



## Review Article

### Cognitive Distortions in Anxiety and Depression Among Young Adults

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#### Abstract

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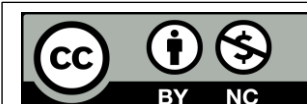
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*The objective of this theoretical research is to identify and explain the dominant psychological variables contributing to anxiety and depressive disorders among young adults aged 18–25 years, with particular emphasis on the role of cognitive distortions. Young adulthood is a critical developmental phase marked by identity formation, academic and career-related evaluation, and heightened uncertainty about future roles. Although exposure to stressors during this period is common, anxiety and depression do not emerge uniformly, suggesting that contextual demands alone are insufficient to explain psychological vulnerability. Using a conceptual and theory-driven approach, this paper develops a cognitive distortion-driven explanatory framework to clarify why similar stress exposure results in divergent mental health outcomes. The analysis demonstrates that cognitive distortions especially catastrophizing, overgeneralization, mind reading, dichotomous thinking, and personalization serve as primary cognitive vulnerability mechanisms in the development and persistence of anxiety and depression. Emotional dysregulation is conceptualized as an amplifying process that intensifies distress, while negative self-schema functions as a stabilizing mechanism that consolidates symptoms over time. Contextual stressors are positioned primarily as triggering conditions rather than root determinants.*

*By establishing a clear dominance hierarchy among psychological variables, the paper offers theoretical clarity and highlights the importance of early cognitive-focused interventions within educational and organizational settings to promote psychological resilience and long-term well-being.*

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**1. INTRODUCTION**

**1.1 BACKGROUND AND RATIONALE**

Anxiety and depressive disorders represent two of the most prevalent and disabling mental health conditions affecting young adults across the globe. Epidemiological evidence consistently demonstrates that the onset of both anxiety and depressive disorders frequently occurs during late adolescence and early adulthood, making this developmental period particularly critical for understanding the emergence of psychopathology. Global prevalence estimates of anxiety and depression among young adults are summarized in Table 1. The transition into adulthood involves profound biological, psychological, and social changes, including increased independence, identity exploration, academic evaluation, career decision-making, and shifting interpersonal relationships [1]. While these transitions are developmentally normative, they also introduce significant emotional strain and uncertainty. Importantly, the presence of stressors during this period does not uniformly result in anxiety or depression, indicating that additional psychological mechanisms shape individual vulnerability. Young adulthood, often conceptualized as 'emerging adulthood,' is marked by heightened self-reflection, future-oriented thinking, and evaluative comparison with peers [2].

**Table 1: Global Prevalence of Anxiety and Depression Among Young Adults**

Mental Health Condition	Global Prevalence (%)	Peak Onset Age	Young Adult Share (%)
Generalized Anxiety Disorder (GAD)	7.3%	18–25 years	42%
Major Depressive Disorder (MDD)	4.4%	18–29 years	38%
Social Anxiety Disorder	6.8%	15–25 years	55%
Panic Disorder	2.7%	20–30 years	34%
Comorbid Anxiety & Depression	~2.0%	20–27 years	48%

Note: Data synthesised from WHO Mental Health Atlas (2020) and epidemiological literature. Figures represent approximate estimates.

**1.2 COGNITIVE PERSPECTIVE ON ANXIETY AND DEPRESSION**

Cognitive theories of psychopathology offer a robust framework for understanding this variability. Central to these theories is the assumption that emotional distress is shaped less by external events

themselves and more by the meanings individuals assign to those events. According to this perspective, individuals experiencing anxiety or depression are not simply reacting to objective stressors but to their subjective interpretations, evaluations, and predictions [3]. Cognitive distortions systematic, biased, and maladaptive patterns of thinking play a pivotal role in shaping these interpretations. Such distortions influence how young adults perceive academic challenges, social interactions, performance feedback, and future possibilities, thereby shaping emotional responses and behavioral coping strategies [4, 5].

**1.3 PURPOSE AND OBJECTIVES**

The present paper adopts a conceptual and theory-driven approach to examine anxiety and depression among young adults through a cognitive lens. It advances the argument that anxiety and depression are best understood as cognitive–emotional disorders, driven primarily by distortions in meaning-making processes. The primary objective is to establish a clear dominance hierarchy among psychological variables contributing to anxiety and depression in young adults [4, 5].

