

Athazagoraphobia, Psychological Distress and Sleep Quality among Young Adults

Aiman Ramzan¹, Abdul Raffay Saleem^{2*}**Abstract**

The current study was conducted to investigate the relationship between athazagoraphobia, Psychological Distress and Sleep Quality among young adults. It was hypothesized that there would be positive correlation between study variables. Correlational research design was employed in this study. Non-probability convenient sampling was used to collect data from 300 young adults (Men=151 and Women= 149). Data was collected using UCLA Loneliness Scale, Kessler Psychological Distress Scale (K10), and Sleep Quality Scale (SQ). Results indicated a significant positive correlation between athazagoraphobia and psychological distress, and a significant negative correlation with sleep quality. Regression analyses showed that athazagoraphobia predicted psychological distress and poorer sleep quality. Gender differences were not significant. The findings highlight that fear of social neglect may contribute to emotional distress and disturbed sleep among youth, emphasizing the need for early psychological support.

Keywords: Athazagoraphobia, Psychological Distress, Sleep Quality, Young Adults

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Introduction

While the term athazagoraphobia is not actually established within diagnostic texts, it has been more and more used within newer psychological debate and online culture to indicate fear of being overlooked or forgotten. The term is employed here conceptually to investigate the emotional and behavioral consequences of such fear, which intersects with loneliness and abandonment anxiety but includes a distinct focus on being forgotten.

Athazagoraphobia is irrational and intense fear of loneliness, being forgotten, neglected, or abandoned. It may cause some other psychological difficulties and yet it is not categorized as mental disorder. This irrational fear is associated with childhood

and the past experiences and may extend to the existential fears, stress and be panic by fearing being forgotten. Athazagoraphobia can also lead to physical symptoms such as increased heart rate, nauseated feelings and sweating (Stines, 2025)

Athazagoraphobia is intrinsically connected to both psychological distress and sleep disturbance. Individuals with this fear tend to monitor their social standing and seek validation from others, which can intensify their anxiety. When they perceive that they are not being appreciated or remembered by those around them, they often experience spikes in anxiety and insecurity (Folayan et al., 2022). This heightened emotional state contributes directly to psychological distress. For example, a person with athazagoraphobia might feel extreme worry and sadness if a friend forgets to return a call, interpreting it as a sign of being unimportant. This kind of disproportionate reaction can lead to chronic stress and low mood. It has been found in the researches on attachment and fear of abandonment that people who constantly experience fear of rejection or abandonment often report lower self-esteem and more symptoms of anxiety and depression in relationships, these individuals may become overly needy or, conversely, avoidant, and such behaviors can further

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strain their social connections, creating a feedback loop that exacerbates their distress (Mofatteh, 2020).

Athazagoraphobia is simply the fear of being alone, they fear to be forgotten as previous studies indicates that there is a close relationship between athazagoraphobia and psychological distress like those who experience persistent loneliness experience more stress and are more likely to develop depression and anxiety ailments in the long term. The chronic feelings of being lonely can result in the inability to cope with stress, which causes negative thinking patterns (e.g., self-blame or self-devaluation) further damaging mental well-being. Therefore, existential fear of being forgotten frequently accompanies the feeling of loneliness, and they both have a significant detrimental effect on the psychological health (Owczarek et al., 2022).

Moreover, the experience of social rejection for someone with athazagoraphobia can be profoundly painful as neuroscientific research indicates that social rejection or exclusion triggers the same brain regions that process physical pain (Eisenberger, 2012). This means that when a person with athazagoraphobia feels ignored or left out, their brain responds as if they were hurt physically – it is not just emotionally upsetting, it is neurologically painful. Over time, repeated or intense perceptions of rejection can lead to a state of heightened alertness and stress. For instance, studies have observed that people who fear abandonment show increased activity in the brain's fear centers (like the amygdala) when they think about losing relationships, along with elevated cortisol levels as these physiological stress responses contribute to feelings of irritability and hopelessness, compounding the individual's psychological distress (Kross et al., 2011).

