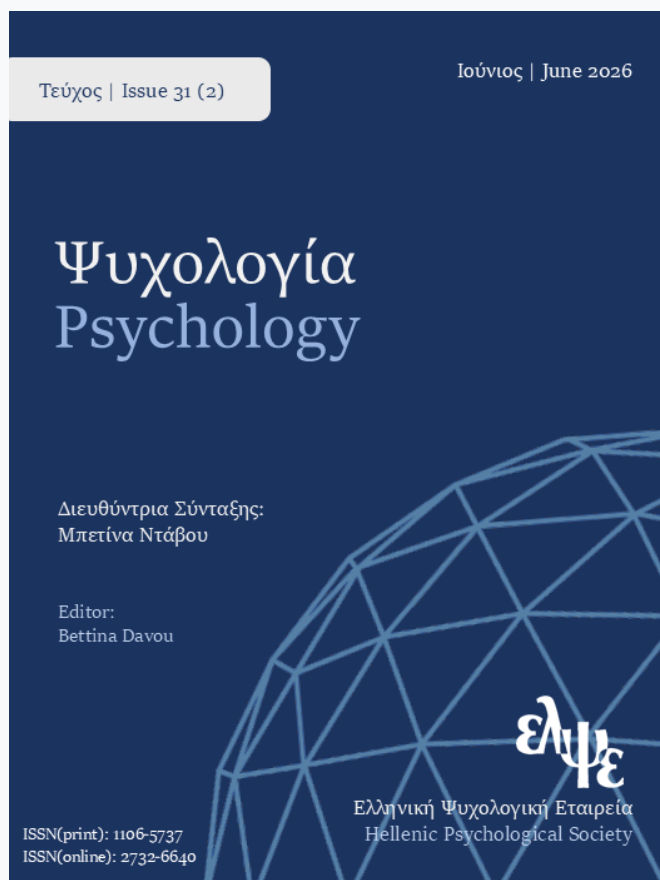


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Beyond correlation: How attachment insecurities fuel social anxiety through perfectionism in young adults

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KEYWORDS	ABSTRACT
Attachment Perfectionism Sex differences Social anxiety Social avoidance	This study examined how attachment anxiety and avoidance are indirectly associated with social anxiety and social avoidance through multidimensional perfectionism in young adults. A sample of 230 Portuguese university students (18–25 years) completed validated measures of attachment (ECR-RS), perfectionism (MPCS), and social anxiety/avoidance (SIPAAS). Using parallel multiple mediation models (PROCESS Model 4) with 5,000 bias-corrected bootstrap samples, we tested indirect associations at both the dimension level (eight perfectionism subscales) and the composite factor level (Evaluative Concerns, Positive Striving). Controlling for age and sex, both attachment dimensions showed significant indirect associations with social distress/anxiety and social avoidance primarily through maladaptive perfectionism dimensions, including Doubts about Actions and Socially Prescribed Perfectionism. At the factor level, Evaluative Concerns was a significant mediator for both attachment dimensions, whereas Positive Striving was indirectly associated only with the link between attachment anxiety and social avoidance. Women reported higher levels of social anxiety and were more likely to exceed the SIPAAS screening cut-offs. These findings highlight specific perfectionism dimensions that may help explain how attachment insecurities relate to social anxiety symptoms in young adults, while acknowledging that the cross-sectional design precludes causal inference.
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Social anxiety

Social anxiety and avoidance are core manifestations of Social Anxiety Disorder (SAD) (APA, 2022), characterized by marked apprehension in situations involving potential scrutiny. These situations often include social interactions, meeting unfamiliar people, or being observed while performing everyday tasks. Individuals frequently fear that their behavior or visible anxiety will elicit negative evaluation, leading to shame, embarrassment, or rejection (APA, 2022; Spokas et al., 2009).

SAD is relatively common, with one-year prevalence estimates of 7% in the USA and a median of 2.3% across Europe, with higher rates among women (APA, 2022; Asher & Aderka, 2018; Mackenzie et al., 2012). In Portugal, epidemiological data indicate increasing rates of anxiety and depressive disorders (Faculdade de Ciências Médicas, 2023; Santos & Rachadell, 2022). Given its prevalence and functional impact, research has increasingly focused on identifying psychological factors associated with social anxiety (Lee & Telch, 2008; Prousky, 2015).

SAD has been linked to temperament (e.g., behavioral inhibition; Fox et al., 2023), parent–child interactions (e.g., insecure attachment; Derin et al., 2022), and cognitive factors such as fear of negative evaluation (Li et al.,

2023). Family environments characterized by overcontrol, criticism, or rejection have been associated with higher social anxiety (Chavira & Stein, 2005; Hollenstein et al., 2004; Neal & Edelmann, 2003; Yaffe, 2021). These relational experiences may contribute to insecure attachment patterns, which have been consistently associated with social anxiety symptoms (Lindhout et al., 2006; Fox et al., 2022; Erozkhan, 2009; Elling et al., 2022). Supporting this, individuals with SAD often recall caregivers as emotionally cold, intrusive, or critical (Harvey et al., 2005).

