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Original Article

Comparing the Effectiveness of Emotionally Focused Therapy and Paradoxical Timetable Cure on Self-critical Rumination in Married Women with High Anxiety

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Abstract

Background and Objective: High anxiety in married women is a significant mental health concern that can negatively affect emotional functioning and marital relationships. Self-critical rumination plays an important role in maintaining anxiety. This study aimed to compare the effectiveness of emotionally focused therapy (EFT) and paradoxical timetable cure (PTC) in reducing self-critical rumination among married women with high anxiety.

Materials and Methods: This study was quasi-experimental, using a pretest-posttest design with a control group and a two-month follow-up period. The study population consisted of married women presenting with anxiety symptoms who were referred to counseling and psychological service centers in Ahvaz, Iran, in 2025. From this population, 75 people were selected using a purposive sampling method based on the inclusion criteria and randomly assigned to two intervention groups (n = 50) and one control group (n = 25). The instruments used in this study were the Self-critical Rumination Scale and the Beck Anxiety Inventory. Each emotion-focused therapy and paradox therapy intervention was implemented in nine 90-minute sessions.

Results: The findings showed that EFT (P = 0.01) and PTC (P = 0.01) reduced self-critical rumination compared to the control group from baseline to follow-up. However, no significant difference was observed between the two intervention groups (P = 1.00).

Conclusions: Both EFT and PTC effectively reduced self-critical rumination, with maintained effects over time, and showed no significant difference between them, suggesting equal efficacy. Clinicians can choose either approach based on client needs, and training in both methods is recommended to enhance treatment flexibility.

Keywords: Anxiety, Rumination, Paradoxical therapy, Psychotherapy

Background

Anxiety in married women can have substantial implications for both individual well-being and the quality of the marital relationship, as elevated anxiety levels may disrupt emotional regulation and intimate engagement with partners [1]. Anxiety is often associated with excessive worry, insecurity, and controlling behaviors, which can contribute to interpersonal conflict and the development of maladaptive interaction patterns within couples [2]. At the individual level, anxiety may manifest as feelings of hopelessness, diminished self-esteem, irritability, and emotional exhaustion [3]. Empirical evidence further indicates a negative association between anxiety and marital adjustment in women, whereby higher anxiety levels are linked to reduced marital satisfaction, increased conflict, avoidant behaviors, emotional withdrawal, and impaired coping with marital challenges [4].

Self-critical rumination plays a significant role in intensifying anxiety by fostering repetitive cycles of negative self-evaluation and persistent worry [5]. This cognitive process is characterized by an ongoing preoccupation with perceived personal failures and deficiencies, which strengthens feelings of inadequacy and threat; the continual recurrence of self-critical thoughts activates stress responses and amplifies emotional distress, thereby heightening anxiety [6]. In addition, the perfectionistic tendencies associated with self-criticism contribute to increased anxiety, as individuals experience pressure to meet unrealistic standards and engage in harsh self-judgment when these standards are not achieved [7].

Emotionally focused therapy (EFT) has demonstrated effectiveness in reducing rumination by directly addressing the underlying emotional

processes that perpetuate repetitive and maladaptive thinking patterns, thereby facilitating a transition from cognitive preoccupation to adaptive emotional processing [8]. Grounded in humanistic and experiential frameworks, EFT conceptualizes rumination as stemming from unmet emotional needs and the avoidance of core affective experiences (e.g., unresolved grief, shame, or fear) which are often managed through excessive intellectualization rather than emotional engagement [9]. Through experiential interventions, including focusing, chair work, and two-chair dialogues, therapists assist clients in accessing and differentiating primary emotions, thereby transforming secondary ruminative responses (e.g., self-critical thoughts) into more authentic and adaptive emotional experiences [10]. This therapeutic process disrupts the recursive cycle of rumination, a finding supported by empirical evidence indicating that EFT reduces ruminative tendencies by enhancing emotional awareness, clarity, and differentiation [11-12].

