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The Role of Metacognitive Beliefs and Emotion Regulation Strategies in Predicting Fear of Self among Adolescents with Obsessive-Compulsive Disorder

Zeinab. Deylam[1], Elnaz. Pourahmadi[1*], Mohsen. Jalali[2]

[1] Department of Psychology, BG.C., Islamic Azad University, Bandar Gaz, Iran
[2] Assistant Professor of Clinical Psychology, Faculty of Humanities and Social Sciences, Golestan University, Gorgan, Iran

*** Corresponding author email address**: elnaz.pourahmadi@iau.ac.ir

Editor	Reviewers
Seyed Hamid Atashpour Associate Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran hamidatashpour@gmail.com	**Reviewer 1:** Hajar Torkan Assistant Professor, Department of Psychology, Islamic Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran. h.torkan@khuisf.ac.ir **Reviewer 2:** Farhad Namjoo Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: farhadnamjoo@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

The Introduction paragraph stating that “A particularly important but comparatively less investigated construct in obsessive-compulsive psychopathology is fear of self” would benefit from a more precise theoretical definition and stronger differentiation from related constructs such as feared self, self-disgust, negative self-concept, fear of self-disclosure, and inferential confusion. At present, the discussion occasionally moves between these constructs as though they were interchangeable. The authors should explicitly define fear of self in the theoretical framework used by Aardema and colleagues and explain how it differs conceptually from general negative self-evaluation and fear of revealing personal information.

In the paragraph stating that “Fear of self may therefore represent an important explanatory construct for understanding why certain intrusive thoughts are experienced as highly significant,” the proposed mechanism should be developed more explicitly. The manuscript would be strengthened by presenting a clear conceptual pathway in which intrusive cognition activates metacognitive appraisal, this appraisal affects emotional regulation, and these processes jointly contribute to fear of self. At present, the manuscript identifies these variables as related but does not provide a sufficiently explicit theoretical model

explaining why metacognitive beliefs and emotion regulation should predict fear of self specifically rather than general OCD severity.

The description of the Fear of Self Questionnaire also requires verification. The Methods section states that a 20-item instrument was used, while also discussing an eight-item unidimensional form. The authors should specify exactly which version was administered in the present study, its possible score range, whether any items were reverse coded, and the source of the Persian adaptation if one was used. If the full 20-item instrument was administered, psychometric evidence for that specific version should be reported rather than relying primarily on findings concerning an eight-item short form.

The description of the Maudsley Obsessive-Compulsive Inventory contains numerical inconsistencies that should be corrected. The manuscript states that the 30-item questionnaire contains four subscales comprising 9 checking items, 11 washing items, 7 slowness items, and 7 doubting items, which sum to more than 30 because some formulations of the inventory involve overlapping items. This should be explicitly explained if overlap is inherent in the scoring system. More importantly, if this questionnaire was used to identify the clinical sample, the cutoff score and supporting validation evidence must be reported.

The demographic Findings paragraph should be checked against the original data because the manuscript reports a mean age of 14.98 years, whereas the source material supplied earlier reported 14.4988. Given the frequencies of 82 participants aged 14, 92 aged 15, and 76 aged 16, the weighted mean is approximately 14.98, suggesting that the revised value is mathematically correct and the original figure was erroneous. The authors should verify the raw dataset and ensure that all descriptive statistics are generated directly from the statistical software rather than manually transcribed.

Table 1 contains several values that appear psychometrically or mathematically questionable and should be audited against the original dataset. For example, the “beliefs about uncontrollability and danger” subscale is reported with a minimum of 2 and a maximum of 81, which appears incompatible with conventional MCQ-30 subscale scoring. Similarly, other reported minimum and maximum values should be checked against the number of items and response scale of each subscale. Impossible score ranges would indicate either data-entry errors, incorrect labeling, or use of a different instrument than the one described.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The final paragraph of the Introduction correctly identifies the research gap, but the sentence “relatively limited research has examined metacognitive beliefs and emotion regulation strategies together as predictors of fear of self in adolescents with OCD” should be supported by a more systematic articulation of what prior studies have and have not examined. The authors should specify whether previous studies investigated fear of self as a predictor of OCD symptoms, as an outcome, or as a mediator, and then clarify how the present study reverses or extends those relationships. Doing so would make the novelty of the study more convincing and avoid presenting a broad literature gap without sufficient methodological specificity.

In the Methods section, the sentence “The statistical population consisted of all adolescents with obsessive-compulsive disorder studying in schools in Aliabad during the 2025–2026 academic year” requires major clarification. The manuscript should identify the exact geographic location of Aliabad, the number and type of schools involved, how potentially eligible students were identified, and whether school counseling records, psychiatric diagnoses, clinical interviews, or screening questionnaires were used. Without this information, neither the sampling frame nor the replicability of participant recruitment can be adequately evaluated.

The statement that “250 adolescents with obsessive-compulsive disorder was selected using convenience sampling” should be accompanied by a formal justification of sample size. Because the primary inferential analysis was multiple regression with three predictors, the authors should report either an a priori power analysis or a recognized sample-size rule and specify the expected effect size, statistical power, alpha level, and number of predictors. Simply stating that 250 participants were selected because the design was correlational is insufficient for a contemporary empirical manuscript.

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The Methods section lacks explicit inclusion and exclusion criteria. A paragraph should be added specifying the permitted age range, enrollment status, minimum OCD symptom threshold, diagnostic requirements, ability to read and complete questionnaires, parental consent and adolescent assent procedures, and exclusion criteria such as psychotic disorders, neurodevelopmental conditions that could impair questionnaire completion, severe mood episodes, active substance misuse, or incomplete responses. This information is particularly important because the participants were minors and because comorbid disorders may strongly influence metacognition, emotion regulation, and fear of self.

The manuscript should report ethical procedures in considerably greater detail. Because the sample consisted of school-aged adolescents, the Methods section should state the institutional ethics approval code, whether written parental or guardian consent and adolescent assent were obtained, how confidentiality and voluntary participation were ensured, whether students could withdraw without academic consequences, and how participants with clinically significant distress were referred for appropriate support. These are not optional reporting details in research involving minors.

The description of the Metacognitions Questionnaire contains conceptual and naming inconsistencies. The paragraph refers to “beliefs concerning cognitive confidence or cognitive competence” and “negative beliefs related to the need to control thoughts and associated responsibility or superstitious beliefs,” whereas the established MCQ-30 dimensions should be named consistently throughout the manuscript. The authors should verify the exact version used, reproduce the validated subscale labels accurately, explain score ranges, indicate whether any items are reverse-scored, and report Cronbach’s alpha or preferably omega coefficients obtained in the current sample rather than relying only on historical reliability coefficients.

The paragraph describing the Gross Emotion Regulation Questionnaire appears to contain a major measurement problem. The manuscript describes “positive emotion regulation” and “negative emotion regulation” and states that responses range from 1 to 5, yet the standard Gross and John Emotion Regulation Questionnaire typically assesses cognitive reappraisal and expressive suppression using 10 items on a 7-point response scale. Since the Findings section reports cognitive reappraisal and expressive suppression, the authors must identify the exact instrument, version, item count, response scale, score range, Persian validation study, and scoring procedure. This discrepancy should be corrected before publication because it directly affects construct validity.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.
Editor in Chief’s decision: Accepted.

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