





Comparison of the Effectiveness of Intensive Short-Term Psychodynamic Therapy and Emotion-Focused Therapy on Pain Catastrophizing in Patients with Psychosomatic Disorders

Parisa. Khanipour Kakesh¹, Moloud. Keykhosrovani^{1*}, Seyed Asghar. Mousavi¹



¹ Department of Psychology, Bu.C., Islamic Azad University, Bushehr, Iran

* Corresponding author email address: Moloud.keykhosrovani@iau.ac.ir

E d i t o r

Seyed Hamid Atashpour¹
Associate Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran
hamidatashpour@gmail.com

R e v i e w e r s

Reviewer 1: Parvaneh Mohammadkhani¹
Professor, Department of Clinical Psychology, University of Rehabilitation Sciences and Social Health, Tehran, Iran. Email: Pa.mohammadkhani@uswr.ac.ir
Reviewer 2: Farhad Namjoo¹
Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: farhadnamjoo@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the paragraph beginning with “Pain is not merely a physiological phenomenon but a complex biopsychosocial experience...” would benefit from a more explicit articulation of the theoretical framework guiding the study. Although multiple empirical studies are cited, the manuscript does not clearly integrate them into a coherent conceptual model explaining how emotional dysregulation translates into pain catastrophizing specifically within psychosomatic disorders.

In the Introduction, the sentence “Pain catastrophizing refers to exaggerated negative mental sets activated during actual or anticipated painful experiences...” would be strengthened by briefly distinguishing it from related constructs such as anxiety sensitivity and rumination, particularly because these constructs are later discussed in the literature review, which may create conceptual overlap.

The description of the Pain Catastrophizing Questionnaire includes reliability coefficients for subscales, but the manuscript does not report subscale analyses in the Results; the authors should justify why only total scores were analyzed, given the theoretical relevance of rumination, magnification, and helplessness as distinct components.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The paragraph beginning “Despite growing evidence supporting both emotion-focused and psychodynamic therapies...” presents the rationale for comparison; however, the authors should clarify the specific theoretical mechanism through which ISTDP is expected to reduce pain catastrophizing, since the construct is primarily cognitive and the link between unconscious conflict resolution and catastrophic thinking is not fully elaborated.

In the Methods section under “Study Design and Participants,” the sentence “Participants were recruited through purposive non-random sampling” raises concerns regarding selection bias; the authors should provide more detailed information about how many individuals were screened, how many declined participation, and whether any systematic differences existed between included and excluded participants.

In the same section, the inclusion criterion “Participants who achieved scores above 45 on the psychosomatic disorder scale, below 35 on pain self-efficacy measures, and above 50 on alexithymia assessment were included” requires justification, as the manuscript does not explain why these specific cut-off points were selected or whether they are based on validated normative data.

The paragraph stating “Sample size estimation was conducted based on Cohen’s table (1981)” would benefit from a formal power analysis reporting expected effect size, alpha level, and statistical power; reliance solely on Cohen’s table without specifying assumptions limits methodological transparency.

In the Measures section, while psychometric properties are reported, the authors state that “Construct validity analyses supported a single-factor structure explaining approximately 31% to 34% of the total variance,” which seems relatively low; the authors should comment on whether this level of explained variance is considered adequate for the scale’s theoretical construct.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.