






Effectiveness of Compassion Focused Therapy on Self-blaming and Depressive Symptoms of Depressed Bullied Adolescents

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E d i t o r	R e v i e w e r s
Muhammad Rizwan  Associate Professor, Department of Psychology, Haripur University, Islamabad, Pakistan muhammad.rizwan@uoh.edu.pk	Reviewer 1: Mohammadreza Zarbakhsh Bahri  Associate Professor, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran. Email: M.Zarbakhsh@Toniau.ac.ir Reviewer 2: Seyed Ali Darbani  Assistant Professor, Department of Psychology and Counseling, South Tehran Branch, Islamic Azad University, Tehran, Iran. Email: Ali.darbani@iau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The theoretical explanation of Compassion-Focused Therapy (CFT) is well-structured but needs more depth. Consider providing a detailed comparison between CFT and other therapeutic modalities, such as Cognitive Behavioral Therapy (CBT), and why CFT is specifically suited for adolescents affected by bullying.

The role of the control group in the study is outlined, but the rationale for not providing them with an intervention needs more explanation. Could the lack of intervention potentially lead to ethical concerns or bias? A clearer justification for this decision is necessary.

The description of the CFT intervention is brief. Please elaborate on the content and structure of each session. For example, how were mindfulness and cognitive restructuring techniques incorporated, and how were these tailored to the adolescent age group?

The Self-Blame Scale is introduced well, but it would be useful to include additional information on how the scale was specifically adapted for use with adolescents. Were any modifications made to enhance its relevance to this population?

The Beck Depression Inventory (BDI-II) is a well-validated tool, but it would strengthen your argument if you included more details on how it was adapted for Iranian adolescents. Were there any challenges in ensuring its cross-cultural applicability?

The statistical analysis section is sound, but more justification for the choice of repeated measures ANOVA would help readers understand why this method was particularly suited for this study. Could alternative statistical methods have been considered?

The discussion makes good references to prior studies, but a more direct comparison of the specific statistical results (e.g., effect sizes, p-values) with those in existing literature would provide a stronger evidence base for your claims.

While the relationship between self-blame and depression is mentioned, further exploration of how these two factors interact over time would deepen the understanding of the study's findings. Could this relationship be influenced by other variables, such as family support?

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The integration of studies is commendable, but the literature review would benefit from further synthesis. For example, you mention self-compassion in relation to mental health outcomes—please elaborate on how it has been applied specifically to bullied adolescents, not just in general populations.

The research gap is mentioned but lacks clear delineation. Be more explicit about why previous studies on bullying and mental health have not adequately addressed the intersection of self-blame and depression, and how CFT can fill this gap.

The objective of the study is clear but would be stronger if you framed it in terms of its contribution to existing knowledge. What new insight does this study provide into the mechanisms of CFT in adolescent bullying victims?

The sample size is appropriately justified, but there is no explanation of the inclusion and exclusion criteria in the participant selection. More transparency on these criteria would strengthen the study's internal validity.

The descriptive statistics table is clear, but consider adding a column that reflects the effect sizes alongside the mean differences. This would provide a more direct understanding of the clinical significance of the findings.

The effect sizes (η^2) reported for both self-blame and depression are informative, but more detailed discussion on what constitutes a “moderate-to-large” effect in the context of adolescent mental health studies would provide greater depth to your analysis.

The Bonferroni post-hoc results are insightful, but the findings would be more robust if you included confidence intervals for the mean differences. This would enhance the precision of the results and provide a better sense of their statistical significance.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.