



Effectiveness of Schema Therapy and Compassion-Focused Therapy on Emotional Self-Awareness, Hostile Attribution, and Critical Thinking in Adolescents with Bulimia Nervosa


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E d i t o r

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R e v i e w e r s

Reviewer 1: Zahra Yousefi
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1. Round 1

1.1. Reviewer 1

Reviewer:

In the sentence “Adolescence is one of the most critical periods in human life, accompanied by extensive changes”, this claim is too general. Please provide a theoretical framework (e.g., Erikson’s psychosocial development model) or empirical evidence beyond descriptive citations.

The sentence “Critical thinking ... plays a fundamental role in emotional regulation and adaptive behavior” needs clarification. Please explain whether lack of critical thinking in bulimia nervosa is an observed clinical feature or a hypothesized link.

The statement “all 20 items loaded significantly on a single underlying factor” lacks citation of the original factor-analytic study or your study’s CFA/validation data. Clarify whether this is based on your own analysis or prior literature.

The description states “Compassion-focused therapy was developed by Neff (2003)”. This is inaccurate; Neff developed the concept of self-compassion, while Gilbert developed CFT. Please correct this attribution.

In “Schema therapy... plays an important role in improving this condition”, avoid overgeneralization. Clarify that your evidence comes from a small sample (n=45) and results may not be generalizable to broader populations.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

When you cite “According to the American Psychiatric Association (2021), bulimia nervosa is defined...”, please clarify whether this definition is drawn from DSM-5-TR. Accuracy of diagnostic criteria must be maintained.

The passage “One such cognitive pattern is hostile attribution...” would benefit from deeper explanation of why this bias is particularly relevant for eating disorders, not just aggression research. Please add theoretical justification or bridge references.

The interpretation in text states “schema therapy had a greater impact... compared to compassion-focused therapy”, but the abstract concludes the opposite (CFT had greater effectiveness in hostile attribution and critical thinking). This inconsistency must be corrected.

The statement “No contradictory findings to the present study were identified in the reviewed literature” is problematic. In scientific writing, claiming no contradictions may indicate inadequate literature review. Please acknowledge at least potential conflicting perspectives.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.