


The Effectiveness of Schema Therapy on Sexual Aversion and Sexual Self-Efficacy

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1. Round 1

1.1. Reviewer 1

Reviewer:

The definition of "sexual self-efficacy" is thorough, but referencing specific examples of how this concept has been practically applied would add clarity.

The description of control group stability is clear, but discussing possible factors that contributed to the lack of change in this group would add depth.

Including a column for effect sizes alongside the mean and standard deviation would provide more comprehensive insights into the results.

While the sustained effects of schema therapy are highlighted, discussing how participants were monitored during the follow-up period would strengthen the claim.

The link between EMSs and sexual dysfunction is compelling but would benefit from integration with examples from the study's findings.

The statement about schema therapy's holistic approach is valid, but suggesting how this could be applied in clinical practice would be beneficial for practitioners.

The claim that schema therapy fosters enduring changes could be strengthened by referencing specific participant feedback or qualitative data.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The claim regarding the origins of sexual aversion from past trauma would benefit from a citation of broader studies beyond Pulverman et al. (2018).

The overview of schema therapy is informative, but a brief example of a common maladaptive schema and its real-life implications would enhance reader understanding.

The guided imagery exercise is described well; however, detailing how participants' emotional safety was ensured during these potentially distressing activities is important.

The choice of MANCOVA is appropriate, but elaborating on why this method was chosen over other statistical tests would improve transparency.

While the findings align with prior research, addressing any contradictory evidence or limitations in past studies would provide a more balanced perspective.

Expanding on how self-report bias was minimized or accounted for during the study would add credibility to the findings.

The recommendation to compare schema therapy with other interventions is valuable. Suggesting specific methodologies or variables for such comparisons would be helpful.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.