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OPEN PEER REVIEW

A Model of Experiential Avoidance and Executive Function Deficits Affecting Hypersexual Behavior with the Mediating Role of Self-compassion: Suggesting an Integrated Intervention Protocol

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

3 comments · 14 Jul 2025 – 4 Aug 2025

Referee 1 Reviewer

MAJOR REVISION 14 Jul 2025

Thank you very much to the authors for submitting their manuscript to IJHRBA.
The topic of the study is timely and relevant, addressing important psychological and behavioral factors related to hypersexuality. The authors' effort to integrate constructs such as experiential avoidance, executive function deficits, and self-compassion into a single conceptual model is commendable.
Below, I offer several comments and suggestions that I hope will help strengthen the clarity, coherence, and scientific contribution of the manuscript.

1. The manuscript introduces several important constructs (hypersexuality, experiential avoidance [EA], executive function deficits [EFDs], and self-compassion [SC]). However, the theoretical relationships between them are not articulated clearly or cohesively. Please examine the mediating role as well as the relationships among the variables more coherently and in a more integrated manner.
2. For international readers, it would be helpful to present the proposed conceptual model more explicitly (e.g., SC mediating the relationship between EA, EFDs, and hypersexual behavior). This could be done through a diagram or a more detailed narrative explanation in the introduction. It is recommended to include a conceptual diagram that visually illustrates the relationships among EA, EFDs, hypersexual behavior, and the mediating role of SC. This would help clarify the study's theoretical model.
3. Although different theoretical approaches (ACT, EFT, CFT, tDCS, etc.) are mentioned, there is no unified theoretical framework offered to interpret the findings. A clearer integration of these approaches into a coherent framework would help readers understand the theoretical grounding of the study.
4. Despite the cross-sectional design, causal language (e.g., "experiential avoidance causes hypersexuality") is sometimes used in the discussion and conclusion sections. This should be revised to accurately reflect the study design.
5. The discussion section is overly long and repetitive; similar findings and arguments are repeated multiple times. Streamlining this section would improve readability and impact.
6. The manuscript includes references to prior research, which is a strength. However, the literature review remains mostly descriptive rather than analytical.
7. Definitions of EA and SC are well presented and supported by credible references. However, the role of executive function deficits, which are central to the proposed model, is underdeveloped. Including more scientific background on how EFDs relate to hypersexual behavior would reinforce the theoretical justification.
8. The section on SC is supported by empirical evidence, but could be strengthened by acknowledging contradictory or inconclusive findings in the literature, where relevant.
9. The study objectives are stated fairly clearly, but mostly in descriptive terms, without elaborating on the scientific rationale. It would add value to explain why examining SC as a mediator (rather than a moderator) is theoretically and practically significant, and how this contributes to the design of more effective interventions.
10. In the abstract, SC is described as a moderator, whereas in the main text, it appears to be conceptualized as a mediator. This inconsistency should be resolved to avoid confusion.
11. Internal consistency (e.g., Cronbach's alpha) of the instruments used in the current sample is not reported. This is a significant omission that should be addressed.
12. The theoretical rationale and empirical evidence supporting the combination of diverse intervention components (ACT, EFT, tDCS, CFT, etc.) are not explained systematically. Why this specific combination, and

not another? Providing a clearer justification would strengthen the intervention design.
13. The conclusion section discusses the effectiveness of the proposed intervention as if it has already been tested, while in reality, only content validity was assessed and the intervention itself has not yet been implemented. This creates a logical inconsistency that should be clarified.
14. The maximum number of references allowed by this journal is 55. It is recommended to reduce the number of references accordingly to comply with the journal's guidelines.

Associate Editor MAJOR REVISION 4 Aug 2025

Major Revision

Editor-in-Chief MAJOR REVISION 4 Aug 2025

Major Revision

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Respected Reviewers,

Greetings.

We would like to sincerely thank you for your valuable time, insightful comments, and constructive suggestions, which have greatly contributed to improving the quality of our manuscript.

Please kindly note that all the requested revisions have been carefully addressed. For your convenience, all modifications in the revised manuscript have been clearly highlighted.

We truly appreciate your thoughtful feedback and hope that the changes made meet your expectations.

With our highest regards,

Corresponding author: Ali Akbar Soleimanian

Reviewer Comments:

Reviewer 1

1. The manuscript introduces several important constructs (hypersexuality, experiential avoidance [EA], executive function deficits [EFDs], and self-compassion [SC]). However, the theoretical relationships between them are not articulated clearly or cohesively. Please examine the mediating role as well as the relationships among the variables more coherently and in a more integrated manner.

Our Response: It has been added and revised. Thank you for your insightful comment regarding the need for a more coherent articulation of the theoretical relationships among the constructs. We have thoroughly revised the manuscript to address this concern as follows: 1. Terminology Consistency: The role of self-compassion (SC) has been consistently redefined as a mediator (not a moderator) throughout the manuscript, including the Abstract, Results, and Discussion sections. This aligns with our SEM findings (Table 4) and study objectives. 2. Theoretical Integration: A new paragraph were added to the Background section to explicitly outline the integrated model. 3. Empirical Support: The mediation effects are now emphasized in the Abstract and Results to reinforce SC's mediating role.