**2. CONCEPTUAL POSITIONING OF COGNITIVE DISTORTIONS**

**2.1 DEFINITION AND CORE CHARACTERISTICS**

Cognitive distortions represent a core construct within cognitive theories of psychopathology and have been central to the understanding of emotional disorders since Beck's pioneering work in the 1960s. Initially articulated within Beck's cognitive theory of depression, cognitive distortions were conceptualized as systematic errors in thinking that bias the appraisal of experiences in a negative and maladaptive direction. These distortions do not arise randomly but are rooted in deeper cognitive structures schemas that organize perception, interpretation, and memory [6]. Table 2 outlines the major cognitive distortions identified in cognitive theory, along with their definitions and illustrative clinical examples [4, 5].

**Table 2 : Core Cognitive Distortions Definitions and Clinical Examples**

Distortion	Definition	Example in Young Adults	Linked Disorder
Catastrophizing	Anticipating worst-case outcomes as probable or inevitable	"One failed exam means I'll never graduate"	Anxiety

Overgeneralization	Drawing broad conclusions from a single event	"I always fail I'm not capable of anything"	Depression
Mind Reading	Assuming others' thoughts without evidence	"Everyone at the party thinks I'm boring"	Social Anxiety
Dichotomous Thinking	All-or-nothing evaluative framing	"If I'm not perfect, I'm a total failure"	Depression
Personalization	Self-attribution of uncontrollable events	"My friend's bad mood is because of me"	Depression
Selective Abstraction	Focusing only on negatives, ignoring positives	"My professor praised my work but noted one flaw — I'm terrible"	Depression
Threat Overestimation	Exaggerating danger in ambiguous situations	"Raising my hand in class will lead to humiliation"	Anxiety
Intolerance of Uncertainty	Treating ambiguity as unacceptable or catastrophic	"I can't function if I don't know my exam result now"	Anxiety

## 2.2 COGNITIVE DISTORTIONS VERSUS AUTOMATIC THOUGHTS

Unlike transient negative thoughts that may arise in response to situational stress, cognitive distortions are characterized by their repetitive, rigid, and self-reinforcing nature. Beck and Haigh (2014) distinguish cognitive distortions from ordinary negative cognitions by emphasizing their resistance to disconfirming evidence and their tendency to persist even when objective circumstances improve. Within the broader cognitive architecture, cognitive distortions function at the level of meaning-making. They influence how events are appraised, how threats are anticipated, and how personal worth is evaluated. Cognitive distortions systematically skew these appraisals toward threat, loss, or inadequacy, thereby increasing vulnerability to anxiety and depression [7].

## 2.3 MAINTENANCE MECHANISMS

Cognitive distortions are maintained through multiple reinforcing processes. First, selective attention biases individuals toward information that confirms existing beliefs while filtering out contradictory evidence. Second, memory processes are biased toward recalling past failures or negative experiences, further strengthening distorted interpretations of current events. Third, behavioral

responses influenced by distortions such as avoidance, withdrawal, or reassurance-seeking reduce opportunities for corrective learning, thereby perpetuating maladaptive beliefs[7].

## Key Maintenance Mechanisms of Cognitive Distortions

- Selective attention filtering information to confirm existing biases
- Memory bias preferential recall of negative experiences over positive
- Behavioral avoidance preventing exposure to disconfirming experiences
- Emotional reasoning using feelings as evidence for distorted beliefs
- Safety behavior's short-term relief that reinforces long-term vulnerability

## 3. YOUNG ADULthood AS A CONFIGURATION OF PSYCHOLOGICAL VULNERABILITY

### 3.1 EMERGING ADULthood AND DEVELOPMENTAL TRANSITIONS

Young adulthood, typically defined as the age range between 18 and 25 years, represents a distinct developmental period characterized by heightened psychological vulnerability alongside significant opportunities for growth. Arnett (2000) conceptualized this stage as emerging adulthood, emphasizing its unique features, including identity exploration, instability, self-focus, a sense of possibilities, and feelings of being 'in-between' adolescence and full adulthood. One of the defining characteristics of young adulthood is the increased demand for self-definition. Individuals are required to make consequential decisions related to education, career trajectories, relationships, and personal values. These decisions are often accompanied by heightened self-monitoring and social comparison, as young adults evaluate their progress relative to peers [8]. The interaction between developmental demands and cognitive vulnerabilities during this period is illustrated in Figure 1[8].

