

Identifying Relational Growth Trajectories in Couples Following Infertility Treatment

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1. Round 1

1.1. Reviewer 1

Reviewer:

The text frequently references Iranian and Middle-Eastern data (e.g., Derakhshan et al., 2023; Nazemi et al., 2023) although the study context is Chile. Provide a rationale for extrapolating these cultural findings or replace them with Latin-American literature to enhance contextual validity.

The paragraph beginning “The first major theme, emotional reconstruction and resilience...” occasionally merges description with interpretation. Distinguish more clearly between participants’ reported experiences and the researchers’ analytic commentary.

While the discussion is well referenced, many citations are Iranian studies. Integrate Latin-American or Western-Hemisphere research on infertility and couple adjustment (e.g., Brazilian, Mexican, or Chilean samples) to situate findings geographically.

The study reiterates known constructs such as “dyadic coping” and “post-traumatic growth.” Clarify the novel contribution—does “relational growth trajectory” represent a model, a continuum, or a new typology? A conceptual diagram could be valuable.

Provide empirical evidence or sociological literature on Chile's cultural attitudes toward infertility rather than analogy to other regions.

Response: Revised and uploaded the manuscript.

1.2. *Reviewer 2*

Reviewer:

Elaborate the theoretical gap by referencing which models (e.g., Tedeschi & Calhoun's post-traumatic growth, Bodenmann's dyadic coping) informed your conceptual framing.

Specify how "acute emotional distress" was screened (e.g., self-report, clinician referral) and whether ethical safeguards such as referral pathways were in place.

Table 1 is rich but dense. Consider consolidating overlapping subthemes (e.g., "Emotional Reconstruction" vs. "Emotional Balance") and indicate which subthemes were most prevalent or uniquely gendered to guide readers through analytic hierarchy.

Discuss how urban recruitment may limit transferability to rural couples, where access to fertility services and social stigma differ.

In the thematic narratives (pp. 8–9), participant quotes are vivid but limited to one or two per theme. Including a diversity of male and female voices for each theme would better substantiate analytic claims.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.