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The Effectiveness of Emotion-Focused Therapy on Self-Criticism and Internalized Shame in Students Experiencing Failure in the University Entrance Exam

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1. Round 1

1.1. Reviewer 1

Reviewer:

The description of the baseline structure is methodologically inadequate for a multiple-baseline single-case design. The Methods section states that the first participant completed two baseline sessions, the second completed three, and the third completed four. Two observations are generally insufficient to establish a stable baseline level or trend, and three or four observations provide only limited evidence of stability. The authors should explain why such short baselines were selected, provide the decision rule used to determine when each participant entered treatment, and discuss whether the design meets accepted quality standards for demonstrating experimental control. Ideally, additional baseline observations should be available, particularly for Participant 1, or the limitations of the design should be acknowledged more explicitly.

The chronology of the study is mathematically inconsistent. The manuscript states, “Thus, the entire research process for each participant lasted 16 weeks,” yet the described phases yield 14 weeks for Participant 1 (2 baseline + 8 intervention + 4 follow-up), 15 weeks for Participant 2, and 16 weeks for Participant 3. The authors should revise this sentence and indicate the

exact duration for each participant. Table 1 should also be redesigned so that the staggered entry into treatment is visually unambiguous and the calendar week of each assessment is correctly represented.

The reported nonoverlap indices are not mutually coherent and require verification. For self-criticism, the manuscript reports PND = 100% and NAP = 1 for all participants, suggesting complete nonoverlap, yet IRD values are reported as only 0.33–0.50. Complete nonoverlap would ordinarily be expected to produce a much stronger improvement-rate difference, depending on the precise coding method. The authors should explain how each index was calculated, specify the direction of improvement, identify the data points included, and verify that no phase or outcome was coded in the wrong direction.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The follow-up procedure is insufficiently described. The sentence, "The follow-up phase … involved individual sessions once per week for four weeks," could imply that participants received four additional therapeutic sessions rather than outcome assessments only. This distinction is crucial because continued therapeutic contact during follow-up would compromise the interpretation that treatment gains were maintained after intervention termination. The authors should state explicitly whether these were assessment-only contacts, booster sessions, supportive meetings, or formal therapy sessions, and they should clarify whether any therapeutic guidance was provided during this period.

The Results section improperly uses group-level inferential language in a three-participant single-case design. The statement, "The mean scores for self-criticism and internalized shame after the intervention were significantly lower than the baseline phase at the group level," is unsupported because no group-level statistical test, associated test statistic, confidence interval, or p value is reported. In single-case research, the emphasis should be on visual analysis, replication across cases, nonoverlap indices, and participant-specific effect estimates. The word "significantly" should be removed unless an appropriate inferential procedure was conducted and fully reported.

The manuscript does not provide the essential session-by-session graphs required for rigorous interpretation of a multiple-baseline design. Tables reporting phase means and nonoverlap indices cannot replace visual displays of level, trend, variability, immediacy of effect, overlap, and consistency across participants. The authors should include separate line graphs for self-criticism and internalized shame showing every observation during baseline, all eight intervention sessions, and all four follow-up assessments, with clear phase-change lines and participant labels. Without these figures, readers cannot independently verify claims such as "an immediate, substantial, stable, and consistent downward trend."

The Results tables appear to omit or inadequately represent the intervention-phase data. Table 3 is organized primarily around the "Baseline Phase" and "Follow-Up Phase," even though the study included eight repeated assessments during treatment and the authors attribute changes to the intervention phase. The manuscript should report descriptive and visual data for all three phases rather than comparing baseline directly with follow-up. Phase means, medians, ranges, trends, and variability should be provided separately for baseline, intervention, and follow-up so that the timing and progression of change can be evaluated.

Several numerical inconsistencies in the Results section must be resolved. Table 2 reports follow-up means for self-criticism of 61.75, 65.75, and 69.00, whereas the narrative states that self-criticism decreased to "50.65–61.17." These values do not correspond to the table. Similarly, Table 2 reports a 14.24% improvement for Participant 2, while Table 3 appears to report a relative level change of −4.24%. The authors should recalculate all descriptive statistics from the raw data, reconcile every value across the abstract, tables, narrative, and discussion, and have the final tables independently checked for transcription errors.

The computation and interpretation of the effect-size indices require much greater transparency. The manuscript reports Hedges' g values as high as 21.64, which is exceptionally large and raises concerns about the formula used, the denominator selected, and the influence of low within-phase variability. The authors should provide the exact equation, identify whether the effect size was calculated from baseline versus intervention or baseline versus follow-up, explain any small-sample correction,

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and report confidence intervals where possible. They should also discuss the appropriateness of applying conventional between-group Hedges' g calculations to serially dependent single-case observations.

Authors uploaded the revised manuscript.

2. Revised

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

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