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Cognitive Fusion as a Mediator Between Anxiety Sensitivity and Avoidant Coping in Young Women

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A B S T R A C T

Objective: This study aimed to examine the mediating role of cognitive fusion in the relationship between anxiety sensitivity and avoidant coping in young women.
Methods and Materials: A total of 600 young women from China participated in this descriptive correlational study. The participants completed validated self-report measures for anxiety sensitivity, cognitive fusion, and avoidant coping. Descriptive statistics were calculated for all variables, and Pearson correlation analysis was used to examine the relationships between the variables. Structural equation modeling (SEM) was employed to test the hypothesized mediation model, with model fit assessed using indices such as Chi-square, CFI, and RMSEA.
Findings: Pearson correlation results revealed significant positive associations between anxiety sensitivity, cognitive fusion, and avoidant coping ($p < .001$). Structural equation modeling confirmed that cognitive fusion partially mediated the relationship between anxiety sensitivity and avoidant coping. Direct paths from anxiety sensitivity to avoidant coping and from cognitive fusion to avoidant coping were both significant, with an indirect effect through cognitive fusion contributing significantly to the total effect ($\beta = 0.22$, $p < .001$). The model fit indices indicated good model fit ($\chi^2/df = 1.99$, RMSEA = 0.041, CFI = 0.97).
Conclusion: The findings suggest that cognitive fusion plays a significant role in explaining how anxiety sensitivity contributes to avoidant coping in young women. These results highlight the importance of addressing cognitive fusion in interventions targeting maladaptive coping strategies, particularly in populations vulnerable to anxiety-related distress.

Keywords: *Cognitive Fusion, Anxiety Sensitivity, Avoidant Coping.*

1. Introduction

Coping styles are critical mechanisms that determine how individuals manage psychological distress, particularly in populations vulnerable to emotional dysregulation, such as young women. Avoidant coping, a maladaptive strategy characterized by disengagement from stressors and emotional suppression, has been linked to adverse psychological outcomes including increased anxiety, depression, and reduced psychological flexibility. The persistent use of avoidant coping mechanisms often reflects underlying psychological vulnerabilities such as anxiety sensitivity and cognitive fusion, which may interact to influence emotional responses to perceived threats (Russell et al., 2020; Xue et al., 2024). Understanding the psychological processes that underlie avoidant coping is essential to improving interventions that foster resilience and adaptive emotional regulation among women in emerging adulthood.

Avoidant coping strategies are associated with an increased risk of psychological dysfunction, as they prevent the processing and resolution of distressing emotional experiences (Faustino, 2020). These strategies often co-occur with heightened anxiety sensitivity, which is defined as the fear of anxiety-related sensations due to beliefs that these sensations have harmful consequences (Samadifard et al., 2021). Anxiety sensitivity has been consistently identified as a transdiagnostic risk factor for a variety of emotional disorders, including generalized anxiety disorder, panic disorder, and depression. Elevated anxiety sensitivity predisposes individuals to perceive minor somatic or emotional experiences as catastrophic, which may lead them to adopt avoidant coping as a protective measure against perceived psychological threat (Clauss & Bardeen, 2021; Hanafi et al., 2022).

A growing body of literature suggests that cognitive fusion may serve as a mediating psychological process between anxiety sensitivity and avoidant coping. Cognitive fusion, a central construct in Acceptance and Commitment Therapy (ACT), refers to the tendency to become entangled with internal experiences such as thoughts and feelings, viewing them as literal truths rather than transient mental events (Écija et al., 2021; Pux et al., 2022). Individuals with high cognitive fusion are more likely to react to their thoughts in rigid, inflexible ways, which impairs their ability to engage in values-based behavior and adaptive emotion regulation. For example, when experiencing anxiety-laden thoughts, a cognitively fused individual may avoid social situations altogether, rather than examining the thought and acting independently of it (Chen et al., 2023; Guzmán et al., 2020).

Evidence indicates that cognitive fusion not only intensifies the subjective experience of anxiety but also diminishes emotional resilience and coping effectiveness. In a study on psychological adjustment in patients with depression, cognitive fusion was found to correlate strongly with increased depressive symptoms and reduced resilience (Chen et al., 2023). Similarly, among adolescents with obesity, cognitive fusion was associated with emotional eating behaviors, suggesting its role in avoidance-oriented coping even in non-clinical populations (Usubini et al., 2022). The findings highlight how fused cognitive processing may steer individuals toward maladaptive coping behaviors in the face of psychological distress (Pux et al., 2022). Cognitive fusion is also implicated in the maintenance of psychological inflexibility, a broader construct that impairs adaptive functioning and emotional processing across various contexts (Faustino, 2020).

