

Comparison of the Effectiveness of Emotion Efficacy Therapy and Compassion-Focused Therapy on Dispositional Mindfulness and Illness Acceptance in Women with Multiple Sclerosis

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “Individuals with MS experience numerous physical, cognitive, and emotional symptoms...” could be enriched by briefly specifying examples of cognitive symptoms alongside the emotional ones already mentioned.

The explanation of “Session 3” includes “moment of choice” and “emotional barriers.” Please define or briefly explain these terms for clarity to readers unfamiliar with the EET protocol.

The “multiple selves” exercise in Session 5 is mentioned without context. Please elaborate briefly on what this exercise entails or its therapeutic purpose within the session.

In listing the FFMQ item numbers, item 24 is included in both “acting with awareness” and “non-reactivity.” Please confirm this is correct or revise if a typographical error occurred.

In reporting that “ $p = .041$ ” and “ $p = .036$ ” fail the normality assumption at “the stricter .01 level,” note that the correct conventional threshold for normality violations is typically .05, not .01.

The text states, “Table 1 presents the means and standard deviations...” but the standard deviations for some values are not fully shown in the body of the paragraph. Ensure consistency and completeness of reporting.

In the section describing repeated measures ANOVA, the sentence “with 27.2% of the variance in dispositional mindfulness...” would be more informative if you explicitly named the statistical value (e.g., partial $\eta^2 = .272$).

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The description of mindfulness lacks citation to foundational conceptual works such as Kabat-Zinn’s. Consider citing Kabat-Zinn or Bishop et al. (2004) alongside Hawes & Sweeny (2023) for completeness.

The statement “Moreover, certain therapeutic approaches are time-consuming and costly” would be stronger if supported by a specific reference or a brief example comparing the average duration/cost of such therapies.

The phrase “positive and negative dimensions of meta-emotions” appears only here and is not addressed further in the study. Either operationalize this term or revise it to align with the constructs actually measured (i.e., mindfulness and illness acceptance).

The Bonferroni post hoc results are appropriately detailed, but there is a need to include confidence intervals for the mean differences, which would provide a clearer picture of the precision of the estimates.

The authors state, “This finding aligns with Baer et al. (2006)...” regarding unresponsiveness of certain mindfulness facets. This is useful but could be strengthened with further exploration into why “acting with awareness” and “non-reactivity” may be resistant to brief therapies.

The sentence “Due to shared experiences such as chronic fatigue, physical limitations...” is insightful but speculative. Consider qualifying this statement or supporting it with prior empirical studies on MS patient responses to psychotherapy.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.