



Cognitive Fusion Social Anxiety and Rejection Sensitivity in Young Adults with Visible Physical Disabilities

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ABSTRACT

Young adults in Pakistan with visible physical disabilities often encounter psychological challenges, particularly in social interactions. This study examined the relationship between cognitive fusion, social anxiety, and rejection sensitivity within this population. Cognitive fusion involves a strong attachment to distressing thoughts, which may contribute to emotional and interpersonal difficulties. A cross-sectional design was employed and 149 participants aged 18 to 26 were recruited through purposive sampling from various rehabilitation centers and disability organizations in Lahore. Standardized instruments—the Cognitive Fusion Questionnaire (CFQ), Social Interaction Anxiety Scale (SIAS), and Adult Rejection Sensitivity Questionnaire (A-RSQ)—were used for assessment. Data were analyzed using Spearman rho correlation and bootstrapped linear regression through SPSS version 27. Results indicated a significant positive correlation between cognitive fusion and social anxiety, while no significant relationship was found with rejection sensitivity. These findings suggest that psychological interventions should be tailored to address identity-related cognitive patterns among youth with visible physical disabilities to promote mental well-being.

Introduction

The word "disability" has many meanings, and each nation has its own definition. As a result, there isn't a definition that is agreed upon by everyone (Hussain et al., 2020). A person can be classified as disabled if they are unable to perform a job or enter any profession because of an illness, injury,

or inherited defects (Ahmed et al., 2011). These include people who are mentally and physically disabled, have hearing issues, or are visually impaired. One billion people worldwide suffer from a disability, with developing nations having a higher proportion of disabled people (Ali, et al, 2024). This person with disability came from a variety of cultural and socioeconomic backgrounds (World Health Organization, 2011).

A psychological phenomenon known as cognitive fusion occurs when a person becomes overly entangled in their thoughts and interprets them as absolute realities rather than fleeting mental occurrences. Rigid behavioral patterns, emotional distress, and less psychological flexibility are frequently the results of this impaired. Cognitive fusion is defined by Gillanders et al. (2014) as the predominance of private events (such as thoughts and feelings) over overt behavior, which interferes an individual's capacity to act successfully in accordance with personal ideals. When faced with difficult or emotionally charged situations, people with high degrees of cognitive fusion often react to their internal experiences in a way that limits adaptive behavior and intensifies distress. Reducing cognitive fusion is one of the main therapeutic objectives of Acceptance and Commitment Therapy (ACT), which is based on this idea.

Social anxiety significantly impacts the mental health of young adults who have noticeable physical disabilities. This type of anxiety involves a profound fear of receiving negative evaluations or being rejected in social contexts, especially pronounced in those whose looks noticeably differ from accepted societal standards. Studies indicate that noticeable physical variations frequently subject individuals to stigmatizing actions, including staring, avoidance, or unsolicited comments (Rumsey, 2004; Jewett et al., 2018). These social pressures heighten the chances of experiencing social anxiety, as people may start to expect negative judgment during social interactions.

Rejection sensitivity indicates a person's increased emotional response and anxious anticipation of being excluded by others. (Downey, G.J.1996). For young adults with noticeable physical disabilities, this sensitivity might be heightened because of a perceived deviation from societal standards of appearance and past unfavorable social encounters. These people might develop a heightened sensitivity to social signals, viewing neutral or unclear interactions as possible rejection (London et al., 2007).

Theoretical framework

Acceptance and Commitment Therapy (cognitive fusion)

Hayes et al., Acceptance and Commitment Therapy (ACT) serve as the foundation for the cognitive fusion concept. When people become "fused" with their thoughts—that is, when they take their inner feelings as actual facts rather than fleeting mental occurrences—psychological distress results, according to ACT.

Self- Presentation Theory (Social anxiety)

The current study uses Self-Presentation Theory (Erving Goffman, 1959) to understand social anxiety. According to this theory, people are driven to manage how other people see them and frequently worry about receiving unfavorable reviews. Anxiety can rise in social settings because people may worry about being scrutinized, gazed at, or rejected, especially if their appearance deviates from the norm.

Rejection Sensitivity Model

The model of Rejection Sensitivity (RS), proposed by Downey and Feldman (1996), explains the tendency to anxiously expect, readily perceive, and intensely react to rejection. This model asserts that individuals who have experienced prior rejection—especially during formative social interactions—become hypersensitive to future rejection cues.