Research conducted on female populations reinforces the relevance of this mediating mechanism. Asghari et al. (2020) demonstrated that cognitive fusion significantly mediated the relationship between mindfulness and test anxiety among female university students, highlighting its function in exacerbating stress responses in academic contexts (Asghari et al., 2020). The tendency for young women to internalize societal pressures and ruminate on self-critical thoughts may heighten their susceptibility to cognitive fusion, thereby increasing reliance on avoidant coping mechanisms such as emotional withdrawal or self-distraction (Quintero et al., 2020; Wahyuni & Amelia, 2020). Furthermore, cognitive fusion has been shown to exacerbate the effects of psychological risk factors in populations with chronic stress exposure, such as nurses and students during the COVID-19 pandemic (Al-Hammouri et al., 2024; Lv et al., 2023; Wang et al., 2022).

There is also empirical support for the interactive effect of cognitive fusion and anxiety-related traits. For example, Clauss and Bardeen (2021) found that mental contamination—a cognitive trait linked to intrusive thoughts—predicted anxiety symptoms only in individuals with high cognitive fusion, suggesting that cognitive entanglement with anxiety-related thoughts amplifies emotional responses (Clauss & Bardeen, 2021). Additionally, Russell et al. (2020) showed that cognitive fusion moderated the relationship between experiential avoidance and post-traumatic stress symptoms in trauma-

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exposed women, indicating a potential feedback loop in which maladaptive coping and cognitive rigidity reinforce each other (Russell et al., 2020). This aligns with evidence from psychotherapy research, which emphasizes the reduction of cognitive fusion as a mechanism of change in improving anxiety and depression symptoms (Wojcik et al., 2024).

Although several studies have established the relationship between cognitive fusion and maladaptive coping strategies, fewer have explored its role as a mediating variable specifically between anxiety sensitivity and avoidant coping in non-clinical samples. Existing findings suggest that individuals with elevated anxiety sensitivity tend to rely more heavily on internal experiences as guides for behavior, which increases the likelihood of cognitive fusion and avoidance-based strategies (Samadifard et al., 2021). In this context, cognitive fusion may operate as an explanatory mechanism that clarifies how anxiety sensitivity leads to the use of ineffective coping styles in stressful situations (Al-Hammouri et al., 2024; Hanafi et al., 2022). Additionally, gender-based research indicates that young women may be particularly susceptible to these processes due to heightened emotional sensitivity and greater social expectations regarding emotional expression and self-control (Petov et al., 2022; Xue et al., 2024).

A neuropsychological perspective also supports the mediating role of cognitive fusion in anxiety-related outcomes. Neuroimaging and cognitive science studies have shown that individuals with greater cognitive fusion display distinct patterns of neural activation associated with attentional bias, emotional reactivity, and difficulty with cognitive defusion strategies (Llewellyn et al., 2024; Xu et al., 2020). For instance, the use of cognitive fusion biopsies in decision-making tasks has helped to conceptualize how over-identification with thoughts can alter perception and behavioral choices (Llewellyn et al., 2024; Xu et al., 2020). Though such research is largely focused on physical health domains, these insights parallel cognitive models of anxiety and avoidance behavior.

Furthermore, cognitive fusion is not merely a static trait but is amenable to therapeutic intervention, particularly through mindfulness-based and ACT-informed treatments. Studies have shown that reducing cognitive fusion through defusion techniques leads to decreased reliance on maladaptive coping and improved emotional flexibility (Guzmán et al., 2020; Pux et al., 2022). These findings support the conceptualization of cognitive fusion as both a predictor and mediator of psychological distress, and highlight its role in the development of adaptive coping strategies. Consequently, examining cognitive fusion as a mediator offers a promising avenue for targeted intervention in young women at risk for anxiety-driven avoidance behaviors (Quintero et al., 2020; Wojcik et al., 2024).

