

Comparing the Effectiveness of Emotion-Focused Couple Therapy and Systemic Couple Therapy on Affect Control and Hostile Attribution in Couples with Marital Conflicts

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The conceptualization of “affect control” requires greater theoretical clarification. In the paragraph beginning “One of the important variables associated with marital functioning is affect control,” the construct is described broadly as emotional regulation ability, yet the Affect Control Scale by Williams et al. measures fear of emotions rather than regulation per se. The manuscript should clarify whether the construct refers to emotional suppression, fear of emotional expression, or adaptive emotion regulation, because these are theoretically distinct phenomena.

The exclusion criterion “participants were not to have psychiatric disorders such as depression, anxiety, or personality disorders” is methodologically problematic because no standardized diagnostic procedure is described. The manuscript should specify whether structured clinical interviews, DSM-based assessments, or screening instruments were used. Reliance solely on “clinical assessment in the initial interview” weakens methodological rigor and raises concerns regarding diagnostic reliability.

The power analysis description is insufficiently detailed. The manuscript states that “G*Power software was utilized,” but critical information is omitted, including the assumed effect size, alpha level, statistical power threshold, number of repeated measures, and expected correlation among repeated observations. Without these details, it is impossible to evaluate whether the sample size estimation was appropriate.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The section discussing hostile attribution bias appropriately highlights interpersonal interpretation processes; however, the manuscript does not adequately distinguish hostile attribution from related constructs such as rejection sensitivity, cognitive distortion, or paranoid ideation. In the sentence “Individuals with elevated hostile attribution bias are more likely to perceive their partners’ actions negatively,” a more nuanced conceptual boundary is needed to avoid construct overlap and improve theoretical precision.

The literature review on emotion-focused couple therapy is generally comprehensive, yet the authors repeatedly use the terms “emotion-focused therapy” and “emotion-focused couple therapy” interchangeably. These approaches are not fully identical, particularly regarding attachment-based interventions specific to couples. The manuscript should maintain conceptual consistency and specify whether the intervention is rooted primarily in Greenberg’s EFT model, Johnson’s emotionally focused therapy framework, or an integrative adaptation.

The discussion of systemic couple therapy lacks sufficient specificity regarding the particular systemic orientation implemented. Although Minuchin’s structural framework is mentioned, the intervention description later includes communication training and behavioral assignments more characteristic of integrative systemic-behavioral models. The authors should explicitly clarify whether the intervention represents structural family therapy, strategic therapy, systemic-behavioral therapy, or an eclectic systemic protocol.

The study rationale would be considerably strengthened if the authors articulated explicit mechanisms through which emotion-focused therapy is hypothesized to outperform systemic therapy. Currently, the paragraph beginning “Despite growing evidence supporting both emotion-focused and systemic approaches” presents only broad theoretical contrasts. More detailed mediator-oriented reasoning regarding attachment security, emotional processing depth, or corrective emotional experiences would improve the manuscript’s theoretical sophistication.

The sampling strategy raises concerns regarding external validity. In the Methods section, participants were recruited through purposive sampling from only two counseling centers in Tehran. The authors should discuss how referral bias, socioeconomic characteristics, educational background, or urban cultural context may have influenced the findings. Without such discussion, the generalizability of the results remains limited.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.