




# Comparison of the Effectiveness of Acceptance and Commitment Interventions, Positive Thinking, and Existential Therapy on Increasing Psychological Flexibility in Female Heads of Household

Mohammad. Nowzari<sup>1</sup> , Shokouh. Navabinejad<sup>2\*</sup> , Gholamreza. Sharifirad<sup>3</sup> 


<sup>1</sup> Department of Counseling, Qo.C., Islamic Azad University, Qom, Iran

<sup>2</sup> Professor, Department of Counseling, Kharazmi University, Tehran, Iran



<sup>3</sup> Faculty of Health, Qom University of Medical Sciences, Qom, Iran

\* Corresponding author email address: navabi\_sh@khu.ac.ir

### Editor

Sergii Boltivets   
Chief Researcher of the Department of Scientific Support of Social Formation of Youth. Mykhailo Drahomanov University, Ukraine  
sboltivets@ukr.net

### Reviewers

**Reviewer 1:** Mahdi Khanjani   
Associate Professor, Department of Psychology, Allameh Tabataba'i University, Tehran, Iran.  
Email: khanjani\_m@atu.ac.ir  
**Reviewer 2:** Fahime Bahonar   
Department of counseling, University of Isfahan, Isfahan, Iran.  
Email: Fahime.bahonar@edu.ui.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The Introduction section provides a broad conceptual overview of psychological flexibility and therapeutic interventions; however, the theoretical rationale for comparing ACT, Positive Thinking, and Existential Therapy remains underdeveloped. The manuscript would benefit from a dedicated comparative framework explaining why these three interventions were selected simultaneously and what unique mechanisms of action distinguish them conceptually. At present, the introduction reads more like three parallel literature summaries rather than a coherent comparative justification.

Similarly, the ACT protocol description is overly generalized and resembles a textbook summary rather than a precise intervention report. Statements such as “core ACT processes such as acceptance, cognitive defusion, mindfulness, self-as-context, values clarification, and committed action were systematically introduced” should be expanded into session-by-session content descriptions. The authors should include detailed therapeutic exercises, metaphors, homework assignments, and therapist adherence procedures.

The Existential Therapy intervention also requires greater methodological specificity. The manuscript references “the protocol utilized by Sadeghizadeh Sadati and colleagues (2017)” but does not provide a corresponding citation in the References section. This omission undermines transparency and prevents readers from evaluating the validity and structure of the intervention model used in the study.

The authors report that “The Kolmogorov–Smirnov test indicated that the distribution of scores for all dependent variables was normal ( $p > .05$ ).” However, with such a small sample size ( $n = 15$  per group), normality tests have low statistical power and may fail to detect deviations from normality. The manuscript should additionally report skewness, kurtosis, Q-Q plot assessments, or Shapiro–Wilk statistics, which are more appropriate for smaller samples.

Response: Revised and uploaded the manuscript.

## 1.2. Reviewer 2

Reviewer:

The sentence “Since a sample size of 15 participants per group has been recommended for experimental studies” in the Methods section requires a proper methodological citation and justification. Merely stating that 15 participants are “recommended” is insufficient for establishing statistical power. The authors should conduct and report an a priori power analysis, including expected effect size, alpha level, and statistical power, particularly because the study employs multiple groups and repeated measurements.

The sampling procedure described as “convenience sampling” combined with “random assignment” requires clarification. While random assignment may reduce internal validity threats, convenience sampling substantially limits external validity. The manuscript should explicitly discuss how the recruitment procedure may have introduced selection bias, especially considering the vulnerable nature of female heads of household and potential socioeconomic heterogeneity within the sample.

The inclusion and exclusion criteria are insufficiently operationalized. For example, the exclusion criterion “absence of severe psychological disorders such as depression” is vague because depression severity was apparently neither clinically assessed nor measured using standardized diagnostic instruments. The authors should specify whether structured clinical interviews or validated screening tools were used to determine psychiatric eligibility.

The description of the Positive Thinking intervention lacks sufficient procedural detail to ensure replicability. Although several thematic components are mentioned (e.g., gratitude, optimism, self-esteem), the manuscript does not provide session structure, duration of activities, therapist qualifications, or standardized protocol references. The intervention appears highly eclectic, and without a clearer procedural manual, replication and treatment fidelity assessment become difficult.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.