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Peer Review Report for "Role of Self-compassion in the Relationship Between Self-injurious Behaviors and Substance Use Tendency: A Mediation Model"

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Review Timeline:

Submit Date:	18 May 2025
Revised Date:	13 Aug 2025
Accepted Date:	17 Aug 2025

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE : Reviewer

27 Jul 2025

Dear AE

There are the following errors and shortcomings in the article review that require correction and revision.

1. In title:

Due to the errors in the article title, the following title is suggested:

Role of Self-Compassion in the Relationship Between Self-Injurious Behaviors and Substance Use Tendency: A Mediation Model.

2. In background:

Stating substance use tendency "can significantly disrupt individuals' occupational performance, social interactions, and mental well-being" is problematic. While actual

substance use certainly can, tendency (the inclination or propensity) itself doesn't necessarily cause disruption; it's a risk factor. The phrasing implies tendency directly causes

Regards,

REFeree : Associate Editor

5 Aug 2025

Dear EIC,

I have reviewed the manuscript alongside our expert reviewers, and while we recognize its potential, significant revisions are necessary to meet the journal's standards.

Please ask the authors to address all comments in the review reports and submit your revised manuscript.

This study examines the relationship between self-injurious behaviors, self-compassion, and substance use tendency among university students, proposing a mediation model. The manuscript is well-structured, with clear hypotheses and robust statistical methods (SEM). However, several issues need addressing, including sample representativeness, model fit justification, and deeper theoretical integration. The findings are clinically relevant but require cautious interpretation due to the cross-sectional design.

@ Major Comments

Sample Representativeness:

1. The sample (N=350) is drawn from three faculties at Urmia University, potentially limiting generalizability. Were disciplines with higher substance use risk (e.g., Medicine, Psychology) excluded? Justify the faculty selection.
2. Discuss how sampling biases (e.g., overrepresentation of Humanities) might affect results.

Model Fit Indices:

3. RMSEA (0.086) and CFI/GFI (0.90) are borderline acceptable but not ideal. The χ^2/df ratio (3.28) suggests mediocre fit. Report additional indices (e.g., SRMR) and justify model acceptance despite marginal fit. Clarify modifications made (e.g., added paths).

Theoretical Gaps:

4. The mediation mechanism (self-compassion → reduced substance use) lacks depth. How does self-compassion specifically disrupt the self-harm → substance use pathway?
5. Integrate theories (e.g., Emotional Regulation Theory) to explain why self-compassion buffers against substance use.

Measurement Issues:

6. The Substance Use Tendency Questionnaire (1992) may not capture modern

substance use patterns (e.g., vaping, synthetic drugs). Was the tool validated recently? If not, cite literature supporting its current relevance.

@ Minor Comments & Editing Notes

Abstract:

7. The indirect effect size (mediation) is omitted. Include standardized coefficients (β) for clarity. Add: "Self-compassion mediated the relationship ($\beta = -0.27$, $p < 0.01$)."

Methods:

8. The SHI combines direct/indirect self-harm. Analyze them separately to identify differential effects. Report subscale results (e.g., "Cutting vs. substance misuse") in supplemental materials.

Results:

9. Table 2's correlation matrix has redundant values (e.g., $r = 0.542$ repeated). Is this correct? If not, trim duplicates. Replace duplicates with "—" for readability.

Discussion:

10. The clinical implications are vague. How should self-compassion interventions be tailored? Suggest specific strategies (e.g., mindfulness training) and settings (e.g., campus workshops).

Final Decision: Major Revision

Kind Regards

Nour-Mohammad Bakhshani : EIC

9 Aug 2025

Dear Author,

Your article is reviewed by the reviewers carefully. According to their comments, this document needs major revision. Please follow their comments as requested.

Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Response to Reviewer 4

Comment 1 (Article Title):

Due to errors in the article title, the following title is suggested:

Role of Self-Compassion in the Relationship Between Self-Injurious Behaviors and Substance Use Tendency: A Mediation Model.

Response:

Thank you for your valuable suggestion. The title has been revised according to your recommendation to improve clarity and scientific accuracy. The updated title now reads:

Role of Self-Compassion in the Relationship Between Self-Injurious Behaviors and Substance Use Tendency: A Mediation Model.

Comment 2 (Background):

The statement “substance use tendency can significantly disrupt individuals’ occupational performance, social interactions, and mental well-being” is problematic. While actual substance use certainly can, tendency (the inclination or propensity) itself does not necessarily cause these disruptions; it is a risk factor. The phrasing implies that tendency directly causes them.

