PUBLISHING INSTITUTE
Journal Website

Article history:
Received 13 April 2026
Revised 19 July 2026
Accepted 25 July 2026
Initial Publication 30 July 2026
Final Publication 01 May 2027

Psychology of Woman Journal

Open peer-review report

PWJ
Psychology of Woman Journal
Publisher: KMANPub

E-ISSN: 3041-8615

Comparing the Effectiveness of Compassion-Focused Therapy and Logotherapy in Reducing Feelings of Emptiness Among Patients with Multiple Sclerosis

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1. Round 1

1.1. Reviewer 1

Reviewer:

The paragraph beginning “The physical consequences of MS can substantially interfere with daily activities” provides a useful overview of disease burden but does not adequately connect specific MS-related impairments to the development of emptiness. The authors should strengthen the causal rationale by explaining how loss of occupational roles, reduced autonomy, fatigue-related disengagement, altered family participation, uncertainty about relapse, and changes in body identity may erode continuity of self and perceived life purpose. A more explicit pathway from neurological disability to existential emptiness would improve the coherence of the theoretical model.

In the “Study Design and Participants” section, the statement that “a total of 45 eligible patients were selected through purposive sampling and subsequently assigned randomly to three groups” should be supplemented with a formal sample-size justification. The authors should report whether an a priori power analysis was conducted, identify the expected effect size, significance level, statistical power, number of groups, and number of repeated measurements, and state how the final sample

of 15 participants per group was determined. Given the small group sizes and the use of mixed-design analysis of variance, the absence of a power calculation raises concerns regarding both type II error and the stability of effect-size estimates.

In the compassion-focused therapy paragraph, the intervention is described broadly through concepts and techniques, but treatment fidelity cannot be evaluated from the current information. The authors should provide a session-by-session account of objectives, exercises, homework, and therapeutic components, either in the text or as a supplementary protocol. They should also identify the therapist's qualifications, training in compassion-focused therapy, supervision arrangements, and whether adherence was assessed through session checklists, audio recordings, independent ratings, or another fidelity procedure.

The logotherapy protocol similarly requires greater procedural specificity. The sentence "Techniques such as Socratic dialogue, dereflection, attitude modification, value clarification, meaning-oriented questioning, and future-oriented reflection were used" lists techniques but does not indicate when or how they were applied. The authors should explain the content of each of the eight sessions, distinguish the intervention from general supportive group counseling, and clarify whether the protocol was standardized from a published manual or developed by the researchers. Any cultural adaptation for Iranian women with MS should also be described.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The participant recruitment paragraph should report the number of patients screened, excluded, randomized, treated, and retained at posttest and follow-up. The current manuscript reports only the final sample of 45 participants and does not clarify whether any individuals declined participation, failed eligibility screening, withdrew, missed sessions, or were lost during the six-month follow-up. A participant-flow diagram consistent with CONSORT principles for randomized or quasi-randomized trials would substantially improve transparency, even if the journal does not formally require CONSORT reporting.

The inclusion criterion "medication stability when pharmacological treatment was being received" is insufficiently operationalized. The authors should specify the minimum period during which disease-modifying and psychotropic medications had to remain unchanged before baseline and whether dose adjustments during the intervention or follow-up resulted in exclusion. Because medication changes may influence fatigue, mood, cognition, and quality of life, the study should also report the types of medications used and whether medication distribution differed among the three groups.

The exclusion criterion referring to "another severe physical illness that could interfere with multiple sclerosis or participation in the study" is too broad and requires operational definition. The authors should identify which comorbidities were considered exclusionary and explain how they were assessed. Similarly, the manuscript should state whether participants were screened for major depressive disorder, psychosis, bipolar disorder, cognitive impairment, active suicidal ideation, or other psychiatric conditions that could affect feelings of emptiness or the ability to participate safely in group psychotherapy.

In the "Data Collection Tool" section, the sentence "In the present study, the existential emptiness subscale was used as the principal outcome measure" requires considerably more psychometric detail. The authors should report the exact number of items in this subscale, the possible score range, item-scoring direction, whether any items were reverse scored, and whether higher scores unequivocally indicate greater emptiness. The manuscript should also identify the language version used, describe translation and cultural adaptation procedures if applicable, and cite evidence of validity and reliability in Iranian populations or specifically among patients with chronic illness.

The reliability statement "The Cronbach's alpha coefficient was calculated as .79" is ambiguous because it appears to refer to the complete Life Attitude Profile rather than the emptiness subscale used as the primary outcome. Reliability should be reported specifically for the emptiness subscale in the present sample, preferably at each measurement occasion. If the pilot sample of 15 patients was separate from the main sample, this should be stated explicitly; if the same participants were included in the final analysis, the potential inflation of familiarity and testing effects should be acknowledged.

The manuscript states that content validity was "confirmed" through consultation with professors and specialists in clinical and health psychology. This wording should be revised because informal expert review alone does not establish content validity.

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The authors should report the number and qualifications of experts, the criteria they evaluated, whether a content validity ratio or content validity index was calculated, and whether any items were modified. If no formal quantitative content-validity procedure was conducted, the statement should be limited to expert assessment of relevance and comprehensibility.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.
Editor in Chief's decision: Accepted.

PWJ
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E-ISSN: 3041-8615