The role of attachment on social anxiety

Attachment theory provides a framework for understanding individual differences in interpersonal functioning (Ainsworth et al., 1978; Bowlby, 1969, 1973, 1980). Internal working models—representations of the self and others—shape expectations and behaviors in close relationships. Consistent caregiving fosters secure attachment, whereas inconsistent or rejecting caregiving is associated with insecure attachment (Bowlby, 1969, 1973, 1980), which may relate to difficulties in social contexts (Mallinckrodt, 2000; Mallinckrodt & Wei, 2005).

Contemporary attachment research conceptualizes attachment along two dimensions: anxiety and avoidance (Bartholomew & Horowitz, 1991; Brennan et al., 1998; Fraley & Waller, 1998). Individuals high in attachment anxiety tend to fear rejection and may be highly sensitive to social threats (Kobak & Sceery, 1988; Mikulincer & Florian, 1998; Mikulincer et al., 2003). Those high in avoidance tend to suppress vulnerability, maintain emotional distance, and experience discomfort with closeness (Brennan et al., 1998; Mikulincer & Florian, 1998; Fraley et al., 1998).

A growing body of research links both attachment dimensions to social anxiety. Anxiously attached individuals tend to perceive greater social threat and fear negative evaluation (Pietromonaco & Barrett, 2000; Rom & Mikulincer, 2003), while avoidant individuals may experience self-criticism and discomfort with intimacy (Mikulincer, 1997; Srivastava & Beer, 2005). A recent systematic review by Read et al. (2018) concluded that attachment insecurity is consistently associated with higher social anxiety across studies.

Recent meta-analytic and theoretical work further supports these associations. Snyder et al. (2024) found that insecure attachment is linked to anxiety through emotion-regulation difficulties. Dagan et al. (2018) reported robust associations between attachment insecurity and internalizing symptoms in adulthood. Modern attachment syntheses (e.g., Mikulincer & Shaver, 2010, 2019) emphasize that attachment anxiety and avoidance are reliably associated with heightened vulnerability to anxiety-related outcomes, although the direction of influence cannot be inferred from cross-sectional data.

Attachment, perfectionism, and social anxiety

Perfectionism has been repeatedly associated with both attachment insecurity and social anxiety. Research shows that insecure attachment is linked to higher maladaptive perfectionism (Pishva & Besharat, 2011; Tarkhan & Alinezhad, 2016; Taylor et al., 2017). Dimensional studies further indicate that attachment anxiety and avoidance are associated with perfectionistic concerns such as Doubts about Actions, Concern over Mistakes, and Socially Prescribed Perfectionism (Jahng & Kim, 2019). Recent work by Fang and Wang (2024) and Smith et al. (2022) suggests that perfectionism may help explain associations between attachment and internalizing symptoms.

Perfectionism itself is strongly associated with social anxiety (Abdollahi et al., 2018; Flett & Hewitt, 2014; Mackinnon et al., 2014; Newby et al., 2017; Scott et al., 2014). Meta-analytic evidence shows that perfectionistic concerns are robustly linked to anxiety disorders (Callaghan et al., 2024) and that perfectionism is a significant correlate of anxiety symptoms across populations (Smith et al., 2022). Maladaptive perfectionism—particularly Socially Prescribed Perfectionism—has been linked to fear of negative evaluation, post-event rumination, and heightened self-criticism (Cox & Chen, 2015; Hewitt et al., 2017). The distinction between Evaluative Concerns (maladaptive) and Positive Striving (adaptive) is central to understanding these associations (Slaney et al., 2001;

Stoeber, 2014). Evaluative Concerns consistently show strong associations with social anxiety, whereas Positive Striving shows weaker or mixed associations (Abdollahi, 2019).

Despite these findings, few studies have examined whether perfectionism helps explain associations between attachment dimensions and social anxiety, and none have tested this using both subscale-level and composite-factor approaches.

The current study

This study examines whether perfectionism dimensions and factors are associated with the links between attachment anxiety/avoidance and two manifestations of social anxiety: Social Distress/Anxiety and Social Avoidance. We address three gaps: Limited research directly examining how attachment dimensions relate to social anxiety in young adults (Read et al., 2018); No prior studies have tested whether both perfectionism subscales and composite factors help explain these associations; and sex differences in social anxiety remain insufficiently understood (Asher et al., 2017; Caballo et al., 2014). Our hypotheses are: H1. Attachment anxiety and avoidance will be positively associated with Social Distress/Anxiety and Social Avoidance; H2. Maladaptive perfectionism dimensions (e.g., Doubts about Actions, Socially Prescribed Perfectionism) will show significant indirect associations between attachment dimensions and social anxiety outcomes; H3. The Evaluative Concerns factor will show significant indirect associations for both attachment dimensions; H4. Positive Striving will show weaker or non-significant indirect associations; and H5. Women will report higher social anxiety and be more likely to exceed SIPAAS screening cut-offs.

