

Comparison of the Effectiveness of Mode-Based Schema Therapy and Rumination-Focused Cognitive Behavioral Therapy on Psychological Capital in Women Seeking Cosmetic Surgery with Histrionic Personality Disorder Symptoms

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1. Round 1

1.1. Reviewer 1

Reviewer:

The final paragraph of the introduction appropriately ends with the aim of the study; however, the preceding justification for comparative analysis remains somewhat implicit, and it would be beneficial to explicitly articulate why a head-to-head comparison between schema therapy and RFCBT is theoretically meaningful rather than simply practical.

In the methods section under “Study Design and Participants,” the description “Participants were randomly assigned into three groups...” conflicts slightly with the earlier designation of the study as quasi-experimental; please clarify whether true randomization was implemented or whether allocation constraints justify the quasi-experimental label.

In the data analysis section, the authors state that “the significance level for all statistical tests was set at 0.05,” yet multiple comparisons were conducted; it would be appropriate to justify the use of Bonferroni correction and discuss its impact on Type II error risk.

In the findings section, the demographic paragraph reports group sizes as $n = 21, 22,$ and $22,$ whereas earlier the sample was described as 25 per group; this discrepancy requires clarification regarding attrition and whether intention-to-treat analysis was performed.

In Table 1 interpretation, the sentence “schema therapy demonstrating a comparatively stronger and more sustained effect” is somewhat inconsistent with later non-significant post-hoc findings; the language should be adjusted to avoid implying superiority where statistical evidence does not support it.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The sampling procedure described as “convenience sampling from five reputable cosmetic surgery clinics” raises concerns regarding external validity; I recommend elaborating on how these clinics were selected and whether they are representative of the broader population to mitigate selection bias concerns.

The inclusion criteria mention “having a high score on the histrionic personality disorder screening scale,” but no cutoff threshold is provided; specifying the exact MCMI criteria or cut scores is essential for reproducibility and diagnostic clarity.

In the measures section, the description of the Psychological Capital Questionnaire (PCQ) is comprehensive; however, the manuscript does not report reliability coefficients (e.g., Cronbach’s alpha) for the current sample, which is necessary to confirm internal consistency within this specific population.

In the intervention description for RFCBT, the sentence “Core therapeutic components included modifying thinking styles through ‘if-then’ contingency planning...” would benefit from greater procedural detail, such as session-by-session structure or therapist adherence checks, to ensure replicability.

Similarly, in the schema therapy protocol, while techniques such as “imagery rescripting” and “chair work” are mentioned, the absence of fidelity assessment or therapist training details limits confidence in intervention standardization.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.