

Comparison of the Effectiveness of Relational Imagery Therapy and Acceptance and Commitment Therapy on Communication Patterns in Women Experiencing Marital Infidelity

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E d i t o r	R e v i e w e r s
Mohsen Joshanloo ¹ Associate Professor, Department of Psychology, Keimyung University, 1095 Dalgubeol Boulevard, Dalseo-Gu, Daegu 42601, South Korea mohsen.joshanloo@unimelb.edu.au	Reviewer 1: Mohammad Masoud Dayarian ² Assistant Professor, Department of Counseling, Khomeinishahr Branch, Islamic Azad University, Komeinishar/Isfahan, Iran. dayariyan@iaukhsh.ac.ir Reviewer 2: Farideh Dokanehi Fard ³ Associate Professor, Counseling Department, Roudehen Branch, Islamic Azad University, Roudehen, Iran. Email: f.dokaneifard@riau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The sampling strategy is described in commendable detail, including population size (125), inclusion/exclusion criteria, use of G*Power, and random allocation to three groups of 15 (p. 5); nonetheless, the reliance on purposive sampling from a single counseling center in Nowshahr substantially limits external validity, and the authors should explicitly acknowledge this limitation and discuss how the specific clinical and cultural context may constrain the generalizability of the findings to other settings, genders, and age groups.

The intervention section provides basic information on dosage (8 sessions of 90 minutes, twice weekly), delivery format (in-person group sessions), and therapist qualifications (licensed family counselor under academic supervision, p. 5), which is valuable; yet the absence of session-by-session content or even a structured outline of the Imago and ACT protocols is a serious deficit for reproducibility, and the paper would benefit from at least a concise table or appendix summarizing core techniques, session themes, and homework components used in each treatment arm.

There is a notable reporting inconsistency between the results and discussion sections: the multivariate tests are interpreted as confirming “the main hypothesis” and suggesting a difference between the effectiveness of Imago and ACT (p. 9), while the

discussion explicitly states that there was “no difference between the effectiveness” of the two approaches (p. 10); this contradiction needs careful revision, with a clearer distinction between (a) differences among all three groups over time and (b) specific pairwise comparisons between the two active treatments, ideally supported by explicit contrasts or post-hoc test results.

The discussion provides a reasonably integrated theoretical interpretation, emphasizing common therapeutic factors, supportive therapeutic climate, and clients’ motivation for change as possible explanations for the similar outcomes of Imago and ACT (p. 10); yet the manuscript does not systematically present study limitations (e.g., single self-report measure, single center, female-only sample, short follow-up, lack of blinding) nor specific, actionable directions for future research, which would considerably strengthen the scholarly contribution and balance the implications.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

Ethical considerations are presented more thoroughly than in many comparable studies: informed consent, confidentiality, freedom to withdraw, assurances regarding harms, and a written commitment to compensate possible damages are all clearly stated (p. 5); at the same time, the manuscript appears to omit a formal ethics committee or IRB approval number, which is increasingly required in international journals, so the authors should either add this information or explain the local ethical review process to strengthen the study’s procedural legitimacy.

The description of the measurement instrument is incomplete: the Communication Patterns Questionnaire (Christensen & Sullaway, 1984) is correctly cited and named (p. 1), but the manuscript does not, in the accessible sections, report basic psychometric information such as number of items, subscales, scoring procedures, prior reliability/validity in similar samples, or reliability coefficients for the present sample; this omission undermines the reader’s ability to evaluate measurement quality and should be remedied by adding a brief but rigorous “Measures” subsection.

The statistical analysis plan, centered on mixed multivariate analysis of variance with multivariate tests (Pillai’s Trace, Wilks’ Lambda, Hotelling’s Trace, Roy’s Largest Root) followed by univariate analyses (p. 9), is appropriate for the design and outcomes, and it is a methodological strength that all overall effects (group, time, group×time) are reported as significant; however, the paper does not clearly state how assumptions (normality, homogeneity of variance–covariance, sphericity) were checked, nor does it systematically report effect sizes, which makes it difficult to gauge the practical significance and robustness of the findings.

The main result—that both Imago Relationship Therapy and Acceptance and Commitment Therapy significantly improve communication patterns relative to baseline and control, but do not differ significantly from each other in final effectiveness (p. 10)—is clinically meaningful; nevertheless, given the modest sample size ($n = 15$ per group), the authors should discuss the possibility of limited statistical power for detecting between-treatment differences and avoid framing the “no difference” result as strong evidence of equivalence without effect-size estimates and power considerations.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.