

The Relationship of Dispositional Mindfulness, Cognitive Empathy, and Affective Empathy with Depressive Symptoms

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The measurement description of the Cognitive Empathy Questionnaire is insufficiently precise. The manuscript refers to a “26-item” instrument but does not identify its original author(s), exact instrument title, year of development, response scale anchors, theoretical score range, or the specific Persian validation study. Because several cognitive empathy and perspective-taking instruments exist, the current description prevents replication. Please provide the full psychometric identity of the measure and ensure that the cited source actually corresponds to this exact 26-item instrument.

The paragraph describing the Mehrabian and Epstein Emotional Empathy Scale states that the instrument contains components such as “Emotional Susceptibility, Participatory Empathy, Reactive Empathy, and Emotional Responsiveness,” whereas the structural figure models affective empathy using only two indicators labeled “Emotional” and “Control.” Please reconcile the scoring structure described in the Methods with the latent-variable specification used in the SEM. The manuscript should state exactly which subscale scores served as indicators and explain how these two indicators were derived from the original scale.

The Methods state that “multicollinearity was examined,” but no multicollinearity results are reported. Please add the actual diagnostics used, such as tolerance and variance inflation factor values, and provide the observed ranges. If SEM rather than

multiple regression was the principal inferential framework, also explain whether multivariate outliers, linearity, homoscedasticity, and multivariate normality were assessed, because univariate skewness and kurtosis alone do not establish that all SEM assumptions are satisfied.

In the data-analysis paragraph, the manuscript says that Pearson correlations were used to examine relationships among the variables, but the Results subsequently report a structural model with latent variables and path coefficients. The analytic plan should therefore be expanded substantially. Please identify the SEM software, estimator, covariance matrix, model-identification strategy, treatment of missing data, criteria for acceptable model fit, and whether confirmatory factor analysis preceded the structural analysis. The current Methods do not adequately describe the analysis that generated Table 4 and Figure 1.

In Table 4, several reported statistics appear internally inconsistent. For example, the path from dispositional mindfulness to depressive symptoms is reported as $B = -0.097$, $SE = 0.079$, and $CR = -1.157$; however, $-0.097/0.079$ is approximately -1.23 , not -1.157 . More strikingly, the cognitive empathy $\rightarrow$ depressive symptoms path is reported as $B = 0.016$, $SE = 0.145$, but $CR = 0.012$; the implied ratio is approximately 0.11 . Please verify all coefficients directly against the statistical output and correct any transcription errors before publication.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

In Table 1, age is reported only through “ $t = 1.97$, $p = .049$,” without presenting mean age, standard deviation, range, or the groups being compared. It is unclear what this t test represents. Please report descriptive age statistics and explicitly state the comparison underlying the test. If no theoretically justified group comparison was planned, the inferential age test should be removed from a table whose stated purpose is to describe demographic characteristics.

Also in Table 1, Pearson χ^2 values are reported for gender, marital status, economic status, education, illness history, substance-use history, and psychiatric consultation. The null hypothesis for these chi-square tests is not stated, and testing whether observed category frequencies differ from equal frequencies is generally not informative unless an expected distribution is theoretically or empirically justified. Please explain what expected frequencies were used and why these goodness-of-fit tests are substantively meaningful; otherwise, report only frequencies and percentages.

In Table 2, the manuscript concludes that “the skewness and kurtosis values indicate that the variables were normally distributed.” This conclusion should be more cautious. Affective empathy and cognitive empathy have kurtosis values of 2.91 and 2.70 , respectively, which may be acceptable under some conventional cutoffs but do not by themselves demonstrate normality. Please state the specific thresholds applied and, because SEM was used, report whether multivariate normality was evaluated, for example using Mardia’s coefficient or a robust estimation approach.

Table 3 is not interpretable in its current form because variables 1–22 are not identified. The manuscript must provide a complete note mapping every number to its corresponding total scale or subscale. This is particularly important because the narrative makes claims about “main variables and their dimensions,” but readers cannot verify which coefficients correspond to dispositional mindfulness, empathy dimensions, depressive symptom dimensions, or their subscales.

The significance reporting in Table 3 is incomplete. The note states that analyses were significant at $p < .05$ and $p < .01$, but the table contains no asterisks or exact p values identifying which coefficients meet these thresholds. Please mark each significant coefficient using standard APA notation, such as $p < .05$ and $** p < .01$, or provide a corresponding significance matrix. As currently presented, the claims in the narrative cannot be independently checked from the table.

The Results paragraph following Table 3 states that “strong positive correlations between the subscales and the total score of each instrument indicate satisfactory internal consistency and construct validity.” This interpretation is psychometrically inappropriate. Correlations between subscales and their parent total scores are mathematically inflated because the subscales contribute directly to the total score and therefore cannot establish internal consistency or construct validity. Please remove this

claim and report reliability using Cronbach's alpha or preferably omega, and construct validity using CFA indices, factor loadings, AVE, CR, or other appropriate psychometric evidence.

The manuscript contains an important inconsistency between the bivariate and structural findings. The text following Table 3 reports "a significant negative relationship between affective empathy and depressive symptoms," whereas Table 4 shows a nonsignificant direct path from affective empathy to depressive symptoms ($\beta = -0.202$, $p = .32$). Please explicitly distinguish zero-order Pearson correlations from adjusted SEM path coefficients and explain why the association may lose significance after simultaneous modeling of mindfulness and cognitive empathy. This discrepancy is theoretically informative and should not be left unexplained.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.