Author’s response to reviews

Title: Analysis of the emotional experiences of Japanese Alcoholics Anonymous members striving for sobriety

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Author’s response to reviews:

Dear Dr. Byrne:

Thank you for your reply regarding our manuscript, BPSY-D-18-00906, entitled “Analysis of the emotional experiences of Japanese Alcoholics Anonymous members striving for sobriety”.

We are grateful for the thoughtful and constructive comments and have revised the text accordingly. Our point-by-point responses are given below.

We look forward to hearing from you in due course.

Sincerely,

Miyuki Kihara

Assistant Professor

Department of Health Sciences
Response to Reviewers:

Reviewer 2: To the PEER REVIEWER,

Thank you for your valuable comments. We carefully examined the review you provided, and our individual responses are given below.

General Comments:

* In general, the authors have graciously received and responded to feedback. However, since peer review is often an iterative process, certain revisions and additional text warrant further clarifications and editing, as reflected below.

1. Abstract:

   a. Page 1, line 20: To better reflect the title of this manuscript, consider changing "emotional problems," which is pejorative, to "emotional experiences."

   Response: Thank you, we changed this accordingly. (Page 1, line 20)

   b. Page 2, line 28, and throughout: Since feelings are inherently subjective, the phrase, "gaining the ability to feel things objectively" is confusing and problematic. For clarity and consistency, please re-examine and revise this element. The paper often refers to regulating emotions. Other options may include gaining objectivity, insight, or awareness.

   Response: Thank you for pointing this out. We have used “gaining objectivity”. (Page 2, lines 28-29 and Fig. 1.1.)
c. Page 2, line 29: Rather than "accepting things gracefully," which is a bit awkward, and a demanding standard, perhaps, more simply and straight-forwardly, "an attitude of acceptance" suffices, and better reflects AA literature.

Response: Thank you for your suggestion. We have used your suggested phrasing. (Page 2, line 29 and Fig. 1.2.)

2. Background

a. Page 3, line 49: It appears that the use of the word, "alcoholism" remains a challenge throughout this manuscript. This is generally not considered to be an appropriate clinical term, either by DSM-5 or ICD-10 standards, and whenever the authors are speaking, from a clinical perspective, alternatives such as alcohol use, alcohol misuse, alcohol use disorder ought to be implied. In contrast, in the context of AA, most recovered individuals refer to themselves as alcoholics, and this terminology ought to be used then, e.g., when directly referring to AA, and later in the paper, when quoting participants. One option may be to add a footnote on the first page of the manuscript, to explain the author's (authors') differential use of these terms throughout the article.

Response: Thank you for mentioning this. We have corrected the term to “Alcohol use disorder” when not referring to individual AA members. (Page 3, lines 48)

b. Page 4, line 72: Change "their" to "his or her" drinking problem, to match the subject, individual.

Response: This was changed accordingly. (Page 4, line 71)

c. Page 4, line 73: Periods (and commas) should be inside quotation marks.

Response: This was corrected as suggested. (Page 4, line 73)


Response: We created a new paragraph. (Page 4, line 85 to page 5, line 98)
e. Page 4, lines 86, 91, and 96: The repeated use of the phrase, "information-giving" does not seem to capture the action, and is a bit awkward.

Response: This was changed to “activities”. (Page 4, lines 85, 90, and page 5, line 95)

f. Page 5, line 92: "...first step meeting" needs to be hyphenated as first step-meeting, to avoid potential confusion with first-step meeting.

Response: Thank you. This was changed to "...first step-meeting." (Page 4, lines 90 to 91)

g. Page 5, line 93: Insert "in" between AA and Japan.

Response: This was inserted. (Page 5, line 92)

h. Page 5, line 94: "all over" is too casual. Replace with "across."

Response: Replaced with "across." (Page 5, line 95)

i. Page 5, line 100: Again, a new paragraph is required here.

Response: This was done. (Page 5, line 98)


Response: Corrected to "experiences." (Page 5, lines 100)

k. Page 5, line 102: May wish to specify, "in Japan," since their is a rich literature regarding these aspects elsewhere.

Response: Thank you, this was added. (Page 5, lines 103-104)

l. Page 5, line 107 and throughout: The subtitle of the title page of the text, "Alcoholics Anonymous," refers to "How Many Thousands of Men and Women Have Recovered from
Alcoholism. Some stalwart AA members find the term "recovering" to be inaccurate and, in some cases, irritating, or even offensive.