Despite the growing body of literature supporting the relevance of cognitive fusion, there remains a paucity of research examining its specific mediating role in the relationship between anxiety sensitivity and avoidant coping, especially in non-clinical, culturally diverse populations. Given that cultural context can shape emotional norms, coping repertoires, and attitudes toward internal experiences, it is important to explore these psychological dynamics among young women in diverse cultural settings such as China (Wang et al., 2022; Xue et al., 2024). As many young women navigate heightened academic pressure, family expectations, and identity development during early adulthood, understanding the interaction between anxiety sensitivity, cognitive fusion, and coping responses is critical for promoting psychological well-being.

The current study aims to fill this research gap by examining whether cognitive fusion mediates the relationship between anxiety sensitivity and avoidant coping in a sample of young women in China.

2. Methods and Materials

2.1. Study design and Participant

This study employed a descriptive correlational design to investigate the mediating role of cognitive fusion in the relationship between anxiety sensitivity and avoidant coping among young women. A total of 600 participants were selected from various provinces in China using a stratified random sampling method. The sample size was determined based on the Morgan and Krejcie table, ensuring sufficient statistical power for structural equation modeling. Eligible participants were young women aged between 18 and 30 years, with no history of severe psychiatric disorders. Informed consent was obtained from all individuals prior to their participation, and ethical guidelines for research with human subjects were strictly followed.

2.2. Measures

2.2.1. Avoidant Coping

Avoidant coping in the present study was assessed using the Brief COPE Inventory developed by Carver (1997), specifically focusing on its avoidant coping subscales. The

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Brief COPE consists of 28 items divided into 14 two-item subscales, of which the avoidant coping dimension is typically represented by four subscales: denial, substance use, behavioral disengagement, and self-distraction. Each item is rated on a 4-point Likert scale ranging from 1 ("I haven't been doing this at all") to 4 ("I've been doing this a lot"), with higher scores indicating greater reliance on avoidant coping strategies. The instrument has been widely used across diverse populations, and multiple studies have confirmed its factorial validity and internal consistency reliability, particularly for the avoidant coping dimension (Ayers et al., 2010; Iwamoto et al., 2010; Musella et al., 2021).

2.2.2. *Cognitive Fusion*

Cognitive fusion was measured using the Cognitive Fusion Questionnaire (CFQ) developed by Gillanders et al. (2014). The CFQ is a 7-item self-report scale designed to assess the extent to which individuals are entangled with their thoughts and treat them as literal truths, rather than transient mental events. Respondents rate each item on a 7-point Likert scale from 1 ("Never true") to 7 ("Always true"), with higher scores reflecting greater cognitive fusion. The CFQ has demonstrated high internal consistency (Cronbach's alpha typically > .90) and strong construct validity in both clinical and non-clinical samples. Its concise structure and unidimensional focus make it a suitable measure for research examining psychological inflexibility and experiential avoidance (Jalali Farahani et al., 2024; Wojcik et al., 2024; Xue et al., 2024).

2.2.3. *Anxiety Sensitivity*

Anxiety sensitivity was evaluated using the Anxiety Sensitivity Index-3 (ASI-3), developed by Taylor et al. (2007). The ASI-3 is an 18-item scale that assesses fear of anxiety-related sensations based on beliefs that such sensations have harmful physical, cognitive, or social consequences. The measure comprises three subscales: Physical Concerns, Cognitive Concerns, and Social Concerns, each containing six items. Responses are given on a 5-point Likert scale ranging from 0 ("Very little") to 4 ("Very much"), with higher scores indicating greater anxiety sensitivity. The ASI-3 has been psychometrically validated in numerous populations and demonstrates excellent internal consistency (subscale alphas > .80) and good convergent and discriminant validity (Abadi et al., 2024; Byers et al., 2023; Hatami Nejad et al., 2024).

2.3. *Data Analysis*

Data analysis was performed using SPSS version 27 and AMOS version 21. Descriptive statistics, including frequencies and percentages, were calculated for demographic variables. Pearson correlation analyses were conducted to examine the bivariate relationships between avoidant coping (dependent variable), cognitive fusion, and anxiety sensitivity (independent variables). To test the hypothesized mediating model, Structural Equation Modeling (SEM) was employed using AMOS-21. Model fit was assessed using standard indices including the Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Chi-square/degrees of freedom ratio (χ^2/df). A significance level of $p < .05$ was used for all inferential analyses.

