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OPEN PEER REVIEW

Lack of Self-acceptance According to Psychotherapists' Lived Experiences: A Reflexive Thematic Analysis

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

4 comments · 17 Jun 2024 – 10 Jul 2024

Referee 1 Reviewer

REJECT 17 Jun 2024

Title: The title is too generic.

Abstract: The keywords "Self-Criticism, Shame, Trans-diagnostic Factor" are repeated twice.

Introduction:

The introduction is well-stated, but the idea lacks innovation.

From line 30 to line 38 in the background, "As can be seen, there is no sufficient and appropriate consensus about the reasons for lack of self-acceptance."
The differences in the explanation of psychological dysfunction in the mentioned theories, and many other theories not referenced, do not indicate a research gap but rather reflect the diversity of perspectives on the structure of the human psyche. Additionally, a qualitative study cannot explain the differences in these theories (or propose another comprehensive theory) and achieve something that years of research on these theories have not been able to reach.

Lines 46 to 67: "A study that specifically deals with this issue is not available."
In the background, after reviewing various theories in personality and psychotherapy, it is concluded that there is no study on self-acceptance. However, theories are the result of a large number of studies.

Lines 67 to 73: "...if we delve deeply into why a lack of self-acceptance forms in the first place, and understand it clearly, then we can prevent its development and its consequences, and accordingly, the huge cost spent on treatment of relevant disorders."
This conclusion has a fundamental flaw. Simply knowing the reasons for lack of self-acceptance alone cannot lead to preventing low self-acceptance and reducing treatment costs. This claim is too grand. Many studies have been conducted so far, and much research has shown the reasons for lack of self-acceptance, but the findings have not helped prevent them.

At the end of the background section: What emerges from the background is the goal of resolving differences and conflicts between personality and psychotherapy theories by explaining the reasons for low self-acceptance, which is fundamentally unattainable with such research.

Lines 78 to 81: Instead of addressing the objectives, the research method is explained.

Method:
Lines 83 and 84: "Lack of self-acceptance is a complex concept due to its wide consequences. Therefore, psychologists' interpretations of its roots are addressed in the current study."
In this sentence, it is unclear whether the lived experience of psychologists, which relates to their personal life history, is being studied or their professional experience. Considering that the lived experience is intended, the reason for choosing psychologists is not explained.

Line 92: "The participants were recruited from psychologists specializing in self-acceptance."
The meaning of "specializing in self-acceptance" is not clear. Such a therapeutic approach does not exist. It is better to include the therapeutic approach of the therapists in the descriptive data. The reason for considering this entry criterion is unclear.

Lines 92 to 95: The reason for these inclusion criteria is unclear. How does this sample help in better understanding the cause of the lack of self-acceptance?

Being a psychologist can bias the data toward the therapist's therapeutic approach.

Line 105: "What was the story of your acquaintance with this area of self-acceptance?"
It is unclear whether the question is about the individuals' professional experience or their lived experience.

"Why do you think you could not accept some aspects of yourself before?"
Based on the above sentence, it is not clear whether the sample individuals have been treated or still lack self-acceptance.

Studies on memory have shown that autobiographical memory is biased and can create false memories. This is something Freud also encountered when explaining the memories of patients with hysteria.

Elizabeth Loftus's research on false memories shows how memories can be influenced by suggestion and external factors, leading to the creation of false memories. Her study demonstrates how people can be led to remember events that never happened.

Results/ Findings: The findings are well explained.

Line 152: Existential Insecurity typically refers to a broader sense of uncertainty or anxiety about one's existence, purpose, and place in the world. EI is related to existential questions about mortality, identity, and the nature of reality. This feeling can arise from various sources, such as personal identity crises, social and economic instability, health concerns, or broader existential questions. In this study, however, existential insecurity is primarily considered in terms of childhood traumas.

Discussion:

Lines 242-243: "Existential insecurity has not been pointed out in previous scholarship as a cause for lack of self-acceptance."
This claim is not true. Many theories attribute a significant role to childhood traumas in self-acceptance and identity formation.
Maslow, Erikson, or existential theories such as those of Viktor Frankl and Rollo May point to the role of existential insecurity in personal development. John Bowlby, Edward Deci, and Richard Ryan's Self-Determination Theory also highlight this.

Lines 243-244: "Darwin, Freud, and many others have argued that all beings are instinctively driven toward self-preservation and continuity of experience."
The connection of this sentence to the previous topic is unclear.

