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What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

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Peer Review Report for "Comparison of Antenatal Maternal Mental Representations Between Depressed and Non-depressed Pregnant Mothers"

Author(s): Roya Amini, Shima Shakiba, Maryam Afrakhteh, Masoumeh Pourmohammadreza Tajrishi, Mohammad Moradi

Review Timeline:

Submit Date: 5 Jul 2022
Revised Date: 2 Oct 2022
Accepted Date: 12 Nov 2022

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | Revision (0)

14 Jul 2022

Dear Authors,

There are some comments which should be addressed by the author:

1. In my opinion, some points should be considered:
The ethics code is specified for this title:
Identification of maternal subjective representations in women with perinatal depression and effectiveness of brief parent-centered psychoanalytic intervention of the Geneva model in reducing their psychological symptoms.
It seems part of the research has been reported in this research.
2. Type of study (descriptive, qualitative, or ….) should be explained.
3. Please precisely note inclusion and exclusion criteria in detail.
4. In a semi-structured interview, the interviewer asked about financial status, settlement, and siblings, …. But where is this information in your report?
5. In Table 1, please star the last item of the first core raw, which seems to be missing.
6. 50 of 57 references are dated before 2018. An update of this part has been necessary.

With Regards

REFEREE: Reviewer | **Revision (0)** 17 Jul 2022

Dear AE,

The article's topic is very new and interesting. It has a very good structure and is written in the best possible way.
I have just some questions from the authors about the method and a suggestion in the discussion, which I have mentioned to them in order:
1. As you mentioned, the Interview- R Version, adapted for the antenatal period, is a semi-structured questionnaire, which has some quantitative parts that you used this parts in your article. I do not understand what you have done with the information on the other parts of the questionnaire. For example, at the beginning of any quantitative parts, there are some questions and suggestions about how the performer must ask and wait, but I do not understand what has happened to the answers of pregnant mothers and how the performer has interpreted this information. If you just used the quantitative parts, it looks like this; you must mention it in the method part. If not, then it is better to write about them.
2. In the method part, if one participant scored positive in one of the depression scale questionnaires, what happened to her? If these women were excluded from the study, it is better to mention it.
3. I suggested using reference number 36 in your discussion, as it is consistent with your findings. You used this reference in your introduction.

Kind Regards,

REFEREE: Reviewer | **Revision (0)** 8 Aug 2022

Dear AE,

I think this paper has an interesting subject. However, please ask the authors to pay attention to some recommendations to make the paper excellent.
Kindly please explain the sample size calculation.
Please explain more about the method of sampling (Inverse sampling). Why did you choose this method? What are the pros and cons in comparison to the other methods?
In my opinion, references should be rewritten based on IBPBS instructions. (For example, reference 43 is French, and there is an instruction for non-English references).
Kindly please edit the title. The title of the paper is a bit vague.
It is recommended that a native speaker edit the English writing of the paper. Some sentences are hardly understandable.
Please Follow the IJPBS authors' instructions all over the text
I think the tables are too convoluted. It is recommended that they be made easier, and if a graph is added to the paper to summarize the findings, it would be complemented.

Best Regards

REFEREE: Reviewer | **Revision** (0) 9 Aug 2022

Dear AE,

There are some comments which should be addressed by the author:
In General

- It is recommended to change the title corresponding to the paper's objectives
It should be mentioned that you have compared Antenatal maternal representations in "Depressed" mothers with "Non-depressed" ones.

- It is suggested that the paper's English in general be improved. There are many sentences and phrases that are not clear in their meanings and convey the concept.

Introduction

- It is suggested to change the sentence below; its meaning is not clear:
"One of the hypothesized mechanisms of transmission between maternal depression and child outcomes is maternal representations or a mother's perceptions,.."

- In the next sentence, you mentioned that Winnicott and Bion are from the Object Relations School, which is not exactly true. It is suggested that they either mention that they are from an independent school or delete this phrase.

The reason for conducting the study is not mentioned clearly. It is better to elaborate on why you decided to conduct this research. There were only a few sentences, which was not enough.

In the sentence below, "psychosocial risks" are mentioned, but it is not clear what the purpose of this is. Is it "risk factors"?
"In another study, Ammaniti et al. (34) reported that mothers with antenatal depressive symptoms and psychosocial risks most often have non-integrated/ ambivalent antenatal representations with less coherence and limited openness to change and capacity to differentiate one's own mind from that of another. "

Methods & Materials:
- Is it suggested that you explain more about what "inverse sampling" is? and why you chose that method.

