

The Effectiveness of Acceptance and Commitment Therapy on Positive Thinking and Lifestyle among Mothers of Children with Autism

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R e v i e w e r s

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1. Round 1

1.1. Reviewer 1

Reviewer:

The first paragraph of the Introduction states that “mothers frequently assume the primary caregiving role and consequently experience a disproportionate share of caregiving responsibilities and associated stressors.” While this statement is theoretically reasonable, the manuscript would benefit from a more recent and international synthesis of evidence. The authors should incorporate contemporary epidemiological studies or systematic reviews published within the last five years to strengthen the rationale and demonstrate the current global relevance of caregiver burden among mothers of children with ASD.

In the third paragraph of the Introduction, the authors state that “many mothers describe balancing caregiving demands with other family responsibilities while simultaneously coping with societal misunderstandings regarding autism.” This discussion remains largely descriptive. The paragraph should be expanded by integrating a theoretical framework such as the Family Stress Model, Double ABCX Model, or Caregiver Burden Theory to provide a stronger conceptual foundation for understanding these experiences.

The paragraph introducing positive thinking defines the construct broadly but does not sufficiently distinguish positive thinking from related constructs such as optimism, hope, resilience, psychological capital, and self-efficacy. The authors should

clarify the conceptual boundaries of positive thinking and justify why this specific construct was selected as a primary outcome variable.

The paragraph beginning with “The significance of positive thinking is particularly evident among caregivers of children with special needs” cites only a limited number of supporting studies. A more comprehensive literature review should be included to demonstrate the relationship between positive thinking and caregiver adjustment among parents of children with ASD specifically, rather than relying on evidence from broader caregiver populations.

The statement “approximately 66.3% of the variance in the combined dependent variables was attributable to the intervention” may overstate the meaning of partial eta squared. The authors should interpret effect sizes more cautiously and provide a more precise explanation of what the statistic represents within the context of MANCOVA.

The Discussion section repeatedly attributes improvements to increased psychological flexibility. For example, the paragraph beginning “Another explanation for the effectiveness of ACT relates to its capacity to increase psychological flexibility” assumes psychological flexibility as the underlying mechanism. However, psychological flexibility was not measured in the study. The authors should acknowledge that this explanation is speculative and cannot be empirically verified within the present design.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the paragraph discussing lifestyle, the authors define lifestyle as a multidimensional construct; however, they do not explain how Acceptance and Commitment Therapy is expected to influence specific lifestyle domains such as nutrition, physical activity, sleep hygiene, or social participation. The theoretical pathways linking ACT processes to lifestyle change should be explicitly articulated.

The final paragraph of the Introduction states that “relatively few studies have simultaneously examined its impact on both positive thinking and lifestyle.” This research gap is asserted but not systematically demonstrated. The authors should provide a concise summary table or narrative synthesis of prior ACT studies showing what outcomes have already been investigated and precisely where the present study contributes new knowledge.

In the Methods section, the statement “Based on their scores on the positive thinking and lifestyle measures, 30 mothers were selected” requires clarification. The authors should explicitly describe the screening criteria, cutoff scores, and rationale used to select participants from the initial pool of 45 mothers. Without this information, selection bias cannot be adequately evaluated.

The sampling procedure described in the Study Design subsection raises concerns regarding external validity. Participants were recruited from counseling centers, which may represent mothers already seeking psychological support. The authors should discuss how this recruitment strategy may have affected the representativeness of the sample and the generalizability of findings.

The manuscript reports random assignment of participants to groups, yet the study is described as quasi-experimental. These two descriptions appear inconsistent. If true random allocation occurred, the authors should justify why the study was classified as quasi-experimental rather than a randomized controlled trial.

In the Measures section, psychometric properties are reported exclusively from previous studies. The authors should provide reliability coefficients (e.g., Cronbach’s alpha) calculated from the current sample for both the Positive Thinking Questionnaire and Lifestyle Questionnaire. Internal consistency should always be reported for the study sample itself.

The Intervention subsection describes the ACT program in broad terms but lacks sufficient procedural detail for replication. The authors should include a session-by-session intervention protocol, specifying session objectives, therapeutic exercises, homework assignments, and the duration allocated to each component.

The manuscript does not report therapist qualifications. Given that intervention fidelity is critical in psychotherapy research, the authors should identify who delivered the ACT sessions, describe their professional training, and explain whether supervision or fidelity monitoring procedures were implemented.

The Data Analysis section states that MANCOVA and ANCOVA were conducted. However, the authors do not specify whether assumptions regarding multicollinearity, homogeneity of covariance matrices, and independence of observations were examined. More comprehensive reporting of assumption testing is required to ensure the appropriateness of the statistical procedures.

Table 1 reports descriptive statistics for pretest and posttest scores; however, baseline equivalence between groups is not formally evaluated. The authors should report independent-samples t-tests or equivalent analyses comparing groups at baseline to demonstrate that the groups were comparable prior to intervention.

The Results section states that ANCOVA analyses were conducted to examine specific effects on positive thinking and lifestyle separately. However, no ANCOVA table is presented. Only the multivariate MANCOVA result is reported. Separate ANCOVA results, including F values, p values, adjusted means, confidence intervals, and partial eta squared values for each dependent variable, should be included.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.