Journal Website

Article history:
Received 30 June 2026
Revised 17 October 2026
Accepted 26 October 2026
Initial Publication 27 October 2026
Final Publication 01 January 2027

KMAN Counseling & Psychology Nexus

OPEN PEER-REVIEW

E-ISSN: 3041-9026

Comparison of the Effectiveness of Existential Therapy and Schema Therapy on Marital Self-Regulation in Married Women with Multiple Sclerosis

Liah. Aqa Ali Akbari[1], Mahdieh. Rahmanian[2*], Amin. Rafieipour[3]

[1] Department of Clinical Psychology, KI.C., Islamic Azad University, Kish, Iran
[2] Professor, Department of Psychology, Payame Noor University, Tehran, Iran
[3] Associate Professor of Health Psychology, Faculty of Psychology, Payame Noor University, Tehran, Iran

*** Corresponding author email address**: m.rahmanian@pnu.ac.ir

Editor	Reviewers
John S. Carlson Distinguished Professor of the Department of Educational Psychology, Michigan State University, East Lansing, MI, United carlsoj@msu.edu	**Reviewer 1:** Mohammad Hassan Ghanifar Assistant Professor, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran. Email: ghanifar@iaubir.ac.ir **Reviewer 2:** Mohsen Kachooei Assistant Professor of Health Psychology, Department of Psychology, Humanities Faculty, University of Science and Culture, Tehran, Iran. kachooei.m@usc.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the sentence “One relational construct that may be particularly relevant in this regard is marital self-regulation” introduces the core dependent variable, yet the construct requires a more precise theoretical definition. The manuscript should distinguish marital self-regulation from related constructs such as marital satisfaction, communication skills, emotion regulation, dyadic coping, and relationship commitment. Because the study measures two dimensions—relational self-regulation and relational effort—the authors should explain whether these dimensions are theoretically distinct mechanisms or simply subcomponents of a broader behavioral self-regulatory process.

In the Introduction paragraph stating that “Existential therapy offers one potential pathway for strengthening marital self-regulation,” the proposed mechanism is plausible but presently somewhat inferential. The authors should articulate a clearer mediation logic linking existential therapeutic processes—such as awareness of choice, responsibility, meaning, authenticity, and value-consistent action—to the measured outcome. For example, the manuscript should specify how enhanced

responsibility is expected to alter self-monitoring of marital behavior and how value clarification is expected to increase sustained relational effort.

In the existential therapy intervention paragraph, the manuscript appropriately removes variables outside the study scope, but several session elements remain broad, such as “mindful awareness,” “value clarification,” and “experiential dialogue.” The authors should distinguish which techniques are specifically derived from existential therapy and which are integrative additions. If techniques from mindfulness, emotion-focused therapy, narrative therapy, or other approaches were incorporated, this should be acknowledged because otherwise the intervention may not represent a sufficiently pure existential treatment for comparative efficacy claims.

In the schema therapy intervention paragraph, the sentence “Techniques included cognitive restructuring, imagery rescripting, limited reparenting principles, empathic confrontation, behavioral pattern breaking, role-play, structured problem solving, and behavioral planning” indicates a multi-component intervention, but the manuscript should describe whether all participants received the same standardized sequence and dosage of these techniques. The authors should also clarify whether early maladaptive schemas were formally assessed before treatment using a validated schema inventory or identified clinically during sessions, because this affects reproducibility and treatment individualization.

In the Data Analysis section, the sentence “The primary analysis was conducted using repeated-measures analysis of variance” requires further statistical justification. With three groups measured at three time points, the manuscript should report the omnibus group × time model across all three groups before performing separate comparisons. In addition, the authors should specify how missing data and attrition were handled, whether analysis followed an intention-to-treat or completer-only approach, whether outliers were assessed, and whether baseline differences among groups were statistically examined. If all 45 participants completed the study, this should be stated explicitly.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the Introduction paragraph beginning “Schema therapy provides a different but potentially complementary pathway for improving marital self-regulation,” the theoretical rationale should be developed more explicitly around schema activation in marital interactions. The authors should describe how specific early maladaptive schemas relevant to chronic illness and intimate relationships—such as abandonment, defectiveness/shame, dependence/incompetence, emotional deprivation, or vulnerability—may produce maladaptive coping modes that interfere with marital self-regulation. This would make the comparison between schema therapy and existential therapy conceptually sharper rather than presenting them simply as two effective interventions.

In the final paragraph of the Introduction, the sentence “A direct comparison of these approaches can therefore provide clinically useful information about whether one produces stronger effects on marital self-regulation…” identifies the research gap, but the manuscript should state explicit hypotheses before the aim sentence. At minimum, the authors should specify whether they hypothesized that both interventions would outperform the control group and whether they expected schema therapy and existential therapy to differ significantly from one another. If no directional superiority hypothesis was formulated, this should be stated clearly as an exploratory comparative question.

In the Study Design and Participants paragraph, the statement “A total of 45 eligible participants were selected through purposive/convenience sampling and subsequently assigned randomly to three groups of 15 participants each” needs methodological clarification because “purposive/convenience sampling” combines two distinct sampling strategies. The authors should identify the actual recruitment procedure precisely. They should also explain how random allocation was performed—for example, computerized random numbers, sealed envelopes, block randomization, or another method—and whether allocation concealment was implemented.

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

In the Study Design and Participants paragraph, the inclusion criterion referring to "sufficient physical and psychological capacity to participate in group sessions" is too subjective unless operationalized. The manuscript should indicate who evaluated this criterion and according to what standard. Likewise, the exclusion criterion involving medication that "substantially interfered with regular attendance" should be clarified because medication use itself is common in MS and may confound psychological outcomes. The authors should specify whether changes in psychotropic medication, corticosteroid treatment, relapse status, or disease-modifying therapy were recorded or controlled.

In the Methods, the manuscript states that the control group attended "a two-hour educational session devoted exclusively to general information about multiple sclerosis." This is ethically understandable, but methodologically it creates an active-attention component rather than a pure no-treatment control. The authors should explicitly classify this condition and discuss whether a single educational contact could influence expectations, perceived support, or marital functioning. The manuscript should also clarify whether the session occurred before, during, or after the intervention period and whether the same researcher who delivered therapy conducted the control session.

In the Data Collection Tool paragraph, the sentence "Marital self-regulation was assessed using the Marital Self-Regulation Questionnaire developed by Wilson et al. (2005)" should be expanded by reporting the scoring direction of all items, whether any items require reverse scoring, and whether the analyses used the total score, the two subscale scores, or both as prespecified outcomes. The manuscript should also report the reliability coefficients obtained in the current sample at baseline, rather than relying exclusively on previously published Cronbach's alpha values.

In the intervention description, there is an important inconsistency between the original protocol materials and the manuscript concerning session duration. The Methods currently describe "10 weekly group sessions," but the supplied protocol materials refer in different places to 75-minute and 90-minute sessions. The authors should resolve this discrepancy and report one accurate duration consistently throughout the manuscript. Similarly, the manuscript should state group size, therapist qualifications, therapist training, treatment setting, whether a treatment manual was followed, and whether treatment fidelity or adherence was assessed.

Response: Revised and uploaded the manuscript.

2. Revised

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

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026