Result:
- This sentence needs grammatical change:
"The characteristic of the DM profile was that its characteristics self as mother and child were highly intercorrelated"

Discussion
- This sentence needs grammatical change:

“They described their own mothers as very affectionate, tolerant, patient, and happy but less controlling, and they said that their mothers found their role as mothers difficult."

- According to this paragraph, you have explained nondepressed mothers experiencing their own mothers as more positive in the cultural context; then how do you explain the difference between depressed and nondepressed mothers in this cultural context? Also, please explain what you mean by “sacred status.”
“In addition, the results of our study showed that depressed mothers tended to give lower scores to their mothers than themselves, which is consistent with previous studies (41, 42, 51). Non-depressed mothers, on the other hand, found their mothers more positive than themselves, which is not supported by previous studies. Perhaps this finding can be explained by the cultural conditions of Iranian society and the sacred status that is defined for the mother.”

- This paragraph needs grammatical edit; it does not convey what you mean:
“The results make different profiles of self as mother and own mother representation in our study of depressed and non-depressed women, so that in the ratings of availability, control, and confidence, as common traits, self as mother was more positive than own mother in depressed group, unlike non-depressed women who saw their mothers as more positive than themselves”

- This paragraph needs grammatical edits; also, please define what do you mean by “well-adapted mothers”?
“Well-adapted mothers, on the other hand, have less resistance in identifying with their own mothers (54), and they know how to create and permit their mother the necessary support. As a result, they suffer from less fear and anxiety during pregnancy and childbirth”

- This paragraph needs grammatical edits. Also, please explain fully why it is helpful for the mother to avoid merging with her infant during pregnancy or infancy. it might be helpful to refer to the literature you are using.

“This finding is also consistent with some clinical experiences (55) that emphasize the dialectic during this period between the desire for fusion and the desire for individuality. A well-adapted mother sees her child more like her husband than herself. This may help the mother to avoid the risk of fusion with her child if she projects her own characteristics to her child.”

- This paragraph needs grammatical edits:
“In conclusion, as Ammaniti states, during pregnancy, the activation of the mother's attachment system to her fetus will occur in parallel with the activation of the pregnant mother's caring system in relation to her mother, which consciously or unconsciously makes the new mother, feel safe and shapes her maternal identity”

- In this sentence, are you implying that depression affects maternal representation or vice versa?
“These findings also support the current idea about the important role of mental

representational level in maternal depression “

- This paragraph needs grammatical edits:
“In addition, the subject of the study has important clinical implications, and the results make further investigation a matter of great interest. Finally, the findings highlight the importance of maternal representations for women with depression and, crucially, the use of maternal representation in clinical work to avoid the unprocessed and biased maternal representational contents and transfer to the mother-infant interaction. “

Kind Regards,

¬ **Seyyed Taha Yahyavi**: Associate Editor | **Revision (**0**)** 13 Aug 2022

Dear EIC,
The manuscript has been studied, and some comments should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,
AE

¬ **Mehran Zarghami**: EIC | **Revision (**0**)** 16 Aug 2022

Dear Authors,

Thank you for submitting your manuscript for consideration for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. External peer reviewers have evaluated your paper. Please revise it according to their comments. I would appreciate it if you could do the revisions as soon as possible.

After revision, authors are obliged to upload reviewers’ comments in a Word file in which they reply to each comment individually. Please note that the full manuscript file must be highlighted to indicate revised texts.

Besides, please pay attention to the word count limitation:
Word count limits are declared in this link: https://brieflands.com/journals/ij-psychiatry-and-behavioral-sciences/knowledgebase/category/tree#word_count_limits

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences.

Kind Regards,
EIC

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

”Response letter for “revise and resubmit
Manuscript 129589

First of all, we would like to thank the Reviewers for their high quality and constructive reviews of our manuscript. In this revised version of the manuscript, we did our best to address all comments raised by the reviewers. A detailed item-by-item response to each of the Reviewers points follows. Our replies are written in blue and the sections added to the text are highlighted in yellow.

