




Comparison of the Effectiveness of Acceptance and Commitment-Based Couple Therapy and Cognitive-Behavioral Couple Therapy on Emotion Regulation in Couples with Marital Burnout

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E d i t o r	R e v i e w e r s
Anela Hasanagic  Full Professor, Department of Psychology, Faculty of Islamic Education, University of Zenica, Bosnia and Herzegovina anela.hasanagic@unze.ba	Reviewer 1: Ali Akbar Soleymanian  Associate Professor of Counseling Department, Bojnord University, Iran. Email: Soleymanian@ub.ac.ir Reviewer 2: Hajar Torkan  Assistant Professor, Department of Psychology, Islamic Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran. h.torkan@khuisf.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The long paragraph beginning with “A growing body of research emphasizes that emotion regulation is a key mechanism...” transitions abruptly from general emotion-regulation literature to marital studies. Add an explicit bridge sentence explaining why emotion regulation is particularly salient for couples with burnout.

In the block beginning “Acceptance and Commitment Therapy (ACT) has emerged over the past two decades...”, several sentences explain acceptance, defusion, and present-moment awareness multiple times. Condense and present ACT processes more succinctly and analytically.

In the lead-in to the research gap, the sentence “However, direct comparative evidence on how these two models affect specific emotion-regulation strategies... is still limited” is too general. Specify what “limited” entails—e.g., number of studies, populations studied, methodological weaknesses—to justify the necessity of your study.

In Methods, the phrase “A purposive sampling method was used to select the participants” raises concerns about representativeness. You should explicitly acknowledge and justify purposive selection in a quasi-experimental design, and explain how potential sampling bias was mitigated.

The sentence “45 couples were selected through purposive sampling and randomly assigned...” is confusing. Clarify how randomization was implemented after purposive selection. Indicate whether allocation concealment or randomization software was used.

Under inclusion criteria, the phrase “no history of participation in other individual or couple psychotherapy programs in the past six months” should specify whether psychoeducational workshops or online self-help programs count as “psychotherapy.” Clarification would aid replicability.

In the ACT intervention section, the text includes multiple narrative examples such as “value-based anniversary exercises” and “curiosity toward internal experiences.” Consider summarizing these in table form, as the current level of detail disrupts flow and may be unnecessary in the main text.

The CBCT intervention paragraph describes downward-arrow techniques and communication training, but the ACT paragraph includes many more illustrative exercises and metaphors. For balance and scientific comparability, provide equal detail or condense both to the same structural level.

In the Findings section, no information is provided on Mauchly’s test of sphericity, homogeneity of variance, or correction methods (e.g., Greenhouse-Geisser). Since repeated-measures ANOVA was used, these must be reported.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The section “The extension of ACT to couple and family work has gained momentum...” outlines mechanisms but lacks quantitative or outcome-based evidence from controlled trials. Please add empirical findings supporting ACT-for-couples effectiveness (e.g., effect sizes, outcome domains).

In the paragraph that begins “Parallel to the growth of ACT, Cognitive-Behavioral Couple Therapy (CBCT) remains one of the most empirically supported approaches...”, the discussion lists multiple CBCT strategies without distinguishing core versus optional components. Consider reorganizing this paragraph to clarify which skills are standard elements in CBCT.

The sentence “Table 1 shows that in both experimental groups, the mean suppression strategy scores decreased...” merely restates table content. Provide a brief interpretation focusing on effect sizes or clinically meaningful changes.

In Table 2, the row “Cognitive reappraisal (.752 = Wilks’ lambda...)” appears misformatted. Ensure Wilks’ lambda, F, and p-values are aligned clearly to avoid misinterpretation. Also verify degrees of freedom accuracy.

After Table 4, the text says “The Bonferroni test results indicate...” but does not explain the practical meaning of differences between ACT and CBCT. Expand on whether the differences are clinically significant or only statistically significant.

The Discussion paragraph beginning with “The significant improvement in cognitive reappraisal...” describes individual mechanisms but does not integrate mechanisms across ACT and CBCT. Add a comparative analysis of how each therapy model differentially influences cognitive reappraisal.

When stating “Research from Iran also reports similar follow-up outcomes...”, be careful not to overgeneralize findings from small or region-specific samples to a broader clinical context. Consider qualifying the statement with sample characteristics.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.