on a situation in which the therapist is compelled to choose between honesty and trustworthiness. When no such choice is necessary, clients are entitled to both. Accordingly, when paradoxical and nonparadoxical treatments are equally feasible and effective, or when the effectiveness of both approaches is equally uncertain, the nonparadoxical approach should be preferred. This implies that paradoxical interventions should be used only after an adequate assessment has been conducted and should not themselves be used as assessment techniques (Foreman, ١٩٩٠).

- Although paradoxical interventions have been shown to be effective and beneficial for resistant clients, their use is not necessarily restricted to such clients. Weeks and L'Abate (٢٠١٣) argue that specifying when paradoxical interventions should be used does not mean that they should not, or cannot, be employed with cooperative clients. When clients are cooperative, therapists have a wider range of techniques and approaches from which to choose. Paradoxical techniques may not be more beneficial than alternative methods for cooperative clients, although they may be more efficient in the sense that they can resolve a particular problem in less time. In this discussion, Weeks and L'Abate acknowledge the importance of time and the costs clients naturally incur for counseling sessions, but they do not address clients' right to autonomy or their right to be informed about the therapeutic approach being used.

- To reduce the risk of misuse, provide a clear rationale for prescribing a paradoxical intervention. The most important guideline for paradoxical interventions—or any other intervention, is that its use should be supported by a rationale (Weiner & Craighead, ٢٠١٠; Wigger, ٢٠٢٤). Accordingly, the behavior can be framed in positive terms. For example: "The child refuses to go to school because they are worried about you due to your back pain." A positive intention can be attributed not only to the symptom itself but also to the actions of others that may reinforce it. For example: "It seems that, on that day, the father

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supported you by mediating between you and your child. He may have believed that pressuring the child could prolong the school refusal."

- Exercise caution when using provocative and challenging interventions. For example, when discouraging change, it may be preferable to suggest that change might not be advisable at the present time rather than predicting that change is impossible (Weiner & Craighead, ۲۰۱۰).
- Develop an explicit theoretical formulation of how the problem became established and how a paradoxical intervention might facilitate change (Weiner & Craighead, ۲۰۱۰). Psychological Reactance Theory (Reynolds-Tylus, ۲۰۱۹) offers valuable insights in this regard. For example, a therapist might say: "Until I have conducted a sufficiently thorough assessment of this problem, there is no need to rush into changing it." Alternatively: "I need to examine when, where, how, and how often this problem occurs. For now, continue your arguments and keep a record of how many times this happens each week." Or: "If I tell you to change now, without first assessing your situation, it probably will not be helpful."

Discussion and Conclusion

During psychotherapy, therapists encounter two opposing forces. One is the force that drives human beings to preserve the stability of their identity and resist change in response to external influences. The second is the force that compels individuals to change to maintain their integrity. Some clients seek treatment when their existing self-image can no longer be sustained: Something *must* change. This perceived necessity for change aligns with the therapeutic force. However, the opposing force, which seeks to preserve the stability of the self, reacts against the acceptance of external influences, in this case, the therapist. This force is referred to as resistance.

Resistance can be classified into two types. The first is the more familiar form of resistance, which refers to opposition to or reluctance toward change and is frequently encountered in therapy and counseling. It may function as a defense mechanism through which clients avoid confronting difficult feelings, thoughts, or behaviors. For example, a client may refuse to discuss traumatic experiences during therapy. The second type arises from psychological reactance and occurs when individuals perceive their freedom or autonomy to be threatened. This perception motivates them to restore their sense of freedom by doing the opposite of what they are being pressured to do. For example, when someone is told that they must follow a particular rule, they may resist and act contrary to that rule to preserve their independence (Brehm & Brehm, ۲۰۱۳). In such circumstances, it may be more appropriate to tell the individual that they do not need to do anything or make any changes.

