





Effectiveness of Paradoxical Timetable Therapy on Physical Fatigue Symptoms, Habitual Behavior, and Change Helplessness in Women with Post-Traumatic Stress Disorder

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1. Round 1

1.1. Reviewer 1

Reviewer:

The claim “PTSD can lead to the development of depression and panic disorders (Hawkar, 2018)” would benefit from elaboration or updated meta-analytic references to strengthen the etiological link.

The description of Chronic Fatigue Syndrome lacks alignment with current CDC or WHO definitions. Please incorporate more precise and standardized diagnostic criteria.

The sentence “Based on the available evidence, the present research question emerges...” would benefit from a clearer identification of the research gap. What existing limitation or theoretical inconsistency does this study address?

The use of “purposive non-random sampling” followed by “randomly assigned” groups creates a contradiction. Please clarify the sampling and randomization process explicitly.

The method of removing participants from the control group “to match attrition” in the experimental group raises concerns about internal validity. Consider addressing potential biases this might introduce.

The statement “paradoxical timetable therapy significantly reduced physical fatigue symptoms...” should be tempered with acknowledgment of the small sample size and absence of follow-up assessments.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The statement “Approximately 1% of patients in primary care settings report experiencing fatigue” lacks a specific source or regional context. Clarify whether this applies globally or is region-specific (e.g., Iran, Europe, US).

The sentence “Mental confusion is another form of intrusive thought...” introduces ambiguity between rumination and cognitive disorganization. Clarify whether this pertains to executive dysfunction or maladaptive thinking.

The sentence “Since learned helplessness renders individuals incapable of changing their circumstances...” oversimplifies a complex cognitive-behavioral concept. Consider integrating Seligman’s revised theory to reflect the explanatory style model.

The section mentions multicollinearity assessment, but no method (e.g., VIF, tolerance) is detailed. Consider adding which statistical test or threshold was used.

The claim “the intervention explained approximately 67% of the variance...” appears inconsistent with reported η^2 values (e.g., .656, .556). Please reconcile or clarify how this overall percentage was derived.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.