


Comparison of the Effectiveness of Acceptance and Commitment Therapy and Positive Psychology on Reducing Rumination and Improving Interpersonal Relationships among Lower Secondary School Female Students




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| E d i t o r | R e v i e w e r s |
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| Trevor Archer  Professor Department of Psychology University of Gothenburg, Sweden trevorcsarcher49@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: Abotaleb Saadati Shamir  Assistant Professor, Department of Educational Sciences, University of Science and Research, Tehran, Iran. Email: psychology@iau.ac.ir |

1. Round 1

1.1. Reviewer 1

Reviewer:

“Rumination—a maladaptive pattern of repetitive and passive focus on distressing thoughts and emotions...” — while this is a strong conceptualization, please integrate contemporary adolescent-focused rumination models (e.g., cognitive-emotional regulation frameworks) to contextualize the construct developmentally.

In Table 1, the post-test mean for the control group in interpersonal relationships is reported as “180.137,” which seems inconsistent with the pre-test range and the scale maximum of 160. Please verify and correct potential data entry errors.

In Tables 3 and 5, you report Bonferroni pairwise p-values but not confidence intervals for mean differences. Adding CIs would improve interpretability and robustness.

The paragraph on cultural adaptability notes ACT and PPT resonance but doesn’t discuss long-term generalization. Suggest addressing whether these short-term gains may endure beyond the 8–9 weeks studied.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

Paragraph 4 mentions “These concerns were magnified during the COVID-19 pandemic...” but does not specify whether participants were post-pandemic or still under pandemic effects. Clarifying temporal context strengthens external validity.

In the paragraph “Furthermore, cultural dynamics shape how interventions are conceptualized and delivered...”, describe how the ACT and PPT sessions were adapted for Iranian adolescents beyond general cultural remarks (e.g., examples of values or exercises aligned with local norms).

Paragraph before Table 2 mentions normality and homogeneity checks (Kolmogorov–Smirnov, Levene’s). Please include exact test statistics and p-values for transparency.

In the first paragraph of Discussion and Conclusion, you write “A key explanation for the observed reduction in rumination among participants lies in the core mechanisms of ACT.” Expand on how specific ACT processes (e.g., cognitive defusion metaphors used) were operationalized with adolescents.

When stating “no significant differences emerged between the two experimental interventions across most subscales”, discuss potential reasons (e.g., overlapping mechanisms, intervention dose equivalence) rather than leaving it descriptive.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.