



The Effectiveness of Schema Therapy on Depression and Cognitive Emotion Regulation in Adolescents with Psychosomatic Disorders

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R e v i e w e r s

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the sentence “Psychosomatic disorders represent a complex interaction between psychological processes and physical symptoms...” provides a strong conceptual foundation; however, the paragraph would benefit from a more explicit operational definition of “psychosomatic disorders” and a clearer specification of diagnostic criteria or classification systems (e.g., DSM-5 or ICD-11), as the current phrasing remains theoretically broad and may reduce replicability.

In the final paragraph of the introduction, the sentence “limited research has specifically focused on cognitive emotion regulation as a distinct construct in psychosomatic adolescents” is a strong justification for the study; however, it would be strengthened by a brief systematic review or at least a structured summary of existing gaps.

In the methods section under “Study Design and Participants,” the sentence “Based on Cohen’s table... the required sample size was calculated as 12 participants per group” raises concerns about statistical power, as the final sample size (n = 15 per group) remains relatively small for repeated-measures ANOVA; a post hoc power analysis or justification of effect size assumptions is recommended.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the introduction, the authors state that “cognitive emotion regulation has emerged as a critical construct,” but the manuscript does not sufficiently differentiate cognitive emotion regulation from general emotion regulation; a more precise conceptual delimitation and justification for focusing specifically on the cognitive dimension would strengthen the theoretical rigor.

In the paragraph discussing depression, the sentence “Depression is one of the most prevalent comorbid conditions...” is well-supported, yet the manuscript lacks epidemiological data or prevalence rates specific to adolescents with psychosomatic disorders; including such statistics would enhance the empirical grounding of the argument.

In the section introducing schema therapy, the sentence “Schema therapy... integrates elements from cognitive-behavioral, experiential, interpersonal, and psychodynamic approaches” is accurate, but the manuscript does not specify which components were prioritized in the present intervention; a clearer mapping between theoretical components and applied techniques is necessary for methodological transparency.

In the paragraph on emotional schemas, the claim that “interventions targeting these schemas can facilitate more adaptive emotional processing” is theoretically sound; however, the manuscript would benefit from citing empirical studies specifically linking emotional schema modification to changes in cognitive emotion regulation, rather than relying on broader conceptual arguments.

In the introduction, the discussion of self-compassion includes the sentence “Self-compassion... has been associated with lower levels of depression,” yet self-compassion is not measured in the present study; this inclusion appears tangential and should either be theoretically integrated as a mediator/moderator or removed to maintain conceptual focus.

In the paragraph referencing ACT, the statement “integrative interventions combining schema therapy with ACT principles have demonstrated enhanced effectiveness” is relevant, but the present study does not employ such an integrative design; therefore, the inclusion of this argument requires clearer justification in relation to the study’s design or should be reframed as contextual background.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.