

The Effectiveness of Imago Therapy on Resilience and Difficulty in Emotion Regulation in Women Victims of Domestic Violence

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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction mentions that "domestic violence remains a critical public health issue, particularly for women." However, there is no mention of the specific prevalence rates in Iran or globally. Adding recent statistical data would provide more context and relevance to the study. Consider adding a paragraph on this.

"One such intervention is Imago Therapy..." This section could benefit from a brief comparison with other therapeutic interventions for emotional regulation in IPV survivors. For example, how does Imago Therapy compare to CBT or trauma-informed therapy in efficacy? This would add depth to the rationale.

The resilience scores improved significantly, but more discussion on how these changes translate to real-world outcomes for IPV survivors would enrich this section. How might these improvements in resilience affect their day-to-day functioning or long-term recovery?

The follow-up results in Table 1 show a slight decline in some variables. Include a discussion of why there might have been a reduction during follow-up, such as potential issues with long-term engagement or support. This would make the interpretation more robust.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The selection of the participants through purposive sampling needs further clarification. Were specific exclusion criteria applied (e.g., severity of psychological trauma)? Including a more detailed explanation of the sampling process and potential biases could strengthen this section.

The structure of the Imago Therapy intervention is well-detailed, but it lacks information about therapist qualifications. Mentioning the therapists' qualifications and experience conducting Imago Therapy would ensure confidence in the intervention's delivery.

It is unclear whether the measures of resilience and emotion regulation met statistical assumptions for normality and homogeneity. Please include information about the checks for these assumptions (e.g., normality tests like Shapiro-Wilk) as these are crucial for interpreting the results of the repeated measures ANOVA.

The statement "significant main effects of group time and interaction..." in the results section needs further clarification. Specify the exact p-values and confidence intervals to provide a clearer picture of the results.

The results of the Bonferroni post-hoc tests for emotional regulation sub-components are presented, but the clinical significance of these findings is unclear. Discuss the practical implications of these changes (e.g., are the differences meaningful in real-life scenarios for IPV survivors?).

While you mention significant interaction effects between group and time for resilience and emotional regulation, there is no mention of potential mediating or moderating factors. Were any psychological traits or external factors (e.g., social support) considered as possible influences on the outcomes?

The use of the reference "Hyland (2014)" about resilience is slightly outdated. Recent studies on resilience in IPV survivors could offer more up-to-date perspectives. Consider including studies from the past 5 years to reflect recent developments in this field.

The discussion highlights similarities with previous research, such as Nikkhah et al. (2019). However, it could be strengthened by discussing contradictory findings in the literature to provide a balanced and critical review of Imago Therapy's effectiveness.

While you mention that Imago Therapy was effective in fostering resilience, the theoretical mechanism behind how Imago Therapy fosters resilience in IPV survivors is not fully articulated. Discussing specific components of the therapy (e.g., structured dialogue or emotional healing) in relation to resilience-building would provide more depth.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.