



The Effectiveness of Schema Therapy on Health Anxiety and Health Resilience in Individuals Attending Neurological and Psychiatric Clinics

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1. Round 1

1.1 Reviewer 1

Date: 04 October 2023

Reviewer:

The choice of a small and non-diverse sample size (n=30) limits the generalizability of the findings. Future research should aim for a larger and more diverse sample to enhance external validity. Additionally, the convenience sampling method poses limitations on the representativeness of the sample. Employing a more rigorous sampling strategy, such as stratified random sampling, could improve the robustness of the study's conclusions.

While the inclusion of a control group is commendable, the study does not detail any activities or placebo interventions that the control group might have received. This omission could introduce biases and affect the internal validity of the study. Future iterations of this research could benefit from a more active control condition to mitigate these concerns.

The reliance on self-reported measures for health anxiety and health resilience is a significant limitation. Self-reporting can introduce biases such as social desirability or recall bias. Incorporating objective measures or clinician-administered assessments could provide a more nuanced understanding of the impact of schema therapy.

The manuscript provides a session-by-session breakdown of the schema therapy intervention, which is valuable. However, it lacks detailed descriptions of the specific exercises and techniques used within each session. Expanding on these details would enable replication and deeper insight into the therapeutic process.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Date: 07 October 2023

Reviewer:

The manuscript occasionally uses technical terms and jargon without providing definitions or explanations. Clarifying or defining key terms such as "maladaptive schemas" and "health resilience" early in the text would make the study more accessible to a broader audience.

While the manuscript reports the results of the ANCOVA, it could benefit from a more detailed explanation of the choice of statistical tests and the rationale behind them. Additionally, discussing the assumptions of these tests and how they were met would strengthen the methodological rigor.

The manuscript briefly mentions limitations related to sample size and measurement tools. Expanding this section to discuss potential biases, the implications of the limitations for the study's findings, and suggestions for future research would provide a more comprehensive overview.

The discussion section could be enriched by delving deeper into the theoretical implications of the findings. How do the results align with or challenge existing theories of health anxiety and resilience? A more thorough integration of the findings with the broader psychological literature would enhance the manuscript's contribution to the field.

While the manuscript concludes with implications for clinical practice, offering specific, actionable recommendations for practitioners interested in implementing schema therapy in similar settings would be valuable. This could include suggestions for training, supervision, and adapting the intervention to different populations or settings.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.