

## Format for ANSWERING REVIEWERS



July 22, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4263-revised-tracked-version.doc).

**Title: Comfortable interpersonal distance and coping strategies associated with psychopathology in patients with depression and schizophrenia**

**Author:** Alexander M. Ponizovsky, Irena Finkelstein, Inna Poliakova, Dmitry Mostovoy, Nehama Goldberger and Paula Rosca

**Name of Journal:** *World Journal of Psychiatry*

**ESPS Manuscript NO:** 4263

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

**02445222**

(1) First person language was used throughout the MS.

(2) Term depression was used for the DSM-IV diagnosis of adjustment disorder with depressed mood, since this diagnosis was used as a model of stress-induced depression, because in psychiatric practice AJD is very often subsumed under the label of "reactive" or "situational" depression. For reasonable homogeneity of the sample we evaluated and excluded competing diagnoses of other stress-related and mood disorders, such as posttraumatic stress disorder (309.81), generalized anxiety disorder (300.02), dysthymia (300.4), and major depressive disorder (296.2).

(3) We discussed the reviewer's comments and added appropriate references.

"In order to take into account findings from literature [56-59] that comorbid depression occurs approximately in 50% of patients with schizophrenia at some point in the course of the disorder, we also analyzed the relation of affective symptoms to safe distancing. We found that affective symptoms (PANSS anxiety, tension, and motor retardation items) were associated with safer distancing from threat-related figures, confirming previous findings that mood-related disorders (anxiety and depression) are closely related to certain problems in emotion regulation [9,10,19], especially to focusing on and the inability to separate oneself from threatening situations [60]."

(4) We discussed potential effects of affective and cognitive disturbances on our findings.

(5) We extended the clinical implications section.

**Reviewer 02445261**

(1) We did not reduce the Introduction and Discussion sections because we assume that they contain the necessary minimum of information in order to better understand the topic of the study. Moreover, we added to the Result section the data on correlations between individual symptoms of both disorders and the parameters of interest (Table 3).

(2) We added to the inclusion criteria the statement that "Patients with other comorbid Axis-I disorders, personality disorders and those with comorbid medical illness were not included".

(3) We explained the use of BDI in the control group and we discussed its strengths and limitations in the Limitation section: "Finally, a self-report measure (BDI) for assessing the severity of depression in clinical samples should be supported by an observer-rated instrument. However, relevant literature shows that BDI is among the most used self-rating scales for measuring depression due to its high internal consistency, high content validity, validity in differentiating between depressed and nondepressed subjects, sensitivity to change and international recognition [65]."


(4) The conclusion was reformulated as follows "Our results suggest that depressive patients use emotion-regulation strategies, such as inter- and *intra*-personal distancing to a greater extent than do normal controls and even patients with schizophrenia. Depressive symptomatology is associated with a greater self-alienation but also with a larger distancing from significant others and neutral people, whereas positive and affective symptoms in schizophrenia are related to a greater distancing from hostile figures. Training in stress management might provide patients with skills for more effective emotion regulation."

(5) Two native English speakers edited the MS.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Psychiatry*.

Sincerely yours,

A handwritten signature in black ink, reading "A. Ponizovsky". The signature is stylized with a large, sweeping "A" and a long, horizontal stroke extending to the right.

**Alexander M. Ponizovsky**

Mental Health Services

Ministry of Health

39 Yirmiyahu St., P.O.B. 1176 ,

Jerusalem **9101002**, Israel

Fax: +972-2-5655911

E-mail: [alexander.ponizovsky@moh.health.gov.il](mailto:alexander.ponizovsky@moh.health.gov.il)

[alexpon8@gmail.com](mailto:alexpon8@gmail.com)