




# Comparison of the Effectiveness of Short-Term Psychodynamic Therapy and an Integrated Acceptance and Commitment-Based Therapy with Schema Therapy on Improving Interpersonal Relationships and Controlling Explosive Anger in Insecurely Attached Nurses with Anxiety Symptoms


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## Reviewers

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The opening paragraph effectively contextualizes nursing stress. However, the sentence “Prolonged exposure to such stressors places nurses at elevated risk...” could be strengthened by briefly distinguishing trait vulnerability versus occupational exposure, which would align more closely with the attachment framework introduced later.

When discussing insecure attachment and interpersonal difficulties, the paragraph would benefit from explicitly clarifying why nurses with insecure attachment constitute a distinct clinical subgroup, rather than assuming this distinction is self-evident.

The concept of “explosive anger” is introduced descriptively but not operationally. I recommend briefly clarifying how this construct is theoretically distinguished from general anger or aggression prior to introducing the STAXI later in the manuscript.

The transition into schema therapy is well-structured; however, the sentence “Studies have shown that individuals with strong schemas...” could be strengthened by briefly specifying whether these findings are primarily cross-sectional or interventional, which affects causal interpretation.

In Table 1, the reported sample sizes (e.g.,  $n = 28, 27, 26$ ) differ from the stated group sizes of  $n = 10$ . Please clarify whether these values represent degrees of freedom, pooled observations, or a reporting error.

Authors revised and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

The discussion of ISTDP is theoretically sound, but the manuscript alternates between “ISTDP” and “short-term psychodynamic therapy.” I recommend terminological consistency, clarifying whether ISTDP is used strictly or as a broader category.

The stated aim is clear and appropriately placed. However, the manuscript would benefit from explicitly stating whether any hypotheses were directional or exploratory, given the comparative design.

The sentence “the operational indicator for ‘control of explosive anger’ was derived from the STAXI anger control indices” would benefit from explicitly stating which subscales or composite scores were entered into the ANCOVA.

The intervention description is rich and clinically informative. However, please clarify whether treatment fidelity was monitored (e.g., supervision, session checklists), as this is essential for reproducibility.

The integration rationale is strong. Still, the manuscript would benefit from specifying whether schema techniques (e.g., imagery, mode work) were used experientially or primarily conceptually.

While ANCOVA/MANCOVA assumptions are addressed later, it would improve clarity to briefly state why MANCOVA was preferred over repeated-measures ANOVA, especially given the small sample size.

Authors revised and uploaded the document.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.