




Comparing the Effectiveness of Cognitive-Behavioral Couple Therapy and Emotionally Focused Couple Therapy on Romantic Relationship Perfectionism in Couples with Conflict

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph beginning with “Sample size determination was conducted using G*Power software,” the manuscript lacks sufficient methodological transparency regarding the power analysis. The authors should explicitly report the assumed effect size (f or Cohen’s d), the repeated-measures structure used in the software, the number of measurements, the assumed correlation among repeated measures, and whether the power analysis was based on interaction effects or main effects. Without these details, the adequacy of the sample size cannot be independently evaluated.

The inclusion criterion stating that participants had to obtain “scores higher than 190 on the Marital Conflict Questionnaire” requires stronger justification. The manuscript should explain why the cutoff score of 190 was selected and whether this threshold has empirical or clinical validation in previous Iranian studies. Additionally, because the questionnaire classifies scores above 190 as “severe conflict,” the authors should discuss whether the findings can be generalized to couples with mild or moderate marital conflict.

The reliability coefficient reported for the Romantic Relationship Perfectionism Scale in the present study (“Cronbach’s alpha coefficient was .69”) is relatively low for a primary dependent variable in intervention research. The authors should provide separate alpha coefficients for each subscale (self-oriented and other-oriented perfectionism), discuss the implications of marginal reliability for measurement precision, and consider whether item-level analyses or confirmatory factor analysis were conducted to evaluate construct validity in the Iranian context.

The intervention protocols are described in exceptional detail; however, treatment fidelity procedures are entirely absent. For example, in the paragraph beginning with “The cognitive-behavioral couple therapy intervention was delivered based on Dattilio’s (2009) protocol,” the authors should explain whether therapists followed a treatment manual, whether sessions were audio/video recorded, whether fidelity checklists were completed, and whether supervision was provided to ensure protocol adherence across sessions. Without fidelity assessment, it is difficult to determine whether the interventions were implemented consistently.

The manuscript repeatedly refers to “15 couples in each group,” yet the demographic results are reported at the participant level (e.g., “16 participants (53.3%) were aged 25–35 years”). This raises an important statistical issue because couples represent dyadic data, and observations from spouses are not independent. The authors should clarify whether analyses were conducted at the individual level or couple level and justify the statistical approach used. Conventional repeated-measures ANOVA may violate the assumption of independence when dyadic interdependence is ignored.

The description of the cognitive-behavioral intervention in Sessions 6 and 7 includes concepts from schema therapy (e.g., “subjugation,” “abandonment/rejection,” and “autonomy/dependence schemas”). The authors should clarify whether the protocol was strictly cognitive-behavioral couple therapy or an integrative CBT-schema-based approach. Otherwise, conceptual overlap may weaken treatment specificity and threaten internal validity in the comparison with emotionally focused therapy.

The manuscript lacks reporting of baseline equivalence tests for the primary dependent variables. Although demographic comparability is discussed, no statistical comparison is presented for pretest levels of self-oriented perfectionism or other-oriented perfectionism across groups. The authors should report baseline ANOVA or MANOVA results to demonstrate that the intervention groups did not significantly differ before treatment.

In the sentence “The structured and skill-oriented nature of cognitive-behavioral interventions allows couples to develop practical coping strategies,” the authors present theoretical assertions without adequately linking them to specific intervention outcomes observed in the study. The discussion would be strengthened by explicitly connecting particular CBT components (e.g., cognitive restructuring, problem-solving training, behavioral reciprocity) to the observed reductions in self-oriented versus other-oriented perfectionism.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The control group is described as having received “neutral content,” yet later the manuscript states that “the control group received no intervention.” This inconsistency should be corrected. If neutral content was actually provided, the authors should explain its nature, duration, and rationale. If the control group truly received no treatment, the earlier statement should be removed to avoid ambiguity regarding experimental control conditions.

In Table 1, additional marital variables such as “Agreement,” “Satisfaction,” “Cohesion,” and “Marital Quality” are presented, despite these variables not being described in the Measures section. The manuscript never explains which instruments were used to assess these constructs, how they were scored, or why they were included in the findings. This represents a substantial methodological omission. The authors should either fully describe these measures in the Methods section or remove these variables from the results tables.

The authors report that Mauchly’s test of sphericity was significant at non-significant levels, but the repeated-measures factor has only three time points. Although the assumption appears satisfied, the manuscript should additionally report whether

Greenhouse–Geisser or Huynh–Feldt corrections were examined as robustness checks. Reporting corrected degrees of freedom would improve methodological rigor and reassure readers regarding the validity of the F statistics.

The statement “The large effect sizes and statistical power values of 1.00 indicate that both interventions produced substantial and reliable effects over time” overstates the interpretation of post hoc power. Observed power values derived from obtained significance are not independent evidence of study quality. The authors should avoid interpreting observed power as confirmation of reliability and instead focus on confidence intervals and effect size interpretation.

The manuscript would benefit from clearer reporting of the randomization process. The sentence “participants were assigned through simple randomization (lottery method)” is insufficiently detailed for reproducibility. The authors should clarify whether allocation concealment was used, who generated the randomization sequence, whether stratification occurred, and how potential selection bias was minimized during assignment to groups.

The discussion section repeatedly claims that cognitive-behavioral couple therapy directly targeted the “cognitive core” of romantic relationship perfectionism; however, no mediator variables were measured to empirically support this mechanism. These explanations remain speculative. The authors should explicitly acknowledge that cognitive restructuring mechanisms were inferred theoretically rather than directly tested in the present study.

The paragraph beginning with “Emotionally focused couple therapy, developed primarily from attachment theory...” provides an excellent theoretical overview but does not sufficiently integrate culturally specific relational norms relevant to Iranian couples. Since the study was conducted in Tehran, the authors should discuss how cultural values, gender expectations, emotional expressiveness norms, and collectivistic family structures may influence the implementation and effectiveness of emotionally focused interventions.

The study includes a three-month follow-up, which is commendable; however, the authors do not report attrition rates across assessment phases. The manuscript should explicitly state whether any couples dropped out between pretest, posttest, and follow-up assessments and whether intention-to-treat analyses were performed. Attrition information is essential for evaluating the validity of longitudinal intervention findings.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.