Method

Participants

A sensitivity power analysis was conducted using G*Power 3.1 for a multiple regression model with eight mediators and two covariates. Assuming a small-to-medium effect size ($f^2 = .08$), $\alpha = .05$, and power $(1-\beta) = .80$, the minimum required sample was 191 participants. Our final sample of 230 therefore provided adequate statistical power to detect indirect associations of small-to-moderate magnitude.

The sample comprised 230 Portuguese young university students, with a mean age of 19.91 years old ($SD = 1.59$, range = 18-25). The vast majority was female (78.7%; $n = 181$), single (99.6%, $n = 228$), and was attending the 1st academic year (46.9%, $n = 106$), mostly from Psychology (49.6%, $n = 114$), Communication Sciences (18.7%, $n = 43$), Social Work (8.7%, $n = 20$), and Tourism (6.1%, $n = 14$).

Procedure

The investigation was conducted following the guidelines set forth by The Code of Ethics established by the World Medical Association, specifically the Declaration of Helsinki and its later amendments. The study was approved by the Ethics Committee of the University of Universidade Católica Portuguesa (Approval No. UCP7230/2024; date: 05/01/2024). All procedures complied with the Declaration of Helsinki. Participants were recruited through convenience sampling during scheduled classes across several undergraduate programs. After receiving permission from course instructors, the research team briefly introduced the study and invited students to participate voluntarily. Of the approximately 400 students approached, 230 agreed to participate, yielding a response rate of 57.5%. Data collection occurred in classroom settings, outside examination periods, and no incentives were provided. All participants provided written informed consent and were assured of confidentiality and anonymity.

All participants provided written consent after being fully informed, and strict measures were taken to ensure the confidentiality of their information (privacy rights) was assured. Participants completed the questionnaires, outside the evaluation period, and during classes. The inclusion criteria were: being Portuguese and having between 18 and 25 years old. All participants returned the questionnaires.

Measures

Sociodemographics. Sex was assessed with the item: “What is your sex assigned at birth?” with response options “male” and “female.” This terminology was used to avoid conflating sex and gender, and analyses were conducted using this variable as reported. In addition, participants were asked about their age, year of university study, and the degree program they were enrolled in.

The Social Interaction and Performance Anxiety and Avoidance Scale (SIPAAS; Pinto-Gouveia et al., 2003).

The SIPAAS, derived from the Liebowitz Social Anxiety Scale (LSAS, Liebowitz, 1987), evaluates the extent of Social Distress/Anxiety and Social Avoidance across 44 scenarios involving performance and social interaction, commonly eliciting anxiety and avoidance among individuals with social phobia, using a 4-point Likert scale. Respondents were required to specify the level of fear or anxiety induced by each scenario and how frequently they avoid or would avoid it. The scale provided verbal anchors: 1=*none*, 2=*mild*, 3=*moderate*, 4=*severe*, for Social Distress/Anxiety, and 1=*never*, 2=*occasionally*, 3=*often*, 4=*usually*, for Social Avoidance. SIPAAS was designed as a self-administered tool for clinical evaluation of fear and avoidance in social contexts. It is also usable and reliable for research purposes. Although it was not developed to be used as a diagnostic instrument, cut-off scores were suggested as they allow the discrimination between clinical and non-clinical populations. Thus, for Social Distress/Anxiety the authors suggested a cut-off point of 115 and for Social Avoidance of 105. Higher scores indicate higher Social Distress/Anxiety and Social Avoidance. In the validation study of the original scale, the Social Distress/Anxiety subscale presented a Cronbach’s alpha of .95 for general population/GP group, of .94 for Social Phobia Group/SPG and of .95 for other anxiety disorder/OAD group. For the Social Avoidance subscale the Cronbach’s alpha was of .94 for GP group, of .92 for SPG and of .95 for OAD group (Gouveia et al., 2003). In the current study, for the Social Distress/Anxiety subscale the Cronbach’s alpha was of .92, and for the Social Avoidance subscale was of .93.

The Multidimensional Perfectionism Composite Scale (MPCS) – short version (Soares et al., 2016).

