




Comparison of the Effectiveness of Life Therapy and Acceptance and Commitment Therapy on Mental Pain and Zest for Life in Patients with Leukemia

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1. Round 1

1.1. Reviewer 1

Reviewer:

The section provides a good background but could improve by including specific statistics related to leukemia survival rates in different regions to enhance the context's relevance.

The description of therapy protocols is comprehensive, but it may benefit from a brief explanation of how adherence to these protocols was monitored and ensured.

Further detail how the control group was managed during the study period. Were they given any form of placebo intervention or counseling?

The explanation is thorough, but you might include an example item from the questionnaire for clarity. Additionally, discuss how cultural factors may have influenced responses.

While reliability measures are well-documented, consider discussing the scale's cross-cultural applicability and how it was validated for the specific population in the study.

The section briefly mentions tests like Levene's and Mauchly's. Add a more explicit discussion on how these tests informed your choice of statistical corrections, such as Greenhouse-Geisser.

Clearly explain why the Bonferroni adjustment was selected for post hoc testing, and discuss its impact on statistical power. The discussion compares the therapies well, but it should more explicitly address why life therapy was more effective for zest for life while ACT was better for reducing mental pain. Include references to existing theories or mechanisms.

Response: Revised and uploaded the manuscript.

1.2. *Reviewer 2*

Reviewer:

The transition from general cancer statistics to the specific problem of mental pain in leukemia patients is abrupt. Consider adding a linking sentence to smoothly guide the reader.

Clearly state the research hypothesis, distinguishing between null and alternative hypotheses. This will aid readers in understanding the study's aims.

Explain the rationale behind the choice of non-random convenience sampling, and discuss any potential biases it might introduce. Address how these biases were mitigated.

The criteria are well-defined, but consider providing a justification for the age range of 17-35 years and explain why older patients were excluded.

The demographic details are informative, but consider including an analysis of whether demographic variables influenced the outcomes, such as education level or age group.

Mention the interpretation of effect sizes in practical terms. For example, discuss what a large eta squared value implies for the effectiveness of the therapies.

The tables are clear, but a visual representation of key results, such as line graphs showing changes in mental pain and zest for life over time, would make the findings more accessible.

Response: Revised and uploaded the manuscript.

2. **Revised**

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.