Literature Review

In another study conducted in major urban areas like Islamabad and Karachi, Ahmad et al. (2022) investigated the role of psychological inflexibility in predicting social anxiety among individuals with physical disabilities. They worked with a sample of 150 wheelchair users aged 20–35 and proposed that greater psychological inflexibility would be linked with increased social anxiety. The findings supported their assumption, indicating that individuals who were unable to separate from negative thoughts and avoided emotional experiences were more prone to social anxiety. The study's limitation was an uneven gender ratio, with more male participants than females, which may have influenced the generalizability of the results.

In a United Kingdom-based study, Ferguson et al. (2021) examined the role of cognitive fusion in predicting anxiety and depressive symptoms in individuals with acquired physical disabilities. Their sample consisted of 160 adults attending physical rehabilitation clinics. The researchers hypothesized that cognitive fusion would serve as a mediator between perceived physical stigma and emotional distress. Their findings supported this claim, indicating that those with high cognitive fusion had greater difficulty disengaging from self-critical thoughts, which in turn led to increased anxiety. However, the study was limited by its cross-sectional nature, which did not allow for the examination of long-term psychological trajectories.

On the whole, studies provide marked evidence of the enhancement of social anxiety by cognitive fusion, as well as rejection sensitivity as a factor of contributing social avoidance and distress. However, the samples of the population are not likely to include people with visible physical disability which lowers the generalizability to the disability-related experiences.

It is evident that there is a research gap in the available literature since no combined analysis has been done to study the interrelationship between cognitive fusion social anxiety and rejection sensitivity in young adults with visible physical disability. Even these variables have been examined separately in various populations, i.e. clinical patients, adolescents, romantic relationship or the general university students, no known empirical studies so far have concurrently examined all the three constructs in this particular group.

As a matter of fact, a more detailed perusal into the available body of literature indicates that all the studies conducted so far did not set out to explore the triadic interaction between these three psychological variables in the context of visible physical disability. These variables have been addressed in earlier studies independently and with additional constructs including; self-esteem, emotional regulation, or depression. Furthermore, the groups of the participating subjects chosen in these studies have been significantly different the subjects chosen mostly had no disability of any kind. To that extent, the psychological lives of people with visible physical impairments continue to be systematically diminished in the existing body of knowledge.

Moreover, despite the significant roles these variables play in emotional regulation and psychological distress, no known empirical research has investigated the interaction of all four—cognitive fusion, social anxiety, rejection sensitivity, and visible physical disability—in a single

comprehensive framework. Each of these constructs has been studied in combination with other unrelated psychological or social variables: Cognitive fusion has been studied with depression, psychological inflexibility, and emotional deregulation. Social anxiety has been researched in the context of self-esteem, shyness, and peer rejection. Rejection sensitivity has often been examined in relation to romantic anxiety, attachment insecurity, and interpersonal distress. Visible physical disability has been linked mostly with social stigma, self-concept, adjustment, and quality of life.

However, a unified exploration that captures the dynamic and cumulative interaction of these variables among individuals with visible physical disabilities is entirely lacking. This omission represents a significant academic and clinical gap, particularly because these constructs are interlinked and may collectively exacerbate psychological vulnerability in visibly disabled populations.

Adding to the urgency of this research is the lack of culturally relevant and context-specific studies in Pakistan. Most of the existing literature is based on Western populations, where social norms, healthcare access, and stigma around disability are significantly different. In the Pakistani context, disability is often surrounded by religious interpretations, familial over-protection, and societal marginalization, yet the psycho social dimensions of such lived experiences remain under-explored.

Cognitive fusion is an under-researched construct in Pakistan and rarely studied in clinical or disability-related populations. Social anxiety has been researched moderately, but mostly in educational settings or among adolescents, with minimal application to individuals with disabilities. Rejection sensitivity has received very limited attention, typically explored in romantic or peer-related contexts, not in relation to physical appearance or disability. Visible physical disability, while a growing concern in public health, is seldom studied from a psychological perspective beyond stigma or basic quality-of-life indices.

This clear lack of integrated, disability-focused, and culturally grounded research in Pakistan points to a major gap that needs immediate attention. It is critical to understand how cognitive processes (like fusion), emotional challenges (such as social anxiety), and interpersonal concerns (like rejection sensitivity) collectively impact the lives of individuals whose physical appearance is visibly different and socially noticeable.