The MPCS is composed by 33 items and is answered in a 5-point Likert rating scale (1=strongly disagree to 5=strongly agree). Higher scores indicate higher perfectionism levels. This scale combines all the perfectionism dimensions of the Frost et al. (1990) and Hewitt and Flett’s Multidimensional Perfectionism (1991) Scales. Additionally, this composite version integrates two factors: Evaluative Concerns (a maladaptive perfectionism factor) and Positive Striving (an adaptive perfectionism). The Evaluative Concerns factor includes the following subscales: Concern over Mistakes (e.g., ‘If I do not do as well all the time, people will not respect me’), Parental Expectations (e.g., ‘My parents wanted me to be the best at everything’), Doubts about Actions (e.g., ‘Even when I do something very carefully, I often feel that it is not quite right’), Parental Criticism (e.g., ‘I never felt like I could meet my parents standards’), and Socially Prescribed Perfectionism (the perception that others hold excessively high standards for oneself; e.g., ‘I feel that other people demand too much of me’). The Positive Striving factor includes the Self-Oriented Perfectionism (the setting of excessively high standards and perfectionistic motivation for oneself; e.g., ‘from me, I demand no less than perfection’), Personal Standards (e.g., ‘I have extremely high standards’), and Organization (e.g., ‘Neatness is very important to me’) subscales. The MPCS has shown very high levels of internal consistency [Cronbach’s alpha: Evaluative Concerns = .89; Positive Striving = .88] (Soares et al., 2016). In the current study the Cronbach’s alpha were of .86 (Evaluative Concerns) and of .85 (Positive Striving).

The Experiences in Close Relationships-Relationships Structures Questionnaire - ECR-RS (original

version: Fraley et al., 2011; Portuguese version: Moreira et al., 2015). The ECR-RS is a 9-item self-report tool that offers a contextual evaluation of attachment-related anxiety and avoidance through the measurement of these aspects in diverse interpersonal connections, such as with a mother, father, romantic partner, and best friend. Attachment-related anxiety entails being sensitive to feelings of rejection and abandonment, indicating how much individuals are concerned about the availability and support of others during times of need. On the

other hand, attachment-related avoidance involves discomfort with closeness and intimacy in relationships, demonstrating the level of distrust individuals have towards their partner's intentions and their efforts to maintain emotional distance and independence from their significant others (Brennan et al., 1998). The cumulative ECR-RS subscale score is calculated as the average of the individual items, varying between 1 (indicating strong disagreement) and 7 (indicating strong agreement), where elevated scores correspond to increased levels of attachment avoidance or anxiety. Moreover, a comprehensive assessment of anxiety and avoidance can be derived by computing the average of the subscale scores across the four domains. The Portuguese version showed adequate internal consistency, with Cronbach's alphas of .88 (Anxiety) and .92 (Avoidance) (Moreira et al., 2015). In the current study the Cronbach's alpha were of .86 and of .72, respectively. In line with the scoring guidelines of the ECR-RS, attachment anxiety and avoidance scores were computed as the mean of the corresponding items across all relational domains. Although the Avoidance subscale showed modest internal consistency in this sample ($\alpha = .72$), this value is comparable to previous studies using the ECR-RS in non-clinical young adult samples, and the scale is widely considered psychometrically acceptable for research purposes.

Data Analysis

The Statistical Package for the Social Sciences (SPSS, version 30.0; IBM SPSS, Chicago, IL) was utilized for the data analysis, along with the PROCESS macro for SPSS v4.1 (Hayes, 2013, 2013a). Descriptive statistics were computed for all sociodemographic and study variables. Pearson correlations were calculated among the study variables. Additionally, correlations between sociodemographic variables and the dependent variables were examined to determine potential covariates for inclusion in the mediation models.

Four parallel multiple mediation models were examined (model 4; Hayes, 2013, 2013a). Two of these models assessed the indirect impacts of Attachment Anxiety and Attachment Avoidance on Social Distress and Social Avoidance through eight dimensions of perfectionism (Concern over Mistakes, Personal Standards, Doubts about Actions, Parental Criticism, Parental Expectations, Organization, Socially Prescribed Perfectionism, and Self-Oriented Perfectionism). The remaining two models explored the indirect effects of Attachment Anxiety and Attachment Avoidance on Social Distress and Social Avoidance through two factors of perfectionism (Positive Striving and Evaluative Concerns).

The evaluation of the indirect effects was performed using the bootstrapping method with 5000 bootstrap samples. Bias-corrected confidence intervals (95%) were calculated, and significance of the indirect effect was determined by the inclusion of zero within the confidence interval. An independent-samples *t*-test was employed to compare the Social Distress/Anxiety and Avoidance scores between males and females. Furthermore, a Chi-square test for independence was conducted to investigate the relationship between sex and the Social Distress/Anxiety cut-off scores.

All mediation models were estimated using 5,000 bias-corrected bootstrap samples. Given the number of mediators tested, results are interpreted with caution regarding potential inflation of Type I error, and effect sizes are reported to contextualize the magnitude of significant associations.

