

Dear Dr. Tampi,

We appreciate the continued careful attention to our manuscript by you, the editorial office, and the reviewer.

We have revised our manuscript in response to reviewer feedback, and we have provided detailed responses to Reviewer #1's comments below.

1. The duration of illness should be reported.

We have added duration of illness for the schizophrenia group to Table 1.

2. The influence of antipsychotic drugs, if any, should be mentioned.

Thank you for this comment. We have added the following sentence to the limitations section of the Discussion: "All participants were taking antipsychotic medication so we cannot ascertain what, if any, impact medications may have had on participant responses."

3. Do the present findings have any prognostic value in the context of future drug development?

These findings do not directly inform future drug development other than to point out that psychosocial factors play an important role in the course of the illness and that social barriers, including self-stigma and disagreements with others, may adversely impact a person's likelihood of taking medications. Our data do not directly speak to this, however, and we have opted to leave out such speculation.

4. Is it always like that people with schizophrenia have less contacts with friends?

We appreciate this question. In this study, we found that people with schizophrenia, as a group, were less likely to have had contact with friends over the past week. Nevertheless, within the group some had more contact with friends than others. Indeed, people with schizophrenia constitute a highly heterogeneous group, and like all people, will vary from one another on all sorts of domains. From our data, we found participants from both groups who reported having no contact with friends in the past week.

5. Regarding the conflict-based barriers, how conflicts originate, whether schizophrenia people create conflicts or the people in the surrounding?

This is an important consideration. We did not ask participants to provide details about the nature of the conflict they experienced, and so we cannot comment on the origins of conflicts based on our data. We have added a sentence to the discussion highlighting this issue: "It would be helpful for future work to explore the origins and bidirectional causality of conflicts involving people with schizophrenia."

We appreciate the detailed reviewer feedback on our manuscript. Thank you for your consideration of this revision. We look forward to hearing from you.

Sincerely,
Lauren Weittenhiller