

The Effectiveness of the Paradoxical Timetable Cure on Self-Objectification and the Experience of Close Relationships in Women with Low Psychological Capital Diagnosed with Anuptaphobia

Faezeh Feyzi¹, Mehryar Anasseri^{2*}

¹ Department of Psychology, Ash.C. , Islamic Azad University, Ashtian, Iran.

² Department of Psychology , Ash.C., Islamic Azad University, Ashtian, Iran (Corresponding Author).

* Corresponding author email address: dr.anasseri1969@iau.ac.ir

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ABSTRACT

Purpose: This study aimed to evaluate the effectiveness of the Paradoxical Timetable Cure on self-objectification and the experience of close relationships in women with low psychological capital diagnosed with anuptaphobia.

Methods and Materials: This quasi-experimental study employed a pretest-posttest control group design. The statistical population consisted of women with low psychological capital diagnosed with anuptaphobia who sought psychological treatment at the "Lost Piece" Counseling Center in Tehran in 2024. Using purposive non-random sampling, 24 participants were selected and randomly assigned to an experimental group (n = 12) and a control group (n = 12). The experimental group underwent six 60-minute sessions of the Paradoxical Timetable Cure, while the control group received no intervention. After attrition, the final sample included 10 participants in each group. Data were collected using the Self-Objectification Questionnaire, the Revised Experience in Close Relationships Questionnaire, and the Hedges Psychological Capital Scale. Data analysis was performed using multivariate and univariate analyses of covariance (MANCOVA and ANCOVA) in SPSS software.

Findings: The results showed significant differences between the experimental and control groups in posttest scores for both self-objectification and experience of close relationships. The Paradoxical Timetable Cure significantly reduced self-objectification scores ($F = 12.829, p = .001, \eta^2 = .658$) and increased experience of close relationships ($F = 10.013, p = .001, \eta^2 = .667$).

Conclusion: The findings suggest that the Paradoxical Timetable Cure is an effective psychological intervention for reducing self-objectification and improving the experience of close relationships in women with low psychological capital diagnosed with anuptaphobia.

Keywords: Paradoxical Timetable Cure, self-objectification, experience of close relationships, women with low psychological capital diagnosed with anuptaphobia.

1. Introduction

The family, as one of the primary social institutions, can play a decisive role in fostering positive functioning within the social system. Moreover, examining how families operate can significantly aid in understanding and resolving individual and social issues. Many psychological and behavioral disorders in individuals stem from the family environment. Therefore, to improve individuals' psychological well-being, efforts to foster healthy marriages and enhance family relationships are of utmost importance (Ghezelseflo et al., 2023; Zsido et al., 2021).

Marriage, as the most essential and esteemed social institution for fulfilling emotional needs, has always been endorsed. It is a complex and delicate human relationship. The primary motivations for marriage typically include love and affection, companionship, fulfillment of emotional and psychological needs, and enhancement of joy and satisfaction (Babaei et al., 2024). In recent years, the movement to strengthen marital life has extended to premarital programs. Premarital preparation education is a relatively new approach aimed at preventing dissatisfaction and failure in marital life. It is based on the notion that couples can learn how to build successful and enduring marriages. Therefore, premarital skills serve educational, therapeutic, and preventive purposes (Hashemi et al., 2023; Rostami et al., 2020).

The role of the family—as the smallest social unit with multiple functions—can be highly influential, both positively, as a source of comfort, and negatively, as a source of social harm. One such negative outcome emerging from this institution is the phenomenon of “divorce,” whose destructive effects are extensive at the societal level and contribute significantly to social disorders (Mosadegh et al., 2023; Navabinejad et al., 2024).

