Investigating the Effectiveness of Cognitive-Behavioral Therapy on Self-Compassion and Experiential Avoidance in Women Who Have Experienced Marital Infidelity

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1. Round 1

1.1. Reviewer 1

Reviewer:

The paper uses convenience sampling, which might introduce selection bias. For stronger external validity, consider using stratified random sampling, categorizing the population by age, duration post-infidelity, or psychological impact level before randomly selecting participants from each stratum.

To deepen the analysis, employ hierarchical linear modeling (HLM) to account for potential nested data structures (e.g., responses over time or multiple assessments per individual). This could provide insights into individual growth trajectories and inter-individual differences in change over time.

Conduct a confirmatory factor analysis of the Self-Compassion Scale and Acceptance and Action Questionnaire-II for this specific sample to confirm the factor structure reported in previous studies. This analysis should be reported with fit indices such as RMSEA, CFI, and TLI to substantiate scale validity in this context.

Provide a session-by-session breakdown of the CBT interventions used, including the specific cognitive and behavioral techniques applied, such as thought records for cognitive restructuring or behavioral experiments. Additionally, detail the homework assignments and their purpose in consolidating therapy gains between sessions.

Instead of merely reporting statistical significance, include Cohen's d for each main effect and interaction to contextualize the magnitude of the differences observed. This provides a clearer understanding of the clinical significance of the therapy's effects.

Response: Revised and uploaded the manuscript.

1.2.   Reviewer 2

Reviewer:

Integrate attachment theory more deeply to explain why self-compassion might mediate the relationship between experiencing infidelity and psychological outcomes. Discuss how betrayal in intimate relationships could disrupt attachment security, influencing the efficacy of therapeutic interventions like CBT.

Suggest incorporating semi-structured interviews or narrative analyses to capture personal stories and qualitative dimensions of change. This could provide deeper insights into how participants perceive the impact of CBT on their emotional and psychological recovery.

Offer detailed guidance for practitioners on integrating the study's findings into clinical practice, including specific scripts or session outlines based on the most effective components of the CBT protocol identified in the study.

Detail the procedures used to monitor and address potential psychological distress among participants, including any safeguard measures like additional support sessions or referral mechanisms for participants experiencing increased distress.

Response: Revised and uploaded the manuscript.

2.   Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.