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PERFECTIONISM AND SELF-FOCUSED ATTENTION AS PSYCHOLOGICAL FACTORS IN SOCIAL ANXIETY: A COGNITIVE-BEHAVIORAL PERSPECTIVE

Abstract

The article provides a theoretical overview of the psychological factors contributing to social anxiety, specifically focusing on perfectionism and self-focused attention. The aim is to explain these constructs from the cognitive-behavioral perspective to highlight their role in the development and maintenance of social anxiety. According to the CBT framework proposed by Clark & Wells, Hofmann, and Rapee & Heimberg, several mechanisms account for the persistence of the disorder, including self-focused attention. It is emphasized that self-focused cognitive processes are imperative to the generation, and maintenance of anxiety experienced in social situations, occurring not only during, but also prior to and following social situations. Furthermore, individuals with social anxiety often set excessively high standards for their social performance, which is indicative of perfectionism. The pressure to reach these high standards is likely to intensify anxiety. CBT interventions have been shown to effectively reduce social anxiety symptoms by targeting perfectionistic tendencies and rumination habits. The article highlights that perfectionism contributes to social anxiety through unrealistic standards, fear of mistakes, and self-critical evaluation. Self-focused attention, in turn, is described as a mechanism that sustains anxiety by increasing awareness of perceived flaws. According to the CBT perspective, these factors interact to reinforce maladaptive beliefs and attentional biases, thereby maintaining social anxiety. The findings suggest that integrating perfectionism and self-focused attention into CBT models improves theoretical understanding of social anxiety and informs clinical practice.

Keywords: social anxiety disorder, perfectionism, self-focused attention, cognitive-behavioral therapy (CBT).

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Introduction

Social anxiety disorder is characterized by intense fear of negative evaluation and avoidance of social situations, including meeting strangers, being observed while eating, or giving a speech in front of others [1, p.202]. Globally, SAD is recognized as one of the most common anxiety conditions, with lifetime prevalence estimates around 12% and annual prevalence rates near 7% [2].

Cognitive-behavioral theory (CBT) has been recognized as the dominant framework for explaining the development and maintenance of social anxiety. According to CBT, individuals interact with their

surroundings based on their beliefs about the self and the world, shaped by biological (e.g. genes) and social influences (e.g. upbringing). In Hofmann's CBT model of SAD, the central mechanism is the maladaptive belief that social situations are threatening, resulting in safety behaviors [3, p.3]. Norton and Abbott emphasize that self-focused cognition functions as a maintaining mechanism, directing attention inward rather than the external environment, leading to inaccurate interpretations and disconnection from social contexts [3, p.3; 4, p.46].

It is further highlighted by Wang et al. that perfectionism exacerbates vulnerability to social anxiety, but mindfulness traits can moderate this relationship, serving as a protective factor [5, p.6]. Frost et al. further defines certain domains of perfectionism characterized by maladaptive evaluation concerns (MEC) which are related to social anxiety. MEC fosters avoidant coping styles such as isolation, procrastination, and self-limiting behaviors, reinforcing fear of negative evaluation and contributing to anxiety [6, p.139–140].

Despite these findings, existing literature often treats perfectionism and self-focused attention as separate constructs. This article integrates perfectionism and self-focused attention within CBT perspectives to highlight their combined role in maintaining social anxiety. By examining how maladaptive evaluation concerns and self-focused cognition interact, the study contributes to a more comprehensive understanding of the mechanisms underlying social anxiety and further highlights the importance of addressing these factors for clinical practice.

Main mechanisms of cognitive behavioral theory (CBT). Cognitive Behavioral Therapy (CBT) is a structured, evidence-based psychological treatment that has been shown to be effective in treating a wide range of emotional problems, including depression, anxiety disorders, substance abuse, eating disorders, etc. It integrates behavioral and cognitive principles to address maladaptive thought patterns and unhelpful behaviors [7]. Building on this foundation, CBT therapists frequently adopt a multisystem framework when conceptualizing cases and planning interventions. This approach not only focuses on cognitive and behavioral processes, but also incorporates biological, interpersonal, social, spiritual dimensions [8, p.173].

