

Maladaptive Beliefs as a Mediator Between Rejection Sensitivity and Social Anxiety

Ahmet. Kutsal¹ , Mehmet. Özdemir^{2*} 

¹ Necmettin Erbakan University, Seydisehir Vocational School, Konya, Türkiye

² Department of Psychology, Istanbul University, Istanbul, Türkiye

* Corresponding author email address: mehmet.ozdemir@istanbul.edu.tr

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ABSTRACT

Objective: This study aimed to investigate the mediating role of maladaptive beliefs in the relationship between rejection sensitivity and social anxiety among young adults.

Methods and Materials: The study employed a descriptive correlational design and included 408 participants aged 18 to 30 from Turkey, selected using Morgan and Krejcie's sample size table. Participants completed three standardized self-report instruments: the Social Interaction Anxiety Scale (SIAS), the Rejection Sensitivity Questionnaire (RSQ), and the Dysfunctional Attitude Scale (DAS). Data were analyzed using SPSS-27 for descriptive statistics and Pearson correlation, and AMOS-21 for structural equation modeling (SEM). Model fit was evaluated through standard indices, including Chi-square, RMSEA, CFI, TLI, GFI, and AGFI. Assumptions for SEM were tested and confirmed prior to analysis.

Findings: Pearson correlation revealed significant positive associations between social anxiety and maladaptive beliefs ($r = .58, p < .001$), rejection sensitivity and social anxiety ($r = .51, p < .001$), and rejection sensitivity and maladaptive beliefs ($r = .47, p < .001$). The structural model demonstrated good fit ($\chi^2/df = 2.21$, RMSEA = 0.053, CFI = 0.96). SEM results indicated that rejection sensitivity significantly predicted maladaptive beliefs ($\beta = .47, p < .001$) and social anxiety ($\beta = .31, p < .001$), while maladaptive beliefs also significantly predicted social anxiety ($\beta = .42, p < .001$). The indirect path from rejection sensitivity to social anxiety via maladaptive beliefs was also significant ($\beta = .20, p < .001$).

Conclusion: Findings suggest that maladaptive beliefs partially mediate the relationship between rejection sensitivity and social anxiety, highlighting the importance of cognitive distortions as psychological mechanisms underlying social anxiety and pointing to potential targets for intervention.

Keywords: social anxiety, rejection sensitivity, maladaptive beliefs, cognitive distortion

1. Introduction

Social anxiety is a persistent and often debilitating condition characterized by intense fear of social situations, driven by concerns over possible negative evaluation and rejection. It significantly impairs an individual's academic, occupational, and interpersonal functioning, particularly among adolescents and young adults. Theoretical models and empirical research increasingly emphasize the role of cognitive and emotional processes in the development and maintenance of social anxiety symptoms. One of the most salient predictors of social anxiety is rejection sensitivity—a cognitive-affective disposition to anxiously expect, readily perceive, and intensely react to social rejection cues (Du et al., 2022; Shi et al., 2024). However, the mechanisms through which rejection sensitivity translates into social anxiety remain incompletely understood. The current study aims to explore the mediating role of maladaptive beliefs in this relationship, offering a nuanced perspective grounded in cognitive-behavioral theory.

Rejection sensitivity has long been recognized as a precursor to social anxiety. Individuals who are highly sensitive to rejection often interpret ambiguous social cues as signs of disapproval or exclusion, triggering heightened levels of social fear and avoidance (Hyun & Lim, 2022). Recent findings suggest that rejection sensitivity not only predicts increased social anxiety directly but also exerts its effect through various psychological processes, including rumination and negative self-appraisals (Roberts et al., 2021; Shi et al., 2024). Importantly, rejection sensitivity is shaped by early interpersonal experiences, particularly attachment-related dynamics, and can lead to the development of enduring negative schemas about the self and others (Bintas-Zorer & Dirik, 2023). These schemas may evolve into maladaptive beliefs, thereby linking rejection sensitivity and social anxiety more deeply than previously recognized.

