





## Effectiveness of an Integrative Educational Package Based on Motivational Interviewing, Acceptance and Commitment Therapy, and Compassion-Focused Therapy on Alexithymia and Quality of Life in Women with Multiple Sclerosis


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

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The section describing Multiple Sclerosis (MS) could benefit from further depth regarding the autoimmune mechanism. Consider elaborating on the immune cell types involved in MS and how they specifically contribute to the demyelination process.

The article mentions the Toronto Alexithymia Scale (TAS-20) but does not provide information on its cultural adaptation. Since this is a Persian-speaking population, was the scale culturally validated for this demographic?

In the session breakdown, clarify the basis for selecting an eight-week period. Were previous studies or theoretical guidelines consulted to determine this duration?

The descriptive statistics for pre- and post-intervention scores are presented well, but including effect sizes would allow readers to assess the practical significance of the findings more effectively.

This section could benefit from further clarification of the statistical terms used (e.g., Eta Squared). Consider adding a brief explanation of the significance of these values for readers who may be less familiar with advanced statistics.

The Bonferroni corrections are briefly mentioned, but it would be helpful to include a rationale for why this correction method was chosen over others, such as the Holm-Bonferroni or Tukey tests.

Suggestions for future research are provided, but they lack specificity. Consider recommending particular intervention components that future studies might focus on, such as mindfulness techniques or motivational interviewing alone, to assess their individual effectiveness.

Response: Revised and uploaded the manuscript.

## 1.2. Reviewer 2

Reviewer:

The research question posed could be enhanced by specifying the hypothesized relationship between each therapy component (Motivational Interviewing, Acceptance and Commitment Therapy, and Compassion-Focused Therapy) and the reduction in alexithymia and improvement in quality of life.

It would be useful to clarify the rationale for selecting a quasi-experimental design. Why were random control trials (RCT) not used? If there were constraints, explicitly stating them would strengthen the study's transparency.

The sampling process is described briefly; however, more details on how the sample size of 40 was justified statistically or practically would be beneficial. Consider explaining the statistical power calculation or any constraints affecting the sample size.

In this session, cognitive-behavioral techniques are introduced. Since these techniques differ from compassion-based methods, a brief justification for their inclusion would help clarify how they align with the intervention's goals.

The discussion highlights the observed improvement in quality of life but does not explore potential limitations or alternative explanations for the findings. Consider acknowledging other psychological factors or external influences that might have impacted the outcomes.

The section on alexithymia could benefit from referencing neurobiological studies linking alexithymia to reduced emotional awareness. Adding a discussion on the neural correlates could provide depth.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.