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OPEN PEER REVIEW

The Effectiveness of Meta-Emotional Therapy and Narrative Exposure Therapy on Autobiographical Memory and Somatization in Individuals with Complex Post-traumatic Stress Disorder

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About this report

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1 Original submission

4 comments · 10 May 2026 – 10 May 2026

Referee 1 Reviewer

MAJOR REVISION 10 May 2026

Dear Authors,

We have reviewed your manuscript, and the comments below provide additional scientific-review points that are distinct from the editorial-screening issues. The major comments focus on substantive methodological, reporting, interpretive, and TREND-related concerns, while the minor comments address presentation, language, table clarity, and reference currency.

The manuscript compares Meta-Emotional Therapy and Narrative Exposure Therapy for improving autobiographical memory specificity and reducing somatization among individuals with complex post-traumatic stress disorder. It uses a three-arm pretest-posttest-follow-up design with two active intervention groups and a wait-list control group. The study aims to clarify whether these two psychotherapeutic approaches have different strengths across cognitive-memory and somatic outcomes.

The topic is clinically relevant, the comparison between two active psychological interventions is potentially useful, and the outcomes are meaningful for trauma-related clinical care. The inclusion of a follow-up assessment strengthens the practical value of the study, and the tables provide a clear overview of group-level outcome changes across time.

Major Comments:

1. Clarify study design, allocation, and the quasi-experimental/random-assignment distinction (TREND: study design, participants, assignment method):

> *The manuscript describes the study as quasi-experimental and based on convenience sampling, but also states that participants were randomly assigned to three groups. This creates ambiguity about whether the design was a nonrandomized intervention study with allocation after convenience recruitment or a randomized controlled design with inadequate randomization reporting (source: Methods, Study Design; Methods, Participants). This distinction affects risk of bias, checklist classification, and the credibility of causal claims.*
> *Author to-do list:*
>
> ** Specify whether allocation to MET, NET, and control was truly randomized or only quasi-random/nonrandomized (source: Methods, Participants).*
> ** Describe the exact allocation procedure, including who generated the allocation sequence and who assigned participants to groups (source: Methods, Participants).*
> ** Explain why the study is labeled quasi-experimental if random assignment was performed (source: Methods, Study Design).*
> ** Revise causal language throughout the manuscript to match the actual design strength (source: Abstract; Discussion; Conclusion).*

2. Provide sample-size justification and address statistical power (TREND: sample size and statistical methods):

> *The manuscript includes 45 participants, with 15 participants per group, but does not report any sample-size calculation, power analysis, or feasibility rationale (source: Methods, Participants). Without this information, readers cannot determine whether the study was adequately powered to detect between-group differences, especially for interaction effects and post hoc pairwise comparisons.*

** Add a sample-size justification or power calculation based on the primary outcomes or expected effect size (source: Methods, Participants).*
** State whether the study was powered for group × time interactions or only for within-group changes (source: Methods, Data Analysis).*
** Discuss the implications of the small sample size for precision, generalizability, and risk of overestimating treatment effects (source: Discussion, Limitations).*

3. Strengthen reporting of participant flow, attrition, and adherence (TREND: participant flow and intervention exposure):

The manuscript reports the number of participants assigned to each group but does not provide a participant-flow account from screening through enrollment, allocation, posttest, and follow-up (source: Methods, Participants; Methods, Procedure). It also states that missing more than two therapy sessions was an exclusion criterion, but it does not report whether any participants missed sessions, discontinued treatment, or were excluded after allocation (source: Methods, Participants; Methods, Intervention Programs). This limits assessment of feasibility, adherence, and attrition bias.
Author to-do list:

** Report the number of individuals screened, excluded, enrolled, allocated, assessed at posttest, and assessed at follow-up (source: Methods, Procedure).*
** State whether any participants dropped out or missed intervention sessions in each group (source: Methods, Intervention Programs).*
** Clarify whether analyses were based on all assigned participants or only completers (source: Methods, Data Analysis).*
** Add a participant-flow diagram or a concise participant-flow paragraph if the journal format does not allow a diagram (source: Methods, Procedure).*

4. Expand intervention reporting, therapist qualifications, and fidelity procedures (TREND: intervention content, delivery, and implementation):

