




Cognitive Avoidance and Somatic Complaints in Adolescents: The Mediating Role of Interoceptive Awareness

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the sentence “These transitions can render adolescents particularly vulnerable to internalizing problems, including somatic complaints...” could benefit from clearer differentiation between internalizing disorders and somatic symptomatology, especially since the latter is medically unexplained yet somatically expressed. Please add a reference that distinguishes somatic symptoms from internalizing conditions like anxiety or depression.

The authors state that “higher interoceptive awareness has been linked to better emotion regulation, health monitoring, and psychological resilience...” This claim would be more robust if supported with direct evidence from adolescent-specific studies, as some cited references (e.g., Palser et al., 2021) address adults or mixed samples.

In the paragraph beginning with “Importantly, interoception does not function in isolation...,” the sentence “Studies have shown that individuals who engage in frequent cognitive avoidance display reduced bodily awareness...” could benefit from further clarification. Are these cross-sectional, longitudinal, or experimental studies?

In “Measures,” the MAIA-Y is introduced, but no justification is provided for its appropriateness in a Peruvian population. Was cultural adaptation or validation conducted for this context? If so, please report it; if not, note this as a limitation.

In the “Cognitive Avoidance” section, the inclusion of the subscales (e.g., Thought Substitution, etc.) is appreciated, but no subscale results are reported in the findings. Consider justifying the use of total scores instead of examining subscale-level relationships.

In Table 2 and the accompanying text, while correlation values are statistically significant, the text could further elaborate on the practical significance and effect size interpretation of these correlations in psychological terms.

The SEM model in Table 4 shows a total effect ($\beta = 0.20$) lower than the direct effect ($\beta = 0.32$), which is unexpected given that the indirect effect ($\beta = -0.12$) is subtracted. Please check the consistency and clarify this in the text.

In the Discussion section, the authors write, “This supports theoretical models suggesting that cognitive avoidance disrupts somatic monitoring...” Please specify or name one such theoretical model (e.g., Interoceptive Predictive Coding Theory) to enhance conceptual grounding.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the first paragraph of the Introduction, the term “physiological stress responses and bodily discomfort” would benefit from clarification. Are these terms referencing HPA axis dysregulation, autonomic symptoms, or general arousal? Please be more specific to enhance neurophysiological clarity.

The paragraph starting with “In contrast to avoidance, interoceptive awareness...” provides a solid foundation but could be strengthened by elaborating on developmental trajectories of interoception in adolescence. You may consider citing additional sources that differentiate adolescent interoceptive development from childhood and adulthood.

The final paragraph of the Introduction states: “Interoceptive awareness may provide the missing link...” This is a compelling hypothesis. However, the paragraph would be improved by more clearly stating the theoretical model being tested (i.e., full vs. partial mediation).

In the “Study Design and Participants” section, the description of “multi-stage cluster sampling” lacks detail. Please describe the stages and clusters, such as whether schools or classrooms served as initial clusters.

In the “Data Analysis” section, the use of SEM is described, but the estimation method (e.g., maximum likelihood) and criteria for model modification (e.g., modification indices) are not mentioned. Please clarify these technical choices.

In Table 1, mean scores are presented, but it is unclear what the maximum possible scores are for each scale. Please include this information to facilitate interpretation of whether the levels reported are low, moderate, or high.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.