Reviewer 1:

We thank you for your appreciation of our work and your quick and careful review of our manuscript. Your comments are comprehensive and pertinent and these comments have enabled us to improve the quality of the manuscript

As you mention Interview- R Version adapted for the antenatal period is a semi-structure .1 . questionnaire, which has some quantitative parts that you used this parts in your article. I do not understand that what have you done with the information of the other parts of questionnaire? For example, in the beginning of any quantitative parts, there are some questions and suggestion about how the performer must ask and wait, but I do not understand what has been happened to the answers of pregnant mothers and how the performer has interpreted this information. If you just used the quantitative parts, that it looks like this, you must mention it in the method part. And if not then it is better to write about them

Thank you for your accurate consideration. You have correctly addressed this matter .In this study, we only used tables and quantitative sections of R-interview similar to Ilicali and Fisek (2003).
In addition, this article is a reflection of the non-interventional part of our research, and the qualitative parts and information related to the open-ended questions used in the interventional and .theraputic part of the work will be presented in future articles
In order to clear the ambiguity in this field we added these issues in the revised manuscript and it is . .highlighted in the text

Based on the purpose of the study, it is necessary to mention that only the quantitative parts of the interview-R were used in the current study. Questions about therapy and qualitative parts were not .included since our study is non- interventional, and intervention efficacy was of no concern

In method part, if one participant scored positive in one of the depression scale questionnaires, .2 . what has happened to her? If these women excluded from the study it is better to mention it

Our work was based on Nanzer et al (2012) and she emphasized that women presenting a positive score on both of the questionnaires (EPDS≥12 and DADP≥3) were assigned to the depressed group in their initial sampling. The number of women who got a positive score in only one of the questionnaires was 5, who were excluded from the study. We added this part to the method in the revised manuscript.
Meeting cut-off point in one questionnaire doesn’t accomplish the severity that is required for inclusion criteria. N=5 had the required cut-off point for only one of the questionnaires and so were ..excluded from the study

3. I have suggested to use reference number 36 in your discussion part, as it is consistent with your findings and you used this reference in your introduction part.
Thanks for your attention. This reference is second-hand, and unpublished, the way of referencing in the text was modified.

Dieckmann (40) as cited in Wendland (41)

Reviewer 2

Thank you for your attention and valuble comments. Your comments are comprehensive and pertinent and these comments have enabled us to improve the quality of the manuscript.

1. Kindly please explain about sample size calculation?

The sample size was obtained by a statistical consultant for the depressed group by the following formula

$$n=2\sigma^2¿¿¿$$

where α is the level of error, β is the power of the test, σ is the standard deviation of the variable being compared in the two experimental and control groups, and d is the average difference between the two groups that we expect the test to detect. The standard deviation is usually estimated from the previous information, but if there is no useful information, it is determined from the relationship between the range and the standard deviation of the response variable. Since the main variables compared in the first phase change from zero to one hundred, then the range is equal to one hundred and the standard deviation is about one sixth of it and the number is 16.7. We consider the number d less than 9 and the number 8.5, and the sample size is obtained based on the test power of β =90 :(Zβ=1.28) and the confidence level of 1- α =0.95 (or α =0.05 with Z0.05=1.96) as follows

$$n=\frac{2*16.7^2(1.96+1.28)^2}{8.5^2}=81.04\cong 82.$$

So, with the possibility of dropping the sample, n=100 was considered for each of the groups.

Please explain, more about the method of sampling (inverse sampling). Why did you choose this method? What is the pros and cons in comparision to the other methods? -2

Thank you for your attention. Since your question was in line with the question of another reviewer about "inverse sampling method", we must say that: In reverse sampling, samples are selected sequentially so that the desired number of rare samples is included in the sample. In the current research, the depressed pregnant women community is considered as a rare community. As the sample size increases, the results of the two sampling designs inverse and simple random sampling will converge. The main reason for using the inverse sampling design in this article is to ensure the selection of the predetermined number of rare units.
In our research, we continued the sampling selection until we reached the required number of samples for depressed group, and finally we selected n=100 for the depressed group and a larger number for the non-depressed group but But by taking more number of healthy people, the cost and time of the project would increase a lot, and because with the same sample of 100 people, we

reached the amount of error and the power of the research, we were satisfied with this number of samples of the non-depressed group. Finally, according to the number of sample drops, 93 and 97 participants were collected for the depressed and non-depressed groups, respectively. We would like to referee to the following reference

M. Mohammad Salehi, Paul S. Levy, Mohammad A. Jamalzadeh, K.-C. Chang (2005). Adaptation of * multiple logistic regression to a multiple inverse sampling design: application to the Isfahan healthy .heart program. Journal of statistics in medicine, 25(1), 71-85

In my opinion references should be re-write based on IBPBS instruction. (or example reference 43 .3 is French and there is instruction for non-English reference

Regarding your comment we paid attention to IBPBS instruction. Referenceses are now edited by specialist with EndNote software especially non English ones.

