


Comparing the Effectiveness of Solution-Focused Brief Therapy and Compassion-Focused Therapy on Death Anxiety and Negative Meta-Emotion in Women with Multiple Sclerosis

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Compassion-Focused Therapy section, the manuscript effectively explains Gilbert's three-system model, yet it would benefit from deeper explanation regarding how activation of the soothing system may specifically reduce death anxiety in patients confronting uncertainty and disease progression. This theoretical mechanism deserves further elaboration.

The final paragraph of the introduction states the aim clearly; however, the manuscript would benefit from explicitly stating the research hypotheses. For example, the authors could specify whether they expected CFT to outperform SFBT on negative meta-emotion due to its direct focus on self-criticism and emotional acceptance.

In the "Participants and Sampling Procedure" section, the use of convenience sampling introduces a risk of selection bias that is not adequately acknowledged in the methods. Additional explanation regarding recruitment procedures, recruitment settings, and participant flow would improve methodological transparency.

The sentence “participants were randomly assigned to three equal groups” requires clarification regarding the randomization process. Please specify whether simple randomization, block randomization, or another allocation strategy was used, and indicate who conducted the assignment to reduce concerns regarding allocation bias.

The repeated-measures results demonstrate strong effect sizes, particularly for negative meta-emotion (partial $\eta^2 = .880$). These effect sizes are unusually large for psychosocial interventions. The authors should discuss the magnitude of these effects more critically and consider whether sample size or methodological factors may have inflated effect estimates.

The discussion appropriately integrates previous literature, yet several interpretations appear somewhat causal despite the quasi-experimental design. For example, statements suggesting that the interventions “produced stable psychological benefits” should be phrased more cautiously because causal inference is limited without a fully randomized controlled design.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The intervention protocols are generally well described; however, therapist-related variables remain unclear. The manuscript should report the therapist’s qualifications, clinical training, years of experience, and whether the same therapist conducted both interventions. These details are important for treatment fidelity and internal validity.

In the SFBT protocol paragraph, the manuscript lists techniques such as the miracle question and scaling questions, but it does not sufficiently explain how these techniques were adapted to the context of chronic neurological illness. More clinical detail regarding adaptation to MS-related fatigue, uncertainty, and disability would strengthen the intervention description.

Similarly, the CFT protocol would benefit from greater operational detail. For example, when the manuscript states “participants practiced compassionate imagery,” the authors should specify the duration, structure, and therapeutic targets of these exercises to improve replicability.

The statistical analysis section contains an inconsistency. The methods mention “multivariate analysis of covariance (MANCOVA),” whereas the results section primarily reports repeated-measures analyses using Wilks’ Lambda. The authors should clarify the exact statistical model employed and ensure consistency between the methods and results sections.

The reporting of assumption testing is appreciated; however, the manuscript does not provide the exact statistical values for Shapiro–Wilk, Box’s M, or Levene’s tests. Including these values in a supplementary table or within the text would improve methodological rigor and transparency.

The descriptive statistics table is informative, but the manuscript should report whether baseline differences in death anxiety and negative meta-emotion were statistically examined prior to intervention. Although descriptive values appear similar, inferential baseline comparisons should be explicitly stated.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.