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Effectiveness of a Schema Therapy-Based Curriculum on Reducing Rejection Schemas and Emotional Dependency and Improving Emotional Relationships in Students with Social Anxiety

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph beginning with “According to schema therapy theory, early maladaptive schemas are pervasive and self-defeating cognitive-emotional patterns,” the authors discuss multiple schema domains but later narrow the analysis only to rejection and dependency/incompetence schemas. The rationale for selecting these specific schemas is insufficiently developed. The manuscript would benefit from a theoretically grounded explanation for excluding other schema domains highly associated with social anxiety, such as defectiveness/shame or social isolation schemas.

The literature review relies heavily on associative findings between schemas and anxiety symptoms but insufficiently synthesizes causal or intervention-based evidence. For example, the paragraph discussing “Research evidence increasingly demonstrates that maladaptive schemas are significantly associated with social anxiety symptoms” cites correlational findings

without critically evaluating the strength, directionality, or methodological rigor of prior studies. A stronger integrative review is needed to justify the proposed intervention model.

The manuscript repeatedly uses the term "emotional dependency," yet no operational definition is clearly provided in the introduction. The authors should explicitly define emotional dependency conceptually and distinguish it from related constructs such as attachment anxiety, reassurance-seeking, interpersonal dependency, and codependency. Without conceptual clarification, the construct validity of the study remains somewhat ambiguous.

The demographic results indicate no significant differences between groups at baseline; however, the manuscript does not provide actual statistical test values (e.g., t-values, chi-square values, p-values). Baseline equivalence should be statistically demonstrated rather than descriptively asserted.

Table 1 demonstrates very large changes in emotional relationship quality from pretest to posttest in the experimental group (18.73 to 29.34), yet the manuscript does not discuss whether these changes exceed clinically meaningful thresholds or whether ceiling effects may have occurred given the scale range. Clinical significance indices should be reported alongside statistical significance.

The assumption-testing paragraph reports that "Mauchly's test of sphericity was non-significant for all dependent variables," but the actual statistics are omitted. For methodological transparency, the manuscript should provide full assumption-test results including W statistics, p-values, and corrections applied if necessary.

In Table 2, all p-values are reported as ".001." This reporting style is statistically inaccurate because p-values should either be presented exactly or reported as "$p < .001$" when smaller than .001. Additionally, confidence intervals for effect sizes are absent and should be included to strengthen interpretation of the findings.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The paragraph beginning with "The university period is a particularly sensitive developmental stage" appropriately contextualizes emerging adulthood; however, the manuscript does not explain why university students in Tehran may experience schema activation differently from students in other sociocultural environments. Since schema development and emotional dependency are culturally sensitive constructs, the authors should integrate culturally contextualized literature relevant to Iranian university populations.

In the "Study Design and Participants" section, the sampling procedure requires greater transparency. The manuscript states that "124 students were screened using the Social Phobia Inventory," but the authors do not report the cutoff score used for inclusion, nor do they explain whether the structured clinical interview followed DSM-5 diagnostic criteria. This omission limits reproducibility and raises concerns regarding diagnostic precision.

The authors indicate that participants were "randomly assigned" into groups; however, the manuscript does not describe the randomization procedure. It is unclear whether simple randomization, block randomization, or another allocation method was used. Furthermore, no information is provided regarding allocation concealment or whether the assessor was blinded. These omissions substantially weaken internal validity.

The inclusion and exclusion criteria are relatively broad and clinically imprecise. For instance, the manuscript excludes "severe psychiatric disorders such as psychosis or bipolar disorder," yet does not specify whether participants with depressive disorders, generalized anxiety disorder, personality pathology, or psychotropic medication use were included. These variables could significantly confound emotional dependency and relational outcomes and should be addressed explicitly.

The measurement section describing the Young Schema Questionnaire–Short Form lacks sufficient psychometric specificity. The authors mention "strong internal consistency coefficients and acceptable construct validity," but they do not report Cronbach's alpha coefficients or psychometric indices obtained within the current sample. Reporting reliability estimates for the present dataset is essential in empirical psychological research.

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The use of the Relationship Assessment Scale raises conceptual concerns because the manuscript frames the construct as "emotional relationship quality," yet the RAS primarily measures general relationship satisfaction. The authors should justify the use of this instrument as a proxy for emotional relationship functioning and discuss its limitations in capturing interpersonal emotional processes among socially anxious individuals.

The intervention section provides only a broad overview of session content and lacks sufficient procedural detail for replication. For example, the statement "experiential techniques such as imagery rescripting, chair work, cognitive dialogue, behavioral rehearsal, and homework assignments were used" is too general. The manuscript should include a session-by-session protocol or at minimum summarize the therapeutic objectives and techniques employed in each session.

No information is provided regarding treatment fidelity or therapist adherence. Since schema therapy is a highly specialized intervention requiring advanced clinical competence, the authors should report how therapist fidelity was monitored, whether supervision occurred, and whether intervention adherence checklists were used. The absence of fidelity assessment reduces confidence that the intervention was implemented consistently.

The manuscript does not report whether the control group received any placebo, psychoeducational, or attention-control condition. A waiting-list control may artificially inflate intervention effects due to expectancy and therapist-contact biases. The authors should acknowledge this methodological limitation more explicitly and discuss its implications for interpreting efficacy.

In the "Data Analysis" section, the authors report using repeated measures ANOVA but do not justify why this method was selected instead of mixed-effects modeling, which is often more appropriate for repeated observations and small samples with follow-up assessments. A statistical rationale for the selected analytical approach should be added.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.

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