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## Dimensions of Resilience Among Women with Autoimmune Conditions: A Qualitative Study in Tehran




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E d i t o r	R e v i e w e r s
Andrés M. Pérez-Acosta <sup>1</sup>  Observatory of Self-Medication Behavior, School of Medicine and Health Sciences, Universidad del Rosario, Bogotá, Colombia andres.perez@urosario.edu.co	<b>Reviewer 1:</b> Kaiwen Bi <sup>1</sup>  Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong, China Email: kaiwenbi@connect.hku.hk <b>Reviewer 2:</b> Mahdi Zare Bahramabadi <sup>1</sup>  Associate Professor, Research Institute for Research and Development of Humanities Samat, Tehran, Iran. zare@samat.ac.ir

### 1. Round 1

#### 1.1. Reviewer 1

Reviewer:

The statement “Women are disproportionately affected by these conditions, accounting for nearly 80%...” should be supplemented with a regional or Iranian statistic if available, since prevalence rates vary geographically. This contextualizes the study within the local health landscape.

The phrase “heightened stigma and self-blame” could be expanded by briefly noting sources of stigma (family, healthcare system, religious expectations). This helps define the sociocultural ecology influencing resilience.

While the manuscript notes “qualitative inquiry captures the nuanced, lived experiences of affected women,” it would benefit from citing previous Iranian or Middle Eastern qualitative studies on chronic illness coping to situate this research within regional scholarship.

The statement “member checking, peer debriefing, and maintaining an audit trail” is appropriate but lacks procedural detail. Please clarify when and how member checking occurred (during or post-analysis) and how many participants verified the results.

The table listing Main Themes, Subthemes, and Concepts is highly informative, but readability could improve if frequencies or representative quotations were included for each subtheme. This would illustrate data richness and balance interpretive versus empirical content.

The quote “At first, I thought life had ended...” is vivid. Consider integrating brief analytic commentary on how this illustrates meaning-making or post-traumatic growth to maintain analytical distance rather than descriptive narration alone.

In “When I feel low, I write poems about my illness; somehow, it turns my pain into art,” connect this to expressive writing or art-based coping literature, reinforcing the interpretive link between emotional regulation and creativity.

The narrative “My husband helps me on bad days...” powerfully depicts family support, but this section may over-represent positive accounts. Include contrasting or negative cases (e.g., absent or unsupportive relationships) to avoid confirmatory bias.

The discussion states “faith-based meaning-making...enhances coping.” Deepen analysis by discussing how Islamic spiritual concepts (e.g., *sabr*, *tawakkul*) specifically operate as culturally embedded resilience mechanisms in Iranian women.

Authors revised the manuscript and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

The sentence “Resilience...is a multidimensional construct encompassing emotional, cognitive, social, and spiritual components” echoes prior studies. Strengthen novelty by clarifying what dimension is under-investigated in Iran and how this study advances existing frameworks.

The phrase “emotional stress can exacerbate autoimmune flares” could benefit from mechanistic elaboration (e.g., cortisol imbalance or inflammatory cytokine pathways) to show interdisciplinary understanding bridging psychology and immunology.

The discussion of “premature loss of fertility” is compelling; however, the paragraph could be improved by acknowledging cultural stigma around infertility in Tehran or linking it explicitly to resilience formation. This would localize the argument.

The line “perinatal mental illness has been linked with an elevated risk...” introduces strong quantitative evidence. Consider explaining how psychological resilience may function as a mediator between perinatal stress and autoimmune onset — this would conceptually connect biomedical and psychosocial threads.

The sentence “Pain shouldn’t make us bitter; it should make us kinder” is excellent for thematic closure, yet the section could integrate philosophical or existential psychology references (e.g., Frankl’s logotherapy) to strengthen theoretical grounding.

The opening claim “resilience involves reconstructing self-meaning” aligns with positive psychology but lacks reference to existing resilience frameworks (e.g., Connor–Davidson or Richardson’s metatheory). Consider positioning findings relative to these models for theoretical robustness.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.