According to attachment theory, individuals with insecure attachment styles (formed in early relationships with caregivers) are more prone to develop fears of social neglect or abandonment later in life. If a person grew up feeling uncertain about a caregiver's

availability or affection, they may carry forward an anxiety about being ignored or left behind by others (Lahousen et al., 2019). In the context of athazagoraphobia, this means that insecure attachment (especially an anxious-preoccupied attachment style) can fuel the persistent fear of being forgotten. The consequence is that attachment-related anxiety elevates psychological distress which includes a constant worry of being abandoned. This anxiety can also disrupt sleep; the individual may find it difficult to relax enough to fall asleep, or may wake frequently due to subconscious fears of isolation (Doyle & Cicchetti, 2017).

Self-determination theory identifies relatedness (feeling connected to others) as one of the basic psychological needs, alongside autonomy and competence. Athazagoraphobia involves a fundamental threat to the need for relatedness as the fear of being ignored or forgotten suggests an unfulfilled need to feel important by others. When this basic need is frustrated, it can lead to increased anxiety, loneliness, and negative thinking, those emotional states can make relaxation difficult. For instance, if someone feels unloved or unimportant (due to their fear of being forgotten), they may lie awake worrying about their social ties, which elevate their cortisol and arousal levels, preventing the onset of sleep (La Guardia & Patrick, 2008).

From a cognitive-behavioral perspective, maladaptive thoughts and beliefs lead to negative emotions and behaviors. In athazagoraphobia, the core maladaptive belief might be "I will be abandoned because I'm not important," or an exaggerated sense of the likelihood of being disregarded by others. Such thoughts create intense emotional distress (e.g., anxiety and depression) which can then result in behaviors like social withdrawal or constant seeking of approval. The emotional turmoil associated with these beliefs can also disrupt sleep—when a person's mind is occupied by self-criticism and fear (for example, replaying instances of perceived rejection or worrying about future abandonment), their

heightened anxiety can lead to insomnia or restless sleep. Breaking this cycle often requires challenging those core beliefs and replacing them with more balanced thoughts, which is a goal of cognitive-behavioral interventions (Swerdlow et al., 2020)

The relationship between athazagoraphobia and sleep quality is similarly interwoven as high levels of anxiety and distress related to abandonment make it difficult for an individual to obtain peaceful sleep (Onen et al., 2024). Many people with athazagoraphobia report racing thoughts at night, typically centered on worries about their relationships or memories of past abandonment as such rumination before bedtime has been linked to longer sleep onset latency (taking longer to fall asleep) and more frequent night-time awakenings (Alwhaibi & Aloola, 2023). As a result, the mind remains on high alert, preventing the relaxation needed for sustained sleep. Some researches even suggests that those with intense fears of abandonment experience more vivid or disturbing dreams and nightmares, as their anxieties carry over into their dream content. These nightmares can cause sudden awakenings and make it difficult to fall back asleep, further fragmenting their sleep throughout the night (Scarpelli et al., 2019).

In some cases, individuals develop poor sleep habits as a result of their fear, for example, a person might delay going to bed (engaging in “bedtime procrastination”) because the quiet time of night allows intrusive fearful thoughts to appear on surface. This avoidance of sleep time is

counterproductive and results in shorter sleep duration and a skewed sleep schedule, additionally if someone consistently associates bedtime with loneliness or anxious thoughts than they may subconsciously resist entering sleep. Over time, inadequate and restless sleep contributes to daytime fatigue, difficulty concentrating and heightened emotional reactivity, which then feeds back into greater psychological distress (Brandt et al., 2022). The Athazagora phobia is tied to anxiety and depression, as expecting rejection often leads to withdrawal and worsened isolation and it can contribute to significant psychological distress, as persistent thoughts of abandonment and neglect can lead to heightened anxiety and depressive symptoms (Staner, 2003). Sleep disturbances are closely linked to psychological distress, with persistent worry and fear negatively impacting sleep quality as the Anxiety-driven rumination associated with athazagoraphobia may contribute to difficulties in sleep initiation and maintenance, leading to poor overall sleep quality and daytime dysfunction (Zhang et al., 2024).

