KMAN Counseling & Psychology Nexus

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Effectiveness of Ellis's Rational Emotive Behavior Therapy on Perceived Stress and Alexithymia in Single Women

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1. Round 1

1.1. Reviewer 1

Reviewer:

This paragraph provides a strong contextual background, but it would benefit from at least one sentence clarifying why single female students may experience these pressures differently, as this variable becomes central later in the manuscript.

The bidirectional relationship is well articulated; however, the paragraph would be strengthened by briefly explaining mechanistically how alexithymia intensifies stress appraisal, rather than only citing empirical associations.

Although nomophobia is discussed extensively, it is not reported as an outcome in the Results section. Please clarify whether nomophobia was excluded from final analyses and, if so, justify its substantial presence in the theoretical background.

Given the small sample size, please justify the statistical power assumptions and discuss whether nonparametric alternatives were considered.

Response: Revised and uploaded the manuscript.

1.2.   Reviewer 2

Reviewer:

This paragraph is theoretically sound, but it would benefit from a clearer conceptual linkage between REBT techniques (e.g., disputation, ABC model) and specific components of alexithymia (e.g., difficulty identifying feelings).

The aim is clearly stated; however, it would be methodologically helpful to explicitly state that the study tests causal effects using a quasi-experimental pretest–posttest control group design.

This sentence conflicts with later analyses, which do not report nomophobia results. Please reconcile this discrepancy or explain why nomophobia data were not included in the Results section.

Selecting participants based on high baseline scores may introduce regression-to-the-mean effects. Please acknowledge this potential bias and justify the decision analytically.

The criteria lack operational thresholds. Please specify the cutoff scores used on the PSS and TAS-20 to define eligibility.

The scoring description uses a five-point Likert scale starting at 1, whereas the original PSS is typically scored 0–4. Please clarify whether the scale was adapted and how this affects comparability with prior studies.

Several Cronbach's alpha values reported for subscales are relatively low (e.g., .51, .55). Please discuss the implications of these reliability levels for interpreting subscale findings.

The intervention description is thorough; however, therapist qualifications and fidelity monitoring procedures are not reported. Please specify who delivered the intervention and how adherence to the REBT protocol was ensured.

Response: Revised and uploaded the manuscript.

2.   Revised

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