


The Effectiveness of Meanin-Centered Therapy on the Dimensions of Quality of Life in Women with Grief Syndrome Following Cancer-Related Amputation

Nika. Dardashtinia¹, Baharak. Jahandar², Athar. Abasian Najafabadi², Gholamreza. Talebi^{3*}


¹ M.A. Student, Department of Clinical Psychology, Na.C., Islamic Azad University, Najafabad, Iran

² M.A., Department of Clinical Psychology, Na.C., Islamic Azad University, Najafabad, Iran

³ Assistant Professor, Department of Health Psychology, Na.C., Islamic Azad University, Najafabad, Iran


* Corresponding author email address: rezatalebi@iau.ac.ir

Editor

Izet Pehlić

Full professor for Educational sciences, Islamic pedagogical faculty of the University of Zenica, Bosnia and Herzegovina
izet.pehlic@unze.ba

Reviewers

Reviewer 1: Nadereh Saadati

Department of Couple and Family therapy, Alliant International University, California, United States of America. mdaneshpour@alliant.edu

Reviewer 2: Masoud Asadi

Assistant Professor, Department of Psychology and Counseling, Arak University, Arak, Iran.
Email: m-asadi@araku.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the paragraph beginning with “Breast cancer is one of the most prevalent chronic and life-threatening diseases...” provides a broad overview but lacks a clearly articulated theoretical framework; specifically, the authors should explicitly integrate Frankl’s logotherapy constructs (e.g., will to meaning, existential vacuum) rather than implicitly referencing meaning-making.

In the same section, the sentence “These experiences can trigger complex psychological responses...” would benefit from more precise conceptual differentiation between grief, depression, and adjustment disorder, as the current phrasing conflates distinct psychopathological constructs.

The paragraph discussing amputation (“Amputation, whether due to cancer progression...”) is informative but lacks citation balance; the authors rely heavily on qualitative evidence and should incorporate quantitative or meta-analytic findings to strengthen empirical grounding.

In the data analysis section, the authors state “After verifying the assumptions of normality, homogeneity of variances, and sphericity,” but do not report test statistics (e.g., Shapiro–Wilk, Mauchly’s test), which should be explicitly included.

In the findings section, the demographic paragraph is well-written, but the statement “no statistically significant differences...($p > 0.05$)” should include exact p-values and test statistics to meet reporting standards.

In Table 2, all p-values are reported as 0.001; this is statistically imprecise, and the authors should report exact values or use the convention “ $p < 0.001$ ” consistently.

In the discussion section, the paragraph beginning “One of the central findings...” provides interpretation but tends toward redundancy; the authors restate results rather than critically engaging with mechanisms of change (e.g., cognitive restructuring vs. existential reframing).

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the introduction, the claim “Quality of life...has emerged as a critical outcome measure in cancer care” is valid but underdeveloped; the authors should specify theoretical models of QoL (e.g., WHO framework) and clarify why WHOQOL-BREF is particularly suitable for this population.

The paragraph beginning “Among the psychological factors influencing quality of life...” introduces meaning in life but does not sufficiently justify why meaning-centered therapy is superior or uniquely suited compared to other third-wave therapies; a comparative theoretical argument is needed.

In the sentence “Meaning-Centered Therapy, developed by Viktor Frankl...,” the attribution is conceptually inaccurate; Frankl developed logotherapy, while meaning-centered therapy is a later adaptation (e.g., Breitbart’s model), and this distinction must be clarified.

In the literature review, the authors cite multiple interventions (mindfulness, ACT, spiritual therapy) but do not synthesize them into a coherent gap; the paragraph ending with “remains underexplored” should explicitly articulate a research gap with sharper precision.

The final paragraph of the introduction states “it is hypothesized that...” but does not present formal hypotheses; explicit, testable hypotheses aligned with each QoL dimension should be clearly enumerated.

In the methods section under “Study design and Participant,” the phrase “quasi-experimental design...randomly assigned” presents a methodological inconsistency; if random assignment occurred, the design approaches a randomized controlled trial and should be described accordingly or justified.

The sampling description (“36 participants were selected through purposive sampling...”) lacks detail regarding recruitment procedures, inclusion/exclusion criteria thresholds, and sample size justification (e.g., power analysis), which weakens methodological rigor.

In the measures section, the WHOQOL-BREF description is adequate but lacks reporting of reliability coefficients (e.g., Cronbach’s alpha) specifically for the present sample, which is expected in empirical studies.

Similarly, the description of the Grief Experience Questionnaire includes scale properties but omits cultural adaptation or validation evidence for the Iranian population, which is essential given contextual differences.

In the Death Anxiety Scale description, the scoring procedure is explained, but no information is provided regarding cutoff scores or interpretation thresholds, limiting clinical interpretability.

In the intervention section, the sentence “Techniques such as Socratic dialogue, dereflection, paradoxical intention...” is valuable but overly condensed; each technique should be operationalized with examples to ensure replicability.

The intervention protocol lacks fidelity assessment; there is no mention of therapist adherence, supervision, or session monitoring, which raises concerns about internal validity.

Authors revised the manuscript and uploaded the document.



2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.