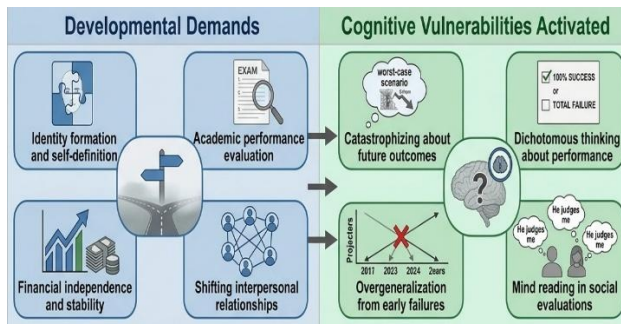


Figure 1: Developmental Demands and Cognitive Vulnerability During Emerging Adulthood

### 3.2 NEURODEVELOPMENTAL AND EMOTIONAL FACTORS

Neurodevelopmental factors further contribute to vulnerability during this period. Research indicates that while cognitive control systems continue to mature into the mid-twenties, emotional and reward-processing systems often develop earlier, resulting in an imbalance between emotional reactivity and regulatory capacity. This developmental asymmetry increases susceptibility to emotionally driven appraisals, particularly under conditions of stress or uncertainty[8].

### 3.3 SOCIOCULTURAL AND DIGITAL INFLUENCES

The social context of young adulthood further intensifies cognitive vulnerability. Increased exposure to social media and digital platforms has amplified opportunities for upward social comparison, performance visibility, and perceived evaluation. Frequent comparison with idealised portrayals of peers can reinforce distortions such as mind reading and overgeneralization, eroding self-esteem and increasing sensitivity to perceived social rejection [9]. Key sociocultural factors that may amplify cognitive distortions in young adults are summarized in Table 3[8].

Table 3 : Sociocultural Factors Amplifying Cognitive Distortions in Young Adults

Sociocultural Factor	Cognitive Distortion Reinforced	Psychological Consequence
Social media comparison	Mind reading, Overgeneralization	Diminished self-esteem, social anxiety
Academic grading systems	Dichotomous thinking, Catastrophizing	Fear of failure, performance anxiety
Career competition	Intolerance of uncertainty, Threat overestimation	Chronic worry, career-related depression
Familial expectations	Personalization, Overgeneralization	Guilt, internalised shame
Digital peer visibility	Mind reading, Selective abstraction	Social withdrawal, depression

## 4. COGNITIVE DISTORTION CONFIGURATIONS AND DISORDER EMERGENCE

Anxiety and depressive disorders do not emerge from isolated cognitive errors but from coherent clusters of interacting cognitive distortions that shape perception, interpretation, and response patterns. Cognitive theory posits that while individual distortions may be present in both anxiety and depression, the configuration, dominance, and functional role of specific distortions differ across disorders. Understanding these configurations is essential for clarifying how cognitive vulnerability translates into distinct emotional syndromes during young adulthood [10]. Table 4 compares the dominant cognitive distortion profiles observed in anxiety and depressive disorders[10].

Table 4 : Disorder-Specific Cognitive Distortion Profiles Anxiety versus Depression

ANXIETY Cognitive Distortions	DEPRESSION Cognitive Distortions
<b>Catastrophizing</b> Anticipating worst possible outcome as probable	<b>Overgeneralization</b> Broad negative conclusions from single events
<b>Threat Overestimation</b> Perceiving danger in neutral/ambiguous situations	<b>Personalization</b> Self-blame for external or uncontrollable events
<b>Mind Reading</b> Assuming others have negative evaluations	<b>Dichotomous Thinking</b> All-or-nothing evaluation of experiences
<b>Intolerance of Uncertainty</b> Treating ambiguity as unacceptable/dangerous	<b>Selective Abstraction</b> Focusing exclusively on negatives, ignoring positives
<b>Hypervigilance</b> Excessive monitoring of potential threats	<b>Mental Filter</b> Dwelling on one negative detail

### 4.1 ANXIETY-DOMINANT COGNITIVE DISTORTION CONFIGURATIONS

Anxiety disorders are characterized by a cognitive orientation toward threat detection, future danger, and perceived vulnerability. Young adults experiencing anxiety tend to interpret ambiguous situations as threatening and to overestimate the likelihood and severity of negative outcomes. Catastrophizing involves anticipating the worst possible outcome and treating it as highly probable or inevitable. For example, a young adult may interpret a minor academic setback as evidence that they will fail their course, lose future career opportunities, and face lifelong consequences. Mind reading is another central distortion in anxiety, particularly social anxiety. Young adults may assume that others are negatively evaluating them without concrete evidence, interpreting neutral facial expressions or ambiguous feedback as signs

of disapproval or rejection. This distortion contributes to avoidance behaviours that prevent corrective experiences and maintain anxiety over time [11].