-

Kindly please edit the title. The title of paper is a bit vague .4
.Thanks for your suggestion. In the revised article, the title was corrected

Comparision of Antenatal Maternal Mental Representations between Depressed and non-Depressed Groups of Pregnant Mothers

It is recommended that a native speaker edit English writing of the paper. Some sentences are .5 hardly understandable
Thanks for your consideration. The revised manuscript was proofread and improved by a native English speaker; the certificate is attached as a supplementary file

Please Follow IJPBS authors' instructions all over the text .6
Thank you for your kind comment. We tried to apply IJPBS authors' instructions all over the text as much as possible.

I think the tables are too convoluted. It is recommended to make them easier and if a graph added .7 to the paper to summarize the findings, it would be complemented
Thank you for your attention and notice. In the revised version, we tried to remove the errors of the .tables as much as possible

Please highlight the innovation of this study and the different findings in comparison to other study.8

Thank you for your kind consideration, which caused fundamental changes in the introduction section of our article.
Here are some innovations and the different findings in the text.
- Despite the importance of MMRs during pregnancy, only few studies (43-45) were conducted in this field on at-risk and clinical populations, such as depressed antenatal mothers.
- in the mentioned studies (38, 46-47) the representations of women with depression symptoms were studied more in terms of structure than content.....and our aim was to more accurate study of MMRs by to compare content of maternal representations between depressed and non-depressed AD pregnant women.

_ cultural conditions play an important role to form the motherhood constellation..... little attention was paid to the cultural contexts differences and study of the representations of pregnant women in different societies.... Therefore, according to the need to repeat these researches in different cultures, translating the Interview-R, version adapted for the antenatal period (49) into Persian, along with drawing a content profile representing Iranian pregnant women, will be another aim (goal) of the present study.

_ While Flykt, et al. (57) found significant differences only in self as woman and partner..... We found DM significantly differed from NDM in representations of (child, self-as-mother, partner, and own mother-as-mother.)

_ We found the tendency to rate the child less positively in the DM group.... but Pajulo et al., (46) reported that the depressed mothers rated their child more positive than non-depressed mothers

_ in our study NDM, found their mother more positive than themselves, while in previous studies reported tendency to give lower scores to their mothers than themselves.

-The new finding of this research compared to other studies is that, DM was less differentiated from their child. In other words, they create the image of their child more by projecting their own characteristics on the child.

Reviewer 3

Thank you for your attention and valuble comments. Your comments are comprehensive and pertinent and these comments have enabled us to improve the quality of the manuscript.

-1- It is recommended to change the title corresponding to the paper objectives. It should be mentioned that you have compared Antenatal maternal representations in “Depressed” mothers with “Non-depressed” ones.

Thanks for your accurate comments. Title has been corrected in agreement between your comment and another reviewer who mentioned the same thing.

Comparision of Antenatal Maternal Mental Representations between Depressed and non-Depressed Groups of Pregnant Mothers

2- It is suggested to improve paper’s English in general. There are many sentences and phrases which are not clear in their meanings and conveying the concept.

-Yes, of course. The revised manuscript was proofread and improved by a native English speaker; the certificate is attached as a supplementary file.

Introduction:

- It is suggested to change the sentence in below, its meaning is not clear:

“One of the hypothesized mechanisms of transmission between maternal depression and child outcomes is maternal representations or a mother's perceptions,..”

-Thank you for your valuable suggestion. The mentioned sentences were corrected.

"Maternal Mental Representations" (MMRs) during pregnancy is one of the psychological mechanisms through which maternal depression affects the fetus. MMRs are conscious and unconscious, and include the mother’s fantasies, fears, and hopes; expectations and perceptions concerning herself, her husband, or companion, her parents, and, in particular, her baby

- In the next sentence you have mentioned that Winnicott and Bion are from Object Relations School, which is not exactly true. It is suggested to either mention that they are from Independent school or delete this phrase.