Results

Descriptive statistics and correlations

Descriptive statistics and correlations among study variables are presented in Table 1. About 18% and 17% of the sample scored above the cut-off score for Social Distress/Anxiety and Social Avoidance, respectively. In the MPCS, the higher mean scores were found for Organization, Personal Standards, and Positive Striving. Attachment Avoidance and Attachment Anxiety were both significantly and positively correlated with Social Distress/Anxiety and Social Avoidance. Attachment Avoidance was significantly correlated with three perfectionism dimensions

(Doubts About Actions, Parental Criticism and Socially Prescribed Perfectionism) and with the two perfectionism factors (Positive Striving and Evaluative Concerns). Attachment Anxiety was significantly correlated with the same dimensions as well as with Concern Over Mistakes, Parental Expectations and Self-Oriented Perfectionism. It was also significantly correlated with the factor Evaluative Concerns. Almost all perfectionism dimensions were significantly correlated with Social Distress/Anxiety and Social Avoidance, excluding Parental Expectations, Organization, and Self-Oriented Perfectionism. With regard to the correlations between the two perfectionism factors with Social Distress and Social Avoidance, while Evaluative Concerns was significantly correlated with Social Distress and Social Avoidance, Positive Striving was not significantly correlated with either of these two dimensions.

The results indicate statistically significant differences between men and women on both the avoidance and anxiety dimensions of the ECR-RS. For avoidance, men reported slightly higher scores ($M = 21.06$, $SD = 5.30$) than women ($M = 19.93$, $SD = 5.61$), although the effect size was small ($d \approx 0.20$), suggesting a modest difference. The t-test confirmed that this difference was significant, $t(505) = 1.86$, $p = .032$, assuming equal variances. For attachment anxiety, the pattern was reversed: women reported significantly higher levels ($M = 12.14$, $SD = 4.76$) than men ($M = 10.59$, $SD = 4.46$), with a small-to-moderate effect size ($d \approx -0.33$), indicating a more consistent gender difference. The t-test showed a robust statistical difference, $t(521) = -3.05$, $p = .001$. In both analyses, Levene's test indicated homogeneity of variances, supporting the direct interpretation of the t-test results.

The chi-square analysis revealed a significant association between sex and exceeding the SIPAAS Social Distress/Anxiety cut-off score. Among men, only 3 out of 58 participants (5.2%) scored above the clinical threshold, whereas among women, 49 out of 238 (20.6%) exceeded the cut-off. This difference was statistically significant, $\chi^2(1) = 7.65$, $p = .006$, a result corroborated by the continuity-corrected test, $\chi^2(1) = 6.63$, $p = .010$, and Fisher's Exact Test ($p = .004$). The effect size, measured by Cramer's V, was $V = .161$ ($p = .006$), indicating a small but meaningful association.

The indirect effect of attachment anxiety and attachment avoidance on social distress/anxiety and avoidance through perfectionism

Prior to mediation analyses, correlations between age, sex, and the social anxiety dimensions (Social Distress/Anxiety and Social Avoidance) were analysed to determine whether any variable should be introduced into the model as a covariate. Sex was significantly and positively correlated with Social Avoidance ($r = .21$, $p < .001$) and Social Distress/Anxiety ($r = .28$, $p < .001$). Significant and negative correlations were found between age and Social Avoidance ($r = -.13$, $p = .048$) and between age and Social Distress/Anxiety ($r = -.15$, $p = .025$). Therefore, age and sex were introduced as covariates in both mediation models.

Social distress/Anxiety model

In the model that included the eight perfectionism dimensions as mediators of the association between attachment dimensions and Social Distress, all the variables (i.e., Attachment Avoidance, Attachment Anxiety, the eight perfectionism dimensions and the covariates) explained 40.54% of the Social Distress/Anxiety variance (Graph 1). The total and direct effects of both attachment dimensions on Social Distress/Anxiety were significant. Concerning the indirect effects, statistically controlling for age and sex, both Attachment Avoidance and Attachment Anxiety were found to be indirectly associated with Social Distress/Anxiety through Doubts about Actions and Socially Prescribed Perfectionism. Attachment Anxiety was also indirectly associated with Social Distress/Anxiety through Concern over Mistakes (Table 2).

With regard to the model that examined the mediator effect of Evaluative Concerns and Positive Striving, as presented in Graph 2, all variables in the model (i.e., Attachment Avoidance, Attachment Anxiety, the two perfectionism factors and the covariates) explained 31.50% of the Social Distress/Anxiety variance. Both