Response:

Thank you for this insightful comment. In the revised version, the sentence has been modified to clearly distinguish between “substance use tendency” and “actual substance use.” The updated sentence now reads:

Substance use tendency is considered a risk factor that may increase the likelihood of disruptions in occupational performance, social interactions, and mental well-being, rather than directly causing them.

Reply to the Associate Editor

We sincerely appreciate your thorough review and valuable comments. We carefully considered all the points raised and have implemented the necessary changes in the revised manuscript. Our point-by-point responses are as follows:

Sample Representation and Faculty Selection:

Comment 1:

The sample (350 participants) was drawn from three faculties of Urmia University, which may limit generalizability. Were fields with higher risk of substance use (e.g., medicine, psychology) excluded? Please justify the selection of faculties.

Response:

Since the sampling method in the present study was multi-stage random cluster sampling, the three faculties of Humanities, Engineering, and Basic Sciences were selected through a random draw. Therefore, the authors did not intentionally exclude or include any faculty. Thank you.

Sampling Bias:**Comment 2:**

Please explain how sampling bias (e.g., overrepresentation of the Faculty of Humanities) might affect the results.

Response:

The best way to control sampling bias, or in other words to reduce sampling error, is to select participants randomly from the target population. Accordingly, in the present study, a multi-stage random cluster sampling method was employed, and the Faculties of Humanities, Engineering, and Basic Sciences were selected through a random draw.

Model Fit Indices:**Comment 3:**

The reported model fit indices, such as RMSEA = 0.086 and CFI/GFI = 0.90, are at the acceptable threshold but not ideal. The χ^2/df ratio of 3.28 indicates a moderate fit. Please also report other indices such as SRMR, and justify why the model with this marginal fit is still acceptable. In addition, describe any modifications made to the model (e.g., adding paths or correlating error terms).

Response:

We appreciate your careful review and valuable feedback. Our responses are as follows:

1. Justification of the Model Fit Indices

RMSEA (0.086), CFI (0.90), and GFI (0.90): According to standard criteria (Hu & Bentler, 1999), CFI and GFI values above 0.90 indicate an acceptable fit, although they are close to the minimum acceptable threshold. The RMSEA value falls within the acceptable range (0.08–0.10), suggesting a moderate model fit. Such values are often reported in behavioral sciences studies, particularly with complex samples and psychological variables (e.g., self-harm and substance use tendency) (Kline, 2015).

χ^2/df ratio (3.28): While a ratio below 3 is considered ideal, values between 3 and 5 are generally deemed acceptable in social science research. This ratio in our study is partly influenced by the sample size and model complexity.

SRMR: In the final model, SRMR was 0.061, which meets the standard criterion ($SRMR < 0.08$) for a good fit. This index was not included in the original manuscript but will be added to the revised version.

2. Model Modifications

Error correlations: Based on modification indices, correlations between error terms of items related to indirect self-harm and substance use tendency were added. This was theoretically

justified, as these constructs may be influenced by shared underlying factors (e.g., emotional disorders).

Removal of non-significant paths: The direct path from direct self-harm to substance use tendency was removed due to a lack of statistical significance ($\beta = 0.12$, $p > 0.05$), resulting in a more parsimonious and focused model.

3.Rationale for Accepting the Model with Marginal Fit:

The inherent limitations of cross-sectional data (e.g., non-normal distribution of variables) and the diversity of student responses may have affected the fit indices. Nevertheless, the use of bootstrapping (2,000 samples) enhanced the robustness of the results, supporting the model's validity despite the marginal fit values.

Depth of the Mediation Mechanism:

Comment 4:

The mediation mechanism (self-compassion → reduced substance use) lacks sufficient depth. How does self-compassion disrupt the pathway from self-harm to substance use?

Response:

We appreciate the reviewer's valuable feedback. In the revised version of the manuscript, the explanation of the mediation mechanism in the Discussion section has been substantially expanded to provide a deeper theoretical understanding of how self-compassion influences the pathway between self-harming behaviors and substance use tendency. Specifically, we now explain that self-compassion reduces self-criticism, shame, and feelings of worthlessness—emotions that are typically experienced after self-harming behaviors and can drive individuals toward substance use as an escape strategy. Furthermore, self-compassion enhances adaptive emotion regulation strategies (such as cognitive reappraisal and mindfulness), enabling individuals to cope with emotional distress without resorting to maladaptive coping methods such as substance use. Additionally, self-compassion fosters resilience and a stable sense of identity, which helps individuals tolerate negative emotions and recover from psychological harm without continuing self-harm or turning to substance use. Collectively, these mechanisms weaken the emotional and cognitive links between self-harming behaviors and substance use tendency, ultimately lowering the likelihood of substance use.

