Author’s response to reviews

Title: The pitfall of empathic concern with chronic fatigue after a disaster in young adults

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Author’s response to reviews:

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Dear Dr. Samuel Harris,

We are grateful to the editor of BMC Psychiatry for giving us the opportunity to revise our submitted manuscript and to rethink the important points in our study. We also appreciate the editorial work and the reviewer’s helpful suggestions. Listed below are our point-by-point responses to the editor’s and reviewer’s comments. We look forward to hearing the decision of BMC Psychiatry’ editorial office.

Sincerely,

Seishu Nakagawa MD, PhD

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Response to the reviewer’s comment:

Reviewer reports:
Daniel Curtis McFarland (Reviewer 1): Primary Concern:

I'm afraid that I don't follow the conclusion.

The authors state: We hypothesized that the traits and dynamics of EC and "relating to others" may differently affect chronic fatigue after disaster and that decreasing EC may be salutogenic through active suppression for chronic fatigue.

However, Table 2 shows that EC and chronic fatigue are inversely related at 1 year. The authors state that these results were in accordance with their hypothesis. I don't follow however since if they are inversely related greater EC would be associated with less fatigue and vice versa.

We appreciate the comments. As the Reviewer’s comments, our results make readers feel difficulty in understanding our opinion. Because some people think that the trait seldom changes, we give up using the term ‘traits’. We also replaced “dynamics” with “changes” for improved clarity. Further, we add a new figure to compare “the changes from 3 months to 1 year” (Figure 2d, e, f) with “the degrees at 1 year” (Figure 2a, b, c).

Minor Concerns:
1. Post Traumatic Growth was not mentioned in the introduction and yet PTG and depression were thrown in the methods.

We appreciate the Reviewer’s comment. We explained in Background as follows (page 6, line 7): “One type of positive adaptation, posttraumatic growth (PTG), is the experience of positive change that occurs as a result of the struggle with highly challenging life crises [1].”

2. Since the authors clearly have directional hypothesis in mind, i think it seems too vague when the state in their hypothesis that EC and 'relating to others' may differently affect. They need to include how chronic fatigue would be effected?

Thank you for the Reviewer’s advice. We followed the advice and clearly explained as follows in Abstract (page 3, line 6): “We hypothesized that increased EC may increase chronic fatigue due to over-adjustment. We also hypothesized that increasing the changes in “relating to others” could decrease the changes in chronic fatigue.”

Further, we explained as follows in Background (page 7, line 8): “We hypothesized that increasing the changes (intra-personal change) of EC may increase the changes in chronic fatigue from the acute phase to the disillusionment phase after disaster due to over-adjustment (hypothesis 1) [2, 3].”

3. The distinction between how they measured the 'trait' and dynamics' of EC was not clear to me (it made sense after they explained it in the Discussion however.
Thank you for the reviewer's comment. We explained as follows in the Discussion (page 14, line 1): “To the best of our knowledge, this is the first study to demonstrate that the increasing changes (= delta; changing degrees from 3 months to 1 year) of EC were associated with increasing changes in chronic fatigue.”

>4. Since it's a relatively small n, it would be helpful to have some visual representation of the association (scatterplot etc.) just to be sure that it's not a few outliers that are causing the correlation.

We appreciate the Reviewer’s comment. We added the six scatter plots (Figure 1) and their figure legends as follows (page 29, line 2): “Figure 1. Relationships among empathy concern, relating to others, and CIS-J scores illustrated by the scatter plots at 3 months and 1 year. Empathic concern scores were positively associated with the scores for relating to others at 3 months (a). Scores on the Japanese version of Checklist Individual Strength (CIS-J) were negatively related to scores for empathic concern (b) and relating to others (c) at 3 months. Empathic concern scores were positively associated with scores for relating to others at 1 year (d). Scores of the CIS-J scores were negatively related to scores for empathic concern (e) and relating to others (f) at 1 year.”

Reviewer 2 (Reviewer 2): PEER REVIEWER ASSESSMENTS:
>PEER REVIEWER COMMENTS:
>GENERAL COMMENTS: My overall impression of the study was mixed. The text was difficult to follow, and therefore, the rationale for the study was not presented in a way that I fully understood how the variables related to one another.
>The hypotheses were appropriate. They chose well-validated measures, and the statistical analysis plan was appropriate. Their interpretations of their statistics were correct.

We appreciate the Reviewer’s assessments.

>ADDITIONAL REQUESTS/SUGGESTIONS:
>This manuscript would be significantly improved by utilizing an editor to assist with the expression of ideas. In its current form, the manuscript lacks sophistication and depth. The text in the Introduction and Discussion were particularly difficult to follow. It reads more like a term paper than like a peer-reviewed journal article.

We used the editorial service (American Journal experts recommended by editor) for the Reviewer's concerns. Attached here, please find the editorial certificate by American Journal experts.

>The rationale/proposed model to be tested was missing some connections that would allow the reader to understand the expected relationships among the different variables.

These concerns have been addressed by making six models (Figure 2) with figure legends as follows (page 25, line 12): “Figure 2. Interrelationships among scores for psychological measures at 1 year and delta.”
The EC scores affected all psychological measures in all models. The Japanese version of the Checklist Individual Strength (CIS-J) was affected by the scores for relating to others and the Japanese version of the Center for Epidemiologic Studies Depression Scale (CES-D-J) (model 1 [a]). The CIS-J was affected by relating to others but effected the CES-D-J score (model 2 [b]). The CIS-J affected relating to others and the CES-D-J score (model 3 [c]). Models 1 to 3 used the participants’ scores at 1 year. Models 4 [d], 5 [e], and 6 [f] used the delta. 

Δ means the delta (degree of change from 3 months to 1 year after the disaster). A one-headed arrow is used to indicate the direction of the observed regression. The numbers on the arrows represent standardized regression coefficients. Error components are omitted for simplicity.”

> In the Discussion, the results were repeated but were not adequately woven into the context of the existing literature, nor could I understand the implications of this research for further studies.

We appreciate your comments. We revised the Discussion the editorial service (American Journal experts) and also added as follows for the Reviewer’s concern (page 16, line 4): “Further investigations using larger and more diverse samples are needed to generalize and confirm our results.”

References