**4.2 DEPRESSION-DOMINANT COGNITIVE DISTORTION CONFIGURATIONS**

Depressive disorders are characterized by a cognitive orientation toward loss, failure, and negative self-evaluation. Depression is marked by pervasive negative interpretations of the self, the world, and the future commonly referred to as the cognitive triad. Overgeneralization involves drawing broad, negative conclusions from a single event or limited evidence. A young adult who performs poorly on one assessment may conclude that they are incapable of academic success or that future efforts are futile [11].

Personalization refers to the tendency to attribute negative events to oneself without sufficient evidence. Dichotomous thinking, or all-or-nothing thinking, involves evaluating experiences in extreme, binary terms. In young adulthood, where performance and achievement are heavily emphasized, this distortion can be particularly damaging as minor imperfections are interpreted as total failure. Despite these disorder-specific patterns, anxiety and depression also share several underlying cognitive mechanisms. These transdiagnostic overlaps are summarised in Table 5 [11].

**Table 5 : Transdiagnostic Overlap Between Anxiety and Depression Shared Cognitive Mechanisms**

Shared Cognitive Process	Role in Anxiety	Role in Depression	Outcome
Rumination	Worry about future threats	Passive focus on past failures	Symptom persistence
Catastrophizing	Fear of worst-case outcomes	Hopeless interpretation of events	Emotional dysregulation
Avoidance	Prevents disconfirmation of threats	Reduces positive reinforcement	Behavioural withdrawal
Negative filtering	Hypervigilance for danger cues	Dismissal of positive feedback	Schema consolidation

**5. EMOTIONAL DYSREGULATION AS AN AMPLIFIER**

**5.1 CONCEPT OF EMOTION REGULATION**

Emotional dysregulation has been widely recognised as a significant feature of anxiety and depressive disorders; however, its precise role within the causal architecture of psychopathology

requires careful theoretical clarification. While emotional dysregulation contributes to the intensity, persistence, and functional impairment associated with emotional disorders, it does not independently generate anxiety or depression in the absence of maladaptive cognitive appraisal. Within the framework proposed in this paper, emotional dysregulation is conceptualised as an amplifying process that intensifies distress generated by cognitive distortions. Emotion regulation refers to the processes by which individuals influence the onset, intensity, duration, and expression of emotional responses. Effective emotion regulation allows individuals to experience emotions in proportion to situational demands and to recover adaptively from emotional challenges. Emotional dysregulation, in contrast, involves difficulties in modulating emotional responses, resulting in heightened arousal, prolonged distress, or maladaptive expression [13]. Common adaptive and maladaptive emotion regulation strategies relevant to anxiety and depressive disorders are summarized in Table 6 [13].

**Table 6 : Adaptive versus Maladaptive Emotion Regulation Strategies**

Strategy Type	Strategy	Effect on Cognition	Impact on Anxiety/Depression
Adaptive	Cognitive Reappraisal	Reduces distortion influence	Decreases symptom severity
Adaptive	Mindfulness Observation	Increases metacognitive awareness	Reduces rumination
Adaptive	Problem-Focused Coping	Promotes flexible thinking	Builds resilience
Maladaptive	Rumination	Reinforces overgeneralization	Maintains depression
Maladaptive	Experiential Avoidance	Prevents disconfirmation	Maintains anxiety
Maladaptive	Emotional Suppression	Increases cognitive load	Amplifies distress
Maladaptive	Reassurance-Seeking	Reinforces uncertainty intolerance	Perpetuates anxiety

**5.2 INTERACTION BETWEEN COGNITION AND EMOTION**

Emotions do not arise in isolation; they are elicited by appraisals of internal or external events. Cognitive distortions determine the meaning assigned to experiences, and it is this meaning that activates emotional responses. When appraisals are distorted such as interpreting uncertainty as catastrophic or failure as global inadequacy emotional responses are correspondingly intense. Emotional dysregulation magnifies these responses by limiting the individual's capacity to modulate arousal or disengage from distressing cognitive content. In young adulthood, emotional dysregulation is particularly salient due to ongoing neurodevelopmental maturation. As emotional systems are highly reactive during this period, cognitive distortions can trigger intense emotional responses that exceed regulatory capacity. This narrowing effect increases reliance on habitual thinking patterns, further entrenching cognitive distortions and intensifying distress [14].