Response: Thank you for this comment. We have reworded this to refer to “abstaining alcoholics” (Page 5, line 106; Page 16, line 376; Page 18, line 405)

m. Page 5, line 112: Other studies have interviewed recovered members of AA. Change "one of the few" to "one of relatively few."

Response: This was changed accordingly. (Page 5, line 111)

n. Page 5, line 113: Since you are referring specifically to "AA members," use this term rather than "alcoholics" here.

Response: We have made this change. (Page 5, line 112)

o. Page 5, line 115: Many members of AA have also benefitted from formal treatment and/or medical care. Unless this was a formal exclusion criteria for the study (and there was no indication that this was the case), then revise accordingly.

Response: Thank you for pointing this out. We deleted “without seeking medical care.” (Page 5, line 114)

3. Methods

a. Page 6, line 120: The more detailed description of the study design belongs here (see 3.g. below)

Response: Thank you for pointing this out. We have moved the description of the study design here. (Page 6, lines 120-124)

b. Page 6, line 124: Unless the journal requires otherwise, it seems that ethical considerations belongs between study design and participants.

Response: Thank you, this was moved accordingly. (Page 6, lines 129 to 137)
c. Page 6, line 126: Why were women excluded from this study? This is a serious issue, one that would preclude publication in some journals, and ought to be addressed here and/or as a limitation in the discussion section.

Response: Thank you for pointing this out. In Japan, there is currently momentum to promote women's social advancement, but under the present circumstances it is women who are responsible for housework and childcare. Women and men have different social backgrounds and they are thought to have different emotional experiences, so in this study we focused on male experiences. We want to study women's experiences later. (Page 7, lines 143-145)

d. Page 6, line 126: Screening tools do not have the capacity to "diagnose," which is a formal clinical process.

Response: We have explained that the screening test was used to identify participants as likely to have alcohol use disorder. (Page 7, lines 141)

e. Page 6, lines 132-135: The descriptive statistics used here do not fit the conventions of research. Age should be reported as mean and range values.

Response: Thank you for pointing this out. We have corrected this accordingly. (Page 7, line 148 to 149)

f. Page 6, line 134: Similarly, length of sobriety should be in years, not months.

Response: This was changed to years. (Page 7, lines 150-151)

g. Page 6, line 136: It appears that the use of a structured or semi-structured interview was part of the study design, and might better belong in that section (page 6, line 120), followed by the rationale. The actual questions used ought to be made available, perhaps as an appendix.

Response: Thank you for pointing this out. We have moved the text and included the interview guide as an appendix. (Page 6, lines 120 to 124)

h. Page 7, line 150: Since this is the first mention of the list, the table should be referred to here.

Response: This was done. (Page 7, line 159)
i. Page 7, line 158: Did you mean "an existing study that employed a similar method"?

Response: This refers to a therapist that used a similar method in Art therapy to explore the emotions of a child. We changed this to “and cases in which a similar method was used to explore emotions [22]” (Page 8, line 167 and 168)

j. Page 8, line 166: Commas should bracket the name, and then subsequent commas in that sentence should be eliminated.

Response: This was changed accordingly. (Page 8, line 176)

k. Page 8, lines 168-169: This verbiage (chaotic data, eliminates the self) is cryptic, and very unclear. If these are terms that Kawakita used, then they need to be placed in quotes, and explained.

Response: We deleted the word chaotic. (Page 8, line 177). It means removing the subjectivity of the analyst and letting the data speak for itself. (Page 8, lines 177 and 178)

l. Page 8, line 179: Eliminate the word, "qualitatively."

Response: This was deleted. (Page 9, lines 189)

m. Page 9, line 200: Eliminate the words, "continuously."

Response: Deleted. (Page 9, line 210)

4. Results

a. Page 10, line 216: Eliminate the word, "verbatim."

Response: Deleted. (Page 10, lines 216)

b. Page 10, line 222: Replace "a" with "as."
Response: This was replaced. (Page 10, line 222)

c. Page 10, line 224: The participants had already achieved sobriety. Perhaps they were working toward continued sobriety? Also, replace "endless" with "iterative."

