

## Comparison of the Effectiveness of Emotion-Focused Therapy and Intensive Short-Term Psychodynamic Therapy on Sexual Dysfunction and Quality of Sexual Life in Women


Amir. Mirzaei<sup>1</sup>, Tayebeh. Sharifi<sup>2\*</sup>

<sup>1</sup> Ph.D. Student, Department Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran


<sup>2</sup> Department of Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran

\* Corresponding author email address: t.sharifi@iaushk.ac.ir

### Editor

Shahram Vahedi<sup>1</sup>  
Professor, Department of  
Educational Psychology, Faculty of  
Educational Sciences and  
Psychology, Tabriz University,  
Tabriz, Iran  
vahedi117@yahoo.com

### Reviewers

**Reviewer 1:** Hajar Torkan<sup>1</sup>  
Assistant Professor, Department of Psychology, Islamic Azad University, Isfahan  
Branch (Khorasgan), Isfahan, Iran. h.torkan@khuisf.ac.ir

**Reviewer 2:** Ali Akbar Soleymanian<sup>1</sup>  
Associate Professor of Counseling Department, Bojnord University, Iran. Email:  
Soleymanian@ub.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The article should provide more detailed justification for the choice of a quasi-experimental design, particularly the use of purposive sampling, which may introduce selection bias. Suggest elaborating on the rationale for this choice or considering alternative sampling methods to enhance the robustness of the study design.

The control group was placed on a two-month waiting list without any intervention, which could potentially lead to confounding variables such as natural recovery or external influences affecting the outcomes. Recommend considering an active control group that receives an alternative form of non-therapeutic intervention to more accurately gauge the effect size attributed to the tested therapies.

While the therapy sessions are outlined, there is insufficient detail regarding the specific therapeutic techniques used within each session of emotion-focused therapy and short-term psychodynamic therapy. Providing a more comprehensive description or examples of the therapeutic content could enhance reproducibility and understanding of the intervention's mechanism.

The paper reports mixed ANOVA results but does not fully discuss the assumptions checked or the specific tests used to verify normality and homogeneity of variance. More detailed statistical analysis, including interaction effects and their implications, would strengthen the findings.

The use of the Women's Sexual Dysfunction Questionnaire and Women's Sexual Life Quality Questionnaire is appropriate; however, the paper should discuss any potential limitations of these measures, including their sensitivity to change over time and in response to therapeutic interventions.

The conclusion that both therapies are equally effective could be nuanced by discussing any differential effects observed in the types of sexual dysfunction addressed. This would provide deeper insight into which therapy might be more beneficial for specific types of sexual dysfunctions.

Response: Revised and uploaded the manuscript.

### 1.2. Reviewer 2

Reviewer:

It is unclear if the same therapist delivered both types of therapy or if different therapists were involved. Clarifying this could help in understanding any therapist effects that could influence the outcomes. If multiple therapists were used, discussing how fidelity to the therapeutic model was ensured would be beneficial.

The demographic details of the participants are scant. Providing a comprehensive demographic profile including age, educational level, marital status, and duration of sexual dysfunction would aid in understanding the generalizability of the results.

The article mentions adherence to the Helsinki Declaration but does not specify if ethical approval was obtained from a formal review board. Including details of ethical approval would enhance the credibility of the research ethics.

The results section would benefit from a more detailed breakdown of outcomes related to different aspects of sexual dysfunction and quality of life, as measured by the respective scales. This would help in understanding which components of sexual health were most impacted by the therapies.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.