Table 1*Descriptives and correlations among study variables*

Study Variables	<i>M (SD); range</i>	1	2	3	4	5	6	7	8	9	10	11	12	13
<i>Attachment dimensions</i>														
1. Attachment Avoidance	3.40 (0.97); 1-6	---												
2. Attachment Anxiety	3.97 (1.67); 1-7	.08	---											
<i>Perfectionism dimensions</i>														
3. Concern over Mistakes	8.73 (2.96); 4-17	.06	.39**	---										
4. Personal Standards	12.28 (3.26); 4-20	-.01	-.03	.25**	---									
5. Doubts about Actions	10.04 (3.51); 4-20	.20**	.34**	.53**	.29**	---								
6. Parental Criticism	7.20 (3.15); 4-17	.16**	.20**	.39**	.11	.41**	---							
7. Parental Expectations	9.29 (3.97); 4-20	.12	.14**	.27**	.29**	.40**	.58**	---						
8. Organization	7.48 (1.79); 2-10	-.00	.08	-.03	.14*	.04	-.22**	-.10	---					
9. Socially Prescribed Perfectionism	8.75 (2.64); 4-16	.18**	.29**	.40**	.26**	.50**	.49**	.36**	-.18**	---				
10. Self-Oriented Perfectionism	20.33 (5.70); 7-35	.02	.18**	.27**	.53**	.35**	.20**	.32**	.25**	.20**	---			
<i>Perfectionism factors</i>														
11. Evaluative Concerns	44.02 (12.00); 20-85	.27**	.36**	.68**	.33**	.77**	.78**	.74**	-.13	.71**	.37**	---		
12. Positive Striving	40.09 (8.53); 18-61	.25**	.13	.27**	.77**	.35**	.13*	.30**	.43**	.19**	.92**	.35	---	
<i>Social anxiety factors</i>														
13. Social Distress/Anxiety	94.11 (21.18); 45-158	.21**	.44**	.36**	-.17*	.35**	.14*	.00	.08	.28**	-.02	.29**	-.06	---
14. Social Avoidance	85.43 (18.72); 46-143	.25**	.32**	.23**	-.15*	.34**	.14*	.03	.06	.31**	-.04	.27**	-.07	.79**

Note. *M* = mean; *SD* = standard deviation; * $p < .05$, ** $p < .01$

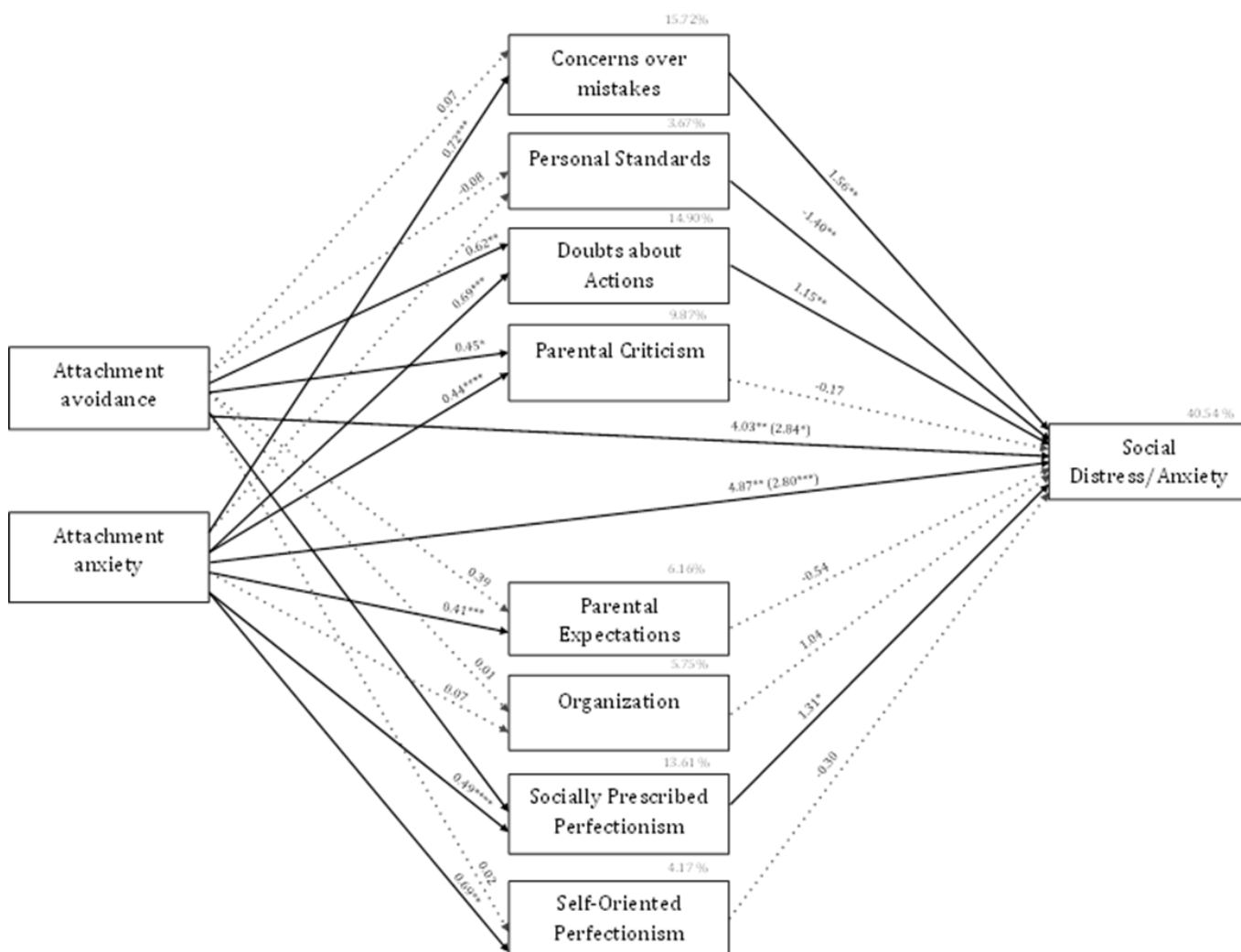
attachment dimension presented significant total and direct effects on Social Distress/Anxiety. However, only Evaluative Concerns was a significant mediator of the associations between both attachment dimensions and Social Distress/Anxiety (Table 3).