**6. NEGATIVE SELF-SCHEMA AS A STABILISING MECHANISM**

**6.1 DEVELOPMENT OF SELF-SCHEMAS IN YOUNG ADULTHOOD**

While cognitive distortions initiate and emotional dysregulation amplifies psychological distress, the persistence and chronicity of anxiety and depressive disorders among young adults are best explained by the development of negative self-schema. Within cognitive theory, schemas are enduring cognitive structures that organised knowledge about the self, others, and the world, guiding attention, interpretation, and memory. When repeatedly activated, cognitive distortions become embedded within these schemas, transforming situational interpretations into stable beliefs about identity and personal worth. Negative self-schema refers to deeply held beliefs about the self as inadequate, unlovable, incompetent, or fundamentally flawed. These schemas do not arise spontaneously; rather, they develop through repeated exposure to distorted interpretations of experiences, particularly during sensitive developmental periods such as young adulthood [15]. Representative examples of negative self-schemas observed in anxiety and depressive disorders are presented in Table 7[15].

**Table 7 : Common Negative Self-Schemas in Anxiety and Depression Among Young Adults**

Schema Domain	Core Belief Content	Prevalent Disorder	Behavioral Manifestation
Defectiveness / Shame	"I am fundamentally flawed and unworthy"	Depression	Social isolation, excessive self-criticism
Failure	"I am a failure compared to my peers"	Depression	Withdrawal from challenge, underachievement
Vulnerability	"I am always at risk; I cannot cope"	Anxiety	Over-preparation, hypervigilance
Dependence	"I cannot function without external support"	Anxiety/Depression	Reassurance-seeking, decision avoidance
Emotional Inhibition	"I must control all emotions or I'll lose control"	Anxiety	Suppression, emotional numbing
Unrelenting Standards	"I must be perfect or I have failed entirely"	Both	Perfectionism, chronic dissatisfaction

**6.2 SCHEMA CONSOLIDATION AND RESISTANCE TO CHANGE**

Once established, negative self-schema exert a stabilising effect on anxiety and depression by biasing future cognitive processing. Schemas function as filters through which new experiences are interpreted. Information that is consistent with existing schemas is readily accepted, while contradictory evidence is discounted or reinterpreted. As a result, even positive experiences may fail to modify negative self-beliefs. A young adult with a schema of inadequacy may attribute success to luck or external factors, while interpreting minor criticism as confirmation of personal failure. Negative self-schema also contributes to the persistence of emotional disorders by increasing resistance to change. Because schemas operate at a deeper cognitive level than automatic thoughts, they are less accessible to conscious awareness and more resistant to modification. Young et al. (2003) describe schemas as self-perpetuating systems that seek confirmation through cognitive, emotional, and behavioral processes [16].

## 7. CONTEXTUAL STRESSORS AS TRIGGERS

### 7.1 NATURE OF STRESSORS IN YOUNG ADULTHOOD

Contextual stressors have long been recognised as important contributors to anxiety and depressive disorders; however, their role within the causal structure of psychopathology requires careful distinction. Traditional stress-based models often assume a direct relationship between exposure to stressors and the emergence of emotional disorders. While stress undoubtedly plays a role in precipitating distress, this paper argues that contextual stressors function primarily as triggering conditions rather than as root determinants of anxiety and depression among young adults. Young adulthood is characterized by widespread exposure to academic, occupational, interpersonal, and socio-economic stressors. Competitive educational environments, performance evaluations, career uncertainty, financial pressures, and evolving social roles are normative features of this developmental stage. Importantly, exposure to such stressors is nearly universal, yet only a subset of young adults develop clinically significant anxiety or depression [17]. The relationship between contextual stressors, cognitive interpretation, and psychological outcomes is presented in Table 8[17].

**Table 8 : Stressor Categories in Young Adulthood Cognitive Interpretation and Psychological Outcomes**

Stressor Category	Common Examples	Distortion Triggered	Outcome Without CD	Outcome With CD
Academic	Exam failure, poor grades	Catastrophizing, Dichotomous thinking	Temporary disappointment	Clinical anxiety/depression
Career	Job rejection, uncertainty	Intolerance of uncertainty	Adaptive problem-solving	Chronic worry, hopelessness
Social	Rejection, conflict	Mind reading, Personalization	Transient discomfort	Social anxiety, withdrawal
Financial	Debt, instability	Overgeneralization	Practical coping	Depressive rumination
Relational	Breakup, isolation	Catastrophizing, Personalization	Grief and recovery	Prolonged depression

