





# Effectiveness of Compassion-Focused Therapy (CFT) and Schema Therapy on Sexual Self-Concept and Marital Satisfaction 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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| Mohsen Joshanloo <br>Associate Professor, Department of Psychology, Keimyung University, 1095 Dalgubeol Boulevard, Dalseo-Gu, Daegu 42601, South Korea<br>mohsen.joshanloo@unimelb.edu.au | <b>Reviewer 1:</b> Mohsen Kachooei <br>Assistant Professor of Health Psychology, Department of Psychology, Humanities Faculty, University of Science and Culture, Tehran, Iran. kachooei.m@usc.ac.ir<br><b>Reviewer 2:</b> Nadereh Saadati <br>Department of Couple and Family therapy, Alliant International University, California, United States of America. mdaneshpour@alliant.edu |

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

In the introduction (paragraph 2), the authors define sexual self-concept but do not clearly explain why this construct is particularly vulnerable in infertile women; adding data or references would improve clarity.

In paragraph 3 of the introduction, the statement that “self-compassion is a protective factor against marital discord” is supported by references but could benefit from specifying whether the cited studies involved infertile populations specifically.

In the introduction (paragraph 5), the sentence “these narratives not only influence sexual behaviors but also affect relational expectations...” could be strengthened by briefly summarizing empirical data or prevalence rates to illustrate how widespread these beliefs are in the target population.

The intervention description reports eight sessions of ST (methods section), but schema therapy protocols traditionally include more sessions; discuss how reducing the number of sessions may have impacted treatment fidelity.

In the data analysis section, the authors mention using repeated measures ANOVA and MANCOVA; however, no details are provided about assumption testing (normality, sphericity, etc.); include this information for statistical rigor.

The findings section reports means and standard deviations in Table 1 but does not present confidence intervals; adding them would improve the precision and interpretability of the data.

In Table 4 (Adjusted Group Comparisons), the p-value reported as .996 for “Compassion-Focused vs. Schema Therapy” appears unexpectedly high; double-check the calculation and clarify in the text.

In the limitations section, the authors note the absence of moderating variables; consider suggesting the inclusion of infertility duration, type, and cultural variables as moderators in future research for practical guidance

Authors revised the manuscript and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

The methods section lacks detail on randomization procedures (“participants were randomly assigned...”); clarify whether block randomization, simple randomization, or another method was used to enhance transparency.

In the description of the Schema Therapy intervention protocol (methods), the text refers to “acceptance and commitment-based schema therapy,” which is conceptually ambiguous; clarify whether ACT elements were explicitly integrated or whether the protocol followed standard ST.

In the measures section (paragraph on sexual self-concept), while reliability indices from Ramazani et al. (2012) are reported, the authors should also report Cronbach’s alpha values from their own sample to ensure instrument validity in the present context.

In the discussion (paragraph 1), the authors interpret differences in therapy effectiveness but do not discuss the potential role of therapist allegiance or therapist effects, which could confound the findings.

In the discussion (paragraph 3), the authors state “CFT had a more substantial and lasting impact...”; however, the follow-up period was only one month. The claim of “lasting” impact would be more credible with longer-term data or more cautious language.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.