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A Comparison of a Psychodynamic Emotion-Focused Therapy Package with Dialectical Behavior Therapy: Emphasizing the Reduction of Aggression and Rumination in Women with Comorbid Depression and Social Anxiety

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the participant paragraph, the statement “45 participants were selected through purposive sampling and randomly allocated to three groups of 15 participants” requires clarification concerning the randomization process. The manuscript should identify the random sequence generation method, such as computer-generated random numbers, random-number tables, or sealed envelopes; indicate who generated the sequence; and clarify whether allocation concealment was implemented. The present terminology also creates ambiguity between a quasi-experimental and randomized design. If participants were genuinely randomized to study arms, the authors should explain why the study is described as quasi-experimental rather than a randomized controlled trial. If allocation was not fully randomized, the precise allocation mechanism should be reported and the design terminology revised accordingly.

The inclusion criterion described as “confirmation of comorbid depression and social anxiety based on cutoff scores on the Beck Depression Inventory and Connor Social Anxiety Questionnaire together with clinical confirmation by a qualified mental health professional” needs greater diagnostic precision. Screening questionnaires alone do not establish psychiatric diagnoses.

The authors should report the cutoff values applied to both instruments, identify the diagnostic framework used by the clinician, specify whether DSM-5 or another classification system was followed, and state whether a structured or semi-structured diagnostic interview was administered. The manuscript should also report whether participants with bipolar disorder, psychotic disorders, substance-use disorders, severe personality pathology, or acute suicide risk were excluded, because these conditions may affect both clinical safety and responsiveness to psychotherapy.

The psychodynamic emotion-focused intervention paragraph similarly requires clearer specification of treatment fidelity and theoretical integration. The manuscript states that techniques such as "emotion identification, experiential exploration, empty-chair work, role-playing, clarification, and confrontation were incorporated when clinically appropriate," but these techniques derive from partially different therapeutic traditions. The authors should explain the theoretical rationale for integrating psychodynamic and emotion-focused techniques, distinguish the core mandatory components from optional techniques, and describe decision rules for their use. Session length, frequency, therapist training, supervision, and adherence assessment should also be reported. Without such details, replication of the intervention would be difficult and the treatment cannot be evaluated as a sufficiently standardized package.

The statistical analysis paragraph should provide a more complete account of the repeated-measures model. The manuscript reports repeated-measures ANOVA but does not specify whether the model included a three-level within-subject factor of time and a three-level between-subject factor of treatment group, although this can be inferred from the results. The authors should explicitly state the model structure and report effect sizes, preferably partial eta squared, for the main effect of time, group effect, and time × group interaction. Confidence intervals for principal treatment effects would also improve interpretation. Given the relatively small sample size, reporting effect sizes is essential because statistical significance alone provides limited information regarding clinical magnitude.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The manuscript should reconsider the eligibility criterion "not receiving concurrent psychiatric treatment (pharmacological or psychotherapeutic) during the study." In women with clinically meaningful comorbid depression and social anxiety, requiring discontinuation or absence of psychiatric treatment may raise both methodological and ethical concerns. The authors should explicitly state whether participants who were already receiving stable medication were excluded, whether any participant discontinued treatment to enter the study, and how clinical deterioration was monitored. The ethical safeguards should include procedures for referral, management of suicidal ideation, and withdrawal for clinical reasons. This information is particularly important because depression can be associated with self-harm and suicidality.

The description of the Beck Depression Inventory states that it was used "to assess the severity of depressive symptoms and to assist in identifying eligible participants," but the exact version of the inventory is not identified. The authors should clarify whether the BDI, BDI-II, or another adaptation was administered, because item wording, scoring ranges, diagnostic cutoffs, and psychometric evidence differ across versions. The manuscript should also provide the original citation and the validation study for the Persian-language version used in this sample. In addition, the internal consistency coefficient obtained from the current sample should be reported rather than relying exclusively on reliability coefficients from previous studies.

The paragraph describing the "Connor Social Anxiety Questionnaire" should verify the instrument name and scoring details. The description of 17 items assessing fear, avoidance, and physiological discomfort appears to correspond to a specific social phobia/social anxiety measure, but the manuscript should provide the instrument's exact standardized English title, original developer citation, possible score range, interpretation of higher scores, and the cutoff used to determine eligibility. The authors should also report reliability for the present sample and clarify whether the cited test-retest range of 0.78–0.89 refers to the original scale, a Persian validation study, or multiple subscales.

The description of the "Eysenck and Glenn Wilson Aggression Questionnaire" requires stronger psychometric documentation. The sentence "The questionnaire consists of 30 items, of which 20 are phrased in a positive direction and 10

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are phrased in a negative direction" explains item orientation but not the construct measured, scoring method, response options, possible total-score range, subdimensions, or interpretation. More importantly, the reported reliability range of 0.69–0.74 is relatively modest. The authors should report Cronbach's alpha or another reliability coefficient calculated in the present sample and discuss whether the measure has demonstrated adequate validity specifically among Iranian adult women.

The paragraph describing the Nolen-Hoeksema and Morrow rumination instrument contains a potentially important conceptual inconsistency. The manuscript states that the 22-item questionnaire "comprises two subscales: ruminative responses and distractive responses." The commonly used 22-item Ruminative Responses Scale is generally conceptualized differently in later psychometric work, including brooding and reflection dimensions. The authors should verify the exact version, translation, factor structure, and scoring procedure used in the study. If an earlier response-styles measure containing rumination and distraction components was administered, this should be named accurately. The validity coefficient reported with a "Cognitive Beliefs Questionnaire" also requires a precise citation and explanation.

The dialectical behavior therapy paragraph beginning "The dialectical behavior therapy intervention was delivered in 10 structured sessions" should include essential treatment-delivery information. The authors should report the duration of each session, frequency of sessions, total treatment period, group size, therapist qualifications, therapist DBT training, use of homework assignments, and procedures for monitoring attendance and adherence. Because standard DBT is a multicomponent intervention and the present protocol appears to be predominantly group-based skills training, the manuscript should avoid implying that participants received full standard DBT unless individual psychotherapy, telephone coaching, and therapist consultation components were also provided. The intervention may be more accurately labeled "DBT skills training" or a "DBT-based group intervention" if those additional components were absent.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.
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