

Comparison of the Effectiveness of Self-Compassion Training and Mentalization-Based Training on Emotional Expressiveness and Emotional Self-Efficacy in Students with Anxiety

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph beginning with “One intervention framework with strong relevance to these processes is self-compassion training,” the theoretical mechanisms are described convincingly, but the manuscript should distinguish more systematically among the three canonical components of self-compassion—self-kindness, common humanity, and mindfulness—and their negative counterparts. The authors should specify which components are theoretically expected to influence emotional expressiveness and which are expected to influence emotional self-efficacy. This would create a more testable rationale for the intervention and strengthen the interpretation of the comparative findings.

The paragraph stating that “A second intervention framework with direct relevance to emotional functioning is mentalization-based training” would benefit from a more technically precise definition of mentalization. The manuscript should distinguish self- versus other-focused mentalizing, cognitive versus affective mentalizing, and implicit versus explicit mentalizing, and should explain which of these dimensions were targeted by the eight-session protocol. Because mentalization is a multidimensional construct and can deteriorate under high emotional arousal, the authors should connect the intervention

more explicitly to the mechanisms identified in the contemporary mentalization literature {Fonagy, 2020 #542548;Luyten, 2024 #542553}.

The Methods section notes that both interventions “were delivered by the researcher.” This introduces a substantial therapist-allegiance and common-provider bias, particularly because self-compassion training subsequently produced superior outcomes. The manuscript should explicitly acknowledge whether the researcher had greater expertise, preference, training, or familiarity with one intervention. Ideally, separate trained facilitators or blinded fidelity raters should have been used. At minimum, this issue should be discussed as a potential alternative explanation for the comparative effectiveness findings.

In the Findings section, the paragraph stating that “the three groups had highly comparable mean scores at pretest” is based on visual inspection of descriptive statistics. The authors should avoid interpreting descriptive similarity as evidence of baseline equivalence unless formal baseline comparisons are reported or, preferably, unless randomization procedures provide sufficient justification. Because the sample is small, potentially meaningful imbalances may not be visually obvious. Standardized mean differences would provide a more informative assessment than null-hypothesis tests of baseline differences.

The assumptions paragraph states that “the homogeneity of the variance-covariance matrices was also examined and was considered acceptable for multivariate analysis,” but no statistical result is provided. The authors should report the specific test used, presumably Box’s M, together with its statistic, degrees of freedom, and p value. Similarly, the manuscript should indicate whether influential outliers, multivariate outliers, linearity, and correlations among dependent variables were assessed, as these are relevant assumptions for MANCOVA and ANCOVA.

Table 2 reports exactly the same group F statistic, $F(2, 41) = 17.20$, and partial $\eta^2 = .456$ for both emotional expressiveness and emotional self-efficacy. Although identical statistics are mathematically possible, this coincidence warrants verification because the sums of squares and error terms differ substantially between the two outcomes. The authors should recheck the SPSS output and ensure that all SS, MS, F, p, and partial η^2 values have been transcribed correctly. Any reconstructed or simulated statistics should be clearly identified and replaced with actual analysis output before publication.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

Near the end of the Introduction, the authors state that “the two approaches operate through partially distinct psychological pathways.” This comparative rationale is central to the study but remains largely descriptive. The authors should formulate explicit directional hypotheses before presenting the study aim. At minimum, separate hypotheses should be stated for the effects of self-compassion training versus control, mentalization-based training versus control, and self-compassion versus mentalization-based training on each primary outcome. If the superiority of self-compassion was not hypothesized a priori, the manuscript should avoid implying that this difference was theoretically predicted.

In the Methods section, the paragraph beginning with “This study employed a quasi-experimental pretest-posttest design” contains a methodological inconsistency because participants were described as being randomly assigned to the three conditions. If random allocation was genuinely implemented after purposive recruitment, the design may be more accurately characterized as a randomized controlled trial with nonprobability recruitment rather than simply quasi-experimental. The authors should clarify the randomization procedure in detail, including sequence generation, allocation concealment, who generated the sequence, and who enrolled and assigned participants.

In the same Methods paragraph, the manuscript reports that “45 students who met the study requirements were selected through purposive sampling and then randomly assigned in equal numbers.” The sample-size justification is absent. The authors should report whether an a priori power analysis was conducted, identify the expected effect size, alpha level, statistical power, number of groups, number of covariates, and resulting minimum sample size. With only 15 participants per condition, the study may be vulnerable to unstable estimates, inflated effect sizes, and insufficient power for assumption testing and multivariate analyses.

The eligibility criterion stating that participants had a “BAI score of at least 16” requires further justification. The authors should explain why this threshold was selected, identify the validation evidence supporting the cutoff in the relevant population, and clarify whether participants were screened for specific anxiety disorders or comorbid psychiatric conditions. Because the BAI emphasizes somatic symptoms, reliance on this instrument alone may not adequately distinguish anxiety from other forms of distress. A structured or semi-structured clinical assessment would have strengthened diagnostic validity.

In the Data Collection Tools section, the description of the Emotional Self-Efficacy Scale as “attributed to Beverley, Schutte, and Donald” signals uncertainty regarding the instrument's provenance. This is a major reporting issue. The authors should verify the exact original authorship, year of development, factorial structure, scoring procedure, Persian validation source, and established reliability and validity coefficients. The phrase “attributed in the thesis” should not appear in a journal manuscript; the instrument must be referenced using an authoritative primary source.

The reliability evidence for the study measures requires more careful interpretation. In particular, Cronbach's alpha was reported as .71 for emotional self-efficacy and .74 for the BAI. While these values may be considered minimally acceptable in exploratory research, the authors should not simply describe them as satisfactory without qualification. Given the small sample size, coefficient estimates may also be imprecise. The authors should consider reporting confidence intervals for reliability estimates and, where possible, omega coefficients, particularly if the scales are multidimensional.

In the intervention section, both protocols are summarized across eight sessions, but important treatment-fidelity information is missing. The manuscript should state whether intervention manuals were used, whether the facilitator had formal training or supervision in self-compassion and mentalization-based approaches, whether sessions were recorded or independently rated, and whether adherence checklists were completed. Without fidelity assessment, it is difficult to determine whether the observed between-treatment difference reflects the theoretical interventions themselves or differences in delivery quality.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.