



# Comparing The Effectiveness of Mindfulness-Based Therapy and Paradoxical Treatment on Rumination in Adolescents with Social Anxiety Symptoms

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

In the "Methods and Materials" section, the inclusion criteria mention participants "not on psychiatric medications," but it is unclear if past psychiatric medication use was also considered. Clarify if a specific washout period was applied before inclusion in the study.

The description of the Mindfulness-Based Therapy sessions in the "Interventions" section could benefit from more specificity. For instance, how much emphasis was placed on the core component of mindful breathing compared to other mindfulness practices (e.g., body scan)? Was there any standardization in session content across groups?

The description of the Paradoxical Treatment lacks a detailed explanation of how "exaggerating symptoms intentionally" was operationalized in the therapeutic sessions. Clarifying the practical application of these techniques would help other researchers or clinicians replicate the intervention.

The results section includes several repeated measures ANOVA outcomes, but it would be helpful to report effect sizes (e.g.,  $\eta^2$ ) consistently across all primary outcomes, not just for brooding and reflection, to facilitate interpretation of the practical significance of the results.

The conclusion states that both MBT and PT "provide sustained therapeutic benefits over time," but it would be more precise to qualify this by stating that the effects were sustained over two months. Future research directions should also emphasize the need for longer follow-up periods.

Authors revised the manuscript and uploaded the document.

### 1.2. Reviewer 2

Reviewer:

The study uses a two-month follow-up period. Considering that both rumination and social anxiety may have long-term persistence, you might discuss in the methods why this timeframe was chosen and if longer-term follow-up might be beneficial in future studies.

In the "Measures" section, the validity and reliability of the Social Anxiety Scale for Adolescents (SASA) and the Rumination Response Scale (RRS) are briefly mentioned. Providing more detailed psychometric properties, especially for the population used (e.g., adolescents in Iran), would strengthen the credibility of the chosen tools.

The lack of significant difference between MBT and PT is discussed as both interventions being "equally effective," but this interpretation could be expanded. Discuss whether the sample size may have affected the ability to detect differences, or whether the therapeutic mechanisms are truly comparable.

The follow-up results indicate sustained effects of both interventions, but there is no discussion on potential factors contributing to this sustained effect (e.g., homework adherence, continued practice). Including this analysis would enhance understanding of long-term outcomes.

While the study emphasizes the effectiveness of MBT and PT, the underlying mechanisms (e.g., changes in cognitive flexibility or emotional regulation) are not explored in detail. Expanding this discussion with reference to relevant literature would strengthen the theoretical contribution of the paper.

The discussion briefly mentions supporting literature, but there is an opportunity to compare the current study's findings more comprehensively with prior research, especially regarding paradoxical treatment, which remains less commonly studied than MBT. Consider expanding this comparative analysis.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.