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Effectiveness of Existential–Humanistic Group Therapy on Self-Compassion, Mindfulness, and Flourishing among Female University Students Residing in Dormitories

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1. Round 1

1.1. Reviewer 1

Reviewer:

The Introduction discusses self-compassion, mindfulness, and flourishing as related constructs, but it does not present an explicit conceptual model explaining their expected relationships. For example, the manuscript states that “mindfulness may enable individuals to notice suffering clearly,” that “self-compassion may transform this awareness,” and that existential engagement may promote flourishing. This potentially valuable mediation pathway should be developed more systematically. The authors should clarify whether mindfulness and self-compassion are proposed as independent outcomes, mutually reinforcing processes, or mechanisms through which existential–humanistic therapy improves flourishing. A figure or a clearly articulated theoretical model would strengthen the coherence of the hypotheses.

In the Methods section, the sample-size statement reads: “The minimum required sample size was estimated with reference to the study conducted by Uliaszek et al. (2016), considering a Type I error rate of 5%, a statistical power of 80%, and the expected magnitude of the intervention effect.” This description is insufficiently reproducible. The authors should report the exact effect-size index and value used, the statistical test on which the calculation was based, whether the hypothesis was one-

or two-tailed, the software used for the calculation, the assumed correlation between repeated measures if relevant, and the resulting minimum sample size. Merely citing a previous study does not allow readers to verify whether the final sample of 30 participants was adequately powered for three primary outcomes.

The participant-recruitment paragraph states that "sampling was initially conducted through a quota-based procedure according to university type, including public and non-public universities, followed by convenience recruitment within each quota." The manuscript should identify the universities or at least report how many public and non-public institutions participated, how quotas were determined, and how potential participants were approached. It is also necessary to indicate whether recruitment occurred through dormitory announcements, counseling centers, university social media, or direct invitation. These details are important for assessing selection bias and the representativeness of the sample.

The manuscript reports that "thirty-seven students initially volunteered to participate" and that 30 were included, but it does not explain why the remaining seven volunteers were excluded. The authors should provide a participant-flow description specifying the number assessed for eligibility, the number excluded for each reason, the number allocated to each condition, the number who attended the minimum required sessions, and the number analyzed. A CONSORT-style flow diagram would be appropriate even if the study is ultimately classified as quasi-experimental, because it would clarify recruitment, allocation, attrition, and analysis.

The Data Analysis section relies on separate paired-samples t tests and independent-samples t tests of change scores. This approach is less rigorous than a mixed analysis of variance, linear mixed-effects model, or posttest analysis of covariance controlling for baseline scores. The authors should reconsider the primary analysis because separate within-group tests do not directly establish an intervention effect, and change-score comparisons may be inefficient when baseline and posttest scores are correlated. A model including group, time, and the group-by-time interaction would directly test whether change differed between conditions and would provide a more defensible estimate of intervention efficacy.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The inclusion criterion stating that participants had "no previous experience of individual or group psychotherapy" requires further justification and operational definition. It is unclear whether this criterion referred to any lifetime psychotherapy, therapy during a specified recent period, or psychotherapy related specifically to the study variables. Excluding students with any previous psychotherapy could produce a highly selected sample and reduce external validity. The authors should also report whether current psychotropic medication, severe psychiatric symptoms, suicidality, substance misuse, or concurrent psychological treatment were assessed, because these factors could affect both participant safety and outcome scores.

The Methods section does not report ethical approval, informed consent, confidentiality procedures, or participants' right to withdraw. Given that the intervention involved personal disclosure, discussion of vulnerability, mortality-related exercises, and interpersonal feedback, the ethical safeguards require detailed reporting. The authors should provide the name of the approving institutional review board, the approval code and date, the procedure for obtaining written informed consent, the handling of distress during sessions, the referral process for participants requiring additional care, and the measures used to protect confidentiality within the group context.

The description of the Kentucky Inventory of Mindfulness Skills states that "respondents indicate the extent to which each statement applies to them, and higher scores represent stronger mindfulness skills," but the response options, total score range, reverse-scored items, and subscale score ranges are not reported. The authors should provide the exact scoring procedure and clarify whether the total score or four subscale scores were analyzed. If only the total score was used, a justification is required because the KIMS was developed as a multidimensional instrument, and some mindfulness dimensions may respond differently to existential–humanistic therapy.

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The paragraph describing flourishing refers to “the principal section of the questionnaire” and “15 items,” whereas the full PERMA-Profiler includes additional items assessing domains such as health, loneliness, negative emotion, and overall happiness. The authors must specify whether they administered the complete PERMA-Profiler or only the 15 core PERMA items. They should describe the response scale, calculation of the total flourishing score, possible score range, handling of supplementary items, and interpretation of higher scores. The current manuscript should also avoid using “PERMA questionnaire,” “PERMA-Profiler,” and “flourishing questionnaire” interchangeably unless these terms refer to the same validated Persian instrument.

In the self-compassion measurement paragraph, the authors state that “after reverse-scoring the negatively worded items, the item scores are combined to calculate an overall self-compassion score.” The scoring procedure requires greater specificity, including the response range, possible total score range, exact negatively scored items, and whether subscale means or a total mean score were calculated. The authors should also acknowledge the psychometric debate concerning the use of a single total self-compassion score versus separate compassionate and uncompassionate responding dimensions. Reporting the internal consistency coefficients obtained in the present sample for all three instruments is essential.

The intervention paragraph provides useful session content, but several features required for replication remain unclear. The authors should report the facilitator’s academic qualification, clinical training, experience with existential–humanistic therapy, gender, and relationship to the research team. The manuscript should also describe the number of participants attending each session, whether sessions were audio-recorded or observed, whether a treatment manual or checklist was used, and how adherence to the Schneider and Krug framework and the Nasiri Hanis et al. protocol was evaluated. Without treatment-fidelity data, it is difficult to determine whether the observed effects resulted from the intended intervention components.

The description of the control condition states that “the control group participated in a researcher-managed book-introduction group focused on material unrelated to self-compassion, mindfulness, flourishing, or existential–humanistic psychotherapy.” The manuscript should specify the number, duration, frequency, format, and content of these meetings and whether attendance was comparable to the intervention group. It is also important to explain whether the facilitator was the same person, whether group interaction and attention were matched, and whether the selected books contained any psychological or motivational content. Without such information, the control condition cannot be adequately classified as active, attention-matched, or minimal-contact.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.
Editor in Chief’s decision: Accepted.

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