

Comparative Effectiveness of Reality Therapy and Emotion-Focused Therapy on Love Trauma Syndrome, Self-Worth, and Relationship Beliefs in Divorced Women in Tehran

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1. Round 1

1.1. Reviewer 1

Reviewer:

The linkage between marital instability and mental health outcomes is cited (Hewitt et al., 2011; 2012), but the discussion could benefit from including potential moderating variables such as social support or socioeconomic status to provide a more nuanced understanding.

The rationale for choosing both reality therapy and emotion-focused therapy is presented. However, the theoretical or empirical basis for directly comparing these two interventions is not fully justified. Please expand on this comparison's theoretical significance.

The reliability coefficients reported (Cronbach's alpha = .78) are acceptable but moderate. Were any factor analyses conducted to confirm construct validity in the current sample? This should be reported.

Means and standard deviations are reported with decimal commas (e.g., 13/40). Please use standard decimal points to comply with APA style and improve readability.

The section explains Glasser's Choice Theory but lacks direct reference to empirical studies demonstrating how these theoretical constructs translate into clinical change. Including such references would strengthen this part.

Response: Revised and uploaded the manuscript.

1.2. *Reviewer 2*

Reviewer:

The concept of love trauma syndrome is introduced with a brief symptom list. It would enhance clarity to include a theoretical framework or a diagnostic criterion source, clarifying whether this is a validated clinical construct or a research-based syndrome.

Regarding irrational relationship beliefs, the manuscript relies heavily on Epstein and Eidelson's (1982) model. Consider integrating more recent developments or critiques of this model to show the current state of the literature.

The manuscript states that assumptions for repeated measures ANOVA were tested, but does not specify which assumptions (normality, sphericity, homogeneity). Please include detailed results and corrections applied if assumptions were violated.

Effect sizes (η^2) are reported but lack interpretation. Please include benchmarks or guidelines to contextualize the magnitude of the observed effects (e.g., small, medium, large).

The authors conclude no significant difference between the two therapies, yet effect size comparisons or confidence intervals are not presented. Please provide these to substantiate claims of equivalency.

Response: Revised and uploaded the manuscript.

2. **Revised**

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.