Hypotheses

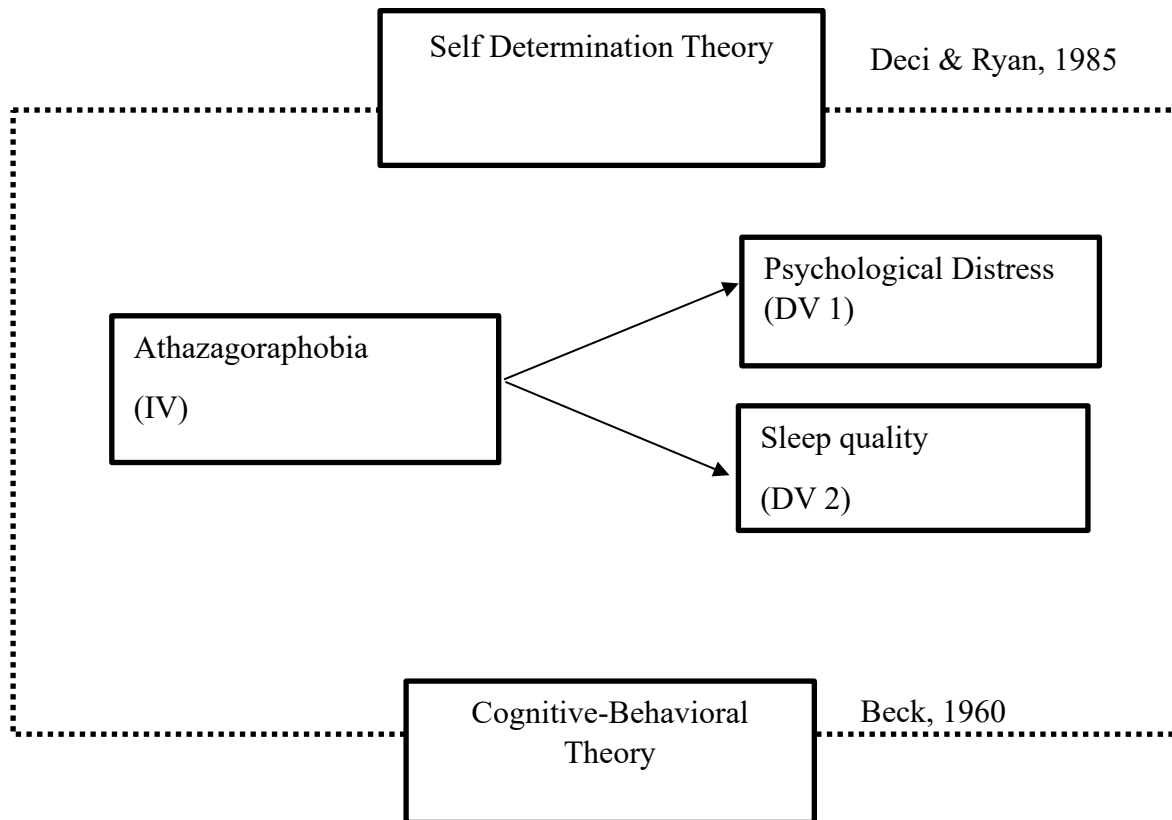
H1: There is a positive relationship between Athazagoraphobia and Psychological Distress.

H2: There is a negative relationship between Athazagoraphobia and Sleep Quality.

H3: Athazagoraphobia is a predictor of both Psychological Distress and Sleep Quality.

H4: There would be gender differences across study variables.

Figure 1
Hypothesized Model of Research



Method

Research Design

Correlational research design was used in this research as the purpose of this research was to find out the psychometric factors and explore about Athazagoraphobia, Psychological Distress and Sleep Quality among Young adults.

Sample and Sampling Strategy

Convenient sampling was used to collect data. Sample comprised of $N=300$ ($n_1=151$ men and $n_2=149$ women) Young adults. The inclusion of socially active individual's ensured participants had recent interpersonal experiences, which are essential for assessing constructs like social fear and perceived neglect.

Inclusion Criteria

- Only young adults were included (18-26 years).
- Actively participates in social events or groups (≥ 1 /week)
- Both men and women were included in the sample.