Maladaptive beliefs refer to pervasive, rigid, and negatively biased cognitions about the self, others, and the world. According to cognitive models of anxiety, such beliefs play a central role in the interpretation of social situations, particularly those involving the potential for negative evaluation (Carlucci et al., 2018; Heeren et al., 2020). For example, beliefs such as “I must be liked by everyone” or “If I make a mistake, I will be ridiculed” are typical of socially anxious individuals and serve to amplify fear responses in interpersonal contexts (Maeda et al., 2017; Wong et al., 2018). These beliefs are often formed early in

life through adverse experiences, including peer victimization, critical parenting, or attachment disturbances, and become crystallized as part of the individual's cognitive schema (Calvete et al., 2017; Mohammadi & Beige, 2017). Once activated in social settings, these beliefs guide information processing in a negatively biased direction, contributing to heightened anxiety and social withdrawal.

Multiple studies have identified maladaptive beliefs as a key factor differentiating individuals with social anxiety from those without. For instance, research by Gregory and Peters (2017) found that self-related negative beliefs—such as perceived social incompetence and lack of worth—were more prevalent among those with higher levels of social anxiety symptoms (Gregory & Peters, 2017). Similarly, maladaptive social-evaluative beliefs have been shown to mediate the impact of post-event processing and fear of negative evaluation in socially anxious populations (Seinsche et al., 2022). These findings are consistent with models that position maladaptive cognitions as both a cause and a consequence of anxiety in social domains. In this light, maladaptive beliefs may serve as a crucial mechanism through which rejection sensitivity fosters social anxiety, intensifying negative self-perception and reinforcing avoidance behaviors.

In recent years, growing attention has been given to the interplay between emotional regulation, maladaptive beliefs, and social anxiety. Emotion regulation strategies—particularly those that are maladaptive, such as suppression or avoidance—appear to be closely linked with dysfunctional cognitive patterns (Bolouk et al., 2024; Cécillon et al., 2024). Research shows that individuals who are more sensitive to rejection often use maladaptive regulatory strategies, which in turn enhance the salience and rigidity of negative beliefs about the self and social contexts (Dadfarnia et al., 2023; eslamiyan et al., 2022). These intertwined processes exacerbate emotional dysregulation and magnify the threat value of social cues, creating a cycle that perpetuates both anxiety and cognitive distortion (Gorday & Bardeen, 2022; Vos et al., 2025).

The mediational role of maladaptive beliefs in the rejection sensitivity–social anxiety link is further supported by neurocognitive and clinical data. Neuropsychological findings indicate that individuals with heightened anxiety and maladaptive beliefs demonstrate reduced working memory efficiency and impaired executive function during social stressors (Cécillon et al., 2024; Morea & Calvete, 2022). These cognitive limitations hinder the capacity to challenge automatic negative thoughts, leaving maladaptive

beliefs intact and uncorrected. Moreover, therapeutic studies suggest that modifying maladaptive beliefs through cognitive restructuring leads to significant reductions in social anxiety symptoms, highlighting their causal significance (Drummond & Gatt, 2018; Newman, 2021). Indeed, cognitive-behavioral therapy, the gold standard for treating social anxiety disorder, operates largely by helping individuals identify, challenge, and replace maladaptive beliefs with more adaptive alternatives (Ginting et al., 2021; Pereira et al., 2024).

From a developmental standpoint, adolescence and early adulthood represent critical periods for the emergence of both rejection sensitivity and social anxiety. During these phases, individuals face increased social evaluation, peer scrutiny, and identity formation, which heighten vulnerability to interpersonal stressors (Mahdi et al., 2024; Park & Kim, 2023). If not addressed early, the persistence of maladaptive beliefs can interfere with psychosocial development and contribute to long-term anxiety and functional impairment. In this regard, the present study holds practical relevance by identifying modifiable cognitive targets for early intervention and prevention efforts.

Furthermore, research highlights the cultural specificity of these cognitive and emotional processes. While the core elements of rejection sensitivity and maladaptive beliefs may be universal, their expression and impact can vary across cultural contexts, particularly in collectivist societies where social harmony and acceptance are emphasized (Shivak et al., 2023; Wong et al., 2018). In such environments, the fear of rejection may be especially potent, reinforcing rigid beliefs about social worth and amplifying anxiety responses. Understanding these dynamics within a culturally relevant framework enhances the ecological validity and applicability of the study findings.

Despite the rich body of literature supporting the individual associations among rejection sensitivity, maladaptive beliefs, and social anxiety, relatively few studies have tested an integrated mediational model capturing the indirect pathway from rejection sensitivity to social anxiety via maladaptive beliefs. Exploring this pathway is essential for advancing theoretical models of social anxiety and informing clinical practice. If maladaptive beliefs are shown to mediate this relationship, interventions can be more precisely tailored to address these cognitive distortions in individuals who exhibit high rejection sensitivity, thereby enhancing treatment efficacy and durability of outcomes (Heeren et al., 2020; Vos et al., 2025).