The manuscript provides a broad description of MET and NET session content, but the intervention reporting is not detailed enough to allow replication or assessment of treatment fidelity (source: Methods, Intervention Programs). Information is missing on therapist qualifications, training, supervision, manuals, fidelity checks, session attendance, and whether both interventions were delivered with comparable therapist contact and monitoring.
Author to-do list:

** Identify who delivered the MET and NET interventions and summarize their qualifications and training (source: Methods, Intervention Programs).*
** State whether standardized manuals or treatment protocols were used for each intervention (source: Methods, Intervention Programs).*
** Describe how treatment fidelity or adherence to the protocols was monitored (source: Methods, Intervention Programs).*
** Report whether session attendance was similar between the MET and NET groups (source: Methods, Intervention Programs).*

5. Improve outcome-measurement reporting and assessor-bias control (TREND: outcomes and measurement validity):

The manuscript identifies AMT and PHQ-15 as the main outcomes, but it does not clearly state whether outcome assessors were blinded to group allocation, how AMT responses were scored, or whether inter-rater reliability was assessed for autobiographical-memory coding (source: Methods, Instruments; Methods, Procedure). Because AMT

scoring can involve judgment in classifying memories as specific or overgeneral, a lack of reporting on assessor blinding and reliability may affect internal validity.
Author to-do list:

** State whether outcome assessors were blinded to participant group allocation (source: Methods, Procedure).*
** Describe the AMT scoring procedure in sufficient detail for replication (source: Methods, Instruments).*
** Report whether AMT responses were coded by one or more raters and whether inter-rater reliability was calculated (source: Methods, Instruments).*
** Clarify whether PHQ-15 administration and scoring were conducted identically across all groups and time points (source: Methods, Instruments).*

6. Report statistical results with greater precision and align interpretation with the analyses (TREND: statistical methods and effect estimates):

The results rely mainly on F values, P values, η^2 values, and pairwise mean differences, but confidence intervals are not provided for intervention effects or group differences (source: Results; Tables 2-4). The manuscript also reports P values as 0.001 in several places where the text states P<0.001, and it does not clarify whether η^2 refers to eta-squared or partial eta-squared (source: Results; Tables 2-4). More complete reporting is needed to support interpretation of effect magnitude and precision.
Author to-do list:

** Provide confidence intervals for key group × time effects and major pairwise comparisons (source: Results; Tables 2-4).*
** Clarify whether reported η^2 values are eta-squared or partial eta-squared (source: Table 2).*
** Use consistent P-value formatting, especially for values reported as 0.001 versus P<0.001 (source: Results; Tables 2-4).*
** Explain how missing data, if any, were handled in the repeated-measures analysis (source: Methods, Data Analysis).*

Minor Comments:

1. Tables and figures:

The manuscript contains four tables and no figures/images. Tables 1, 2, 3, and 4 are explicitly cited in the Results section, and no uncited figure is present (source: Results; Tables 1-4). However, table formatting should be standardized, including consistent use of spacing around "±", clearer definitions of η^2, and consistent labels for "group × time" effects.

2. Early-stage editorial and language red flags:

Several wording issues should be corrected for clarity and professional tone. "This instrument, assesses the specificity" should be revised to "This instrument assesses the specificity" because the comma is grammatically incorrect (source: Methods, Instruments). "Meta-Emotional Therapy has emerged as a promising intervention focusing on the executive control of emotions" would be clearer as "Meta-Emotional Therapy is an intervention that focuses on meta-emotional awareness and emotion regulation," because the current wording is broad and somewhat imprecise (source: Background). "The body often 'remembers' what the mind cannot consciously process" should be revised into more formal scientific language, such as "trauma-related distress may be expressed through physiological arousal and somatic symptoms," because the current phrasing is metaphorical (source: Background). "No confl ict of interest to declare" should be corrected to "No conflict of interest to declare" because of the typographical spacing error (source: Conflict of Interests).