These revisions ensure the theoretical framework is cohesive, empirically grounded, and logically consistent. We believe the manuscript now provides a clear, integrated narrative about how SC mediates the effects of EA and EFDs on HS.

2. For international readers, it would be helpful to present the proposed conceptual model more explicitly (e.g., SC mediating the relationship between EA, EFDs, and hypersexual behavior). This could be done through a diagram or a more detailed narrative explanation in the introduction. It is recommended to include a conceptual diagram that visually illustrates the relationships among EA, EFDs, hypersexual behavior, and the mediating role of SC. This would help clarify the study's theoretical model.

Our Response: It has been added. Thank you for your constructive feedback on improving the clarity of our conceptual model for international readers. We have implemented your suggestions as follows: 1. Added a Conceptual Diagram, 2. Enhanced Narrative Explanation. We believe these revisions address your concerns and significantly strengthen the manuscript's theoretical grounding.

3. Although different theoretical approaches (ACT, EFT, CFT, tDCS, etc.) are mentioned, there is no unified theoretical framework offered to interpret the findings. A clearer integration of these approaches into a coherent framework would help readers understand the theoretical grounding of the study.

Our Response: It has been added. Thank you for your insightful suggestion. We have enhanced the Methods and Discussion sections by explicitly framing the selection and sequencing of all therapeutic components within an integrated cognitive–emotional regulation framework. This addition clarifies how each intervention modality—ranging from ACT and the unified protocol to emotion- and compassion-focused therapies, tDCS, attention network training, and behavioral skills exercises—maps onto specific mechanisms (experiential avoidance, emotional processing, and executive control) implicated in hypersexual behavior. By articulating this unified rationale, we believe the theoretical grounding of our protocol is now much clearer and more coherent.

4. Despite the cross-sectional design, causal language (e.g., "experiential avoidance causes hypersexuality") is sometimes used in the discussion and conclusion sections. This should be revised to accurately reflect the study design.

Our Response: It has been revised. We thank the reviewer for pointing out the inappropriate use of causal language. We have carefully revised all sections of the manuscript to accurately reflect the cross-sectional nature of our study.

5. The discussion section is overly long and repetitive; similar findings and arguments are repeated multiple times. Streamlining this section would improve readability and impact.

Our Response: It has been revised. Thank you for your insightful feedback. We have revised the discussion section to remove redundancies and streamline the content, focusing on the key findings and arguments to enhance readability and impact while preserving its depth.

6. The manuscript includes references to prior research, which is a strength. However, the literature review remains mostly descriptive rather than analytical.

Our Response: It has been added and revised. We sincerely thank the reviewer for emphasizing the need for greater analytical depth in our literature synthesis. In response, we rigorously reframed both the Background and Discussion sections to critically interrogate—not merely report—prior research. Specifically, we transformed descriptive summaries into an analytical narrative that: 1) explicitly dissected contradictions in existing findings (e.g., contextual limits of self-compassion's effects versus its established protective role), 2) identified mechanistic gaps (e.g., the absence of integrated models for EA/EFD/SC interactions) leveraged these insights to position our mediation model as resolving theoretical fragmentation. The Discussion further prioritized causal explanations—using cited studies to elucidate how avoidance perpetuates compulsivity, why executive deficits erode self-regulation, and under what conditions self-compassion disrupts pathological pathways—ensuring every reference advances a cohesive theoretical argument.

7. Definitions of EA and SC are well-presented and supported by credible references. However, the role of executive function deficits, which are central to the proposed model, is underdeveloped. Including more scientific background on how EFDs relate to hypersexual behavior would reinforce the theoretical justification.

Our Response: It has been added. We appreciate the reviewer's insightful observation. In response, we have significantly expanded the discussion of executive function deficits (EFDs) in the revised Background section to better reflect their theoretical and empirical relevance to hypersexual behavior.

8. The section on SC is supported by empirical evidence, but could be strengthened by acknowledging contradictory or inconclusive findings in the literature, where relevant.

Our Response: It has been added and revised. Thank you for this valuable suggestion. We have revised the Background to acknowledge mixed and context-dependent findings regarding self-compassion's protective effects, citing studies that highlight variability in its impact under different stress levels and intervention mechanisms. This balanced discussion clarifies that while self-compassion often buffers against distress, its effects can depend on contextual factors, thereby strengthening the conceptual rationale for examining its mediating role in hypersexual behavior.

9. The study objectives are stated fairly clearly, but mostly in descriptive terms, without elaborating on the scientific rationale. It would add value to explain why examining SC as a mediator (rather than moderator) is theoretically and practically significant, and how this contributes to the design of more effective interventions.

