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:

16-September-2019
Dear Dr. Darren Byrne,

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,

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Response to the reviewer’s comment:
>Reviewer reports:
>ADDITIONAL REQUESTS/SUGGESTIONS:
I have little concerns.

Abstract: the results and discussion subsections are unclear.

We appreciate the Reviewer’s comments. According to the homepage for author instruction of BMC psychiatry, "the abstract must include the following separate sections: background, Methods, Results, and Conclusions.” We have tried to clear the parts of discussion as follows (page 4, line 5): “These results were in accordance with hypothesis 1 and 2.

Conclusions: We demonstrated the opposite effects of 2 types of ECs, i.e., stability (inherent disposition) and flexibility (degree of change), on the degree of chronic fatigue.”

Introduction: when introducing the PTG, the authors should also refer to the specific "relational growth", as well as to "secondary PTG" and "vicarious PTG". These has been explored in cancer and also in poverty.

We also appreciate the Reviewer’s suggestion to improve our paper very much. Hence, we explained as follows (page 6, line 8): “Importantly, indirect exposure to traumatic experiences (secondary post-traumatic stress) also causes symptoms that are similar to those of post-traumatic stress [1]. Accordingly, “secondary PTG” could occur through the enormous continuing distress and struggle of people who care for direct victims [1]. There are several specific terms related to secondary PTG. For example, vicarious exposure to a victim's trauma experience leads to “vicarious PTG” [2]. Post-traumatic “relational growth” with support by mutual empathy and empowerment is frequently observed in the relatives of patients with cancer [3, 4].”

Discussion: should include some more references to current literature.

Thank you for your suggestion. We have included some current references and explained as follows (page 14, line 11): “although other-oriented empathy could enhance secondary PTG [5].”

(page 15, line 3): “An increasing number of studies have examined empathy-based stress, i.e., not only compassion fatigue but also secondary traumatic stress and vicarious traumatization [6]. In fact, after the Great East Japan earthquake, the psychological stress caused symptoms similar to those of the PTSD at subclinical and preclinical levels in inhabitants [7].”

(page 16, line 7): “Interestingly, decreased communication was related to a greater degree of probable PTSD, depression, and distress in local workers at 20-22 months after this disaster [8].”

and (page 17, line 9): “Furthermore, a greater degree of the PTG was positively related to the degrees of confusion, anger, sadness, guilt, and anxiety in medical university student volunteers at 8 years after this earthquake [9].”

References: please, revise ref. 5; 23; 33; 50; 51, as pages are not well-reported.
We appreciate the Reviewer’s comment. We have added the pages of the three references. However, there are no pages even using the pub med as follows


And reference by Murphy et al is a paper in ahead of print as follows:


Finally, we revised Figure 1 in order to adjust all the scatter plots to be the same size.

Added references