Thanks for suggestion. The mentioned sentence wase corrected.

The concept of maternal representations was first introduced by the works of Winnicott (31) and Bion (32) from Independent schools of Object Relations.

-- The reason for conducting the study is not mentioned clearly, it is better to elaborate on why you decided to run this research. There was only a few sentences which was not enough.

Thank you very much for the question and the important point that you mentioned. In order to answer your question, an effort was made to explain the objectives of the research more clearly, which caused fundamental changes in the introduction section of the article, which is as follows.

Therefore, according to all these considerations, our aim was to more accurate study of MMRs by to compare content of maternal representations between depressed and non-depressed AD pregnant women. . The hypothesis of the study was that depressed mother differs from non- depressed mothers in terms of their mental representations of themselves, the child, their partner, and their own mother. In particular, following questions were addressed:

-Are the representations depressed mothers have of their babies, themselves as mothers, their own mothers and their partners less positive or highly positive than those of non-depressed mothers?

- Is there a difference between depressed and non-depressed mothers in whether the representation of the child is more dependent on the representation of the spouse or on the representation of the self as a mother?

_Is there a difference between depressed and non-depressed women in terms of how they linked their representations of themselves as mother to their representations of their own mothers? (Identification or counteridentification)

Stern (36), on the other hand, belives that cultural conditions play an important role to form the motherhood constellation. Apart from the study of Ilicali and Fisek (48) that has done in Turkish society, little attention was paid to the cultural contexts differences and study of the representations of pregnant women in different societies. Therefore, according to the need to repeat these researches in different cultures, translating the Interview-R, version adapted for the antenatal period (49) into Persian, along with drawing a content profile representing Iranian pregnant women, will be another aim (goal) of the present study.

- In the sentence below it is mentioned “psychosocial risks” which is not clear what was the purpose, is it “risk factors”?

“In another study Ammaniti et al. (34) reported that mothers with antenatal depressive symptoms and psychosocial risks most often have non-integrated/ ambivalent antenatal representations with less coherence, and limited openness to change and capacity to differentiate one’s own mind from that of another. “

Thank you very much for your valuble comment. The point you mentioned is completely correct and by referring again to Ammanity (2012), we realized that he also considered the risk of depression along with other psychosocial risk factors. Therefore, this issue was corrected in the revised manuscript.

In another study, Ammaniti et al (38) compared the MMRs of pregnant women in non-risk group to depressed and/or at psychosocial risk group. They reported a prevalence of Integrated/ Balanced representations in non-risk mothers and a higher frequency of Not Integrated/Ambivalent representations in at-risk mothers.

Methods & Materials:

1- It is suggested to explain more what is “inverse sampling”? And why you chose that method?

Thank yo for suggestion. Since your question was in line with the question of another reviewer. About "inverse sampling method", we must say that: In reverse sampling, samples are selected sequentially so that the desired number of rare samples is included in the sample. In the current research, the depressed pregnant women community is considered as a rare community.
As the sample size increases, the results of the two sampling designs inverse and simple random sampling will converge. The main reason for using the inverse sampling design in this article is to ensure the selection of the predetermined number of rare units.
In our research, we continued the sampling selection until we reached the required number of samples for depressed group, and finally we selected n=100 for the depressed group and a larger number for the non-depressed group but But by taking more number of healthy people, the cost and time of the project would increase a lot, and because with the same sample of 100 people, we reached the amount of error and the power of the research, we were satisfied with this number of samples of the non-depressed group. Finally, according to the number of sample drops, 93 and 97 people were collected for the depressed and non-depressed groups, respectively. We would like to referee to the following references:

* M. Mohammad Salehi, Paul S. Levy, Mohammad A. Jamalzadeh, K.-C. Chang (2005). Adaptation of multiple logistic regression to a multiple inverse sampling design: application to the Isfahan healthy heart program. Journal of statistics in medicine, 25(1), 71-85.

Result:
- This sentence needs grammatical change:
“The characteristic of the DM profile was that its characteristics self as mother and child were highly intercorrelated”
Thanks for this hint and the sentense was corrected.

In DM group, the characteristics of self as mother and child were highly intercorrelated (28 of 49 were significant),

Discussion:
1- This sentence needs grammatical change:
“they described their own mothers as very affectionate, tolerant, patient and happy but less controlling and that their mothers found their role as mothers difficult".