Exclusion Criteria

- Participants suffering from any psychological or physical problem were excluded.
- Participants who have experienced significant recent life events like trauma that could confound study outcomes were excluded.
- Participants with incomplete forms were excluded.

Table 1*Description of Sociodemographic Characteristics of Sample (N=300)*

Variable	F	%	M	SD
Age			22.2	1.88
Gender				
Men	151	50.3		
Women	149	49.7		
Education				
Graduate	88	29.3		
Undergraduate	212	70.7		
Family System				
Nuclear	196	65.3		
Joint	104	34.7		
Marital Status				
Married	54	18.0		
Unmarried	246	82.0		
Nature Of Work				
Employed	87	29.0		
Unemployed	213	71.0		
Socio Economic status				
Upper class	71	23.7		
Middle class	174	58.5		
Lower class	55	18.3		

Measures**UCLA Loneliness Scale Revised**

The UCLA Loneliness Scale (Version 3) was used as an indirect measure of athazagoraphobia (fear of being forgotten), given the conceptual overlap between extreme loneliness and the feeling of being forgotten. This self-report instrument contains 20 items that assess an individual's subjective feelings of loneliness and perceived social isolation. Participants rate each item on a 4-point Likert scale (1 = Never, 4 = Often), reflecting how frequently they experience each feeling. The UCLA Loneliness Scale is well-established, with high internal consistency (Cronbach's α

typically in the .89–.94 range) and robust validity in diverse populations (Russell et al., 1978).

Kessler Psychological Distress Scale

Psychological distress was measured using the Kessler-10 (K10) Psychological Distress Scale. The K10 is a brief screening tool consisting of 10 questions about emotional states, specifically designed to capture non-specific psychological distress over the past 30 days. Each item is rated on a 5-point Likert scale ranging from 1 (None of the time) to 5 (All of the time), indicating the frequency of each feeling (such as nervousness, hopelessness, restlessness, or sadness). The K10 has demonstrated good

reliability (Cronbach's α around .89 in previous studies) and is widely used in both clinical and general population settings as a measure of mental health status (Kessler et al., 2002).

Sleep Quality Scale

Sleep quality was assessed using the Sleep Quality Scale (SQS) developed by Yi et al. (2006). The SQS is a 28-item self-report questionnaire that evaluates multiple dimensions of sleep quality (including sleep duration, sleep latency, frequency of sleep disturbances, and daytime dysfunction due to poor sleep). Each item is scored on a 4-point scale (0 = Rarely, 1 = Sometimes, 2 = Often, 3 = Almost Always), with higher total scores indicating more severe sleep problems and lower overall sleep quality. The scale generates a total score of 0-84. The psychometric characteristics of the SQS are good; Shin et al. found that the internal consistency (Cronbach .92) and the test-retest reliability was high. Its application has been proven to be in use in adults between the ages of 15 and 59.

Ethical Considerations

Informed consent was taken from the participant prior to this research. All material collected was rephrased and properly cited. Participants were told that their data will not

be revealed to anyone. If they feel uncomfortable at any stage, they can leave the research. No physical and psychological harm was done to the participants. Author's permission was taken to use assessment measures in current study.

Procedure

First researcher took permission from the university to conduct this research. Participants were selected on the basis of exclusion and inclusion criteria of the research. Informed consent was signed by the participants. Confidentiality and anonymity will be assured to participant. Researcher guided them about their right of withdrawal. Once they agreed to participate in this study, they will be asked to fill in the questionnaires. It took about 15 to 20 minutes. Lastly data collected was analyzed using SPSS to test their statistical significance of variables.

Results

Analysis through SPSS has been done. Pearson product moment correlation analysis was done to find out the relationship between study variables. Linear regression analysis was done to find out predictor of psychological distress and sleep quality. Independent sample was done to find out the gender differences in study variables.

