




## The Role of Schema Therapy and Cognitive–Behavioral Therapy in Reducing Alexithymia in Maladjusted Couples: A Comparative Study

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### 1. Round 1

#### 1.1. Reviewer 1

Reviewer:

The statement “Alexithymia is no longer conceptualized merely as an individual personality trait...” is theoretically important, but it is presented as a declarative claim. Please clarify whether this reconceptualization is empirically established or theoretically proposed, and briefly indicate how this relational view directly informs the study’s intervention comparison.

In Table 1, standard deviations at posttest and follow-up for the schema therapy group appear identical ( $SD = 6.711$ ). Please confirm whether this is accurate or a typographical error, as it may raise concerns about data precision.

While  $\eta^2$  values are reported, the manuscript does not provide interpretive benchmarks (e.g., small, medium, large). Please include a brief interpretation to aid clinical and practical understanding of the magnitude of effects.

The paragraph beginning “As shown in Table 1, the mean alexithymia scores...” would benefit from explicitly referencing clinical significance, not only statistical change, particularly given the applied nature of the study.

Response: Revised and uploaded the manuscript.

## 1.2. Reviewer 2

Reviewer:

In the sentence “Within this framework, emotional difficulties such as alexithymia are often addressed indirectly...”, the word “indirectly” is central to your argument but remains vague. Please specify which CBT mechanisms (e.g., cognitive restructuring vs. behavioral rehearsal) are hypothesized to influence alexithymia, to strengthen the theoretical contrast with schema therapy.

The claim that “standard CBT protocols may insufficiently address deeper emotional schemas” is compelling but could be interpreted as overly broad. Consider acknowledging recent third-wave CBT developments or clarifying that this critique refers primarily to traditional CBT models to avoid overgeneralization.

The paragraph beginning “In contrast, schema therapy represents an integrative, emotion-focused therapeutic model...” is theoretically strong. However, the manuscript would benefit from a brief operational bridge explaining how schema concepts are translated into observable therapeutic processes relevant to alexithymia reduction.

In the sentence “direct comparative studies examining their differential effectiveness on alexithymia... remain limited”, it would strengthen the argument to specify how many or what type of studies exist, even briefly, to concretize the stated gap.

The description of the study as “applied in terms of purpose and quasi-experimental in terms of methodology” is accurate but generic. Please clarify why randomization did not qualify the design as experimental, and whether any allocation concealment procedures were used.

The inclusion criterion “holding at least a bachelor’s degree” requires further justification. Please explain how this educational restriction affects external validity, and whether it was theoretically or practically motivated.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.