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Comparing the Effectiveness of Cognitive Behavioral Therapy and Reality Therapy on Family Boundaries and Differentiation of Self

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the paragraph on differentiation of self states that “Low differentiation is usually reflected in emotional reactivity, fusion with others, emotional cutoff, and difficulty maintaining an ‘I-position’ under interpersonal pressure.” This section is relevant, but it should more explicitly explain why differentiation of self is expected to change following relatively brief group interventions. The authors should add a stronger mechanistic argument linking CBT techniques and reality therapy techniques to each subcomponent of differentiation, particularly emotional reactivity, I-position, emotional cutoff, and fusion with others.

In the Introduction, the literature review includes several references to broad clinical areas such as internet addiction, gaming disorder, psychosis, eating disorders, dissociation, and self-injury. While these citations may demonstrate the wider relevance of psychotherapy, some of them appear only indirectly related to family boundaries and differentiation of self. The authors should reduce overly broad clinical references or explain their relevance more explicitly so that the literature review remains focused on marital functioning, family systems, CBT, reality therapy, boundary regulation, and self-differentiation.

In the Introduction, the sentence “Although previous studies have separately supported the effectiveness of cognitive behavioral therapy and reality therapy for various psychological, marital, and family-related outcomes, fewer studies have directly compared these two approaches in relation to family boundaries and differentiation of self” is central to the rationale of the study. This sentence should be expanded into a clearer research gap paragraph. The authors should specify what previous comparative studies have examined, what outcomes remain underexplored, and why comparing CBT and reality therapy on these two family-system variables contributes new empirical knowledge.

In the Methods section, the paragraph beginning with “The present study was conducted using a quasi-experimental pretest–posttest design with a control group and a follow-up phase” should specify the exact follow-up interval. The manuscript later refers to a follow-up stage, but the duration is not consistently stated. The authors should clearly indicate whether follow-up occurred after one month, two months, or another interval, because the interpretation of treatment stability depends on the length of follow-up.

In the Methods section, the reality therapy protocol paragraph states that “The WDEP framework was used throughout the intervention, including exploration of wants, current doing, self-evaluation, and planning.” This is appropriate, but the protocol should be more session-specific. The authors should briefly identify the focus of each session or provide enough detail to distinguish the intervention from general supportive counseling. The same level of specificity should also be provided for CBT so that both interventions are described with equivalent methodological rigor.

In the Findings section, the demographic paragraph reports that “The total sample consisted of 29 women and 16 men,” but the manuscript does not indicate whether gender distribution was balanced across groups. Because gender may influence family boundaries, marital communication, and differentiation of self, the authors should report group-specific demographic distributions and show the corresponding homogeneity tests more transparently, preferably with exact chi-square values, degrees of freedom, and p-values.

In the Findings section, the sentence “Mauchly’s test of sphericity was not statistically significant for family boundaries or differentiation of self” should include the exact statistics. The authors should report Mauchly’s W, chi-square values, degrees of freedom, and p-values for each dependent variable. If sphericity was violated, Greenhouse–Geisser or Huynh–Feldt corrections should be applied and reported. If it was not violated, the exact values should still be included to support the analytical decision.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the Methods section, the sentence “From this population, 45 eligible participants were selected through purposive sampling based on the inclusion and exclusion criteria and were then randomly assigned to three equal groups” requires clarification. If participants were randomly assigned after purposive sampling, the design should be described as a quasi-experimental study with random allocation, not simply as purposive sampling. The authors should explain the allocation procedure, including whether simple randomization, block randomization, sealed envelopes, or another method was used.

In the Methods section, the participant description states that the sample consisted of “married individuals living in Tehran who had referred to counseling and psychological service centers because of interpersonal, marital, or family-related difficulties.” This statement should be made more precise. The authors should specify the type and number of centers, recruitment period, diagnostic or screening criteria, and whether participants were couples, individual spouses, or married individuals participating without their partners, because this distinction has important implications for family and marital intervention research.

In the Methods section, the inclusion criterion “obtaining scores indicating difficulties in family boundaries or differentiation of self at the initial screening stage” is not sufficiently operationalized. The authors should specify the cutoff points, percentile

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criteria, clinical thresholds, or statistical criteria used to determine eligibility. Without this information, readers cannot evaluate whether the sample truly represented individuals with meaningful difficulties in the target variables.

In the Methods section, the paragraph describing the Family Relational Boundaries Questionnaire states that it "evaluates the extent to which family members experience clear, flexible, healthy, rigid, diffuse, or problematic relational boundaries in the family system." The authors should provide full psychometric details, including the original developer, year of development, number of items, subscales, response format, scoring range, interpretation of total and subscale scores, prior reliability coefficients, and the reliability coefficient obtained in the present study.

In the Methods section, the paragraph on the Differentiation of Self Inventory-Revised states that "Higher total scores indicate a more favorable level of differentiation of self." The authors should verify this scoring statement carefully because some subscales of the DSI-R, such as emotional reactivity, emotional cutoff, and fusion with others, may require reverse scoring depending on the version used. The manuscript should describe item scoring, reverse-scored items, total score computation, and whether subscale scores were analyzed or only the total differentiation score.

In the Methods section, the intervention protocols are described in general clinical terms, but treatment fidelity is not addressed. For the paragraph beginning "The cognitive behavioral therapy intervention was implemented in a structured group format," the authors should add information about therapist qualifications, training, supervision, use of manuals, session checklists, adherence monitoring, and whether the same therapist delivered both interventions. These details are essential for determining whether observed differences between CBT and reality therapy may be attributed to treatment model rather than therapist effects.

Response: Revised and uploaded the manuscript.

2. Revised

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

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