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Comparison of the Effectiveness of Emotion-Focused Therapy and Cognitive-Behavioral Therapy on Family Functioning and Attitudes Toward Extramarital Relationships in Infertile Marginalized Women in Tehran

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1. Round 1

1.1. Reviewer 1

Reviewer:

Provide details on how EFT was culturally adapted (language, metaphors, examples). Were any session contents modified to align with Iranian gender norms or family structures? Without this, replication and cultural validity are limited.

Similarly, explain any adaptations of CBT to infertility-related beliefs and Iranian social contexts. For instance, how were automatic thoughts about "failure to conceive" or social pressure addressed? This strengthens the ecological validity.

Clarify how randomization was performed (e.g., computer-generated, sealed envelopes). Indicate whether allocation concealment was applied to avoid bias.

There's no mention of attrition. Were there dropouts or incomplete follow-ups? Specify the retention rate and how missing data were handled (e.g., intention-to-treat analysis, imputation).

Report the Cronbach's alpha coefficients for the current sample to show that the instruments were reliable for this study specifically. Without this, readers can't judge the measurement quality.

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Since follow-up is only two months, discuss whether EFT's "superiority" might change at longer intervals (e.g., 6–12 months). Consider citing maintenance literature to contextualize.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

No information is provided about the therapists' training and fidelity checks. State who delivered the interventions (licensed psychologists, supervised graduate students?), whether treatment manuals were used, and how fidelity or adherence was monitored.

Report the exact W and p values per variable rather than aggregated ranges. This improves transparency and helps other researchers assess statistical rigor.

Explicitly discuss generalizability limits beyond Tehran marginalized women — e.g., other Iranian cities, rural populations, or men with infertility — to make limitations more transparent.

You note EFT's stronger effect but do not discuss potential therapist allegiance or expectancy bias (e.g., therapists more experienced or enthusiastic about EFT). Acknowledge this as a confounder.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted. Editor in Chief's decision: Accepted.

