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Comparison of the Effectiveness of Acceptance and Commitment Therapy and Choice Theory-Based Therapy on Post-Traumatic Growth in Divorced Women with Divorce Grief

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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:

The conclusion in the abstract states that both interventions are “highly and equally effective,” although the reported results indicate that the group main effect and time-by-group interaction for total post-traumatic growth were not statistically significant. A nonsignificant difference does not establish equivalence or equal effectiveness unless an appropriately powered equivalence or non-inferiority analysis has been conducted with prespecified margins. Please revise the wording to indicate that no statistically significant difference was detected between ACT and CTBT, and avoid claiming therapeutic equivalence unless the authors perform and report a formal equivalence analysis.

The manuscript describes the study as “quasi-experimental” but later states that 45 eligible participants were “randomly assigned into three groups of fifteen.” Please clarify the design classification and randomization procedure. If allocation was genuinely random, the manuscript should specify the sequence-generation method, allocation ratio, who generated the sequence, who enrolled participants, whether allocation concealment was used, and whether the analyst or outcome assessor

was blinded. If assignment was not truly random, the exact allocation method should be reported and the term "randomly assigned" removed.

The inclusion criterion requiring participants to score above "the specific cutoff point on the Prigerson and Maciejewski Complicated Grief Questionnaire" is insufficiently described. Please state the exact instrument name and version, number of items, response format, cutoff score, psychometric evidence in the Iranian population, and the rationale for applying a bereavement-related complicated-grief measure to divorce loss. The manuscript should also explain how the DSM-5-TR semi-structured interview was conducted, what diagnosis or symptom criteria were assessed, who administered it, and what training or inter-rater reliability procedures were used.

The inclusion criteria restrict the sample to women aged 25–35, currently employed, with at least one child, a minimum three-year marriage, one to three years since divorce, and a first divorce. These restrictions substantially narrow the target population and may produce a highly selected subgroup that differs from many divorced women experiencing grief. Please justify each criterion theoretically or methodologically, especially employment and parenthood, and acknowledge that these restrictions limit external validity. The manuscript should avoid generalizing the conclusions to divorced women broadly.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the first paragraph of the Introduction, the sentence "This phenomenon, often termed divorce grief, mirrors the bereavement processes associated with the death of a loved one, encompassing stages of denial, anger, bargaining, depression, and eventually, acceptance" relies on a stage-based grief model that is controversial and not universally supported as a sequential or normative process. Please provide an appropriate contemporary source and clarify that grief responses are heterogeneous rather than necessarily progressing through fixed stages. It would also strengthen the conceptual framework to distinguish normative post-divorce distress, adjustment disorder, prolonged grief-like reactions, depressive symptoms, and the specific construct operationalized as "divorce grief" in this study.

The Introduction repeatedly characterizes divorce as inherently traumatic, including the sentence "Given that divorce serves as a catalyst for significant psychological trauma." This formulation risks conflating a highly stressful life event with a traumatic event as defined in diagnostic systems, particularly Criterion A of PTSD. Please revise the terminology to avoid implying that all divorces constitute trauma in the diagnostic sense. The authors should define the type of adversity being studied and explain whether participants had trauma exposure, clinically significant grief, adjustment difficulties, or another defined condition.

The paragraph introducing post-traumatic growth states that its domains include "warmer and more intimate relationships with others," yet the reported analysis includes only four subcomponents: New Possibilities, Personal Strength, Appreciation of Life, and Spiritual Change. The standard 21-item Post-Traumatic Growth Inventory commonly contains five domains, including Relating to Others. Please explain why this fifth dimension is missing from the analyses, whether a four-factor validated Iranian version was used, whether items were omitted, or whether this is an inadvertent reporting error. The factor structure, scoring method, and number of items assigned to each reported subscale must be explicitly stated.

In the paragraph comparing the mechanisms of the two therapies, the manuscript states that ACT focuses on "altering the individual's relationship with their internal psychological experiences," whereas Choice Theory focuses on "modifying the individual's interactions with their external environment." This contrast is overly simplified and may misrepresent both models. Choice Theory also addresses internal perception, quality-world representations, need satisfaction, and self-evaluation, while ACT includes overt behavioral change through committed action. Please refine the comparative theoretical rationale by identifying specific shared and distinct mediators, such as psychological flexibility, experiential avoidance, values-based action, perceived control, responsibility, need satisfaction, and behavioral activation.

In the final paragraph of the Introduction, the manuscript claims that comparative evidence is important for "tailoring interventions to the specific psychological profiles of divorced women," but the study does not appear to assess moderators,

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treatment matching variables, or individual psychological profiles. Please align the rationale with the actual design. A three-group repeated-measures study can compare average outcome trajectories, but it cannot determine which therapy works best for particular profiles without interaction analyses involving prespecified participant characteristics or mechanisms.

In the Study Design and Participants section, the sentence “The statistical population encompassed all divorced women experiencing divorce grief who sought services at counseling centers within the city of Amol in Mazandaran province during the year” is incomplete because the recruitment year is missing. Please provide the exact recruitment period, identify the counseling centers or describe their type, and report the number of potentially eligible women screened, excluded, enrolled, randomized, treated, and analyzed. A participant-flow diagram consistent with CONSORT guidance for randomized or quasi-randomized intervention studies would materially improve transparency.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.
Editor in Chief’s decision: Accepted.

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