Table 2

Psychometric properties of Athazagoraphobia, Psychological Distress and Sleep Quality (N=300)

Scale	<i>M</i>	<i>SD</i>	Range	Cronbach Alpha
Loneliness	62.1	11.5	25-80	.85
Psychological Distress	39.8	7.36	18-43	.78
Sleep Quality	63.8	9.78	24-81	.83

Table 3

Pearson moment Correlation of Athazagoraphobia, Psychological Distress and Sleep Quality among Young Adults (N= 300)

Sr. No	Variables	<i>M</i>	<i>SD</i>	1	2	3
1	Athazagoraphobia	62.1	11.5	-	.41**	-.38**
2	Psychological Distress	39.8	7.36		-	-.70
3	Sleep Quality	63.8	9.78			-

** $p < .01$

The result shows the correlation among athazagoraphobia, psychological distress, and sleep quality in young adults. A significant positive correlation was found

between athazagoraphobia and psychological distress. A significant negative correlation was found between athazagoraphobia and sleep quality.

Table 4

Linear Regression of Athazagoraphobia as a predictor of Psychological Distress and Sleep Quality in young adults (N= 300)

Variables	Psychological Distress			Sleep Quality		
	B	β	SE	B	β	SE
Constant	35.50		1.50	50.10		2.20
Athazagoraphobia	1.85	.41**	.38	-2.60	-.38**	.53
R ²	.17			.14		

** $p < .01$, *** $p < .001$

This table gives the linear regression findings indicating that Athazagoraphobia is a predictor of both Psychological Distress and Sleep Quality in young adults. For Psychological Distress, Athazagoraphobia had a medium positive effect ($B = 1.85$, $\beta = .41$, $SE = .38$, $p < .001$ ***), accounting for 17% of variance ($R^2 = .17$). For Sleep Quality, it had a very strong negative impact

($B = -2.60$, $\beta = -.38$, $SE = .53$, $p < .001$ ***), explaining 14% of the variance ($R^2 = .14$). These results indicate that greater levels of Athazagoraphobia are linked to greater psychological distress and poorer sleep quality, both of which impacts are statistically extremely significant (** $p < .001$).

Table 5

Independent Sample t test for Athazagoraphobia, Psychological Distress and Sleep Quality among Men and Women (N= 300)

Variables	Men (n=151)		Women (n=149)		t	p	Cohen's d
	M	SD	M	SD			
Athazagoraphobia	47.09	7.21	46.20	6.40	1.13	.25	.13
Psychological Distress	41.97	5.49	41.71	4.81	.428	.69	.05
Sleep Quality	39.58	6.42	40.53	7.21	-1.21	.22	.13

Independent sample t test was done to find out the gender differences in study variables. Results showed no gender differences among athazagoraphobia, psychological distress, and sleep quality.

Discussion

The current research studied athazagoraphobia, fear of being forgotten, psychological distress, and sleep quality in young adults. Results indicated a significant positive correlation between athazagoraphobia and psychological distress and a negative correlation between athazagoraphobia and sleep quality. That is, those who have a stronger fear of being forgotten report greater psychological distress and worse sleep quality. Psychological distress was also negatively related to sleep quality, indicating a persistent interaction between emotional distress and disturbed sleep.

These results support previous studies showing that feelings of loneliness and perceptions of neglect are causes of emotional distress and psychological susceptibility (Mann et al., 2022). Athazagoraphobia can hence be considered a heightened version of loneliness—being marked by inordinate obsessiveness about being insignificant or overlooked. From the Cognitive-Behavioral Theory (Beck, 1995) perspective, maladaptive beliefs such as “I will be abandoned because I’m not valuable” may trigger anxiety, rumination, and self-deprecating thoughts that heighten psychological distress. Similarly, Self-Determination Theory (Deci & Ryan, 1985) posits that relatedness is a core psychological need; when this need is unmet due to perceived neglect, individuals experience emotional dysregulation and reduced well-being. Therefore, fear of forgetting can act as a cognitive-emotional vulnerability that can interfere with mental as well as physiological equilibrium.

