

Improving Emotional Self-Regulation in Bipolar Disorder Through Cognitive-Behavioral Intervention: Multivariate Evidence from a Controlled Study


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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Background section, the statement “According to recent studies, the global prevalence of bipolar disorder is about 1%, though some studies have estimated its prevalence as high as 2.4%, indicating that it affects more than 50 million people worldwide (correlates)” contains an incomplete citation placeholder (“correlates”). This reflects inadequate reference management and must be corrected with a valid scientific source. Similar placeholder citations appear elsewhere and undermine the scholarly rigor of the manuscript.

The paragraph beginning with “The negative implications of bipolar disorder in behavioral, emotional, and social dimensions are significant” presents several epidemiological and clinical claims, including suicide attempt rates of “25 to 50 percent,” without critically discussing heterogeneity across bipolar subtypes, illness phases, or demographic variables. The discussion would benefit from more nuanced synthesis of the literature rather than presenting generalized statements.

The conceptualization of “emotion self-regulation” requires stronger theoretical integration. The manuscript alternates between “emotion regulation” and “emotion self-regulation” without defining whether these constructs are operationally

identical in the context of the study. Since the selected instrument measures multiple domains including assertiveness and well-being seeking, the authors should explicitly justify why these dimensions are conceptualized as components of emotional self-regulation.

The Measures section contains problematic psychometric citations. The authors cite Grossarth-Maticek and Eysenck (1995) and Schmeichel and Zell (2007) as evidence for psychometric properties of the SRI-25, yet it is unclear whether these studies actually validated the same instrument used here. The manuscript should carefully verify that all cited psychometric studies correspond specifically to the Self-Regulation Inventory by Marqués et al. (2005).

The reporting of Cronbach's alpha values requires clarification. The sentence "The present study obtained Cronbach's alpha for the subscales between 0.873 and 0.934 and for the entire questionnaire 0.912" should specify whether reliability coefficients were calculated separately for pretest and posttest data or pooled across all participants and time points. Reporting alpha coefficients without contextual information limits interpretability.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The literature review lacks a sufficiently critical synthesis of previous intervention studies. For example, the sentence "However, these studies have focused less on the effectiveness of cognitive-behavioral therapy on emotion self-regulation in bipolar patients" is too general and does not specify what methodological or conceptual gaps remain unresolved. The authors should clarify whether prior studies lacked randomized designs, targeted different age groups, measured different emotion regulation domains, or produced inconsistent findings.

In the Methods section, the sentence "This research is of semi-experimental type with random selection of pre-test-post-test group and control group was employed" is grammatically problematic and conceptually unclear. The authors should rewrite this section using standard methodological terminology such as "quasi-experimental pretest-posttest control group design." Moreover, the phrase "random selection" is inaccurate because the sampling approach was convenience-based.

The sample size justification is methodologically weak. The authors state that "experts and researchers in quasi-experimental studies recommend that a sample size of 15 people for each group would be sufficient," which is not an acceptable scientific rationale. Sample size determination should rely on an a priori power analysis with clearly reported assumptions, including expected effect size, alpha level, statistical test family, and software used.

There is a major inconsistency in participant selection and allocation procedures. The manuscript simultaneously reports "randomly selected through a random number table" and "assigned to experimental and control groups... via convenience sampling." Convenience sampling cannot be used for assignment. The authors must carefully revise this section to accurately describe recruitment and group allocation.

The intervention protocol described in Table 1 contains conceptual inconsistencies with the stated target variable. Specifically, the second session repeatedly introduces "academic self-efficacy," which appears unrelated to bipolar disorder and emotional self-regulation in adult psychiatric patients. This raises concerns that portions of the protocol may have been adapted from another study without sufficient tailoring to the current population. The authors must explain and justify the inclusion of self-efficacy content in this intervention.

The description of the intervention lacks sufficient procedural detail for replication. The manuscript does not report whether treatment fidelity was monitored, whether therapists followed a manualized CBT protocol, whether sessions were audio-recorded, or whether inter-session adherence checks were conducted. Given the clinical nature of the intervention, treatment fidelity assessment is essential.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.