

# Comparison of the Effectiveness of Schema Therapy and Dialectical Behavior Therapy on Interpersonal Cognitive Distortions in Patients with Borderline Personality Disorder

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### 1. Round 1

#### 1.1. Reviewer 1

Reviewer:

The opening paragraph provides a broad and well-written overview of BPD; however, it would benefit from a clearer articulation of the specific gap in existing treatment-comparison literature that this study addresses. Consider explicitly stating, at the end of this paragraph, why interpersonal cognitive distortions constitute an under-investigated outcome in direct comparisons of DBT and schema therapy.

While the Interpersonal Cognitive Distortions Scale (ICDS) is appropriately introduced, the manuscript would be strengthened by a brief theoretical justification for why ICDs are particularly salient in BPD compared with other personality disorders, rather than only reporting associations found in prior studies.

This paragraph integrates aggression, gender differences, and DSM-5 alternative model findings. However, the logical connection between aggression research and the present outcome variable (interpersonal cognitive distortions) remains implicit. Please clarify how aggression-related findings conceptually support the selection of ICDs as a primary outcome.

The original misperception subscale reliability ( $\alpha = 0.43$ ) is relatively low. Although Iranian validation reports higher reliability, the manuscript should explicitly address this discrepancy and justify continued use of the full scale structure.

Response: Revised and uploaded the manuscript.

### 1.2. Reviewer 2

Reviewer:

The rationale for including the Young Mania Rating Scale is mentioned conceptually, but the scale is not later reported as part of the measures used. Please clarify whether manic symptoms were assessed in practice or remove this reference to avoid conceptual inconsistency.

The description of schema therapy is comprehensive; however, the paragraph would benefit from a more explicit contrastive sentence highlighting how schema therapy theoretically differs from DBT in targeting cognitive distortions, thereby strengthening the comparative logic of the study.

The review of DBT literature is thorough, but the manuscript should clarify whether DBT is expected to influence interpersonal cognitive distortions directly or indirectly (e.g., via emotion regulation), as this distinction is central to interpreting later findings.

This paragraph successfully frames the comparative question. However, it would be helpful to explicitly state a directional hypothesis (even if exploratory) regarding which therapy is expected to show greater effectiveness on ICDs and why.

The use of purposive non-random sampling followed by random assignment is appropriate; nevertheless, please discuss the potential selection bias introduced at the recruitment stage and its implications for external validity.

The discussion of SCID-5-PD reliability relies partly on SCID-II data. Please explicitly justify this extrapolation or provide more recent psychometric evidence specific to SCID-5-PD to strengthen diagnostic rigor.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.