

Comparison of the Effectiveness of Mindfulness Therapy and Transactional Analysis on Sexual Function and Marital Commitment in Female Patients with Bipolar Disorder

Fatemeh. Pidad¹, Mehdi. Ghasemi Motlagh^{2*}, Abdollah. Mafakheri³


¹ PhD Student, Department of Psychology, Bojnord Branch, Islamic Azad University, Bojnord, Iran

² Assistant Professor, Department of Psychology, Bojnord Branch, Islamic Azad University, Bojnord, Iran



³ Assistant Professor, Department of Psychology, Payam Noor University, Tehran, Iran

* Corresponding author email address: avestaps@yahoo.com

Editor

Niloofar Mikaeili¹
Professor of Psychology
Department of Mohaghegh Ardabili
University, Ardabil, Iran
nmikaeili@uma.ac.ir

Reviewers

Reviewer 1: Kamdin Parsakia¹
Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: kamdinparsakia@kmanresce.ca
Reviewer 2: Ali Khodaei¹
Department of Psychology, Faculty of Educational Sciences and Psychology, Payam Noor University, Tehran, Iran. Email: alikhodaei@pnu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the statement "Bipolar disorder affects many aspects of a patient's life including marital interactions and marital commitment" (p. 1) is well-founded. However, this paragraph could benefit from referencing more recent studies to support this claim, particularly in the context of bipolar disorder's impact on sexual function and marital commitment post-2020.

The introduction mentions that the comparison between mindfulness and transactional analysis therapies is understudied. A clearer explanation of why these two specific therapies were chosen would strengthen the rationale behind the study. Consider adding a sentence discussing their relevance in treating patients with bipolar disorder.

In the mindfulness therapy protocol (p. 4), the description is comprehensive but lacks citation for the structured protocol used. It would be helpful to reference a standardized protocol or manual for mindfulness therapy to improve reproducibility.

The transactional analysis sessions (p. 4) are described with sufficient detail, but there is no mention of the specific theoretical underpinnings guiding these sessions. Adding a brief explanation of how Berne's original concepts (e.g., ego states) were applied would clarify the therapeutic process.

The explanation of the Female Sexual Function Index (p. 5) is detailed, but it would be useful to clarify how cultural factors, particularly in Iran, might affect responses to questions on sexual function. Consider adding a brief note on any cultural adaptations made to the questionnaire.

The section discussing the Marital Commitment Inventory could be improved by explaining why this particular scale was chosen over other existing scales. A comparison with similar instruments would provide more context.

The repeated measures ANOVA used for statistical analysis is appropriate; however, no effect sizes are reported in the results. Including effect sizes (such as Cohen's d or partial eta squared) would help readers better understand the magnitude of the treatment effects.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The methods section states that participants were selected through "purposive sampling." This sampling technique should be more clearly justified—why was purposive sampling chosen over other methods such as random or stratified sampling? Additionally, describe how the purposive sampling ensured a representative sample.

The control group is mentioned, but it is unclear what activities, if any, the control group participated in during the intervention period. It would be helpful to specify if the control group received any placebo or minimal therapy to account for the placebo effect.

The inclusion and exclusion criteria are stated clearly. However, further justification for excluding participants with "acute stressful events in the past six months" would be beneficial. Explain how this exclusion impacts the generalizability of the results.

While the Shapiro-Wilk test for normality is mentioned, it would be useful to include the actual p -values for transparency. This information would help verify that the normality assumption was adequately met for all variables.

The results in Table 2 are informative, but the table could benefit from being accompanied by a brief explanation of the key differences between pre-test, post-test, and follow-up scores. This would make it easier for readers to interpret the findings without relying solely on the text.

The discussion compares the results with prior studies but could be strengthened by including more recent literature, particularly studies published after 2020. For example, more emphasis on how these results align with or diverge from the findings of other recent bipolar disorder interventions would provide a stronger contextual framework.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.