

A Comparative Study of the Effectiveness of Short-Term Psychodynamic Psychotherapy and Acceptance and Commitment Therapy on Communication Patterns in Women Involved in Extramarital Relationships

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the statement “Extramarital involvement not only undermines trust and commitment between spouses but also disrupts communication processes, emotional intimacy, and relational satisfaction” would benefit from stronger empirical grounding. Consider citing longitudinal studies demonstrating causal or temporal relationships between infidelity and communication deterioration rather than relying primarily on cross-sectional evidence.

The theoretical rationale linking communication patterns to infidelity is presented adequately; however, the manuscript does not sufficiently explain why communication patterns were selected as the primary outcome variable rather than marital satisfaction, attachment security, or emotional intimacy. A stronger conceptual justification is needed in the final paragraphs of the Introduction.

The literature review is extensive but somewhat descriptive. For example, in the paragraph beginning “Acceptance and Commitment Therapy (ACT) is one such intervention,” the authors summarize previous findings without critically discussing

inconsistencies, methodological limitations, or effect sizes from prior studies. A more analytical synthesis would strengthen the theoretical foundation.

The manuscript repeatedly cites very recent references from 2025–2026. While these studies are relevant, the review lacks seminal and foundational work on marital communication, infidelity, and psychodynamic treatment outcomes. The inclusion of more classic studies would provide greater historical and theoretical depth.

In the Data Analysis section, repeated-measures ANCOVA was employed, yet no evidence is presented regarding the assumptions of the analysis, including normality, sphericity (Mauchly's test), homogeneity of regression slopes, and independence of covariates. These assumptions should be explicitly reported.

Table 1 contains several inconsistencies in participant counts and percentages. For example, some demographic categories do not appear to sum exactly to the stated group totals, suggesting either formatting issues or missing data. The authors should carefully verify all frequencies and percentages.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the Study Design and Participants section, the authors state that participants were recruited through volunteer sampling and then randomly assigned to groups. Please provide details regarding the randomization procedure (e.g., computer-generated randomization, random number table, block randomization). Without this information, the risk of allocation bias cannot be evaluated.

The sample size of 15 participants per group appears relatively small for a three-arm repeated-measures design. The manuscript should report an a priori power analysis (e.g., G*Power calculations) demonstrating that the sample size was sufficient to detect the expected effects.

The inclusion criterion “absence of severe psychiatric disorders according to clinical records and intake evaluations” lacks methodological precision. Please specify which diagnostic criteria, screening instruments, or clinical interview procedures were used to determine psychiatric status.

The Communication Patterns Questionnaire (CPQ) description is generally adequate; however, the manuscript reports only general psychometric support. The authors should provide reliability coefficients (Cronbach's alpha or omega values) obtained from the current sample to demonstrate internal consistency in this study.

There is a methodological inconsistency regarding treatment duration. The Abstract reports that intervention groups received “eight weekly individual therapy sessions,” whereas the Intervention section describes the STPP protocol as consisting of “nine weekly sessions.” This discrepancy should be resolved throughout the manuscript.

The description of the STPP intervention is too broad and lacks sufficient procedural detail for replication. For example, terms such as “clarification,” “confrontation of defenses,” and “emotional exploration” are mentioned, but the specific treatment manual, session structure, and therapist adherence procedures are not reported.

Similarly, the ACT intervention includes references to metaphors such as the “two mountains,” “psychological space,” and “chessboard” exercises; however, no citation or manual source is provided. The authors should identify the ACT protocol used and explain whether treatment fidelity was monitored.

The manuscript does not provide any information regarding therapist qualifications. Since treatment effectiveness may be influenced by therapist competence, the education level, clinical experience, supervision process, and specialization of therapists should be reported.

Authors revised the manuscript and uploaded the document.

2. Revised



Editor's decision: Accepted.

Editor in Chief's decision: Accepted.