



Effectiveness of Recovery-Oriented Cognitive Therapy on Emotion Recognition and Quality of Life in Patients with Schizophrenia

Morteza Saeedi¹, Parviz Sharifidaramadi^{2*}, Gholamreza Sharifirad³

¹ PhD Student in general psychology, Department of Psychology, Faculty of Psychology, Qom Branch, Islamic Azad University, Qom, Iran

² Professor, Department of Exceptional Psychology, Faculty of Psychology and Educational Sciences, Allameh Tabatabai University, Tehran, Iran

³ Professor of Health Education and Health Promotion, Faculty of Health, Qom University of Medical Sciences, Qom, Iran

* Corresponding author email address: Dr_sharifidaramadi@yahoo.com

Editor	Reviewers
Khadijeh Irandoust ¹ Associate Professor, Department of Sport Sciences, Imam Khomeini International University, Qazvin, Iran irandoust@ikiu.ac.ir	Reviewer 1: Abolghasem Khoshkanesh ¹ Assistant Professor, Counseling Department, Shahid Beheshti University, Tehran, Iran. Email: akhoshkonesh@sbu.ac.ir Reviewer 2: Azade Abooei ¹ Department of Counseling, Faculty of Humanities, University of Science and Art, Yazd, Iran. Email: a.abooei@tea.sau.ac.ir

1. Round 1

1.1 Reviewer 1

Date: 14 February 2024

Reviewer:

The introduction provides a good overview of schizophrenia but lacks a direct link to how recovery-oriented cognitive therapy specifically addresses the gaps left by other therapies. It would be beneficial to provide a clearer transition that outlines why recovery-oriented cognitive therapy is necessary given the limitations of current treatments.

While several studies are cited, the review could be enhanced by including more recent meta-analyses that compare the effectiveness of different non-pharmacological interventions for schizophrenia, providing a more comprehensive context for recovery-oriented cognitive therapy.

The convenience sampling method used limits the generalizability of the study findings. Consider using random sampling in future research to increase the external validity and reduce potential biases associated with convenience sampling.

The study design mentions a control group that was placed on a waiting list. There is a need to clarify whether any form of standard care was provided to the control group, as this can affect the interpretation of the therapy's effectiveness compared to untreated individuals.

The Emotional Recognition Test and the WHO Quality of Life Questionnaire are well-established tools, but the article could benefit from explaining why these particular measures were chosen and how they align specifically with the objectives of recovery-oriented cognitive therapy.

It's commendable that the paper checks for normality and homogeneity of variances. However, the discussion could be deepened by addressing any potential impacts of the violations of sphericity observed in the data on the study's findings and conclusions.

The follow-up period of one month might be too short to truly assess the long-term effects of the therapy on emotion recognition and quality of life. Suggesting a longer follow-up period or a longitudinal study could provide more insights into the sustainability of the therapy's effects.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Date: 20 February 2024

Reviewer:

The results are significant; however, the presentation could be improved. Consider including effect sizes or confidence intervals to provide a deeper understanding of the magnitude and precision of the therapy's effects, not just the statistical significance.

The paper discusses how recovery-oriented cognitive therapy might improve outcomes, yet it does not thoroughly engage with the psychological mechanisms or processes that are activated during therapy. Expanding on this could provide valuable insights into how exactly the therapy benefits patients.

The study lacks a comparative analysis of recovery-oriented cognitive therapy against other non-pharmacological treatments. Including such a comparison could strengthen the argument for the specific benefits of this therapy over others.

The study mentions demographic details of the participants, but does not discuss if and how these factors (like age and education level) might influence the outcomes. Analyzing the effects of these variables could add depth to the findings.

While the ethical considerations are noted, the paper would benefit from a discussion on how potential ethical challenges specific to working with schizophrenic patients were handled, especially regarding their capacity to consent.

The limitations are briefly mentioned, but there could be a more detailed discussion on the implications of these limitations for the study's findings and for future research, such as the impact of cultural factors on the therapy's effectiveness.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.