To address this gap, the current study investigates the mediating role of maladaptive beliefs in the relationship between rejection sensitivity and social anxiety in a sample of young adults.

2. Methods and Materials

2.1. Study Design and Participants

The final sample consisted of 408 participants, of whom 242 (59.3%) identified as female and 166 (40.7%) as male. Regarding age, 112 participants (27.4%) were between 18 and 20 years old, 189 (46.3%) were between 21 and 25 years old, and 107 (26.2%) were between 26 and 30 years old. In terms of educational status, 178 participants (43.6%) were undergraduate students, 143 (35.0%) had completed a bachelor's degree, and 87 (21.3%) held a master's degree or higher. Most participants reported being single ($n = 331$, 81.1%), while 77 (18.9%) were married. All participants were residents of Turkey and fluent in Turkish.

2.2. Measures

2.2.1. Social Anxiety

To assess the dependent variable of social anxiety, the Social Interaction Anxiety Scale (SIAS) developed by Mattick and Clarke (1998) was used. The SIAS is a self-report instrument designed to measure distress when interacting with others in social situations. It consists of 20 items rated on a 5-point Likert scale ranging from 0 (not at all characteristic of me) to 4 (extremely characteristic of me), with higher scores indicating greater social interaction anxiety. The SIAS focuses primarily on anxiety during social interactions rather than performance-based situations. Numerous studies have confirmed its high internal consistency (Cronbach's alpha values above 0.90) and good test-retest reliability. Its validity has been supported through correlations with other established anxiety measures, and it has been widely used across clinical and non-clinical populations (Mahdi et al., 2024; Shi et al., 2024; Vos et al., 2025).

2.2.2. Rejection Sensitivity

To measure rejection sensitivity, the Rejection Sensitivity Questionnaire (RSQ) developed by Downey and Feldman (1996) was utilized. The RSQ includes 18 hypothetical interpersonal situations in which rejection is possible, and respondents rate each scenario on two dimensions: their

level of anxiety or concern about the outcome, and their expectation of acceptance or rejection. Each response is scored on a 6-point Likert scale, and a rejection sensitivity score is calculated by multiplying the level of concern by the expected likelihood of rejection for each scenario, then averaging across items. The RSQ has demonstrated good internal consistency (with alpha coefficients generally above 0.80) and test-retest reliability. Its construct and predictive validity have been confirmed in various studies examining social anxiety, interpersonal functioning, and emotional vulnerability (Bintas-Zorer & Dirik, 2023; Du et al., 2022; Hyun & Lim, 2022; Shi et al., 2024).

2.2.3. Maladaptive Beliefs

Maladaptive beliefs were measured using the Dysfunctional Attitude Scale (DAS) originally developed by Weissman and Beck (1978). The DAS is a 40-item self-report questionnaire designed to assess dysfunctional beliefs and cognitive distortions associated with depression and anxiety. Items are rated on a 7-point Likert scale from 1 (totally disagree) to 7 (totally agree), with higher scores indicating more maladaptive beliefs. The scale encompasses several belief domains, such as perfectionism, dependency, need for approval, and achievement. The DAS has shown high internal consistency (typically above 0.85) and satisfactory test-retest reliability. Its convergent and discriminant validity have been established through correlations with other cognitive and emotional measures, supporting its suitability for both clinical assessment and research purposes (Bolouk et al., 2024).

2.3. Data analysis

Prior to conducting the main analyses, the assumptions for correlation and structural equation modeling were evaluated. Normality was assessed through skewness and kurtosis values, which ranged from -0.84 to 0.91 for all variables, indicating acceptable univariate normality. Linearity and homoscedasticity were visually confirmed using scatterplots, which showed a consistent spread of residuals across predicted values. Multicollinearity was assessed through variance inflation factor (VIF) values, all of which were below 2.10, confirming no significant collinearity issues. Additionally, Mahalanobis distance was calculated to identify multivariate outliers, and 5 cases exceeded the critical χ^2 value ($p < 0.001$) and were excluded from further analysis. After addressing these, the final dataset met the required assumptions for SEM.

