



Comparing the Effectiveness of Cognitive Behavioral Therapy and Emotion-Focused Therapy on Mindfulness and Psychological Flexibility in Generalized Anxiety Disorder

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1. Round 1

1.1 Reviewer 1

Comment 1: The topic is important and timely, and the comparison between cognitive behavioral therapy and emotion-focused therapy is a strength of the study. The manuscript would benefit from a clearer explanation of why these two approaches were selected for direct comparison and what specific theoretical distinction the authors expected regarding the two outcome variables.

Response: Thank you for this valuable comment. We have revised the Introduction to clarify the rationale for selecting cognitive behavioral therapy (CBT) and emotion-focused therapy (EFT) for direct comparison. Specifically, we now explain that CBT was selected because of its strong evidence base in generalized anxiety disorder and its structured focus on maladaptive cognitions and behavioral regulation, whereas EFT was included because of its emphasis on emotional processing and transformation. We also clarified our theoretical expectation that both interventions would improve mindfulness and psychological flexibility, but that CBT might produce stronger changes because of its more structured and skills-based format.

Comment 2: The methodology is generally acceptable; however, the sampling procedure should be described more precisely. The authors are encouraged to clarify how participants were screened, how the diagnosis of generalized anxiety disorder was confirmed, and whether any structured clinical interview was used in addition to the GAD-7.

Response: We appreciate this important suggestion. The Methods section has been revised to provide a clearer account of participant screening and selection. We now specify that the GAD-7 was used as a screening tool and that eligibility was determined based on inclusion and exclusion criteria applied during the intake process. We also clarified the diagnostic procedure as reported in the study materials. Where a structured clinical interview was not formally administered, we have avoided overstating diagnostic certainty and revised the wording to reflect that participants were selected based on elevated GAD symptoms and referral to counseling centers.

Comment 3: The intervention section should be streamlined and made more analytical. At present, the session descriptions are detailed, but the manuscript would be stronger if the authors briefly emphasized the core mechanisms of each treatment and how those mechanisms are expected to influence mindfulness and psychological flexibility.

Response: Thank you for this helpful suggestion. We have revised the intervention section to reduce excessive procedural detail and to better highlight the therapeutic mechanisms of each intervention. In particular, we now emphasize that CBT targeted maladaptive thoughts, worry processes, and behavioral avoidance, whereas EFT focused on emotional awareness, emotional processing, and adaptive emotional transformation. We also clarified how these mechanisms may contribute to changes in mindfulness and psychological flexibility.

Comment 4: The results are promising, but the presentation could be improved. In addition to reporting statistical significance, the authors should ensure that the clinical meaning of the observed differences is discussed more explicitly, especially in relation to the superiority of CBT over emotion-focused therapy.

Response: We thank the reviewer for this insightful comment. In the revised manuscript, we expanded the Discussion to better address the practical and clinical meaning of the findings. In particular, we now discuss that the stronger performance of CBT may reflect its structured nature, explicit skill-building, and greater transferability of coping strategies to daily life. We have also tried to present the comparative findings more clearly and cautiously.

Comment 5: The discussion is relevant, but some interpretations appear broader than the study design allows. The authors should avoid overstating causal or mechanistic conclusions unless these variables were directly measured.

Response: We agree with this concern and have revised the Discussion accordingly. Interpretations that were too broad or mechanistic have been softened. We now avoid causal language where the design does not support it and clearly distinguish between observed outcomes and possible explanatory mechanisms. The revised text is more conservative and aligned with the actual measures used in the study.

Comment 6: The limitations section should be expanded slightly. In particular, the small sample size, the inclusion of only women, the online delivery format, and reliance on self-report measures should be acknowledged more explicitly as factors affecting generalizability.

Response: Thank you for this recommendation. The Limitations section has been expanded to more explicitly address the modest sample size, the restriction to women, the online format of intervention delivery, and the use of self-report instruments. We also added a clearer statement about the implications of these factors for generalizability and future research.

Comment 7: The manuscript would benefit from a final language edit for consistency in terminology, tense, and reporting style, especially across the methods and discussion sections.

Response: We appreciate this observation. The manuscript has undergone a full language revision to improve consistency in terminology, grammar, tense, and reporting style. Particular attention was paid to the Methods, Results, and Discussion sections to ensure clarity and uniformity throughout the text.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Comment 1: Please ensure that all abbreviations are defined at first mention in the abstract and main text, including CBT, EFT, GAD, FFMQ, GAD-7, and AAQ-II.

Response: Thank you for this useful comment. We reviewed the manuscript carefully and ensured that all abbreviations are now defined at first mention in both the abstract and the main text.

Comment 2: The tables are informative, but their titles and notes could be made more precise and self-explanatory. It would help readers if each table clearly stated the stage of assessment and the direction of scoring for the reported variables.

Response: We appreciate this suggestion. The table titles and notes have been revised to improve clarity and self-sufficiency. We now indicate the assessment stages more explicitly and clarify the scoring direction of the reported measures where necessary.

Comment 3: The manuscript would benefit from greater consistency in reporting statistical results. Please standardize the formatting of F , p , degrees of freedom, and effect sizes throughout the text and tables according to APA style.

Response: Thank you for pointing this out. We carefully reviewed the statistical reporting throughout the manuscript and standardized the presentation of F values, degrees of freedom, p values, and effect sizes in accordance with APA style.

Comment 4: Some parts of the introduction and discussion contain repetitive content. A light reduction of overlap would improve readability and make the manuscript more concise.

Response: We agree with this comment and have revised the relevant sections to reduce repetition. The Introduction and Discussion were edited for conciseness and smoother flow while preserving the core arguments and interpretation of the findings.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.