







Comparison of the Effectiveness of Cognitive Behavioral Therapy and Short-Term Psychodynamic Therapy in Reducing Alexithymia and Impulsivity in Individuals with Obsessive-Compulsive Disorder

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction effectively defines OCD but does not discuss its neurological or genetic basis. Given the increasing research on OCD's neurobiological underpinnings, it would be valuable to include a brief mention of neurocognitive models of OCD.

While the psychometric properties of these instruments are briefly mentioned, it would be beneficial to provide reliability and validity coefficients for the sample in the current study rather than relying solely on previous research.

The statistical analysis section lacks a justification for why repeated measures ANOVA was chosen over other possible methods such as mixed-effects modeling, which might better account for individual differences and missing data. The authors should provide a rationale for their choice.

The table does not report confidence intervals for the mean values. Adding confidence intervals would improve the interpretability of the findings and allow for a better understanding of variability.

The claim that there was "no significant difference" requires clarification. The authors should report the exact statistical comparison values (e.g., p-value, confidence intervals, and effect sizes) to ensure transparency.

While the discussion describes CBT well, it does not elaborate on mechanisms of change in short-term psychodynamic therapy (STPP). A similar level of detail should be provided for both interventions.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The statement that "alexithymia is a diagnostic symptom of OCD" is misleading. While alexithymia is associated with OCD, it is not a diagnostic criterion in the DSM-5. The authors should revise this claim to state that alexithymia is prevalent among individuals with OCD rather than implying it is a formal symptom.

Impulsivity is not a standalone psychological disorder but a behavioral trait associated with several disorders, including OCD. The authors should revise the wording to clarify that impulsivity is a key feature in certain subtypes of OCD rather than a distinct disorder.

The sampling procedure is inconsistent. "Purposively selected" implies non-random selection, whereas "randomly assigned" suggests a randomized design. The authors should clarify whether the selection was entirely random or involved specific inclusion criteria before randomization.

The effect sizes are reported, but it is unclear how they were interpreted. The authors should explicitly state whether they followed Cohen's (1988) guidelines for interpreting small, medium, and large effects.

The discussion references previous studies but does not explain how the present findings align or differ from them in terms of sample characteristics, methodology, or effect sizes. A more nuanced comparison is needed.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.