PUBLISHING INSTITUTE
Journal Website

Article history:
Received 10 April 2026
Revised 23 June 2026
Accepted 30 June 2026
Initial Publication 23 August 2026
Final Publication 01 March 2027

Psychology of Woman Journal

Open peer-review report

PWJ
Psychology of Woman Journal
Publisher: KMANPub

E-ISSN: 3041-8615

A Comparison of the Effectiveness of a Marital Quality of Life-Based Therapeutic Package and Mindfulness Therapy on Marital Relationship Quality and Alexithymia in Married Women with Breast Cancer

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph stating, “The statistical population consisted of married women with breast cancer who had referred to treatment centers in Babol, Iran,” the manuscript should provide more clinical detail about the participants’ disease status. Breast cancer is a heterogeneous condition, and variables such as cancer stage, treatment phase, type of treatment received, time since diagnosis, mastectomy history, chemotherapy/radiotherapy status, and recurrence status may significantly influence marital relationship quality and alexithymia. These variables should be reported and, where possible, controlled statistically or at least discussed as potential confounders.

In the sentence, “A total of 60 participants were selected through purposive sampling based on inclusion and exclusion criteria and were randomly assigned to three groups,” the reported sample size is 20 participants per group; however, several assumption tables in the findings section report df = 15 for Shapiro-Wilk and df2 = 45 for Levene’s test. This creates a serious inconsistency in the analytic sample size. The authors must reconcile whether each group included 20 participants, 15

participants, or whether attrition reduced the final sample. If attrition occurred, the manuscript should report the number, reason, and group distribution of dropouts.

In the paragraph stating, "Although the minimum required sample size was estimated to be 48 participants, 60 participants were selected to compensate for possible attrition," the authors should provide the exact G*Power parameters used, including the test family, statistical test, number of groups, number of measurements, assumed correlation among repeated measures, nonsphericity correction, and effect size type. The phrase "effect size of 0.35" is insufficient because it is unclear whether this refers to Cohen's f, partial eta squared, or another metric.

In the findings paragraph stating, "The assumptions required for repeated-measures analysis of variance were examined before inferential testing," the authors should present the assumption tests more selectively and coherently. Reporting Shapiro-Wilk values for every subscale, group, and time point can make the results section unnecessarily long. It would be more appropriate to summarize that all values were nonsignificant and provide a compact table only if required by journal format.

In Table 2, the repeated-measures ANOVA reports group, time, and group × time effects for all variables, but the degrees of freedom are not consistently aligned with the described design of three groups and three time points. For example, the group effect should reflect three groups, and the error term should correspond to the final sample size. The authors should re-check all df, SS, MS, and F values for statistical consistency and ensure that the ANOVA table corresponds exactly to the sample size and repeated-measures structure.

In the paragraph interpreting Table 2, the sentence "These findings indicate that changes in alexithymia differed significantly among the three groups across the pretest, posttest, and follow-up stages" is appropriate, but the authors should interpret the group × time interaction as the primary evidence of intervention effectiveness. Main effects of group and time alone are less informative in a pretest-posttest-follow-up intervention design. The discussion should therefore emphasize the interaction effects and the post-hoc comparisons rather than overinterpreting main effects.

In Table 3, the note states, "For alexithymia, positive mean differences indicate a reduction in scores from the earlier stage to the later stage." This is clear, but the table should explicitly define the direction of subtraction, such as "Pretest minus posttest" or "Earlier stage minus later stage." Without this clarification, readers may misinterpret positive and negative values, especially because increases are desirable for marital relationship quality but decreases are desirable for alexithymia.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the inclusion criteria paragraph, the manuscript states that participants had to have "no history of neurological and psychological disease." This criterion requires operational clarification. The authors should explain how psychiatric and neurological histories were assessed, whether medical records were reviewed, whether a structured clinical interview was used, and whether common cancer-related psychological symptoms such as depression and anxiety were excluded or merely uncontrolled. This is important because alexithymia and marital relationship quality can be strongly influenced by baseline psychological distress.

In the sentence, "The control group received no psychological intervention during the study period," the manuscript should specify whether the control group received treatment as usual, routine medical care, or no additional services beyond oncology care. Ethically and methodologically, this distinction is important. The authors should also state whether the control group was offered the intervention after the follow-up assessment to reduce ethical concerns associated with withholding psychological support from women with breast cancer.

In the paragraph describing the Toronto Alexithymia Scale, the manuscript states that "Cronbach's alpha coefficients have been reported as acceptable for the total scale and its main subscales." The authors should report the exact reliability coefficients from the present sample, not only prior studies. Since the study's conclusions rely on changes in alexithymia scores, internal consistency for the total scale and each subscale at baseline should be provided, and low reliability in any subscale should be addressed.

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In the paragraph describing the Marital Relationship Quality Questionnaire, the manuscript states that the instrument includes “consensus, satisfaction, and cohesion.” The authors should clarify the exact version used, its original name, the scoring procedure, score range, interpretation of high scores, and evidence for validity in Iranian or Persian-speaking populations. Since the article focuses on marital relationship quality rather than marital adjustment, the terminology of the instrument must be consistently aligned with “marital relationship quality” throughout the manuscript.

In the intervention paragraph stating, “The marital quality of life-based therapeutic package was implemented for the first experimental group in 11 structured sessions,” the manuscript should provide the duration of each session, the frequency of sessions, delivery format, therapist qualifications, group size, and whether treatment fidelity was assessed. Without these details, replication is difficult, and the internal validity of the intervention cannot be adequately evaluated.

In the sentence, “The intervention was designed to address the psychological, emotional, relational, and family-related challenges experienced by married women with breast cancer,” the manuscript should avoid implying that package development was part of the present study if the article is intended to be exclusively quantitative. The authors should instead state that the therapeutic package was administered as a structured intervention and provide a concise protocol description. Any details about qualitative exploration or package development should be omitted from the article, as they are outside the declared scope of the study.

In the mindfulness intervention paragraph stating, “Mindfulness therapy was implemented for the second experimental group in eight 60-minute sessions,” the authors should specify whether this protocol was based on Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy, or an adapted mindfulness protocol. The theoretical and procedural source of the intervention should be identified, and any adaptations for women with breast cancer should be described briefly.

In the data analysis paragraph stating, “multivariate analysis of covariance and repeated-measures analysis of variance were used,” the manuscript should clarify which inferential method was actually applied to each hypothesis. The findings section mainly reports repeated-measures ANOVA, whereas the methods section also mentions MANCOVA. If MANCOVA was not used in the final analysis, it should be removed. If it was used, its results, covariates, assumptions, and rationale should be reported.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.
Editor in Chief’s decision: Accepted.

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