Theoretical Integration:

Comment 5:

Incorporate theories such as Emotion Regulation Theory to explain why self-compassion protects against substance use.

Response:

We appreciate the reviewer's valuable comment. In the revised manuscript, the section addressing the negative relationship between self-compassion and substance use tendency has been strengthened using the framework of Emotion Regulation Theory (Gross, 1998) and other related perspectives. According to this theory, self-compassion is a key factor in emotion regulation, helping individuals manage negative emotions such as shame, anger, or anxiety through healthy strategies like cognitive reappraisal and emotional acceptance. This process prevents the use of maladaptive emotion regulation strategies, such as avoidance or emotional numbing through substance use. Moreover, by increasing resilience and fostering a positive sense of identity, self-compassion enhances an individual's capacity to tolerate distress, thereby reducing the need to resort to substances as a means of escape or stress reduction. These theoretical explanations have been added to the manuscript and supported with relevant scholarly references.

Measurement Tool Validation:**Comment 6:**

The Substance Use Tendency Questionnaire (1992) may not capture newer patterns of substance use (e.g., vaping, synthetic drugs). Has this tool been updated and validated?

Response:

We appreciate the reviewer's careful attention. The Substance Use Tendency Questionnaire, originally developed by Weed and Butcher and validated in Iran by Zargar, although first introduced in 1992, remains one of the most widely used instruments for assessing substance use tendency in both domestic and international research. The rationale for using this tool lies in its strong validity and reliability (Cronbach's $\alpha = 0.90$ in the original studies and 0.75 in the present research), as well as its ability to assess both active and passive readiness for substance use serving as a general "tendency" index not limited to any specific substance type. This makes it relevant and valid even in the context of shifting use patterns, such as the rise of vaping or synthetic drugs. Nevertheless, in the revised manuscript, we have acknowledged this as a limitation in the Limitations section and have recommended that future research employ complementary or updated tools to better capture emerging patterns of substance use.

Minor Points:**Indirect Effect Size in Abstract****Comment 7:**

The indirect effect size was omitted. Please add the standardized value (β).

Response:

The mediation effect of self-compassion ($\beta = -0.27$, $p < 0.01$) has been added to the abstract.

Separate Analysis of SHI Subscales

Comment 8:

Analyze direct and indirect self-harm separately and report subscale results.

Response:

We appreciate the reviewer's comment. Direct and indirect self-harm are two components of the main self-harm behavior variable. Considering these components separately as independent variables would conflict with psychometric principles. Additionally, this type of analysis is not feasible in AMOS, as the software requires that variables consist of their constituent items or that items be loaded onto factors. Therefore, we recommend considering the main self-harm variable as the focus of analysis.

Correction of Correlation Table

Comment 9:

Table 2 contains repeated values ($R = 0.542$). Please correct; if incorrect, replace duplicates with “—”.

Response:

Thank you for your comment. The repeated values in Table 2 were due to a typographical error and have now been corrected. The correct values have been inserted in place of the duplicates.

Clinical Applications

Comment 10:

Clinical applications are vague. Please specify how self-compassion-based interventions should be designed and implemented, including strategies like mindfulness training and suitable settings such as university workshops.

Response:

We thank the reviewer for this important point. In the revised manuscript, the clinical applications section has been expanded. Self-compassion-based interventions are designed to enhance emotion regulation skills, reduce stress, and strengthen self-worth. Practices such as mindfulness training and self-compassion exercises help individuals manage negative emotions and difficult feelings with acceptance and kindness, thereby reducing the tendency toward substance use and self-harming behaviors.

These interventions can be implemented in university settings, particularly through workshops and group sessions, to improve student mental health. Additionally, leveraging digital tools such as online programs and educational apps can increase accessibility and enhance the effectiveness of these interventions.

OPEN PEER REVIEW

Revision (1)

Nour-Mohammad Bakhshani : EIC

17 Aug 2025

Dear Author,

The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.

Thanks.