



Effects of Schema Therapy and ISTDP on Resilience, Emotion Regulation, and Self-Compassion in Women with a History of Trauma

Alireza Ahangaran¹, Pardis Tadayon^{1*}, Mohammad Reza Zoghi Paidar², Hossein Mohagheghi², Javad Moshfeghi Vahed³, Fatemeh Mirzai¹

¹ Ms.C. in General Psychology, Department of Psychology, Faculty of Economics and Social Sciences, Bu-Ali Sina University, Hamedan, Iran

² Associate Professor, Department of Psychology, Faculty of Economics and Social Sciences, Bu-Ali Sina University, Hamedan, Iran

³ Ms. C. in General Psychology, Department of Psychology, Faculty of Humanities, Islamic Azad University, Hamedan Branch, Hamedan, Iran

* Corresponding author email address: pardistadayon97@gmail.com

Editor

Luis Felipe Reynoso-Sánchez
Department of Social Sciences and Humanities, Autonomous University of Occident, Los Mochis, Sinaloa, Mexico
felipe.reynoso@uadeo.mx

Reviewers

Reviewer 1: Yaghob Badriazarin
Associate Professor of Sport Sciences, Tabriz University, Tabriz, Iran.
Email: badriazarin@tbzmed.ac.ir
Reviewer 2: Azade Abooei
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

Reviewer:

In the introduction, the statement “Early research on trauma predominantly focused on male samples...” would benefit from more precise referencing and theoretical framing; consider integrating a clearer historiographical synthesis of trauma research evolution rather than a descriptive narrative, and specify how this directly justifies the present study’s focus on women .

The paragraph stating “Trauma can be associated with a wide range of psychological pathologies...” is conceptually broad; it would be methodologically stronger to explicitly link these pathologies to your selected dependent variables (resilience, emotion regulation, self-compassion) through a mediational or transdiagnostic framework .

In the paragraph beginning “Experiencing trauma is associated with lower levels of resilience...”, the construct of resilience is defined descriptively but lacks operational precision; consider distinguishing between trait resilience and process-based resilience, and justify why CD-RISC is the most appropriate measure for your conceptualization .

In the methods section under “Participants,” the statement “Participants were selected using purposive sampling and were then randomly assigned” introduces ambiguity; please clarify whether this constitutes a quasi-experimental or randomized controlled design, as the terminology currently conflicts .

The inclusion criteria state “having experienced at least one traumatic event,” but no standardized diagnostic tool (e.g., CAPS-5 or PCL-5) is mentioned; this raises concerns about construct validity and heterogeneity of trauma exposure .

In the intervention section, the schema therapy protocol is described session-by-session, but therapist qualifications, adherence monitoring, and treatment fidelity checks are not reported; this omission limits reproducibility and threatens internal validity .

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Reviewer:

The sentence “Emotion regulation refers to a set of explicit and implicit skills...” would benefit from theoretical anchoring in a specific model (e.g., Gross’s process model); currently, the construct is defined generically without specifying which regulatory stages are most relevant to trauma populations .

In the introduction paragraph on self-compassion, the statement “The experience of trauma is also associated with self-compassion” is underdeveloped; you should clarify the directionality (protective vs. impaired outcome) and provide a more nuanced integration with trauma-related shame and self-criticism mechanisms .

The section introducing schema therapy states that it “incorporates elements from cognitive-behavioral, experiential, interpersonal, and psychodynamic approaches,” but lacks a mechanistic explanation; please elaborate how schema modes specifically interact with trauma memory networks to influence the dependent variables .

In the ISTDP paragraph, the sentence “Unlike symptom-focused treatments such as cognitive-behavioral therapy...” appears somewhat reductive; this comparison should be nuanced, as contemporary CBT also includes emotion-focused components—otherwise, the argument risks being theoretically outdated .

In the final paragraph of the introduction, the claim that “direct comparisons of their effectiveness...remain limited” requires explicit citation support and possibly a brief systematic synthesis of existing comparative studies to substantiate the research gap .

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.