Accordingly, when the interaction between internal and external forces does not threaten an individual's stability, identity, or autonomy, and a healthy balance is maintained, both forms of resistance are likely to be low, and direct therapeutic recommendations may be appropriate. However, when the perceived pressure to change becomes excessive and individuals feel unable

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to control their circumstances, their psychological integrity may be at risk. In such situations, individuals may attempt to protect themselves and regain a sense of control by strengthening their boundaries and increasing their resistance (Shariatmadar, ۲۰۱۶). For this reason, despite the decline in the use of paradoxical interventions in recent years, some scholars have continued to advocate their use (Browning & Hull, ۲۰۲۱) and have authored textbooks specifically designed to provide systematic training for therapists in applying these interventions (e.g., Peluso, ۲۰۲۳a, ۲۰۲۳b). Nevertheless, although approaches such as Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT) incorporate dialectics as a fundamental principle (Chapman & Dixon-Gordon, ۲۰۲۰), they do not explicitly and systematically teach paradoxical interventions.

In addition to the foregoing discussion, although the ethical examination of these strategies has been addressed in the research literature, their clinical application has not been sufficiently analyzed in terms of its compatibility with the ethical theories underlying principle-based ethical practice. Accordingly, the following discussion and conclusion critically examine the potential benefits and harms of paradoxical strategies considering major ethical theories.

A. Kantian Duty-Based Ethics

Kantian ethics can be understood through three central concepts:

۱. **Acting from duty:** Kant maintained that certain duties must be always fulfilled and, in all circumstances, regardless of an individual's feelings or the consequences of the action. From this perspective, a person who does what is right solely because it is right, even when it conflicts with their personal inclinations, acts morally.

۲. **Universalizability:** According to Kant, we should act only in accordance with a rule that can be accepted universally, that is, one that can withstand the test of universalizability.

۳. **Respect for people:** Kant argued that individuals must never be treated merely as objects or instruments. Rather, they must be respected as autonomous agents (Heinman, ۲۰۲۳).

Ethical Analysis from This Perspective

From this perspective, if paradoxical interventions are used with therapeutic intent and for the client's benefit, can their use be considered ethical? If deception is regarded as categorically immoral, how can the use of these techniques be justified?

Suppose we apply the rule, "If others were in my position, would I want them to do the same thing?" If we were experiencing a problem that could be treated only through these interventions, would we not want our therapist to do whatever was necessary to help us? Nevertheless, according to the third concept, depriving individuals of their right to make autonomous choices by withholding the truth may constitute a failure to respect them and may amount to treating them as objects. From this perspective, the use of paradoxical intention may therefore be considered unethical.

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B. John Rawls and Social Justice

John Rawls maintained that, in a just society, citizens' equal basic liberties should be regarded as fixed and inviolable. Injustice can be tolerated only when it is necessary to avoid an even greater injustice (Rawls, ٢٠٠٥).

Ethical Analysis from This Perspective

According to Rawls's perspective, depriving clients of their freedom to understand the rationale behind a therapeutic prescription through deception would be unethical. Furthermore, if we disregard the power asymmetry between therapists and clients arising from our professional positions, are we entitled to regard ourselves as superior to our clients, make decisions on their behalf, and deceive them in the name of treatment?

Nevertheless, another factor must also be considered. Would applying this principle without exception mean forfeiting the opportunity to treat a client experiencing anticipatory anxiety, whose anxiety might plausibly intensify if they were informed of the rationale underlying paradoxical intervention? If so, would rational acting in paradoxical interests? Would it not constitute a greater injustice for a therapist to accept payment for treatment while declining to use an intervention that could help, solely to avoid infringing upon the client's freedom? Thus, even when paradoxical techniques are evaluated through the lens of Rawlsian theory, different conclusions may be reached regarding their ethical acceptability.

C. Utilitarian Ethics

Utilitarianism, or consequentialism, adopts a fundamentally different perspective on ethical questions by focusing on the ultimate outcome, namely, the anticipated consequences of an action. Its objective is to achieve the greatest possible happiness, not merely for oneself but for everyone (Hospers, ٢٠٠٨). Accordingly, the central question is: "Given this ethically problematic situation, which course of action would produce the greatest good for the greatest number of people?" Another term used to describe this position is *teleological ethics*, which concerns the evaluation of actions in terms of their ends or outcomes. In contrast to duty-based approaches, utilitarians reject claims to absolute moral certainty. They question how morality can be regarded as certain in an uncertain world. In short, consequentialists evaluate the moral worth of an action by assessing its effects and consequences for those affected by it (Heinman, ٢٠١٦; Flanagan et al., ٢٠٠٧).

