




From Shame to Acceptance: Identity Reconstruction in Clients with Borderline Personality Disorder

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E d i t o r	R e v i e w e r s
Maryam Fatehizadeh  Professor of Counseling Department, Faculty of Educational Sciences and Psychology, Isfahan University, Iran m.fatehizade@edu.ui.ac.ir	Reviewer 1: Azade Abooei  Department of Counseling, Faculty of Humanities, University of Science and Art, Yazd, Iran. Email: a.abooei@tea.sau.ac.ir Reviewer 2: Roodabeh Hooshmandi  Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: roodhooshmandi@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “...especially in its intersection with shame—remains insufficiently understood” could benefit from a brief elaboration or citation that clearly indicates this gap in the literature, strengthening the rationale for the study.

The phrase “temporal fragmentation” is introduced without defining its theoretical basis. Consider providing a clearer conceptual definition, possibly referencing Bois et al. (2022) more explicitly.

The description “themes were finalized after iterative comparisons” would be more scientifically grounded if you detail the number of coders, intercoder agreement process, or reliability checks employed.

The quote “It’s like I’m fighting a war inside myself” is evocative. Consider linking this metaphor explicitly to internalized object relations theory or affect regulation frameworks for added interpretive depth.

The statement “The body became a symbol of internal turmoil...” is theoretically rich; however, it would be stronger if linked to relevant literature on embodied shame or somatic dissociation in BPD.

The phrase “identity vacuums and emotional disorientation” would benefit from further explanation or a conceptual link to identity diffusion or Eriksonian frameworks.

The quote “I hate the term borderline” reflects internalized stigma. It may be useful to connect this insight to the literature on diagnostic identity and self-labeling effects in clinical populations.

The sentence “shame was not only a consequence of early trauma...” could be strengthened by briefly distinguishing between primary and secondary shame processes as per established emotion theories.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The assertion “Public narratives, media portrayals, and institutional norms contribute to the marginalization of individuals...” would be more rigorous with concrete examples of such portrayals or a specific media content analysis.

The statement “...create cognitive distance from shame-based self-judgments...” is conceptually strong, but would benefit from a citation to empirical support demonstrating that DBT fosters such distance through mindfulness.

The summary “...drawing on the lived experience of those navigating the transition from self-loathing to self-compassion” is powerful, but introducing the concept of narrative identity or phenomenological grounding would enhance theoretical depth.

The recruitment strategy mentions “a formal diagnosis of BPD,” but does not clarify how diagnoses were verified (e.g., structured clinical interview). Please specify the diagnostic confirmation method.

The process of “rewriting personal story” is a key therapeutic mechanism, but it lacks connection to specific narrative therapy models (e.g., White & Epston). Clarify the therapeutic modalities employed.

Consider elaborating on how many participants described such moments and whether these were discussed as singular or cumulative therapeutic events.

The quote “Now I decide who I want to be” is profound. It would be useful to tie this development to literature on autonomy-supportive therapeutic practices or self-determination theory.

Authors revised and uploaded the document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.