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The Effectiveness of Emotion-Focused Therapy in Improving Psychological Flexibility and Zest for Life Among University Students Who Have Experienced a Romantic Breakup

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1. Round 1

1.1. Reviewer 1

Reviewer:

The manuscript should report recruitment, attrition, and analysis populations more rigorously. The Methods state that absence from more than two sessions was an exclusion criterion, but the Findings do not indicate whether any participants discontinued treatment, missed assessments, violated the protocol, or were excluded after randomization. The authors should state explicitly whether all 30 randomized participants completed pretest, posttest, and follow-up assessments. If attrition occurred, reasons should be provided separately by group, and the analysis should clarify whether an intention-to-treat, per-protocol, or complete-case strategy was used. Given the small sample size, even one or two withdrawals could materially affect estimates, statistical power, and the comparability of the groups.

The ethical procedures require more complete reporting. The paragraph describing recruitment mentions informed consent and institutional coordination, but the manuscript does not provide the name of the approving ethics committee, an ethics approval code, the approval date, or a clinical-trial registration number. The authors should also explain how confidentiality was protected in the Eitaa information group, whether participants could see one another's identities, how online screening

data were stored, and whether students were informed that participation or refusal would not affect university services. Because participants had recently experienced romantic loss and potentially substantial distress, the study should describe procedures for identifying suicidality, severe depression, trauma symptoms, or other conditions requiring referral to individualized clinical care.

The intervention schedule is described inconsistently and should be corrected throughout the manuscript. The abstract previously states that the experimental group received "eight weekly 90-minute sessions (two sessions per week)," whereas the Methods indicate eight 90-minute sessions held twice weekly. Eight sessions delivered twice weekly constitute a four-week intervention, not eight weekly sessions. The authors should report the precise intervention duration, session frequency, approximate interval between sessions, and dates or time frame of treatment implementation. This correction should be made consistently in the abstract, Methods, intervention protocol, discussion, and any trial-flow description.

The intervention paragraph is informative but does not provide sufficient information about treatment fidelity and therapist characteristics. The paragraph beginning "The experimental group participated in a group-based emotion-focused therapy program" should identify the facilitator's professional discipline, academic qualification, clinical experience, formal training in emotion-focused therapy, and role in the research. The authors should also report whether a treatment manual was used, whether sessions were audio- or video-recorded, whether adherence checklists were completed, and whether an independent supervisor evaluated fidelity. Because group-process quality and therapist allegiance can substantially influence outcomes in psychotherapy studies, these details are necessary to determine whether the intervention was delivered consistently and whether replication is feasible.

The statistical-assumption paragraph is too general and does not provide the evidence needed to evaluate model validity. The manuscript states that "the results supported the assumption of approximate normality" and that homogeneity "was found to be acceptable," but no test statistics, degrees of freedom, or exact p values are reported. The authors should identify the tests used, such as Shapiro–Wilk tests for each group and time point, Levene's tests at each assessment, Box's M test if a multivariate repeated-measures model was applied, and Mauchly's test of sphericity. Because Greenhouse–Geisser-adjusted degrees of freedom appear in Table 2, the manuscript should report Mauchly's W, its chi-square statistic and p value, and the Greenhouse–Geisser epsilon for each outcome.

The stated analytical approach is internally inconsistent. The Methods refer to "a mixed-design repeated-measures multivariate analysis of variance," but Table 2 presents separate univariate repeated-measures ANOVA results for each outcome and does not report any multivariate omnibus statistic such as Wilks' lambda, Pillai's trace, Hotelling's trace, or Roy's largest root. The authors should clarify whether a repeated-measures MANOVA was conducted first, followed by outcome-specific ANOVAs, or whether only two separate mixed ANOVAs were used. If separate analyses were conducted, the multiplicity of testing should be addressed. If MANOVA was used, the omnibus multivariate results should be reported before the univariate findings.

