







Comparison of the Effectiveness of Premarital Counseling Based on Couples' Care and the Prevention and Relationship Enhancement Program (PREP) on Perfectionism and Attitudes Toward Marriage Among Individuals Approaching Marriage

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| E d i t o r | R e v i e w e r s |
|--|---|
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1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence "Participants were selected from the clients of the Shiwa Psychological and Counseling Clinic..." may limit generalizability since all participants came from a single center. Discuss the potential selection bias (e.g., participants more motivated for counseling) and how it may affect external validity.

For the Perfectionism Questionnaire, the text says: "In the present study, Cronbach's alpha was calculated as .83." But subscale reliability coefficients are not provided. Consider reporting alpha values for each perfectionism dimension in your sample to show internal consistency adequacy.

The paired t-test results for the CARE group show " $t = -2.61, p = .001$ " for negative perfectionism but the narrative states sustained effects were limited. Double-check the direction and significance of these values and clarify which changes remained significant.

The text states: “The largest effect size pertained to negative perfectionism ($\eta^2 = .642$)... and the smallest positive perfectionism ($\eta^2 = .398$).” But Table 2 shows overall perfectionism with $\eta^2 = .735$. Align narrative statements with actual table values or clarify why “overall perfectionism” was excluded.

The sentence “For attitudes toward marriage, the main effects of group ($F = 15.38$, $\eta^2 = .668$)...” seems inconsistent; $\eta^2 = .668$ is extremely high. Re-check if partial η^2 is reported and label accordingly.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The list includes “having at least a high school diploma” but no rationale is given for this educational cutoff. Explain why this criterion was chosen (e.g., comprehension of materials) and whether it may restrict the applicability of findings to lower-education populations.

The CARE and PREP interventions are described, but the statement “six 90-minute sessions held twice weekly” lacks detail on therapist qualifications and fidelity monitoring. Clarify whether the same facilitator delivered both programs, how adherence to manuals was checked, and if session content was piloted for cultural appropriateness.

The PREP description states: “The fifth session examined core personal beliefs, religious, cultural, and sexual perspectives...” but there is no mention of formal adaptation steps for Iranian cultural values. Briefly report if any culturally sensitive modifications were done to language, metaphors, or examples.

The text says: “These results underscore the importance of structured, skills-based premarital education in equipping couples...” Given the quasi-experimental design and non-random clinic selection, temper causal language and explicitly state associations rather than causation.

When discussing Iranian collectivist norms (“In many collectivist societies, including Iran, parental expectations...”), it would strengthen the argument to reference cross-cultural premarital intervention studies or discuss how CARE/PREP adaptations compare with other non-Western contexts.

You attribute PREP’s effect to “structured complaint format (XYZ technique)... addressing self-critical narratives.” Consider citing direct evidence linking PREP’s cognitive components to perfectionism reduction or suggest this as a hypothesis for future work.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.