

The Effectiveness of Paradoxical Psychotherapy on Trichotillomania Disorder

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1. Round 1

1.1. Reviewer 1

Reviewer:

The opening paragraph begins mid-word: “Obsessive-Compulsive and Related Disorders...”. This typographical error should be corrected. Additionally, the introduction would benefit from clearer sub-structuring—perhaps separating epidemiology, consequences, treatment limitations, and rationale for paradoxical intervention.

The introduction reports both a higher prevalence in women and later states “with no statistically significant gender differences in rates”. This inconsistency (DSM-5-TR vs. survey findings) should be critically reconciled rather than presented sequentially without commentary.

The reported $\eta^2 = 0.852$ is extremely large for clinical intervention research. Please discuss potential inflation due to single-group design and small sample size.

In Table 7, it is stated that “all pairwise comparisons except... Follow-up vs. Post-Treatment” were significant after Bonferroni correction. However, the p-value (.034) is greater than the adjusted alpha (.0083). This should be explicitly clarified to avoid misinterpretation.

Although statistical significance is demonstrated, no clinically meaningful change indices (e.g., Reliable Change Index, remission thresholds) are reported. Please include clinical significance evaluation to complement statistical findings.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

Although psychodynamic theory is elaborated in the discussion, it is not sufficiently introduced in the theoretical rationale prior to the Method section. A clearer conceptual bridge linking trichotillomania's defense-mechanism model to paradoxical intervention would strengthen the study's theoretical grounding.

In the Method section, the statement "the use of controlled experimental designs or larger samples was not feasible" requires further elaboration. Ethical and logistical constraints should be described more concretely (e.g., recruitment barriers, clinical urgency criteria).

The study used "non-probability purposive sampling... volunteer sampling". This introduces significant self-selection bias. Please discuss how this may inflate effect sizes, especially given participants' potential expectancy effects.

Inclusion criteria specify "being female." Please provide a theoretical or epidemiological justification for excluding males. Otherwise, this restricts external validity without explicit rationale.

The protocol describes scheduling voluntary hair-pulling up to 5 minutes, three times daily. However, no information is provided regarding treatment fidelity monitoring, adherence rates, or session recording. Were sessions supervised or standardized? This is essential for replication.

Prescribing deliberate hair-pulling raises ethical concerns about potential exacerbation or reinforcement. Although effects were positive, please clarify how risk mitigation was handled during early sessions.

In Table 3, the reported df under Greenhouse-Geisser correction is 1.565. Please verify rounding consistency and clarify how this fractional df aligns with $\epsilon = 0.552$ from Table 2.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.