

Investigating the Effectiveness of Schema Therapy on Intolerance of Uncertainty, Rejection Sensitivity, and Self-Critical Rumination in Women Victims of Emotional Abuse

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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction appropriately discusses emotional abuse as a relational trauma context; however, the conceptual definition of “women victims of emotional abuse” remains insufficiently operationalized. The manuscript does not specify how emotional abuse was clinically identified, whether standardized screening tools were used, or whether abuse severity and duration were considered. This ambiguity threatens construct validity and should be clarified in the Methods section.

The paragraph beginning with “A central psychological consequence of emotional abuse is the disruption of basic assumptions about safety” provides a useful theoretical framework, but the manuscript lacks a clear integrative conceptual model explaining how schema therapy simultaneously affects intolerance of uncertainty, rejection sensitivity, and self-critical rumination. The authors should include a conceptual pathway or theoretical diagram linking maladaptive schemas, schema modes, and the three outcome variables.

In the literature review concerning rejection sensitivity, the manuscript heavily relies on correlational evidence but does not sufficiently explain why rejection sensitivity should be particularly responsive to schema therapy rather than other trauma-

focused approaches. The authors should expand the rationale by explaining which schema modes (e.g., abandoned child, punitive parent, detached protector) are specifically implicated in rejection sensitivity reduction.

The statement “Schema therapy offers a theoretically integrated and clinically powerful framework” is conceptually persuasive but somewhat promotional in tone. Scientific writing requires more balanced phrasing acknowledging competing therapeutic approaches and existing limitations of schema therapy research in trauma-exposed populations.

The research gap paragraph appropriately identifies limitations in prior literature; however, the novelty claim would be stronger if the authors explicitly differentiated this study from previous schema therapy studies involving betrayal trauma, domestic violence, or borderline personality disorder. Currently, the manuscript implies novelty without systematically demonstrating it.

The sampling procedure described as “purposive and convenience sampling methods” requires further methodological transparency. The manuscript does not explain how many individuals were initially screened, how many were excluded, the reasons for exclusion, or whether a CONSORT-style participant flow process was implemented. This omission limits reproducibility and raises concerns regarding selection bias.

The inclusion criterion “experiencing emotional abuse in intimate relationships based on clinical assessment or self-report” is methodologically problematic because “clinical assessment” and “self-report” represent fundamentally different assessment procedures. The authors should specify whether a structured diagnostic interview, validated abuse inventory, or clinician judgment protocol was used to standardize participant eligibility.

The study used a control group receiving “no intervention during this period.” This design introduces possible expectancy, attention, and therapist-contact confounds. The authors should justify why an active control or supportive counseling condition was not implemented and discuss how nonspecific therapeutic factors may have contributed to the observed effects.

The Measures section is generally detailed; however, the manuscript reports psychometric indices from prior studies while failing to report reliability coefficients for the present sample. Internal consistency values for each scale within the current participants should be presented because reliability is sample-dependent and essential for evaluating measurement precision.

The description of the Rejection Sensitivity Questionnaire states that the Persian validation revealed a two-factor structure “accounting for 28.28% of the total variance.” This explained variance appears relatively low for psychometric adequacy, and the authors should discuss whether this level of variance explanation is acceptable according to factor analytic standards.

In Table 3, the Bonferroni post hoc findings indicate a statistically significant difference between posttest and follow-up for intolerance of uncertainty ($p = .012$), suggesting continued improvement after treatment termination. However, the Discussion section does not sufficiently explore the mechanisms that may explain delayed improvement effects. This finding deserves deeper theoretical interpretation.

The Discussion section appropriately links findings to schema theory, but it tends to restate theoretical assumptions rather than critically interpret empirical results. For example, the manuscript repeatedly claims that schema therapy “likely” modified maladaptive schemas without presenting direct evidence of schema change because schemas themselves were not measured. The discussion should avoid causal overinterpretation unsupported by measured mediators.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The intervention protocol lacks sufficient procedural specificity for replication. Although the manuscript briefly summarizes session content, it does not provide a structured session-by-session outline, therapist qualifications, treatment fidelity procedures, supervision process, or adherence checks. A detailed intervention table or appendix would substantially improve methodological rigor.

The manuscript states that sessions were conducted in “ten weekly group sessions, each lasting 60 minutes,” but does not explain whether group dynamics, participant interactions, or emotional safety procedures were managed differently given the

trauma-related nature of the sample. This omission is particularly important because emotional abuse survivors may experience retraumatization in group settings.

The Data Analysis section indicates that repeated-measures ANOVA was used; however, the manuscript does not justify why mixed-effects modeling or generalized estimating equations were not considered, especially given the repeated structure of the data and the potential vulnerability of ANOVA to missing data assumptions.

In Table 1, the skewness and kurtosis values are reported, which is commendable; however, the manuscript does not provide explicit acceptable cutoff criteria for normality interpretation. The authors should specify the thresholds used to determine acceptable distributional assumptions and cite appropriate methodological references.

The paragraph beginning with “Prior to conducting repeated-measures analysis of variance” is statistically detailed, yet several reported analyses appear unnecessary or insufficiently justified. For example, the manuscript reports testing “homogeneity of regression slopes,” which is more commonly associated with ANCOVA than repeated-measures ANOVA. The authors should clarify why this assumption was examined and how it relates to the selected analytic strategy.

The reported statistical power values of “1.00 across all analyses” appear unusually perfect given the relatively small sample size ($n = 30$). The authors should clarify whether post hoc observed power was computed automatically by SPSS and discuss the limitations of observed power statistics, as reporting perfect power may be misleading.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.