

The Effectiveness of Schema Therapy on Body Image, Suicidal Ideation, and Psychological Distress in Individuals Seeking Cosmetic Surgery: A Quasi-Experimental Study

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the sentence “In addition to psychological distress, suicidal ideation is an important clinical concern among individuals with severe appearance dissatisfaction and body-related shame” is clinically important but requires a more cautious framing. Since the study sample consisted of cosmetic surgery applicants rather than a psychiatric sample selected for high suicide risk, please clarify whether suicidal ideation was conceptualized as a continuous psychological vulnerability or as a clinically severe risk condition requiring safety intervention.

In the Methods section, the sentence “The statistical population consisted of all individuals applying for cosmetic surgery who referred to Afra Counseling Center in Isfahan, Iran, in 2024” needs greater contextual detail. Please specify whether participants were referred for psychological counseling before surgery, voluntarily sought counseling, or were recruited from a general applicant pool; this distinction is important because it affects external validity and the interpretation of psychological distress levels.

In the Methods section, the original Persian guide contained the phrase “from among couples,” while the English version reports “individuals applying for cosmetic surgery.” Please check and correct this inconsistency throughout the manuscript. If

the participants were not couples, all references to couples should be removed; if they were couples, the design, unit of analysis, and independence of observations must be reconsidered statistically.

In Table 1, appearance dissatisfaction and fear of poor personal functioning are reported as descriptive subcomponents of body image concern, but these subcomponents are not analyzed inferentially in Table 2 or Table 3. Please either remove the subcomponents from the main descriptives or provide a rationale for why they were described but not included in the inferential analyses; alternatively, analyze them as secondary outcomes with appropriate correction for multiple testing.

In the assumptions paragraph, the sentence “Therefore, the assumptions required for conducting multivariate analysis of covariance were adequately met” should be strengthened by reporting the actual test statistics and p values for Shapiro–Wilk, Levene’s test, Box’s M, and homogeneity of regression slopes. The assumption of homogeneity of regression slopes is particularly important in ANCOVA/MANCOVA but is not explicitly reported.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the Study Design and Participants paragraph, the sample-size justification based on “Barbara et al. (2013)” is insufficient as currently reported. Please provide the full reference, explain why 15 participants per group is adequate for MANCOVA/ANCOVA with three dependent variables and covariates, and preferably include an a priori power analysis specifying expected effect size, alpha level, power, and number of groups and covariates.

In the inclusion and exclusion criteria, the sentence “complete attendance in the therapeutic sessions” should be revised because complete attendance cannot logically serve as an inclusion criterion before the intervention begins. It would be more appropriate to define minimum attendance as an adherence criterion or exclusion criterion, for example excluding participants who missed more than two sessions.

In the Data Collection Tools section, the paragraph on the Psychological Distress Questionnaire contains a serious conceptual error: it states that the scale has “three components: educational presence, social presence, and cognitive presence.” These components are unrelated to psychological distress and appear to belong to a different educational instrument. Please correct the description of the questionnaire, identify the exact scale used, and ensure that its domains, scoring, and psychometric evidence match the cited source.

In the Data Collection Tools section, the Beck Scale for Suicide Ideation is used with cosmetic surgery applicants, but the manuscript does not describe any risk-management procedure. Given the ethical sensitivity of suicidal ideation assessment, please add a clear protocol indicating how participants with elevated suicidal ideation were identified, whether clinical referral pathways were available, and how immediate risk was managed during the study.

In the Intervention Protocol paragraph, the manuscript states that schema therapy was conducted in twelve 90-minute sessions, but the Persian guide contains both “two sessions per week” and “weekly” implementation descriptions. Please resolve this inconsistency by reporting the exact frequency, total intervention duration in weeks, and whether all participants received the same dose of treatment.

In the Intervention Protocol paragraph, the statement “The sessions were conducted by the researcher” requires additional information about therapist qualifications, clinical training in schema therapy, supervision, and treatment fidelity monitoring. Since intervention studies depend on standardized delivery, the manuscript should state whether a treatment manual was used, whether sessions were supervised, and whether adherence or competence was assessed.

In the Findings section, the paragraph reporting demographic variables is useful, but the manuscript should also clarify whether chi-square assumptions were met. Several demographic categories have small expected cell counts, especially widowed, divorced, and age categories, which may violate chi-square assumptions; therefore, Fisher’s exact test or category collapsing may be more appropriate.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.