Social avoidance model

In the model that included all perfectionism dimensions as mediators of the association between attachment dimensions and Social Avoidance, all variables in the model (i.e., Attachment Avoidance, Attachment Anxiety, the perfectionism dimensions and the covariates) explained 31.54% of the Social Avoidance variance (Graph 3). The total and direct effects of both attachment dimensions on Social Avoidance were significant. With regard to the indirect effects, statistically controlling for age and sex, both Attachment Avoidance and Attachment Anxiety were indirectly associated with Social Avoidance through Doubts about Actions and Socially Prescribed Perfectionism (Table 2).

In the model that included Evaluative Concerns and Positive Striving as mediators, all the variables in the model (i.e., Attachment Avoidance, Attachment Anxiety, the two perfectionism factors and the covariates) explained 23.16% of the Social Avoidance variance (Graph 4). Both attachment dimensions presented significant total and direct effects on Social Avoidance. With regard to the indirect effects, Evaluative Concerns was a significant mediator of the association between both attachment dimensions and Social Avoidance, whereas Positive Striving only mediated the association between Attachment Anxiety and Social Avoidance (Table 3).

Graph 1. Path model examining the indirect effect of attachment anxiety and attachment avoidance on social distress/anxiety through perfectionism dimensions



Note. Path values represent unstandardized regression coefficients. Gray dashed arrows represent the non-significant associations between variables. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 2. *Social avoidance through perfectionism dimensions*