Beck et al. distinguish between three levels of cognition that are central to CBT: consciousness, automatic thoughts, and schemas. Consciousness refers to rational decision-making with full awareness, whereas automatic thoughts are rapid, often private cognitions that may be distorted in clinical

states such as depression and anxiety. Schemas represent the deeply rooted rules for information processing, shaped by developmental experiences. They play a critical role in regulating self-image and coping strategies, thus are the main target of CBT interventions [8, p.174]. Behavioral interventions used for the treatment of anxiety disorders include exposure therapy and related methods. In addition, behavioral techniques are employed to strengthen coping, social, and problem-solving skills, further supporting patients in managing anxiety symptoms and improving overall functioning [8, p.174–175].

The CBT model of Social Anxiety Disorder (SAD). Cognitive Behavioral Therapy (CBT) has been accepted as the main theoretical framework for understanding social anxiety disorder (SAD). Hofmann's model identifies several vulnerability factors that contribute to the onset and maintenance of SAD, including a pre-existing bias toward perceiving social contexts as threatening, low self-efficacy in social situations, altered processing of social reward and loss, heightened self-focused attention, and post-event rumination. These factors interact to reinforce maladaptive beliefs and avoidance behaviors, thereby sustaining anxiety symptoms [3, p.15]. However, it is also worth noting that not all the vulnerability factors play an equally important role for every individual; rather, certain processes tend to be more dominant for some than others. This points to the importance of designing interventions that respond exactly to each client's needs [9, p.110].

Hoffman's model outlines a cyclical process through which social anxiety is maintained. It is explained that individuals with SAD strive to leave a positive impression on others, yet they also doubt their ability in this matter. In other words, there is an inconsistency between perceived social expectations and perceived social skills – they perceive their own skills as low while perceiving external standards as high. This leads to social apprehension, which can also emerge when expectations are vague or not defined properly. Increased levels of self-

focused attention emerge as a consequence of social apprehension, often producing negative outcomes that strengthen anxiety while amplifying several cognitive and emotional processes [9, p.110].

Building on Hofmann's theory, later research has expanded the model to include three emotional processes – emotion differentiation, experiential avoidance, and emotion regulation – as central mechanisms underlying the loss of emotional control in SAD. Emotion differentiation refers to the ability to distinguish between distinct emotional states, and individuals with SAD often struggle to differentiate among negative emotions, contributing to low sense of control. Experiential avoidance involves attempts to suppress or escape unpleasant internal experiences. People with SAD tend to rely on this strategy in daily interactions, thus intensifying the negative emotions from which they try to escape. Finally, emotion regulation in SAD is characterized by excessive use of suppression which reduces perceived control and increases anxiety levels [9, p.112].

In the CBT model of SAD, avoidance and safety behaviors play a central role in maintaining anxiety. They both function as maladaptive strategies that attempt to regulate distress but ultimately reinforce it. While avoidance involves staying away from situations that might provoke anxiety before they take place, safety behaviors are efforts to reduce anxiety during those situations. After stressful social encounters, post-event processing occurs, where individuals with SAD dwell on every detail, especially focusing on negative internal reactions and self-evaluations. This tendency leads them to recall the interactions more negatively than it actually was, thereby heightening anxiety about future social interactions [9 p.113].

