

Comparing the Effectiveness of Paradoxical Therapy and Cognitive-Behavioral Therapy on Body image in Women with Body Dysmorphic Disorder

Elham. Mahboubi¹, Ali. Shaker Dioulagh^{2*}, Ali. Khademi³, Mohammad Hassan. Asayesh⁴




¹ PhD Student, Department of Psychology, Ur.C., Islamic Azad University, Urmia, Iran

² Associate Professor, Department of Psychology, Ur.C., Islamic Azad University, Urmia, Iran

³ Professor, Department of Psychology, Ur.C., Islamic Azad University, Urmia, Iran.

⁴ Assistant Professor, Department of Educational Psychology and Counseling, University of Tehran, Tehran, Iran.

* Corresponding author email address: Alishaker@iau.ac.ir

E d i t o r	R e v i e w e r s
Mohsen Joshanloo  Associate Professor, Department of Psychology, Keimyung University, 1095 Dalgubeol Boulevard, Dalseo-Gu, Daegu 42601, South Korea mohsen.joshanloo@unimelb.edu.au	Reviewer 1: Hajar Torkan  Assistant Professor, Department of Psychology, Islamic Azad University, Isfahan (Khorasgan) Branch, Isfahan, Iran. h.torkan@khuisf.ac.ir Reviewer 2: Nadereh Saadati  Department of Couple and Family therapy, Alliant International University, California, United States of America. mdaneshpour@alliant.edu

1. Round 1

1.1. Reviewer 1

Reviewer:

The statement “BDD is a severe psychiatric condition characterized by an excessive preoccupation with perceived flaws in physical appearance...” is accurate but too general. Strengthen this paragraph by explicitly linking BDD’s cognitive, emotional, and behavioral dimensions to the study’s focus on negative emotions, creating a clearer conceptual bridge to the research problem.

The description of paradoxical therapy mentions “the Paradoxical Timetable Cure (PTC)” but does not explain its core steps or how it operationally differs from CBT. Adding a concise but clear operational definition of PTC will improve clarity and allow readers to grasp why its mechanisms might affect anxiety and depression more than stress.

The exclusion criteria list several comorbidities (anxiety, depression, stress, OCD) yet the participants are later described as having high scores on depression and anxiety measures. Clarify how exclusion for comorbidities was operationalized while still including participants with negative emotions.

The CBT section cites “an emotion-focused variant adapted from The Cognitive Therapy Treatment Planner”, but does not provide citation years consistently (McKay’s book is cited but not dated in-text). Include full publication details and describe any cultural/linguistic adaptations for Iranian participants.

The sentence “Independence of the dependent variable at pretest from group membership... was assessed by multivariate analysis of variance” should specify the exact MANOVA results (F, df, p). Currently it just states “not significant” without the statistics, which reduces transparency.

The manuscript uses multiple tables with overlapping content (ANOVA, Mauchly’s, pairwise). To improve readability, consider integrating Tables 5 and 6 (pairwise and Bonferroni) into a single table to show group mean differences and effect sizes side by side.

The captions for Tables 2–6 lack descriptions of what “SS” and “Error SS” refer to (e.g., sum of squares between vs. within). Add explicit legends or footnotes to improve clarity for readers unfamiliar with repeated-measures ANOVA notation.

The text states “CBT significantly reduced stress levels in this study” but does not address why CBT did not significantly reduce anxiety or depression. Include a theoretical explanation or speculate based on prior literature (e.g., cognitive engagement demands) to interpret this differential outcome.

The claim “CBT has consistently been shown to reduce maladaptive cognitions” cites multiple studies but does not discuss cultural relevance. Include a short comment on how cultural context (Iranian women seeking cosmetic surgery) might influence CBT’s effectiveness and generalizability.

The discussion proposes an “integrative approach” but does not describe how such integration could be structured (sequential vs. combined). Include a brief practical framework (e.g., paradoxical first for resistance reduction, CBT later for restructuring).

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The claim “Combining or contrasting these two approaches could therefore inform more tailored treatment strategies” is insightful, but the introduction would be stronger if it explicitly stated the study’s hypothesis at the end of this paragraph, instead of only mentioning the aim briefly earlier.

The introduction concludes abruptly. Consider adding a short synthesis sentence outlining how the study fills the identified gap (i.e., lack of comparative data on paradoxical therapy vs. CBT for BDD) before stating the aim.

The description “districts 2, 3, and 4 were deliberately selected” requires justification. Provide a rationale (e.g., socio-economic diversity, clinic density) to help readers evaluate sample representativeness and external validity.

The text states “purposively selected and then randomly assigned—by replacement”. The term “by replacement” is unclear. Clarify how randomization was performed (e.g., block randomization, simple random number generation) and whether allocation concealment was used.

While partial η^2 values are reported, their interpretation is not discussed in the results section. Include benchmarks (e.g., small/medium/large) to contextualize these effect sizes.

The text says “For stress, there was no significant difference between paradoxical therapy and CBT” but does not mention the exact mean difference. Briefly describe the direction of differences (even if non-significant) to give readers a sense of clinical trends.

The discussion attributes paradoxical therapy’s advantage to “paradoxical scheduling of symptoms,” but does not link this mechanism to emotional regulation models. Explicitly connect this to emotion regulation theories (e.g., experiential avoidance framework) to strengthen theoretical integration.

Authors revised the manuscript and uploaded the document.

2. Revised



Editor's decision: Accepted.

Editor in Chief's decision: Accepted.