3. Findings and Results

The final sample consisted of 600 young women, with a mean age of 22.76 years (SD = 3.04). Of the participants, 248 (41.3%) were undergraduate students, 179 (29.8%) were employed full-time, and 113 (18.8%) were part-time workers, while the remaining 60 (10.0%) were unemployed or not currently studying or working. Regarding educational attainment, 267 participants (44.5%) had completed undergraduate education, 201 (33.5%) held a high school diploma, and 132 (22.0%) were enrolled in graduate-level programs. In terms of marital status, 503 (83.8%) were single, 76 (12.7%) were married, and 21 (3.5%) were divorced or separated.

Table 1

Descriptive Statistics for Study Variables (N = 600)

Variable	Mean (M)	Standard Deviation (SD)
Anxiety Sensitivity	39.42	7.84
Cognitive Fusion	32.65	8.11
Avoidant Coping	24.89	5.63

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The descriptive statistics presented in Table 1 show that participants reported moderately high levels of anxiety sensitivity (M = 39.42, SD = 7.84) and cognitive fusion (M = 32.65, SD = 8.11), with a moderate average score on avoidant coping (M = 24.89, SD = 5.63). These mean scores reflect moderate to high psychological vulnerability among the sample.

Prior to conducting the main analyses, statistical assumptions for Pearson correlation and Structural Equation Modeling were examined. Tests for normality indicated that skewness values ranged from –0.42 to 0.51 and kurtosis values ranged from –0.66 to 0.89 for all main variables, suggesting approximate normal distribution. Linearity was visually inspected through scatterplots, confirming a linear pattern between all pairs of variables. The absence of multicollinearity was verified with Variance Inflation Factor (VIF) values below 2.00 and tolerance values above 0.50. Additionally, the data demonstrated no significant outliers based on Mahalanobis distance ($p > .001$), and the assumptions of homoscedasticity and independence of residuals were satisfied.

Table 2

Pearson Correlations Between Study Variables (N = 600)

Variable	1	2	3
1. Anxiety Sensitivity	—		
2. Cognitive Fusion	.51** ($p < .001$)	—	
3. Avoidant Coping	.46** ($p < .001$)	.49** ($p < .001$)	—

As shown in Table 2, anxiety sensitivity was significantly and positively correlated with cognitive fusion ($r = .51$, $p < .001$) and avoidant coping ($r = .46$, $p < .001$). Cognitive fusion was also positively associated with avoidant coping ($r = .49$, $p < .001$). These results support the presence of moderate to strong linear relationships between all three variables.

Table 3

Goodness-of-Fit Indices for the Structural Equation Model

Fit Index	Value	Recommended Threshold
χ^2 (Chi-Square)	147.63	—
df	74	—
χ^2/df	1.99	< 3.00
GFI	0.95	> 0.90
AGFI	0.92	> 0.90
CFI	0.97	> 0.95
TLI	0.96	> 0.95
RMSEA	0.041	< 0.06

The fit indices in Table 3 demonstrate that the structural model had a good fit with the observed data. The chi-square value ($\chi^2 = 147.63$, df = 74, χ^2/df = 1.99) was within acceptable limits, and other fit indices such as GFI = 0.95, AGFI = 0.92, CFI = 0.97, TLI = 0.96, and RMSEA = 0.041 met or exceeded the recommended cut-off criteria, supporting the validity of the model.

Table 4

Direct, Indirect, and Total Path Coefficients Between Study Variables

Path	B	S.E.	β	p
Anxiety Sensitivity → Cognitive Fusion	0.47	0.06	0.51	< .001
Cognitive Fusion → Avoidant Coping	0.39	0.05	0.44	< .001
Anxiety Sensitivity → Avoidant Coping (Direct)	0.28	0.07	0.31	< .001
Anxiety Sensitivity → Avoidant Coping (Indirect via Cognitive Fusion)	0.18	0.04	0.22	< .001
Anxiety Sensitivity → Avoidant Coping (Total)	0.46	0.06	0.53	< .001