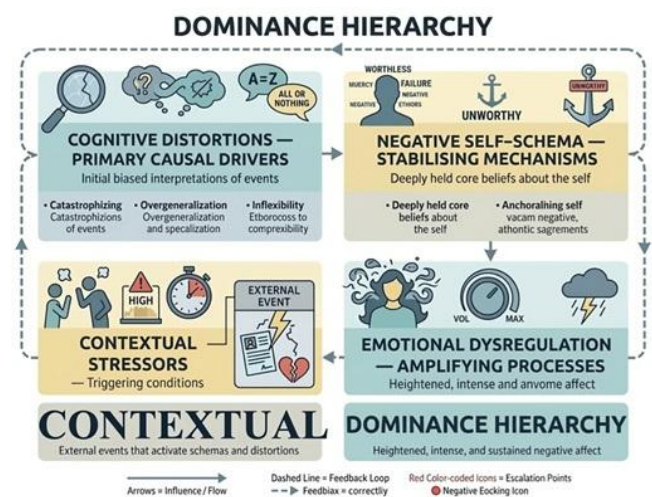
CD = Cognitive Distortions

### 7.2 REFRAMING STRESS WITHIN THE COGNITIVE VULNERABILITY MODEL

Reframing stressors as triggers rather than causes has important theoretical and practical implications. It shifts the focus of intervention from attempting to eliminate stress an unrealistic goal during young adulthood to modifying cognitive interpretations of stress. Educational and organisational settings often attempt to reduce pressure through structural changes, which may be beneficial but insufficient if distorted thinking patterns remain unaddressed. Cognitive-focused interventions that target appraisal processes are therefore more likely to produce durable improvements in mental health [18].

## 8. DOMINANCE HIERARCHY OF PSYCHOLOGICAL VARIABLES

A central contribution of this paper is the articulation of a dominance hierarchy among psychological variables implicated in anxiety and depressive disorders during young adulthood. While existing models acknowledge the interaction between cognition, emotion, and environmental stress, they often fail to specify the relative causal weight of these factors. The present framework addresses this limitation by positioning cognitive distortions as primary causal drivers, negative self-schema as stabilizing mechanisms, emotional dysregulation as amplifying processes, and contextual stressors as triggering conditions [19]. This hierarchical relationship among psychological variables is illustrated in Figure 2[19].



**Figure 2: Dominance Hierarchy From Triggering Conditions to Primary Causal Drivers**

The pyramid illustrates the relative causal weight of each variable. Cognitive Distortions (apex) are the primary drivers of anxiety and depression. Stressors

(base) serve only as environmental triggers. Beyond the hierarchical organization of psychological variables, the present framework also proposes a sequential pathway through which contextual stressors interact with cognitive vulnerabilities to produce emotional disorders. This process is illustrated in Figure 3[19].

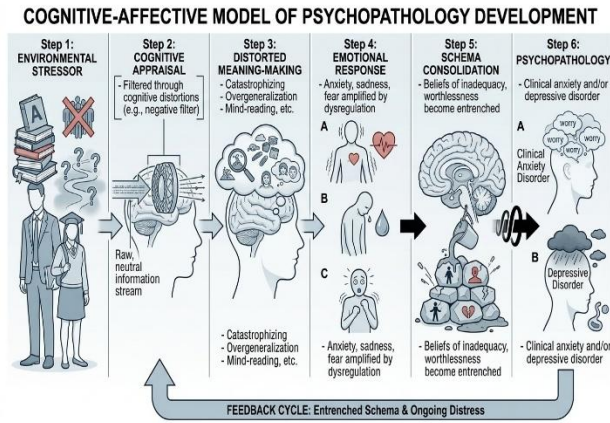


Figure 3: Sequential Pathway from Stressor to Psychopathology

At the apex of the hierarchy are cognitive distortions, which operate as the initiating mechanism in the development of psychological distress. Cognitive distortions determine how experiences are interpreted, how threats are perceived, and how the self is evaluated. Without distorted appraisal, stressors are less likely to result in sustained anxiety or depression, underscoring the primacy of cognition in the causal chain. Negative self-schema occupies the second tier of the hierarchy and function as stabilizing mechanisms. While cognitive distortions operate at the level of moment-to-moment interpretation, schemas represent enduring cognitive structures that organised meaning across time and situations. Once established, these schemas bias future cognitive processing, making distorted interpretations more likely and resistant to change. Emotional dysregulation occupies the third tier and serves as an amplifying process. Emotions intensify distress generated by distorted cognition but do not independently produce anxiety or depression. Importantly, emotional dysregulation is dependent on cognitive appraisal for its activation. This sequencing reinforces the secondary position of emotional dysregulation within the hierarchy [20]. Table 9 provides a summary of the dominance hierarchy, outlining the variables, their functional roles, and the mechanisms through which they influence psychopathology[20].