Lines 246 to 252: It is better to refer to theories consistent with the findings.

Lines 262-263: There is no need to refer to the page in the text.

Referee 2 Reviewer

MINOR REVISION 22 Jun 2024

Dear author, I appreciate the interesting topic of your article. Here are some minor revisions for your paper:
1. The title is novel.
The title and abstract indicate the study design and are informative.
Introduction: The background, rationale, and objectives are well explained.
Methods: Study design, setting, and study size are described. Statistical methods and data analysis are explained.
• In the abstract, "peoples'" should be corrected to "people's" for the proper possessive form.

2. Results:
• In the results section, ensure consistency in the use of capitalization for subheadings like "Intrapersonal Adversity" and "Socio-Cultural Adversity."
• You wrote "Figure 2." Is there a Figure 1? If not, the number is incorrect.
3. Discussion: Consider breaking down long sentences for improved clarity and flow.
4. Conclusion: The conclusion summarizes the key findings of the study.
• Does the fact that all participants were psychologists create bias in the results? Perhaps this could be considered a limitation of the study.
5. Please correct this:
• Lines 35, 36:
Remove the comma after “also.”
Add “the” before “lack of self-acceptance.”
• Line 64: Write out the complete phrases for DBT, REBT, and ACT, rather than using the shortened versions.
• Line 75: Add ‘the’ before ‘ lack of self acceptance’.
6. Check for consistency in the use of punctuation marks like commas and semicolons throughout the text. I’ve highlighted some of them.

Associate Editor

MAJOR REVISION 8 Jul 2024

Dear authors
According to the reviewers' comments, this paper needs a major revision.
best

Editor-in-Chief

MAJOR REVISION 10 Jul 2024

Thank you for submitting your manuscript for consideration for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. Your paper has been evaluated by external peer reviewers. Please revise your manuscript according to the reviewers’ comments.

After revision, authors are obliged to upload a Word file containing the reviewers’ comments and their responses to all comments, one by one.

Besides, please pay attention to the word count limitation:
Word count limits are declared in this link: http://kowsarpub.com/en/index.php/services/for-authors/895-word-count

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences. Revised text must be highlighted in the full manuscript file.

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor,

We appreciate you and the reviewers for your precious time in reviewing our paper and providing valuable comments which led to considerable improvements in the current manuscript. We authors tried to do an extensive revision based on the valuable comments of the reviewers. After careful revisions we hope the manuscript meets your high standards and also the authors would welcome further constructive comments if any.

We provide the point by point responses below. All modifications in the manuscript have been highlighted in red.

Response to Reviewer 1

1. Please explain how you identified the participants. How was it possible to find 30 psychologists who had suffered from a single problem in the past in a small city?

With thanks for your comments and questions, the answers to your questions have also been given briefly in the text of the article and highlighted.

This study included all Iranian psychologists, especially the psychologists of Tehran Province, and was not limited to the city of Semnan. First, by searching articles and books in Persian search databases about self-acceptance, information was obtained about the authors working in this field. Then, through correspondence, explanations about the purpose of the study and its method were provided to them, and if the inclusion criteria were met and they were willing to participate in the study, the necessary arrangements were made to start the interview. It should be noted that the first researcher of the current study has been working for years in the field of psychology and psychotherapy and, over more than a decade, has completed numerous psychotherapy workshops in various psychology institutes, and this information was also used in the course of the study. Later in the study, psychologists and professors who participated in the first interviews were also asked, in a snowball manner, about other therapists and psychologists.

2. How did the participants trust the researcher?

Since the target sample of this study was psychologists and psychotherapists who had themselves suffered greatly from a lack of self-acceptance (or perfectionism, shame and self-blame), most of them were willing to help in this area. Indeed, after working on their own self-acceptance, they had committed themselves to helping people in this area, and the purpose of the study was to a large extent aligned with their own goal. It should also be said that, because the first researcher of the present study was also among the people who had suffered for years from a lack of self-acceptance in the form of perfectionism and shame, the interviews were conducted in an empathic and mutually supportive atmosphere. On the other hand, because of their high level of education and familiarity with research, and especially with qualitative methodology, the participants considered deep self-disclosure a requirement of this type of research, and in almost all of them, after accepting the interview, there was no resistance in this regard. Most participants even declared their readiness to help the researcher further. Finally, before and after the interviews, participants were emphatically reassured regarding confidentiality.

