

# The Effectiveness of Cognitive Behavioral Therapy on Resilience and Marital Adjustment among Couples with Marital Conflicts

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

In the Introduction paragraph beginning “Marital relationships are considered one of the most fundamental social and emotional structures...,” the conceptual distinction between marital satisfaction, marital adjustment, and marital well-being is insufficiently clarified. These constructs are repeatedly used interchangeably despite representing theoretically distinct relational dimensions. The manuscript would benefit from a clearer operational definition of marital adjustment and explicit differentiation from marital satisfaction and intimacy.

The literature review heavily emphasizes supportive findings for CBT but does not sufficiently discuss contradictory or null findings. For example, in the paragraph beginning “Several empirical investigations have supported the effectiveness of cognitive behavioral interventions...,” only studies demonstrating positive outcomes are cited. A balanced review should include limitations of CBT approaches or evidence comparing CBT with alternative interventions such as EFT or ACT.

The rationale for selecting resilience as a primary outcome variable remains underdeveloped. In the paragraph beginning “Among the psychological variables associated with successful adaptation to marital stress...,” resilience is discussed broadly, but the manuscript does not adequately explain why resilience should be expected to change over only eight sessions of couple therapy or through what precise mechanisms this occurs in dyadic contexts.

The statistical reporting in Table 2 contains several inconsistencies. For example, degrees of freedom are reported as decimal values (e.g., “1.45” and “1.65”), which is statistically implausible in conventional ANCOVA output. This raises concerns regarding either typographical errors or incorrect statistical reporting.

The manuscript repeatedly refers to “covariance analysis,” yet the reported design appears closer to repeated measures ANCOVA or mixed ANOVA. The exact statistical model should be clarified, including specification of within-subject and between-subject factors, covariates, and assumption testing procedures.

Response: Revised and uploaded the manuscript.

### 1.2. Reviewer 2

Reviewer:

The manuscript lacks sufficient information regarding ethical approval procedures. Although the “Ethical Considerations” section states adherence to the Helsinki Declaration, no ethics committee approval code, institutional review board information, or participant informed consent procedures are reported. This omission weakens the ethical transparency of the study.

The sampling strategy described in the “Study Design and Participants” section raises concerns regarding external validity. Convenience sampling from counseling centers in Tehran likely introduces substantial selection bias, yet the authors do not discuss how treatment-seeking couples may systematically differ from community couples experiencing marital conflict.

The inclusion and exclusion criteria are insufficiently detailed. The sentence “absence of severe psychiatric disorders that could interfere with participation” is vague and clinically imprecise. The manuscript should specify whether diagnostic screening tools, clinical interviews, or therapist judgment were used to determine psychiatric eligibility.

The intervention description in the “Intervention” section is overly general for replication purposes. The manuscript states that CBT included “cognitive restructuring techniques, emotional regulation strategies, communication skills, problem-solving methods, anger management...” but does not provide session-by-session content, therapeutic protocol references, therapist qualifications, or treatment fidelity procedures.

The study does not report whether therapists received supervision or whether intervention fidelity was monitored. Without fidelity assessment, it is difficult to determine whether the treatment delivered was standardized CBT or therapist-dependent supportive counseling.

The manuscript fails to address the dyadic interdependence problem. Because marital data inherently involve non-independent observations between spouses, the use of standard ANCOVA without dyadic modeling may violate statistical assumptions. Approaches such as Actor–Partner Interdependence Models (APIM) or multilevel modeling should at least be discussed as preferable analytical alternatives.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.