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# The Effectiveness of Compassion-Focused Therapy on Internalized Shame and Self-Criticism in Adolescent Girls with Body Image Concerns

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The paragraph discussing social media influence (“Social media platforms intensify this process by continuously exposing adolescents to edited and idealized images...”) overstates causality without adequately acknowledging moderating variables such as media literacy, parental support, peer climate, or baseline psychological vulnerability. The authors should temper causal language and include a more nuanced discussion regarding individual differences in susceptibility to appearance-based social comparison.

The manuscript repeatedly uses the term “body image concerns,” yet the construct remains insufficiently operationalized. For example, the sentence “adolescents who scored above 52 were identified as individuals with body image concerns” requires a stronger psychometric justification for the cutoff point. The authors should clarify whether this threshold has empirical validation in Iranian adolescent populations or whether it was determined solely based on the sample mean. Reliance on a sample-derived cutoff raises concerns regarding construct validity and participant classification accuracy.

Although the study uses a quasi-experimental design, the manuscript inconsistently describes participant allocation as “randomly assigned.” The authors should clarify whether the design is truly randomized controlled or quasi-experimental. If randomization occurred after purposive sampling, the randomization method should be explained more rigorously, including concealment procedures and allocation sequence generation.

Authors uploaded the revised manuscript.

## 1.2. Reviewer 2

Reviewer:

The literature review surrounding shame and self-criticism would benefit from clearer differentiation between these constructs. In several paragraphs, shame and self-criticism are discussed interchangeably despite representing distinct psychological processes. The authors should clarify whether self-criticism is conceptualized as a cognitive style, emotional regulation strategy, personality vulnerability, or mediating process. Greater theoretical precision is necessary for conceptual clarity.

The paragraph beginning with “Compassion-Focused Therapy emphasizes the development of a compassionate mind...” appropriately summarizes CFT principles; however, the manuscript lacks sufficient explanation regarding why CFT may be particularly effective for adolescents rather than adults. Developmental adaptation of CFT techniques for younger populations should be discussed in greater detail, especially considering the unique cognitive and emotional capacities of adolescents aged 13–18 years.

The authors cite Khosravi et al. (2022) as evidence supporting CFT for adolescents with body image disorder, but they do not critically compare the methodology or outcomes of that study with the present research. A stronger justification for the novelty of the current study is required. Specifically, the manuscript should explain how the present work extends prior evidence beyond merely replicating earlier findings in a similar population.

In the Methods section, the sampling strategy requires greater transparency. The statement “adolescent girls who volunteered to participate or were referred by school counselors and counseling centers” introduces potential selection bias, yet no discussion is provided regarding how referral pathways may have influenced symptom severity or motivation for treatment. The authors should discuss the implications of volunteer and referral-based recruitment for external validity.

The manuscript reports that “the minimum required sample size for each group was estimated to be 12 participants,” yet no formal power analysis details are provided. The authors should specify the assumed effect size, alpha level, statistical test family, and software used for sample size estimation. Without these details, the adequacy of statistical power cannot be independently evaluated.

The exclusion criteria state that participants were removed for “failure to cooperate in completing therapeutic assignments,” but the manuscript does not explain how adherence was monitored or operationalized. The authors should clarify whether treatment fidelity checklists, homework completion logs, or therapist ratings were used. This omission limits reproducibility and raises concerns about intervention integrity.

The description of the intervention is insufficiently detailed for replication purposes. The paragraph beginning with “The sessions included establishing a safe and nonjudgmental therapeutic environment...” summarizes broad therapeutic themes but does not specify the content of each session. A session-by-session intervention table or supplementary protocol summary is strongly recommended to improve methodological transparency and clinical reproducibility.

The manuscript does not mention whether the therapist delivering Compassion-Focused Therapy received specialized CFT training or supervision. Therapist competence is particularly important in compassion-based interventions due to the nuanced handling of shame, attachment, and self-critical processing. The authors should report therapist qualifications, training background, and supervision procedures.

Authors uploaded the revised manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.