KMAN PUBLISHING INSTITUTE
Journal Website
Article history:
Received 27 May 2026
Revised 13 August 2026
Accepted 14 September 2026
Initial Publication 15 September 2026
Final Publication 01 December 2026

Psychological Research in Individuals with Exceptional Needs

OPEN PEER-REVIEW REPORT

E-ISSN: 3060-6713

Structural Model of Fear of Negative Evaluation in Children with Learning Disabilities Based on Maternal Defectiveness/Shame Schema with the Mediating Role of Parental Mentalization

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1. Round 1

1.1. Reviewer 1

Reviewer:

The paragraph beginning, “However, the development and maintenance of FNE in children with SLD cannot be entirely attributed to the school environment,” currently makes several causal claims that exceed the cross-sectional design used in this study. Phrases such as “maternal psychological well-being and cognitive schemas constitute the primary regulatory environment” and statements implying that maternal schemas “drive” particular parenting behaviors should be moderated. The authors should distinguish theoretical propositions from empirically established causal effects and use language such as “may contribute to,” “is associated with,” or “has been proposed to influence.” This revision would align the Introduction with the correlational nature of the subsequent path analysis and avoid overstating developmental causality.

In the paragraph defining the "maternal Defectiveness/Shame schema," the manuscript should provide a more rigorous rationale for selecting this single schema rather than other theoretically plausible early maladaptive schemas. For children with SLD, schemas involving failure, social isolation/alienation, unrelenting standards, dependence/incompetence, or vulnerability to harm might also plausibly affect parenting and children's evaluative fears. The manuscript currently assumes that defectiveness/shame is "particularly salient" without demonstrating why it should have unique explanatory value. The authors should explicitly articulate the schema-specific hypothesis and explain why this schema was prioritized over conceptually adjacent schemas that might also influence parental criticism, overprotection, or anxiety.

The Introduction paragraph stating that "When mothers possess a highly activated Defectiveness/Shame schema, they are prone to interpreting their child's learning disabilities … as an ego-threat and a direct reflection of their own parenting inadequacy" requires stronger empirical support and more cautious wording. This is a highly specific psychological interpretation that was not directly measured in the present study. Neither parental attribution of the child's disability nor perceived parenting inadequacy appears to have been assessed. The authors should therefore present this interpretation as a proposed mechanism rather than an observed process and, if retained, clearly differentiate it from the variables actually operationalized in the model.

The paragraph introducing parental mentalization—"Parental mentalization, also known as Parental Reflective Functioning (PRF), [is] a critical mediating variable"—needs greater construct-level precision. Mentalization and reflective functioning are closely related but should not automatically be treated as identical constructs without explanation. More importantly, the PRFQ includes qualitatively different dimensions, including pre-mentalizing modes, certainty about mental states, and interest and curiosity in mental states. The authors should explain why these dimensions were collapsed into a single global parental mentalization score, whether such aggregation is supported by the validation literature, and how negatively oriented dimensions were rescored before computing the composite. Without this information, the construct validity of the mediator remains uncertain.

The final Introduction paragraph states that "It is hypothesized that the maternal Defectiveness/Shame schema will negatively predict parental mentalization, which, in turn, will be negatively associated with higher levels of FNE." This sentence contains a logical wording problem: a variable cannot be "negatively associated with higher levels" without creating ambiguity about directionality. Please restate the hypotheses explicitly and separately, for example: maternal defectiveness/shame is expected to negatively predict parental mentalization; maternal defectiveness/shame is expected to positively predict child FNE; parental mentalization is expected to negatively predict child FNE; and parental mentalization is expected to mediate the schema–FNE relationship. Presenting the hypotheses individually would substantially improve testability and correspondence between theory and analysis.

The paragraph on the Young Schema Questionnaire indicates that "only the Defectiveness/Shame subscale, comprising 5 items, was utilized." The authors need to justify psychometrically and conceptually the use of a five-item subscale as a stand-alone predictor. Please report the exact scoring range, observed range, item-level or standardized loadings if available, and evidence that the Persian subscale functions adequately when extracted from the full instrument. The reported alpha of .82 is acceptable but does not by itself establish unidimensionality or construct validity. It would also be important to state whether mothers completed the entire YSQ-S3 or only the five defectiveness/shame items, since context effects may differ between these administration approaches.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the Method paragraph stating that "the target population consisted of all elementary school students formally diagnosed with SLD (grades 3 to 6) and their mothers, residing in Tehran, Iran, during the 2025–2026 academic year," the sampling frame requires substantially greater operational detail. Please specify how students with formal SLD diagnoses were identified, who made the diagnoses, whether diagnoses were independently verified by the research team, what standardized achievement or

E-ISSN: 3060-6713

cognitive assessments had been used, and whether children with ADHD, anxiety disorders, depressive disorders, language disorders, or mild neurodevelopmental comorbidities were retained. The current exclusion criterion refers only to “severe neurological or neurodevelopmental disorders,” leaving clinically important comorbidities insufficiently defined.

The sampling paragraph reports that “from the 19 educational districts of Tehran, three districts (North, Central, and South) were randomly selected,” but this description is methodologically unclear. Tehran's educational districts are numbered administrative units, whereas “North, Central, and South” appear to represent geographical strata rather than specific district identifiers. The authors should identify the actual selected educational districts and describe each stage of the cluster procedure precisely. In addition, because participants were nested within 12 schools, the authors should discuss whether clustering may have violated the independence assumption of conventional path analysis and whether intraclass correlations or design effects were examined.

The sample-size paragraph justifies recruitment by stating that SEM guidelines recommend “10–20 participants per observed variable.” This rule-of-thumb is insufficient for a contemporary structural modeling study and does not constitute an adequate power analysis. The proposed model is relatively simple, so a sample of 312 may indeed be sufficient, but the adequacy of the sample should be demonstrated through an a priori or sensitivity analysis based on anticipated effect sizes, number of free parameters, desired statistical power, and model degrees of freedom. The authors should also explain why 350 dyads were initially recruited and whether the 38 excluded cases differed systematically from the 312 retained participants.

The Procedure paragraph reports that children completed the FNE measure “under the supervision of the researcher and a school counselor to ensure comprehension of the items, given their reading difficulties.” This procedure raises an important measurement-standardization issue. Please clarify whether items were read aloud, paraphrased, explained only upon request, or administered independently. Any researcher or counselor assistance could introduce interviewer effects or alter the standardized administration of the BFNE-C. The manuscript should provide a uniform administration protocol and indicate whether the same procedure was applied to every child. Because the sample specifically includes children with reading difficulties, this issue is central to the reliability and comparability of the child-reported outcome.

In the Measures paragraph describing the BFNE-C, the manuscript should report more complete psychometric evidence from the current sample rather than relying primarily on previous validation studies and Cronbach's alpha. Because the scale is being used with 8–12-year-old children diagnosed with SLD, the authors should ideally report evidence regarding its factor structure in this specific sample, such as CFA fit indices and standardized loadings, particularly because reading and comprehension difficulties may affect item functioning. If confirmatory analysis was not performed, this should be acknowledged as a measurement limitation rather than assuming that previously demonstrated psychometric properties necessarily generalize to this clinical-educational population.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.
Editor in Chief’s decision: Accepted.

E-ISSN: 3060-6713