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The Effectiveness of Emotion-Focused Therapy on Pain Self-Efficacy and Post-Traumatic Growth in Women with Breast Cancer

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1. Round 1

1.1. Reviewer 1

Reviewer:

The statement, "Women with higher pain self-efficacy are better equipped to manage pain, reduce emotional distress, and maintain daily functioning (Fathi et al., 2020)," requires more elaboration. Are there specific mechanisms through which pain self-efficacy leads to these benefits? Expanding on this would enhance the theoretical foundation.

When describing PTG, the text states, "PTG manifests in various domains, including improved relationships, increased appreciation of life, and personal strength (Shi et al., 2022)." However, it does not clarify how these domains are operationalized or measured. Consider briefly describing the PTGI subscales.

The statistical analysis mentions checking assumptions for repeated measures ANOVA but does not specify effect size interpretation. While η^2 values are provided, consider discussing what constitutes small, medium, and large effects according to Cohen's (1988) guidelines.

The mean differences between pre-test, post-test, and follow-up are notable. However, the results paragraph does not explicitly state whether post-hoc power analysis was conducted. This is important to confirm whether the study had sufficient power to detect meaningful effects.

The discussion emphasizes emotional regulation but does not explore potential neural or physiological mechanisms. Consider referencing neurobiological theories of emotion regulation and pain perception to provide a more comprehensive explanation.



Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The claim that "EFT has emerged as an effective therapeutic approach for addressing the emotional challenges faced by cancer patients," should be supported with more direct comparisons to other therapeutic methods, such as CBT, ACT, or mindfulness-based interventions.

The study describes the recruitment method as "purposive sampling." Since this is an RCT, clarify why purposive sampling was chosen over purely random sampling and discuss potential selection biases.

The article states, "The validity and reliability of the PSEQ have been extensively confirmed in various studies." Cite at least one validation study for the PSEQ in breast cancer patients to strengthen the justification for using this measure.

The description of EFT sessions is detailed, but there is no mention of therapist training or fidelity checks. How was consistency in EFT delivery ensured? Adding details about therapist qualifications and adherence monitoring would enhance methodological rigor.

The article states, "These results indicate that the intervention significantly influenced changes in pain self-efficacy and post-traumatic growth over time compared to the control group." However, there is no discussion on potential confounding variables such as prior therapy history, medication use, or individual differences in emotional regulation.

The claim that "EFT significantly improved both pain self-efficacy and PTG in the intervention group compared to the control group" should be strengthened with a discussion on whether these improvements met clinical significance thresholds, not just statistical significance.

The article states, "By facilitating the exploration of unresolved emotional conflicts and fostering adaptive emotional expression, EFT enables patients to derive meaning and growth from their cancer experience." It would be useful to include qualitative data or patient-reported experiences to substantiate this claim.

While the sustained benefits of EFT are highlighted, there is no discussion on potential relapse rates or the need for booster sessions. Including this consideration would provide a more balanced perspective.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.