

The Effectiveness of Schema Therapy on Loneliness and Hope for Life in Mothers of Children with Autism

Somayeh. Mohammadverdi¹, Masoumeh. Jafari², Anahita. Arab Ameri³, Seyedeh Shadi. Bagheri Bagherabadi⁴, Zahra. Yavarniaei^{2*}

¹ Master of Clinical Psychology, Ka.C., Islamic Azad University, Karaj, Iran

² Master of Clinical Psychology, Sr.C., Islamic Azad University, Tehran, Iran

³ Master's Student of Clinical Psychology (Child and Adolescent), TeMS.C., Islamic Azad University, Tehran, Iran

⁴ Master of General Psychology, Ga.C., Islamic Azad University, Garmsar, Iran

* Corresponding author email address: zahra.yavarnia28@gmail.com

Editor

Shahrooz Nemati^{ib}
Professor, Department of Educational Sciences, Faculty of Educational Science and Psychology, University of Tabriz, Iran
Sh.Nemati@Tabrizu.ac.ir

Reviewers

Reviewer 1: Davood Taghvaei^{ib}
Department of Psychology, Arak Branch, Islamic Azad University, Arak, Iran.
Email: d-taghvaeii@iau-arak.ac.ir
Reviewer 2: Hooman Namvar^{ib}
Assistant Professor, Department of Psychology, Saveh Branch, Islamic Azad University, Saveh, Iran. Email: hnamvar@iau-saveh.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The Introduction section would benefit from a clearer articulation of the research gap. Although the authors mention that “limited attention has been devoted to mothers of children with autism,” the manuscript does not systematically review previous intervention studies conducted specifically on caregivers of autistic children. A more detailed synthesis of prior caregiver-focused interventions would help justify the novelty and necessity of schema therapy within this population.

The reported effect sizes are very large ($\eta^2 = .416$ and $.539$), yet the manuscript does not critically discuss whether these unusually strong effects may be influenced by the small sample size, measurement limitations, or expectancy effects. A more cautious interpretation of effect magnitude is necessary.

The Discussion section repeatedly references “working children,” “sexual deviance,” and “oppositional defiant disorder,” which are entirely unrelated to the study variables. This major content mismatch not only compromises scientific validity but

also raises concerns regarding editorial oversight and manuscript preparation quality. The entire discussion and conclusion sections require complete rewriting to align with the actual study objectives and findings.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The statement “The present study employed a quasi-experimental design using a pretest-posttest format with a control group” lacks important methodological details regarding participant allocation. The manuscript later states that participants “were assigned” into groups, but it remains unclear whether assignment was random, matched, or convenience-based. Clarifying the allocation procedure is critical for evaluating internal validity and selection bias.

The inclusion and exclusion criteria are insufficiently operationalized. For example, the manuscript excludes participants with “psychological disorders such as depression,” but no information is provided regarding how depression or other psychiatric conditions were assessed. The authors should specify whether structured interviews, clinical records, or screening questionnaires were used.

The sample size of 30 participants appears relatively small for detecting stable intervention effects, particularly given the use of ANCOVA and two outcome variables. The manuscript would be strengthened by including an a priori power analysis or justification for sample adequacy based on previous intervention studies.

The Measures section describing the Snyder Hope Scale contains a scoring inconsistency. The manuscript states that the questionnaire consists of 12 items scored from 1 to 5, yielding a total score range “from 12 to 60,” but Table 1 reports mean hope scores of 87.40 and 113.20, which are impossible within the stated scoring range. This discrepancy suggests either incorrect scoring procedures, reporting errors, or use of a different instrument version, all of which require clarification.

The intervention protocol description is informative but remains overly narrative and lacks procedural standardization. For example, the manuscript lists therapeutic themes for each session but does not indicate whether session fidelity was monitored, whether a treatment manual was followed systematically, or whether therapists received supervision during implementation.

The manuscript reports that the schema therapy protocol was “localized” and developed by Shaban (2020), but no citation details or psychometric/clinical validation information are provided for this adapted intervention package. Readers need sufficient information regarding cultural adaptation procedures and evidence supporting the intervention’s appropriateness for Iranian mothers of autistic children.

The Findings section states that “Most participants were within the age range of 30 to 45 years and had at least a high school diploma,” yet no demographic table is provided. A comprehensive demographic table including age, education, marital status, employment, child severity level, duration since diagnosis, and socioeconomic indicators would significantly improve interpretability of the findings.

The manuscript states that “no attrition occurred during the intervention period,” which is unusual for a 12-session psychological intervention. The authors should provide additional details regarding participant adherence, attendance rates, and strategies used to maintain engagement throughout the intervention process.

The assumption testing for ANCOVA is incomplete. While the manuscript reports Shapiro–Wilk and Levene’s tests, it does not provide exact statistical values, degrees of freedom, or significance levels. Reporting only that assumptions were “satisfied” is insufficient for transparent statistical reporting in empirical psychological research.

The statistical analysis section mentions the use of “one-way analysis of covariance (ANCOVA),” but because two dependent variables were examined simultaneously, the authors should clarify why multivariate ANCOVA (MANCOVA) was not considered. Conducting separate ANCOVAs may increase Type I error risk.

Table 2 presents ANCOVA results, but the table structure is incomplete because covariate statistics are omitted. Standard ANCOVA reporting conventionally includes the effects of the covariate (pretest scores), corrected model statistics, and adjusted means. Including only “Group” and “Error” rows reduces interpretability of the analysis.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.