



The Mediating Role of Generalized Anxiety Disorder (GAD) Symptoms in the Relationship between Stressful Life Events, Childhood Maltreatment, and Gastrointestinal Symptoms


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1. Round 1

1.1 Reviewer 1

Reviewer:

The study's reliance on convenience sampling from a single university branch significantly limits generalizability, as the sample is not representative of broader student populations. The authors acknowledge this limitation but fail to adequately address how it might bias the observed relationships, particularly given the high cultural homogeneity (96% Shi'a Muslim) and demographic constraints (e.g., 78.9% single, 63.4% female). This undermines the external validity of conclusions about "university students" as a generalizable group.

The cross-sectional design fundamentally prevents causal inferences about mediation, yet the manuscript consistently uses causal language (e.g., "GAD symptoms mediated the relationship"). Structural equation modeling with cross-sectional data can only establish associations, not causal pathways. The authors should revise all causal phrasing to reflect correlational findings and explicitly state that longitudinal or experimental designs are needed to confirm mediation.

The demographic homogeneity (e.g., 99.3% Islamic Azad University students, 96% Shi'a) is not contextualized in the discussion. Given the cultural specificity of stress responses, trauma expression, and help-seeking behaviors in Iranian society, the authors should explicitly discuss how these factors might influence the observed relationships and limit applicability to other cultural contexts.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Reviewer:

The measurement of "stressful life events" exhibits poor reliability (Cronbach's $\alpha = 0.65$), which falls below the conventional threshold of 0.70 for acceptable internal consistency. While the authors cite composite reliability (0.81) as justification, this is insufficient for a construct with such low item-level reliability. The use of a dichotomous 13-item scale (yes/no) further raises concerns about its ability to capture nuanced stress exposure, potentially weakening the entire structural model.

The reference to Rzeszutek et al. (2025) is problematic, as the current year is 2026 (per the user's provided date). This appears to be a fabricated or erroneous citation, which severely compromises the manuscript's credibility. All references must align with the current publication timeline; this error requires immediate correction or removal.

The statistical reporting lacks critical details for replication. For instance, the transformation method for skewed variables (e.g., gastrointestinal symptoms) is mentioned but not specified (e.g., log, square root), and the exact Tabachnick & Fidell formula used is omitted. Additionally, the authors report "partial mediation" but omit the proportion mediated (e.g., indirect effect / total effect), which is essential for interpreting the magnitude of the mediating role.

The discussion overstates clinical implications without evidence. Claims that "early screening for anxiety" or "integrated interventions" are warranted ignore the study's limitations (e.g., cross-sectional design, self-report bias) and lack of validation for proposed interventions. The authors should temper recommendations to align strictly with their correlational findings and emphasize the need for future intervention studies.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.