In keeping with previous research, chronic loneliness or exclusion has been associated with challenges in falling asleep and staying asleep, usually as a result of increased emotional arousal and cognitive hypervigilance (Azizi-Zeinahajlou et al., 2022; Wang et al., 2024). The Hyperarousal Model of Insomnia (Bonnet & Arand, 2010) offers an explanatory model here: unreconciled emotional issues—e.g.,

abandonment or rejection fears—trigger physiological and cortical arousal, which impairs restorative sleep. Rumination and anticipatory worry, which are frequently found in individuals with high interpersonal sensitivity, may extend sleep onset and induce night-time awakenings (Joubert et al., 2022). In this context, athazagoraphobia can be a chronic cognitive stressor that maintains the cycle of psychological distress and disrupted sleep.

The lack of any noted gender differences in this study also supports recent evidence that emotional vulnerabilities associated with loneliness and abandonment anxieties are not gender-specific but are influenced by situational and environmental factors (Farhane-Medina et al., 2022; Liu et al., 2020). While women are generally stereotyped as either more expressive of emotional anguish or suffering, and men as less inclined to report such experiences, both genders appear equally vulnerable to the psychological effect of being neglected or forgotten when the context variables of age, social roles, and support are controlled for. This helps support the conclusion that athazagoraphobia is a universal concern for an individual's emotions, rather than one restricted by gender.

Conclusion

The current research examined the association between Athazagoraphobia, psychological distress and sleep quality in young adults. Results revealed that elevated levels of athazagoraphobia were linked to increased psychological distress and lower sleep quality. Regression analysis also revealed that athazagoraphobia was a significant predictor of both outcomes, highlighting its possible function as an emerging emotional risk factor among youth. The lack of strong gender differences implies that this fear functions similarly in men and women, that the psychological effects of being seen as neglected are not gender-specific but universal. In general, the study helps to clarify how social visibility and emotional neglect fears can interfere with psychological and physiological health.

Limitations and Suggestions

In addition to its contributions, there are a number of limitations that must be noted. Application of a correlational design only limits the power to make causal inferences among the variables. Further studies need to use experimental or longitudinal designs in an effort to establish the direction of causality among fear of being forgotten, emotional distress, and sleep disturbances. Further, the study made use of convenience sampling, thus limiting the generalizability of the findings to the present sample. Participants were also recruited from socially active young adults, who may have introduced bias in responses toward those more invested in social interactions. Another strong limitation is the reliance on the UCLA Loneliness Scale as a proxy for athazagoraphobia. Although the approach was theoretically sound because of overlap between loneliness and fear of being forgotten, the measure may not best represent the specific dimensions of this new construct. Measurement development and validation of a specific athazagoraphobia measure are crucial for future studies to enhance construct validity and theoretical refinement. Broadening studies across cultures and age groups would also assist in assessing the generalizability of these results.

Implications of the Study

The results of this study have a number of practical and theoretical implications. The observed correlations between fear of being overlooked, psychological distress, and poor sleep underscore the necessity for psychological interventions that incorporate cognitive-behavioral and mindfulness modalities in order to work on maladaptive beliefs and emotional regulation impairments underlying such fears. University counseling centers and adolescent mental health programs can apply such findings in creating early screening and prevention strategies for fears of being neglected and excluded from social relationships. In addition, the findings highlight the significance of educating about digital well-being since online comparison

and periodic overlook characteristic of digital interactions may enhance perceptions of being overlooked. Public awareness campaigns thus have an important function in 'mainstreaming' emotional neglect discourse and encouraging relational security among young people. On a theoretical basis, the current research extends the field's understanding of how unmet relatedness needs, as outlined in Self-Determination Theory, translate into psychological distress and sleep disturbance. Taken together, these implications highlight the need for comprehensive mental health models that treat both the emotional and physiological aspects of well-being within socially integrated but psychologically exposed populations.

Ethics Statement

All the ethical standards of APA were met. Informed consent was taken in written form from all the respondents to participate in this study.

Contribution of Authors

Aiman Ramzan: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft, Abdul Raffay Saleem: Methodology, Writing - Reviewing & Editing, Supervision

Conflict of Interest

There is no conflict of interest declared by the authors.

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Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [A.R.S.] upon the reasonable request.

References

- Alwhaibi, M., & Al Aloola, N. A. (2023). Associations between Stress, Anxiety, Depression and Sleep Quality among Healthcare Students. *Journal of Clinical Medicine*, 12(13), 4340.