3. Why did the researcher decide to answer the research question by interviewing these people?

Since the interview could provide the possibility of a deep exploration of the interviewees' experiences and views about the lack of self-acceptance, and also the interviewees could share their unique narratives and explain their thoughts and feelings beyond what a survey or questionnaire might capture, the in-depth interview method was used so that the interviewees could find, behind their feelings and without mediation, the reasons for their lack of self-acceptance, with which they had struggled for a long time, and richer data would be obtained. In addition, the interactive nature of the interviews, when the interviewer has also suffered from a similar pain, creates an empathic connection with the participants, and they probably feel more comfortable sharing personal experiences and vulnerabilities related to self-acceptance, which can lead to more honest and more nuanced insights. Especially since open-ended questions were used in these interviews and the interviewer used active listening techniques in order to explore the phenomenon under study as deeply as possible. It should also be noted that psychologists active in this field, for the sake of their own recovery, have tested themselves and their lived

experiences against various theories again and again in order to find the reasons for their lack of self-acceptance, and therefore they could provide the researchers with very complete information for the present study, and in qualitative research it is very important that the intended sample can convey their lived experiences as they were.

4. What problem would the inclusion of ordinary participants have created for the study?

Because psychotherapists with a history of lack of self-acceptance, owing to their own suffering from the lack of self-acceptance, have been engaged with the subject many times and for a long time, they are considered experts in this field. Psychotherapists have continuously matched psychological data with their own conditions in order to find a solution to their own problem, and therefore they can share valuable self-explorations compared with ordinary people. While the ultimate goal may well be a deep and complete exploration of the contexts and reasons for the lack of self-acceptance in the general population, this initial study with experts can pave the way for future research. The views of psychologists can help refine the research questions and guide the development of surveys or interview protocols for a broader population in later stages, and can serve as a basis for examining self-acceptance in the general population. This initial study with psychologists offers valuable insights for a deeper understanding of this concept. In addition, in this study an attempt was made to include interviews with psychologists from various therapeutic approaches, including Ellis's rational-emotive approach, ACT therapy, existential psychotherapy, Gestalt therapy, schema therapy, person-centred therapy, short-term psychodynamic therapy, etc., with work experience in the areas of self-acceptance, self-esteem, perfectionism, shame and self-criticism, so that the data would not be biased towards a particular therapeutic approach. On the other hand, the aim of the present study was to obtain rich data. Psychotherapists, because of their knowledge in this area, can express their lived experiences from various angles and aspects and convey their lived experience. But ordinary people may not be able to express their deep lived experiences this clearly.

5. In the method section you have used the word her, while your participants also included men.

The word "her" was wrong and was replaced with the word “their”. Thank you.

6. How did you discover the first sample?

The first sample was discovered in this way: after an internet search of databases, a doctoral dissertation on self-acceptance was found. By searching the name of the author, we found that they work as a counsellor and therapist. Then emails and initial questions and answers were exchanged to check the inclusion criteria, and after a few days, during a telephone call, they gave us the information on the time and platform of the interview.

8. What does purposive sampling mean in this study?

Since the researcher purposively selects people to answer the research questions who are more suitable for achieving the objectives of the study, and especially since the aim of the study was to collect in-depth and precise information about a specific phenomenon, purposive sampling was used to obtain comprehensive information about the research topic. Therefore, the first participants were selected purposively, and through them the subsequent samples were accessed in a snowball manner. On the other hand, purposively, an effort was made to have maximum diversity among psychotherapists with different approaches, different ages and of both sexes.

Response to the Reviewer 2:
Dear author, I appreciate the interesting topic of your article. Here are some minor revisions for your paper:
1. The title is a novel.
The title and abstract indicate the study design and are informative.
Introduction: The background, rationale, and objectives are well explained.
Methods: study design, setting, and study size are described. Statistical methods and data analysis are explained.

I really appreciate your feedbacks and comments.

• In the abstract, "peoples'" should be corrected to "people's" for proper possessive form.

I rectified it and highlighted it in the text. Thank you for your great accuracy.

• In the introduction, "civility necessitates covering up our unacceptable sides" could be rephrased for clarity.

I modified it as below:

"Civility demands a performance, requiring us to suppress our darker emotions and present a socially acceptable face."

• Keywords such as 'Transdiagnostic Factor' and 'Thematic Analysis' are not selected from MeSH.