Ethical Analysis from This Perspective

From this perspective, when treating an individual with anticipatory anxiety, who are the parties involved? If the therapeutic encounter is also understood as a two-way relationship, who stands to benefit from paradoxical interventions, and who may be harmed by them? How would the answer change if the individuals surrounding the client were also considered? Furthermore, what might happen to the therapeutic community and to the wider population affected by psychotherapy if the perceived freedom associated with using this technique encouraged therapists to employ it more

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readily, without ensuring that it was reserved for the final stage of treatment or used as a last resort? These considerations demonstrate that the issue cannot be addressed through oversimplification. Nevertheless, one possible response to this final criticism is that the same concern applies to all therapeutic strategies when they are used without adequate training and supervised clinical practice.

D. Joseph Fletcher and Situational Ethics

Fletcher's central premise is that the most ethical action in a particular situation is the one grounded in love for the people affected by that action. His use of the word *love* closely approximates the Greek term *agape*, which denotes selfless concern for and care toward all human beings. Given a full understanding of moral rules and the specific requirements of a situation, the question becomes: What is the most selfless, compassionate, and loving action possible? (Flanagan et al., ۲۰۰۷).

Ethical Analysis from This Perspective

If a psychotherapist encounters a client trapped in cycles of anticipatory anxiety or experiencing distressing obsessions, what will constitute the most compassionate course of action? What if the therapist believes that genuine love for another person requires preserving that person's autonomy, one of the most fundamental aspects of human agency? Might it be necessary to ask clients, at the beginning of treatment and as part of the informed-consent process, how they would want such dilemmas to be resolved if they arose unexpectedly? Would they delegate the decision to the therapist and prioritize their recovery, or would they prefer to retain decision-making authority under all circumstances?

Despite the theoretical analyses presented above, the broad range of paradoxical interventions has contributed to oversimplification and erroneous generalization, rather than to greater care and nuance in their application (Browning & Hull, ۲۰۲۱). It is therefore necessary to revisit the defining features of paradoxical strategies, as described in Corsini's definition presented at the beginning of the Introduction: strategies in which clients are asked to continue or even intensify their complaints in order to demonstrate that they have some degree of voluntary control over their symptoms. None of the arguments discussed above adequately addresses the possibility that clients may lack a sense of control. The central issue is that these strategies are often recommended to clients whose sense of autonomy has been compromised and who feel incapable of doing anything to change their circumstances. Such individuals may resist the therapist's suggestions or interventions in the therapeutic setting because they perceive their independence to be under threat (Arnow et al., ۲۰۰۳). For this reason, recent research on the use of paradoxical interventions and strategies has drawn attention to another factor that has previously received insufficient consideration: client characteristics and their responses to therapeutic interventions. Some clients respond to therapists in a reactive rather than a passive manner. Psychological reactance is a phenomenon involving an aversive, often antagonistic motivational response to suggestions, individuals, rules, or regulations perceived as threatening one's behavioral freedoms and autonomy

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(Steindl et al., ٢٠١٥). Reactant behavior occurs when individuals perceive that someone or something is attempting to restrict or control their choices or behavior. This perceived threat to behavioral freedom may elicit an unpleasant or hostile response. To underscore the influence of this phenomenon, Rosenberg and Siegel (٢٠١٧) titled their article *A 50-Year Review of Psychological Reactance Theory: Do Not Read This Article*. Reactance may even motivate individuals to adopt attitudes or behaviors contrary to those they had originally intended. This suggests that a client's reactant state may increase resistance to a direct message. Accordingly, it is important to investigate clients' responses to counselors' messages, particularly in situations where those responses may have substantial adverse consequences. Individuals who perceive their freedom to choose or behave in a particular way as being restricted may respond with resistance, opposition, or even behaviors directly contrary to what has been suggested (Reynolds-Tylus, ٢٠١٩).

