Prediction of Interpersonal Emotion Regulation Based on Sleep Quality and Sexual Function in Postmenopausal Women

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1. Round 1

1.1. Reviewer 1

Reviewer:

In "The present research is applied; in terms of research design, it is descriptive and correlational," clarify how "applied" research is operationalized here. Also specify how convenience sampling was conducted (recruitment setting, exclusion of confounders) to avoid sampling bias.

The inclusion criteria mention "confirmed postmenopausal status." Please clarify how menopausal status was verified (self-report, clinical diagnosis, hormone levels?). This improves reproducibility and clinical validity.

In "To reduce anxiety and create a comfortable environment, the research process was explained…," this is a strength. However, consider reporting whether confidentiality assurances were given, especially regarding sexual function data, which are culturally sensitive.

The discussion about amygdala-prefrontal interplay is well framed but could benefit from a sentence connecting these neural mechanisms specifically to menopausal physiology (e.g., estrogen withdrawal effects on sleep and mood circuits).

When noting that "our study adds evidence from a Middle Eastern context," consider expanding on cultural stigma and help-seeking barriers in Iran regarding sexual health. This would contextualize the findings for applied interventions.

Authors revised the manuscript and uploaded the document.

1.2.   Reviewer 2

Reviewer:

You review physiological and psychosocial changes well but cite mostly international literature. Consider integrating more context-specific data or prevalence rates from Iranian or Middle Eastern populations to justify the study's cultural relevance.

The definitions of emotion regulation and interpersonal emotion regulation rely heavily on two references {Cremades, 2022; Fischer, 2024}. Broaden this by integrating additional recent theoretical work (e.g., dynamic models of interpersonal regulation) to strengthen the conceptual framework.

When describing the PSQI, FSFI, and IERQ, you mention Cronbach's alpha values but omit information about their cultural or linguistic validation for the studied population. Include details about translation and adaptation processes to strengthen methodological rigor.

You note Cronbach's alpha of 0.79 for your sample but do not report whether factor structure was revalidated (e.g., confirmatory factor analysis). Mentioning this would help confirm that the instrument performed as expected.

Table 1 shows skewness/kurtosis values, but the text claims "normal distribution." Strictly, sleep quality skewness is close to 0 but kurtosis >1. Consider noting that data were approximately normal rather than perfectly normal; specify if further tests (e.g., Shapiro-Wilk) were performed.

You report Pearson coefficients, but consider partial correlations controlling for age or education. These variables could confound the observed relationships.

Clarify the apparent inconsistency in β signs: in Table 3, sleep quality's unstandardized coefficient is positive (B = 1.285), but text earlier suggests "poorer sleep" predicts worse regulation. Explain how higher PSQI scores (poorer sleep) relate to interpersonal regulation for clarity.

You claim "sleep quality and sexual function explained a meaningful proportion of the variance," but R^2 is not stated. Adding this would quantify the strength of the model and support your conclusion.

Authors revised the manuscript and uploaded the document.

2.   Revised

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