

## Comparison of the Effectiveness of Solution-Focused Brief Therapy and Compassion-Focused Therapy on Marital Adjustment of Married Women

Masoumeh. Kheirkhah<sup>1</sup>, Mustafa. Bolghan-Abadi<sup>2\*</sup>, Sepideh. Pourheydari<sup>3</sup>

<sup>1</sup> Ph.D. Student in Counseling, Department of Counseling, Ma.C. Islamic Azad University, Mashhad, Iran

<sup>2</sup> Department of Psychology, Ne.C., Islamic Azad University, Neyshabur, Iran

<sup>3</sup> Assistant Professor, Department of Psychology, Khorasan Institute of Higher Education, Mashhad, Iran

\* Corresponding author email address: [Mu.bolghanabadi@iau.ac.ir](mailto:Mu.bolghanabadi@iau.ac.ir)

### Editor

Donatella Di Corrado

Associate Professor, Department of psychology, Kore University of Enna, Enna, Italy  
[donatella.dicorrado@unikore.it](mailto:donatella.dicorrado@unikore.it)

### Reviewers

**Reviewer 1:** Hajar Torkan

Assistant Professor, Department of Psychology, Islamic Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran. [h.torkan@khusif.ac.ir](mailto:h.torkan@khusif.ac.ir)

**Reviewer 2:** Farhad Namjoo

Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: [farhadnamjoo@kmanresce.ca](mailto:farhadnamjoo@kmanresce.ca)

### 1. Round 1

#### 1.1. Reviewer 1

Reviewer:

The phrase “Healthy marital adjustment acts as a protective factor against psychological distress and relational breakdown” would benefit from specifying the cited evidence (e.g., risk ratios or main findings from {Carr & Utz, 2020}). This would strengthen the causal implication.

When describing the Dyadic Adjustment Scale (DAS), you report Cronbach’s alpha = .77 for your sample, which seems lower than previously published reliability. Discuss whether this lower alpha might influence measurement stability.

For both CFT and SFBT session outlines, describe how therapist adherence and competence were ensured (e.g., supervision, manualized protocol, session checklists). This supports replicability.

You note the study is approved under IR.IAU.MASHD.REC.1404.019. Clarify whether participants gave written informed consent and whether confidentiality measures (e.g., anonymized codes) were applied.

There is a mismatch: the explanatory paragraph under Table 1 discusses “mean cortisol levels” and ACT-Compassion, which seems irrelevant and likely left over from another study. Remove or revise this section to maintain consistency and accuracy.



In “The time  $\times$  group interaction effect size shows that 59% of the variance...”,  $\eta^2=.59$  is unusually large. Clarify whether this is partial  $\eta^2$  and report confidence intervals for key effects to enhance interpretability.

Report exact p-values for all demographic comparisons (employment, education) or state if non-significant, to reassure readers of baseline group equivalence.

The statement “Clinicians can select either CFT or SFBT depending on client preferences...” could be deepened by indicating which presenting problems (e.g., high shame vs. low problem-solving) make one approach preferable.

Authors revised the manuscript and uploaded the document.

### 1.2. Reviewer 2

Reviewer:

In “Among married women, marital adjustment holds unique significance due to the interplay of psychological, social, and cultural factors”, please expand how Iranian cultural norms (gender roles, social expectations) intersect with marital distress to contextualize your study better.

The rationale for comparing CFT and SFBT is stated but not fully developed. Clarify whether prior comparative studies exist in Iranian populations or if this is novel. State the hypothesis explicitly (e.g., “We hypothesized that both would be effective but CFT would show stronger effects on self-criticism.”)

The description “60 participants were randomly selected and equally assigned to three groups” needs clarification: was simple randomization or block randomization used? Describe how randomization was operationalized to assure internal validity.

The dropouts (4 in CFT, 2 in SFBT, 2 in control) should be analyzed for potential bias. Report whether any intention-to-treat analysis or imputation was done, or clarify why only per-protocol analysis was used.

The claim “both methods provide comparable therapeutic benefits” would be stronger if you linked the statistical non-significance to a power analysis; could the study be underpowered to detect small differences?

When you write “This cultural fit likely enhanced participants’ engagement and the durability of outcomes,” consider citing culturally tailored intervention research beyond Iran to strengthen cross-cultural claims.

The paragraph “Another key finding is the maintenance of therapeutic gains...” would be improved by briefly connecting skills retention to known models of behavioral change or relapse prevention.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.