3. Findings and Results

The study sample consisted of 595 participants from various universities across India. Of the total participants, 337 (56.64%) were female and 258 (43.36%) were male. In terms of age distribution, 212 participants (35.63%) were between 18 and 21 years old, 267 participants (44.87%) were between 22 and 25 years old, and 116 participants (19.49%) were aged between 26 and 30. Regarding academic level, 368 participants (61.85%) were undergraduate students, while 227 participants (38.15%) were enrolled in postgraduate programs. Additionally, participants represented a diverse set of cultural backgrounds, including individuals identifying with South Indian (31.26%), North Indian (27.56%), East Indian (19.83%), and West Indian (21.34%) ethnic groups, reflecting the cultural heterogeneity relevant to the focus of the study.

Table 1

Descriptive Statistics for Study Variables (N = 408)

Variable	Mean (M)	Standard Deviation (SD)
Social Anxiety	44.62	10.37
Rejection Sensitivity	12.48	3.21
Maladaptive Beliefs	168.73	26.94

Participants reported a moderately high level of social anxiety ($M = 44.62$, $SD = 10.37$), based on the SIAS scoring range. The mean score for rejection sensitivity was 12.48 ($SD = 3.21$), indicating a notable tendency toward interpersonal sensitivity. Maladaptive beliefs also showed an elevated mean score ($M = 168.73$, $SD = 26.94$) on the

Dysfunctional Attitude Scale, suggesting the presence of pervasive negative cognitive patterns in the sample (Table 1).

Prior to conducting the linear regression analysis, assumptions of normality, linearity, multicollinearity, and homoscedasticity were evaluated and confirmed. The

normality of residuals was assessed using the Shapiro-Wilk test ($p = .073$), indicating no significant deviation from normality. Linearity was verified through visual inspection of scatterplots showing a linear relationship between the independent variables and the dependent variable. Multicollinearity was assessed using the Variance Inflation Factor (VIF), which was 1.26 for cultural identity and 1.18

for acculturative stress—both well below the cutoff value of 10. Tolerance values were also acceptable (0.79 and 0.84, respectively). Homoscedasticity was examined using the Breusch-Pagan test, which yielded a non-significant result ($p = .148$), confirming the assumption of equal variance across residuals. These results supported the suitability of the data for linear regression analysis.

Table 2

Pearson Correlations Between Study Variables

Variable	1	2	3
1. Social Anxiety	—		
2. Rejection Sensitivity	.51** ($p < .001$)	—	
3. Maladaptive Beliefs	.58** ($p < .001$)	.47** ($p < .001$)	—

The Pearson correlation analysis revealed significant positive associations among all variables. Social anxiety was strongly correlated with maladaptive beliefs ($r = .58$, $p < .001$) and rejection sensitivity ($r = .51$, $p < .001$).

Additionally, rejection sensitivity was moderately correlated with maladaptive beliefs ($r = .47$, $p < .001$). These results support the hypothesized associations and provide a basis for further structural modeling (Table 2).

Table 3

Fit Indices for the Structural Equation Model

Fit Index	Value	Recommended Cutoff
Chi-Square (χ^2)	134.72	—
Degrees of Freedom (df)	61	—
χ^2/df	2.21	< 3.00
GFI	0.94	≥ 0.90
AGFI	0.91	≥ 0.90
CFI	0.96	≥ 0.95
TLI	0.95	≥ 0.95
RMSEA	0.053	< 0.06

The results of the SEM analysis indicated that the model fit the data well. The chi-square to degrees of freedom ratio ($\chi^2/df = 2.21$) fell within the acceptable range. Goodness-of-fit indices also supported a strong model fit, with GFI = 0.94,

AGFI = 0.91, CFI = 0.96, and TLI = 0.95. The RMSEA value of 0.053 was below the recommended threshold of 0.06, indicating a close fit of the model to the data (Table 3).

