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The Effectiveness of Adlerian Couple Therapy in Reducing Anxiety and Enhancing Marital Intimacy Among Couples in Second Marriages Following Divorce

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1. Round 1

1.1. Reviewer 1

Reviewer:

The randomization procedure is insufficiently described. The Methods section reports that participants “were subsequently randomly assigned to either the Adlerian couple therapy group (n = 15) or the control group (n = 15),” but no information is provided regarding sequence generation, allocation concealment, who generated the randomization sequence, who enrolled participants, or how assignment was implemented. These details are particularly important in a small quasi-experimental trial because inadequate allocation procedures can introduce selection bias. The authors should specify whether a computerized random-number generator, random-number table, sealed envelopes, block randomization, or another method was used and explain whether assignment was concealed until baseline assessment had been completed.

The study is repeatedly labeled “quasi-experimental,” although participants are reported to have been randomly allocated to experimental and control conditions. This terminology requires correction or explanation. A design involving genuine random allocation is ordinarily classified as a randomized controlled trial or randomized experimental study rather than a quasi-experimental study. If allocation was not truly random—for example, if assignment occurred according to availability,

counseling-center membership, alternating sequence, or participant preference—the exact allocation procedure should be described and the quasi-experimental designation retained. The authors should ensure that the classification of the design accurately corresponds to the actual methodological procedures.

The description of the Zung Self-Rating Anxiety Scale needs closer psychometric and scoring scrutiny. The manuscript states that "five items reflected emotional manifestations of anxiety, whereas 15 items assessed somatic symptoms" and subsequently conducts separate MANCOVA analyses for these two dimensions. The authors should provide a source demonstrating that this specific five-item/15-item subdivision represents a validated factor or subscale structure of the SAS. The original SAS is most commonly interpreted through a total anxiety score, and creating emotional and somatic subscale scores without established psychometric validation may compromise construct validity. If the subdivision was derived from a particular validated Persian version, that validation source, scoring procedure, reliability coefficients, and evidence supporting the two-dimensional structure should be reported.

The manuscript should report reliability estimates for the measurement instruments within the present sample rather than relying exclusively on coefficients from previous studies. For example, the Data Collection Tools section notes that the SAS has shown coefficients "of approximately .84" and that the intimacy instrument has demonstrated "an overall Cronbach's alpha coefficient of approximately .96 reported in an Iranian sample." Reliability is sample-dependent, and therefore Cronbach's alpha or preferably omega coefficients for the present pretest data should be reported for total anxiety, any anxiety subdimensions used inferentially, and marital intimacy. This is particularly important for the five-item emotional anxiety dimension because reliability can be substantially affected by a small number of items.

The intervention protocol requires information about therapist qualifications and treatment fidelity. The manuscript describes session content extensively but does not identify who delivered the intervention, stating only that "participants assigned to the intervention group received a structured Adlerian couple therapy program." The authors should report the therapist's academic qualifications, professional licensure or counseling credentials, experience with Adlerian therapy and couple counseling, specific training in the protocol, and whether the same therapist conducted all sessions. The manuscript should also describe how intervention fidelity was ensured—for example, through treatment manuals, session checklists, supervision, audio/video review, independent fidelity ratings, or therapist adherence forms. Without these details, it is difficult to determine whether the observed effects can be attributed to a standardized Adlerian intervention.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The sample-size justification is currently too general for scientific reproducibility. The manuscript states that "The required sample size was determined with reference to comparable quasi-experimental intervention studies and on the basis of a statistical power of 80%, a two-sided significance level of .05, and an anticipated medium effect size." The authors should identify the statistical test used for the power calculation, define the assumed effect-size metric and numerical value, indicate the number of groups and covariates incorporated into the calculation, specify the software used, and report the resulting minimum required sample. It should also be stated whether allowance was made for attrition. Given that only 15 participants were included per condition, a transparent a priori power calculation is necessary to demonstrate that the study was adequately powered.

The recruitment process should be reported more precisely. The Methods section states, "Based on the records available at the participating counseling centers, 223 potentially eligible individuals were identified in the target population," but it is unclear how these 223 individuals were screened, how many were approached, how many declined participation, how many failed eligibility screening, and whether any participants were lost after allocation. A participant-flow description should be provided even if a formal CONSORT diagram is not included. Reporting the numbers assessed, excluded and reasons for

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exclusion, allocated, completing treatment, and included in analysis would substantially improve transparency and permit readers to evaluate potential recruitment and attrition biases.

Several eligibility criteria require stronger justification. The manuscript states that participants were required to have "lived in Isfahan for more than five years" and that "at least one year had elapsed since their remarriage." The theoretical or methodological reasons for these thresholds are not explained. Residence duration does not appear directly related to anxiety, intimacy, remarriage, or Adlerian treatment, and requiring one year of remarriage may exclude individuals undergoing the most acute phase of adjustment. The authors should provide a defensible rationale for these criteria or remove them if they were not prospectively specified and methodologically necessary.

The criterion concerning psychiatric status requires operational clarification. The manuscript indicates that participants had to demonstrate "the absence of a diagnosed severe psychiatric disorder based on the counseling-center records available to the researchers." This procedure may fail to identify unrecorded or newly emerging psychiatric conditions and leaves ambiguity regarding what constituted a "severe" disorder. The authors should specify which disorders were exclusionary, whether psychiatric diagnoses were established by a psychiatrist or clinical psychologist, whether a structured or semi-structured diagnostic interview was used, and whether current psychotropic medication was recorded or controlled. Because anxiety was a primary outcome, concurrent psychiatric treatment and medication are potentially important confounders.

The manuscript should provide substantially greater information regarding ethical approval. The Procedure section states, "Following authorization from the relevant university authorities, the researchers obtained permission from counseling and psychological service centers in Isfahan to conduct the study," but no institutional review board or research ethics committee approval number is reported. The revised manuscript should identify the approving institution, ethics committee, approval code, and approval date where appropriate. It should also state how confidentiality was protected, whether participants were informed of their right to withdraw without consequences, and whether the control group was offered treatment after completion of data collection. These are essential elements for reporting psychological intervention research involving human participants.

Response: Revised and uploaded the manuscript.

2. Revised

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

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