

Comparison of the Effectiveness of Compassion-Focused Therapy and Reality Therapy on the Mental Toughness of Mothers of Children with Autism Spectrum Disorder

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the sentence “Mental toughness encompasses dimensions such as perceived control... commitment... confidence...”, it is unclear how these dimensions are theoretically expected to respond to psychological interventions. A stronger conceptual bridge between mental toughness and intervention responsiveness is recommended.

The claim “the existing literature reveals several critical gaps” is accurate but should be more specific. For example, specify whether these gaps concern methodological limitations (sample sizes, lack of control groups), outcome measures, or cultural generalizability.

In the “Study design and Participant” section, the authors note they used convenience and voluntary sampling. This introduces selection bias. The text should explicitly discuss how this limitation affects external validity.

Although participants were “randomly assigned” to groups, the manuscript does not explain the method of randomization (e.g., simple randomization, block randomization). This should be clarified for reproducibility.

The authors claim Reality Therapy is “more pronounced in cognitive and behavioral domains,” but no data are presented on the MTQ-48 subscales. The discussion would benefit from considering whether subscale-level patterns support this claim.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The manuscript states that “In Iranian society, motherhood is closely intertwined with cultural values of sacrifice and responsibility...”. This important cultural argument should be supported by empirical or sociological sources, or at minimum expanded to explain how such norms heighten vulnerability to self-criticism.

The statement “The intervention encouraged a present-focused and responsibility-oriented mindset...” in the Reality Therapy section may overlap conceptually with components of compassion-based mindfulness. The authors should clarify how they maintained intervention distinction.

The manuscript states that normality was tested using Shapiro–Wilk, but Table 1 includes N=90, and Shapiro–Wilk is not recommended for large samples. The authors should justify their use or complement with graphical methods (Q–Q plots).

In the sentence “This finding aligns with broader evidence suggesting that targeted psychological interventions are essential for mitigating chronic stress...”, the wording implies causality beyond what quasi-experimental design supports. The authors should soften causal claims.

In the discussion of Compassion-Focused Therapy, the authors describe the soothing system but do not link this to specific subscales of MTQ-48 (e.g., emotional control). Aligning mechanisms with measured outcomes would strengthen argumentation.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.