

Comparison of the Effectiveness of Group-Based Acceptance and Commitment Therapy and Compassion-Focused Therapy on Psychological Capital in Infertile Women




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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 quote “Infertile women often perceive infertility as one of the most stressful periods of their lives” is too general. Please provide specific empirical evidence or reference prevalence of psychological symptoms to substantiate this claim.

The phrase “positive traits and capabilities among employees, managers, and organizational environments” seems misaligned with the current sample (infertile women). Consider revising or contextualizing psychological capital in non-organizational populations.

The ACT protocol paragraph is rich in metaphorical tools but lacks mention of between-session assignments or practice logs, which are critical for ensuring therapeutic engagement in ACT models. Please include.

You mention Levene’s, Mauchly’s, and Kolmogorov–Smirnov tests, but their actual p-values are not reported. Including those would enhance methodological rigor.

The control group’s follow-up mean (44.60) appears lower than the pretest (45.66), suggesting a decline. This finding warrants brief mention and interpretation in the narrative, even if not statistically significant.

The phrase “liberating individuals from cognitive traps” in describing ACT is metaphorical. For scientific clarity, replace or supplement with technical terms like “reducing experiential avoidance and cognitive fusion.”

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The discussion of ACT should be more sharply tied to infertility to maintain relevance. How specifically does ACT address the unique cognitive-emotional patterns observed in women coping with infertility?

The research question could be rephrased for academic precision. Rather than "Is there a difference between...?" consider "To what extent do ACT and CFT differ in their impact on psychological capital among infertile women?"

The p-values for several subscales (e.g., Hope in ACT: $p = .063$) are marginal. The authors should discuss whether these are approaching significance and how that might influence interpretation, especially given small sample size.

The claim that “no statistically significant difference...between ACT and CFT” is accurate but could be strengthened by reporting the observed effect size between groups.

The discussion cites Ahmadpour Dizaji et al. (2017) to explain contradictory findings, but does not clarify why that study may have shown no effect of CFT. Please elaborate on potential differences in dosage, population, or outcome measurement.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.