

## Comparison of the Effectiveness of Time Perspective and Emotional Efficacy-Based Interventions on Social-Emotional Loneliness and Self-Concealment in Single Women in the Climacteric Period




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### 1. Round 1

#### 1.1. Reviewer 1

Reviewer:

The introduction provides a compelling rationale for focusing on single women in the climacteric period, a demographic that is indeed vulnerable to unique psychological stressors. However, the theoretical justification connecting the specific mechanisms of Time Perspective Therapy (TPT) and Emotional Efficacy Therapy (EET) to the distinct sociocultural and hormonal challenges of this group needs to be strengthened. The authors should more explicitly outline why these two specific transdiagnostic interventions were selected over other established therapies for addressing loneliness and self-concealment in midlife women.

The attrition rate and handling of missing data require more transparent reporting. The sample size decreased from the initially selected 81 participants to a final sample of 66 (three groups of 22). The authors should specify exactly how many participants dropped out from each specific group, the reasons for dropout, and whether an intention-to-treat (ITT) analysis or specific imputation methods were considered to handle the missing data from participants who missed sessions or follow-up assessments.

The finding that TPT was superior to EET in reducing romantic and social loneliness, but not family loneliness, is intriguing but underexplored. The discussion section should provide a more robust theoretical explanation for this differential effect. The authors should explore whether family dynamics and family-related loneliness are more structurally rigid and less responsive to cognitive reframing of time perspectives compared to peer or romantic relationship anxieties.

Authors revised the manuscript and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

Regarding the sampling methodology, there is a lack of clarity in the transition from screening to group assignment. The manuscript mentions that 81 women were initially selected “purposively” but then allocated to three groups via a “simple lottery.” The authors must clarify the exact inclusion process and randomization technique to assure readers that selection bias did not inadvertently skew the baseline characteristics of the quasi-experimental groups.

The use of a wait-list control group is acceptable, but it introduces limitations regarding non-specific therapeutic factors. Because the control group received no intervention, it is difficult to determine whether the significant reductions in social-emotional loneliness in the TPT and EET groups were due to the specific active ingredients of the therapies or simply the result of receiving attention, social interaction, and peer support during the group sessions.

There is a noticeable discrepancy in the structural dosage of the two interventions that must be addressed. TPT was delivered in six 90-minute sessions (totaling 540 minutes), whereas EET was delivered in eight 60-minute sessions (totaling 480 minutes). The authors need to discuss how this difference in total therapeutic contact time and the structural format of the sessions might represent a confounding variable when comparing the superior efficacy of TPT over EET.

While the chosen measurement tools have demonstrated acceptable internal consistency in Iranian populations, the manuscript would benefit from a brief discussion on cultural context. Self-concealment and social loneliness in single, middle-aged women are heavily influenced by cultural stigmas surrounding aging and singlehood in traditional societies. Acknowledging how these cultural nuances might elevate baseline self-concealment scores would add valuable depth to the interpretation of the scales.

In the results section, the reliance on p-values to demonstrate the effectiveness of the interventions is insufficient for clinical research. The authors must report and interpret standardized effect sizes (such as partial eta squared for the repeated measures ANOVA and Cohen’s d for post-hoc pairwise comparisons) to demonstrate the clinical magnitude and practical significance of the therapeutic changes, rather than just their statistical significance.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.