

Comparing the Effectiveness of Realistic Acceptance and Commitment Therapy and Positive Psychotherapy on Distress Tolerance in Divorced Women of Baghdad

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1. Round 1

1.1. Reviewer 1

Reviewer:

The opening sentence is compelling, but you could strengthen the connection between the high divorce rate and its impact on distress tolerance. Consider adding a transition that explicitly links the societal issue (divorce) with the psychological outcomes (distress tolerance) you aim to investigate. For example, "Given the rising divorce rates, it is crucial to examine how such profound life changes contribute to psychological challenges, such as low distress tolerance."

The description of distress tolerance in this paragraph is comprehensive, but it may benefit from a clearer distinction between "distress tolerance" and "distress intolerance." While you define distress tolerance as the ability to endure emotional states, you could briefly contrast it with distress intolerance, which involves maladaptive coping mechanisms. This contrast would help highlight the significance of improving distress tolerance.

You mention that "individuals with low distress tolerance often engage in maladaptive behaviors, such as substance use." It would be helpful to reference empirical studies that specifically link low distress tolerance to substance use in the context of divorce. Including specific studies would lend more credibility and depth to the claim.

The inclusion of previous studies comparing ACT and PPT is useful, but you mention "no studies comparing the effectiveness of these two approaches on distress tolerance among divorced women in Baghdad." It might be helpful to briefly summarize why this gap exists and why it is important to focus on this particular demographic (divorced women in Baghdad) for your research.

The research question is stated clearly; however, consider reformulating it for more precision. For instance, "Does Realistic Acceptance and Commitment Therapy (RACT) have a greater impact than Positive Psychotherapy (PPT) in improving distress tolerance among divorced women in Baghdad?" This revision clarifies that the comparison is specifically about their relative effectiveness.

Although you mention that participants were randomly assigned to the groups, it would be beneficial to clarify how the randomization process occurred. Were the groups stratified based on any baseline characteristics (e.g., age, distress levels)? Explaining the randomization procedure in more detail will ensure transparency and increase the study's internal validity.

The description of the Distress Tolerance Scale is comprehensive, but you might want to include more information about how it has been used in similar studies, especially in divorce-related research. A brief discussion of how this scale has been validated in similar contexts will help readers assess its suitability for your study.

The use of repeated measures ANOVA is appropriate, but it would be helpful to provide more details about the assumptions underlying this test. For example, did you check for outliers or potential violations of normality in the data? Providing a bit more detail on your data screening process would help strengthen the methodological rigor.

Table 1 presents the means and standard deviations for the distress tolerance scores. However, it might be useful to include the effect sizes (e.g., Cohen's *d*) for the comparisons between the groups at each stage. This would help readers better understand the magnitude of the changes observed.

The repeated measures ANOVA results are well presented, but the interpretation of the results could be expanded. Specifically, while the table reports significant between-group effects, you should further discuss the implications of the findings, particularly the small effect size ($\eta^2 = 0.378$). How meaningful are these results in a practical context, and what might they suggest for future research?

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The sentence "Low distress tolerance is closely linked to a wide range of disorders, including self-harm behaviors, major depression, impulsivity, self-blame, and even increased suicide risk" is a strong argument for the importance of distress tolerance. However, to avoid generalization, consider specifying which studies have found these links and the context in which they were observed. This would provide stronger support for the argument.

When introducing the effectiveness of Acceptance and Commitment Therapy (ACT), you state that ACT "does not focus on modifying dysfunctional cognitions and beliefs." However, research shows that ACT often involves cognitive defusion, which indirectly addresses cognitive distortions. You may want to clarify this distinction to avoid confusion for readers unfamiliar with the nuances of ACT.

The description of Reality Therapy is clear, but there is a slight overlap with ACT principles, particularly the focus on personal responsibility. Consider briefly explaining how RACT uniquely integrates Reality Therapy and ACT, rather than merely describing their individual components. A clearer explanation of how they interact might add value to your rationale for comparing these two therapies.

The inclusion criteria for the participants are well-defined. However, the term "middle socioeconomic status" may be subjective. Consider providing more concrete definitions or metrics for determining middle socioeconomic status to ensure replicability and reduce potential biases in participant selection.

You mention that participants were selected through convenience sampling, but you should justify this choice. Was random sampling not feasible due to practical or ethical considerations? Providing more context will strengthen the validity of your sampling strategy.

The Bonferroni post hoc test results show significant differences between the RACT and control groups, as well as the PPT and control groups. However, there is no significant difference between RACT and PPT. This result is worth exploring further in the discussion section. What might explain the lack of significant difference between these two interventions?

The discussion on the effectiveness of RACT and PPT is insightful. However, you should elaborate on why these two therapies produced similar results. What theoretical factors might explain why both therapies were equally effective in improving distress tolerance, and how does this align with previous research on ACT and PPT?

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.