The role of being a spouse (as a husband or wife) is one that individuals assume following the social act of marriage. The prerequisite for marriage and family formation is the selection of a spouse, which occurs in different forms across various cultures. Although marriage, as a precondition for family formation, provides a foundation for generational continuity and facilitates the transmission of culture from one generation to the next, families are not always able to continuously steer their members' interactions toward specific goals or maintain group cohesion (Houshmandi, 2022; Javidan, 2022). In such cases, family conflicts can lead to the breakdown of the social bond of marriage and result in divorce, ultimately paving the way for generational

disconnection. Hence, scientifically examining the factors contributing to couples' inclination toward divorce can serve as a foundation for planning effective preventive strategies to reduce its occurrence in society (Nourian et al., 2021).

Numerous factors can threaten marital relationships over time and contribute to the erosion of love and intimacy between spouses. One such factor is the influence of expectations that arise from idealized notions of romantic love, which are often embedded in personal belief systems. These expectations can be conscious or unconscious, explicit or implicit, and individual or mutual. According to Karen Horney, individuals with neurotic tendencies harbor irrational expectations and assume certain entitlements based on hypothetical rights. They insist that others comply with their demands regardless of personal interests or needs. When these demands are unmet, they become overwhelmed by anger. Some of these expectations may even be directed at the universe, fate, or God: “It is my right to be happy,” “It is unfair for life to be this difficult,” or “People should treat me better.” Horney believed such individuals are so consumed by the disproportionate share of their perceived burdens that they are incapable of enjoying life's potential pleasures. These kinds of expectations create problems in marital life (Beheshiti et al., 2018).

Albert Ellis similarly argued that individuals not only desire kindness from their spouses at all times but also demand it as an entitlement. When their spouses fail to meet these expectations, they become angry and disenchanted (Yazdanbakhsh et al., 2020). The anxieties and pressures that couples face are numerous and often intensify over time, sometimes becoming intolerable (Frederickson et al., 2018).

The importance of a secure and problem-free marital life is such that, despite the high rates of failure and divorce in society, the aspiration for a healthy life and a peaceful family remains a fundamental mental premise among young people prior to forming families (Hatami Arad, 2023). Life satisfaction is a prerequisite for a healthy, productive, and fulfilling individual and collective life. It involves a cognitive evaluation of one's own life circumstances. In essence, life satisfaction is a broad concept stemming from how individuals perceive (both cognitively and emotionally) their overall life. Accordingly, individuals with high life satisfaction experience more positive emotions, recall more positive events related to their past, future, and relationships with others, and perceive their environment more positively. Conversely, individuals with low life satisfaction tend to view themselves, their past and future, others, and life events and situations as unfavorable and are more likely to

experience negative emotions such as anxiety and depression.

Given this body of evidence, the present study seeks to answer the following research question: Is the Paradoxical Timetable Cure effective in improving self-objectification and the experience of close relationships in women with low psychological capital diagnosed with anuptaphobia?

2. Methods and Materials

2.1. Study Design and Participants

The present study is applied in nature and utilizes a quasi-experimental design with a pretest-posttest control group. It includes one intervention group and one control group. The statistical population of this research consists of all women with low psychological capital diagnosed with anuptaphobia who, in 2024, sought psychological treatment at the "Lost Piece" Counseling and Psychotherapy Center in Tehran. From this population, 24 individuals meeting the inclusion criteria were selected through purposive non-random sampling. These individuals were then randomly assigned into two groups: 12 participants in the experimental group and 12 in the control group. The experimental group participated in six 60-minute sessions of the Paradoxical Timetable Cure. After attrition, 10 participants successfully completed the intervention. The control group did not receive any intervention. It should be noted that, to maintain equivalency between groups, an equal number of participants were randomly removed from the control group to match the attrition in the experimental group.

Inclusion criteria for participation in the therapeutic intervention included: informed consent, at least basic education (ability to read and write), a diagnosis of anuptaphobia in women with low psychological capital by a psychologist or psychiatrist, and not being under pharmacological treatment. Exclusion criteria included: unwillingness to continue participation, anticipated psychological harm to the participant, and more than three absences from treatment sessions.

