




The Effectiveness of Short-Term Object Relations Therapy on the Dimensions of Shame in Women with Multiple Sclerosis (MS): A Randomized Clinical Trial

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the statement “shame has emerged as a particularly salient and yet underexplored construct in individuals with chronic illness” requires stronger empirical grounding; provide at least one recent systematic review or meta-analysis to substantiate the claim of “underexplored,” as current literature on illness-related shame has expanded considerably.

In the paragraph beginning “From a theoretical standpoint, shame is not merely an isolated emotional response...”, the theoretical exposition is well-developed but overly general; it would benefit from a clearer operational linkage between object relations constructs and the specific measurable dimensions of shame (ESS subscales), which is currently implied but not explicitly articulated.

In the paragraph “Empirical research has consistently demonstrated the central role of object relations...”, multiple claims are made about emotional regulation and identity formation; however, the cited studies are not critically compared. Please include a brief synthesis highlighting convergences/divergences among findings rather than listing supportive studies sequentially.

In the Measures section, while the ESS is described, the manuscript lacks reporting of reliability coefficients (e.g., Cronbach's alpha) for the current sample; please include internal consistency values for each subscale in this study.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the Introduction, the sentence "object relations have been found to predict symptom severity and emotional outcomes in patients with fibromyalgia" introduces a different clinical population; you should explicitly justify the generalizability of these findings to MS patients, or else this constitutes a weak inferential leap.

In the paragraph "Object relations-based therapies... have gained increasing attention", the claim of "increasing attention" is not supported with bibliometric or review evidence; consider referencing trends in publications or citing a review paper to substantiate this statement.

In the final paragraph of the Introduction, the research gap is stated as "few have directly investigated the multidimensional construct of shame in MS populations"; this is a strong claim and requires a more explicit literature mapping (e.g., specifying how many studies exist and what dimensions they examined).

In the Methods (Study design and Participant) section, the sentence "random assignment was used after participant selection" conflicts with the earlier description of convenience sampling; please clarify the randomization procedure (e.g., block randomization, simple randomization) and how allocation concealment was ensured.

In the same section, the statement "more than 13,000 patients with MS had been registered" is descriptive but not methodologically relevant; explain how this population size informed sampling or remove it to maintain methodological focus.

In the Participants paragraph, the inclusion criterion "meeting the trauma-related prerequisite set for study entry" is unclear and not operationalized; specify what trauma criteria were assessed, how they were measured, and why they were required for inclusion.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.