

Article history: Received 24 August 2024 Revised 10 November 2024 Accepted 18 November 2024 Published online 01 July 2025

Journal of Assessment and Research in Applied Counseling

Volume 7, Issue 3, pp 1-9



E-ISSN: 3041-8518

Explaining the Causal Relationships Between Attachment Styles and Pain in Women with Rheumatoid Arthritis: The Mediating Role of Mood Disorders

Fahimeh. Mardan 10, Parvaneh. Ghodsi 20, Moloud. Keykhosrovani 30, Naser. Amini 30, Leida. Leilabadi 20

PhD Student, Department of Psychology, Bushehr Branch, Islamic Azad University, Bushehr, Iran
Assistant Professor, Department of Psychology, Tehran Central Branch, Islamic Azad University, Tehran, Iran
Assistant Professor, Department of Psychology, Bushehr Branch, Islamic Azad University, Bushehr, Iran

* Corresponding author email address: elbam ghodsi@yahoo.com

Editor	Reviewers
Gholamreza Rajabi®	Reviewer 1: Fahime Bahonar
Professor of Counseling	Department of Counseling, Universty of Isfahan, Isfahan, Iran.
Department, Shahid Chamran	Email: Fahime.bahonar@edu.ui.ac.ir
University, Ahvaz, Iran	Reviewer 2: Mahdi Khanjani [©]
rajabireza@scu.ac.ir	Associate Professor, Department of Psychology, Allameh Tabataba'i University,
	Tehran, Iran.
	Email: khanjani_m@atu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction provides a comprehensive overview of rheumatoid arthritis. However, consider adding a brief discussion on how psychological factors like attachment styles have historically been overlooked in pain research.

The description of the revised McGill Pain Questionnaire (2SF-MPQ) could benefit from a brief explanation of why this specific tool was chosen over other available pain assessment measures.

The reliability coefficients for the attachment styles instrument are relatively low (e.g., Cronbach's alpha of 0.69 for secure attachment). Discuss the potential limitations this may introduce to the validity of your findings.

In Table 1, the correlation between avoidant attachment and mood problems is significant (β = 0.34). Consider elaborating on whether this effect size is clinically meaningful and its potential implications for therapeutic interventions.

The path coefficients are well reported. However, a more detailed explanation of how these coefficients should be interpreted, particularly in clinical settings, would be beneficial.



The implications for clinical practice are mentioned briefly. It would be helpful to outline specific strategies or interventions that could be developed based on your findings.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

When mentioning the global prevalence of rheumatoid arthritis, include the source and any recent trends that may highlight the importance of your research.

The inclusion criteria specify an age range of 18-45. Please provide a more detailed explanation for why this specific age range was chosen and how it affects the study's generalizability.

You mention the use of purposive sampling. Explain why this sampling method was selected over other options and how it may impact the study's representativeness and potential biases.

The discussion on the mediating role of mood problems could be enriched by comparing your findings to other studies in different populations or disease contexts. This would provide a broader perspective on your results.

You state that "mood disorders mediate the relationship between attachment styles and pain." Consider exploring whether there are potential moderating variables that were not examined but could influence this mediation.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted. Editor in Chief's decision: Accepted.