3. Terminology consistency:

The manuscript alternates between "C-PTSD" and "CPTSD" in different places and should use one abbreviation consistently after its first definition (source: Abstract; Background; Methods). The same applies to "Meta-Emotional

> *Therapy" and "meta-emotion/meta-emotional" terminology, which should be standardized to avoid confusion between the intervention name and the broader conceptual construct (source: Background; Methods, Intervention Programs).*

4. Reference currency:

> *References published before 2010 should be reviewed for currency and retained only if they are seminal or uniquely necessary. The main older references include Elklit and Christiansen 2009 and van der Kolk et al. 1996 (source: References 8 and 24). The 1996 reference may be historically important, but the authors should consider adding more recent trauma-somatization literature to support current clinical interpretation.*

5. Reference completeness and consistency:

> *Some references appear to require bibliographic completion or formatting standardization. For example, the 2025 Psychol Trauma reference is listed without volume, issue, or page/article details, which may reflect ahead-of-print status but should be updated if final publication details are available (source: Reference 19). Journal-title capitalization, article-number formatting, and DOI/PMID presentation should be made consistent across the reference list (source: References).*

Best regards,
Scientific Reviewer

Referee 2 Reviewer

MAJOR REVISION 10 May 2026

Dear Authors,

Thank you for submitting your manuscript to the journal. Following our initial editorial screening, the issues below must be corrected before the submission can be considered complete for further evaluation.

Please note that references are very important for publication, and all cited sources must include a DOI or PMID when one is supplied, be cited appropriately in the manuscript text, and be suitable for the journal.

2-1- Study design and allocation require reconciliation:

* What the author wrote: The manuscript states that the study was quasi-experimental and also states that 45 participants were randomly assigned to three groups. (source: Methods, Study Design; Methods, Participants)
* Why correction is required: This must be corrected because the internal inconsistency currently prevents reliable assessment of study design, allocation bias, and the appropriate reporting framework. (source: Methods, Study Design; Methods, Participants)
* To do: Reconcile the design description by clearly stating whether allocation was randomized, quasi-randomized, or nonrandomized, and describe the allocation procedure. (source: Methods, Participants)

2-2- Participant recruitment setting and flow are incomplete:

* What the author wrote: The manuscript reports that participants were recruited from clinical settings in Ahvaz, Iran, but does not report the exact center type, number screened, number excluded, attrition, or follow-up completion by group. (source: Methods, Participants; Results)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without a transparent participant-flow account from screening through follow-up. (source: Methods, Procedure; Results)
* To do: Provide a participant-flow description or diagram reporting the numbers of participants screened, excluded, enrolled, allocated, treated, assessed at posttest, and assessed at follow-up by group. (source: Methods, Procedure)

2-3- Sample-size justification is missing:

* What the author wrote: The manuscript reports a final sample of 45 participants, with 15 per group, but does not report a sample-size calculation or feasibility rationale. (source: Methods, Participants)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without evidence that the study had adequate statistical power or a justified feasibility basis. (source: Methods, Participants; Methods, Data Analysis)
* To do: Provide a sample-size calculation or a clear feasibility rationale linked to the primary outcomes and expected effect size. (source: Methods, Participants)

2-4- Intervention implementation details are incomplete:

* What the author wrote: The manuscript reports that MET and NET each consisted of 14 sessions but does not clarify therapist qualifications, protocol manuals, supervision, fidelity monitoring, or attendance by group. (source: Methods, Intervention Programs)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without adequate information on intervention delivery, reproducibility, and fidelity. (source: Methods, Intervention Programs)
* To do: Provide therapist qualifications, protocol sources, supervision/fidelity procedures, and session attendance or adherence information for each intervention group. (source: Methods, Intervention Programs)

2-5- Outcome assessment safeguards are not sufficiently reported:

* What the author wrote: The manuscript reports AMT and PHQ-15 as outcome measures but does not clarify assessor blinding, AMT rater procedures, or inter-rater reliability for autobiographical memory coding. (source: Methods, Instruments; Methods, Procedure)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without safeguards against outcome-assessment bias, particularly for coded autobiographical-memory responses. (source: Methods, Instruments)
* To do: Clarify assessor blinding, AMT coding procedures, the number of raters, and inter-rater reliability, if applicable. (source: Methods, Instruments)

2-6- Statistical reporting is incomplete:

* What the author wrote: The manuscript reports repeated measures ANOVA, Bonferroni tests, F values, P values, and η^2 values, but does not report confidence intervals, missing-data handling, or whether η^2 is eta-squared or partial eta-squared. (source: Methods, Data Analysis; Results; Table 2)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without complete reporting of statistical precision, the effect-size definition, and missing-data handling. (source: Results; Tables 2-4)
* To do: Add confidence intervals for key comparisons, define the effect-size metric, standardize P-value reporting, and describe missing-data handling. (source: Methods, Data Analysis; Results)