Rationale of the study

Young adults with visible physical disabilities not only face physical challenges but also have profound effects on their psychological problems. Such individuals are often made to feel socially inferior, isolated, or worthless, which can increase their social anxiety and rejection sensitivity. Additionally, if their thoughts are intense or rigid that is they have high levels of cognitive fusion, they are more likely to negative experience. This study is also important because most of past research has primarily viewed disability as a medical or physical problem, while ignoring the psychological aspects. Although research has been conducted separately between both general and clinical patients regarding these issues, there is much more that has not been learned about their interconnection as it pertains to individuals with visible physical disability as they experience and strategize through social encounters in early adulthood. This is especially significant in the culturally conservative nation such as Pakistan where usually the most peculiar pressures on the psyche sphere are not paid sufficient attention to this population group. This will assist in designing good mental health interventions and draw more psychological strength and social inclusion.

Objective of research

- To examine the levels of cognitive fusion social anxiety and rejection sensitivity in young adults with visible physical disability.
- To determine whether cognitive fusion significantly predicts the level of social anxiety and rejection sensitivity in young adult with visible physical disability.

Hypotheses

- H1: There is likely to be a significant positive relationship between cognitive fusion, social anxiety and rejection sensitivity among young adults with visible physical disabilities.
- H2: Cognitive fusion is likely to be predicts of social anxiety and rejection sensitivity among young adults with visible physical disabilities.

Methodology

The current study examined the relationship between the cognitive fusion, social anxiety and rejection sensitivity in young adults with visible physical disability. The following section is focused on the method of the research, comprising the research designs, sampling strategy, participant characteristics, measures instruments, procedure, and ethical considerations.

Research Design

The research designed would be a Cross- Sectional Survey. The current study research examines the relationship between cognitive fusion, social anxiety, and rejection sensitivity in young adults with visible physical disability.

Sampling Strategy

The study employed non-probability purposive sampling method was used to include young adults with visible physical disability in Lahore. Who are between the age of 18 to 26. Participants were recruited through various rehabilitation centers, hospitals, disability support, organization and relevant community setting in Lahore, Pakistan. The sampling method was aimed at targeting such individuals, which are affected by the key psychology aspects of the research, means cognitive fusion, social anxiety and rejection sensitivity. The strategy was adopted to allow for an in depth analysis of the psychological factors that affect the mental health and social relationship of young adults with visible physical disability.

Participant Characteristics

The total sample of N= (149). The young adults with visible physical disability were taken from Lahore of different age groups, genders, education, occupation and marital status among other background factors.

Inclusive criteria

- The respondents were between 18 to 26 years.
- Persons having physical impairment that can be seen (e.g. limb difference, amputation, lameness and affected by Polio etc.)

Exclusion Criteria

- Individual whose physical disability is invisible, such as chronic pain or internal problems that are not visible outwardly.
- People who are in the treatment process of acute mental disorders (e.g. schizophrenia, bipolar disorder.)

Measures

Following instruments were used to measure the variables in the study. For the usage of tools, permission was taken from authors of the tools.

Cognitive Fusion Questionnaire (Gillanders et al., 2014)

The CFQ is an instrument that comprises 7 items that are assessed using a 7-point Likert Scale having a range of 1 (never true) to 7 (always true), the higher the scores the stronger the cognitive fusion.

Social Interaction Anxiety Scale (Mattick &Clarke, 1998)

The SIAS is composed of 20 items measuring on a 4-point Likert scale with the lowest value being 0 (not at all characteristic or true of me) and the highest value of 4 (extremely characteristic or true of me).

Adult Rejection Sensitivity Questionnaire (Berenson et al., 2009)

The A-RSQ assesses the cognitive predisposition to pre-worry, easily notice, and passionately respond to the rejection to people. It contains 9 were hypothetical interpersonal scenarios in which the participants rated (a) the degree of their own anxiety or concern that they might be rejected and (b) the degree of their expectation that they would be accepted or rejected.

