




Comparison of the Effectiveness of Cognitive Behavioral Couple Therapy (CBT) and Intensive Short-Term Dynamic Psychotherapy for Couples (ISTDP) in Reducing Relationship Obsessive–Compulsive Disorder (ROCD) Symptoms and Improving Relationship Quality in Young Couples

Seyed Adel. Hosseini^{1*} 

¹ Department of Psychology, Bi.C., Islamic Azad University, Birjand, Iran

* Corresponding author email address: s.Adel.Hosseini@bums.ac.ir

E d i t o r	R e v i e w e r s
Manijeh Daneshpour ^{} Department of Couple and Family therapy, Alliant International University, California, United States of America mdaneshpour@alliant.edu	Reviewer 1: Thseen Nazir ^{} Professor of Psychology and Counseling Department, Ibn Haldun University, Istanbul, Turkey. Email: thseen.nazir@ihu.edu.tr Reviewer 2: Abolghasem Khoshkanesh ^{} Assistant Professor, Counseling Department, Shahid Beheshti University, Tehran, Iran. Email: akhoshkonesh@sbu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the opening paragraph (“Intimate couple relationships constitute one of the most central contexts for adult psychological well-being...”), the authors provide a strong conceptual framing; however, the paragraph would benefit from explicitly stating the clinical relevance of ROCD early on, rather than postponing this to later paragraphs. Consider adding one bridging sentence that links general relationship distress to obsessive–compulsive phenomena within relationships to sharpen the focus from the outset.

The sentence “Within this framework, the effectiveness of two approaches... on marital conflict and cognitive flexibility was examined” appears inconsistent with the stated outcomes (ROCD symptoms and relationship satisfaction). This likely reflects a residual wording error and should be corrected to maintain internal coherence.

The inclusion criterion “score above the cutoff point on the marital conflict questionnaire” is mentioned, but the specific questionnaire is not named nor referenced elsewhere. This omission limits reproducibility and should be clarified.

The authors note that randomization considered baseline conflict severity. Please clarify whether stratified randomization was used formally or whether this was an informal balancing procedure. The current wording leaves ambiguity regarding allocation rigor.

The manuscript states that SCID-5-CV was used and that “one partner met OCD criteria with predominant ROCD content.” Please clarify whether ROCD diagnosis was formalized using predefined criteria or relied on clinical judgment, as this has implications for diagnostic validity.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The sentence “ROCD symptoms are persistent, ego-dystonic, and functionally impairing” is conceptually accurate but would be strengthened by clarifying how ROCD is differentiated diagnostically from normative relational doubt and from general OCD with relational content. A brief operational distinction would improve theoretical precision.

In the paragraph discussing intolerance of uncertainty, perfectionism, and attachment fears, the manuscript would benefit from explicitly stating whether the authors conceptualize ROCD primarily as a subtype of OCD or as a relationally embedded disorder with distinct mechanisms. This clarification is important given the later comparison of CBT and ISTDP, which rest on different psychopathological assumptions.

The argument that individual-focused interventions may be insufficient is persuasive; however, the manuscript does not sufficiently explain why couple-based interventions might differentially affect ROCD symptoms versus relationship satisfaction. Adding a short mechanistic explanation (e.g., partner accommodation, reassurance cycles) would strengthen the causal rationale.

While ISTDP is well described theoretically, the paragraph would benefit from explicitly connecting psychodynamic mechanisms (defenses, unconscious affect) to obsessive doubt and compulsive reassurance behaviors, rather than treating relational distress broadly. This would improve construct alignment with ROCD.

The final sentence clearly states the aim; however, it would be methodologically stronger if the authors explicitly stated whether the study is powered to detect differences between CBT and ISTDP, or whether the comparison is exploratory. This distinction is important for interpreting the marginal differences reported later.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.