

Comparison of the Effectiveness of Schema Therapy and Narrative Therapy on the Psychological Well-being of Women Affected by Infidelity

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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction refers to the lack of consensus on the definition of infidelity. It would strengthen the paper to provide a brief overview of the differing definitions and how this study operationalizes infidelity to ensure consistency in interpretation.

The paper mentions that the control group did not receive any intervention. To enhance the robustness of the study, it is suggested to discuss why a waitlist control or placebo group was not used, as this could control for placebo effects.

The description of schema therapy interventions includes the use of cognitive and behavioral techniques. It would be beneficial to detail any specific tools or measures used to assess the effectiveness of these techniques within each session.

In the narrative therapy sessions, the language shifts from a third-person description to a direct second-person address (e.g., "you should"). To maintain academic tone and consistency, it is recommended to keep the description in the third person.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The paper discusses the severe consequences of infidelity in traditional cultures such as Iran. However, it would be beneficial to reference specific studies or data that support these cultural claims to substantiate the argument.

While the paper mentions that schema therapy is based on cognitive-behavioral concepts, there is little discussion on its theoretical underpinnings. Expanding on the cognitive-behavioral principles that inform schema therapy would provide a more comprehensive background.

The study uses a purposive sampling method, which could introduce bias. It is recommended to include a justification for this sampling technique and discuss its potential limitations in the context of generalizability.

The results section provides a detailed mixed ANOVA analysis. However, the interpretation of the effect sizes and their practical significance is somewhat lacking. It is recommended to discuss the magnitude of these effects and their implications for clinical practice.

The formatting of Table 1 appears cluttered, which might make it difficult for readers to interpret the data. Consider revising the layout of the table for better readability, perhaps by separating the groups into different rows or columns.

The Bonferroni post-hoc tests are mentioned, but the implications of these results are not fully discussed in the text. It would be beneficial to elaborate on how these pairwise comparisons support the overall conclusions of the study.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.