- <https://doi.org/10.3390/jcm12134340>
- Azizi-Zeinalhajlou, A., Mirghafourvand, M., Nadrian, H., Samei Sis, S., & Matlabi, H. (2022). The contribution of social isolation and loneliness to sleep disturbances among older adults: a systematic review. *Sleep and Biological Rhythms*, 20(2), 153–163. <https://doi.org/10.1007/s41105-022-00380-x>
- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. Guilford Press.
- Bonnet, M. H., & Arand, D. L. (2010). Hyperarousal and insomnia: state of the science. *Sleep Medicine Reviews*, 14(1), 9–15. <https://doi.org/10.1016/j.smrv.2009.05.002>
- Brandt, L., Liu, S., Heim, C., & Heinz, A. (2022). The effects of social isolation stress and discrimination on mental health. *Translational Psychiatry*, 12(1), 398. <https://doi.org/10.1038/s41398-022-02178-4>
- Deci, E. L., & Ryan, R. M. (1985). The general causality orientations scale: Self-determination in personality. *Journal of Research in Personality*, 19(2), 109–134. [https://doi.org/10.1016/0092-6566\(85\)90023-6](https://doi.org/10.1016/0092-6566(85)90023-6)
- Doyle, C., & Cicchetti, D. (2017). From the Cradle to the Grave: The Effect of Adverse Caregiving Environments on Attachment and Relationships Throughout the Lifespan. *Clinical Psychology: a Publication of the Division of Clinical Psychology of the American Psychological Association*, 24(2), 203–217. <https://doi.org/10.1111/cpsp.12192>
- Eisenberger, N. I. (2012). The neural bases of social pain: evidence for shared representations with physical pain. *Psychosomatic Medicine*, 74(2), 126–135. <https://doi.org/10.1097/PSY.0b013e3182464dd1>
- Farhane-Medina, N. Z., Luque, B., Taberero, C., & Castillo-Mayén, R. (2022). Factors associated with gender and sex differences in anxiety prevalence and comorbidity: A systematic review. *Science Progress*, 105(4), 368504221135469. <https://doi.org/10.1177/00368504221135469>
- Folayan, M. O., Ibigbami, O., Brown, B., El Tantawi, M., Aly, N. M., Ezechi, O. C., Abeldaño, G. F., Ara, E., Ayanore, M. A., Ellakany, P., Gaffar, B., Al-Khanati, N. M., Idigbe, I., Jafer, M., Khan, A. T., Khalid, Z., Lawal, F. B., Lusher, J., Nzimande, N. P., Popoola, B. O., ... Nguyen, A. L. (2022). Factors associated with experiences of fear, anxiety, depression, and changes in sleep pattern during the COVID-19 pandemic among adults in Nigeria: A cross-sectional study. *Frontiers in Public Health*, 10, 779498. <https://doi.org/10.3389/fpubh.2022.779498>
- Joubert, A. E., Moulds, M. L., Werner-Seidler, A., Sharrock, M., Popovic, B., & Newby, J. M. (2022). Understanding the experience of rumination and worry: A descriptive qualitative survey study. *The British Journal of Clinical Psychology*, 61(4), 929–946. <https://doi.org/10.1111/bjc.12367>
- Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., Walters, E. E., & Zaslavsky, A. M. (2002). Kessler psychological distress scale. *PsycTESTS Dataset*. <https://doi.org/10.1037/t08324-000>
- Kross, E., Berman, M. G., Mischel, W., Smith, E. E., & Wager, T. D. (2011). Social rejection shares somatosensory representations with physical pain. *Proceedings of the National Academy of Sciences of the United States of America*, 108(15), 6270–6275.