Paradoxical Timetable Cure (PTC) is recognized as an effective intervention for anxiety-related disorders [13]. Although conceptually informed by psychodynamic, psychoanalytic, and systemic theories, PTC is implemented primarily through behavioral techniques in clinical practice [14]. The approach consists of two fundamental components: paradoxical symptom prescription, in which clients are instructed to deliberately enact their problematic behaviors or symptoms, and a structured scheduling procedure that requires intentional engagement with these symptoms at predetermined times and durations. Together, these elements form the basis of paradoxical psychotherapy [15]. By encouraging intentional expression of emotions that are typically avoided, PTC reduces emotional avoidance and reframes emotional experience as a form of agency rather than vulnerability [16]. This process promotes emotional awareness, reduces anxiety, and facilitates more adaptive emotional processing through acceptance and deliberate engagement with distressing experiences [17].

Objectives

In the context of rumination, PTC facilitates clients' direct engagement with ruminative thoughts, encouraging voluntary experience rather than avoidance or suppression [13]. Empirical evidence supports its efficacy; for instance, Eatesamipour et al. reported that paradoxical therapy significantly reduces ruminative responses [18]. Similarly, Nikan et al. demonstrated that both PTC and cognitive-behavioral therapy effectively decreased worry and ruminative responses in individuals with social anxiety disorder, with these improvements remaining stable during follow-up assessments [19].

In summary, previous research suggests that both EFT and PTC are effective in reducing rumination in various populations. However, a review of the literature reveals a lack of studies directly comparing the effects of these two interventions on self-critical rumination. Given their distinct theoretical foundations and implementation strategies, a comparative investigation is essential to determine the more effective approach for alleviating self-critical rumination in individuals with high anxiety in clinical settings. Accordingly, the present study aimed to compare the effectiveness of EFT and PTC in reducing self-critical rumination among married women with elevated anxiety.

Materials and Methods

Research Design

This was a quasi-experimental study with a pretest-posttest design, a control group, and a two-month follow-up period. The study population consisted of married women presenting with anxiety symptoms who were referred to counseling and psychological service centers in Ahvaz, Iran, in 2025. Participants were recruited using purposive sampling. The minimum required sample size was determined using G*Power 3.1.9.7, which indicated 20 participants per group based on an alpha level of 0.05, statistical power of 0.95 ($1 - \beta$), and an effect size of 0.40. To account for potential attrition, the sample size for each group was increased to 25 participants. Following recruitment, participants were randomly assigned to the experimental and control groups using a simple randomization procedure.

Inclusion and Exclusion Criteria

The eligibility criteria included a clinical diagnosis of anxiety symptoms confirmed by a licensed clinical psychologist, a score of 21 or higher on the Beck Anxiety Inventory (BAI), age between 30 and 55 years, literacy, provision of written informed consent, and the absence of severe or chronic physical or psychiatric disorders or substance dependence. These criteria were assessed prior to study entry through a structured clinical interview conducted by the therapist. The exclusion criteria comprised absence from more than two treatment sessions, exacerbation of anxiety symptoms requiring hospitalization or pharmacotherapy, emergence of suicidal ideation during treatment sessions, and participation in any concurrent psychotherapeutic interventions.

Instruments

Self-critical Rumination Scale (SCRS): Self-critical rumination was assessed using the self-critical rumination scale (SCRS) developed by Smart et al. [20]. The scale consists of 10 items rated on a 4-point Likert continuum ranging from 1 (not at all) to 4 (very much), yielding total scores between 10 and 40, with higher scores indicating greater self-critical rumination. The construct validity of the SCRS was established through exploratory factor analysis, which demonstrated that all items loaded on a single factor accounting for 58.41% of the total variance. Accordingly, the final version of the instrument was unidimensional and exhibited strong psychometric properties, including excellent internal consistency (Cronbach's $\alpha = 0.92$) and high test–retest reliability ($r = 0.86$). Furthermore, validation studies conducted in an Iranian sample by Shahian et al. [21] confirmed the unidimensional factor structure via exploratory factor analysis and reported similarly high internal consistency (Cronbach's $\alpha = 0.90$).

