




Comparison of the Effectiveness of Shame-Awareness Therapy and Cognitive-Behavioral Therapy on Body Image and Self-Esteem in Adolescent Girls with Gender Dysphoria


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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction effectively outlines the significance of adolescence as a critical developmental stage. However, the transition between discussing adolescence and introducing "gender dysphoria" could be smoother. Consider adding a linking sentence that connects the challenges of adolescence to the specific issues faced by those with gender dysphoria.

The introduction of CBT and shame-awareness therapy is appropriate. However, providing a brief rationale for selecting these two therapies over others would clarify the study's focus and significance.

The objective is clearly stated. To enhance precision, consider specifying the hypotheses or expected outcomes related to the impact of CBT and shame-awareness therapy on the variables studied.

The study design is described as quasi-experimental with a pre-test and post-test. Clarify why a quasi-experimental design was chosen over a randomized controlled trial and discuss any potential limitations this may introduce.

The selection criteria for participants are mentioned briefly. Provide a more detailed description of the inclusion and exclusion criteria to ensure replicability and clarity.

The manuscript states that participants were selected through purposive sampling. Discuss the rationale for using purposive sampling and how it may affect the generalizability of the findings.

The justification for the sample size references Cohen's table. Including the specific effect size, power level, and statistical parameters used would enhance the transparency and justification of the sample size.

It is mentioned that participants were randomly assigned to three groups. Clarify the randomization process to ensure that it was conducted appropriately and to minimize selection bias.

The description of the interventions (CBT and shame-awareness therapy) is lacking specific details. Provide a comprehensive overview of the therapy protocols, including session frequency, duration, and specific techniques employed.

The role and treatment, if any, of the control group are not clearly defined. Specify whether the control group received standard care, a placebo, or no intervention, and justify this choice.

The results section mentions ANCOVA but lacks detailed reporting of the statistical assumptions tested (e.g., homogeneity of regression slopes). Including these details would strengthen the validity of the findings.

The discussion appropriately interprets the findings. However, it would benefit from a deeper analysis of why there was no significant difference between the two intervention groups. Consider exploring potential mediators or moderators that could explain this equivalence.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The definition provided for "gender dysphoria" is accurate; however, it would benefit from a brief explanation of the criteria used in DSM-5 for diagnosis. This addition would provide readers with a clearer understanding of the clinical aspects.

The manuscript mentions the change from "Gender Identity Disorder" to "Gender Dysphoria" (Taslim & Canales, 2023). It would be helpful to elaborate on the implications of this change in terminology for clinical practice and research.

The section on body image is comprehensive. However, integrating more recent studies (post-2022) could strengthen the discussion. Additionally, defining key terms such as "body dysmorphia" more precisely would enhance clarity.

The definition and importance of self-esteem are well-articulated. To deepen the analysis, consider discussing how self-esteem specifically interacts with body image in the context of gender dysphoria, supported by relevant literature.

The manuscript notes the absence of prior research comparing CBT and shame-awareness therapy directly. To contextualize the findings, consider discussing related studies that compare these therapies in different populations or settings.

The explanation of how CBT affects self-esteem is insightful. To enhance theoretical grounding, integrate relevant psychological theories that underpin both CBT and shame-awareness therapy and their expected impact on body image and self-esteem.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.