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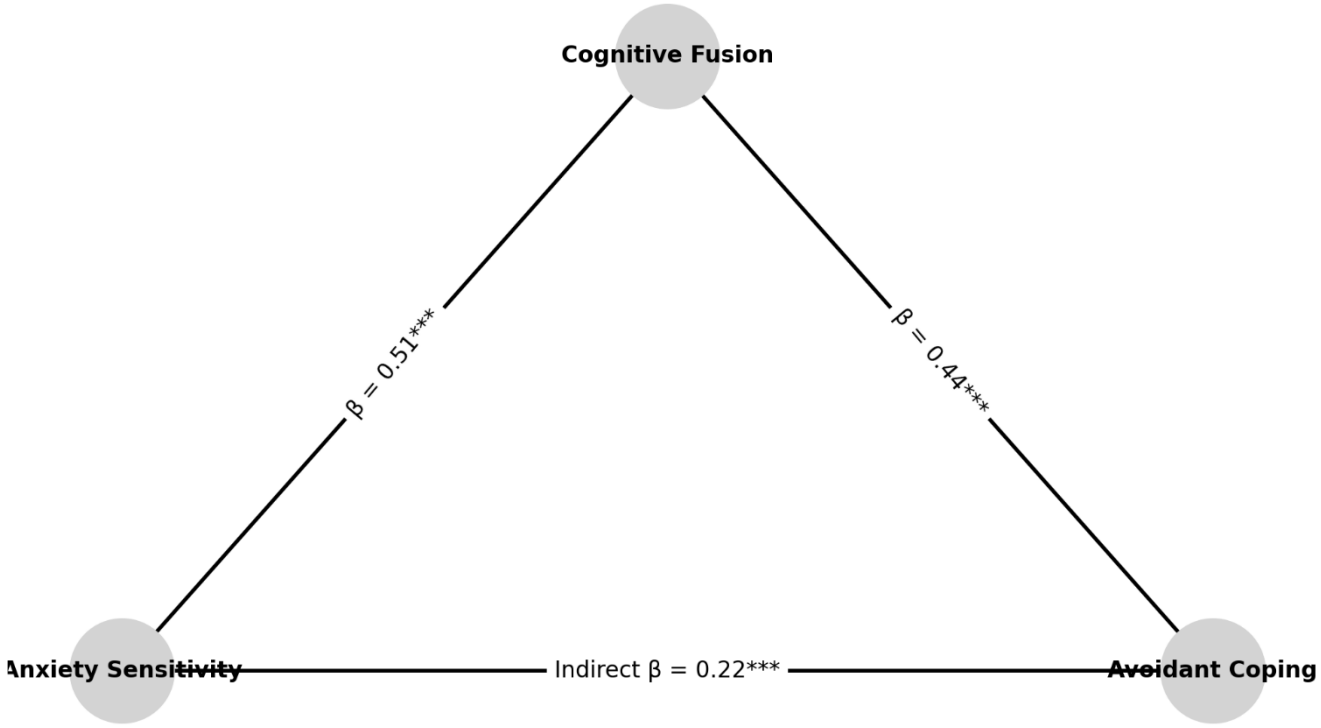
The path analysis shown in Table 4 reveals that anxiety sensitivity significantly predicted cognitive fusion (β = 0.51, p < .001), and cognitive fusion in turn significantly predicted avoidant coping (β = 0.44, p < .001). Additionally, anxiety sensitivity had a significant direct effect on avoidant coping (β = 0.31, p < .001), and the indirect effect mediated through cognitive fusion was also significant (β = 0.22, p < .001). The total effect of anxiety sensitivity on avoidant coping was substantial (β = 0.53, p < .001), indicating that cognitive fusion partially mediated this relationship.

Figure 1

Model with Beta Coefficients



4. Discussion and Conclusion

The present study aimed to examine the mediating role of cognitive fusion in the relationship between anxiety sensitivity and avoidant coping among young women in China. The findings confirmed all hypothesized relationships. Pearson correlation results indicated that anxiety sensitivity was significantly and positively associated with avoidant coping, and cognitive fusion was significantly associated with both anxiety sensitivity and avoidant coping. Structural Equation Modeling further revealed that cognitive fusion partially mediated the relationship between anxiety sensitivity and avoidant coping. These findings support the proposition that young women who are more sensitive to anxiety-related sensations are more likely to engage in avoidant coping behaviors, and this relationship is, at least in part, explained by their tendency to fuse with maladaptive cognitive content.