2-7- Informed-consent reporting is incomplete in the submission metadata:

* What the author wrote: The manuscript reports written informed consent in the Methods, but the front-matter informed-consent field is blank. (source: Methods, Participants; Informed Consent metadata field)
* Why correction is required: This must be corrected because the manuscript is not compliant with basic editorial requirements regarding ethics and consent documentation. (source: Methods, Participants; Informed Consent metadata field)
* To do: Add a complete informed-consent statement to the required front-matter/ethics field and ensure it matches the Methods section. (source: Methods, Participants; Informed Consent metadata field)

2-8- Reference integrity requires correction:

* What the author wrote: The manuscript contains 25 references, with 22 references containing a DOI or PMID and 7 references requiring further internal review based on a missing DOI/PMID, an older publication year, or a local citation-number/author mismatch. (source: References; Discussion)
* Why correction is required: This must be corrected because the manuscript is not fully verifiable without complete and internally consistent reference information. (source: References; Discussion)
* To do: Correct and manually verify every reference requiring further review, add a DOI or PMID if available, justify retention of older sources when necessary, and correct the citation-number/author mismatch. (source: References; Discussion)
* References with DOI/PMID: Ref 1 - Maercker et al., Ref 2 - Huynh et al., Ref 4 - Marques-Feixa et al., Ref 5 - Schönfeld et al., Ref 6 - Raeder et al., Ref 7 - Piltan et al., Ref 8 - Elklit et al., Ref 9 - Brom et al., Ref 10 - Hybelius et al., Ref 11 - Kroenke et al., Ref 12 - Frost et al., Ref 13 - Daryadel et al., Ref 15 - Mikaeili et al., Ref 16 - Lely et al., Ref 17 - Domen, Ref 19 - Zeleke et al., Ref 20 - Ros et al., Ref 21 - Hinz et al., Ref 22 - Robinson et al., Ref 23 - Sparrow et al., Ref 24 - van der Kolk et al., Ref 25 - Mitmansgruber et al. (source: References)
* References requiring further review:

* Ref 3 - Esmaeilzadeh et al. — lacks DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. This reference is cited in the manuscript text. (source: Reference 3; Background)
* Ref 8 - Elklit et al. — published in 2011 or earlier; replace with a newer study unless a strong justification exists for keeping it. This reference is cited in the manuscript text. (source: Reference 8; Background)
* Ref 11 - Kroenke et al. — published in 2011 or earlier; replace with a newer study unless a strong justification exists for keeping it. This reference is cited in the manuscript text. (source: Reference 11; Background)
* Ref 14 - Bahri et al. — lacks DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. This reference is cited in the manuscript text. (source: Reference 14; Background)
* Ref 18 - Haghighat Manesh et al. — lacks DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. This reference is cited in the manuscript text. (source: Reference 18; Background)
* Ref 24 - van der Kolk et al. — published in 2011 or earlier; replace with a newer study unless a strong justification exists for keeping it. This reference is cited in the manuscript text. (source: Reference 24; Discussion)
* Ref 25 - Mitmansgruber et al. — published in 2011 or earlier; replace with a newer study unless a strong justification exists for keeping it. This reference is cited in the manuscript text. (source: Reference 25; Discussion)
* References requiring correction for local citation mismatch:

* The Discussion names “Lely et al. (15),” but Lely et al. appears as Ref 16, while Ref 15 is Mikaeili et al.; please correct the citation number and related attribution. (source: Discussion; References 15-16)

Please revise the manuscript accordingly and submit a corrected version together with any required supporting material.

Kind regards,
Screening Reviewer

Associate Editor

MAJOR REVISION 10 May 2026

Dear Authors,

I have evaluated your Research Article on the comparative effectiveness of Meta-Emotional Therapy and Narrative Exposure Therapy for autobiographical memory and somatization in individuals with complex post-traumatic stress disorder. The manuscript addresses a clinically meaningful question and presents potentially useful comparative findings, but it requires substantial revision before it can be considered sufficiently clear, methodologically transparent, and editorially complete.

The strongest aspect of the manuscript is its clinically relevant comparison of two trauma-focused therapeutic approaches across distinct cognitive-memory and somatic outcomes. The inclusion of a control group and follow-up assessment provides a promising basis for evaluating whether the interventions have different therapeutic strengths.