These terms are indeed not formally designated MeSH terms, but they accurately reflect the core concepts of this research: 'Transdiagnostic Factor' refers to a common thread that can be found in several mental health conditions, and 'Thematic Analysis' is the specific qualitative method employed, and they are widely used respectively in the field of transdiagnostic approaches and in qualitative research. However, I can address this by modifying keywords as: Self-Acceptance, Perfectionism, Shame, Self-Criticism, and Qualitative Study.

2. Results:

• In the results section, ensure consistency in the use of capitalization for subheadings like "Intrapersonal Adversity" and "Socio-Cultural Adversity."

I applied these and highlighted them.

• You wrote "Figure 2." Is there a Figure 1? If not, the number is incorrect.

There are 2 tables (Table 1, Demographic information of participants, and Table 2, Overarching Theme, Themes and Subthemes involved in shaping Lack of Self-

Acceptance) and 1 figure (Figure 1. Tripartite adversities involved in the formation of a lack of self-acceptance) in this manuscript. The Microsoft Office Word automatically changed it since I mentioned the place of figure one in the text. I corrected it. Thank you.

3. Discussion: consider breaking down long sentences for improved clarity and flow.

I applied it. Thanks.

4. Conclusion: The conclusion summarizes the key findings of the study.

I summarized the key findings of the study and highlighted that part.

" In conclusion, the present study revealed that intrapersonal, interpersonal, and socio-cultural adversities contribute to the formation of a lack of self-acceptance. Based on psychotherapists' personal narratives, these adversities consist of "Life-Threatening Experiences", "Deficits in Nurturance", "Restricted Autonomy", "Disrupted Trust", "Exposure to Strict Standards", and "Minority Group Status". This suggests that an individual's self-acceptance inextricably depends on healthy dynamics of their familial and societal context."

• Does the fact that all participants were psychologists create bias in the results? Perhaps this could be considered a limitation of the study."

Since the research focuses on the lack of self-acceptance, interviewing psychologists, who experienced the same issue, allowed for an in-depth exploration of the phenomenon, which is necessary for a deeper understanding of the nuances and complexities of the lack of self-acceptance. However, it is true that interviewing solely psychologists could limit the generalizability of the findings. Therefore, future research could explore the experiences of individuals with diverse backgrounds. On the other hand, to minimize this potential bias, the interview guideline was designed to be open-ended and participants were encouraged to share their insights without leading them towards specific answers. However, I point it out as a limitation and suggest that further research be conducted in the general population.

5. Please correct this:

• line 35, 36:

Removed the comma after “also.”

Added “the” before “lack of self-acceptance.”

I considered these points.

• Line 64: Write out the complete phrases for DBT, REBT, and ACT, rather than using the shortened versions.

It was applied.

• Line 75: Add ‘the’ before ‘lack of self-acceptance’

They all were applied and highlighted as well.

6. Check for consistency in the use of punctuation marks like commas and semicolons throughout the text. I’ve highlighted some of them.

It was applied. Thanks.

Reviewer 3:

Title: The title is too generic.

Thank you for your feedbacks. I revised the title. Please let us know if it still needs a revision.

“Lack of Self-Acceptance According to Psychotherapists' Lived Experiences: A Reflexive Thematic Analysis”

Abstract: The keywords "Self-Criticism, Shame, Trans-diagnostic Factor" are repeated twice.

I rectified it. Thank you.

Introduction:

The introduction is well-stated, but the idea lacks innovation.

One of the outstanding advantages of the current research is that it directly addresses the roots of a lack of self-acceptance and has tried to identify the grounds that impair people's relationships with themselves. Since a lack of self-acceptance reduces psychological well-being in several ways, a deep understanding of its underlying causes helps us improve the psychological well-being of people. On the other hand, although interviewing psychotherapists can limit our applicability to the public, it provides us with a vast and deep understanding of the phenomenon because of their lived experiences; they are key informants for this issue.

From line 30 to line 38 in the background, "As can be seen, there is no sufficient and appropriate consensus about the reasons for lack of self-acceptance."
The differences in the explanation of psychological dysfunction in the mentioned theories, and many other theories not referenced, do not indicate a research gap but rather reflect the diversity of perspectives on the structure of the human psyche. Additionally, a qualitative study cannot explain the differences in these theories (or propose another comprehensive theory) and achieve something that years of research on these theories have not been able to reach.

