

A Comparative Study of Acceptance and Commitment–Based Couple Therapy and Integrative Behavioral Couple Therapy on Marital Adjustment and Altruism in Couples with a Child with a Disability

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph beginning “One of the most profound stressors capable of challenging marital functioning...”, multiple stressors are listed (illness, infertility, infidelity, caregiving), yet the study focuses on couples with a child with a disability. The authors should narrow the conceptual focus here and more clearly foreground disability-related caregiving as the central stressor to improve coherence and relevance.

The definition of altruistic behavior is conceptually sound; however, the manuscript does not sufficiently clarify whether altruism is treated as a trait-like disposition or a relationally emergent behavior. This distinction is important for interpreting intervention effects and should be explicitly addressed in this paragraph.

When stating “Marital adjustment... is considered a comprehensive indicator of marital health”, it would strengthen the argument to briefly justify why marital adjustment was selected over alternative outcomes (e.g., marital satisfaction, intimacy, commitment), particularly given the overlap among these constructs.

ACT-C was delivered in five sessions, whereas IBCT consisted of twelve sessions. The manuscript should explicitly discuss this dose inequality and justify why outcome comparisons remain valid despite unequal intervention intensity.

The authors report extremely high correlations between pretest and posttest scores (e.g., $r = 0.996$). Such values are statistically unusual and raise concerns about measurement redundancy or data dependency. Please provide a methodological explanation or re-check calculations.

In Table 1, the posttest standard deviation for altruism in the experimental group ($SD = 23.52$) exceeds the pretest SD. This pattern warrants brief interpretive commentary regarding increased variability following intervention.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The ACT framework is well summarized, but the manuscript would benefit from a clearer mechanistic pathway linking ACT processes (e.g., defusion, values clarification) specifically to altruistic behavior, not only to general marital quality.

While IBCT is described comprehensively, the authors should more explicitly differentiate acceptance in IBCT from acceptance in ACT, as these concepts are theoretically distinct. Clarifying this distinction would strengthen the rationale for a comparative design.

The aim statement is clear; however, it would be methodologically stronger if the authors explicitly stated whether the study is hypothesis-testing or exploratory, particularly given the absence of a priori hypotheses regarding superiority or equivalence.

Although psychometric properties are described, no reliability coefficients from the current sample are reported. Please include Cronbach’s alpha (or equivalent) for each subscale as used in this study.

The Locke–Wallace test is well described; however, given cultural context, the authors should clarify whether a validated Persian version was used and cite evidence of its cultural adaptation.

The description of ACT-C includes references to “obsessive–compulsive disorder”, which appears unrelated to the study population. This suggests either a copy-editing error or protocol mismatch and must be corrected for conceptual consistency.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.