- <https://doi.org/10.1073/pnas.1102693108>
- La Guardia, J. G., & Patrick, H. (2008). Self-determination theory as a fundamental theory of close relationships. *Canadian Psychology / Psychologie Canadienne*, 49(3), 201–209.
<https://doi.org/10.1037/a0012760>
- Lahousen, T., Unterrainer, H. F., & Kapfhammer, H. P. (2019). Psychobiology of Attachment and Trauma-Some General Remarks from a Clinical Perspective. *Frontiers in Psychiatry*, 10, 914.
<https://doi.org/10.3389/fpsy.2019.00914>
- Liu, H., Zhang, M., Yang, Q., & Yu, B. (2020). Gender differences in the influence of social isolation and loneliness on depressive symptoms in college students: A longitudinal study. *Social Psychiatry and Psychiatric Epidemiology*, 55(2), 251–257.
<https://doi.org/10.1007/s00127-019-01726-6>
- Mann, F., Wang, J., Pearce, E., Ma, R., Schlieff, M., Lloyd-Evans, B., Ikhtabi, S., & Johnson, S. (2022). Loneliness and the onset of new mental health problems in the general population. *Social psychiatry and Psychiatric Epidemiology*, 57(11), 2161–2178.
<https://doi.org/10.1007/s00127-022-02261-7>
- Mofatteh M. (2020). Risk factors associated with stress, anxiety, and depression among university undergraduate students. *AIMS Public Health*, 8(1), 36–65.
<https://doi.org/10.3934/publichealth.2021004>
- Önen, C., Göktaş, A., & Okutan, Ş. (2024). Relationship between anxiety and poor sleep quality in family caregivers of psychiatric patients based on history of sharp object injuries: a case-control study in Bitlis, Turkey. *BMJ Open*, 14(12), e094071.
<https://doi.org/10.1136/bmjopen-2024-094071>
- Owczarek, M., Nolan, E., Shevlin, M., Butter, S., Karatzias, T., McBride, O., Murphy, J., Vallieres, F., Bentall, R., Martinez, A., & Hyland, P. (2022). How is loneliness related to anxiety and depression: A population-based network analysis in the early lockdown period. *International Journal of Psychology: Journal International de Psychologie*, 57(5), 585–596.
<https://doi.org/10.1002/ijop.12851>
- Russell, D., Peplau, L., & Ferguson, M. L. (1978). UCLA loneliness scale. *PsycTESTS Dataset*.
<https://doi.org/10.1037/t05974-000>
- Scarpelli, S., Bartolacci, C., D’Atri, A., Gorgoni, M., & De Gennaro, L. (2019). Mental sleep activity and disturbing dreams in the lifespan. *International Journal of Environmental Research and Public Health*, 16(19), 3658.
<https://doi.org/10.3390/ijerph16193658>
- Staner L. (2003). Sleep and anxiety disorders. *Dialogues in Clinical Neuroscience*, 5(3), 249–258.
<https://doi.org/10.31887/DCNS.2003.5.3/Staner>
- Stines, Y. (2025, July 19). *What is athazagoraphobia, the fear of being forgotten?* Verywell Health.
<https://www.verywellhealth.com/fear-of-being-forgotten-5212943>
- Swerdlow, B. A., Pearlstein, J. G., Sandel, D. B., Mauss, I. B., & Johnson, S. L. (2020). Maladaptive behavior and affect regulation: A functionalist perspective. *Emotion (Washington, D.C.)*, 20(1), 75–79.
<https://doi.org/10.1037/emo0000660>
- Wang, W., Zhu, Y., Yu, H., Wu, C., Li, T., Ji, C., Jiang, Y., & Ding, D. (2024). The impact of sleep quality on emotion

- regulation difficulties in adolescents: a chained mediation model involving daytime dysfunction, social exclusion, and self-control. *BMC Public Health*, 24(1), 1862. <https://doi.org/10.1186/s12889-024-19400-1>
- Yi, H., Shin, K., & Shin, C. (2006). Development of the sleep quality scale. *Journal of Sleep Research*, 15(3), 309–316. <https://doi.org/10.1111/j.1365-2869.2006.00544.x>
- Zhang, J., Li, X., Tang, Z., Xiang, S., Tang, Y., Hu, W., Tan, C., & Wang, X. (2024). Effects of stress on sleep quality: multiple mediating effects of rumination and social anxiety. *Psicologia, Reflexao e Critica: Revista Semestral do Departamento de Psicologia da UFRGS*, 37(1), 10. <https://doi.org/10.1186/s41155-024-00294-2>