

The Effectiveness of Mindfulness-Based Cognitive Therapy on Self-Blame and Cognitive Avoidance in Adolescents with Subclinical Depression


Elham. Ghalandari¹, Bahram. Mirzaian^{2*}, Seydeh Olia. Emadian²

¹ PhD student, Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran

² Assistant Professor, Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran


* Corresponding author email address: bahrammirzaian@gmail.com

Editor

Behoozr Dolatshahee
Department of Psychology,
University of Social Welfare and
Rehabilitation Sciences, Tehran,
Iran. Email: dolatshaee@cwr.ac.ir

Reviewers

Reviewer 1: Moosa Javdan
Associate Professor, Counseling Department, Hormozgan University, Iran.
Email: javdanhormozgan.ac.ir

Reviewer 2: Sara Nejatifar
PhD Student in psychology and education of children with special needs, Department of Psychology and Education of People with Special Needs, Faculty of Educational Sciences and Psychology, University of Isfahan, Isfahan, Iran.

1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction mentions that "approximately 25% of adolescents experience at least one episode of depression by the age of 18." It would strengthen the argument if this statistic were supported with a citation from recent, relevant literature to ensure the data reflects the current state of adolescent mental health research.

The authors discuss the impact of depression on cognitive functions, referencing studies from 2018 and 2021. It may be beneficial to expand on how these cognitive deficits specifically affect adolescents' daily functioning, linking it more clearly to the relevance of the study.

The intervention protocol refers to the work of Williams, Segal, and Teasdale (2002). It would enhance the methodology section to describe any adaptations made to the original protocol to suit the adolescent population in this study.

The descriptive statistics presented in Table 1 are clear, but it would be helpful to include a brief narrative explaining the pretest and posttest scores' implications, particularly any notable trends observed in the experimental versus control groups.

The MANCOVA results are significant, yet the authors should consider discussing the practical significance of these findings. For example, how do these statistical results translate into meaningful changes in self-blame and cognitive avoidance?

The discussion mentions that mindfulness-based cognitive therapy had a greater effect on self-blame than cognitive avoidance. It would strengthen the manuscript to explore possible reasons for this differential impact, perhaps linking back to the specific components of the intervention.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The sentence "self-blame is considered a vulnerability factor for depression and is positively related to many psychopathological symptoms" could benefit from a more detailed explanation of which specific psychopathological symptoms are linked to self-blame, providing a clearer context for the study's focus.

The sampling method described as "purposive non-random sampling" could be further justified. Discuss the rationale for choosing this method over random sampling, especially considering the potential limitations in generalizability.

The description of the Beck Depression Inventory (BDI-II) scoring criteria lacks clarity. Consider including a brief explanation of what a score between 14-20 represents in terms of depression severity, as this is crucial for understanding the selection criteria for subclinical depression.

The explanation of the Self-Blame Scale includes a description of its components but could benefit from more detailed information about the scale's validation in diverse populations, particularly adolescents, to support its relevance to the current study.

The Cognitive Avoidance Questionnaire's psychometric properties are well-documented, but it would be helpful to provide more context on why this specific tool was chosen over others, such as the White Bear Suppression Inventory, which was mentioned in the discussion.

The authors reference studies that align with their findings but do not discuss potential differences in study designs or participant demographics that might account for variations in outcomes. A more nuanced comparison would enrich the discussion.

The claim that mindfulness helps individuals "accept their emotions and psychological signs" should be supported by more recent empirical evidence, particularly studies that have examined the mechanisms through which mindfulness exerts its effects on adolescents with depression.

The statement, "mindfulness-based cognitive therapy significantly improves autobiographical memory retrieval," could be expanded. The authors should explain why this improvement is relevant to the study's focus on self-blame and cognitive avoidance.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.