

Effectiveness of Sociodrama Intervention on Specific Phobic Fear and Involuntary Reactions in Children with a Secure Psychological Safe Haven

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the statement “Children who experience a secure psychological safe haven generally demonstrate greater emotional balance...” introduces a theoretical contradiction because the sample simultaneously appears to possess psychological security while also exhibiting clinically significant phobic fear and involuntary reactions. The manuscript should reconcile this conceptual inconsistency by explaining whether psychological security was partial, unstable, context-specific, or independently measured from anxiety pathology. The current framing creates confusion regarding the developmental and psychopathological profile of the participants.

The literature review is broad but lacks a focused theoretical framework linking sociodrama specifically to phobic fear reduction mechanisms. Although emotional regulation and psychological security are discussed, the manuscript does not sufficiently explain the causal pathway through which role enactment modifies conditioned fear responses, autonomic reactivity, or avoidance learning. The authors should strengthen the theoretical rationale by integrating exposure theory, social learning theory, affective rehearsal mechanisms, or embodied cognition frameworks relevant to childhood phobia treatment.

The statement “Global events such as the COVID-19 pandemic intensified psychological vulnerability among children and adolescents” appears disconnected from the study context because the manuscript does not establish whether the participants were directly affected by pandemic-related stressors. This section currently reads as a generic contextual addition rather than an empirically integrated rationale. The authors should either explicitly connect pandemic-related psychosocial effects to the participants or remove/reduce this discussion to improve conceptual coherence.

In the Methods section, the sampling strategy raises substantial concerns regarding internal and external validity. Participants were selected using purposive non-random sampling from a “Talent Identification Institute,” which may represent a psychologically and socioeconomically atypical population. The manuscript should discuss how recruitment from this specialized institution may bias emotional functioning, cognitive abilities, family support structures, or social adjustment. Without this discussion, the generalizability of the findings is overstated.

The procedure regarding attrition management is methodologically problematic. The sentence “a number of participants equal to the attrition rate in the experimental group were randomly removed from the control group as well” is highly concerning from a statistical and ethical perspective. Artificially removing participants from the control group compromises statistical integrity and violates principles of unbiased analysis. The authors must justify this decision with methodological references or reanalyze the data using appropriate missing-data procedures such as intention-to-treat analysis, multiple imputation, or mixed-effects modeling.

The age range of participants (6–8 years) appears developmentally incompatible with some of the assessment procedures described. Specifically, the SCARED-71 was originally designed for individuals aged 8–18 years, yet the study included children as young as six. Although the manuscript notes parental assistance for questionnaire completion, it does not address how developmental limitations in introspection, language comprehension, or emotional reporting may have influenced measurement validity. The authors should provide evidence supporting the psychometric appropriateness of the instrument for this younger age group.

The assumptions testing for ANCOVA is incomplete because homogeneity of regression slopes was not examined or reported. This assumption is fundamental for ANCOVA validity. The manuscript should report interaction tests between covariates and group membership to confirm that regression slopes were equivalent across groups.

The reporting of ANCOVA results in Table 2 lacks essential statistical information. Adjusted means, confidence intervals, observed power, and covariates included in the model are absent. Additionally, reporting “ $p = .000$ ” is statistically inappropriate; it should be reported as “ $p < .001$.” The authors should revise statistical reporting in accordance with APA guidelines.

The use of Tukey’s post-hoc test after ANCOVA is methodologically questionable given that only two groups were compared. Post-hoc procedures are generally unnecessary when only one pairwise comparison exists. The authors should justify the use of Tukey’s test or replace it with adjusted mean comparisons directly derived from the ANCOVA model.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The Measures section contains an excessive amount of general textbook information about anxiety disorders and psychometric terminology that does not directly contribute to methodological clarity. For example, definitions of reliability and validity from Sarmad et al. are unnecessary in an empirical journal article. Instead, the authors should prioritize concise reporting of psychometric indices relevant specifically to the current sample, including Cronbach’s alpha coefficients obtained in this study for each scale and subscale.

The manuscript does not adequately explain which subscales or dimensions of the SCARED-71 were used to operationalize “specific phobic fear.” Because the instrument assesses multiple anxiety domains, it is essential to clarify whether only the

specific phobia subscale was analyzed or whether composite scores were derived. This omission makes interpretation of the outcome variable methodologically unclear.

The description of the Children's Anxiety Scale is insufficiently referenced and psychometrically underdeveloped. The manuscript mentions "involuntary reactions" as a measured construct but does not identify which specific items or factor dimensions represent involuntary reactions. Additionally, no reliability coefficients are reported for the present sample despite repeated discussion of reliability concepts. The authors should report internal consistency indices and clarify scoring interpretation procedures.

The intervention protocol lacks procedural standardization necessary for replication. While session themes are described narratively, critical clinical details are missing, including therapist qualifications, therapeutic manualization, session fidelity monitoring, supervision procedures, group management protocols, and methods for handling emotional dysregulation during enactments. Without these details, the intervention cannot be replicated or adequately evaluated for treatment fidelity.

Several intervention components appear developmentally advanced for children aged 6–8 years. Concepts such as "assertiveness assessment," "problem-solving consequences," and "responsibility-taking" require cognitive and metacognitive capacities that may exceed early childhood developmental abilities. The authors should justify the developmental appropriateness of these activities and explain how therapeutic content was adapted for younger children.

The statistical analysis section is incomplete because it does not report pretest equivalence analyses between groups. Since the design is quasi-experimental, demonstrating baseline comparability is essential. The manuscript should provide pretest means, standard deviations, and statistical comparisons to verify that the experimental and control groups did not significantly differ before intervention.

Table 1 only reports posttest descriptive statistics and omits pretest scores entirely. This is a major reporting limitation because readers cannot evaluate the magnitude of change attributable to treatment. The table should include both pretest and posttest scores for each group, preferably alongside change scores, confidence intervals, and effect size estimates.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.