Beck Anxiety Inventory (BAI): The Beck Anxiety Inventory (BAI), developed by Beck et al. [22], is a 21-item self-report measure designed to assess the severity of anxiety symptoms. Items are rated on a 4-point Likert scale from 0 (never) to 3 (always), yielding total scores ranging from 0 to 63. Scores below 10 indicate minimal or no anxiety, scores of 10–20 reflect mild anxiety, scores of 21–30 indicate moderate anxiety, and scores of 31 or above represent severe anxiety. The original scale demonstrated acceptable reliability, with a Cronbach's alpha coefficient of 0.77, and moderate convergent validity with the Beck Depression Inventory ($r = 0.43$) [22]. In Iranian samples, Abdoli et al. reported good internal consistency (Cronbach's $\alpha = 0.86$) and supported construct validity through exploratory factor analysis, accounting for 68% of the explained variance [23]. In the present study, the internal consistency of the BAI was confirmed, with a Cronbach's alpha coefficient of 0.80.

Procedure

Following approval from the institutional ethics committee, eligible participants were randomly allocated to two intervention groups and one control group. Prior to the commencement of the interventions, all participants completed the SCRS, and these data were recorded as baseline (pretest) measures. The intervention groups, EFT and PTC, each received nine separate sessions lasting 90 minutes. Participants in the control group received no therapeutic intervention during the study period and were placed on a waiting-list control condition. Upon completion of the intervention phase, posttest assessments were administered to all three groups. In addition, follow-up assessments were conducted for all groups two months after the interventions concluded. Participants voluntarily enrolled in the study after receiving comprehensive information about its objectives, procedures, potential benefits, and possible risks. The confidentiality of all personal data and participant identities was strictly maintained, and the information collected was used exclusively for research purposes. Participation was entirely voluntary, and individuals retained the right to withdraw from the study at any point without any negative consequences.

Emotionally Focused Therapy (EFT) protocol

The EFT protocol, based on the model of Johnson et al. [8], was applied over nine 90-minute sessions. Table 1 presents a brief description of the sessions.

Table 1. Summary of Emotionally Focused Therapy Sessions

Session	Description
1	The therapist established a collaborative therapeutic alliance and conducted an initial assessment of the client's concerns. Emotional experiences related to the problem were explored, and secondary emotional reactions were identified. Emotional safety was fostered to facilitate engagement in the therapeutic process.
2	The therapist helped the client access and differentiate primary and secondary emotions associated with distress. Attention was directed toward bodily sensations and emotional cues to deepen emotional awareness. The client began articulating their core emotional experiences more clearly.
3	The therapist facilitated emotional regulation by helping the client tolerate and remain present with heightened emotional arousal. Grounding and soothing strategies were introduced to reduce emotional avoidance. The client demonstrated increased capacity to manage intense emotions.
4	The therapist identified patterns of self-criticism and explored their emotional origins. A two-chair dialogue was used to externalize the critical voice and access underlying vulnerable emotions. The client developed greater self-compassion and emotional acceptance.
5	The therapist identified patterns of self-criticism and explored their emotional origins. A two-chair dialogue was used to externalize the critical voice and access underlying vulnerable emotions. The client developed greater self-compassion and emotional acceptance.
6	The therapist explored unmet emotional needs underlying the client's difficulties. Emotional experiences were integrated with personal meaning through reflective dialogue. The client gained increased insight into emotional patterns and relational needs.
7	The therapist consolidated new emotional responses and reinforced adaptive emotional patterns. The client practiced applying these emotional responses to real-life situations. Emotional flexibility and confidence in emotional expression were strengthened.
8	In this session, the client focused on his residual emotions and interpersonal relationships. The therapist helped him identify and re-experience past emotional patterns. The session ended with him identifying strategies for managing emotions and improving communication.
9	The therapist reviewed therapeutic progress and consolidated key emotional changes achieved during treatment. Strategies for maintaining emotional gains and managing future challenges were discussed. The therapy process was concluded with a focus on continued emotional

growth and resilience.

Paradoxical Timetable Cure (PTC) Protocol

The paradox therapy protocol, based on the Besharat [15] model, was applied over 9 sessions totaling 90 minutes. Table 2 presents a brief description of the sessions.

