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Effectiveness of Group Narrative Therapy on Hope, Marital Forgiveness, and Marital Intimacy in Women Affected by Marital Infidelity

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1. Round 1

1.1. Reviewer 1

Reviewer:

The paragraph beginning “Marital intimacy is similarly vulnerable following betrayal” would benefit from a more explicit theoretical rationale connecting infidelity to each dimension of intimacy measured in this study. The outcome instrument assesses emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social–recreational intimacy, yet the Introduction mainly discusses emotional and sexual closeness. The authors should establish, before presenting the hypotheses, why narrative therapy would theoretically be expected to influence all eight intimacy domains. This would create stronger alignment between the conceptual framework, measurement model, and subsequent statistical analyses.

The Introduction describes narrative therapy as a process through which “problem-saturated narratives” are externalized and alternative stories are constructed, but the hypothesized mechanisms linking these processes to the three study outcomes remain somewhat broad. The authors should develop a more explicit mechanism-of-change model. For example, externalization and identification of unique outcomes might increase hope through enhanced agency, reduce resentment–avoidance through cognitive and emotional differentiation of the offense from identity, and enhance intimacy through changes in emotional

expression and relational meaning-making. A clearly articulated theoretical pathway would substantially strengthen the rationale for examining these three outcomes simultaneously.

The intervention description is useful but does not yet provide sufficient information to establish treatment fidelity. The manuscript states that the intervention consisted of "10 weekly sessions, each lasting approximately 90 minutes" and provides session themes, but does not identify therapist qualifications, training in narrative therapy, supervision, use of a treatment manual, fidelity monitoring, session recording, adherence checklists, or procedures for managing deviations from the protocol. The authors should report these elements because observed effects cannot confidently be attributed to narrative therapy unless intervention delivery was standardized and monitored.

The use of a no-treatment control condition requires more careful discussion. The manuscript states that "the control group received no psychological intervention during the active treatment period." Consequently, the observed group differences may reflect not only narrative therapy-specific mechanisms but also nonspecific factors such as therapist attention, group support, expectancy, repeated disclosure, social contact, and perceived receipt of care. The authors should explicitly acknowledge this limitation and avoid language implying that the results establish the specific efficacy of narrative therapy relative to an active psychotherapy or attention-control intervention.

The Statistical Analysis section contains a methodological inconsistency that requires correction. The authors describe "mixed repeated-measures analysis of variance, with group as the between-subject factor," and the article otherwise presents two groups, yet the Results later state that "the omnibus group effects were derived from the original three-group model comprising narrative therapy, acceptance and commitment therapy, and control." This suggests that the reported F statistics for group effects may derive from a broader dataset than the two-group comparison described in the manuscript. The authors must clarify the original study design, specify whether an ACT group existed, explain why it was excluded from the present article, and rerun all inferential analyses using only the two groups reported here if this paper is intended to represent an independent two-group study.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the final paragraph of the Introduction, the authors state that "It was hypothesized that women receiving group narrative therapy would demonstrate greater improvements in hope, marital forgiveness, and marital intimacy than women in the control condition, and that these improvements would be maintained over the follow-up period." The hypotheses should be made more specific and directly matched to the analytic design. Since repeated measurements at pretest, posttest, and follow-up are analyzed, the primary hypothesis should explicitly concern the group × time interaction rather than simply "greater improvements." Secondary hypotheses concerning forgiveness subdimensions and the eight intimacy dimensions should also be specified if these analyses were planned a priori.

In the Methods section, the manuscript reports that "Sample-size planning was conducted using GPower version 3.1, and the required sample size was estimated as 15 participants per study condition." This information is insufficient for reproducibility. The authors should report the exact statistical test used in GPower, assumed effect size, alpha level, desired statistical power, number of groups, number of repeated measurements, assumed correlation among repeated measures, and any nonsphericity correction. Given the relatively small final sample, justification of the anticipated effect size is particularly important. A sensitivity analysis showing the minimum detectable effect with the obtained sample would further improve transparency.

The eligibility criteria require substantial expansion. The manuscript states only that participants "had experienced marital infidelity" and were attending selected counseling centers. The authors should define operationally what qualified as marital infidelity, whether emotional, sexual, online, or combined infidelity was included, how the event was verified or established, whether the affair was ongoing or terminated, how much time had elapsed since discovery, and whether participants remained

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married and cohabiting. These characteristics could substantially influence hope, forgiveness, intimacy, and treatment responsiveness, and therefore should be clearly described.

The manuscript indicates that participants underwent "an initial diagnostic interview," but no information is provided about its content, structure, administrator qualifications, diagnostic criteria, or purpose. The authors should specify whether this was a structured or semi-structured clinical interview, what psychological disorders or risk conditions were assessed, whether suicidality, intimate partner violence, substance misuse, or severe psychiatric symptoms were screened, and whether interview findings constituted exclusion criteria. Given the sensitivity of marital infidelity and group intervention, these details are important for both participant safety and study reproducibility.

There is an important inconsistency concerning the Miller Hope Scale. The manuscript reports that the "original instrument was developed as a 40-item measure; however, the version administered in the present study was the 48-item Persian form." This discrepancy requires detailed explanation and documentation. The authors should identify the source of the 48-item adaptation, describe the translation and validation process, explain why this version differs from the original scale, and provide evidence that its factorial structure and scoring are psychometrically defensible. Without such information, construct validity and comparability with prior studies remain uncertain.

The description of the Marital Offence-Specific Forgiveness Scale should be revised for conceptual and analytic consistency. The manuscript identifies the subscales as "Benevolence" and "Resentment–Avoidance," but later the Results section refers to "anger–avoidance." The authors should use the validated terminology consistently throughout the manuscript unless a distinct translated version has formally renamed the subscale. If "anger–avoidance" is the label used in the Persian adaptation, the source and psychometric justification should be provided. Inconsistent naming can create uncertainty about whether the same construct was measured and analyzed throughout the study.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.

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