





Comparison of the Effectiveness of Mindfulness-Based Therapy and Emotion-Focused Therapy on Heart Rate in Patients with Cardiovascular Diseases

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1. Round 1

1.1. Reviewer 1

Reviewer:

Paragraphs discussing mindfulness (specifically the sections explaining emotional regulation and chronic stress reduction) contain overlapping content. Consider consolidating to enhance narrative flow.

In the paragraph describing mindfulness-based stress reduction, mechanisms such as attentional control, interoceptive awareness, and parasympathetic activation are discussed indirectly. Providing a more explicit explanation would strengthen the rationale for selecting mindfulness as an intervention.

The methods section states that participants were “randomly assigned,” but the manuscript does not explain the method of randomization (e.g., random number table, block randomization). Please provide details for transparency.

Given that cardiac medications directly influence heart rate, the discussion should address whether medication type and dosage were controlled, balanced, or statistically accounted for.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

While describing emotion-focused therapy, the manuscript explains its psychological processes but does not clearly articulate the physiological pathways through which emotional transformation affects heart rate. A more explicit mechanistic explanation would be useful.

The last paragraph of the introduction states the aim twice in nearly identical wording. Removing the repetitive sentence will improve readability.

The control group attended only a single two-hour educational session, whereas intervention groups attended nine sessions. This introduces a significant attention bias. Please justify this design choice or discuss its implications in the limitations.

The description of the pulse oximeter contains extensive mechanical explanation. This level of technical detail is unnecessary for a psychology journal and could be shortened in favor of information on reliability, calibration, or measurement procedures.

In the results section, it is stated that “each group consisted of 30 patients,” but earlier the manuscript states that the total sample was 60. This inconsistency needs clarification.

The post-hoc comparisons include mean differences and p-values but do not provide confidence intervals. Confidence intervals are recommended for interpretative completeness.

Several statements imply causal relationships (e.g., “emotion-focused therapy produced stronger physiological benefits”) despite the quasi-experimental design. Consider softening causal language or explicitly acknowledging this limitation.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.