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Comparison of the Effectiveness of Residential Group Therapy Based on Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) on Meaning in Life and Marital Satisfaction in Couples

Fatemeh Sadat. Sedighi[1], Tahmoores. Aghajani Hashjin[2*], Mohsen. Jadidi[3]

[1] PhD Student, Department of Counseling, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran
[2] Assistant Professor, Department of Psychology, Shahr-e-Qods Branch, Islamic Azad University, Tehran, Iran
[3] Associate Professor, Department of Psychology, Shahr-e-Qods Branch, Islamic Azad University, Tehran, Iran

*** Corresponding author email address**: t.aghajani2014@gmail.com

Editor	Reviewers
Firouzeh Sepehrianazar Professor of Psychology Department, Urmia University, Iran f.sepehrianazar@urmia.ac.ir	**Reviewer 1:** Ali Khodaei Department of Psychology, Faculty of Educational Sciences and Psychology, Payam Noor University, Tehran, Iran. Email: alikhodaei@pnu.ac.ir **Reviewer 2:** Farideh Dokanehi Fard Associate Professor, Counseling Department, Roudehen Branch, Islamic Azad University, Roudehen, Iran. Email: f.dokaneifard@riau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The use of convenience sampling in the "Methods and Materials" section (paragraph 1) raises concerns about potential bias. Could you address how the sample might represent the broader population and provide justification for using convenience sampling in this context?

While reporting the F-values for both meaning in life and marital satisfaction, it would be beneficial to include and interpret the effect sizes (η^2). Although they are reported, an interpretation of whether these are small, medium, or large effects is needed.

In the discussion section, you state that "the findings are consistent with prior studies" but don't specify how your results compare with others. Could you include more specific comparisons with the cited literature and address any inconsistencies between your findings and those of other studies?

In discussing ACT, the article states that "psychological flexibility" is a key outcome, but this concept is not clearly defined. A brief explanation of what psychological flexibility entails and why it is crucial for ACT would help readers unfamiliar with ACT.

The follow-up period of "three months" may be too short to assess the long-term effectiveness of ACT and CBT. Could you provide a rationale for selecting this duration and discuss whether longer-term follow-up could yield different results?

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The sample size of 45 participants may not be sufficient for robust multivariate statistical tests (MANOVA, ANCOVA). Could you include a power analysis or justify why this sample size was adequate for the statistical methods applied?

The phrase "randomly assigned to three groups" in the methodology is unclear. Was block randomization used to ensure equal distribution across groups, or was simple randomization applied? Please provide more details on the randomization process to avoid selection bias.

In the "Methods and Materials" section, there is a lack of information about the control group's activities. Were they placed on a waitlist, or did they receive any alternative interventions? Please clarify this to enhance the validity of the comparison.

The intervention sessions lasting "2 hours over 18 consecutive weeks" is a long duration. Was there any participant drop-out during this period? Please include information about adherence rates and any potential drop-outs.

The "Measures" section claims that the Cronbach's alpha for the Meaning in Life Questionnaire is 0.86, but it would be helpful to report the reliability of the questionnaire for this specific study sample rather than referencing previous studies. Could you provide the Cronbach's alpha for your sample?

In the limitations, you mention the small sample size and convenience sampling, but you do not discuss how the setting (Birjand, Iran) might limit the generalizability of the findings to other regions. Please consider adding this discussion.

ANCOVA assumes that the covariate (pre-test scores) has a linear relationship with the dependent variable (post-test scores). Did you check for these assumptions (e.g., homogeneity of regression slopes)? Please report these diagnostic checks.

In Table 3, you report no significant differences between ACT and CBT in the post-test phase, but there is no discussion on the clinical significance of the results. Even if statistical differences are not present, were there clinically meaningful differences?

You mention that this is a quasi-experimental study but do not provide enough detail on how it differs from a true experimental design. Could you elaborate on the specifics of the quasi-experimental design used here?

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.

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