The positive association between anxiety sensitivity and avoidant coping observed in this study echoes previous research suggesting that individuals high in anxiety sensitivity tend to interpret internal sensations as dangerous or threatening, prompting them to avoid the source of discomfort rather than confronting or reappraising it (Clauss & Bardeen, 2021; Samadifard et al., 2021). This aligns with the conceptualization of anxiety sensitivity as a cognitive vulnerability factor that promotes behavioral inhibition and the use of emotion-avoidant strategies in daily life (Russell et al., 2020). In the current sample, heightened anxiety sensitivity appeared to increase the likelihood of disengagement from stressors, withdrawal from challenging situations, and reliance on mental distraction—all hallmarks of avoidant coping. These behaviors may provide short-term relief but contribute to long-term psychological inflexibility and distress.

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Consistent with our hypothesis, cognitive fusion emerged as a significant mediator in the anxiety sensitivity–avoidant coping pathway. This finding supports the theoretical notion that cognitive fusion—characterized by the rigid attachment to thoughts and the belief in their literal truth—plays a central role in determining how individuals react to internal experiences (Faustino, 2020; Pux et al., 2022). Among young women high in anxiety sensitivity, the inability to create psychological distance from anxiety-related cognitions likely intensifies emotional reactions and reinforces the need to avoid triggering situations. These results align with those of Asghari et al. (2020), who found that cognitive fusion mediated the relationship between mindfulness and test anxiety among female undergraduates, indicating that fusion processes heighten emotional reactivity in the face of anxiety-inducing thoughts (Asghari et al., 2020).

Several recent empirical studies corroborate the mediating function of cognitive fusion in emotional processes. For example, Chen et al. (2023) found that cognitive fusion was significantly correlated with depressed affect and reduced psychological resilience in individuals with depression, suggesting that fused thought patterns interfere with adaptive emotional coping (Chen et al., 2023). Similarly, Guzmán et al. (2020) demonstrated that cognitive fusion negatively impacted psychosocial adjustment in patients with cognitive impairment, further illustrating its transdiagnostic role in maladaptive coping across populations (Guzmán et al., 2020). In the current study, cognitive fusion not only predicted avoidant coping but also explained how internal fears stemming from anxiety sensitivity were translated into disengaged behaviors. This supports the integrative model proposed by Faustino (2020), in which cognitive fusion serves as a key mechanism linking psychological inflexibility to dysfunctional coping styles (Faustino, 2020).

Additionally, our findings reflect the gendered dimensions of cognitive fusion and coping. Women, particularly in cultures with strong social expectations around emotional expression and compliance, may be more vulnerable to internalizing cognitive distortions and suppressing distress through avoidance-based strategies (Wahyuni & Amelia, 2020; Xue et al., 2024). The cultural context of young women in China, where academic and familial pressures are intense, may contribute to the salience of anxiety sensitivity and cognitive fusion as psychological vulnerabilities. Al-Hammouri et al. (2024) reported similar findings among female nurses, where cognitive fusion magnified the effect of stress and depressive symptoms, particularly in environments with high emotional labor demands (Al-Hammouri et al., 2024). These patterns suggest that cognitive fusion may be particularly relevant in understanding the emotional lives of women exposed to socio-cultural stressors.

The finding that cognitive fusion acts as a partial rather than full mediator implies that while fusion explains a substantial portion of the variance, other psychological factors may also contribute to the anxiety sensitivity–avoidant coping relationship. For instance, emotional regulation skills, cognitive appraisal, and experiential avoidance are likely to interact with both cognitive fusion and coping styles. In their work with trauma-exposed women, Russell et al. (2020) found that cognitive fusion and experiential avoidance jointly predicted PTSD symptoms, highlighting the complex interplay between cognitive rigidity and behavioral suppression (Russell et al., 2020). Moreover, Clauss and Bardeen (2021) showed that cognitive fusion magnified the effect of mental contamination on anxiety symptoms, further emphasizing its amplifying role in cognitive-affective processes (Clauss & Bardeen, 2021).

In line with this, other studies suggest that reducing cognitive fusion through therapeutic interventions can significantly improve coping outcomes. Wojcik et al. (2024) demonstrated that reductions in cognitive fusion were associated with decreases in PTSD and depression symptom severity among veterans undergoing group psychotherapy, confirming the clinical significance of addressing fusion in therapy (Wojcik et al., 2024). Likewise, Usubini et al. (2022) found that cognitive fusion predicted emotional eating among adolescents with obesity, but that mindfulness-based interventions helped buffer this effect (Usubini et al., 2022). Given these results, our findings support the potential for targeting cognitive fusion in young women as a preventive strategy to reduce avoidant coping and its negative outcomes.