In writing this section, my aim was to set the current study in context by presenting lots of theoretical viewpoints on the origins of lack of self-acceptance. I rephrased that part as below:

“For about a century, several conceptualizations have been about a lack of self-acceptance. For example, Rogers used the term “conditional positive regard” to conceptualize a lack of self-acceptance (1) and suggested that people's lack of self-acceptance is related to family interaction patterns, whereas Ellis argued that the potential of individuals’ irrationality toward themselves, known as global self-evaluation, leads to a lack of self-acceptance (2). On the other hand, Levin and Hayes (3) attribute a lack of self-acceptance to psychological inflexibility, which, through the avoidance of private

experiences, leads to a lack of self-acceptance. These conceptualizations illustrate the diversity of perspectives on the issue at hand. Despite these conceptualizations, ongoing research continues to explore the complexities of this phenomenon."

Lines 46 to 67: "A study that specifically deals with this issue is not available."
In the background, after reviewing various theories in personality and psychotherapy, it is concluded that there is no study on self-acceptance. While theories are the result of a large number of studies.

Yes, undoubtedly, earlier research (like Bowlby) advances our understanding of more general theoretical frameworks such as "self-concepts". However, they didn't concentrate on looking into the particular narratives that cause people to lack self-acceptance, which can manifest as perfectionism, shame, or self-criticism. It should be noted that my particular area of interest is comprehending the unique causes and personal narratives that lead to a lack of self-acceptance on an individual level. Thus, we aimed to investigate the real-life experiences of those who struggled with self-acceptance. I modified this part below to address this shortcoming:

"Although extensive research has been conducted on broader concepts like "self-view" and "self-concept" and on the consequences of a lack of self-acceptance, like shame, perfectionism, and self-criticism, and also on the role of self-acceptance in improving a variety of pathologies, a study that specifically and directly deals with the specific reasons and personal narratives contributing to a lack of self-acceptance is not available."

Lines 67 to 73: "...if we delve deeply into why a lack of self-acceptance forms in the first place, and understand it clearly, then we can prevent its development and its consequences, and accordingly, the huge cost spent on treatment of relevant disorders."
This conclusion has a fundamental flaw. Simply knowing the reasons for lack of self-acceptance alone cannot lead to preventing low self-acceptance and reducing treatment costs. This claim is too grand. Many studies have been conducted so far, and much research has shown the reasons for lack of self-acceptance, but the findings have not helped prevent them.

I do agree that merely knowing the reasons for a lack of self-acceptance won't be a guaranteed solution to preventing its development or reducing treatment costs. I aimed to draw attention to the possible advantages of gaining a more profound comprehension of the elements that lead to difficulties in accepting oneself. This knowledge could direct the development of preventive strategies and improve therapy techniques. I revised this section to more accurately represent my goals:

"However, with a better understanding of the possible roots and causes of a lack of self-acceptance, one may gain a better idea of how to deal with it and its repercussions and have an overview of plausible preventive measures. Besides, this study potentially contributes to the promotion of people's self-awareness, enhancing their well-being."

At the end of the background section: What emerges from the background is the goal of resolving differences and conflicts between personality and psychotherapy theories by explaining the reasons for low self-acceptance, which is fundamentally unattainable with such research.

If I understand correctly, you make the point that the current conclusion seems like an all-out attempt to resolve every theoretical conflict regarding lack of self-acceptance, however, I must clarify that we intended to gain deeper insight into the lived experiences of individuals with self-acceptance struggles. While existing theoretical frameworks provide valuable foundations, exploring these personal narratives complements these theories and provides a richer understanding of the issue at hand. I modified that part in accordance with your previous comment, but if a further revision is still needed, I can make another attempt.

Lines 78 to 81: Instead of addressing the objectives, the research method is explained.

I modified it this way:

"Given that a lack of self-acceptance may have different manifestations, and based on all the insights offered by existing theories, it is likely that various factors contribute to individualized experiences of a lack of self-acceptance. Therefore, the current qualitative study aims to examine the lived experiences of participants, specifically focusing on their personal narratives that trigger their lack of self-acceptance."

Method:

Lines 83 and 84: "Lack of self-acceptance is a complex concept due to its wide consequences. Therefore, psychologists' interpretations of its roots in themselves are addressed in the current study."

In this sentence, it is unclear whether the lived experience of psychologists, which relates to their personal life history, is being studied or their professional experience. Considering that the lived experience is intended, the reason for choosing psychologists is not explained.

