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Effectiveness of Schema Therapy Training on Self-Awareness and Acceptance in Girls with Gamophobia

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Muhammad Rizwan Associate Professor, Department of Psychology, Haripur University, Islamabad, Pakistan muhammad.rizwan@uoh.edu.pk	**Reviewer 1:** Sara Nejatifar Department of Psychology and Education of People with Special Needs, Faculty of Educational Sciences and Psychology, University of Isfahan, Isfahan, Iran. Email: s.nejatifar@edu.ui.ac.ir **Reviewer 2:** Kamdin. Parsakia Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: kamdinarsakia@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

In paragraph 2, the transition from "the transition to adulthood requires individuals to achieve higher levels of self-awareness" to the multidimensional model of self-awareness is abrupt. Consider inserting a linking sentence explaining why self-awareness is conceptually important in gamophobia specifically.

In paragraph 3, the discussion relies mostly on broad theories of self-awareness without explicitly connecting them to commitment-related fears. A clearer explanation of how self-awareness deficits mechanistically contribute to gamophobia would increase theoretical coherence.

The inclusion criteria list "basic literacy skills" but do not specify whether psychological screening for comorbid anxiety or trauma was conducted. Given schema therapy's intensity, screening should be described.

In the Intervention section, although eight sessions are described, there is no information on treatment fidelity, adherence checklists, or therapist qualifications beyond the phrase "trained by a qualified therapist." Adding fidelity procedures would strengthen methodological rigor.

For the Self-Acceptance Questionnaire, the sentence "Items 1, 4, 7, 9… are reverse-scored" is appropriate, but the manuscript does not report whether factor structure was validated in the present sample. Given cultural differences, reporting CFA or reliability by subscale is recommended.

The manuscript does not justify why a 60-day follow-up was chosen. Provide reasoning or reference (e.g., expected cognitive or emotional consolidation timeline in schema therapy).

Authors uploaded the revised manuscript.

1.2.   Reviewer 2

Reviewer:

Paragraph 4 focuses extensively on self-acceptance as a protective factor, but fails to reference any literature suggesting cases where heightened self-acceptance may not reduce avoidance of commitment. Including alternative viewpoints would show a more balanced review.

In paragraph 5, the manuscript states that "schemas related to abandonment, mistrust, emotional deprivation, defectiveness…" may be activated in gamophobia. This is theoretically plausible, but empirical evidence linking specific EMS clusters to fear of marriage should be cited or at least acknowledged as limited.

When the manuscript states "schema therapy has been developed as an integrative psychotherapeutic approach…", the paragraph (paragraph 6) describes its general effectiveness. However, the rationale for applying schema therapy specifically to gamophobia is not articulated clearly enough. Consider adding justification based on avoidance coping styles or relationship schemas.

In paragraph 10, the manuscript claims "several gaps remain" but the gaps presented are broad. The authors are advised to more precisely define the methodological gaps (e.g., lack of controlled follow-ups, limited standardized outcome measures, no mediation testing).

In the Methods section, the sentence "participants were purposively selected... and then randomly assigned" introduces ambiguity. Purposive sampling followed by random assignment is acceptable, but clarification is needed on how assignment was conducted and whether allocation concealment was used.

In the Results section, it is stated that groups were "relatively similar," but no statistical test (e.g., independent t-test or chi-square) is reported. Adding baseline equivalence tests is essential to support internal validity.

In Table 2, the "Time × Education" interaction for self-acceptance approaches significance ($p = .047$). However, the discussion section does not interpret this finding. Clarify whether educational level moderates treatment effects.

Authors uploaded the revised manuscript.

2.   Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.