Table 9 : Summary of the Dominance Hierarchy Variables, Roles, and Mechanisms

Hierarchy Tier	Variable	Causal Role	Primary Mechanism	Intervention Priority
1 <sup>st</sup> (Primary)	Cognitive Distortions	Initiator of distress	Biased meaning-making and appraisal	Highest cognitive restructuring
2 <sup>nd</sup> (Secondary)	Negative Self-Schema	Stabiliser of symptoms	Schema-driven information filtering	High schema focused therapy
3 <sup>rd</sup> (Tertiary)	Emotional Dysregulation	Amplifier of distress	Heightened arousal, narrowed attention	Moderate emotion regulation skills
4 <sup>th</sup> (Base)	Contextual Stressors	Triggering condition	Activation of pre-existing vulnerability	Low stress management support

## 9. PSYCHOLOGICAL, EDUCATIONAL, AND ORGANISATIONAL IMPLICATIONS

### 9.1 CLINICAL AND PSYCHOLOGICAL IMPLICATIONS

From a clinical perspective, the findings reinforce the centrality of cognitive interventions in the prevention and treatment of anxiety and depressive disorders. Cognitive Behavior Therapy (CBT) is grounded in the premise that modifying distorted thinking leads to changes in emotional and behavioral functioning. Interventions targeting catastrophizing, overgeneralization, dichotomous thinking, and personalization can disrupt maladaptive appraisal processes before they consolidate into negative self-schema [21]. Schema-focused approaches may be particularly beneficial for individuals with recurrent or chronic symptoms. When cognitive distortions have become embedded within negative self-schema, surface-level cognitive restructuring may be insufficient. Schema therapy emphasizes the identification and modification of deeply held beliefs about the self, helping individuals develop more adaptive and flexible self-concepts. Integrating schema-level work with traditional CBT may enhance long-term outcomes for young adults with entrenched vulnerability patterns [22]. Table 10 presents evidence-based interventions that align with the different components of the proposed dominance hierarchy[22].

Table 10 : Evidence-Based Interventions Aligned with the Dominance Hierarchy

Target Variable	Intervention Type	Key Techniques	Expected Outcome
Cognitive Distortions	Cognitive Behavior Therapy (CBT)	Thought records, Socratic questioning, cognitive restructuring	Reduced anxiety and depression severity

Negative Self-Schema	Schema Therapy	Schema identification, limited reparenting, mode work	Modified core beliefs and improved resilience
Emotional Dysregulation	Dialectical Behaviour Therapy (DBT)	Mindfulness, distress tolerance, emotional awareness	Improved emotion regulation capacity
Contextual Stressors	Stress Inoculation Training	Coping skills, problem-solving, relaxation	Reduced stress reactivity
Combined Approach	Integrated CBT + Schema Therapy	Multi-level cognitive and schema work	Sustainable long-term well-being

## 9.2 EDUCATIONAL IMPLICATIONS

Educational institutions represent a critical context for early identification and intervention, as young adults spend a substantial portion of their formative years within academic settings. Incorporating cognitive skills training into educational curricula can help students develop adaptive thinking patterns and resilience. Programmed that teach students to identify and challenge cognitive distortions, tolerate uncertainty, and reframe failure as a learning opportunity may reduce vulnerability to anxiety and depression[22].

## 9.3 ORGANISATIONAL AND WORKPLACE IMPLICATIONS

As young adults transition from education to employment, organizational contexts become increasingly important determinants of mental health. Workplace interventions that promote cognitive flexibility, balanced feedback, and psychological safety can mitigate the impact of distorted thinking. Supervisors who provide clear, constructive feedback and normalize learning curves can reduce catastrophizing and dichotomous thinking among young employees[22].

