

The Effectiveness of Reality Therapy on Hypochondriasis in Patients with Obsessive-Compulsive Disorder

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the paragraph beginning “Obsessive-compulsive disorder (OCD) is a clinically significant psychiatric condition...” provides a broad definition of OCD, but it should more explicitly connect OCD symptoms to hypochondriasis. The authors should add a clearer conceptual bridge explaining how health-related obsessions, checking, reassurance-seeking, bodily monitoring, and intolerance of uncertainty may produce or intensify hypochondriacal symptoms in OCD patients.

In the paragraph stating that “hypochondriasis is not a trivial psychological concern,” the authors appropriately emphasize the burden of the condition, but the manuscript should clarify whether it uses the older term “hypochondriasis” or the current diagnostic language of illness anxiety disorder and somatic symptom-related conditions. Since “hypochondriasis” has changed in modern diagnostic classifications, the manuscript should justify its terminology and explain why the Evans Hypochondriasis Questionnaire remains appropriate for the present study.

In the introduction paragraph discussing COVID-19-related hypochondriasis, the connection to the present clinical sample is not yet sufficiently developed. The authors cite studies related to corona anxiety and health anxiety, but the present sample consists of OCD patients in Ahvaz during 2024 and 2025. The authors should explain whether pandemic-related health concerns

are still clinically relevant for this sample or whether these citations are used only to support the broader importance of hypochondriasis.

The intervention paragraph states that participants were helped to “identify their health-related worries, obsessive preoccupations, repetitive checking behaviors, and maladaptive attempts to obtain reassurance,” but the manuscript should clarify whether these components were assessed individually or addressed through standardized Reality Therapy techniques such as WDEP procedures. A session-by-session summary would substantially improve methodological transparency.

In the Data Analysis section, the manuscript states that the independent-samples t-test was used, while the later findings section presents ANCOVA. This inconsistency must be corrected. If ANCOVA was the main inferential test, the methods should state that post-test hypochondriasis was compared between groups while controlling for pre-test scores. If an independent t-test was used instead, the ANCOVA table should be removed or replaced.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the paragraph that discusses self-objectification and appearance anxiety, the relevance to hypochondriasis requires stronger theoretical justification. The sentence “Although self-objectification is not identical to hypochondriasis, both involve heightened bodily attention...” is useful, but this section may appear tangential unless the authors more clearly explain how body-focused self-monitoring, somatic vigilance, and evaluative bodily attention contribute to illness anxiety in OCD patients.

In the final paragraph of the introduction, the research gap is stated, but it should be sharpened. The authors should specify whether previous studies have examined Reality Therapy in anxiety-related conditions, OCD, hypochondriasis, or only adjacent clinical populations. A stronger gap statement would clarify that limited evidence exists specifically on the effectiveness of Reality Therapy for hypochondriasis among patients diagnosed with OCD.

In the methods paragraph “The present study was conducted using a quasi-experimental design with a pre-test–post-test structure and a control group,” the authors should explain why the design is described as quasi-experimental if participants were randomly assigned to experimental and control groups. If true random assignment was used, the design may be better described as a randomized controlled pre-test–post-test design. If randomization was limited or informal, the allocation procedure should be described in detail.

In the participants paragraph, the sampling method requires clarification. The manuscript states that hospitals and clinics were selected purposively and that eligible volunteers were included, but then it states that participants were randomly assigned to groups. The authors should clearly distinguish between purposive sampling at the recruitment stage and random allocation at the intervention stage. This distinction is necessary to evaluate internal and external validity.

In the methods section, inclusion and exclusion criteria are missing. The manuscript should specify criteria such as age range, confirmed OCD diagnosis, severity threshold, medication stability, absence of psychotic disorders or severe mood disorders, absence of neurological disease, willingness to participate, and attendance requirements. Without these criteria, the reader cannot determine whether the sample was clinically homogeneous or whether confounding conditions may have influenced the findings.

The sentence “The diagnosis of obsessive-compulsive disorder was confirmed based on the clinical judgment of the psychiatrist working in the hospital or clinic” should be revised to include more diagnostic detail. The authors should specify whether diagnosis was based on DSM-5 criteria, a structured clinical interview, medical records, or routine psychiatric assessment. Reliance only on unspecified clinical judgment may reduce the reproducibility and diagnostic rigor of the study.

In the Data Collection Tool paragraph, the Evans Hypochondriasis Questionnaire is introduced, but the scoring method is incomplete. The authors should specify the response options, scoring range per item, total possible score range, interpretation of higher scores, and whether any items are reverse-scored. This information is necessary because readers need to understand exactly how the hypochondriasis score was computed.

The statement “The reliability of the Evans Hypochondriasis Questionnaire has been examined in different studies” should be strengthened with psychometric evidence. The authors should report reliability coefficients, preferably Cronbach’s alpha or test-retest reliability, from previous studies and from the present sample if available. Merely stating that reliability was confirmed is insufficient for a scientific manuscript.

In the intervention protocol paragraph, the description of Reality Therapy is conceptually appropriate but too general. The authors should specify the number of sessions, duration of each session, frequency, delivery format, therapist qualifications, session structure, and whether a treatment manual was used. Without these details, the intervention cannot be replicated and treatment fidelity cannot be evaluated.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.