

Effectiveness of Compassion-Focused Therapy (CFT) and Schema Therapy on Psychological Well-Being and Sense of Psychological Coherence in Infertile Women

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1. Round 1

1.1. Reviewer 1

Reviewer:

In reporting the Ryff scale, the authors state “items 3, 4, 5, 9, 10, 13, 16, and 17 are reverse scored.” Please verify and align this with the original Ryff scoring manual, as errors in reverse coding can affect validity.

While changes across groups are noted descriptively, confidence intervals or effect sizes (e.g., Cohen’s d) would provide greater insight into the magnitude of the therapeutic impact.

The p-value for the CFT vs Schema comparison at follow-up ($p = .055$) is described as non-significant. However, this value borders significance and might warrant interpretation in terms of clinical significance.

The negative value for “CFT vs Schema” implies schema therapy had a greater impact. Please clarify the direction of comparisons in table notes to aid reader interpretation.

The phrase “marked increases” is subjective. Please quantify this improvement by referencing specific mean changes and their statistical significance.

In Table 5, the mean differences appear modest. Consider discussing whether these changes surpass the minimal clinically important difference (MCID), especially for applied therapeutic contexts.

The article correctly introduces sense of coherence but does not elaborate on how each therapy theoretically targets its components (comprehensibility, manageability, meaningfulness). Please include this linkage.

The claim that “unstructured support is inadequate” is not backed by direct evidence in this study. Please revise or qualify this statement unless comparative data with other active controls are available.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

While the questionnaire is described in detail, there is no mention of construct validity results specific to the Iranian population. Please provide evidence of confirmatory factor analysis or validity for this cultural context.

It is unclear whether the two therapists administering CFT and schema therapy were trained to equal standards. Please indicate therapist qualifications and whether treatment fidelity was monitored.

The use of MANCOVA is appropriate; however, the authors should report the assumptions tested (e.g., homogeneity of regression slopes, multicollinearity) and how violations, if any, were handled.

The rationale for comparing schema therapy and CFT is well stated, but the hypothesis is implicit. Please include an explicit research hypothesis or set of hypotheses at the end of the introduction.

Consider citing a mechanistic model or framework to support this assertion and clarify how these mechanisms were expected to differ from those of CFT in infertile women.

The authors cite Monemiyan et al. (2021) to support the efficacy of CFT, but the population in that study (divorced women) differs from the present sample. Please acknowledge this limitation in generalizing findings.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.