2.2. Measures

2.2.1. Self-Objectification

Self-objectification occurs when a woman's body, or parts of it, or her sexual capabilities, are perceived as separate from herself and viewed as representations of her identity (Fredrickson & Roberts, 1997, as cited in Rezaei, 2013). Five scales relate to appearance-based attributes

(sexual attractiveness, firm muscles, weight, physical attractiveness, and body size), while the other five relate to competence-based physical attributes (energy level, health, strength, physical fitness, and coordination). Scores are assigned by ranking items from 1 to 10, with the highest rank receiving 10 points and the lowest receiving 1. The difference between competence-based and appearance-based scores yields a final score ranging from -25 to +25. Higher scores indicate greater objectification, whereas lower scores reflect participants who evaluate their bodies based on physical competence—indicating lower levels of self-objectification. The Cronbach's alpha coefficient for this questionnaire in Rezaei's (2013) study was estimated to be above 0.70 (Ahmadi et al., 2020).

2.2.2. Experience in Close Relationships

The ECR-R is a 36-item self-report tool based on attachment theory, including two subscales: avoidance and anxiety. The avoidance subscale measures comfort with intimacy and closeness. The anxiety subscale measures concern about rejection and abandonment. The questionnaire uses a 7-point Likert scale ranging from "strongly agree" to "strongly disagree." Developed by Brennan, Clark, and Shaver in 1998, the minimum possible score is 36, and the maximum is 252. In the studies by Brennan et al. and Seydi et al. (2013), Cronbach's alpha was reported as 0.89 and 0.94 for the avoidance scale and 0.91 and 0.85 for the anxiety scale, respectively. Validity of the questionnaire was also confirmed through factor analysis by Goodbatt et al. and Alonso-Arbiol et al (Vafaeinezhad et al., 2023).

2.2.3. Psychological Capital

The Psychological Capital Questionnaire by Hedges (2010) was adapted from the Psychological Capital Questionnaire developed by Luthans et al. (2007) to assess psychological capital. It contains 12 items and evaluates four components: resilience, hope, self-efficacy, and optimism. It is measured on a Likert scale, with items such as: "I can easily endure tough moments at work because I have experienced such times before." The Cronbach's alpha in the study by Mousavi Sefer and Ehteshami (2019) was reported to be above 0.70 (Saadati & Parsakia, 2023).

2.3. Intervention

Session One: Social Phase of Interview: Includes welcoming; standard introductory questions such as marital status, length of marriage, number of children, employment status, and, if necessary, discussion of specific family and social issues.: **Problem Phase of Interview:** Includes the reason for referral and a detailed description of the issue(s) or disorder(s) by the client/patient and any accompanying persons; explanation of the treatment plan by the therapist and determination of treatment goals; assignment of appropriate tasks for the client/patient to complete between sessions (typically, the minimum task is the "Paradoxical Timetable Cure").

Session Two: Behavioral Analysis: Comprehensive review of how the tasks assigned in the previous session were carried out; discussion of any problems or limitations faced by the client/patient; evaluation of outcomes from the perspective of the client/patient and any companions; estimation of therapeutic changes by the client/patient; possible continuation of previous tasks either alone (e.g., continuation with reduced intensity/duration—following the principle of gradual reduction) or in combination with new tasks (e.g., applying the Paradoxical Timetable Cure to other symptoms).

Session Three: Behavioral Analysis: Full review of how previously assigned tasks were executed; evaluation of outcomes from the client/patient's perspective; estimation of therapeutic changes; possible continuation of prior tasks; introduction of the first supplementary technique if needed.

Session Four: Behavioral Analysis: Detailed review of the implementation of previous tasks; outcomes reported by the client/patient and companions; estimation of therapeutic change; continuation of prior assignments; introduction of the second supplementary technique if required (in accordance with the anxiety reduction principle in the PTC

model, the client/patient is asked to maintain current symptom levels).

Sessions Five and Six: Behavioral Analysis: Continued review of task execution; evaluation of outcomes by the client/patient; estimation of therapeutic change; termination of therapy if treatment goals are achieved, or continuation of sessions until full goal attainment if necessary.

