





# Comparative Effectiveness of Cognitive Behavioral Group Therapy and Emotion-Focused Therapy on Sexual Dysfunction in Patients with Cervical Cancer

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Hussein OMAR Alkhozahe  Professor, Department of Sociology, Al-Balqa' Applied University, Salt, Jordan <a href="mailto:huss1960@bau.edu.com">huss1960@bau.edu.com</a>	<b>Reviewer 1:</b> Mohsen Kachooei  Assistant Professor of Health Psychology, Department of Psychology, Humanities Faculty, University of Science and Culture, Tehran, Iran. <a href="mailto:kachooei.m@usc.ac.ir">kachooei.m@usc.ac.ir</a> <b>Reviewer 2:</b> Farideh Dokanehi Fard  Associate Professor, Counseling Department, Roudehen Branch, Islamic Azad University, Roudehen, Iran. Email: <a href="mailto:f.dokaneifard@riau.ac.ir">f.dokaneifard@riau.ac.ir</a>

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The statement "Research is still limited in directly comparing..." is important but should cite more specific gaps in prior literature. Consider summarizing recent meta-analyses or systematic reviews that point out the comparative efficacy gap between CBT and EFT for sexual dysfunction.

The claim "assumptions of normality and homogeneity were examined..." is methodologically appropriate, but more detail is needed. Please provide actual values or mention whether any variables required transformation.

The authors mention "a slight reduction compared to posttest scores in some subscales." Consider reporting which subscales had this reduction and whether this decline was statistically or clinically meaningful.

In the row for arousal (Group comparison), p-values for comparisons between intervention groups and the control are reported as 0.060 and 0.120. These are close to significance and warrant discussion in the discussion section, especially regarding power or sample size.

The sentence “The findings demonstrated that both interventions significantly enhanced...” could benefit from quantification. Include specific statistics or percentage changes in total FSFI scores to illustrate effect sizes more clearly.

The sentence “The effectiveness of both CBT and EFT in an Iranian sample suggests...” would benefit from a brief reflection on how cultural adaptation was conducted or ensured. Was there therapist training for cultural sensitivity?

Authors revised the manuscript and uploaded the document.

### 1.2. Reviewer 2

Reviewer:

The intervention description lacks citation of the specific CBT protocol used. Please provide references for the structured protocol or manual followed, particularly given the clinical setting.

Similarly, the EFT section does not specify whether it followed Johnson's standard model or a culturally adapted variant. Please include the version or training source for EFT used in this study.

While reliability statistics for the FSFI are reported, please indicate whether these were based on your sample or cited from Rosen et al. (2000). If no reliability analysis was conducted in your study, this should be acknowledged.

The sentence “The improvement in sexual desire, arousal, and orgasm observed...” would be strengthened by directly referencing Table 3 and emphasizing the clinical importance of these changes, not just statistical significance.

The claim “no significant superiority of one approach over the other...” is key. However, you might consider discussing potential mediators (e.g., emotional regulation vs. cognitive restructuring) that could help differentiate CBT and EFT, even if outcomes were similar.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.