Thanks for this hint and the sentense was corrected.

NDM characterized their mothers as very emotional, patient, happy, less controlling, and mothers who found their role as mothers very difficult.

2- According to this paragraph, you have explained nondepressed mothers experiencing their own mothers as more positive in the cultural context; then how do you explain the difference between depressed and nondepressed mothers in this cultural context? Also please explain what do you mean by “sacred status”?
“In addition, the results of our study showed that depressed mothers tended to give lower scores to their mothers than themselves which is consistent with previous studies (41, 42, 51). Non- depressed mothers, on the other hand, found their mother more positive than themselves, which is not supported by previous studies. Perhaps this finding can be explained by the cultural conditions of Iranian society and the sacred status that is defined for the mother.”
Thank you for accurate comment. We mentioned the cultural context based on study of Ilicali and Fisek (2003) that was conducted among the Turkish women's society, but in our study, apparently this is not possible, but it seems that there is not enough evidence for a cultural explanation in our research and by the way, we were very hesitant to include this section, and now, according to your completely correct comment, we will remove this section from the article. Of course, this may be a cultural phenomenon, but it can be explained outside of this study.

4- This paragraph needs grammatical edit, it does not convey what you mean:
“The results makes different profiles of self as mother and own mother representation in our study of depressed and non-depressed women, so that in the ratings of availability, control and confident, as common traits, self as mother was more positive than own mother in depressed group, unlike non-depressed women who saw their mothers as more positive than themselves”

Thanks for this hint and the sentense was corrected as follow …..
The results make different profiles from mother and own mother representation in our study of the DM and NDM group, so that in the ratings of availability, control and confident, as common traits, self as mother was more positive than own mother in DM, unlike non-NDM who saw their mothers as more positive than themselves

5- This paragraph needs grammatical edit; also please define what do you mean by “well adapted mothers”?
“well adapted mothers", on the other hand, have less resistance in identification with their own mothers (54), and they know how to create and permit their mother the necessary support as a result they suffer from less fear and anxiety during pregnancy and childbirth”

Thanks for your comment. In some articles such as (1, 2) instead of "non-depressed mothers", or "normal mothers", the term "well adapted mothers" is used.

1. Rosenblum K, Lawler J, Alfafara E, Miller N, Schuster M, Muzik M. Improving maternal representations in high-risk mothers: a randomized, controlled trial of the Mom Power parenting intervention. Child Psychiatry & Human Development. 2018; 49(3):372-84.
2. Johan C.H. van Bussel a,∗, Bernard Spitz b, Koen Demyttenaere a,c(2009), Anxiety in pregnant and postpartum women. An exploratory study of the role of maternal orientations. Journal of Affective Disorders 114 (2009) 232–242.

But we changed it "**to non depressed mothers**" according to your request

- 6- This paragraph needs grammatical edit and also please explain fully why it is helpful for the mother to avoid merging with her infant during pregnancy or infancy? It might be helpful to refer to the literature you are using.
"This finding is also consistent with some clinical experiences (55) that emphasize the dialectic during this periode between desire to fusion and the desire to individuality. Well adapted mother sees her child more like her husband than herself. This may help the mother to avoid the risk of fusion with her child if she projects her own characteristics to her child ."

Thank you for your attention and good question.
Generally, the danger of merging with the fetus or infant means when the narcissistic parent projects his/her own non-living parts asparts as a child to the expected fetous/ infant. This parasitic action of Parental Projections does not allow the baby or the child to be seen based on its unique characteristics and creates a disturbance in the separation- individuation process of the child from the mother. Due to your valuable question, changes were made in the discussion and introduction of the article as follows

Beginning in the second trimester of pregnancy, as the fetus becomes more vigorous, the woman comes to differentiate herself from the baby inside, and from her internal mother. "Paradoxically, acknowledgment of herself as joined to, yet different from, the mother in whom she herself grew, can increase a woman's sense of responsibility for her own well-being, and therefore for that of the baby inside her" (37). The difficult main task of a woman is to rebuild the relationship with her mother while at the same time creating a feeling of connection with the child and recognition of being separated from him or her (38). The process of identification and differentiation from the baby and her own mother modifies the characteristics and capacities of maternity.
The new finding of this research compared to other studies is that, DM was less differentiated from their child. In other words, they create the image of their child more by projecting their own characteristics on the child. Therefore, by placing the results of this research next to other studies in this field, it can be said, cautiously, that DM had less identification with their own mothers and less differentiation from their children. On the other hand, NDM had more identification with their own mothers and more differentiation from their children.
These findings appear consistent with literature (36-38) and some clinical experiences (61) which underline the view that, in every woman, the emotional experience of the first pregnancy and parenthood reactivates the problems related to separation - individuation from her own mother.