The purpose of this study is to investigate the lived experiences of psychotherapists who struggled with self-acceptance. I changed the wording to clarify why we selected psychotherapists to reflect on and to more accurately represent the goal of the study:

"The participants were recruited from among psychotherapists who have dealt with a lack of self-acceptance in their personal lives. The professional training of these individuals further renders them possible key informants for the current study."

Line 92: "The participants were recruited from psychologists specializing in self-acceptance."

The meaning of "specializing in self-acceptance" is not clear. Such a therapeutic approach does not exist. It is better to include the therapeutic approach of the therapists in the descriptive data. The reason for considering this entry criterion is unclear.

The therapeutic approach of the therapists included, and I wrote about why we considered this inclusion criterion in the previous comment.

Lines 92 to 95: The reason for these inclusion criteria is unclear. How does this sample help in better understanding the cause of the lack of self-acceptance?

Psychotherapists were chosen as participants because their professional training might have caused them to look more closely at the factors that make up a lack of self-acceptance in them. Especially since they have meticulously examined themselves and their living and growing conditions for many years to deal with their lack of self-acceptance, by delving into their personal and individualized narratives, we develop a more nuanced insight into the phenomenon.

Being a psychologist can bias the data towards the therapist's therapeutic approach.

Yes, I do agree. Therefore I mentioned it in the conclusion part as a limitation and suggest further studies to consider the grounds and roots of a lack of self-acceptance in the general population with diverse backgrounds.

Line 105: "What was the story of your acquaintance with this area of self-acceptance?" It is unclear whether the question is about the individuals' professional experience or their lived experience.

Thank you for your meticulous attention to details. I modified it:

"What was the story of your acquaintance with the area of self-acceptance in your personal life?"

"Why do you think you could not accept some aspects of yourself before?"
Based on the above sentence, it is not clear whether the sample individuals have been treated or still lack self-acceptance.

The participants all had a long history of working on their own self-acceptance and treating it. Thus, here is a modified version:

"Can you describe aspects of yourself that you had struggled with, before accepting them?"

Studies on memory have shown that autobiographical memory is biased and can create false memories. This is something Freud also encountered when explaining the memories of patients with hysteria.

Elizabeth Loftus's research on false memories shows how memories can be influenced by suggestion and external factors, leading to the creation of false memories. Her study demonstrates how people can be led to remember events that never happened.

This is indeed an important point, and it is the limitation of most forms of qualitative research and all forms of research that are reliant on self-reports since they are all based on memories. I agree that memories can be biased as they are subjective; however, some studies have shown that recall of unpleasant childhood memories is linked to a variety of psychological issues in adulthood, including mood disorders (Perris, 1994; Richter, Richter, Eisemann, Seering, & Bartsch, 1994; Rutter et al., 1997; Gilbert et al., 2003). Moreover, there are several scales derived from attachment theory (Bowlby, 1980; Gerlsma, Arrindell, & Emmelkamp, 1991) that ask people to recall parental behavior in childhood and answer the measure's questions. Therefore, it is not uncommon to use methodological designs based on autobiographical memory. However, as I have discussed in the methodology part, to reduce this bias, we conducted member checks whenever possible, i.e., the step-by-step findings were presented to some of the participants to verify the accuracy and correctness of our understanding of their experiences. Also, the step-by-step data analysis, extracted codes, and categorization were discussed by experts (peer review) to guarantee credibility to a large extent. It should also be noted that the interviewer was a trained individual in the field who anticipated such possibilities and was careful not to induce any ideas or false memories. Therefore, she used open questions and semi-structured interviews to ensure credibility. In the end, in qualitative studies of this kind, interviewing continues to the point of conceptual saturation. This means that for a theme to emerge in data analysis, a certain

number of participants should bring a relevant concept. Nonetheless, I mentioned it in the conclusion part as a limitation that further research can use other complementary methods.

“The present study used in-depth interviews with a retrospective lens. Hence, future research can examine the research question via other methods, like longitudinal studies.”

Results/ Findings: The findings are well explained.

Thank you.

Line 152: Existential Insecurity typically refers to a broader sense of uncertainty or anxiety about one's existence, purpose, and place in the world. EI is related to existential questions about mortality, identity, and the nature of reality. This feeling can arise from various sources, such as personal identity crises, social and economic instability, health concerns, or broader existential questions. While in this study, existential insecurity is primarily considered in terms of childhood traumas.