The scientific review and editorial screening indicate that the manuscript needs major revision mainly in methodological reporting, study-design clarification, participant-flow transparency, intervention-delivery detail, outcome-assessment safeguards, and statistical reporting. The manuscript also requires correction of several presentation and language problems. These issues do not necessarily invalidate the study, but they currently limit the evaluability, reproducibility, and interpretability of the findings.

Title and abstract: 8/10
Introduction and rationale: 7/10
Methods rigor: 5/10
Results presentation: 7/10
Discussion and interpretation: 6/10
Reporting quality: 5/10
Language and structure: 7/10
Clinical relevance or scholarly value: 8/10
Overall quality: 6/10

In my editorial judgment, the manuscript is promising but requires major revision. It may be reconsidered after the authors substantially revise the methods and reporting, reconcile the design/allocation description, complete the participant-flow and intervention-fidelity details, improve statistical transparency, and polish the manuscript language and presentation.

Kind Regards,
Associate Editor

Editor-in-Chief

MAJOR REVISION 10 May 2026

Dear Authors,

Thank you for submitting your manuscript to the journal. After editorial assessment and review, we find that the manuscript addresses a clinically relevant topic and may have potential value for readers interested in trauma-related psychological interventions.

However, the manuscript cannot proceed in its current form without substantial revision. The main concerns relate to the clarity of the study design and allocation process, incomplete methodological and intervention reporting, insufficient participant-flow and statistical-detail reporting, and reference-integrity corrections. These issues must be corrected before the manuscript can be reconsidered.

We therefore invite you to submit a substantially revised version of the manuscript. Please ensure that the revised submission addresses all reviewer and editorial comments carefully and includes any required supporting information or corrected documentation.

Kind Regards,
Editor-in-Chief

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor-in-Chief,

We are grateful for your thorough review and constructive comments on our manuscript. Below is a point-by-point response to the reviewers' comments:

Reviewer (1) Comments:

1. This issue has been clarified by explicitly describing the quasi-experimental design with random allocation, detailing the randomization procedure, and revising causal language throughout the manuscript.
2. A detailed a priori power analysis has been added to the Participants section, and the implications of sample size are discussed in the Limitations section.
3. A comprehensive participant flow description has been added to the Procedure section, including screening, exclusion, attendance, and completion rates, with confirmation of no dropouts.
4. Detailed information on therapist qualifications, training, supervision, treatment manuals, fidelity monitoring, and session attendance has been added to the Intervention Programs section.
5. Assessor blinding, detailed AMT scoring procedures, inter-rater reliability, and standardized administration of both instruments have been added to the Instruments and Procedure sections.
6. 95% confidence intervals have been added to key comparisons in Table 4, partial eta-squared (η^2p) has been clearly defined, P-value formatting has been standardized, and missing data handling has been clarified.
7. Table formatting has been standardized with consistent spacing, clearer labels, and definition of η^2p.
8. All identified wording, grammatical, and typographical issues (including the comma error, metaphorical phrasing, and "confl ict") have been corrected.
9. The abbreviation "C-PTSD" and meta-emotional terminology have been standardized throughout the manuscript.
10. Two recent references on somatization in trauma have been added (Ref 26 and 27), while retaining seminal older works with justification.

11. All references have been verified, formatted consistently, and DOIs added where available; the incorrect citation for Lely et al. has been corrected.

Reviewer (2) Comments:

1. The study design description has been reconciled and clarified in the Methods section.
2. A complete participant flow from screening to follow-up has been added to the Procedure section.
3. A detailed sample-size justification with power analysis has been added.
4. Therapist qualifications, manuals, supervision, fidelity, and attendance data have been added.
5. Assessor blinding, AMT coding details, and inter-rater reliability have been included.
6. Confidence intervals, effect size clarification, and missing data handling have been added.
7. A complete informed consent statement has been added to the Participants section (and updated in the submission metadata).
8. All references have been verified, formatted consistently, DOIs added where possible, citation mismatch corrected, and two new recent references included.
9. The manuscript has been carefully paraphrased and revised to reduce textual similarity and improve originality.

Thank you again for your valuable feedback.

Best regards,

2 Revision 1

2 comments · 23 Jul 2026 – 23 Jul 2026

Associate Editor

ACCEPT 23 Jul 2026

The paper was accepted with no further comments.

Editor-in-Chief

ACCEPT 23 Jul 2026

The paper was accepted based on the AE's comment.