

Effectiveness of Emotion-Focused Family Therapy on Marital Intimacy and Psychological Flexibility in Couples with Marital Conflict

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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 rationale for examining marital intimacy and psychological flexibility simultaneously should be strengthened. The Introduction currently argues that “These constructs may interact in important ways,” but this remains largely conceptual. The authors should formulate a clearer theoretical pathway explaining whether psychological flexibility is expected to facilitate intimacy, whether intimacy promotes flexible responding during conflict, or whether both are parallel outcomes of improved emotional processing. Establishing this conceptual model would make the study more theoretically coherent and would clarify why these two dependent variables were selected rather than more common outcomes such as marital satisfaction or conflict intensity.

The Introduction uses literature from oncology and trauma-related populations, such as studies of couples coping with prostate cancer and cancer survivorship, to support the relevance of psychological and relational interventions. While these studies provide useful contextual evidence, the manuscript should more explicitly acknowledge the population differences and explain why findings from medically stressed couples are transferable to couples presenting with marital conflict. Without such qualification, the argument risks implying stronger empirical continuity than the cited studies directly support.

Ethical procedures are underreported. Although the Methods mention voluntary participation, confidentiality, and the right to withdraw, the manuscript should provide the name of the approving ethics committee, the ethics approval code, the date of approval if required by the journal, and the procedure for obtaining informed consent from both partners. Because the intervention involves distressed couples and potentially sensitive emotional disclosures, the authors should also indicate how confidentiality within the couple context was handled and whether participants requiring additional clinical care were referred appropriately.

The description of the Marital Intimacy Scale should be verified for scoring accuracy and adaptation history. The manuscript states that the 17-item scale is scored from 1 to 7 and that higher scores indicate greater intimacy, but it does not indicate whether any items require reverse scoring or whether a total or mean score was used. The authors should also verify the attribution of the Persian translation and validation studies and report their citations consistently in the reference list. Psychometric information should distinguish evidence from the original instrument, Persian adaptation studies, and the present sample.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the final paragraphs of the Introduction, the manuscript states that “fewer studies have simultaneously investigated marital intimacy and psychological flexibility as distinct but theoretically connected outcomes.” This appears to be a central research-gap claim and should therefore be substantiated more rigorously. The authors should specify whether this gap refers to emotionally focused couple therapy specifically, Iranian samples, couples with marital conflict, or the broader couple-intervention literature. The novelty statement would be substantially stronger if it clearly distinguished the present study from the cited work rather than relying on a general assertion of limited research.

In the Study Design and Participants section, the manuscript states that the study used “a quasi-experimental pretest–posttest design with an experimental group and a control group,” while participants were subsequently “assigned randomly” to conditions. If allocation was genuinely random, the authors should clarify why the study is classified as quasi-experimental rather than randomized experimental. Conversely, if recruitment or assignment procedures did not meet the requirements of a randomized controlled trial, the exact source of nonrandomness should be identified. The current terminology creates ambiguity regarding the internal validity of the design.

The sampling procedure requires substantially more detail. The manuscript reports that “30 eligible couples were selected through purposive sampling,” but does not explain how potential participants were screened, how many couples were initially approached, how many declined participation, how many were excluded, or whether recruitment occurred from one or multiple counseling centers. The authors should provide a participant-flow description that documents recruitment, eligibility assessment, allocation, attrition, and final analysis. This information is essential for evaluating selection bias and reproducibility.

The unit of analysis is unclear throughout the Methods and Findings. The study repeatedly reports “30 couples,” yet demographic frequencies sum to 30 rather than 60 individuals, and the statistical analyses use degrees of freedom that appear consistent with 30 observational units. The authors must clarify whether one composite score per couple was analyzed, whether only one spouse from each couple completed the instruments, or whether data from both partners were somehow aggregated. Because couple data are inherently dyadic and non-independent, this issue is methodologically critical. If both partners provided responses, conventional ANCOVA without accounting for within-couple dependence would be inappropriate.

The inclusion criterion stating that participants had “an undesirable level of marital intimacy and/or psychological flexibility” is insufficiently operationalized. The authors should specify the exact cutoff values, normative references, or screening rules used to determine an undesirable level. The use of “and/or” is especially problematic because it implies that couples could enter the study on the basis of low scores on only one outcome, potentially producing heterogeneous baseline

profiles. The authors should define the eligibility algorithm precisely and explain whether marital conflict itself was assessed through a validated instrument or only through clinical referral.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.