Our Response: It has been added and revised. Thank you for this insightful comment. We have revised the Objectives section to provide a stronger scientific rationale for examining self-compassion as a mediator rather than a moderator. The updated text clarifies that positioning SC as a mediator reflects its role in transmitting the effects of experiential avoidance and executive function deficits onto hypersexual behavior, thereby informing targeted intervention design. Additionally, we emphasize how this mechanistic understanding guides the development of our theory-driven, eight-session protocol to enhance both its conceptual coherence and practical effectiveness.

10. In the abstract, SC is described as a moderator, whereas in the main text, it appears to be conceptualized as a mediator. This inconsistency should be resolved to avoid confusion.

Our Response: It has been revised. Thank you for identifying this inconsistency. We have thoroughly reviewed and corrected the manuscript to consistently conceptualize self-

compassion as a mediator. All references to moderation in the abstract, introduction, results, tables, and discussion have been updated to mediation terminology, ensuring conceptual coherence throughout.

11. Internal consistency (e.g., Cronbach's alpha) of the instruments used in the current sample is not reported. This is a significant omission that should be addressed.

Our Response: It has been added. Thank you for highlighting this omission. We have now reported Cronbach's alpha values for each instrument within the relevant Methods subsections, demonstrating that all measures exhibited acceptable internal consistency in our sample.

12. The theoretical rationale and empirical evidence supporting the combination of diverse intervention components (ACT, EFT, tDCS, CFT, etc.) are not explained systematically. Why this specific combination, and not another? Providing a clearer justification would strengthen the intervention design.

Our Response: It has been added. Thank you for highlighting the need for a systematic rationale. We have expanded the Methods section to explain how each component and its sequence align with our Integrated Cognitive–Emotional Regulation Framework, and added a concise interpretation in the Discussion to clarify how this multi-modal design targets the key mechanisms underlying hypersexual behavior.

13. The conclusion section discusses the effectiveness of the proposed intervention as if it has already been tested, while in reality, only content validity was assessed and the intervention itself has not yet been implemented. This creates a logical inconsistency that should be clarified.

Our Response: It has been revised. Thank you for pointing out the logical inconsistency. We have revised the Conclusions to clarify that, while content validity has been demonstrated, the intervention itself has not yet been tested for clinical efficacy. The revised text now outlines specific empirical steps—pilot studies, controlled trials, and longitudinal assessments—that are needed to establish the protocol's effectiveness.

14. The maximum number of references allowed by this journal is 55. It is recommended to reduce the number of references accordingly to comply with the journal's guidelines.

Our Response: It has been revised. Thank you for your comment regarding the number of references. We are fully aware of the journal's guideline, which limits references to a maximum of 55, and we have taken significant steps to comply. Initially, the manuscript included approximately 90 references, which we have successfully reduced to 63. We assure you that we have carefully selected and retained only the most credible and up-to-date references essential to supporting the manuscript's content.

2 Revision 1

3 comments · 18 Aug 2025 – 20 Aug 2025

Referee 1 Reviewer

MINOR REVISION 18 Aug 2025

Thank you very much for carefully addressing the requested revisions. I truly appreciate your efforts in improving the manuscript.
Please note, however, that according to the journal's formatting requirements, the number of references should not exceed 55.

Associate Editor

MINOR REVISION 20 Aug 2025

Minor Revision

Editor-in-Chief

MINOR REVISION 20 Aug 2025

Dear author,
The changes are acceptable, but the article is bulky.
Delete unnecessary content.
regards,

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Respected Reviewers,

Greetings.

We would like to sincerely thank you for your valuable time, insightful comments, and constructive suggestions, which have greatly contributed to improving the quality of our manuscript.

Please kindly note that all the requested revisions have been carefully addressed. For your convenience, all modifications in the revised manuscript have been clearly highlighted.

We truly appreciate your thoughtful feedback and hope that the changes made meet your expectations.

With our highest regards,

Corresponding author: Ali Akbar Soleimanian

Reviewer Comments:

Reviewer 1

1. Please note, however, that according to the journal's formatting requirements, the number of references should not exceed 55.

Our Response: It has been revised. We sincerely thank you for your kind feedback. We have carefully reviewed the references in terms of number, quality, and formatting, ensuring full compliance with the journal's guidelines. Only redundant references were removed so as not to harm the quality of the manuscript. In the final version of the manuscript, the number of references has been adjusted to 53.

Editor-in-Chief (EIC)

1. Dear author, the changes are acceptable, but the article is bulky. Delete unnecessary content.

Our Response: It has been revised. We sincerely appreciate your valuable feedback. We have carefully revised the manuscript and removed redundant and unnecessary sentences to improve clarity and conciseness. Since this manuscript presents both a proposed model and a therapeutic protocol, we have made every effort to balance completeness with brevity. Throughout the text, this has been done while preserving the original content and objectives of each section, ensuring that the manuscript remains focused and coherent.

3 Revision 2

1 comment · 25 Aug 2025

Editor-in-Chief

ACCEPT 25 Aug 2025

accept