Procedure

The Faculty Research Board (FRB) of the Department approves the research topic. After proving research topic, the original authors granted the formal approval to utilize their traditional versions of the scales in Urdu: Cognitive Fusion Questionnaire (CFQ), Social Interaction Anxiety Scale (SIAS), and Adult Rejection Sensitivity Questionnaires (ARSQ). The Urdu translations of these scales were conduct following the MAPI guidelines for used in this study were linguistically and culturally adapted for the Pakistani population. This was followed by the official consent of the different data collection points of interest such as the rehabilitation centers, hospitals, disability support, organization and relevant community setting in Lahore, Pakistan. After obtaining the institutional access, data collection would be done through face to face work with hard copy of the questionnaires. The interviewing was conducted in a non-crowded and calm environment to get the respondents concentrated and frank.

Statistical Analysis

A bootstrapped linear regression analysis was conducted to examine the predictive role of cognitive fusion on social interaction anxiety and rejection sensitivity. Bootstrapping, a resampling method involving 1,000 iterations, was chosen for its robustness, particularly with small to moderate sample sizes and non-normally distributed data. Prior to regression analysis, the Spearman rho correlation was used to assess the strength and direction of relationships among the

variables, given the non-normal distribution of the data. All statistical tests were two-tailed with a significance level set at $p < .05$. Effect sizes were interpreted alongside significance values to assess the strength and practical relevance of the findings. The combination of descriptive, correlational, and regression analyses offered a comprehensive understanding of the interactions among cognitive fusion, social anxiety, and rejection sensitivity in young adults with visible physical disabilities.

Ethical Considerations

The study received formal permission from the original authors to use the assessment tools for in-person data collection. Participants were fully informed about the study's purpose and ethical rights, and written consent was obtained. They were assured of voluntary participation, the right to withdraw anytime, and complete confidentiality of their data.

Result

Table 1

Reliability analysis

Psychometric properties of major study variables (149).

Variables	K	<i>a</i>	M	SD	Skewness	Kurtosis
Cognitive fusion	7	.876	27.78	8.10	.059	-.618
Social interaction anxiety	20	.615	42.53	7.46	-.414	1.925
Adult rejection sensitivity	9	.600	8.93	4.23	.759	.179

K = No of items, ***a*** =Cronbach alpha, **M**= Mean, **SD**= Standard deviation

Cognitive fusion had strong internal consistency ($\alpha = .876$). Social interaction anxiety showed acceptable reliability ($\alpha = .615$), while A-RSQ subscale demonstrated weaker consistency ($\alpha < .60$).

Table 2

Spearman's rho correlation of study Variables (N=149)

Variables	1	2	3	4	M	SD
1.Impact	1	.371**	.011	-.080	3.40	.861
2.Cognitive Fusion		1	.220**	-.078	27.78	8.104
3. Social Interaction Anxiety			1	-.045	42.53	7.46
4. Adult Rejection Sensitivity				1	8.93	4.23

** Correlation is significant at the 0.01 level (2-tailed).

Cognitive fusion showed a significant positive correlation with social anxiety ($r = .220$, $p = .007$) while not significant relationship with rejection sensitivity ($r = -.078$, $p = .346$).

Table 3

Bootstrapped linear regression predicting social Anxiety and Rejection Sensitivity from Cognitive Fusion

Dependent Variables	B	SE	β	t	p	R²
Social Anxiety						
Cognitive Fusion	.197	.074	.214	2.66	.009	.046
Constant	37.06	2.148	—	17.26	<.001	
Rejection Sensitivity						
Cognitive Fusion	-.010	.043	-.019	-.230	.819	.000
Constant	9.21	1.25	—	7.38	<.001	

Note. F(1,147), N= 149

Cognitive fusion significantly predicted social anxiety ($B=.197$, $p = .009$, $R^2 = .046$) but not significantly predicts rejection sensitivity ($B = -.010$, $p = .819$, $R^2 = .000$).

Discussion

This study was examining the relationship between cognitive fusion, social anxiety and rejection sensitivity in young adults with visible physical disabilities. The study applied a cross- sectional research design involving a sample of 149 participants, age” between” 18 to 26.

The data supported the first hypothesis, which suggested a strong positive correlation between cognitive fusion and social anxiety. (Enayati Shabkolaei, et al 2024) “According to this study that high level of cognitive fusion was positively associated with increase social anxiety. Participants who were more fused with their internal negative thoughts also reported higher levels of social anxiety, according to the correlation analysis, which showed a moderately positive and statistically significant association between these two factors.