Recent advances have tried to incorporate these concepts to create a quantitative model of SAD through the lens of “active inference”, a Bayesian modeling approach where the mind is considered a scientist that continuously predicts outcomes of actions and updates beliefs based on observed consequences. This is similar to the

cyclical relationship between cognition and behaviors mentioned in CBT: schemas guide actions, and the outcomes of those actions in turn reshape beliefs. Generative models can be biased or inaccurate, leading to distorted perceptions and maladaptive predictions [3, p.4]. Researchers have operationalized Hofmann's vulnerability factors within generative models. For example, participants with a prior bias toward threat (*low PriorSafe*) enter social encounters expecting danger, while low self-efficacy (*SEff*) increases the likelihood of perceiving social accidents such as being mocked. Altered reward and loss processing (*SocGain* and *SocLoss*) further influence the decision to avoid or remain. Social gains are undervalued, while social loss is catastrophized. Heightened self-focused attention (*SAttn*) directs perception toward unreliable interoceptive signals, such as arousal, rather than exteroceptive signals like facial expressions of others, leading to exaggerated threat appraisals. Finally, post-event rumination (*PostRum*) strengthen negative interpretations regardless of the actual social context, maintaining pessimistic beliefs [3, p.17–18].

Self-focused attention and Social Anxiety Disorder. Within the CBT framework, self-focused attention (SFA) has been identified as a central mechanism in the maintenance of social anxiety disorder (SAD) [4,10,11]. SFA refers to the heightened awareness of internal stimuli, including thoughts, emotions, beliefs, arousal, etc. and a lack of awareness of external social cues. This attentional bias intensifies awareness of anxiety symptoms, interferes with performance, and reinforces maladaptive beliefs about social inadequacy [4, p.45–48]. Clark and Wells (1995) distinguish between anticipatory rumination, where socially anxious individuals mentally rehearse possible failures before entering social situations, and post-event rumination, where they replay interactions afterward, focusing on perceived flaws and negative impressions [4, p.48].

As previously mentioned, enhanced SFA in anxiety-provoking situations can intensify several emotional and cognitive processes.

First, it heightens negative self-perceptions, making individuals more aware of perceived flaws or inadequacies. Second, socially anxious people might become more prone to undervalue their actual performance in social contexts and assume that failures will have catastrophic consequences, expecting others to be critical or judgmental. Finally, SFA reduces the sense of emotional control in people with SAD, convincing them that their anxiety is uncontrollable and that it is visible to other people.

Neurological evidence supports the relationship between SFA and SAD, showing that heightened SFA in individuals with SAD is associated with activation in brain regions linked to self-referential processing and emotional regulation, particularly the medial prefrontal cortex, posterior cingulate cortex, and temporoparietal junction [12, p.860]. Beiying (2024) demonstrated that high levels of SFA reduces perceived control in social contexts, thereby intensifying symptoms [10, p.173].

Perfectionism and social anxiety.

Perfectionism has been identified as a critical vulnerability factor in SAD [5,6]. Frost et al. (2010) established that individuals with high social anxiety often set unrealistically high standards for themselves and interpret minor mistakes as evidence of failure, reinforcing their fear of negative evaluation [6].

Perfectionism is best understood as a multidimensional construct. Hewitt and Flett distinguish between three dimensions: self-oriented perfectionism, which is the tendency to set unrealistically high standard for oneself; socially prescribed perfectionism, which involves the belief that others impose unreasonably high standards and are highly critical when these standards are not met; other-oriented perfectionism, which is the tendency to demand excessively high standards from others. Frost et al. highlight dimensions such as concern over mistakes, doubts about actions, parental expectations, beliefs about expectations, and personal standards. Through the analysis of these dimensions, two major features of perfectionism were identified: Positive

Achievement Striving (PAS) and Maladaptive Evaluation Concerns (MEC). PAS is generally associated with positive affect and adaptive striving. MEC, by contrast, integrates concern over mistakes, doubts about actions, parental expectations, parental criticism, and socially prescribed perfectionism, and is strongly correlated with depression, negative affect, and anxiety [6 p.119-121]. Evidence supports the fact that MEC perfectionism is related to social anxiety, particularly through heightened sensitivity to social evaluation and scrutiny. This leads to the encouragement of avoidant coping strategies and reinforces the cycle of symptoms and impaired functioning [6, p.140].

