

Comparison of the Effectiveness of Imago Therapy and Schema Therapy on Executive Functions in Students with Academic Burnout




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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

In the section “The conceptual foundation of academic burnout draws on the transactional stress model...”, consider integrating additional references on the role of executive dysfunction in student burnout beyond 2021 to reflect current research continuity. The conceptual bridge between cognitive exhaustion and executive deficit could be deepened.

The paragraph “Among emerging therapeutic models, schema therapy has demonstrated substantial efficacy...” should more explicitly justify why Imago therapy was selected for comparison with schema therapy. A clear theoretical rationale (e.g., relational-emotional integration vs. cognitive restructuring) will strengthen the comparative argument.

The final paragraph of the Introduction ends with “The current study aims to compare...”. This sentence should clearly articulate the hypothesis (e.g., “It was hypothesized that Imago therapy would yield significantly greater improvements in executive functions than schema therapy or control.”). Explicit hypotheses improve methodological transparency.

While the BRIEF-A and Academic Burnout Questionnaire are well-described, their adaptation to Iranian university students needs elaboration. The paragraph “In Iranian studies, the reliability and validity of this questionnaire have also been supported...” should cite specific local validation studies with sample sizes and coefficients.

The post hoc analysis in Table 4 employs Bonferroni correction. Please confirm that alpha adjustment was applied correctly given multiple pairwise tests, and indicate adjusted p-values if relevant.

In the discussion paragraph beginning “Schema therapy’s positive impact on executive functioning can be attributed to...”, the neurocognitive mechanism remains underdeveloped. Elaborate on how schema modification may modulate prefrontal regulation or cognitive reappraisal pathways based on current cognitive neuroscience findings.

No paragraph currently discusses cultural influences on therapy efficacy. Given the Iranian student context, consider adding a paragraph discussing how collectivist cultural values (e.g., relational interdependence, respect norms) might enhance receptivity to Imago-based interventions.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the “Interventions” section, the detailed description of sessions is commendable. However, please specify who conducted the therapy (e.g., licensed clinical psychologist, trained counselor) and how treatment fidelity was ensured (e.g., session supervision, adherence checklists).

In “Preliminary assumption tests confirmed that the distribution...met the requirement of normality...”, provide actual test statistics (e.g., K-S Z values, p-values). This helps the reader confirm assumptions rather than taking them at face value.

The follow-up mean scores for Imago and schema therapy (143.03 and 115.21, respectively) appear inconsistent with posttest improvements (187.87 and 189.33). This seems to reflect a possible data-entry or scaling error. Please verify and correct these figures or explain the apparent decline at follow-up.

In Table 3 (“Group... $F(2,57)=31.858$, $\eta^2=.528$ ”), the large effect size should be interpreted within text, noting its practical implication (e.g., strong intervention efficacy). A confidence interval for η^2 would enhance rigor.

The paragraph “However, the superior effectiveness of Imago therapy in this study may be explained...” excellently frames the relational-emotional advantage of Imago therapy. Strengthen this by referencing prior comparative clinical trials (if available) or theoretical sources distinguishing relational from cognitive-behavioral interventions.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.