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The Effectiveness of Schema Therapy on Self-Esteem, Self-Compassion, and Loneliness in Divorced Women with Depressive Symptoms: A Case Study

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the participant description, the manuscript states that inclusion criteria included “moderate to severe depressive symptoms,” but later the demographic description states that “the depression scores of all participants were above the clinical cut-off point and within the moderate range.” This inconsistency should be corrected. The authors should provide each participant’s Beck Depression Inventory score and corresponding severity category to avoid ambiguity about eligibility.

The methods section states that “data were recorded through two consecutive measurements in the baseline phase and two consecutive measurements after the intervention.” For a multiple-baseline single-case design, two baseline observations may be insufficient to establish a stable baseline and demonstrate experimental control. The authors should justify the use of only two baseline measurements or consider adding more repeated measures across baseline, intervention, and follow-up phases.

The manuscript refers to the design as “multiple-baseline,” but the presented data appear to include the same two baseline points for all participants rather than staggered introduction of the intervention. In a true multiple-baseline design, treatment onset is usually introduced at different time points across participants to strengthen causal inference. The authors should clarify

whether the intervention was staggered; if not, the design should be renamed as a single-case pre-post repeated-measure design rather than a multiple-baseline design.

The intervention protocol describes activities such as “schema assessment,” “imagery dialogue,” “role-play,” and “letter writing,” but it does not explicitly connect these techniques to the study outcomes. The authors should strengthen the clinical logic by explaining how specific techniques were expected to improve self-esteem, self-compassion, and loneliness. For example, imagery rescripting may reduce shame and abandonment activation, while behavioral pattern-breaking may reduce isolation and avoidance.

In the data analysis section, the manuscript states that “a reliable change index greater than the critical value of 1.96 was considered evidence of clinically significant change.” This needs methodological refinement. An RCI greater than ±1.96 indicates statistically reliable change, but clinical significance also requires evidence that the participant moved from a dysfunctional to a functional range or crossed a validated clinical cut-off. The authors should distinguish reliable change from clinically significant change.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the data collection tools section, the Rosenberg Self-Esteem Scale scoring description needs careful revision. The manuscript states that “a score of 10 represents very high self-esteem, and a score of -10 represents very low self-esteem,” but Rosenberg scoring varies across versions, and the scoring method used here is not the most commonly reported international scoring format. The authors should explain why this scoring method was chosen, cite the Persian validation source, and ensure that all interpretation thresholds are psychometrically defensible.

In the Self-Compassion Scale paragraph, the statement “higher scores on the maladaptive dimensions, including self-judgment, isolation, and over-identification, indicate lower self-compassion when not reversed” is conceptually correct, but the manuscript should explicitly state whether the total self-compassion score was calculated after reverse-scoring the negative subscales. This is essential because the interpretation of the reported total scores depends directly on the scoring procedure.

In the Russell Loneliness Scale paragraph, the manuscript states that the “midpoint of the scale is 50,” but with a score range of 20 to 80, the mathematical midpoint is 50; however, this should not automatically be treated as a clinical cut-off unless validated for the target population. The authors should distinguish between a scale midpoint and a clinically meaningful threshold for loneliness.

In the Beck Depression Inventory-II paragraph, the manuscript cites both original Beck sources and Iranian validation findings, but the version used should be clearly identified. The heading says “Beck Depression Inventory-II,” while parts of the psychometric discussion refer to older studies of the original BDI. The authors should separate evidence for BDI and BDI-II or revise the section to focus only on the specific version administered in this study.

In the intervention protocol section, the sentence “The intervention used in the present study was based on Young’s schema therapy protocol and was implemented over 10 weekly sessions, each lasting approximately 60 to 90 minutes” is useful, but the protocol description remains somewhat general. The authors should specify whether the intervention was delivered individually or in a group format, who delivered it, what training the therapist had, and whether treatment fidelity was monitored through supervision, checklists, or session recordings.

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2. Revised

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