

The Effectiveness of Acceptance and Commitment Therapy on Psychological Flexibility and Marital Burnout in Couples with Family Problems

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1. Round 1

1.1. Reviewer 1

Reviewer:

The paragraph describing the Couple Burnout Measure does not provide essential scoring information. The manuscript explains its conceptual purpose and reports several reliability and validity coefficients, but it does not state the number of items, response format, score range, whether subscales were calculated, or how higher scores should be interpreted quantitatively. For reproducibility, the authors should provide the number of items, Likert response anchors, scoring method, possible total score range, handling of any reverse-scored items, and whether the analysis used a total score or specific dimensions of physical, emotional, and psychological burnout.

The intervention paragraph states that participants received “eight consecutive weeks, with one 90-minute group treatment session conducted each week,” but the manuscript does not provide sufficient information to permit treatment replication. The

authors should identify the ACT protocol or manual on which the intervention was based, describe therapist qualifications and ACT training, state whether the intervention was delivered to individuals, couples, or groups of couples, report the approximate group size, and explain whether both partners attended sessions simultaneously. Treatment fidelity should also be addressed, for example through session checklists, supervision, audio/video review, or adherence ratings.

The assumptions paragraph reports only the Kolmogorov–Smirnov test and then states that “the assumptions required for covariance analysis...were considered sufficiently satisfied.” This is inadequate for ANCOVA. The authors should report evidence for linearity between covariate and outcome, homogeneity of regression slopes, homogeneity of error variances, absence of influential outliers, and independence of observations. Levene’s test should be reported for homogeneity of variance, and the group $\times$ pretest interaction should be tested to evaluate homogeneity of regression slopes. If participants were members of the same couples, independence is likely violated and conventional ANCOVA may not be appropriate.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The ACT intervention paragraph lists acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action but presents these processes only in general terms. A scientific intervention study requires greater session-level specificity. The authors should briefly indicate the principal objective and therapeutic content of each session, such as introduction and creative hopelessness, identification of experiential avoidance, acceptance exercises, cognitive defusion, mindfulness and present-moment awareness, self-as-context, values clarification, committed action, and relapse-prevention or consolidation. Even if a full session-by-session table is not included, the text should describe the progression of the eight-session protocol sufficiently for replication.

The control condition is described as receiving “no structured psychological intervention during the study period.” This creates the possibility that the observed effects reflect nonspecific treatment factors such as therapist attention, expectancy, group support, treatment credibility, or repeated interpersonal contact rather than ACT-specific processes. The authors should acknowledge this limitation more explicitly and state whether the control group was placed on a waiting list, received routine counseling services, or was asked to avoid other interventions. The manuscript should also clarify whether control participants were offered ACT after posttest assessment, which is relevant both methodologically and ethically.

The manuscript needs a dedicated statement on research ethics. The Methods section currently notes voluntary participation and confidentiality but does not report approval by an institutional ethics committee, an ethics approval number, written informed consent, participants’ right to withdraw without consequence, or procedures for protecting participants experiencing significant marital distress. For a psychological intervention involving couples with family problems, these elements are essential. The authors should provide the approving institution and ethics code and indicate how informed consent, privacy, data confidentiality, and adverse-event or risk management procedures were handled.

In the Findings section, Table 1 indicates that psychological flexibility increased from 50.42 to 61.78 in the experimental group and marital burnout decreased from 56.53 to 45.24. Although these changes appear clinically meaningful, the Results section should avoid interpreting raw pretest–posttest differences as evidence of efficacy before inferential testing. The paragraph following Table 1 should remain strictly descriptive and state only the direction and magnitude of changes. Claims that ACT “produced greater improvement” should be reserved for the ANCOVA findings, where baseline differences are statistically controlled.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.