



Effectiveness of Cognitive-Analytical Therapy on Alexithymia and Interpersonal Problems in Patients with Functional Dyspepsia

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1. Round 1

1.1 Reviewer 1

Date: 02 December 2023

Reviewer:

The phrase "Functional gastrointestinal disorders" is broad. Could you clarify this definition by referencing specific diagnostic criteria (e.g., Rome IV) that were used to classify the patients? This would provide a stronger foundation for your study population.

The term "unconscious psychological conflict" needs further elaboration. Consider referencing psychodynamic theories or providing a more detailed explanation to help readers unfamiliar with the terminology understand its relevance to dyspepsia.

For the psychometric properties of the Toronto Alexithymia Scale and Inventory of Interpersonal Problems-32, it would be beneficial to include not just past validation studies, but also how these instruments performed with your specific study sample in terms of reliability (Cronbach's alpha).

The inclusion of effect sizes is commendable, but Cohen's d or partial eta squared should also be reported for each test. This would add depth to the interpretation of statistical significance.

The statement "CAT helps individuals understand and improve chronic self-limiting patterns" needs more empirical backing. While CAT is indeed designed to target such patterns, additional citations from broader literature supporting this claim would strengthen the argument.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Date: 07 December 2023

Reviewer:

The study uses a quasi-experimental design, but it would benefit from a more detailed explanation of how randomization was performed. The phrase "randomly assigned" needs clarification, specifically how randomization was ensured and whether any stratification methods were applied to balance participant characteristics across groups.

The exclusion criteria are comprehensive; however, the mention of "extreme scores on the research tools" is vague. Please define what constitutes an extreme score (e.g., specific cut-off points for the Toronto Alexithymia Scale or Inventory for Interpersonal Problems-32).

The description of Cognitive-Analytical Therapy (CAT) sessions could be more informative. For example, in Sessions 1–16, mention specific techniques or exercises used to facilitate cognitive or emotional changes, such as reformulation letters. This could help practitioners replicate the intervention.

The reporting of mean and standard deviation is well done, but consider presenting confidence intervals (CI) as well for a more robust interpretation of the effect sizes, which would provide better insight into the precision of the estimated effects.

Mauchly's test for sphericity is mentioned, but the handling of violations is not addressed. If any violations occurred, mention whether corrections like Greenhouse-Geisser or Huynh-Feldt adjustments were applied.

The statement "This therapy presents the origin of the problematic process through diagrams" might benefit from practical examples. Provide a sample diagram from a case study (with anonymization) to give readers a better grasp of how the therapy is applied in practice.

While the limitations regarding medication adherence and self-reporting are valid, the discussion would be strengthened by acknowledging potential biases introduced by the convenience sampling method used. Consider recommending more rigorous sampling techniques for future research.

The conclusion makes appropriate recommendations for clinical practice, but it would be beneficial to outline more specific future research directions, such as randomized controlled trials with larger sample sizes or studies examining the long-term effects of CAT on different psychosomatic conditions.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.