




Comparison of the Effectiveness of Cognitive–Behavioral Therapy and Short-Term Solution-Focused Therapy on Intolerance of Uncertainty in Pregnant Women

Farnoosh. Irvani¹, Mustafa. Bolghan-Abadi^{2*}, Ahmad. Mansouri²

¹ Ph.D Student of Psychology, Department of Psychology, Ne.C., Islamic Azad University, Neyshabur, Iran

² Department of Psychology, Ne.C., Islamic Azad University, Neyshabur, Iran

* Corresponding author email address: Mu.bolghanabadi@iau.ac.ir

E d i t o r	R e v i e w e r s
Hussein OMAR Alkhozahe  Professor, Department of Sociology, Al-Balqa' Applied University, Salt, Jordan huss1960@bau.edu.com	Reviewer 1: Mohsen Kachooei  Assistant Professor of Health Psychology, Department of Psychology, Humanities Faculty, University of Science and Culture, Tehran, Iran. kachooei.m@usc.ac.ir Reviewer 2: Nadereh Saadati  Department of Couple and Family therapy, Alliant International University, California, United States of America. mdaneshpour@alliant.edu

1. Round 1

1.1. Reviewer 1

Reviewer:

The opening paragraph provides a strong theoretical rationale, but it would benefit from a clearer statement of the study's specific hypotheses. Please explicitly state whether you expected CBT or SFBT to yield greater reductions in intolerance of uncertainty, or whether equivalence was hypothesized.

While demographic variables were recorded, none were statistically analyzed for baseline group equivalence. Please include a table of demographic comparisons (age, education, gestational week) with corresponding p-values.

The CBT description is detailed but lacks citation for the Espri (2009) manual used. Provide publication details or availability reference, and clarify any cultural or linguistic adaptation for Iranian pregnant women.

The "Diamond Model" reference (Connie & Froerer, 2023) is appropriate, yet readers need explicit session objectives and example questions (e.g., miracle question, scaling). This would align the paper with intervention reproducibility standards such as TIDieR.

The statistical plan mentions repeated-measures ANOVA but omits assumption verification for sphericity correction (ϵ value). Please report Greenhouse–Geisser epsilon and whether Huynh–Feldt was also tested.

The manuscript states that 52%, 94.5%, and 90.8% of variance were explained by group, time, and interaction. These numbers seem inconsistent with η^2 conventions. Verify whether these represent partial eta squared and ensure proper labeling in the table.

There is an internal inconsistency: the paragraph suddenly refers to “improvements in sleep quality and pain perception,” which appear unrelated to the current variable. This likely reflects a residual text from another manuscript and must be corrected.

This paragraph could be strengthened by integrating the common-factors perspective quantitatively (e.g., referencing Wampold’s contextual model) to justify equivalence.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The discussion of resilience is conceptually rich but slightly digressive. Consider tightening the paragraph to directly link resilience mechanisms to intolerance of uncertainty rather than general stress adaptation.

The authors cite numerous trials but do not differentiate effect magnitudes or methodological quality. Including a brief critical synthesis (e.g., “effect sizes ranged from moderate to large across studies”) would improve scholarly rigor.

The final paragraph reads more as a discussion point than a rationale. It should end with a concise research gap statement—for example, “No previous Iranian study has directly compared CBT and SFBT for perinatal IU, which this study addresses.”

The sample size justification cites Cohen (1988) but omits the actual power analysis computation (e.g., G*Power parameters). Please specify α , β , and assumed effect size to confirm adequacy of $n = 66$.

The criteria are reasonable; however, absence of psychiatric screening tools (e.g., SCID or DASS-21 thresholds) weakens internal validity. Please indicate whether structured screening or physician confirmation was used to verify exclusion of major disorders.

Include mean difference values and 95% confidence intervals in the text, not only p-values, to enhance interpretability.

Excellent synthesis, but the transition between statistical results and theoretical implications would be clearer if you explicitly restate the main quantitative findings (F , p , η^2) before interpretation.

The argument is strong but would be improved by referencing potential expectancy effects or therapist allegiance bias—both relevant when comparing two active psychotherapies delivered possibly by the same facilitators.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.