Table 2. Summary of Paradoxical Timetable Cure Sessions

Session	Description
First to fourth	Introduction and initial communication, problem formulation and assessment, treatment plan development. Pretest implementation. Prescribing a symptom (determining three times a day to complete tasks on the schedule-paradox). The first mechanism is order synthesis.
Fifth and sixth	Follow-up on previous session assignments and prescribing symptoms according to the treatment process with a downward trend. The second mechanism is breaking the relationship between the symptom and anxiety and prescribing a symptom according to the treatment process with a downward trend and focusing on increasing positive social interactions.
Seventh and eighth	Follow-up on previous session assignments, focusing on the third mechanism, changing the meaning of the symptom for participants and prescribing a symptom according to the treatment process with a downward trend.
Ninth	Follow-up on previous session assignments, focusing on the fourth mechanism, anxiety, and prescribing a symptom according to the treatment process with a downward trend. Summary of sessions, predicting the return of trauma and teaching clients how to cope with these conditions, ending treatment. Completion of questionnaires in the form of posttest implementation.

Data Analysis

The data collected from the pretest and posttest were analyzed using repeated measures analysis of variance (ANOVA) in SPSS (version 27).

Results

There were 25 participants in each of the emotion-focused therapy, paradox therapy, and control groups. The mean and standard deviation of age were 42.04 ± 6.04 years for the EFT group, 43.16 ± 7.37 years for the PTC group, and 42.24 ± 6.16 years for the control group. In terms of education level, 6 participants in the EFT group had a diploma, 8 had an associate or bachelor's degree, and 11 had a master's degree; 8 participants in the PTC group had a diploma, 13 had an associate or bachelor's degree, and 4 had a master's degree; and 9 participants in the control group had a diploma, 8 had an associate or bachelor's degree, and 8 had a master's degree. Table 3 presents further details.

Table 3. General Characteristics of the Study Population

Variables		EFT, No. (%)	PTC, No. (%)	Control Group, No. (%)
Education	Diploma	6 (24)	8 (32)	9 (36)
	Associate or bachelor	8 (32)	13 (52)	8 (32)
	Master	11 (44)	4 (16)	8 (32)
Age	Mean ± SD	42.04 ± 6.04	43.16 ± 7.37	42.24 ± 6.16

Abbreviations: EFT, emotionally focused therapy; PTC, paradoxical timetable cure.

The results in Table 4 showed that the posttest and follow-up scores for the self-critical rumination variable changed in both intervention groups.

Table 4. Descriptive Indicators of Self-critical Rumination

Phase	Group	Mean	Standard Deviation	Shapiro–Wilk	
				Statistic	P
Pretest	EFT	28.32	7.98	0.92	.07
	PTC	28.00	8.04	0.95	.26
	Control	27.96	8.58	0.92	.07
Posttest	EFT	18.68	6.72	0.92	.07
	PTC	18.64	6.70	0.92	.07
	Control	27.88	7.78	0.94	.16
Follow-up	EFT	18.88	6.12	0.93	.10
	PTC	18.36	6.62	0.92	.08
	Control	27.84	8.35	0.92	.06

Abbreviations: EFT, emotionally focused therapy; PTC, paradoxical timetable cure.

To examine differences in mean scores between the groups, since all assumptions of repeated-measures ANOVA were met, this test was used to compare the control and intervention groups. The results of the Shapiro–Wilk test indicated that the variables' distributions were normal ($P > 0.05$). Levene's test for equality of variances showed that the assumption of homogeneity of variances between the two groups was met ($P > 0.05$). Additionally, the test of homogeneity of regression slopes indicated that the interaction effect between the dependent and independent variables was not statistically significant ($P > 0.05$). Multivariate test results showed that the intervention significantly reduced self-critical rumination over time (Pillai's Trace = 0.66, F = 67.94, $P = 0.01$, $\eta 2 = 0.65$); the interaction effect (time * group) was also significant (Pillai's Trace = 0.49, F = 11.68, $P = 0.01$, $\eta 2 =$

0.25). Table 5 presents the univariate results for the two variables.

Table 5. Results of Repeated Measures ANOVA for Effectiveness of EFT and PTC on the Research Variable

Source	Type III SS	*df*	MS	F	Sig.	η^2	OP
Time	2035.28	2	1017.64	109.46	0.01	0.60	1.00
Time*Group	987.41	4	246.85	26.55	0.01	0.42	1.00
Error	1338.64	144	9.29				
Group	1851.54	2	925.77	6.19	0.01	0.15	0.84

Abbreviations: EFT, emotionally focused therapy; PTC, paradoxical timetable cure; MS, mean square; OP, observed power; ANOVA, analysis of variance.