Table 4

Standardized Total, Direct, and Indirect Effects in the Structural Model

Path	b	SE	Beta	p
Rejection Sensitivity → Maladaptive Beliefs (Direct)	4.21	0.57	.47	$< .001$
Maladaptive Beliefs → Social Anxiety (Direct)	0.21	0.04	.42	$< .001$
Rejection Sensitivity → Social Anxiety (Direct)	1.78	0.42	.31	$< .001$
Rejection Sensitivity → Social Anxiety (Indirect)	0.88	0.19	.20	$< .001$
Rejection Sensitivity → Social Anxiety (Total)	2.66	0.40	.51	$< .001$

The path analysis revealed that rejection sensitivity significantly predicted maladaptive beliefs ($b = 4.21$, $SE = 0.57$, $\beta = .47$, $p < .001$). In turn, maladaptive beliefs

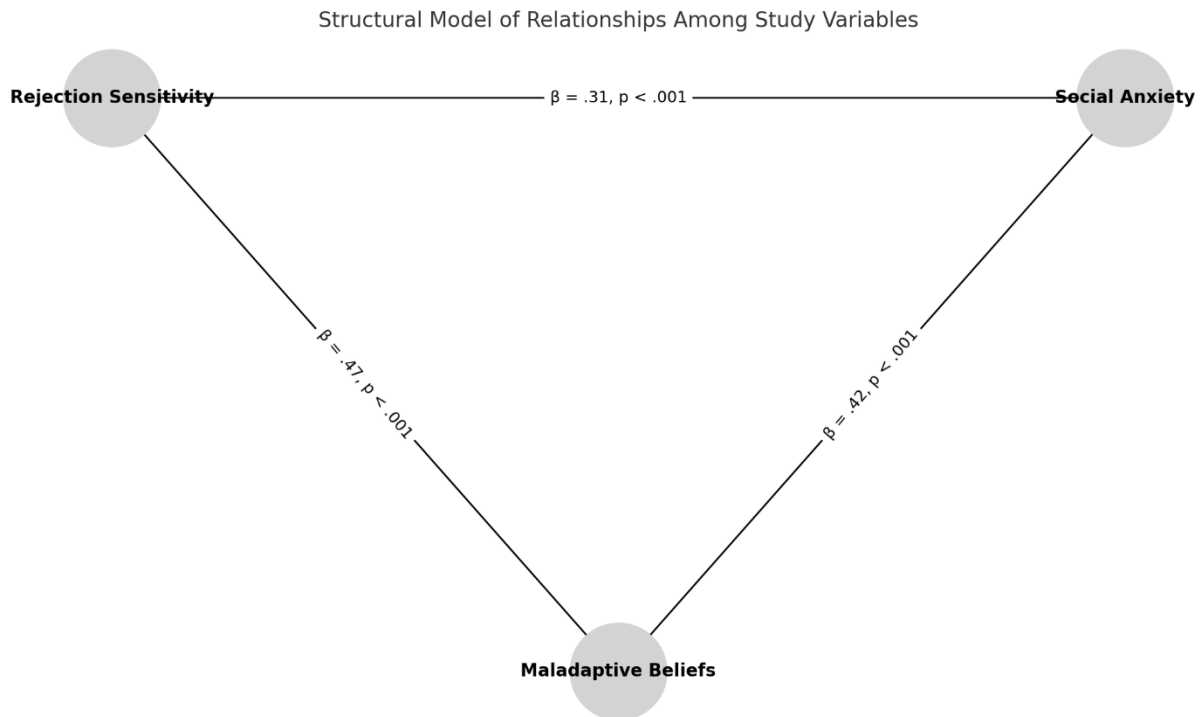
significantly predicted social anxiety ($b = 0.21$, $SE = 0.04$, $\beta = .42$, $p < .001$). Rejection sensitivity also had a significant direct effect on social anxiety ($b = 1.78$, $SE = 0.42$, $\beta = .31$,

$p < .001$). Importantly, the indirect effect of rejection sensitivity on social anxiety through maladaptive beliefs was also significant ($b = 0.88$, $SE = 0.19$, $\beta = .20$, $p < .001$), supporting the hypothesis that maladaptive beliefs mediate

the relationship. The total effect (direct + indirect) of rejection sensitivity on social anxiety was substantial ($b = 2.66$, $SE = 0.40$, $\beta = .51$, $p < .001$) (Table 4).

Figure 1

Final Model with Path Coefficients



4. Discussion and Conclusion

The present study sought to examine the mediating role of maladaptive beliefs in the relationship between rejection sensitivity and social anxiety among young adults. The results confirmed the hypothesized model: rejection sensitivity significantly predicted higher levels of maladaptive beliefs, which in turn were associated with elevated social anxiety. Moreover, the mediation analysis indicated that maladaptive beliefs partially mediated the relationship between rejection sensitivity and social anxiety, suggesting that while rejection sensitivity has a direct influence on social anxiety, a substantial part of this relationship is channeled through distorted cognitive patterns.

