

# Comparison of the Effectiveness of Narrative Therapy for Internet Addiction and Cognitive-Behavioral Therapy on Social Anxiety and Rejection Sensitivity in Adolescent Girls with Symptoms of Internet Addiction

Sholeh. Amani<sup>1</sup>, Mohsen. Golparvar<sup>2\*</sup>, Zahra. Yousefi<sup>3</sup>

<sup>1</sup> PhD Student in Psychology, Department of Psychology, Isf.C., Islamic Azad University, Isfahan, Iran

<sup>2</sup> Professor, Department of Psychology, Isf.C., Islamic Azad University, Isfahan, Iran

<sup>3</sup> Associate Professor, Department of Psychology, Isf.C., Islamic Azad University, Isfahan, Iran


\* Corresponding author email address: mgolparvar@iau.ac.ir

## Editor

Ahmad Amani<sup>1</sup>  
Associate Professor, Counseling  
Department, University of  
Kurdistan, Sanandaj, Iran  
a.amani@uok.ac.ir

## Reviewers

**Reviewer 1:** Fahime Bahonar<sup>1</sup>  
Department of counseling, Universty of Isfahan, Isfahan, Iran.  
Email: Fahime.bahonar@edu.ui.ac.ir

**Reviewer 2:** Seyed Ali Darbani<sup>1</sup>  
Assistant Professor, Department of Psychology and Counseling, South Tehran  
Branch, Islamic Azad University, Tehran, Iran.  
Email: Ali.darbani@iau.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

You cite Ding et al. (2023) but do not explicitly connect how those findings justify your selection of social anxiety as a dependent variable. Please expand on why this variable was prioritized over others like depression.

The role of rejection sensitivity is explained well, but please clarify why narrative therapy, in particular, was hypothesized to affect this construct, as the connection is less evident than for CBT.

While development steps are detailed, treatment fidelity monitoring (e.g., session checklists, therapist supervision) is not described. Add details to ensure reproducibility.

The CBT protocol is well-described, but it appears identical to Young's 2007 package. Please specify any adaptations made for the Iranian adolescent population.

Please include 95% confidence intervals for means, as this would allow readers to interpret clinical significance alongside statistical significance.

You contextualize well, but avoid repetition of prevalence statistics already covered in the introduction. Focus instead on implications for Iranian adolescents specifically.

Authors uploaded the revised manuscript.

## 1.2. Reviewer 2

Reviewer:

The narrative review of CBT is useful. However, since your study compares CBT and narrative therapy, please balance the section by including more empirical evidence on narrative therapy effectiveness.

The inclusion threshold (40–69) was applied, but please clarify how many students scored above this range and were excluded. This strengthens transparency about recruitment.

While the explanation is strong, it would benefit from highlighting mechanistic differences (identity reconstruction in narrative therapy vs. cognitive restructuring in CBT) more clearly.

You conclude CBT is better suited for rejection sensitivity. Please suggest why narrative therapy may not have shown significance—e.g., whether eight sessions were insufficient or whether RS requires longer-term interventions.

Authors uploaded the revised manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.