

Comparing the Effectiveness of Metacognitive Therapy and Compassion-Focused Therapy on Repetitive Thinking in Female Students with Non-Clinical Depression

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph beginning “One of the most prominent cognitive characteristics associated with depressive symptoms is repetitive negative thinking,” the manuscript discusses repetitive negative thinking as a transdiagnostic construct. However, the authors do not sufficiently differentiate repetitive negative thinking from related constructs such as rumination, worry, perseverative cognition, and intrusive thoughts. A more detailed conceptual distinction would strengthen the theoretical framework and justify the selection of the outcome variable.

The Introduction cites extensive evidence supporting both Metacognitive Therapy and Compassion-Focused Therapy, yet the rationale for a direct comparison remains underdeveloped. In the paragraph beginning “Despite the growing evidence supporting both metacognitive therapy and compassion-focused therapy,” the authors should explicitly explain why these two interventions were selected instead of other empirically supported treatments such as Cognitive Behavioral Therapy or Mindfulness-Based Cognitive Therapy.

Table 2 presents the repeated-measures ANOVA results. However, the degrees of freedom reported for the treatment stages effect appear unusual ($df = 1$). Given that there were three measurement occasions (pretest, posttest, follow-up), readers would expect a different degrees-of-freedom structure. The authors should verify the reported statistics and explain any corrections or adjustments applied.

The results section reports effect sizes of $\eta^2 = .549$ and $\eta^2 = .546$ for the main effects. These are very large effect sizes. The manuscript would benefit from interpretation of effect magnitude according to accepted conventions and discussion of whether such large effects may reflect sample characteristics or methodological factors.

In Table 3, Bonferroni comparisons are presented across time points, but it is unclear whether these analyses were conducted separately for each intervention group or across the entire sample. Because interpretation differs substantially depending on the analytical approach, the authors should provide greater methodological transparency.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the final paragraph of the Introduction, the authors state that “Determining which of these approaches produces greater reductions in repetitive negative thinking may provide valuable guidance for clinicians.” The manuscript would benefit from clearly stated research hypotheses. At present, the study objective is provided, but no directional hypotheses are articulated despite the strong theoretical basis suggesting superior outcomes for Metacognitive Therapy.

In the Methods section, the statement “Based on estimation using GPower software, 45 participants were selected”^{*} lacks sufficient detail. The authors should report the assumed effect size, alpha level, statistical power, number of groups, repeated measures parameters, and the resulting sample size calculation. This information is essential for evaluating whether the study was adequately powered.

The sampling procedure described as “non-random purposive sampling and assigned to three groups” requires clarification. It is unclear whether participants were randomly allocated after recruitment or assigned using convenience procedures. Because internal validity depends heavily on allocation procedures, the manuscript should explicitly describe the randomization or matching process.

In the inclusion criteria, participants were required to be between “20 to 40 years old.” Given that the sample consisted of university students, the upper age limit of 40 years appears unusually broad. The authors should provide descriptive demographic statistics (mean age, age range, academic level, marital status) and justify the age criterion.

The manuscript reports that participants were identified based on Beck Depression Inventory-II scores between 14 and 19. However, no structured clinical interview appears to have been conducted. Consequently, the exclusion of major depressive disorder cannot be confirmed. The authors should discuss this limitation and clarify whether any diagnostic screening procedure was used beyond self-report measures.

In the Measures section, reliability coefficients from previous studies are reported for the Repetitive Negative Thinking Scale and BDI-II. However, Cronbach’s alpha values for the current sample are not reported. Internal consistency estimates should be provided for the present dataset to demonstrate measurement reliability within the study population.

The Intervention section provides narrative descriptions of both treatments, but treatment fidelity is not addressed. For example, the manuscript should specify who delivered the interventions, their qualifications, whether therapists received supervision, and whether adherence checklists were used to ensure protocol compliance.

The description of the Metacognitive Therapy protocol includes numerous techniques such as “detached mindfulness,” “attention training,” and “challenging metacognitive beliefs.” However, the manuscript does not indicate how session content was distributed across the eight sessions. A structured session-by-session summary table would substantially improve replicability.

Similarly, the Compassion-Focused Therapy intervention includes a broad range of techniques such as mindfulness, compassionate imagery, forgiveness training, and compassionate letter writing. Because these interventions encompass

multiple therapeutic mechanisms, the authors should explain how core therapeutic components were prioritized and whether treatment integrity was monitored.

In the Data Analysis section, the manuscript reports using repeated-measures ANOVA but does not specify whether assumptions were tested separately for each group and measurement occasion. More detailed reporting of Shapiro–Wilk, Levene’s, and Mauchly’s statistics should be included rather than simply stating that assumptions were satisfied.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.