Wang et al. show that individuals with high perfectionistic tendencies experience greater stress in social contexts because they overestimate social standards and underestimate their ability to meet them, thereby heightening vulnerability to anxiety. Furthermore, Wang stresses that mindfulness has a moderating effect as it weakens the impact of perfectionism by reducing rumination, irrational beliefs, and negative emotional experiences, allowing individuals to think more flexibly [5, p.6].

Interaction of constructs. The relationship between self-focused attention and perfectionism is important when understanding the development and maintenance of social anxiety disorder (SAD). From the CBT perspective, self-focused attention directs cognitive resources inward, causing individuals to monitor their own performance and perceived flaws rather than external social cues. When combined with maladaptive perfectionism, this inward focus intensifies fears of negative evaluation. Concern over mistakes, doubts about actions, and socially prescribed perfectionism leads to a repetitive system in which individuals anticipate failure, scrutinize their own behavior during social interactions, and ruminate extensively afterward. This process sustains anxiety by reinforcing distorted beliefs about being socially inadequate and amplifying avoidance behaviors [5,6]. Perfectionistic individuals who engage in self-focused cognition are more likely to

experience heightened stress in social situations, which in turn worsens anxiety symptoms. Conversely, higher levels of mindfulness weaken this link, reducing rumination and enabling more flexible reassessment of perfectionistic tendencies. These findings suggest that MEC perfectionism and self-focused attention interact with each other to form a self-reinforcing cycle of social anxiety, mediated by stress and moderated by mindfulness [4,5].

Conclusion

This study contributes to the growing literature on social anxiety disorder (SAD) by clarifying the role of perfectionism, particularly Maladaptive Evaluation Concerns (MEC), in the relationship between self-focused attention and social anxiety. The scientific novelty of the article involves integrating multidimensional models of perfectionism with CBT perspectives of SAD, and in highlighting how stress mediates this relationship while mindfulness moderates it. This mechanism provides a more comprehensive understanding of how perfectionism interacts with attentional processes to maintain social anxiety.

The practical significance of these findings can be seen in clinical contexts. Targeting maladaptive dimensions of perfectionism, such as concern over mistakes, socially prescribed expectations, etc. within CBT may enhance treatment outcomes. Evidence from Abdollahi et al. (2021) shows that CBT is effective in reducing social anxiety, perfectionism, and rumination, underscoring its relevance as a therapeutic approach [13]. Moreover, incorporating mindfulness-based strategies can defend against the maladaptive effects of perfectionism and reduce stress, thereby strengthening CBT interventions [5, p.6].

These results may have particular relevance for the Azerbaijani context, where there is cultural emphasis on parental expectations and social evaluation, and which may intensify perfectionistic tendencies. Through attempting to improve intervention strategies, this work contributes to greater

psychological wellbeing, enhanced academic and occupational functioning through reducing the burden of anxiety-related impairment.

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PERFEKSİONİZM VƏ ÖZÜNƏ YÖNƏLMİŞ DIQQƏT SOSIAL TƏŞVİŞDƏ PSIXOLOJİ AMİL KİMİ: KOGNİTİV-DAVRANIŞÇI PERSPEKTİV

Xülasə:

