

Comparison of the Effectiveness of the Integrative Cognitive–Emotional Couple Reconstruction Package for Infertile Women and Unified Transdiagnostic Couple Therapy on Marital Intimacy and Empathy

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1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “Infertility is widely recognized as a major reproductive health challenge with substantial psychological and interpersonal consequences” requires clarification of what is meant by “interpersonal consequences,” as this construct is referenced repeatedly but not operationally distinguished from individual psychological outcomes.

In the statement “women undergoing infertility evaluation and treatment are at heightened risk for clinically meaningful emotional symptoms,” the authors should specify whether this heightened risk refers to prevalence, severity, chronicity, or functional impairment, and briefly compare it with non-infertile populations.

The manuscript states that the protocol targets “shared emotional mechanisms,” but does not explicitly link these mechanisms to the outcome variables of marital intimacy and empathy. A conceptual bridge between mechanism targets and relational outcomes should be added.

While multiple statistical assumptions are tested, the manuscript does not report the actual test statistics or effect sizes for these diagnostics, limiting transparency and reproducibility.

The sentence “the mean scores... increased substantially” is qualitative. Please include standardized effect sizes (e.g., Cohen’s d or partial eta squared) for each group comparison to quantify the magnitude of change.

The extremely large partial eta squared values (e.g., .91 for marital intimacy) warrant discussion regarding possible inflation due to design characteristics or measurement properties.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The paragraph beginning “Within couple relationships, two constructs appear particularly central...” introduces marital intimacy and empathy without adequately justifying why these constructs were prioritized over related variables such as marital satisfaction, communication quality, or conflict resolution.

The sentence “psychological interventions have been increasingly integrated into infertility care” would benefit from specifying the clinical contexts in which this integration occurs (e.g., fertility clinics, counseling centers) and whether this reflects formal guidelines or emerging practice trends.

The claim “there remains limited head-to-head evidence comparing integrative cognitive–emotional couple-based interventions with unified transdiagnostic approaches” should be further elaborated by clarifying whether this limitation applies globally or primarily within the local research context.

In “Sixty infertile women... were selected through purposive sampling,” the manuscript lacks a statistical justification for sample size. Please report whether an a priori power analysis was conducted and what effect size assumptions guided the sample determination.

The criterion “absence of concurrent psychological or psychiatric treatments” requires clarification regarding assessment method (e.g., clinical interview, self-report screening, medical records).

The reported Cronbach’s alpha of .56 raises concerns regarding internal consistency. The authors should explicitly discuss how this psychometric limitation may affect interpretation of the empathy findings.

The description of intervention development states “only components achieving inter-rater agreement of .91 or higher were retained.” Please specify the reliability coefficient used (e.g., Cohen’s kappa, ICC) and provide justification for the .91 threshold.

In the description of session phases, the manuscript lists numerous therapeutic components but does not specify session-by-session dosage or time allocation, limiting replicability of the intervention protocol.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.