Follow-Up: Outline of the client's/patient's future self-therapy plan (presented during the final session).

2.4. Data Analysis

After selecting the statistical population, determining the sample size, and obtaining an ethics approval letter from the university's research office, the mentioned questionnaires were distributed to participants in accordance with ethical guidelines and proportional sampling to evaluate the study variables (pretest phase). Following this, the treatment sessions were conducted, and the questionnaires were administered again (posttest phase). After administration, the questionnaires were scored and the data analyzed using SPSS software. Given that this study investigates the effectiveness of the Paradoxical Timetable Cure on self-objectification and the experience of close relationships in women with low psychological capital diagnosed with anuptaphobia, data analysis was conducted using descriptive statistics (mean, variance, and standard deviation) as well as parametric inferential models, including multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) via SPSS-27.

3. Findings and Results

This section begins with the reporting of descriptive statistics, followed by inferential statistical results after testing assumptions.

Table 1

Descriptive Statistics for Self-Objectification and Experience of Close Relationships by Group and Test Phase

Variable	Group	Test Phase	N	Mean	SD
Self-Objectification	Control	Pretest	10	15.60	2.91
	Experimental	Pretest	10	15.30	3.16
	Control	Posttest	10	15.00	3.46
	Experimental	Posttest	10	11.60	2.07
Experience of Close Relationships	Control	Pretest	10	140.10	6.82
	Experimental	Pretest	10	139.70	7.11
	Control	Posttest	10	139.40	7.25
	Experimental	Posttest	10	146.80	3.88

In multivariate statistical analyses, the assumption of homogeneity of covariances and variances is assessed using Box's M test. This test examines the interaction of multiple dependent variables across groups simultaneously. For this reason, Box's M test was used to examine the assumption of homogeneity of covariances and variances across the scales of self-distinctiveness, self-objectification, and experience of close relationships in women with low psychological capital diagnosed with anuptaphobia (fear of remaining single or unmarried). The test was applied at a significance level greater than .05.

The results of Box's M test for assessing the homogeneity of covariances and variances on the self-objectification and

close relationship experience scales in this population were as follows:

$$\text{Box's } M = 6.648, F = 0.905, P = 0.490 > 0.05$$

This indicates that the covariances and variances across the variables of self-distinctiveness, self-objectification, and experience of close relationships are homogeneous in women with low psychological capital diagnosed with anuptaphobia.

The assumption of homogeneity of variances was also tested using Levene's test, at a significance level greater than .05. The results confirmed that the variances and covariances of the self-objectification and experience of close relationships scales were homogeneous.

Table 2

Univariate ANCOVA Results for Self-Objectification and Experience of Close Relationships

Source of Variance	Variable	SS	df	MS	F	P	Eta ²
Paradoxical Timetable Cure (Group)	Self-Objectification	50.771	1	50.771	12.829	.001	.658
	Experience of Close Relationships	260.276	1	260.276	10.013	.001	.667

Table 2 presents the univariate ANCOVA results for the self-objectification and close relationship experience scales in women with low psychological capital diagnosed with anuptaphobia. The Paradoxical Timetable Cure demonstrated a statistically significant effect on reducing

self-objectification in the experimental group, with 99% confidence. Similarly, the intervention significantly improved the experience of close relationships in the same group, also with 99% confidence.

Table 3

Tukey Post Hoc Test Results for Differences in Mean Scores of Self-Objectification and Close Relationships

Variable	Intervention Model	Mean	Mean Difference (i-j)	SE	P-value	Confidence Level	Test Result
Self-Objectification	Paradoxical Timetable Cure – Control (i)	14.902	3.203	.597	.001	99%	Significant
	Paradoxical Timetable Cure – Experimental (j)	11.698					
Experience of Close Relationships	Paradoxical Timetable Cure – Control (i)	139.473	-7.253	1.324	.001	99%	Significant
	Paradoxical Timetable Cure – Experimental (j)	146.727					

Table 3 shows the results of Tukey's post hoc test (mean difference) for the scales of self-distinctiveness, self-objectification, and experience of close relationships in women with low psychological capital diagnosed with anuptaphobia. Based on the results, there was a statistically significant mean difference in the self-objectification scale between the control and experimental groups following the Paradoxical Timetable Cure, favoring the experimental group, with 99% confidence. Similarly, a significant mean difference was observed in the experience of close

relationships, again in favor of the experimental group, with 99% confidence.

