

The Effectiveness of Acceptance and Commitment Therapy on Depression and Cognitive Biases in Married Women

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E d i t o r	R e v i e w e r s
Eman Tadros Family Department, Governors State University, University Park, Illinois, USA emantadros@gmail.com	Reviewer 1: Mohammad Hassan Ghanifar Assistant Professor, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran. Email: ghanifar@iaubir.ac.ir Reviewer 2: Zahra Naghsh Associate Professor, Department of Psychology, University of Tehran, Tehran, Iran. Email: z.naghsh@ut.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the sentence “Among married women, the psychosocial stressors...” could benefit from citing additional regional studies supporting the cultural context described.

In the Intervention description (Session 4), the mention of “cognitive defusion techniques” would benefit from a reference to the session manual or protocol used to ensure replicability.

The Data Analysis section briefly mentions testing assumptions (normality, sphericity). Please include exact values (e.g., W statistics) for all assumptions in the text to improve transparency.

Table 1 presents descriptive statistics, but it would be clearer to include confidence intervals along with means and standard deviations.

In the second paragraph of the Discussion, the link between cognitive defusion and reduced cognitive biases could be strengthened by referring to empirical studies that explicitly measure this mechanism.

In the Discussion (fourth paragraph), the phrase “may also be attributed to its alignment with cultural and contextual dynamics...” could be enhanced by integrating qualitative data or anecdotal observations from participants, if available.

The Limitations section notes the absence of an active control group. Suggest briefly mentioning how this limitation might influence potential placebo effects or expectancy biases.

In the Limitations, consider acknowledging that the use of self-report instruments might also increase shared method variance, which could inflate observed correlations between depression and cognitive biases.

The Suggestions for Future Research paragraph could be improved by proposing mixed-method approaches (e.g., combining quantitative with qualitative data) to deepen understanding of ACT's impact.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the second paragraph of the Introduction, the phrase “traditional cognitive behavioral therapies (CBT) have demonstrated efficacy...” might be expanded with a sentence explaining why ACT is specifically expected to outperform CBT in addressing entrenched cognitive biases.

In the Methods section (Study Design and Participants), please clarify the randomization procedure—was simple randomization, block randomization, or another method used?

In the Measures section describing the Beck Depression Inventory-II, consider reporting Cronbach's alpha obtained from your sample rather than only previous studies.

Table 2 (Repeated Measures ANOVA) should specify the exact test of sphericity correction used (e.g., Greenhouse-Geisser) if applicable, or clearly state why no correction was needed.

In Table 3 (Bonferroni comparisons), consider adding effect sizes (e.g., Cohen's d) to contextualize the magnitude of differences between time points.

In the Findings, the sentence “Before conducting repeated measures ANOVA...” could benefit from adding references to support the statistical thresholds for assumption testing.

The Discussion section first paragraph states “highlighting its utility as a third-wave cognitive behavioral approach” — consider further specifying how ACT theoretically differs from second-wave CBT with a reference.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.