

A Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy on Cognitive Emotion Regulation and Marital Satisfaction among Discordant Couples Referred to Psychological Counseling Centers in East Tehran

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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 theoretical comparison between CBT and ACT is central to the manuscript, but the rationale for expecting different effects should be strengthened. The Introduction currently states that “CBT may exert stronger effects on strategies involving distorted appraisal... ACT, by contrast, may particularly influence acceptance, psychological distancing from thoughts, and flexible reappraisal.” This is potentially one of the strongest theoretical arguments in the manuscript, yet it is not developed sufficiently. The authors should articulate a priori hypotheses regarding whether CBT and ACT were expected to differ on total cognitive emotion regulation, marital satisfaction, or specific CERQ subscales. Without explicit directional or nondirectional comparative hypotheses, the study risks appearing primarily exploratory despite being framed as a comparative effectiveness trial.

In the final part of the Introduction, the manuscript states that “direct comparisons focusing simultaneously on the cognitive regulation of emotions and satisfaction with the marital relationship remain valuable.” The research gap should be made more precise. The authors should specify whether no previous studies have directly compared CBT and ACT on these two outcomes in discordant couples, whether such studies are scarce internationally, or whether the gap is particularly evident in Iranian counseling-center populations. A rigorous gap statement should identify exactly what is unknown and how the present design adds knowledge beyond prior CBT-versus-integrative, CBT-versus-EFT, and ACT-versus-EFT comparisons.

In the Study Design and Participants section, the manuscript states that “The statistical population consisted of all discordant couples referred to psychological counseling and mental health centers in East Tehran during 2024–2025.” This description requires important clarification regarding the unit of analysis. The manuscript repeatedly uses the term “couples,” yet reports a final sample of 45 “participants,” with 15 individuals in each group. It is unclear whether 45 individuals represented approximately 22–23 couples, whether 45 couples were enrolled, or whether only one spouse from each couple completed the measures while both partners attended therapy. This issue affects independence of observations, interpretation of couple therapy, sample size, and statistical analysis and must be resolved consistently throughout the manuscript.

The descriptions of the CBT and ACT intervention protocols are too general for replication. For example, the CBT paragraph states that sessions addressed “identifying dysfunctional automatic thoughts, maladaptive assumptions, and underlying beliefs,” while the ACT paragraph mentions the six processes of psychological flexibility. The manuscript should specify the source/manual on which each eight-session protocol was based, therapist qualifications, treatment fidelity procedures, whether the same therapist delivered both interventions, and how contamination between conditions was prevented. A session-by-session summary in prose or supplementary material would substantially improve intervention transparency.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The sampling and allocation procedure also requires greater methodological precision. The manuscript reports that “From 80 eligible individuals, 45 participants were selected through random sampling and randomly assigned to three groups of 15.” The authors should distinguish clearly between random sampling and random allocation. They should report who generated the allocation sequence, which randomization procedure was used, whether allocation concealment was implemented, and whether baseline assessments were completed before assignment. Because the study is described as quasi-experimental despite random allocation, the authors should also explain why it was not classified as a randomized controlled trial. The current terminology is methodologically inconsistent.

The inclusion criterion stating “a score below the predetermined cutoff point on the ENRICH Marital Satisfaction Scale” is insufficiently reproducible. The exact cutoff score should be reported, along with the source or validation study supporting that threshold and the specific scoring method used for the 47-item ENRICH version. It is also necessary to clarify whether both members of a couple had to meet the cutoff or whether eligibility was determined from one partner's score. Since this criterion defined the target clinical sample, lack of an explicit threshold substantially limits replicability.

The manuscript should expand the ethical procedures substantially. Although it mentions “informed and voluntary consent,” there is no explicit report of institutional ethics approval, ethics code, confidentiality procedures, participants' right to withdraw, management of clinical risk, or whether participants were informed of random assignment to a no-treatment control condition. Because the study involved couples experiencing significant marital discord, the protocol should also indicate how severe domestic violence, suicidality, acute psychiatric conditions, or other high-risk situations were screened and managed. These safeguards are especially important in couple-intervention research.

In the Data Collection Tools section, the paragraph describing the CERQ states that “Internal consistency analysis conducted on the present sample indicated satisfactory reliability, with a Cronbach's alpha coefficient of 0.89 for the overall scale.” Because the CERQ consists of nine theoretically distinct subscales, reporting only an overall alpha is insufficient and may be

psychometrically questionable if a global score was used. The authors should clarify whether analyses were based on a total CERQ score, adaptive and maladaptive composite scores, or the nine individual dimensions. Reliability estimates for the actual scores used in hypothesis testing should be reported, preferably separately for each relevant subscale or composite.

The ENRICH measurement paragraph also requires greater specificity. The manuscript states that “The short form used in the present study consisted of 47 items encompassing 12 dimensions of marital functioning.” The authors should provide the response scale, possible score range, direction of scoring, treatment of reverse-scored items, and interpretation of higher scores. Additionally, the exact Persian validation source should be identified rather than merely noting that reliability “has previously been examined in Iranian samples.” Reliability for the current study sample should also be reported, as was done for the CERQ, to demonstrate measurement consistency in this dataset.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.