As well as, the following sources were used as references

- Francisco Palacio Espasa, (2004). Parent – infant psychotherapy, the transition to parenthood and parental narcissism: Implications for treatment. Journal of Child Psychotherapy 30 (2) 155 – 171

- Raphael-Leff, J. (2001). Pregnancy. The inside story. London: Karnac Books.

-7- This paragraph needs grammatical edit:
"In conclusion, as the Ammaniti states during pregnancy, the activation of the mother's attachment system to her fetus will occur in parallel with the activation of the pregnant mother's caregieving system in relation to her mother, which consciously or unconsciously makes the new mother, feel safe and shapes her maternal identity"

Thanks for this hint and your comments.
According to the changes made in the text the sentense was was removed from the text.

-8- In this sentence are you implying that depression affects maternal representation or vice versa?
“These findings also support the current idea about the important role of mental representational level in maternal depression “

Thank you for your question. Regarding the importance of the role of the mother's representation in the mother's depression, the findings that have been made so far in this field have been more correlational and it is not possible to suggest a cause and effect relationship. We also tried to explain only to this extent. As a result we modified the sentence to ..... Eventually, the findings of this research validate the importance of further studies of maternal representations in prenatal women,

- 9-This paragraph needs grammatical edit:
“In addition, the subject of the study has important clinical implications and the results make further investigation a matter of great interest. Finally, the findings highlight the importance of maternal representations for women with depression and crucially the use of maternal representation in clinical work to avoid the unprocessed and biased maternal representational contents and transfer to the mother–infant interaction. “

:Thanks for this comment and the sentense was edited. As a result we modified to

Eventually, the findings of this research validate the importance of further studies of maternal representations in antenatal women, especially among women with depressive symptoms. As well as study of the pre/postnatal change of maternal representations in depressed samples are recommended for further research. Furthermore, the results of this study can provide important information for clinical purposes, such as screening during pregnancy and designing preventive and therapeutic interventions to reduce the negative effects of depression during pregnancy and transfer to the postpartum period. and the mother-baby interaction

- The reason for conducting the study is not mentioned clearly, it is better to elaborate on why you decided to run this research. There was only a few sentences which was not enough.

Thank you very much for the question and the important point that you mentioned. In order to answer your question, an effort was made to explain the objectives of the research more clearly, which caused fundamental changes in the introduction section of the article, which is as follows:

Therefore, according to all these considerations, our aim was to more accurate study of MMRs by to compare content of maternal representations between depressed and non-depressed AD pregnant women. . The hypothesis of the study was that depressed mother differs from non- depressed mothers in terms of their mental representations of themselves, the child, their partner, and their own mother. In particular, following questions were addressed:

-Are the representations depressed mothers have of their babies, themselves as mothers, their own mothers and their partners less positive or highly positive than those of non-depressed mothers?
- Is there a difference between depressed and non-depressed mothers in whether the representation of the child is more dependent on the representation of the spouse or on the representation of the self as a mother?
_Is there a difference between depressed and non-depressed women in terms of how they linked their representations of themselves as mother to their representations of their own mothers? (identification or counteridentification)
Stern (36), on the other hand, belives that cultural conditions play an important role to form the motherhood constellation. Apart from the study of Ilicali and Fisek (48) that has done in Turkish society, little attention was paid to the cultural contexts differences and study of the representations of pregnant women in different societies. Therefore, according to the need to repeat these researches in different cultures, translating the Interview-R, version adapted for the antenatal period (49) into Persian, along with drawing a content profile representing Iranian pregnant women, will be another aim (goal) of the present study.

Reviewer 4:
We thank you for your appreciation of our work and your quick and careful review of our manuscript. Your comments are comprehensive and pertinent and these comments have enabled us to improve the quality of the manuscript.

1. The ethics code is specified for this title:
Identification of maternal subjective representations in women with perinatal depression and effectiveness of brief parent-centered psychoanalytic intervention of the Geneva model in reducing their psychological symptoms.
Thank you for your question. Yes, the current article is part of a larger research with the mentioned title.