Response: Thank you, we have used "iterative." (Page 10, line 224)

d. Page 11, lines 246-248: This sentence is unclear.

Response: This was rewritten. (Page 11, lines 244 to 246)

e. Page 12, line 273 and elsewhere: The use of "alcohol use disorder" seems inauthentic here. Since these are direct quotes from participants, it is assumed that the term "alcoholism" better applies.

Response: Thank you for pointing this out. We agree and changed these instances to "alcoholism". (Page 12, line 271 and Fig. 1.6.10)

f. Page 12, line 281: Place a comma after "contrary."

Response: Corrected. (Page 12, line 279)

g. Page 12, line 282: To eliminate the problem with possessives, change "their" to "the."

Response: Changed to "the."(Page 12, line 280)

h. Page 14, line 328: Rather than launching directly into quotes, it seems that the term, "contradictory self," requires some explanation.

Response: Thank you for pointing this out. A description was added. (Page 14, lines 326-330)

i. Page 15, line 345: Rather than "much do," which sounds awkward, consider, "due, in large part, to..."
Response: This was changed. (Page 15, line 345)

j. Page 15, line 349: Since their perceptions may have been faulty, may wish to say, "because they felt they have never been acknowledged by others (e.g., their parents)"

Response: Thank you, we used your wording. (Page 15, lines 349-350)

5. Discussion

a. Page 16, line 372: As noted earlier, especially here, since the context is individuals in AA, the term "alcoholism" does apply, and is appropriate.

Response: This was changed to "alcoholism". (Page 16, line 372)

b. Page 16, lines 377-378: As noted earlier, the terms for items 1 and 2 warrant revision and consistent application throughout.

Response: This was made consistent with the earlier changes. (Page 16, lines 377-378)

c. Page 17, line 381: Change "spiritual, disciplined" to "disciplined, spiritual"

Response: This was changed. (Page 17, line 380)

d. Page 17, line 385: Change "enraptured" to "enamored"

Response: Changed. (Page 17, lines 384)

e. Page 17, line 393: Change "sponsors at AA" to "sponsors in AA"

Response: Changed. (Page 17, line 391)

f. Page 17, line 398: Change "participants regulated" to "participants strove to regulate"

Response: Thank you, this was changed. (Page 17, line 397)
g. Page 18, lines 409-413: This is a long, convoluted, and unclear sentence.
Response: This was reworded. (Page 18, lines 408-412)

h. Page 18, line 416: Change "among Japanese" to "among some Japanese" AA members
Response: This was changed. (Page 19, line 415)

i. Page 18, line 423: Most, if not all, AA historians would agree that AA was born in Akron, not New York, after Dr. Bob re-established his sobriety, hence the date of June 10, 1935. Delete "program" here, which took time to develop.
Response: Thank you. We have corrected this to “The AA was born in Akron, Ohio, on June 10, 1935.” (Page 18, lines 422)

j. Page 19, line 432: Again, the term, "alcoholism" is more appropriate here.
Response: We have used "alcoholism." (Page 18, line 430)

k. Page 19, line 436: Use "addiction professionals"
Response: This was changed accordingly. (Page 19, line 434)

l. Page 19, line 444: Change "the effort of" to "the challenge to"
Response: This was changed. (Page 19, line 443)

m. Page 20, line 20: Since this is not a common term, even among clinicians, offer a brief definition for alexithymia.
Response: Thank you for your suggestion. We have added the meaning of alexithymia. (Page 19, lines 451 and page 20, lines 453)
n. Page 20, line 458: Again the word alcoholism is better here, since you are directly referring to AA.

Response: This was changed. (Page 20, line 458)

o. Page 20, line 459: A discussion section usually includes limitations--which virtually every study has, including this one--followed by a brief section on how the current study contributes to the literature.

Response: Thank you for your advice. We have added a paragraph on this. (Page 20, lines 460 to 464)

6. Conclusions: These is virtually nothing in the data, as presented, to warrant these conclusions as they relate to health care professionals in general, and nursing in particular. If the author(s) wishes/wish to make this point, then it belongs at the end of the discussion section. Conclusions should relate only to findings derived directly from the study.

Response: Thank you for your suggestion. We have deleted unnecessary sentences and reworded. (Page 20, line 465 to page 21, line 479)