Table 2 does not provide a complete factorial analysis. It reports the effects of time and time × group but omits the between-subjects main effect of group. Although the interaction is the most relevant test of differential change, a complete mixed-design ANOVA table should report group, between-subjects error, time, time × group, and within-subjects error. The authors should also report confidence intervals for effect sizes and clarify whether partial eta squared values were calculated from corrected or uncorrected sums of squares. The interpretation that "approximately 29.8% of the variance" was attributable to the interaction should be qualified because partial eta squared represents the proportion of effect-plus-error variance associated with that term, not the proportion of total outcome variance explained.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The intervention labeled "emotion-focused therapy" appears to combine emotion-focused, mindfulness-based, cognitive, communication, and psychoeducational techniques, and its theoretical coherence should be more explicitly justified. For

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example, the protocol includes the "stop–think–act" technique, cognitive reframing, mindfulness, self-compassionate letter writing, and communication training. These procedures may be clinically reasonable, but the authors should specify which are core emotion-focused therapy tasks and which were adapted or added for this population. The quoted description "Participants practiced the 'stop–think–act' technique" is particularly reminiscent of cognitive-behavioral skills training rather than a standard emotion-focused task. A clear account of protocol development, adaptation, expert review, and fidelity to the Greenberg model is needed to establish construct validity of the intervention.

The control condition limits causal interpretation and should be discussed more directly. The statement that "the control group received no psychological intervention during the study period" indicates a wait-list or no-treatment comparison rather than an active control. Consequently, differences may reflect attention, expectancy, group support, therapeutic alliance, repeated contact, or demand characteristics in addition to specific emotion-focused mechanisms. The manuscript should avoid attributing the entire effect to the unique components of emotion-focused therapy. The limitation paragraph acknowledges this issue, but it should also influence the wording of the Results interpretation, Discussion, and Conclusion. The authors should use language such as "the intervention package was associated with greater improvement than no treatment" rather than implying confirmed specificity.

The description of the Cognitive Flexibility Inventory requires correction and closer alignment with the original measure. The paragraph states that the instrument assesses "two principal dimensions," whereas the Persian source description referred ambiguously to three aspects. The authors should verify the original factor structure, item scoring, reverse-scored items, subscale composition, and total-score range against the primary publication. The reported concurrent validity coefficient with the Beck Depression Inventory–II should include its negative direction if the original finding was inverse. In addition, the Methods should explain whether a translated Persian version was used, who translated or validated it, and whether the exact Persian psychometric study corresponds to the version administered. Reporting only prior alpha coefficients does not establish that the version used in this sample retained the expected factorial validity.

The Zest for Life After Romantic Breakup Scale is newly developed and requires more cautious presentation. The paragraph beginning "The Zest for Life After Romantic Breakup Scale was developed and validated by Shomali and Barkhordari (2026)" reports strong internal consistency and model fit, but the manuscript should provide the development sample, sampling frame, item-generation procedure, expert-panel size, and whether exploratory and confirmatory factor analyses were conducted on independent samples. An alpha coefficient of .972 may indicate excellent reliability, but it can also suggest item redundancy. The authors should consider reporting McDonald's omega and item-total correlations. Furthermore, describing the correlation with mental pain as "criterion-related validity" may be inaccurate unless mental pain was treated as an established criterion; "convergent or theoretically related validity" may be more appropriate.

The demographic findings contain a numerical inconsistency that must be corrected. The source demographic table reports 4 participants in the experimental group with a GPA below 15 but assigns this category 40.0%; with a group size of 15, 40.0% corresponds to 6 participants. The Findings paragraph has changed this value to 6, apparently based on the percentage, but the authors must verify the original dataset rather than infer the count. In addition, the GPA categories "17 or higher," "15 to 17," and "below 15" overlap at exactly 17 unless the middle category is defined as 15.00–16.99. The category boundaries should be mutually exclusive, and the demographic table should clearly label the Iranian 0–20 grading scale for international readers.

The demographic analysis should include inferential comparisons or a clear explanation that only descriptive comparability was assessed. The sentence "Overall, the demographic distributions indicated that the two groups were relatively comparable" is not supported by chi-square, Fisher's exact, or other statistical tests. With only 15 participants per group and several sparse cells, Fisher's exact test may be more appropriate than chi-square. The manuscript should also report other clinically relevant baseline variables, including age, sex, duration of the former relationship, time elapsed since breakup, whether the participant initiated the breakup, current relationship status, prior psychotherapy, psychiatric medication use, and baseline symptom severity. These factors could influence both initial distress and responsiveness to treatment.

Authors uploaded the revised manuscript.

2. Revised

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