

A Causal Model of Anxiety Symptoms Based on Perceived Social Support and Difficulties in Emotion Regulation: The Mediating Role of Ego Strength Among Afghan Nationals

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the first paragraph of the Method section, the sentence “The statistical population consisted of all Afghan women and men residing in Tehran during 2024–2025” requires greater precision regarding the target population and sampling frame. The manuscript does not explain how the total population was identified, whether documented and undocumented migrants were both eligible, which districts of Tehran were included, or how access to this population was obtained. Because representativeness is central to the interpretation of stratified sampling, the authors should define the source population and describe the sampling frame in operational terms.

The claim in the Method section that “204 Afghan nationals [were] selected through stratified sampling” is not sufficiently supported by the subsequent description of recruitment through social media networks. Disseminating an online invitation and enrolling volunteers who contacted the researcher is more consistent with convenience, volunteer, or respondent-driven recruitment than probability-based stratified sampling. The authors should specify the stratification variable, the number of strata, the population size within each stratum, the allocation method, and the selection procedure within strata. If no random selection occurred, the sampling method should be renamed accurately.

The sample-size justification beginning with “The sample size was determined according to the guideline proposed by Kline (2023)” should be revised substantially. Rules such as 10–20 observations per variable or 15 cases per free parameter are heuristic and do not directly establish adequate statistical power for a specific structural equation model. The authors should report the exact number of observed variables, latent variables, free parameters, and estimated paths and preferably provide an a priori power analysis or Monte Carlo simulation based on expected effect sizes, model complexity, alpha level, and desired power.

The inclusion criterion stating “no self-reported history of severe psychiatric disorders or use of psychiatric medications” may introduce a major selection bias and requires theoretical justification. Excluding participants who use psychiatric medication could systematically remove individuals with more severe anxiety symptoms and restrict the variance of the principal outcome. The authors should clarify why medication use was treated as an exclusion criterion, how “severe psychiatric disorder” was defined, whether current and lifetime conditions were distinguished, and whether this criterion was assessed using a validated screening tool or only a single self-report question.

In the data-collection paragraph, the sentence “an invitation to participate was disseminated through social media networks used by the Afghan community” requires information about language accessibility and cultural adaptation. The authors should identify the language in which the invitation, consent form, demographic questions, and psychological instruments were presented. If Persian-language measures were used, they should discuss whether all Afghan participants had sufficient familiarity with Iranian Persian terminology and whether pilot testing, cognitive interviewing, or linguistic adaptation was conducted for Dari-speaking respondents.

Table 1 should be revised to clarify whether the reported correlations are Pearson correlations and whether assumptions for their use were met for each variable. Given the relatively high correlations among family support, friend support, and support from significant others, particularly $r=.84$ between family support and support from significant others, discriminant validity of the perceived social support indicators should be evaluated. The authors should report the latent-factor correlations, average variance extracted, heterotrait–monotrait ratios, or another appropriate discriminant-validity criterion.

The assumption-testing paragraph states that multivariate normality was established because “the skewness and kurtosis values for the Mahalanobis distance were 1.41 and 0.79.” This is not a conventional or sufficient test of multivariate normality in structural equation modeling. The authors should report Mardia’s multivariate skewness and kurtosis coefficients and their critical ratios or use bootstrapping if multivariate normality is uncertain. Mahalanobis distance is more commonly used for identifying multivariate outliers and should be reported with the criterion used to flag and manage such cases.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The ethical-procedures paragraph reports anonymity and informed consent but does not provide the name of the approving ethics committee, the approval code, or the date of approval. For research involving migrants and potentially vulnerable participants, the manuscript should also clarify how voluntary participation was protected, whether any incentives were offered, whether participants were informed that participation would not affect their immigration or service status, and what referral procedure was available for participants who reported clinically significant anxiety or distress.

In the State–Trait Anxiety Inventory description, the authors report Cronbach’s alpha values of .63 for state anxiety and .71 for trait anxiety. The reliability of the state-anxiety subscale is below commonly accepted levels for research interpretation and may attenuate correlations and structural coefficients. The authors should calculate and report additional reliability estimates, such as McDonald’s omega or composite reliability, inspect corrected item–total correlations, examine whether reverse-scored items performed poorly, and discuss the consequences of low reliability for the latent anxiety construct.

The description of the Multidimensional Scale of Perceived Social Support contains substantive scoring inaccuracies. The text states that the scale includes “seven response options” but initially introduces it as having six options, and it lists only nine

items across the three subscales despite the original instrument containing 12 items. The standard item allocations should be checked carefully against the validated version used in the study. The stated total-score range of 12–72 is also incompatible with a seven-point response format, for which the sum-score range would ordinarily be 12–84. These errors must be corrected because they raise concerns about whether the instrument was scored properly.

In the Difficulties in Emotion Regulation Scale section, the sentence “The reported total score for difficulties in emotion regulation ranges from 1 to 36” is mathematically incorrect for a 36-item instrument scored from 1 to 5. The expected total-score range is 36–180 unless mean scores were calculated. The authors should specify whether summed or averaged scores were used, correct the scoring range, and verify all descriptive statistics and SEM inputs accordingly. The reverse-scoring explanation should also be rewritten because the current numerical sequence is corrupted and difficult to interpret.

The Difficulties in Emotion Regulation Scale showed Cronbach’s alpha values of .63 for lack of emotional awareness and .60 for lack of emotional clarity. These values indicate weak internal consistency and are particularly relevant because both dimensions were used as indicators of a latent construct. The authors should report standardized factor loadings, composite reliability, average variance extracted, and item-level diagnostics. They should also consider whether the low reliability resulted from translation problems, reverse-scored items, cultural differences, or restricted variance within the sample.

The Ego Strength Scale description should provide stronger psychometric and conceptual documentation. The sentence “Its conceptual foundations are rooted in psychoanalytic theory and ego psychology” does not adequately establish the validity of the four proposed subscales—ego control, defense mechanisms, resilience, and coping strategies—as indicators of one total construct. The authors should report the scale’s original factor structure, confirmatory factor-analytic evidence, scoring procedure, item examples, score range, and evidence of construct validity in populations comparable to Afghan migrants.

The demographic results contain an internal numerical inconsistency in the paragraph beginning “The present study included 204 Afghan participants.” The categories for duration of residence in Iran sum to 175 participants rather than 204, while an additional 21 participants were reportedly born in Iran, leaving eight participants unaccounted for. The percentage of those residing in Iran for fewer than three years is also reported as 14.6%, although 21 of 204 corresponds to approximately 10.3%. The authors should audit the raw data and ensure that all frequencies, denominators, categories, and percentages are mutually consistent.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.