

Article history:

Received 27 June 2026

Revised 12 September 2026

Accepted 19 September 2026

Initial Publication 10 October 2026

Final Publication 01 January 2027

The Effects of Hope Training, Self-Compassion Training, and Their Combination on Academic Procrastination and Academic Hope among Students

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The same Methods paragraph reports that “48 students were selected and allocated to four groups of 12 participants each,” yet no a priori sample-size calculation or statistical power analysis is presented. Given four groups, two dependent variables, baseline covariates, and multiple post hoc comparisons, a total sample of 48 may provide limited precision and unstable estimates of large effect sizes. The authors should report how the sample size was determined, preferably using an a priori power analysis specifying the assumed effect size, alpha level, desired power, number of groups, and number of covariates, or explicitly acknowledge that the sample size was based on feasibility if no formal calculation was conducted.

The description of the Domain-Specific Hope Scale contains potentially serious inconsistencies that should be corrected before publication. The manuscript refers to a six-domain instrument with “eight items within each domain,” implying 48 items, but also refers elsewhere to a “24-item” score, and the original Persian material listed overlapping or inconsistent item ranges such as 24–32, 32–40, and 40–58. The authors should verify the exact version administered, total number of items, item

numbers belonging to each domain, scoring range, and whether only the eight-item academic hope subscale was administered or the entire instrument. This information must be internally consistent throughout the Methods.

The use of categorical interpretive cutoffs for academic hope should be justified. The Data Collection Tools section states that “scores ranging from 8 to 16 indicate low academic hope, scores from 16 to 36 indicate moderate academic hope, and scores above 36 indicate high academic hope.” These ranges overlap at boundary scores and may not represent validated clinical or educational thresholds. The authors should provide an empirical source for these cutoffs or remove categorical labels and treat academic hope as a continuous variable, which would be more consistent with the ANCOVA framework used in the study.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The participant-flow description should be expanded around the sentence “From the students enrolled in these three classes, 70 students were randomly selected and screened.” The manuscript should state how many of the 70 screened students failed to meet the inclusion criteria, whether any eligible students declined participation, whether any students withdrew after allocation, and whether all 48 participants completed the posttest. A concise participant flow description is necessary to assess attrition bias and should clearly distinguish screening exclusions, intervention discontinuation, and analytic sample size.

The paragraph describing ethical procedures is incomplete. The statement that participants were informed about “the voluntary nature of participation, the confidentiality and anonymity of their responses” is appropriate, but the manuscript should additionally report institutional ethics approval, the approving body and approval code, parental or guardian informed consent, student assent, and procedures for protecting minors' data. Because the participants were eighth-grade students, ethical safeguards for research involving minors are essential and should be explicitly documented rather than inferred.

The intervention exposure requires greater procedural detail. The Methods section states that “the experimental groups subsequently received their assigned interventions over approximately three months,” but session duration, session frequency, facilitator qualifications, delivery setting, treatment fidelity procedures, and attendance rates are not reported. These details are necessary for intervention reproducibility. The authors should specify, for example, whether sessions lasted 60, 75, or 90 minutes, whether they occurred weekly or more frequently, who delivered each intervention, what training the facilitator had, whether manuals/checklists were used, and whether adherence to the protocols was independently monitored.

The comparison between the combined intervention and single-component interventions is potentially confounded by intervention dosage. The manuscript states that the hope and mindful self-compassion groups each received “eight intervention sessions,” whereas the combined group received “a total of 16 sessions.” Consequently, the superior outcomes in the combined group cannot be attributed unambiguously to the integration of the two therapeutic mechanisms because participants also received twice the contact time and therapeutic exposure. This should be addressed explicitly in the Methods, Discussion, and Limitations, and the interpretation should avoid claiming a synergistic effect unless a duration-matched comparison condition is available.

In the description of the Procrastination Assessment Scale–Students, the sentence “The version used in the present study consisted of 27 items and assessed three dimensions of academic procrastination” needs closer attention to instrument nomenclature and construct specification. The authors should verify that the 27-item Iranian version corresponds precisely to the original Solomon and Rothblum instrument and clarify whether all 27 items contribute to the total score used in the present analysis. The original PASS has been represented differently across adaptations, so citing the exact validated Iranian version and reporting its scoring structure are important for measurement transparency.

The psychometric reporting for the academic procrastination measure relies entirely on previous studies. The paragraph cites earlier Cronbach's alpha coefficients of .73, .79, and .91, but the manuscript does not report internal consistency for the current sample. Reliability is sample-dependent and should be estimated in the present study. The authors should report Cronbach's alpha and preferably McDonald's omega for the total score and, if subscales were analyzed or interpreted, for each subscale at

baseline. Without current-sample reliability estimates, it is difficult to evaluate measurement precision in this specific population.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.