On the other hand, hypothesis, there was a “positive correlation between Cognitive Fusion and Rejection Sensitivity”. This hypothesis was not supported by the results, which showed that there was not significant correlation between these two factors. Higher degrees of cognitive fusion, which is described as becoming intertwined with one's thoughts, did not substantially predict higher levels of rejection sensitivity among the 149 young adults with visible physical disabilities limitations who participated in the study. According to the current findings, cognitive fusion did not significantly affect how sensitive people were to perceive social rejection in this particular scenario, despite the fact that Acceptance and Commitment Therapy (ACT; Hayes et al., 2006) highlights that cognitive fusion contributes to emotional suffering. This implies that external social dynamics have a greater impact on rejection sensitivity than do internal mental processes. This result can be explained in a number of ways. First, items on intimate relational contexts, including friends, family, and marriage, were incorporated in the Adult Rejection Sensitivity Questionnaire utilized in this study. Generally speaking, these are emotionally stable and helpful relationships, particularly in collectivist societies like Pakistan. Their overall rejection sensitivity scores may have decreased as a result of many participants not seeing a high likelihood of rejection in these particular categories.

The second hypothesis investigated Cognitive Fusion significantly predicts both Social Anxiety and Rejection Sensitivity. The findings showed a distinct result: while Cognitive Fusion did not significantly predict Rejection Sensitivity, it was a strong predictor of Social Anxiety. This

indicates that higher levels of social anxiety were more common in people who were more cognitively fused, or who tended to be more absorbed in their thoughts (Celikbas & Akbayrak, 2025). On the other hand, the same cognitive process was unable to adequately account for differences in rejection sensitivity, indicating that distinct mechanisms might be involved in how people view and expect rejection.

One possible explanation lies in the contextual limitations of the measurement scale. The Adult Rejection Sensitivity Questionnaire (ARSQ), developed by Questionnaire, Berenson et al. (2009), was originally validated on a different population that may not reflect the unique psychological and social realities of individuals with physical disabilities. In this study, the ARSQ was administered to young adults with visible physical disabilities, a population for whom interpersonal dynamics may differ significantly. This mismatch may have contributed to the weak and non-significant relationship between cognitive fusion and rejection sensitivity. Additionally, the ARSQ focuses on rejection scenarios within close interpersonal relationships, such as friends, family, and romantic partners—contexts that may not be the primary source of rejection fears in this population, especially within collectivist cultures. Lastly, the rejection sensitivity scale has previously been used on general population, such as individuals researching body images, or university students, which further supports why cognitive fusion emerged as a significant predictor of social anxiety but not of rejection sensitivity in the current research.

Limitation

This study is related with a number of limitations and this need to be assessed regarding analysis of the findings. To begin with, it had a small sample (N= 149). Second, the cross-sectional design of the study was not be able to clarify the cause and effect relationship among the variables, such as cognitive fusion, social anxiety and rejection sensitivity. And some measures violated normality assumptions; although robust (bootstrapped) methods were used, this may still influence generalizability

Fourth, the findings, based on purposive sampling and the young adults with visible physical disabilities were taken limited to specific centers and communities in Lahore cannot be generalized to other cities or the wider population. Moreover, only subjects with visible physical disabilities were studied, and invisible disabilities were excluded, but they have the same mental problems. Finally, there were possible sampling bias and gender/ age representation differences which could have affected the results.

Future Directions

- Researchers are encouraged to adopt a longitudinal research designed to cause- and effect relationships between cognitive fusions, social anxiety and rejection sensitivity over time.
- The present study focused solely on individuals with visible physical disability such as limb difference, amputation etc. However, future research should also explore other categories of visible physical disabilities excluding intellectual and mental disabilities to provide a broader understanding of how various physical conditions influence of cognitive fusion, social anxiety and rejection sensitivity.
- It is also recommended that qualitative methods be incorporated into the research to gain a deeper understanding of the personal and psychological experiences of people with significant physical disabilities.

- In the future research should be conducted on the three variables cognitive fusion, social anxiety and rejection sensitivity together, because there is a lack of studies that have examined all three simultaneously.

Conclusion

This study concluded that cognitive fusion leads to increased social anxiety and slightly rejection sensitivity in young adults who are experiencing significant physical disability. The finding showed that harsh and negative thoughts affect the emotional health of these individuals. This research highlights the need to adopt mental health strategies that address these psychological factors and improving the well-being of young adults with visible physical disabilities.

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