2. Type of study (descriptive, qualitative, or ….) should be explained.
Thank you for your comment, type of study added to the method.

This study was designed as a Correlation study.

3. Please precisely note inclusion and exclusion criteria in detail.
Thank you for consideration, inclusion and exclusion criteria in detail added to the method.

The inclusion criteria for both groups were in the first pregnancy; age range of 18 to 40 years, having a single and healthy fetus based on screening results; being in the beginning of the last trimester of pregnancy (26 to 28 weeks of pregnancy); educated at least eight class. The inclusion criteria for DM group were to have depression symptoms based on depression questionnaires (EPDS and DADP). The exclusion criteria for both groups were unwanted pregnancies; having medical diseases related to pregnancy and childbirth, such as blood pressure, diabetes, thromboembolism and infectious diseases; having psychotic disorders; consumption of alcohol, drugs, cigarettes, medicine, or addiction to them in the past one year; having a history of brain damage and head trauma leading to anesthesia; being treated with any type of psychiatric medication, based on their reports and medical records.
4. In a semi-structured interview, the interviewer asked about financial status, settlement, and siblings, but where is this information in your report?

Thank you for your accurate consideration. You have correctly addressed this matter. We added these issues in the revised manuscript and it is highlighted in the text.
In this study, we only used tables and quantitative sections of interview-R similar to Ilicali and Fisek(2003). In addition, this article is a reflection of the non-interventional part of our research, and the qualitative parts and information related to the open-ended questions used in the interventional and theraputic part of the work will be presented in future articles.

Based on the purpose of the study, it is necessary to mention that only the quantitative parts of the interview-R were used in the current study. Questions about therapy and qualitative parts were not included since our study is non- interventional, and intervention efficacy was of no concern.

5. In Table 1, please star the last item of the first core raw, it seems to be missed.
Thank you very much for your attention. The reviewer is right and the mistake has been corrected.

6. 50 of 57 references are dated before 2018. An update of this part has been necessary.

Thank you for your valuable comment and concern. We tried to add a number of updated references in the revised version according to the available sources.
The sources added to the text are as follows:

4. Rollè L, Giordano M, Santoniccolo F, Trombetta T. Prenatal attachment and perinatal depression: a systematic review. International journal of environmental research and public health. 2020 Apr;17(8):2644.
5. Singley DB, Edwards LM. Men's perinatal mental health in the transition to fatherhood. Professional Psychology: Research and Practice. 2015 Oct;46(5):309.
6. Leach LS, Poyser C, Cooklin AR, Giallo R. Prevalence and course of anxiety disorders (and symptom levels) in men across the perinatal period: a systematic review. Journal of affective disorders. 2016 Jan 15; 190:675-86.
7. Darwin Z, Galdas P, Hinchliff S, Littlewood E, McMillan D, McGowan L, Gilbody S. Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. BMC pregnancy and childbirth. 2017 Dec;17(1):1-5.

12. Nisar A, Yin J, Waqas A, Bai X, Wang D, Rahman A, Li X. Prevalence of perinatal depression and its determinants in Mainland China: A systematic review and meta-analysis. Journal of Affective Disorders. 2020 Dec 1; 277:1022-37.
13. Sheeba B, Nath A, Metgud CS, Krishna M, Venkatesh S, Vindhya J, Murthy GV. Prenatal depression and its associated risk factors among pregnant women in Bangalore: a hospital-based prevalence study. Frontiers in Public Health. 2019 May 3; 7:108.
32. Van Ngo T, Gammeltoft T, Nguyen HT, Meyrowitsch DW, Rasch V. Antenatal depressive symptoms and adverse birth outcomes in Hanoi, Vietnam. PloS one. 2018 Nov 2;13(11): e0206650.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) — 31 Oct 2022

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

Seyyed Taha Yahyavi: Associate Editor | **Revision** (1) — 5 Nov 2022

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.
AE

Mehran Zarghami: EIC | **Revision** (1) — 12 Nov 2022

Dear Author,
We have completed our review of your manuscript and are pleased to inform you that it is being considered for publication in the IJPBS. Note that the publication of your article will only be finalized upon your cooperation with the editorial processing.
Thank you for your fine contribution, and we look forward to your continued contributions to the Journal.
Kind Regards,
EIC