

Comparing the Effectiveness of CBT and ACT on Mood Swings and Depression Symptoms in Women

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1. Round 1

1.1. Reviewer 1

Reviewer:

The discussion on the theoretical foundations of CBT and ACT could be expanded. While it is clear that ACT emphasizes acceptance and psychological flexibility, a deeper exploration of its contrast to traditional cognitive restructuring in CBT would enhance the theoretical comparison.

"Women are disproportionately affected by mood disorders...": This statement could be supported by additional statistical evidence. Including recent global or regional prevalence data would provide a stronger basis for your claim.

The rationale for selecting the specific number of sessions for both CBT (12 sessions) and ACT (8 sessions) should be clarified. Are these numbers based on previous research, clinical guidelines, or practical considerations? Providing a justification would improve the methodology.

"ACT emphasizes acceptance of difficult emotions and thoughts...": The specific techniques used in ACT sessions are well-outlined, but there is limited explanation of how progress in these techniques is assessed during the intervention. Adding a brief mention of session assessments would strengthen the intervention description.

"Participants learn techniques to challenge and reframe their negative thoughts.": Clarify whether participants' progress in reframing negative thoughts during CBT was measured using any formal assessment tools, such as cognitive behavioral inventories.

"Both CBT and ACT significantly reduced mood swings...": While the reduction in mood swings is noted, it would be useful to describe whether there were any individual differences (e.g., age, education) that influenced treatment outcomes, especially considering the diverse demographic characteristics.

"No significant difference was found between the CBT and ACT groups...": While the absence of significant differences is important, it would add depth to the discussion if potential reasons for this non-significance were explored more thoroughly, perhaps considering the shared therapeutic mechanisms between CBT and ACT.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The article mentions that participants were randomly assigned to groups. However, it would benefit from specifying how randomization was achieved (e.g., computerized random number generation or manual methods). This would help ensure the methodological rigor.

"The MDQ uses a simple 'yes' or 'no' response format...": The scoring threshold of the MDQ for mood disorder diagnosis is mentioned briefly. It would be helpful to include more detail on what constitutes a "positive screen" for mood disorders to ensure that readers understand how diagnosis is determined.

"The Beck Depression Inventory-II (BDI-II) created by Aaron T. Beck...": While the use of BDI-II is appropriate, it would be valuable to mention why this tool was chosen over other potential measures for depression, such as the Hamilton Depression Rating Scale (HDRS).

"The primary outcome measures—mood swings and depression symptoms...": The assumptions of normality, homogeneity of variances, and sphericity are stated, but it would be helpful to provide more details about the results of Mauchly's test for sphericity. Were any corrections applied (e.g., Greenhouse-Geisser)?

The means and standard deviations for mood swings and depression symptoms are reported clearly. However, it would be beneficial to include confidence intervals for these means to provide a sense of the precision of your estimates.

The effect sizes are presented, but they are not explicitly interpreted. Including a brief interpretation of these effect sizes (e.g., small, medium, large) according to common guidelines (e.g., Cohen's *d*) would enhance the clarity of your findings.

"One possible explanation for the similar efficacy of CBT and ACT...": The statement would be stronger if specific studies supporting the shared mechanisms of emotional regulation between CBT and ACT were cited. This would provide further evidence for the claim.

"Women are disproportionately affected by mood disorders...": You could enrich the discussion by briefly addressing gender-specific factors that might have influenced the study's results, such as hormonal fluctuations or societal pressures, and how they may differ from studies involving men.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.