Məqalə sosial təşvişdə rol oynayan, ona töhvə verən psixoloji amillərə nəzəri baxış təqdim edir, xüsusilə də perfeksionizm və özünə yönəlmiş diqqət üzərində fokuslanır. Məqsəd bu konstruktları koqnitiv-davranışçı yanaşma çərçivəsində izah etmək və onların sosial təşvişin formalaşmasında və saxlanılmasında oynadığı rolu vurğulamaqdır. Clark & Wells, Hofmann, həmçinin Rapee & Heimberg tərəfindən irəli sürülmüş CBT modellərinə görə, bu pozuntunun davamlılığını izah edən mexanizmlərdən biri özünə yönəlmiş diqqətdir. Qeyd olunur ki, özünə yönəlmiş koqnitiv proseslər sosial vəziyyətlərdə yaşanan təşvişin yaranması və qorunması üçün həlledici əhəmiyyət daşıyır; bu proseslər yalnız sosial qarşılıqlı təsir zamanı deyil, həm də onlardan əvvəl və sonra baş verir. Sosial təşviş yaşayan fərdlər çox vaxt sosial performanslarına dair həddindən artıq yüksək standartlar müəyyənləşdirirlər ki, bu da perfeksionizmin göstəricisidir. Bu yüksək standartlara çatmaq təzyiqi təşvişi daha da gücləndirir. Araşdırmalar göstərir ki, CBT müdaxilələri perfeksionist meylləri və ruminasiya vərdişlərini hədəfləyərək sosial təşviş simptomlarını effektiv şəkildə azalda bilir. Məqalədə vurğulanır ki, perfeksionizm sosial təşvişə qeyri-realist standartlar, səhv etmək qorxusu və özünü tənqidi qiymətləndirmə vasitəsilə töhfə verir. Özünə yönəlmiş diqqət isə fərdin qüsurları barədə fərqişdliyini artıraraq narahatlığı davam etdirən mexanizm kimi təsvir olunur. CBT perspektivinə görə, bu amillər qarşılıqlı təsir göstərərək adaptiv olmayan inancları və diqqətin qərəzli yönləndirilməsini gücləndirir, nəticədə sosial təşvişin davamlılığını təmin edir. Nəticələr göstərir ki, perfeksionizm və özünə yönəlmiş diqqətin CBT modellərinə inteqrasiyası sosial təşvişin nəzəri anlaşılmasını dərinləşdirir və klinik praktikaya mühüm töhfə verir.

Açar sözlər: sosial təşviş pozuntusu, perfeksionizm, özünə yönəlmiş diqqət, koqnitiv-davranış terapiyası (CBT).

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Резюме

В статье представлен теоретический обзор психологических факторов, способствующих развитию социальной тревожности, с особым акцентом на перфекционизм и самофокусированное внимание. Цель состоит в том, чтобы объяснить данные конструкты с позиции когнитивно-поведенческого подхода и подчеркнуть их роль в формировании и поддержании социальной тревожности. Согласно когнитивно-поведенческим моделям, предложенным Кларком и Уэллсом, Хофманом, а также Рапи и Хаймбергом, ряд механизмов объясняет устойчивость данного расстройства, включая самофокусированное внимание. Подчеркивается, что когнитивные процессы, направленные на собственное «Я», имеют ключевое значение для возникновения и поддержания тревоги в социальных ситуациях, проявляясь не только во время, но также до и после социальных взаимодействий. Кроме того, лица с социальной тревожностью часто устанавливают чрезмерно высокие стандарты для своего социального поведения, что является проявлением перфекционизма. Давление, связанное с необходимостью соответствовать этим стандартам, усиливает тревогу. Исследования показывают, что когнитивно-поведенческие интервенции эффективно снижают симптомы социальной тревожности, воздействуя на перфекционистские тенденции и привычки к руминативному мышлению. В статье отмечается, что перфекционизм способствует социальной тревожности через нереалистичные стандарты, страх ошибок и самокритичную оценку. Самофокусированное внимание, в свою очередь, описывается как механизм, поддерживающий тревогу за счет усиления осознания предполагаемых недостатков. С точки зрения когнитивно-поведенческого подхода, данные факторы взаимодействуют, усиливая дезадаптивные убеждения и искажения внимания, тем самым поддерживая социальную тревожность. Результаты исследования свидетельствуют о том, что интеграция перфекционизма и самофокусированного внимания в когнитивно-поведенческие модели углубляет теоретическое понимание социальной тревожности и имеет важное значение для клинической практики.

Ключевые слова: социальное тревожное расстройство, перфекционизм, самофокусированное внимание, когнитивно-поведенческая терапия (КПТ).

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