






# The Effectiveness of Schema Therapy on Distress Tolerance and Subjective Well-Being in Adolescents with Parental Bereavement Experience

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E d i t o r	R e v i e w e r s
Muhammad Rizwan  Associate Professor, Department of Psychology, Haripur University, Islamabad, Pakistan muhammad.rizwan@uoh.edu.pk	<b>Reviewer 1:</b> 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 <b>Reviewer 2:</b> 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 the paragraph beginning with “Distress tolerance, defined as the perceived and actual capacity to withstand negative emotional states”, the authors might strengthen conceptual rigor by explicitly stating whether distress tolerance is treated here as a trait-like construct or a modifiable process outcome, as this distinction has implications for intervention interpretation.

The discussion of subjective well-being is comprehensive; however, in the sentence “Unlike symptom-focused outcomes, subjective well-being reflects individuals’ broader evaluations of life satisfaction”, it would be helpful to explicitly justify why subjective well-being was prioritized over grief-specific outcomes in this intervention study.

The intervention description is detailed and commendable; however, the sentence “delivered in a group setting by a trained therapist” should specify the therapist’s level of training and certification in schema therapy to enhance replicability.

The authors mention “meaning-making and self-compassion exercises” in the final sessions. It would be valuable to clarify whether these elements were derived directly from schema therapy or integrated from adjacent therapeutic models.

Authors uploaded the revised manuscript.

## 1.2. Reviewer 2

Reviewer:

The paragraph introducing schema therapy is theoretically sound, yet the sentence “schema therapy may be particularly well-suited for adolescents who have experienced parental loss” would benefit from a more explicit developmental justification, particularly addressing how adolescent cognitive–emotional capacities align with schema-level interventions.

In the paragraph citing Iranian adolescent studies, the manuscript states “These findings are particularly relevant for bereaved adolescents”. The authors are encouraged to clarify whether the cited studies included bereaved samples or whether relevance is inferred theoretically, to avoid overgeneralization.

The research gap is clearly articulated; however, the final sentence “Accordingly, the present study aimed to investigate...” could be strengthened by explicitly stating whether the study is exploratory or hypothesis-driven, especially given the use of MANCOVA.

In the description of the Distress Tolerance Scale, the manuscript reports “the results of this study indicated high internal consistency reliability ( $\alpha = 0.71$ )”. Given current psychometric standards, the authors should briefly justify considering this value as “high” rather than “acceptable.”

The paragraph describing the Keyes and Magyar-Moe scale would benefit from specifying whether subscale scores or only total scores were used in the analysis, as this affects the interpretation of the outcome construct.

While reliability is well documented, the authors may wish to clarify whether the GEQ was used solely for screening or also considered analytically, particularly since grief severity could act as a covariate.

Authors uploaded the revised manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.