These findings offer compelling support for theoretical models of social anxiety that highlight the significance of both interpersonal sensitivities and maladaptive cognitive structures. Specifically, the significant predictive relationship between rejection sensitivity and maladaptive

beliefs aligns with previous studies demonstrating that individuals who are hypersensitive to rejection tend to internalize negative interpersonal experiences, leading to the development of rigid and dysfunctional self-schemas (Du et al., 2022; Hyun & Lim, 2022). These internalized schemas then serve as templates through which social information is filtered, often reinforcing negative expectations and interpretations (Carlucci et al., 2018; Mohammadi & Beige, 2017).

The mediational role of maladaptive beliefs is consistent with past findings in clinical and subclinical samples. For instance, Calvete et al. (2017) identified maladaptive schemas as mediators between prolonged peer victimization and emotional distress, supporting the idea that cognitive distortions are acquired through adverse social learning and serve to maintain psychological symptoms (Calvete et al., 2017). Similarly, Carlucci et al. (2018) emphasized the centrality of maladaptive cognitive schemas in the development of social anxiety, especially when reinforced

through repeated co-rumination and negative self-comparisons (Carlucci et al., 2018). In the present study, maladaptive beliefs not only co-occurred with rejection sensitivity but functioned as a psychological bridge intensifying the fear of social judgment and reinforcing withdrawal behaviors.

The significant direct relationship between rejection sensitivity and social anxiety found in this study also echoes prior research emphasizing the pivotal role of interpersonal fear in anxiety disorders. Shi et al. (2024) reported that rejection sensitivity significantly predicted social anxiety symptoms among undergraduates, especially when coupled with rumination and perceived exclusion (Shi et al., 2024). Furthermore, Hyun and Lim (2022) demonstrated that pre-service teachers with heightened rejection sensitivity exhibited increased social fear, particularly in evaluative and unfamiliar situations (Hyun & Lim, 2022). The consistent association across multiple populations and contexts suggests that rejection sensitivity is a robust and transdiagnostic risk factor for social anxiety.

Maladaptive beliefs, particularly those relating to fear of evaluation, perceived incompetence, and exaggerated self-monitoring, have long been associated with the cognitive architecture of social anxiety. The findings of the present study corroborate this perspective. Heeren et al. (2020) proposed that maladaptive social self-beliefs form a tightly connected cognitive network that sustains anxiety in interpersonal situations, with limited flexibility for reevaluation or positive restructuring (Heeren et al., 2020). Additionally, the results support the conclusions of Wong et al. (2018), who developed a youth-specific measure of maladaptive social-evaluative beliefs and demonstrated its strong predictive validity for social anxiety symptoms in adolescents (Wong et al., 2018). The similarity of findings across different measures and age groups indicates that such beliefs constitute a core feature of the social anxiety phenotype.

The role of maladaptive beliefs as a mediating variable also finds support in studies that have examined emotional and metacognitive correlates. Cécillon et al. (2024) noted that individuals with high levels of anxiety and maladaptive emotion regulation exhibited reduced working memory efficiency and compromised cognitive flexibility, impairing their ability to challenge dysfunctional beliefs (Cécillon et al., 2024). In a similar vein, Gorday and Bardeen (2022) identified an interactive effect between metacognitive beliefs and anxiety sensitivity, which predicted anxiety intensity through a feedback loop involving cognitive

distortions (Gorday & Bardeen, 2022). These findings provide a neurocognitive framework for interpreting the role of maladaptive beliefs as both a product and a cause of anxiety, embedded within broader regulatory systems.

Moreover, the present results are aligned with clinical observations that interventions targeting maladaptive beliefs can lead to significant improvements in social anxiety. Newman (2021) compared cognitive restructuring and mindfulness interventions, finding that both reduced social anxiety, but cognitive restructuring had a more direct impact on maladaptive beliefs (Newman, 2021). Similarly, Ginting et al. (2021) showed that maladaptive beliefs in individuals with chronic illness could be modified through psychoeducational interventions, leading to improved emotional functioning and interpersonal engagement (Ginting et al., 2021). These findings reinforce the view that maladaptive beliefs are both modifiable and central to therapeutic change.

