



The Effectiveness of Compassion-Focused Therapy on Shame in Women with Body Dysmorphic Disorder Seeking Cosmetic Surgery

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1. Round 1

1.1 Reviewer 1

Date: 25 January 2025

Reviewer:

The Introduction paragraph mentioning “Iran ranks highly in various cosmetic surgeries, particularly holding the top global position for rhinoplasty” would benefit from more recent statistics or a citation from the past two years to strengthen the argument.

In the Methods and Materials section, the sentence “The research sample consisted of 30 participants, selected using Gpower software through cluster random sampling” could include more details on the specific parameters used in Gpower to justify the sample size calculation.

The inclusion criteria paragraph mentions “high levels of shame” without specifying the cutoff scores from the GASP. Including specific numerical values would enhance clarity and replicability.

The Measure section states “The Guilt and Shame Proneness Scale (GASP) was used,” but it would be useful to include the justification for choosing this scale over others that measure similar constructs.

In the Intervention section, the description of “Session Three: This session introduced the three emotional regulation systems” could be expanded with more theoretical background on Gilbert’s emotional regulation systems to provide context for readers unfamiliar with CFT.

The Intervention protocol mentions “Sheykh Mohammadi et al. (2023),” but it would be helpful to elaborate on any cultural adaptations made to Gilbert’s original protocol for the Iranian population.

The Findings and Results section presents Table 1 without a preceding paragraph discussing the demographic characteristics of the sample, which is essential for understanding the context of the results. Consider adding a detailed paragraph summarizing participants’ age range, education level, and other relevant demographics.

Table 2 reports ANCOVA results, but the effect size (Eta Squared = 0.64) needs further interpretation in the text to discuss its practical significance.

In the Discussion, the statement “Compassion-focused psychotherapy resulted in a significant improvement” would benefit from a more detailed comparison with specific effect sizes reported in prior studies on CFT for BDD.

The Discussion paragraph mentioning “This therapy examines core beliefs and self-critical thoughts” could include more specific examples of these core beliefs identified in your participants to enhance the qualitative depth.

The section stating “Individuals with body dysmorphic disorder, due to what they have learned from childhood and adolescence” lacks supporting references on developmental factors contributing to BDD. Adding references to developmental psychology literature would strengthen this argument.

The sentence “Through this therapy, they learn to accept themselves more” could include participant quotes or qualitative data to illustrate how participants described their experiences post-therapy.

The Discussion notes that “No matter how much their external appearance improves, they cannot accept it,” which could be supported by integrating relevant cognitive-behavioral theory on body image disturbances.

The limitation mentioning “exclusive use of self-report tools” should suggest alternative assessment methods such as clinician-rated measures or implicit association tests to reduce bias.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Date: 01 February 2025

Reviewer:

The introduction should explicitly state the research gap. While the study mentions the role of illness perception, social support, and shared decision-making, prior research on these variables and their limitations should be more clearly addressed.

The introduction does not establish a clear theoretical framework linking illness perception, self-care, and social support. Consider integrating theories such as the Health Belief Model (HBM) or Social Cognitive Theory (SCT) to provide a stronger conceptual foundation.

The methods state that SEM was used, but there is no explanation of how measurement models were evaluated (e.g., factor loadings, model fit indices). Including more details would improve methodological rigor.

In Table 1, it is unclear why the mode is relevant for continuous variables such as self-efficacy and diabetes self-care. Mean and standard deviation are more informative. Consider removing or explaining its inclusion.

Table 2 presents Pearson correlations, but there is no discussion on collinearity. Were Variance Inflation Factors (VIF) checked to ensure that predictors in SEM do not suffer from multicollinearity?

The discussion occasionally implies causality (e.g., “social support leads to increased self-care”), but since this is a cross-sectional study, causality cannot be inferred. Consider rewording to emphasize associations rather than causal effects.

The discussion references several previous studies, but it does not critically engage with conflicting findings. Were there any studies that reported different relationships between self-care and social support? Addressing this would enhance the depth of the discussion.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.