

Effectiveness of Group Schema Therapy on Stress Coping Styles (Problem-Focused, Emotion-Focused, and Avoidance-Oriented) in Patients With Breast Cancer

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1. Round 1

1.1. Reviewer 1

Reviewer:

The reliability information in the Data Collection Tool paragraph requires stronger psychometric treatment. The reported Cronbach's alpha for avoidance-oriented coping is only .59, which falls below conventional thresholds for adequate internal consistency in most research contexts. The authors should not characterize the instrument globally as having "relatively high reliability" without qualification. More importantly, internal consistency coefficients for each subscale should be calculated and reported from the current sample because reliability is sample-dependent. Given the small sample size, these estimates should be interpreted cautiously, but reporting them remains necessary.

In the intervention protocol paragraph, the authors state that the treatment was "based on the schema therapy framework developed by Young and colleagues and adapted to the psychological and treatment-related needs of patients with breast cancer." The adaptation process requires considerably more detail. The manuscript should explain who performed the adaptation, whether an intervention manual was developed, which original schema-therapy components were retained or modified, whether experts assessed content validity, and whether the protocol underwent pilot testing. Without such information, the intervention cannot be adequately replicated or distinguished from a broader cognitive-behavioral coping-skills program.

The Findings section should provide a dedicated participant-flow description before reporting demographic characteristics. The manuscript currently states that 30 women were allocated to the two groups but does not report whether all randomized participants completed the eight sessions, posttest, and follow-up assessments. The authors should specify the numbers screened, excluded, randomized, completing treatment, lost to follow-up, and analyzed, together with reasons for attrition. It should also be stated whether analysis followed a per-protocol or intention-to-treat principle.

The demographic paragraph states that “no substantial baseline demographic differences that could systematically account for subsequent changes... were observed,” yet only age and age at diagnosis are presented. This conclusion is too broad based on the reported data. The authors should provide baseline information on education, disease stage, time since diagnosis, type of oncological treatment, surgery status, employment, socioeconomic characteristics, and other clinically relevant variables. Formal significance testing of baseline characteristics is not necessarily required in a randomized trial, but descriptive balance across groups should be demonstrated.

The assumption-testing paragraph includes language indicating that “homogeneity of variances and covariance structures were also examined,” but no corresponding statistics are reported. The authors should provide the relevant tests and results, such as Levene’s test for equality of error variances and an appropriate assessment of covariance assumptions. More importantly, because this is a repeated-measures design, Mauchly’s test of sphericity should be reported explicitly, together with its χ^2 , degrees of freedom, and p value, rather than merely stating that sphericity was violated.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

Several components described in the intervention paragraph, including “mindfulness exercises,” “muscular relaxation,” “diaphragmatic breathing,” “systematic problem solving,” and direct coping-skills training, are not uniquely characteristic of schema therapy. Because the primary claim concerns the effectiveness of group schema therapy, the authors should clarify the theoretical justification for incorporating these techniques and indicate which components were specifically schema-focused, such as schema identification, mode work, imagery rescripting, limited reparenting, empathic confrontation, or behavioral pattern breaking. Otherwise, attribution of the observed effects specifically to schema therapy may be overstated.

The manuscript should provide information regarding intervention fidelity and therapist characteristics. In the paragraph beginning “The group schema therapy intervention was implemented...,” no information is given about the therapist’s professional qualifications, schema-therapy training, clinical experience, supervision, or adherence monitoring. The authors should report who delivered the sessions, whether all sessions were conducted by the same therapist, whether a treatment manual or session checklist was used, and whether adherence was independently evaluated. These details are necessary to establish internal validity and replicability.

The control condition is methodologically weakly specified. The statement that “the control group received no psychological intervention during the study period” means that treatment effects may reflect nonspecific factors such as therapist attention, group interaction, expectancy, social support, and time spent discussing illness rather than schema-specific mechanisms. The authors should acknowledge this more prominently and state whether both groups continued receiving routine oncological care. If the control group was wait-listed and later offered treatment, that should also be reported for ethical and methodological transparency.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief's decision: Accepted.