






Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Short-Term Psychodynamic Therapy on Cognitive Fusion and Obsessive-Compulsive Symptoms in Individuals with Obsessive-Compulsive Disorder




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1. Round 1

1.1 Reviewer 1

Date: 01 October 2024

Reviewer:

The introduction provides an adequate overview of the research topic, but it would benefit from a clearer definition of the central terms, such as “cognitive fusion” and “obsessive-compulsive symptoms.” You could expand the explanation of these terms to ensure that readers unfamiliar with these concepts can follow the argument more easily. A brief citation or reference to foundational works would enhance the clarity of these definitions.

The description of the measures used to assess cognitive fusion and obsessive-compulsive symptoms lacks detail. Specifically, how were these measures validated for the target population? Are there known limitations of these scales that could affect the results? A brief discussion of this would help establish the reliability and validity of your chosen methods.

In Table 1, you report the means and standard deviations for each group, but there is no indication of the statistical significance of these differences. It would be useful to include p-values or other statistical measures (e.g., confidence intervals) to demonstrate the robustness of the observed effects.

The results section should further elaborate on the specific tests used to compare CBT and psychodynamic therapy groups. For example, the use of ANCOVA or a paired-sample t-test for group comparisons needs to be stated clearly, and the justification for choosing these statistical methods should be included. Without this, the results are difficult to interpret in terms of statistical rigor.

In discussing the findings, you mention that CBT was “significantly more effective” than psychodynamic therapy, but you do not provide a direct comparison of effect sizes between the two therapies. The addition of effect size calculations (e.g., Cohen’s *d*) would provide more context for understanding the magnitude of the observed effects and would allow for a more nuanced interpretation of the results.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Date: 10 October 2024

Reviewer:

The literature review is generally well-structured, but it lacks a critical discussion of conflicting findings in the area of CBT versus psychodynamic therapy. For instance, some studies (e.g., Smith et al., 2019) argue that CBT shows minimal long-term effects for OCD, while others (e.g., Brown & Lee, 2021) emphasize its superiority. A more balanced presentation of the evidence would strengthen the argument.

The research design section describes the experimental conditions clearly, but it would be helpful to elaborate on the inclusion criteria for participants. Specifically, it is unclear whether participants with comorbid conditions, such as depression or anxiety, were included. This should be clarified to allow for a better understanding of the sample’s generalizability.

The discussion on the theoretical implications of your findings could be expanded. Specifically, how do your results contribute to the broader theoretical framework of cognitive fusion in OCD? It would be valuable to explore how your findings align with or challenge existing models of OCD treatment and cognitive-behavioral processes.

The conclusion summarizes the key findings but does not adequately address the limitations of the study. For instance, how might the sample size or lack of a control group affect the validity of your results? A more thorough discussion of limitations would enhance the transparency and rigor of your conclusions.

The suggestion for future research is valuable, but it could benefit from more specificity. For example, you propose future studies exploring “different therapy modalities,” but it would be more useful to recommend concrete research designs (e.g., longitudinal studies) or populations (e.g., individuals with treatment-resistant OCD) that could extend the findings of your study.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.