



The Effectiveness of Acceptance and Commitment Therapy on Sexual Anxiety, Sexual Self-Disclosure, and Sexual Satisfaction in Women

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph “Acceptance and Commitment Therapy (ACT) has increasingly been applied...”, the authors provide a strong theoretical overview; however, the mechanisms of change are described generally. It is recommended to operationalize key ACT processes (e.g., psychological flexibility) and specify how each mechanism maps onto the three dependent variables.

In the paragraph starting “Recent studies have provided growing evidence...”, multiple studies are cited, but there is redundancy between Mir Arab Reza et al. (2023) and Mirarab Razi et al. (2023). Clarify whether these are distinct datasets or duplicate reporting, as this may inflate perceived empirical support.

In the paragraph “Sexual anxiety is one of the key psychological barriers...”, the construct is well defined; however, no diagnostic or cutoff criteria are specified for “high sexual anxiety” in inclusion criteria later. It is recommended to align the conceptual definition here with the operational thresholds used in sampling.

In the paragraph “Sexual self-disclosure is another central variable...”, the manuscript assumes a unidirectional positive role of disclosure. The authors should acknowledge potential boundary conditions (e.g., maladaptive disclosure, partner responsiveness), which are not discussed but are theoretically relevant.

In the paragraph “Sexual satisfaction is a multidimensional construct...”, although the construct is well described, there is no clarification regarding whether ISS scores were reversed or interpreted inversely (since higher scores indicate dissatisfaction). This creates ambiguity for interpreting results later.

In the Data Analysis section, both MANCOVA and repeated-measures ANOVA are mentioned (“multivariate analysis of covariance (MANCOVA) and repeated-measures analysis of variance...”), but only ANOVA results are reported. The authors should clarify whether MANCOVA was conducted or remove the reference.

In the assumptions paragraph (“The Shapiro–Wilk test indicated that the distribution... did not significantly deviate...”), exact test statistics (*W* values) are not reported. Providing full statistics would strengthen the transparency of assumption testing.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the final paragraph of the Introduction (“Accordingly, the present study aimed...”), the study aim is clearly stated, but no hypotheses are explicitly formulated. It is recommended to add directional hypotheses for each dependent variable to align with the inferential analyses conducted.

In the Methods section, paragraph “The present study employed a quasi-experimental design...”, the phrase “two experimental groups” is used, but later results do not differentiate between them. Clarify whether there were actually two intervention arms or a single ACT group, as this affects internal validity and interpretation.

In the same paragraph, the use of convenience sampling combined with random assignment is appropriate; however, no information is provided on allocation concealment or randomization procedure (e.g., block randomization, random number table). This omission weakens methodological rigor and should be addressed.

In the inclusion criteria sentence (“low scores on sexual satisfaction and sexual self-disclosure measures, and high scores on the sexual anxiety questionnaire”), the absence of explicit cutoff points or percentile criteria limits reproducibility. The authors should report exact thresholds or statistical criteria used.

In the Measures section describing the ISS (“Higher scores on the scale indicate lower levels of sexual satisfaction...”), this inverse scoring is critical, yet later in Table 1 higher means are interpreted as improvement. This inconsistency should be clarified or corrected to avoid misinterpretation of results.

In the Sexual Anxiety Questionnaire paragraph, the authors report Cronbach’s alpha “approximately 0.93” but do not report alpha for the current sample. Reporting internal consistency for the present dataset is necessary for methodological transparency.

In the Intervention section (“The intervention program was based on ACT... eight 90-minute sessions...”), the description is detailed but lacks fidelity assessment. There is no indication of therapist training, supervision, or adherence checks, which are essential for validating intervention integrity.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.