Based on the foregoing evidence, Wheeler (٢٠١٤) argues that paradoxical interventions are most appropriately used with clients who perceive no possibility of changing their circumstances and who repeatedly engage in self-defeating behaviors. These interventions may help clients become more flexible or, at the very least, become more open to considering their problems from a new perspective (Wigger, ٢٠٢٤). Accordingly, the primary indication for paradoxical interventions is a perceived inability to bring about change. Overall, most authors maintain that although paradoxical strategies are powerful techniques, they should be considered a last resort and used only when resistance or a therapeutic impasse is encountered. Nonparadoxical techniques should always be given priority (Foreman, ١٩٩٠; Mosavi, ٢٠٠٧). Furthermore, paradoxical interventions appear to be useful for clients with high levels of psychological reactance. For these individuals, prescribing the symptom may be less threatening than prohibiting it. In this way, clients exhibiting resistance, regardless of its form, may find it difficult to continue resisting, while their sense of helplessness may be transformed into a sense of control over the situation, because they are not being asked to do anything against which they could resist (Peluso & Freund, ٢٠٢٣). In such cases, the target of intervention is not the client's presenting complaint itself (e.g., anxiety), but rather the sense of helplessness associated with being unable to change the situation. Clients may seek treatment because of this feeling, even when they have little hope of improvement and attend therapy primarily because they feel they have no other choice.

In a recent approach, paradoxical interventions have been classified according to the strategies psychotherapists use to bring about second-order change and the accompanying tactics (Peluso, ٢٠٢٣a). These strategies include neutralizers, tranquilizers, energizers, and challengers. Neutralizers are used to reduce the impact of clients' confrontational or resistant behaviors and statements during therapy. Tactically, the therapist avoids entering conflict or a power struggle with the client. Instead, the therapist responds to the client's words and behaviors through joining, empathy, validation, and positional neutrality, as well as humor and therapeutic curiosity. By denying clients the opportunity to engage in a struggle or to position themselves as superior or

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inferior to the therapist, these interventions help preserve the therapeutic relationship and keep the treatment process intact and effective (Peluso, ۲۰۲۳b).

Re-examining the Paradoxical Intervention: "You Do Not Need to Change". A paradoxical intervention is neither simple nor straightforward. Its impact derives partly from its capacity to produce a sense of shock and redirect the client's attention in an unexpected way, rather than focusing attention directly on the self. This strategy shifts the client's attention away from the presenting problem and toward the intervention itself. Because the intervention is unexpected, it may elicit surprise or disbelief. If the therapist understands the rationale underlying the intervention, has experience in applying it, and consistently maintains the position that change is not currently necessary, the intervention may alleviate the client's sense of helplessness. It may also interrupt the cycle of anxiety about anxiety. If the therapist has established trust with the client before introducing the intervention, hearing such a statement may feel like a splash of cold water on the flames of the client's intense sense of being unable to control the situation. The client may reason, "If my therapist believes that I do not need to change, then I do not need to change for the time being." As a result, the client may regain a sense of control over the situation. Thus, if we accept the premise that the client seeks treatment because of a sense of helplessness, treatment should target this underlying issue. In that case, the intervention need not involve deception. The therapist must temporarily adopt a position against change, and this position can be genuine rather than deceptive. Nevertheless, obtaining informed consent remains essential and requires sensitivity. The client should be informed that the therapist intends to use a strategy that may initially seem unconventional but is grounded in a specific scientific rationale and is offered as an alternative to standard techniques (Brown & Slee, ۱۹۸٦; Foreman, ۱۹۹۰).

The literature on paradoxical therapy contains numerous accounts of brief interventions and single-session treatments. This reflects the possibility that paradoxical interventions may produce rapid therapeutic effects. In some cases, a single intervention may be sufficient to resolve the client's problem. In other cases, intervention over a period may be necessary; however, the literature on extended paradoxical interventions is relatively limited. In either case, paradoxical strategies are intended to help clients regain a sense of control over unwanted behaviors.

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