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Effectiveness of Compassion-Focused Therapy on Marital Burnout Among 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 inclusion criterion stating that couples had “an age difference between spouses of at least 3 years and no more than 10 years” requires stronger methodological justification. The manuscript currently explains that very small or very large age differences “have been considered a potential contributor to marital conflict,” but no evidence is provided for excluding couples with less than a three-year age difference. This criterion may unnecessarily restrict the sample and reduce external validity. The authors should provide an empirical or theoretical rationale supported by appropriate references, explain why a minimum difference of exactly three years was selected, and discuss how excluding age-similar spouses may affect the generalizability of the findings.

In the Study Design and Participants paragraph, the authors define the target population as “couples experiencing marital conflict in Bandar Abbas, Iran, during the 2024–2025 period,” but they do not explain how the presence of marital conflict was operationally established. Since the Marital Conflict Questionnaire was administered, the manuscript should specify whether a validated cutoff score was used for eligibility, whether clinical screening was conducted, or whether self-identification of

conflict was sufficient. This is particularly important because the initial findings merely indicate mean conflict scores of 138.37 and 140.50 and characterize these as “relatively high” without identifying the scale range or a validated threshold.

The Data Analysis paragraph requires revision because it states that “multivariate analysis of covariance (MANCOVA) was employed,” whereas Table 2 presents separate univariate F tests for physical, emotional, and psychological exhaustion. A proper MANCOVA report should first include an omnibus multivariate test—such as Wilks’ lambda, Pillai’s trace, Hotelling’s trace, or Roy’s largest root—before interpreting follow-up univariate ANCOVAs. The authors should report the multivariate statistic, F value, hypothesis and error degrees of freedom, p value, and effect size. Only after a significant omnibus result should the component-specific ANCOVA results be interpreted.

The assumption-testing paragraph is incomplete for the analysis claimed. The authors report Shapiro–Wilk, Levene’s test, and Box’s M, but ANCOVA/MANCOVA additionally requires evaluation of linear relationships between covariates and dependent variables, homogeneity of regression slopes across groups, absence of problematic multicollinearity among dependent variables, and independence of observations. The manuscript should explicitly report these diagnostics. The independence assumption is especially problematic if both partners from each couple were analyzed as separate participants because spouse scores are expected to be correlated.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The manuscript should provide a transparent sample-size justification. The Methods section reports 30 couples, but no a priori power analysis, effect-size assumption, confidence level, or expected attrition rate is described. For an intervention study involving several dependent variables and covariance adjustment, sample-size adequacy is especially important. The authors should indicate whether the sample was determined using G*Power or another formal procedure, identify the anticipated effect size, alpha level, desired statistical power, number of groups, covariates, and dependent variables, and explain whether the achieved sample was sufficient for the planned MANCOVA/ANCOVA analyses.

In the Couple Burnout Measure paragraph, the manuscript states that the instrument contains “20 items” assessing physical, emotional, and psychological exhaustion, but it does not provide sufficient information about scoring. The authors should specify the response anchors of the seven-point scale, the possible total and subscale score ranges, whether any items are reverse-scored, and how total marital burnout is calculated. More importantly, the manuscript should report the reliability of the instrument in the current sample rather than relying exclusively on previously reported coefficients of “.84 to .90.” Cronbach’s alpha or preferably omega coefficients for the total scale and each subscale should be reported using the present dataset.

The description of the Marital Conflict Questionnaire contains an internal inconsistency that should be corrected. The paragraph states that the questionnaire “consists of 42 closed-ended items” and initially refers to “different manifestations of conflict,” while the source material described it as having “five dimensions” before listing eight dimensions. The present manuscript lists eight dimensions, but no explanation is provided for this discrepancy. The authors should verify the validated structure of the specific version used, report the number of items assigned to each subscale, describe the scoring procedure and possible score range, and provide reliability coefficients for the present sample.

The Intervention Protocol paragraph contains a potentially serious inconsistency with the stated study objective. It reports that during the first session, participants were introduced to CFT and completed the pretest, but the original protocol description also indicated that individuals with “low self-compassion” were selected for the experimental and control groups. Low self-compassion, however, is not listed among the formal inclusion criteria, and no self-compassion instrument is described among the study measures. The authors must clarify whether self-compassion was actually screened, which instrument and cutoff were used, whether this criterion affected group assignment, and why it was relevant to a study whose primary population was defined by marital conflict and whose primary outcome was marital burnout.

The intervention is described as online Compassion-Focused Therapy delivered in eight 60-minute sessions, but essential implementation details are missing. The manuscript should report whether sessions were individual, couple-based, or conducted in groups of multiple couples; whether both spouses attended together; the platform used for online delivery; the interval between sessions; the total intervention duration in weeks; therapist qualifications and CFT training; procedures for maintaining privacy during online sessions; and whether sessions were recorded or monitored for fidelity. Without these details, the intervention cannot be adequately replicated.

In the Intervention Protocol, several techniques are described, including “safe-place imagery,” “compassionate letter writing,” “nonjudgmental emotional awareness,” and “constructing a compassionate image of the self.” However, there is no assessment of treatment adherence or fidelity. The authors should indicate whether a treatment manual or session checklist was used, whether therapist adherence was independently evaluated, whether participants completed homework exercises, and how attendance was monitored. Reporting the number of sessions attended and any intervention dropout is particularly important in an eight-session online psychotherapy study.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.