The results of the repeated-measures ANOVA showed a significant difference between the intervention and control groups in self-critical rumination (F = 6.19, *P* = 0.01, η2 = 0.15). The results of the Bonferroni test for pairwise comparison of groups showed a significant difference between the control group and EFT (mean difference = 5.93, *P* = 0.01) and between the control group and PTC (mean difference = 6.23, *P* = 0.01); in fact, both treatments reduced self-critical rumination compared to the control group. However, the results showed no significant difference between the EFT and PTC groups (mean difference = 0.29, *P* = 1.00).

Discussion

This study aimed to compare the effectiveness of EFT and PTC on self-critical rumination in married women with high anxiety. The first finding showed that EFT was effective in reducing self-critical rumination. This finding is consistent with that of Brennan et al. [10], Thompson and Girz [11], and Shahar et al. [12]. EFT is effective in reducing self-critical rumination because it directly addresses maladaptive emotional processing patterns that sustain repetitive self-blame and severe self-evaluation [12]. EFT facilitates clients' access to, tolerance of, and symbolic expression of primary maladaptive processes that underlie self-critical thinking. By enhancing emotional awareness and acceptance, EFT disrupts the automatic linkage between negative affect and ruminative cognitions [10]. Techniques, such as two-chair dialogues, externalize the self-critical voice, fostering reflective distance from ruminative cycles. This process supports the transformation of maladaptive emotions into adaptive responses, including self-compassion and assertive anger [8]. Furthermore, EFT strengthens emotional meaning-making, allowing self-critical narratives to be reconstructed in a more coherent and integrative manner [11].

The second finding indicated that PTC effectively reduced self-critical rumination, aligning with the results of Saeedinejad et al. [13], Eatesamipour et al. [18], and Nikan et al. [19]. This effect can be explained by several mechanisms: paradoxical therapy disrupts habitual ruminative patterns by introducing unexpected or contradictory elements, helping individuals break free from repetitive negative thinking and gain new insights into their cognitive processes [14]. Additionally, paradoxical exercises foster cognitive flexibility and tolerance of ambiguity, which are common triggers for rumination [16]. The therapy also enhances self-awareness by revealing contradictions in thought patterns, enabling individuals to recognize the futility of rumination and adopt more adaptive coping strategies [13].

The third finding showed no difference between the two interventions, EFT and PTC, on self-critical rumination; in fact, both interventions had similar effects over time. Both EFT and PTC effectively reduce self-critical rumination by addressing its core maintenance mechanisms through complementary yet convergent pathways. EFT enhances emotional awareness, acceptance, and self-compassion, enabling individuals to access, process, and transform underlying self-critical schemas, thereby interrupting cycles of repetitive negative self-focus [9]. In parallel, PTC utilizes paradoxical intention by deliberately scheduling periods of rumination, which paradoxically diminishes its frequency and intensity through processes of exposure and habituation, while disrupting automatic ruminative patterns without direct suppression [13].

The limitations of this study, including purposive sampling, reliance on self-report measures, and a short two-month follow-up period, may introduce bias and limit conclusions about long-term treatment effects. Future research should use randomized, diverse samples, multi-method assessments, and longer follow-up periods to improve generalizability and evaluate treatment durability. Despite these limitations, the findings suggest that EFT and PTC are effective interventions for reducing self-critical rumination in anxious married women and may be beneficial when implemented in family counseling settings to enhance psychological functioning.

Conclusion

In conclusion, both EFT and PTC are equally effective in alleviating self-critical rumination among women experiencing high anxiety levels, suggesting that either intervention can be successfully implemented to target maladaptive self-

focused thought patterns.

Ethical Considerations

Ethical approval was obtained from the Research Ethics Committee of Islamic Azad University, Ahvaz Branch, Iran, under the approval code IR.IAU.AHVAZ.REC.1404.020

Data Availability Statement

The original contributions presented in this study are included in the article/supplementary material. Further inquiries can be directed to the corresponding author.

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Conflict of Interest

The authors declared no conflicts of interest.

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