

A Comparison of the Effectiveness of Schema Therapy and Acceptance and Commitment Therapy on Experiential Avoidance in Women with Multiple Sclerosis

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E d i t o r	R e v i e w e r s
Hussein OMAR Alkhozahe  Professor, Department of Sociology, Al-Balqa' Applied University, Salt, Jordan huss1960@bau.edu.com	Reviewer 1: Nadereh Saadati  Department of Couple and Family therapy, Alliant International University, California, United States of America. mdaneshpour@alliant.edu Reviewer 2: Kamdin Parsakia  Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: kamdinparsakia@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

When discussing schema therapy, the manuscript states that experiential avoidance may function as a “schema-driven coping response.” Please consider clarifying which schema coping styles (e.g., avoidance, surrender, overcompensation) are most relevant to experiential avoidance.

The research gap is well articulated; however, the final sentence stating the study aim could be strengthened by explicitly noting the comparative and follow-up nature of the design to highlight its added value.

The intervention description is detailed, but the manuscript would benefit from clarifying whether treatment fidelity was monitored (e.g., supervision, session checklists).

The ACT protocol is well described; however, please clarify whether mindfulness and acceptance exercises were home-practice based, and if so, how adherence was encouraged or monitored.

The use of repeated-measures ANCOVA is appropriate, yet the rationale for controlling pretest scores as covariates rather than modeling them as part of the repeated factor could be briefly justified.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In defining experiential avoidance, the manuscript states that it “paradoxically intensifies psychological distress”. Please clarify whether this assertion is grounded primarily in longitudinal, experimental, or cross-sectional evidence, as this distinction is theoretically important.

The argument that women with multiple sclerosis are “especially vulnerable” to experiential avoidance is compelling; however, the paragraph would be strengthened by explicitly distinguishing gender-related psychosocial factors from illness-related factors.

The review of Acceptance and Commitment Therapy literature is comprehensive, but the paragraph would benefit from a brief mechanistic summary explicitly linking ACT processes (e.g., acceptance, defusion) to reductions in experiential avoidance, rather than assuming this link is self-evident.

The designation of the study as “quasi-experimental” is appropriate, yet the manuscript would benefit from explicitly explaining why random assignment does not qualify the study as fully experimental, given that randomization was used.

The estimation of the accessible population is informative; however, please clarify whether the figure of “approximately 1,000 women” was used in any a priori power considerations, or whether sample size was determined pragmatically.

The criterion “absence of severe psychiatric disorders” would benefit from greater specificity. Please clarify whether this was determined via structured diagnostic interview, clinical judgment, or self-report screening.

The description of the Acceptance and Action Questionnaire–II is thorough; however, please report the exact Cronbach’s alpha values obtained in the current sample at each time point, rather than stating they were “acceptable to good.”

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.