





Comparison of the Effectiveness of Mindfulness-Based Stress Reduction (MBSR) and Acceptance and Commitment Therapy (ACT) on Psychological Well-being and Death Anxiety in Pregnant Women

Marzieh. Mohammadzadeh^{1*}, Shahram. Mami², Vahid. Ahmadi², Tayebeh. Rashidian³


¹ PhD student, General Psychology, Ilam Branch, Islamic Azad University, Ilam, Iran

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



³ Department of Obstetrics and Gynecology, School of Medicine, Ilam University of Medical Sciences, Ilam, Iran

* Corresponding author email address: shahram.mami@yahoo.com

Editor

Hussein OMAR Alkhozah 
Professor, Department of Sociology,
Al-Balqa' Applied University, Salt,
Jordan
huss1960@bau.edu.com

Reviewers

Reviewer 1: Mohsen Kachooei 
Assistant Professor of Health Psychology, Department of Psychology, Humanities
Faculty, University of Science and Culture, Tehran, Iran. kachooei.m@usc.ac.ir
Reviewer 2: Mehdi Rostami 
Department of Psychology and Counseling, KMAN Research Institute, Richmond
Hill, Ontario, Canada.
Email: dr.mrostami@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence "These changes cause pregnant women to experience numerous pregnancy-related stressors..." lacks a clear definition of what specific changes are being referred to. Please specify which physical and psychological changes are most pertinent to the study.

The description of the MBSR sessions would benefit from more detail about the specific exercises and their theoretical underpinnings. Explain how these exercises specifically address the issues of stress and anxiety in pregnant women.

For the ACT sessions, clarify the mechanisms by which cognitive defusion and experiential avoidance are addressed. This would help in understanding the therapeutic process and outcomes.

The thematic analysis section mentions the use of NVivo software, but it does not detail the coding process or the reliability checks performed. Describe these processes to ensure transparency and reproducibility of the analysis.

In the results section, the presentation of means and standard deviations would benefit from a more detailed explanation of what these statistics imply about the psychological well-being and death anxiety of the groups.

The use of the Kolmogorov-Smirnov test for normality should be complemented with graphical representations (e.g., Q-Q plots) to visually confirm the distribution of the data.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The statement "According to research findings, pregnant women with high psychological well-being generally have positive emotions and positive evaluations of life events." should include specific references to the studies that support this claim. This will strengthen the argument with evidence.

The term "death anxiety" is defined as "a persistent, irrational, and pathological fear of death or dying." This definition might benefit from additional citations from seminal works or recent studies in the field to provide context and depth.

The selection criteria for participants include "age between 20 to 40 years, no separation during pregnancy, education level of diploma or higher." It would be helpful to explain why these specific criteria were chosen and how they impact the study's generalizability.

The sampling method is described as convenience sampling. Discuss potential biases introduced by this method and how they might affect the study outcomes.

The description of the Ryff Psychological Well-being Scale lacks detail about its validation in the context of this specific population (pregnant women). Provide information on its reliability and validity in similar populations.

When discussing the Death Anxiety Scale, include more recent studies that confirm its reliability and validity. The cited studies from 2001 may be outdated.

The effect size for psychological well-being and death anxiety is very high (0.983 and 0.956). Discuss potential reasons for such large effect sizes and consider the possibility of overestimating the treatment effects.

The claim that "both MBSR and ACT were more effective than the control group in increasing psychological well-being and reducing death anxiety" should include a discussion of the practical significance of these findings in addition to statistical significance.

The statement "no significant difference in the effectiveness of MBSR and ACT on the psychological well-being and death anxiety of pregnant women" would be enriched by comparing these findings to other similar studies, providing a broader context for the results.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.