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Review of Hu & Kirkegaard (2026)

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Overall Evaluation

This is a strong and socially relevant paper, with compelling hypotheses and valuable data on an important topic. The manuscript makes a promising contribution, but several claims need more careful substantiation, the theoretical framing could be clarified, some measures require stronger justification, and the limitations section should be expanded. With revision, this paper could be suitable for publication.

Major Comments

1. Claim of “well-documented” findings.

The authors describe the relationship between leftism and poor mental health as “well documented.” This phrase could be read as implying 10–20 strong studies. This claim should either (a) be supported with a concise one-paragraph summary of the key studies that establish this link, or (b) be reframed more modestly (e.g., “several studies have demonstrated...”).

2. Interpretation of piercing and hair color data.

The rationale and conclusions for including body piercing and hair color data could be clearer. Do the authors propose a causal link between openness to non-normative stimuli, political orientation, and mental illness? If so, this theory should be explicitly stated and the evidence of this link be evaluated more clearly. Or if the study is purely descriptive, explain why the authors selected these specific variables as opposed to others.

3. Revise passage in the first paragraph of the discussion.

The following passage in the discussion should be revised, “Another interpretation is that people with left-wing views are more favorable to psychiatry and may value getting a diagnosis for a variety of reasons such as sympathy, economic benefits, or Machiavellian intersectionality points.” The phrase “Machiavellian intersectionality points” should be removed. The authors could mention “secondary gains of mental illness diagnoses related to left-leaning socio-political

culture” as a possible motivator, but they should use less charged language. Also, it could be that conservatives avoid and distrust mental health professionals more than liberals, and/or that liberals are more willing to seek therapy for pro-social reasons. These possible explanations should be mentioned. If the authors reject these explanations, they could explain why.

4. Clarity of tables and variable labelling.

The tables are difficult to read, largely because the variables are not clearly named. The authors should adopt consistent, standardized, and fully descriptive labels for each variable. This will improve readability and make the findings easier to interpret.

5. Use of non-standard measures.

Many of the questionnaire items appear to have been developed by the researchers rather than drawn from validated scales. The rationale for this choice should be explained. The study would be stronger if it incorporated established mental health instruments (e.g., SCL-90, PHQ, BDI, BAI, BSI, GHQ). Similarly, are there not validated measures of political ideology that could have been used in place of the 41 author-generated items? The advantages of the chosen approach should be justified. In any case, an appendix with a complete list of the precise items would be helpful.

6. Future research directions.

While not a flaw, future work could benefit from including behavioral measures (e.g., substance use, sleep, aggression/conflict, employment, social functioning). These could help address whether conservatives report lower rates of mental illness due to impression management (“faking good”) or reduced emotional insight. Also, the study controls for age, sex, and race, but not education or socioeconomic status. These factors could also be relevant and should be suggested for future research as well.

Conclusion

This paper is promising, with strong potential to contribute to ongoing debates about political orientation and mental health. The revisions suggested above will make the manuscript more rigorous, balanced, and accessible to readers.