

The Role of Attitude Toward Self in Self-Esteem among Adolescents with Idiopathic Generalized Epilepsy: The Mediating Effect of Mentalization

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1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “Self-esteem refers to the individual’s overall evaluation of personal worth, competence, and acceptability” requires deeper theoretical clarification because the manuscript later distinguishes self-esteem from attitude toward self without sufficiently defining the conceptual boundaries between the two constructs. The authors should explicitly explain whether attitude toward self is conceptualized as a precursor, subcomponent, or parallel construct to self-esteem, because the overlap between these variables raises concerns about construct redundancy and discriminant validity.

The paragraph discussing epilepsy-related psychosocial burden cites several psychosocial consequences such as stigma, fear of seizure recurrence, and social restriction; however, the manuscript does not report any epilepsy-specific clinical characteristics beyond seizure frequency. Important variables such as illness duration, medication type, seizure control status, hospitalization history, socioeconomic background, and comorbid psychiatric symptoms should either be controlled statistically or discussed as potential confounding variables influencing self-esteem and mentalization.

The section beginning with “One of the constructs that may play a central role in adolescents’ self-esteem is attitude toward self” is theoretically underdeveloped. The authors rely heavily on descriptive explanations but do not integrate a coherent theoretical model such as self-discrepancy theory, attachment theory, reflective functioning theory, or cognitive-affective processing frameworks. The manuscript would be strengthened considerably if the proposed mediation model were anchored in a clearly articulated theoretical mechanism.

The paragraph discussing social comparison processes appears conceptually disconnected from the final tested model because social comparison was neither measured nor statistically analyzed. The authors repeatedly emphasize peer comparison and social evaluation but ultimately exclude these variables from the structural model. This creates conceptual diffusion in the Introduction and may confuse readers regarding the actual study hypotheses. The authors should either remove these discussions or explain explicitly why these constructs were excluded from the final SEM model.

The discussion of mentalization is clinically valuable; however, the manuscript does not adequately distinguish between reflective functioning, affective mentalization, and cognitive mentalization. Since the Reflective Functioning Questionnaire includes certainty and uncertainty dimensions, the authors should clarify which aspect of mentalization is theoretically central to the present model and whether maladaptive certainty or uncertainty was separately examined.

In the Data Analysis section, the manuscript states that assumptions such as normality and multicollinearity were examined, yet no actual statistics are reported. The authors should provide skewness/kurtosis thresholds, variance inflation factor values, tolerance indices, Mahalanobis distance screening, and multivariate normality indices. Simply stating that assumptions were tested is insufficient for SEM reporting standards.

In the Findings section, the demographic presentation lacks clinically important descriptive information. For example, the manuscript reports seizure frequency categories but does not define the criteria distinguishing “low,” “moderate,” “high,” and “very high” seizure frequency. These categories require operational definitions to ensure interpretability and reproducibility.

Table 2 presents confirmatory factor analysis results; however, factor loadings as low as 0.41 and 0.43 were retained without adequate justification. In SEM literature, factor loadings below 0.50 are often considered weak indicators unless theoretically justified. The authors should explain why these items were retained and whether model fit improved after removing low-loading indicators.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The statement “mentalization may be a crucial mechanism connecting self-attitude to self-esteem” introduces the mediation hypothesis, yet the manuscript does not formally state any research hypotheses. A scientific article using structural equation modeling should clearly specify directional hypotheses in the final part of the Introduction. The absence of explicit hypotheses weakens the analytical coherence of the study design.

In the Methods section, the authors state that purposive non-random sampling was used among adolescents referring to epilepsy clinics in Shiraz; however, the recruitment process is insufficiently transparent. The manuscript should report the number of clinics involved, recruitment duration, refusal rate, missing data percentage, and the number of participants excluded before reaching the final sample of 351 adolescents. Without this information, sample representativeness cannot be adequately evaluated.

The inclusion criterion “absence of severe psychological disorders” is vague and methodologically problematic because the manuscript does not explain how psychological disorders were assessed. Were clinical interviews conducted? Was this based on medical records, self-report, or psychiatrist evaluation? The authors must provide operational diagnostic procedures for this criterion to ensure methodological rigor.

The sample size justification relies on generic SEM recommendations from Kline and Hair et al., but no power analysis was conducted. Given that mediation models are sensitive to indirect effect estimation, the manuscript would benefit substantially

from an a priori or post hoc statistical power analysis specifically for indirect effects rather than relying exclusively on heuristic SEM sample-size rules.

The measurement section for the Rosenberg Self-Esteem Scale does not report reliability coefficients for the current sample. Since reliability is sample-dependent, Cronbach's alpha, McDonald's omega, or composite reliability should be reported specifically for this dataset rather than only referencing prior studies. This omission weakens confidence in the psychometric adequacy of the measure within this clinical population.

A major methodological concern arises in the use of the modified 12-item version of the Levels of Self-Criticism Scale. The authors substantially altered the original instrument by shortening items and reversing scoring direction, yet no exploratory factor analysis, confirmatory factor analysis rationale, or independent validation procedure was conducted prior to using the modified scale in SEM. Such modifications may alter construct validity, and the manuscript requires much stronger psychometric justification for this adaptation.

The sentence "The selection of items was performed through a multi-stage psychometric process" remains insufficiently detailed. The manuscript should specify which exact 12 items were retained, which items were removed, factor-loading criteria used for retention, content validity indices, and whether cross-validation procedures were employed. Without this information, the reproducibility of the measure adaptation is severely limited.

The Reflective Functioning Questionnaire section reports that the Persian version includes 14 items with two subscales; however, the manuscript later treats mentalization as a single latent construct in SEM. The authors should justify collapsing the subscales into a single factor because certainty and uncertainty about mental states are conceptually distinct dimensions and may demonstrate differential relationships with self-esteem.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.