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# Childhood Adversity and Health Anxiety: The Mediating Role of Intolerance of Uncertainty

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|---|---|
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## 1. Round 1

### *1.1. Reviewer 1*

Reviewer:

The opening defines childhood adversity broadly but cites only one Pakistani study (Fazal et al., 2022). It would strengthen the argument to add global prevalence data on ACEs to justify its significance.

The authors write "Cross-cultural findings further highlight the global relevance…" but only cite Asian and Middle Eastern studies. Including European or North American evidence would make the "global" claim more robust.

The research objective is clearly stated, but no hypothesis is explicitly formulated. Please add hypotheses (e.g., "IU mediates the relationship between childhood adversity and health anxiety").

The sentence "This can be explained by IU, as difficulty tolerating ambiguity may impede therapeutic progress…" is speculative. Please indicate whether there is empirical evidence supporting IU's role in treatment response.

Authors uploaded the revised manuscript.

### *1.2. Reviewer 2*

Reviewer:

The sentence “Patients with greater adversity histories experienced slower symptom improvement…” (Nowak et al., 2023, 2024) is relevant but could be better linked to the current study by clarifying how IU might explain this slowed recovery.

The discussion of IU cites Oltean & Șoflău (2022) on reward processing. The connection to IU is only implied. Please clarify how reward learning overlaps conceptually with IU in this context.

The range for CTQ is reported as 25–108, but the theoretical range is 25–125. Please clarify whether this reduced maximum reflects sample characteristics or scoring adjustment.

The authors write “These results provide empirical support for the theoretical proposition…” but do not name the specific theoretical framework. Please specify (e.g., stress-diathesis model, cognitive vulnerability framework).

Authors uploaded the revised manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.



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