Good point, thank you. Yes, I agree with you that the name of this sub-theme is similar to the term “existential insecurity” described in the “Existentialist School”. I had indeed named this sub-theme as such because their inner experiences are similar to the ones considered in that school. We conceptualized “existential insecurity” as a notion encompassing experiences that pose grave risks to an individual's life, after which they may get sensitized to their vulnerability, life, and death, and even experience a real sense of existential insecurity in their lives. However, to avoid confusion with the experiences described in “Existentialist School," we now change the name of this sub-theme to “Life-Threatening Experiences”.

Discussion:

Lines 242-243: "Existential insecurity has not been pointed out in previous scholarship as a cause for lack of self-acceptance."
This claim is not true. Many theories attribute a significant role to childhood traumas in

self-acceptance and identity formation.
Maslow, Erikson, or existential theories like Viktor Frankl and Rollo May point to the role of existential insecurity in personal development. John Bowlby, Edward Deci, and Richard Ryan's Self-Determination Theory also highlight this.

Yes. This sentence needs to be omitted. Thank you. I modified this paragraph in the next comment.

Lines 243-244: "Darwin, Freud, and many others have argued that all beings are instinctively driven toward self-preservation and continuity of experience."
The connection of this sentence to the previous topic is unclear.

I have modified this paragraph to address the intended shortcoming:

“As was examined in this research, “life-threatening experiences” led people to avoid some aspects of themselves or their inner experiences. These intrapersonal experiences pose grave risks to an individual’s life, after which they may become sensitized to their vulnerability, life, and death. In this regard Darwin, Freud, and many others have argued that all beings are instinctively driven toward self-preservation and continuity of experience; however, life-threatening experiences lead individuals to engage in self-defense strategies that prove detrimental to the formation of a healthy self-acceptance. This finding aligns with Gilbert and colleagues' study (2003) demonstrating a significant correlation between recalling personal feelings of perceived threat and shame, a key indicator of a lack of self-acceptance.”

Lines 246 to 252: It is better to refer to theories consistent with the findings.

This part is revised as below:

Firstly, concerning deficiencies in nurture, the findings demonstrate that inadequate attention to physical and emotional needs by primary caregivers can have a significant role in the formation of a lack of self-acceptance. This is consistent with Bowlby's notion of a secure base, emphasizing the critical role that early caring plays in the development of a

healthy self-concept, which in turn affects people's capacity to seek out and offer care for others (27). Gilbert () claims that these people are too sensitive to signs of abandonment, and one of their common fears is that their beloved ones will reject them; therefore, they demand love, appreciation, and approval constantly, which push people away and manifest as uncomfortable types of attachment and relationships. Moreover, deficiencies in nurture lead to negative reactions when facing situations that require compassion and care (28, 29), particularly in individuals with high levels of self-criticism and shame (30).

Lines 262-263: There is no need to refer to the page in the text.

It is modified, thank you.

Sincerely yours,

2 Revision 1

4 comments · 12 Aug 2024 – 14 Sep 2024

Sajedeh Seyed-Alipour Reviewer

MINOR REVISION 12 Aug 2024

The manuscript has been revised according to the reviews.
Still, some more changes are needed.
The keyword Self-Acceptance is not selected from MeSH.
30 references are more than 5 years old; please update the references.
There are lots of typos that need to be corrected; you can ask for help from AI to enhance the writing and grammar of the paper. For example: line 16: transdiagnostic.

Referee 2 Reviewer

MINOR REVISION 16 Aug 2024

Thank you for your editing. Here are some minor comments:

Lines 68-70:
You state, 'a study that specifically and directly explores the specific reasons and personal narratives contributing to a lack of self-acceptance is not available.' This overlooks existing research on related concepts like self-criticism and perfectionism.

Lines 344-346:
You acknowledge that 'interviewing psychotherapists exclusively may limit the findings' applicability to other contexts.' This limitation could be more explicitly discussed in terms of its implications for the study's conclusions.

Lines 346-348:
You suggest that future studies may examine perspectives from different backgrounds but do not address the lack of diversity in the current study's participant pool.

Associate Editor

MINOR REVISION 11 Sep 2024

Dear authors
It seems that the paper still needs some revision. Please find the reviewer's comments and let us have the revised version.
best

Editor-in-Chief

MINOR REVISION 14 Sep 2024

Thank you for your recent revisions.
Your paper has now been evaluated again. According to the reviewers' and associate editor's comments, it needs some more revisions. Please make your revisions according to these comments. I would appreciate it if you could make the revisions as soon as possible using the track changes mode in MS Word and colored text.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Sir/Madam

I am resubmitting the paper “Lack of Self-Acceptance According to Psychotherapists' Lived Experiences: A Reflexive Thematic Analysis” with a minor revision that were done based on aptly given comments on our paper to be considered for publication. I tried to do an extensive revision based on the valuable comments of the reviewers in the previous submission.