The broader literature on cognitive fusion also supports its multidimensional relevance. For example, Pux et al. (2022) examined the relationship between fusion and personality traits, finding that neuroticism and low openness to experience predicted higher levels of fusion and lower psychological flexibility (Pux et al., 2022). Such findings highlight the dispositional nature of fusion and its intersection with broader personality structures, potentially offering future directions for tailored interventions. Similarly, Llewellyn et al. (2024) applied the cognitive fusion framework in a medical context to analyze decision-

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making in patients with suspected prostate cancer, indicating the cross-disciplinary application of this cognitive construct (Llewellyn et al., 2024).

Furthermore, cross-cultural and measurement-based findings validate the significance of cognitive fusion in various cultural contexts. Quintero et al. (2020) confirmed the psychometric validity of the Cognitive Fusion Questionnaire in Argentina and demonstrated that fusion significantly predicted pathological worry, reinforcing its global relevance (Quintero et al., 2020). In the Chinese context, Wang et al. (2022) emphasized that cognitive rigidity and mental fatigue were key predictors of emotional dysfunction in nurses during the pandemic, offering further support for our findings (Wang et al., 2022). Similarly, Lv et al. (2023) found that cognitive fusion heightened vulnerability to depression in school principals, suggesting that its effects extend across occupations and age groups (Lv et al., 2023).

Although our study focused on cognitive fusion in the context of emotional coping, other related cognitive mechanisms may also play a significant role in the relationship between anxiety sensitivity and avoidance. Xu et al. (2020) explored the accuracy of cognitive fusion-based judgments in a clinical setting, suggesting that distorted cognitive processes may impair both perception and action planning (Xu et al., 2020). Petov et al. (2022) also found that cognitive fusion processes influenced the accuracy of prostate cancer detection, underscoring the broader implications of this construct in both psychological and medical domains (Petov et al., 2022). Collectively, these studies reinforce the versatility and importance of cognitive fusion as a cognitive-emotional mechanism worthy of further investigation.

5. Limitations and Suggestions

Despite its contributions, this study is not without limitations. First, the cross-sectional design limits the ability to infer causal relationships between anxiety sensitivity, cognitive fusion, and avoidant coping. While structural equation modeling provides support for mediation, longitudinal data are needed to confirm the directionality of these effects. Second, the study relied on self-report instruments, which may be subject to social desirability bias or inaccurate self-perceptions, particularly in cultures where emotional suppression is socially reinforced. Third, the sample consisted solely of young women from China, which limits the generalizability of findings to other age groups, genders, or cultural contexts. Finally, although cognitive fusion was identified as a partial mediator, other relevant variables such as emotion regulation, resilience, or experiential avoidance were not included in the model.

Future studies should adopt longitudinal or experimental designs to establish the temporal and causal pathways between anxiety sensitivity, cognitive fusion, and avoidant coping. Researchers are encouraged to include a broader array of psychological variables, such as mindfulness, emotional intelligence, and self-compassion, to examine how these constructs interact with cognitive fusion in shaping coping behaviors. Replication in diverse cultural and age groups, including men and older adults, would also enhance the external validity of the findings. Additionally, qualitative studies exploring the lived experiences of cognitive fusion and emotional avoidance could provide richer insights into the mechanisms at play. Integrating neurobiological or physiological measures may also deepen our understanding of how cognitive fusion manifests on a systemic level.

Given the mediating role of cognitive fusion in avoidant coping, interventions aiming to enhance psychological flexibility—such as Acceptance and Commitment Therapy—should be prioritized for young women with high anxiety sensitivity. Educational programs targeting awareness of thought processes and cognitive distancing could be incorporated into mental health initiatives on university campuses. Practitioners are encouraged to assess for cognitive fusion tendencies when developing treatment plans and tailor therapeutic approaches that disrupt rigid thought patterns. Preventive workshops that teach defusion techniques, emotional regulation, and coping alternatives may significantly reduce reliance on avoidant behaviors and foster long-term psychological resilience in this vulnerable population.

Authors' Contributions

Authors equally contributed to this study.

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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