## 10. ETHICAL CONSIDERATIONS

Ethical considerations are central to theoretical and applied work on mental health, particularly when addressing anxiety and depressive disorders among young adults. This paper adopts an ethical stance that emphasizes psychological processes as modifiable rather than framing distress as a fixed personal deficit. By locating vulnerability primarily in cognitive distortions and maladaptive meaning-making patterns, the framework avoids pathologizing normal developmental struggles and supports non-stigmatizing approaches to mental health intervention. Young adulthood is a period of

heightened self-evaluation and identity sensitivity. Labelling individuals as inherently vulnerable or deficient may exacerbate distress and reinforce negative self-schema. Cognitive models, in contrast, emphasize that distorted interpretations are learned patterns that can be identified, challenged, and modified. This perspective empowers young adults by highlighting agency, adaptability, and the potential for psychological growth [23].

## Ethical Principles Guiding Cognitive-Focused Research and Practice

- Non-stigmatization framing distortions as modifiable learned patterns, not fixed deficits.
- Cultural sensitivity respecting diverse backgrounds in the interpretation of cognitive norms.
- Informed consent and autonomy collaborative rather than authoritative therapeutic stance.
- Confidentiality maintaining rigorous privacy standards in all applied settings.
- Prevention without over-pathologization framing psychoeducation as skill-building, not diagnosis.
- Power balance awareness recognizing differential access to mental health resources.

## 11. LIMITATIONS AND FUTURE DIRECTIONS

As a theoretical contribution, this paper has several limitations that should be acknowledged. First, the proposed dominance hierarchy is based on conceptual synthesis rather than direct empirical testing. While the framework draws upon well-established cognitive theories and supported empirical findings, its hierarchical structure requires validation through longitudinal and experimental research designs. Future studies should examine the temporal sequencing of cognitive distortions, emotional dysregulation, schema formation, and stress exposure to empirically test the proposed causal ordering.

Second, the paper focuses primarily on anxiety and depressive disorders as broad diagnostic categories. Although these conditions share common cognitive mechanisms, there is considerable heterogeneity within each disorder. Future research may benefit from examining how specific anxiety subtypes or depressive presentations differ in their cognitive distortion profiles and schema structures.

Third, cultural factors warrant further exploration. While the framework is theoretically applicable across contexts, the content and expression of

cognitive distortions may vary across cultural and socio-economic environments. Cross-cultural research is needed to examine how cultural narratives, educational systems, and social expectations shape meaning-making processes during young adulthood. A summary of the key limitations of the current framework and corresponding directions for future research is presented in Table 11[23].

**Table 11: Limitations of the Current Framework and Proposed Future Research Directions**

Limitation	Nature of Gap	Proposed Future Research Direction
Theoretical, not empirical	Hierarchy unverified through longitudinal data	Longitudinal studies tracking distortion-schema-symptom pathways
Broad diagnostic focus	Heterogeneity within disorder categories ignored	Disorder-specific cognitive distortion profiling
Limited cultural scope	Western-centric theoretical base	Cross-cultural comparative studies in Asia, Africa, Latin America
Biological factors excluded	Genetic/neurobiological influences unaddressed	Integration with neuroscience and epigenetic models
Digital context underexplored	Social media and AI impacts not fully modelled	Digital-era cognitive vulnerability studies

## 12. CONCLUSION

Anxiety and depressive disorders among young adults represent a major public health concern with significant implications for individual well-being, educational attainment, and societal productivity. While young adulthood is marked by widespread exposure to academic, social, and career-related stressors, these contextual demands alone do not adequately explain the emergence or persistence of emotional disorders. This paper has argued that distorted meaning-making processes specifically cognitive distortions constitute the most dominant psychological mechanism underlying anxiety and depression during this developmental period.

By synthesizing classical cognitive theory with contemporary research on emotion regulation and schema development, the paper proposed a dominance hierarchy of psychological variables. Cognitive distortions were conceptualised as primary causal drivers that initiate distress by biasing interpretation and appraisal. Emotional dysregulation was positioned as an amplifying process that intensifies emotional responses, while negative self-schema were identified as stabilising

mechanisms that consolidate vulnerability over time. Contextual stressors were reframed as triggering conditions rather than root determinants.

This hierarchical framework offers enhanced theoretical clarity and resolves inconsistencies within existing stress-based and interactional models. It explains why similar stress exposures result in divergent mental health outcomes and why anxiety and depression may persist even in the absence of ongoing adversity. Importantly, the model highlights young adulthood as a critical window during which cognitive distortions and self-schema are particularly influential and amenable to change.

Addressing anxiety and depression among young adults requires a shift from an exclusive focus on stress reduction toward a deeper engagement with cognitive processes that shape emotional experience. By targeting distorted interpretations and strengthening adaptive meaning-making, mental health interventions can move beyond symptom management toward enduring psychological well-being and resilience across the lifespan.

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