The emotional and interpersonal ramifications of maladaptive beliefs also deserve attention. Dadfarnia et al. (2023) found that maladaptive emotion regulation strategies mediated the relationship between emotion beliefs and social anxiety, highlighting the emotional intensity that often accompanies distorted cognitions (Dadfarnia et al., 2023). Likewise, Bolouk et al. (2024) demonstrated that adolescents with higher anxiety sensitivity and dysfunctional attitudes exhibited poor sleep quality, mediated by maladaptive regulatory strategies (Bolouk et al., 2024). These studies suggest that maladaptive beliefs do not operate in isolation but are entangled with broader affective and behavioral processes, contributing to a holistic profile of emotional dysregulation in socially anxious individuals.

Notably, the current findings also have developmental implications. Social anxiety and maladaptive beliefs often emerge during adolescence and early adulthood—a time when identity formation, peer integration, and emotional regulation are particularly salient. Mahdi et al. (2024) emphasized the importance of cognitive, emotional, and behavioral contributors to social anxiety during this life stage, advocating for multidimensional models to understand vulnerability (Mahdi et al., 2024). The present study's young adult sample reinforces the relevance of these models and underscores the critical need for early identification and intervention.

Culturally, the relevance of rejection sensitivity and maladaptive beliefs may be amplified in collectivist societies, where interpersonal harmony, group belonging, and social approval are emphasized. In such contexts, the

threat of rejection may trigger stronger emotional responses and more entrenched maladaptive beliefs. Pereira et al. (2024) provided a case study of a transgender male experiencing intense social phobia rooted in early rejection and trauma, demonstrating the complex interactions between identity, culture, and cognitive vulnerabilities (Pereira et al., 2024). Similarly, Shivak et al. (2023) reported that maladaptive beliefs related to health were intensified during pandemic-related stress, illustrating the susceptibility of cognitive patterns to contextual pressures (Shivak et al., 2023).

The findings also resonate with studies emphasizing post-event processing and fear of negative evaluation as mechanisms that sustain social anxiety. Seinsche et al. (2022) reported that social phobic beliefs mediated the relationship between aversive social memories and current fear, underscoring the persistent and self-reinforcing nature of maladaptive beliefs (Seinsche et al., 2022). These processes likely contribute to the maintenance of social anxiety over time and highlight the importance of addressing not just immediate symptoms but also the underlying cognitive schema.

Taken together, the current study advances the literature by empirically demonstrating that maladaptive beliefs act as a significant psychological mechanism linking rejection sensitivity and social anxiety. This has theoretical implications for understanding the cognitive-affective architecture of social anxiety and practical implications for the design of intervention programs that target both dispositional and cognitive vulnerabilities.

5. Limitations & Suggestions

Despite its contributions, this study is not without limitations. First, its cross-sectional design precludes any definitive conclusions about causality among rejection sensitivity, maladaptive beliefs, and social anxiety. Longitudinal data would be necessary to clarify temporal relationships and determine the directionality of influence. Second, the use of self-report measures introduces the possibility of response bias, such as social desirability or negative affectivity, which may have influenced participants' responses. Third, the sample was limited to young adults in Turkey, which restricts the generalizability of the findings to other age groups and cultural contexts. Additionally, although the study accounted for some demographic factors, it did not control for possible moderating variables such as gender, socioeconomic status,

or history of trauma, which may impact the dynamics among the variables studied.

Future research should consider longitudinal designs to establish causality and examine how rejection sensitivity and maladaptive beliefs evolve over time in relation to social anxiety. Experimental studies could also explore how specific cognitive restructuring interventions impact maladaptive beliefs and whether changes in belief structures mediate reductions in social anxiety. Additionally, incorporating physiological and neurocognitive measures could provide more comprehensive insights into the interplay between cognitive and affective systems. It would also be beneficial to investigate these relationships in clinical populations diagnosed with social anxiety disorder, as well as in diverse cultural contexts, to enhance the external validity and cross-cultural applicability of the findings.

The results of this study suggest that clinicians working with socially anxious individuals should assess and target maladaptive beliefs as a core treatment component. Interventions that address rejection sensitivity early—such as schema therapy or emotion-focused therapy—may help prevent the development of entrenched cognitive distortions. Psychoeducation can also be used to normalize social fears and teach clients to recognize the origins and patterns of their maladaptive beliefs. Additionally, incorporating mindfulness and emotion regulation strategies into therapy may reduce the emotional intensity that fuels these beliefs. Educators and school psychologists could implement early screening programs and group-based interventions to support adolescents exhibiting signs of rejection sensitivity or negative self-beliefs.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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