4. Discussion and Conclusion

The aim of this study was to investigate the effectiveness of the Paradoxical Timetable Cure on self-distinctiveness, self-objectification, and the experience of close relationships in women with low psychological capital diagnosed with anuptaphobia (the fear and anxiety of not marrying or remaining single). The study assessed these variables using

validated scales for women with low psychological capital suffering from auptaphobia.

A significant difference was found in levels of self-objectification and experience of close relationships between the experimental and control groups of women with low psychological capital diagnosed with auptaphobia following the Paradoxical Timetable Cure, using a pretest-posttest experimental design. The overall impact of the variables self-distinctiveness, self-objectification, and experience of close relationships in these women was estimated at 83%. Babaei et al. (2024), in a quasi-experimental study assessing the effectiveness of the Paradoxical Timetable Cure on anxiety sensitivity and attentional focus in individuals with social anxiety disorder, reported that the treatment had a significant effect on all components of anxiety sensitivity (e.g., fear of respiratory symptoms, fear of anxious reactions, fear of cardiovascular and gastrointestinal symptoms, and lack of cognitive control) (Babaei et al., 2023).

Similarly, the study by Paymanpak et al. (2024), which compared the effectiveness of the Paradoxical Timetable Cure and cognitive-behavioral therapy (CBT) in reducing symptoms of generalized anxiety disorder (GAD) in women, using 3 patients in each treatment condition, found that both the Paradoxical Timetable Cure and CBT had significant effects on reducing GAD symptoms (Payman Pak et al., 2023).

Lorimer et al.'s (2021) research on the effectiveness of communication skills training in enhancing emotional flexibility and sexual functioning in a three-year longitudinal preventive study involving German couples in a premarital communication training program found significant differences in marital satisfaction, agreement, problem-solving, and positive communication behaviors (Lorimer et al., 2021). These findings all indicate that implementing educational interventions such as the Paradoxical Timetable Cure in women with low psychological capital diagnosed with auptaphobia can reduce self-distinctiveness, decrease self-objectification, and enhance the experience of close relationships in individuals who fear remaining single or not marrying.

The present study, focusing on the effectiveness of the Paradoxical Timetable Cure on self-distinctiveness, self-objectification, and experience of close relationships in women with low psychological capital diagnosed with auptaphobia, showed that the treatment produced statistically significant differences between the experimental

and control groups in all three variables. The combined effect of these variables was estimated to be 83%.

As with any scientific study, the implementation and interpretation of findings come with inherent limitations. In this research, the primary challenge was recruiting women with low psychological capital diagnosed with auptaphobia, as many were reluctant to participate. Difficulties in identifying eligible participants and their general lack of interest presented limitations that warrant caution in generalizing the findings. Moreover, the researcher did not have access to detailed psychological and physical health data of the participants, particularly those unwilling to continue participation. This limitation was beyond the researcher's control.

Another significant challenge was the limited time available for comprehensive literature review and difficulty in achieving group homogeneity, both of which further constrain the generalizability of the results. Additionally, not all participants who initially consented to the study maintained their involvement, leading to further dropout and reduced continuity of data collection.

Authors' Contributions

All authors significantly contributed to this study. This article is extracted from the master's thesis of the first author at Ashtian Branch, Islamic Azad University, Ashtian, Iran.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent. The study received ethical approval with the identifier code IR.IAU.ARAK.REC.1403.075 from the Research Ethics Committee of the Faculty of Medicine, Islamic Azad University, Arak Branch.

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