



Comparison of the Effectiveness of Group Counseling Using Mindfulness-Based Cognitive Therapy and Acceptance and Commitment Therapy on Self-Compassion in Mothers

Mahmoud. Fatahi¹, Asadollah. Vaisi^{2*}, Omid. Moradi³


¹ PhD Student in Counseling, Family Counseling Department, Sanandaj Branch, Islamic Azad University, Sanandaj, Iran

² Assistant Professor, Department of Psychology and Educational Sciences, Payam Noor University, Tehran, Iran



³ Associate Professor, Family Counseling Department, Sanandaj Branch, Islamic Azad University, Sanandaj, Iran

* Corresponding author email address: vaisi.a1359@gmail.com

Editor

Niloofer Mikaeili¹
Professor of Psychology
Department of Mohaghegh Ardabili
University, Ardabil, Iran
nmikaeili@uma.ac.ir

Reviewers

Reviewer 1: Zahra Yousefi¹
Assistant Professor, Department of Psychology, Isfahan Branch (Khorasgan), Islamic Azad University, Isfahan, Iran. Email: Z.yousefi1393@khuif.ac.ir
Reviewer 2: Nadereh Saadati¹
Department of Couple and Family therapy, Alliant International University, California, United States of America. mdaneshpour@alliant.edu

1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction defines self-compassion using Neff's (2003) framework. However, it would be beneficial to include more recent definitions or critiques of Neff's model (e.g., Neff, 2022) to provide a contemporary understanding of the construct. This could help set the stage for why ACT and MBCT were chosen as interventions.

The intervention protocols for ACT and MBCT are outlined but lack specific citations for the sources of these protocols. It would strengthen the study to reference the original developers or key publications that outline these protocols, particularly in Sessions 4, 6, and 10.

The paragraph discussing the Self-Compassion Scale should address its construct validity in the context of Iranian culture, especially since this study is conducted in Iran. Consider citing any studies that have validated the scale within this cultural context.

The conclusion highlights the effectiveness of ACT and MBCT but could benefit from a more detailed discussion on how these findings could be implemented in clinical practice or educational settings, particularly within the specific cultural context.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The paragraph starting with "Given that the scope of studies..." lacks specific details on the gaps in literature. It would be more persuasive to cite specific studies that highlight these gaps or inconsistencies in the findings on self-compassion interventions.

The methods section states that the sampling method was "simple random sampling." Given the nature of the population (mothers of educable mentally disabled children), it is critical to clarify how this random sampling was achieved. Was it through a list provided by the schools, and how was randomness ensured in the selection process?

The ANCOVA results are presented well, but the assumptions underlying ANCOVA (e.g., homogeneity of regression slopes, normality of residuals) should be tested and reported in detail. Including a discussion of how these assumptions were met (or not met) strengthens the credibility of the results.

Table 4 shows a significant difference between the ACT and MBCT groups. It would be beneficial to include a discussion on why ACT might be more effective than MBCT in this context, supported by theoretical or empirical evidence.

The discussion compares the results with previous studies. However, the paragraph lacks depth in comparing how this study's unique cultural or demographic factors might explain differences or similarities with past research.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.