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Pathways to Psychological Resilience: The Mediating Roles of Cognitive Emotion Regulation and Social Support in the Link Between Ego Strength and Adaptation to Type II Diabetes

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

In the first paragraph of the Introduction, the sentence “successful adaptation to type II diabetes can be regarded as a multidimensional outcome reflecting the extent to which patients preserve psychological equilibrium, maintain effective functioning, accommodate disease-related demands, and integrate the illness into their daily lives” needs a more explicit operational definition. The manuscript should clarify whether “adaptation to disease” refers specifically to psychological adjustment, psychosocial adjustment, illness acceptance, behavioral adaptation, or a composite construct measured by a particular instrument. Because “adaptation” is the principal dependent variable, its conceptual boundaries should be defined early and consistently maintained throughout the manuscript to prevent overlap with quality of life, coping, resilience, and psychological well-being.

The Introduction discusses ego strength in the paragraph beginning “One potentially important internal resource is ego strength,” but the theoretical basis of this construct is underdeveloped. The manuscript currently describes ego strength as the ability to maintain organization, regulate impulses, tolerate pressure, and preserve realistic judgment, yet it does not specify

the theoretical framework from which this construct is derived. Please provide a clearer conceptual definition, identify the theoretical tradition underlying the measure used in the study, and explain why ego strength should predict adjustment to chronic illness beyond conceptually neighboring constructs such as resilience, self-efficacy, hardiness, psychological flexibility, or general coping capacity.

In the paragraph beginning “Cognitive emotion regulation constitutes one of the most plausible mechanisms,” the authors state that “adaptive strategies may include positive reappraisal, planning, acceptance, perspective taking, and refocusing,” whereas maladaptive strategies may include “catastrophizing, rumination, self-blame, or persistent negative interpretation.” These classifications should correspond exactly to the dimensions of the instrument used in the Methods. If the Cognitive Emotion Regulation Questionnaire was employed, the manuscript should specify which subscales were aggregated into adaptive and maladaptive strategy scores and justify that aggregation theoretically and psychometrically. It is particularly important to explain the treatment of acceptance, because its categorization and adaptiveness may vary according to theoretical model and context.

The Results should report and evaluate assumptions before presenting the structural model. Specifically, the authors should examine univariate and multivariate normality, outliers, linearity, multicollinearity, and missing-data patterns. If multivariate normality was violated, the estimation method and any robust correction or bootstrapping procedure should be described. Because ego strength, adaptive strategies, maladaptive strategies, social support, and disease adaptation may be moderately intercorrelated, variance inflation factors or equivalent diagnostics should be provided to demonstrate that path coefficients were not distorted by multicollinearity.

The manuscript states that “Two mediation models were examined to distinguish the roles of adaptive and maladaptive cognitive emotion regulation strategies.” This modeling decision requires theoretical and statistical justification. If adaptive and maladaptive strategies were analyzed in separate models, the authors should explain why they were not entered simultaneously, particularly because individuals may use both types of strategies and their effects may be intercorrelated. Separate models may inflate apparent mediation effects by failing to account for covariance between the two dimensions. A simultaneous model, or at minimum a sensitivity analysis including both mediators together, would provide a stronger test of their unique contributions.

The structural model results should include a complete set of model-fit indices rather than relying solely on statements of significance. Please report χ^2 , degrees of freedom, χ^2/df , CFI, TLI, IFI where relevant, RMSEA with its 90% confidence interval, and SRMR. The manuscript should also state the criteria used to interpret acceptable versus good model fit. If two models were tested, fit indices should be reported separately for the adaptive and maladaptive models so that readers can compare their adequacy directly rather than assuming that both models fit equally well.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The Methods section, as summarized in the abstract by the sentence “A total of 250 patients were selected through random sampling,” requires a much more transparent description of the sampling procedure. Please specify the sampling frame, number of eligible patients, method used to construct the random sample, recruitment period, response rate, number refusing participation, number excluded because of incomplete questionnaires, and final analytic sample. If patients were recruited from one clinic and then selected using convenience availability before randomization, the term “random sampling” would be inaccurate and should be replaced by a methodologically precise description.

The participant description “patients with type II diabetes aged 30–75 years who attended the Taban Diabetes Clinic in Tehran” is insufficient for evaluating sample comparability and external validity. The Methods should provide explicit inclusion and exclusion criteria, including minimum duration of diabetes, diagnostic confirmation procedure, presence of acute or chronic complications, severe psychiatric disorders, cognitive impairment, substance use, major neurological disease, and

ability to complete the questionnaires. The authors should also clarify whether insulin-treated and non-insulin-treated patients were both included and whether participants with major comorbid chronic illnesses were retained, as these clinical variables could meaningfully influence psychological adaptation.

The Methods state that “standardized questionnaires assessing ego strength, cognitive emotion regulation strategies, perceived social support, and adaptation to diabetes” were administered, but the psychometric description needs to be considerably expanded. For each measure, please report the original developer and year, number of items, subscales, response format, scoring range, interpretation of higher scores, evidence of validity and reliability in previous studies, evidence from an Iranian or Persian-speaking population where applicable, and internal consistency coefficients obtained in the present sample. If translated versions were used, the translation and cultural adaptation procedures should also be described.

The manuscript indicates that AMOS was used for “structural equation modeling and path analysis,” but the analytic strategy is not yet sufficiently reproducible. Please clarify whether the analysis was a manifest-variable path model or a latent-variable structural equation model. If scale total scores were entered as observed variables, the term path analysis may be more appropriate than full SEM. Conversely, if latent constructs were modeled, the authors should report the measurement model, factor loadings, construct reliability, convergent validity, discriminant validity, and measurement-model fit before interpreting structural paths. The terminology should be consistent throughout the abstract, Methods, Results, and Discussion.

The sample size of 250 should be justified in relation to the complexity of the proposed path models. Please provide an a priori power analysis, model-based sample-size calculation, or accepted SEM criterion appropriate to the number of observed variables, estimated parameters, anticipated effect sizes, and desired statistical power. A generic subjects-to-parameters ratio alone would not be sufficient. Given that several direct and indirect effects are being estimated simultaneously, the manuscript should demonstrate that the sample provides adequate power particularly for mediation effects, which often require larger samples than direct associations.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.