

The Relationship of Self-Handicapping and Mood Disorders with Self-Concept in Elderly Women

Hamidreza. Rezazadeh Bahadoran^{1*}, Fatemeh Sadat. Mirsarshari¹

¹ Department of Education and Counseling, CT.C., Islamic Azad University, Tehran, Iran

* Corresponding author email address: ham.rezazadeh_bahadoran@iauctb.ac.ir

Editor

Hussein OMAR Alkhozah^{id}
Professor, Department of Sociology,
Al-Balqa' Applied University, Salt,
Jordan
huss1960@bau.edu.com

Reviewers

Reviewer 1: Nadereh Saadati^{id}
Department of Couple and Family therapy, Alliant International University,
California, United States of America. mdaneshpour@alliant.edu
Reviewer 2: Farideh Dokanehi Fard^{id}
Associate Professor, Counseling Department, Roudehen Branch, Islamic Azad
University, Roudehen, Iran. Email: f.dokaneifard@riau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The statement “Mood disorders encompass a range of emotional disturbances characterized by persistent changes in affect, including depression, anxiety, bipolar symptoms, and related emotional difficulties” raises a conceptual concern because anxiety disorders are not traditionally classified as mood disorders in major diagnostic systems such as DSM-5-TR or ICD-11. The authors should clarify their operational definition of mood disorders and justify the inclusion of anxiety-related constructs within this category.

The final paragraph of the Introduction argues that “fewer studies have investigated the simultaneous relationships among self-handicapping, mood disorders, and self-concept in elderly women.” However, the manuscript does not provide a sufficiently detailed gap analysis. The authors should identify specific studies that examined only two of these variables and explicitly explain how the present study advances the literature beyond previous findings.

Table 1 would be considerably strengthened by including confidence intervals for the correlation coefficients. Reporting confidence intervals would provide readers with information regarding the precision and stability of the observed associations beyond reliance on p-values alone.

The regression results in Table 2 present regression coefficients but omit essential model-fit indices. The authors should report R, R², adjusted R², F-statistic, model significance, standard error of estimate, and variance inflation factor (VIF) values. Without these indicators, readers cannot adequately evaluate the explanatory power and statistical robustness of the model.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the Methods section, the authors report that “the statistical population consisted of 254 elderly women residing in Tehran who were accessible during the data collection period.” The phrase “accessible during the data collection period” is ambiguous. The manuscript should specify the recruitment settings (e.g., community centers, healthcare facilities, retirement associations), inclusion and exclusion criteria, and the geographic districts from which participants were drawn.

The authors indicate that “participants were selected through a cluster sampling procedure,” yet no details are provided regarding the clusters used. Please explain the sampling frame, the number of clusters selected, the rationale for cluster formation, and whether proportional allocation was employed. Without this information, the representativeness of the sample cannot be adequately evaluated.

The description of the Self-Handicapping Scale states that it consists of “25 items rated on a six-point Likert scale ranging from 0 (strongly disagree) to 5 (strongly agree).” The authors should specify whether reverse-scored items were included and describe the scoring procedure in greater detail. Additionally, reporting Cronbach’s alpha coefficients obtained from the current sample would be more informative than relying solely on previous studies.

A major methodological issue concerns the measurement of mood disorders. The manuscript states that the “Mood Disorder Questionnaire (MDQ) adapted by Rafiee Nejad (2014)” contains five items assessing separation anxiety, generalized anxiety, social anxiety, panic/agoraphobia, obsessive-compulsive symptoms, and phobias. This description does not correspond to the widely recognized Mood Disorder Questionnaire used to screen bipolar spectrum disorders. The authors should carefully verify the instrument cited, provide complete psychometric information, and justify its appropriateness for assessing mood disorders in elderly women.

Regarding Rogers’ Self-Concept Questionnaire, the manuscript reports that the instrument contains “two forms, each containing seven items, yielding a total of 14 items.” The authors should provide additional information regarding scoring interpretation, possible score ranges, and whether higher scores indicate a more positive or more negative self-concept. This is particularly important because the results section reports a mean score without explaining its practical meaning.

The Data Analysis section reports the use of Pearson correlations and multiple regression. However, no information is provided regarding assessment of regression assumptions, including multicollinearity, homoscedasticity, independence of errors, normality of residuals, or influential outliers. These diagnostics should be reported to establish the validity of the regression findings.

In the Findings section, the authors report that “60.2% of the participants were between 50 and 60 years of age.” Many gerontological studies define elderly populations as individuals aged 60 or 65 years and older. The inclusion of participants aged 50–59 requires justification, as it may affect the interpretation of findings and comparability with previous aging research.

Table 1 reports a correlation of $r = -.678$ between mood disorders and self-concept, but the accompanying text states “ $p = .002$.” Given the sample size of 153, a correlation of this magnitude would typically yield a much smaller p -value. The authors should verify the accuracy of the reported significance levels and ensure consistency between the table and narrative description.

Authors revised the manuscript and uploaded the document.

2. Revised



Editor's decision: Accepted.

Editor in Chief's decision: Accepted.