


Comparison of the Effectiveness of Active and Passive Music Therapy on Echolalia and Pitch Frequency in Children with Level 1 Autism Spectrum Disorder

Fahimeh. Ahmadizade¹, Said Ali mohammad. Mousavi^{2*}, Narges. Babakhani¹

¹ Department of Psychology, Ro.C. Islamic Azad University, Roudehen, Iran

² Department of Psychology, Imam Khomeini International University, Qazvin, Iran

* Corresponding author email address: mousavi1957@yahoo.com

E d i t o r

Seyyed Mohsen Asgharinekah^{id}
Associate Professor, Department of Counseling and Educational Psychology, Faculty of Education and Psychology, Ferdowsi University of Mashhad, Mashhad, Iran
asghari-n@um.ac.ir

R e v i e w e r s

Reviewer 1: Shahrokh Makvand Hoseini^{id}
Associate Professor, Department of Psychology, Semnan University, Iran.
Email: shmakvand@semnan.ac.ir
Reviewer 2: Davood Taghvaei^{id}
Department of Psychology, Arak Branch, Islamic Azad University, Arak, Iran.
Email: d-taghvaeii@iau-arak.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

This sentence introduces complex neurobiology but lacks specific linkage to music-related neural mechanisms. The authors should bridge this description with how music therapy modulates these pathways (e.g., auditory-motor integration or limbic engagement).

The inclusion of Iranian studies (e.g., Ferdosi et al., 2013; Karami et al., 2012) is commendable; however, the introduction does not discuss cultural or linguistic differences in Persian prosody and how they might influence therapeutic responsiveness. Adding this contextual discussion would enhance cross-cultural relevance.

Consider defining “active” and “passive” operationally in the first paragraph instead of mid-section to ensure conceptual clarity for international readers.

The study uses Praat acoustic analysis, yet the procedure lacks calibration details (e.g., microphone specifications, sampling rate, and ambient-noise control). Adding this information is essential for reproducibility in acoustic research.

Although clinical recommendations are given near the end, the discussion should delineate which therapeutic modality (active vs. passive) suits which symptom cluster (echolalia vs. prosody deficits). This specificity will improve translational value for therapists.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The introduction cites numerous studies consecutively without synthesis (e.g., paragraph 3 citing Gao et al., 2025; Lim 2010; Geretsegger et al., 2014). It would strengthen the narrative if thematic grouping (social, prosodic, and emotional effects) replaced the current list-like citation style.

Consider adding graphical representations (line graphs or bar charts) of echolalia and pitch changes across phases. Visual aids would enhance reader comprehension of interaction effects and longitudinal trends.

While the explanation is persuasive, it remains theoretical. The discussion would benefit from referencing neurophysiological evidence (EEG/fMRI) or citing mechanisms of auditory entrainment directly from primary neuroscience studies.

The paper cites Stekić (2024) as the core theoretical model but does not explain its assumptions or conceptual structure. A concise paragraph summarizing Stekić's framework (e.g., dual-pathway model of cognitive-affective integration) would clarify the study's theoretical anchor.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.