

Efficacy of Mindfulness-Based Stress Reduction on Reducing Somatization and Attachment Anxiety: A Randomized Controlled Trial


Jinghua. Li^{1*}, LuXin. Zhou²

¹ Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong SAR, China

² Affiliated Kangning Hospital of Wenzhou Medical University, Wenzhou, China

* Corresponding author email address: jingli@mail.sysu.edu.cn

Editor

Yuanta Song^{}
Department of Medical Statistics,
School of Public Health & Center
for Health Information Research &
Sun Yat-sen Global Health Institute,
Sun Yat-sen University,
Guangzhou, China. Email:
yuantaosong@mail.sysu.edu.cn

Reviewers

Reviewer 1: Stuart Gilmour^{}
Department of Global Health Policy, University of Tokyo, Japan.
Email: stuartgilmour@u-tokyo.ac.jp
Reviewer 2: Citra Suraya^{}
rogram Studi Ilmu Keperawatan, STIK Bina Husada Palembang. Email:
citra_suraya@yahoo.com

1. Round 1

1.1. Reviewer 1

Reviewer:

Introduction, Paragraph 1: The introduction provides a broad overview of mindfulness-based interventions but lacks specific details about the rationale for choosing Mindfulness-Based Stress Reduction (MBSR) for this study. Consider adding more context on why MBSR was selected over other mindfulness interventions, such as Mindfulness-Based Cognitive Therapy (MBCT) or Acceptance and Commitment Therapy (ACT).

Methods, Study Design and Participants, Paragraph 2: The inclusion criteria are well-defined, but the exclusion criteria could be expanded. For example, consider specifying what constitutes "severe psychiatric disorders" and how these were assessed.

Methods, Intervention, Session 1: The description of the first session of MBSR is somewhat brief. Including specific examples of the exercises or activities conducted during the session would help readers better understand the intervention process.

Methods, Data Analysis, Paragraph 1: The data analysis section mentions the use of ANOVA with repeated measures but does not provide information on the handling of missing data. Please specify how missing data were addressed to ensure the robustness of your results.

Results, Paragraph 3: The results state that assumptions for ANOVA with repeated measures were checked and confirmed. Including a brief description of how each assumption was tested (e.g., normality, sphericity) would improve transparency.

Discussion, Paragraph 5: The discussion of self-compassion and non-judgmental attitudes is insightful. However, integrating findings from studies that directly link these constructs to reductions in attachment anxiety would provide stronger support for these claims.

Discussion, Limitations, Paragraph 1: The limitations section acknowledges the small sample size. Expanding this discussion to include other limitations, such as potential selection biases or the lack of a placebo control group, would provide a more comprehensive critique of the study.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

Introduction, Paragraph 3: "Mindfulness-Based Stress Reduction (MBSR) operates on the principle that mindfulness practices can cultivate a heightened state of awareness and acceptance..." - It would be beneficial to elaborate on the specific components of MBSR and how they are theoretically linked to reducing somatization and attachment anxiety.

Introduction, Paragraph 4: The introduction cites several studies supporting the efficacy of MBSR. However, it would strengthen the argument if the authors also discussed any limitations or mixed findings from previous research to provide a balanced perspective.

Methods, Measures, Somatization: The description of the Patient Health Questionnaire-15 (PHQ-15) is comprehensive. However, it would be useful to include information about the psychometric properties of the PHQ-15 in similar populations to enhance the validity of your measures.

Methods, Measures, Attachment Anxiety: Similar to the PHQ-15, provide details about the validity and reliability of the Experiences in Close Relationships-Revised (ECR-R) questionnaire, especially in populations with similar demographics to your study sample.

Results, Table 1: The descriptive statistics for somatization and attachment anxiety are clear. However, adding a column for effect sizes would provide a better understanding of the practical significance of the findings.

Results, ANOVA Table for Somatization and Attachment Anxiety: The ANOVA results indicate significant differences, but the reporting could be enhanced by providing confidence intervals for the F-values and mean differences to give a clearer picture of the precision of the estimates.

Discussion, Paragraph 1: The discussion effectively summarizes the main findings but could be strengthened by discussing potential mechanisms underlying the observed reductions in somatization and attachment anxiety. For example, how might mindfulness practices biologically or psychologically reduce these symptoms?

Discussion, Paragraph 2: The authors suggest that mindfulness interventions can mitigate stress-related exacerbation of somatic symptoms. Including specific studies or theoretical models that support this claim would make this argument more compelling.

Discussion, Limitations, Paragraph 2: The reliance on self-report measures is noted as a limitation. Suggesting alternative methods (e.g., physiological measures, clinician-rated scales) that could be used in future research would add value.

Conclusion, Paragraph 1: The conclusion effectively summarizes the findings but could be enhanced by discussing the potential implications for clinical practice in more detail. For example, how might these findings influence the development of therapeutic protocols for somatization and attachment anxiety?

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.