The original submission had some important issues that were raised by the reviewers. In this letter, I tried to answer those concerns.

The original paper ID is “148856”.

Here I have provided explanations and answers in red color to each concern of the reviewers as below:

Specifically:

Reviewers' Comments:

Reviewer 1:
The manuscript has been revised according to the reviews.
Still, some more changes are needed.
The keyword Self-Acceptance is not selected from MeSH.

I appreciate your comments. This term is indeed not formally designated as a MeSH term. Still, it accurately reflects the core concept of this research: “self-acceptance” refers to being wildly open to all experiences that occur to the self, whether inner experiences or external experiences. This word is widely used; however, I can address this by modifying keywords as below:

Keywords: Adverse Experience, Self-awareness, Perfectionism, Shame, Self-Criticism, and Qualitative Study.

30 references are more than 5 years ago; please update the references.

The references were updated as much as possible and they are highlighted to be easy to track. However, some of the references are key sources in that area and they need to be in the text. But I added some new references which are new evidence for those main sources.

There are lots of typos that need to be corrected; you can ask for help from AI to enhance the writing and grammar of the paper. For example: line 16: transdiagnostic.

The manuscript was rectified by AI to enhance writing and grammar of it. All modifications are highlighted. Thank you for suggestion.

Reviewer 2:
Thank you for your editing. Here are some minor reviews:

Actually, thank you for your valuable comments.

Lines 68-70:

You state, 'a study that specifically and directly explores the specific reasons and personal narratives contributing to a lack of self-acceptance is not available.' This overlooks existing research on related concepts like self-criticism and perfectionism.

We know that the manifestations of lack of self-acceptance are diverse, including perfectionism, self-criticism, shame, suicide, self-doubt, etc. What I mean by this sentence is that there are no studies that directly deal with the roots and grounds of lack of self-acceptance, not researches related to the reasons for the manifestations or consequences of lack of self-acceptance, such as self-criticism or perfectionism. Since there are some studies related to specific reasons and personal narratives involved in perfectionism, self-criticism, and shame, but due to the fact that there are many manifestations of lack of self-acceptance, this research wants to address the specific reasons and personal narratives involved in not accepting oneself.

Lines 344-346:
You acknowledge that 'interviewing psychotherapists exclusively may limit the findings' applicability to other contexts.' This limitation could be more explicitly discussed in terms of its implications for the study's conclusions.

Thank you for your suggestion. This paragraph is modified to "…However, interviewing psychologists exclusively may have limited the findings' applicability to other contexts. Psychologists' profession and field may lead to a profession-based narration of their lived experiences of the problem of low self-acceptance, which makes it impractical to generalize to the broader public."

Lines 346-348:
You suggest that future studies may examine perspectives from different backgrounds but do not address the lack of diversity in the current study's participant pool.

As you mentioned in your previous comment, interviewing only psychotherapists, despite being very informative, was one of the limitations of the current research, and by this I mean that future researchers would rather consider people with other backgrounds and fields. I modified it as below:

"…Future research may therefore examine the perspectives of individuals from various backgrounds and disciplines."

Sincerely yours,

Mahmoud Najafi, Ph.D,

Associate Professor, Department of Clinical Psychology, Faculty of Psychology & Educational Sciences, Semnan University

3 Revision 2

4 comments · 1 Nov 2024 – 16 Dec 2024

Referee 2 Reviewer — ACCEPT — 1 Nov 2024

Dear Author, thank you for addressing the comments.

Sajedeh Seyed-Alipour Reviewer — MINOR REVISION — 10 Nov 2024

Thanks for editing the manuscript. Please write the keywords in alphabetic order.

Associate Editor — ACCEPT — 5 Dec 2024

The revision is well done. Thanks.

Editor-in-Chief — ACCEPT — 16 Dec 2024

We have completed our review of your manuscript and are pleased to inform you that it is being considered for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. Note that the publication of your article will only be finalized with your cooperation in the editorial process.
Thank you for your fine contribution. On behalf of the Editors of Progress in Psychiatry and Behavioral Sciences, we look forward to your continued contributions to the Journal.