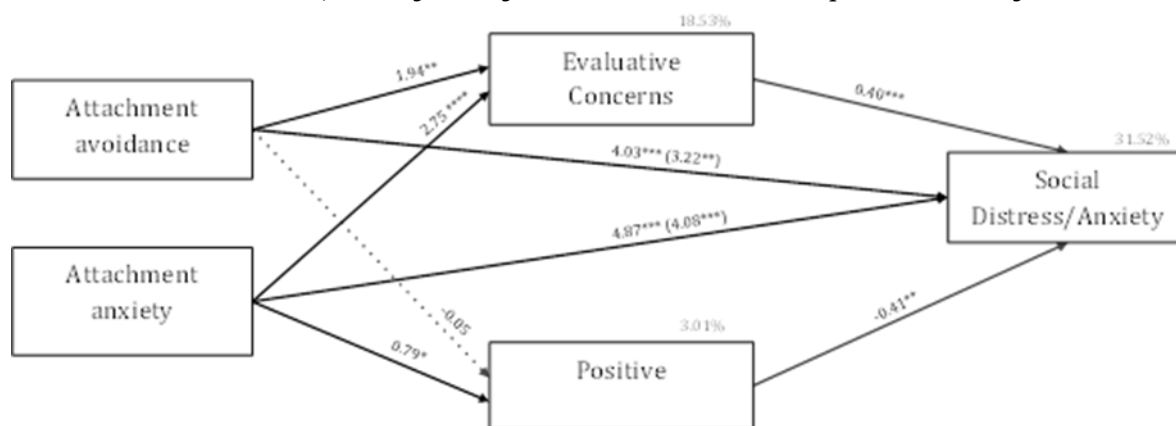
<i>Indirect effects</i>	Effect	Boot SE	BC 95%CI
			Lower/Upper
Attachment Avoidance → Concern over Mistakes → $\rightarrow$ Social Distress/Anxiety	0.12	.35	-0.583/0.840
Attachment Avoidance → Personal Standards → $\rightarrow$ Social Distress/Anxiety	0.11	.38	-0.593/0.944
Attachment Avoidance → Doubts about Actions → $\rightarrow$ Social Distress/Anxiety	0.72	.43	0.059/1.715
Attachment Avoidance → Parental Criticism → $\rightarrow$ Social Distress/Anxiety	-0.08	.26	-0.671/0.440
Attachment Avoidance → Parental Expectations → $\rightarrow$ Social Distress/Anxiety	-0.21	.23	-0.773/0.138
Attachment Avoidance → Organization → $\rightarrow$ Social Distress/Anxiety	0.01	.17	-0.354/0.363
Attachment Avoidance → Socially Prescribed Perfectionism → $\rightarrow$ Social	0.54	.32	0.018/1.251
Attachment Avoidance → Self-Oriented Perfectionism → $\rightarrow$ Social Distress/Anxiety	-0.01	.17	-0.385/0.351
Attachment Anxiety → Concern over Mistakes → $\rightarrow$ Social Distress/Anxiety	1.12	.38	0.459/1.947
Attachment Anxiety → Personal Standards → $\rightarrow$ Social Distress/Anxiety	-0.06	.16	-0.442/0.334
Attachment Anxiety → Doubts about Actions → $\rightarrow$ Social Distress/Anxiety	0.80	.34	0.223/1.547
Attachment Anxiety → Parental Criticism → $\rightarrow$ Social Distress/Anxiety	-0.07	.23	-0.539/0.419
Attachment Anxiety → Parental Expectations → $\rightarrow$ Social Distress/Anxiety	-0.23	.19	-0.690/0.052
Attachment Anxiety → Organization → $\rightarrow$ Social Distress/Anxiety	0.07	.11	-0.095/0.338
Attachment Anxiety → Socially Prescribed Perfectionism → $\rightarrow$ Social	0.63	.32	0.084/1.311
Attachment Anxiety → Self-Oriented Perfectionism → $\rightarrow$ Social Distress/Anxiety	-0.20	.21	-0.668/0.153
Attachment Avoidance → Concern over Mistakes → $\rightarrow$ Social Avoidance	0.02	.12	-0.182/0.317
Attachment Avoidance → Personal Standards → $\rightarrow$ Social Avoidance	0.09	.31	-0.523/0.764
Attachment Avoidance → Doubts about Actions → $\rightarrow$ Social Avoidance	0.81	.45	0.118/1.884
Attachment Avoidance → Parental Criticism → $\rightarrow$ Social Avoidance	-0.07	.23	-0.592/0.377
Attachment Avoidance → Parental Expectations → $\rightarrow$ Social Avoidance	-0.14	.19	-0.590/0.160
Attachment Avoidance → Organization → $\rightarrow$ Avoidance	0.01	.15	-0.317/0.350
Attachment Avoidance → Socially Prescribed Perfectionism → $\rightarrow$ Social Avoidance	0.73	.37	0.112/1.547
Attachment Avoidance → Self-Oriented Perfectionism → $\rightarrow$ Social Avoidance	-0.01	.18	-0.422/0.382
Attachment Anxiety → Concern over Mistakes → $\rightarrow$ Social Avoidance	0.21	.32	-0.408/0.868
Attachment Anxiety → Personal Standards → $\rightarrow$ Social Avoidance	-0.05	.16	-0.370/0.263
Attachment Anxiety → Doubts about Actions → $\rightarrow$ Social Avoidance	0.91	.35	0.328/1.672
Attachment Anxiety → Parental Criticism → $\rightarrow$ Social Avoidance	-0.07	.21	-0.497/0.380
Attachment Anxiety → Parental Expectations → $\rightarrow$ Social Avoidance	-0.15	.17	-0.542/0.141
Attachment Anxiety → Organization → $\rightarrow$ Avoidance	0.07	.10	-0.089/0.317
Attachment Anxiety → Socially Prescribed Perfectionism → $\rightarrow$ Social Avoidance	0.86	.31	0.320/1.549
Attachment Anxiety → Self-Oriented Perfectionism → $\rightarrow$ Social Avoidance	-0.23	.19	-0.667/0.092

Discussion

The primary aim of this study was to address a significant gap in the literature by examining whether specific perfectionism traits help explain the associations between adult attachment dimensions (anxiety and avoidance) and social anxiety manifestations (social distress/anxiety and social avoidance). A secondary aim was to explore sex differences in these outcomes. Overall, the findings reinforce the high prevalence of social distress and avoidance among university students and, more importantly, clarify the perfectionistic cognitive patterns that may help account for this vulnerability.

Consistent with expectations, a substantial proportion of participants scored above the recommended SIPAAS clinical cut-offs (Pinto-Gouveia et al., 2003). This aligns with international evidence showing that university students represent a high-risk group for social anxiety, often reporting higher symptom levels than

Graph 2. Path model examining the indirect effect of attachment anxiety and attachment avoidance on social distress/anxiety through evaluative concerns and positive striving.



Note. Path values represent unstandardized regression coefficients. Gray dashed arrows represent the non-significant associations between variables. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 3. Indirect Effects of Attachment Anxiety and Attachment Avoidance on Social Distress/Anxiety and Social Avoidance through Evaluative Concerns and Positive Striving

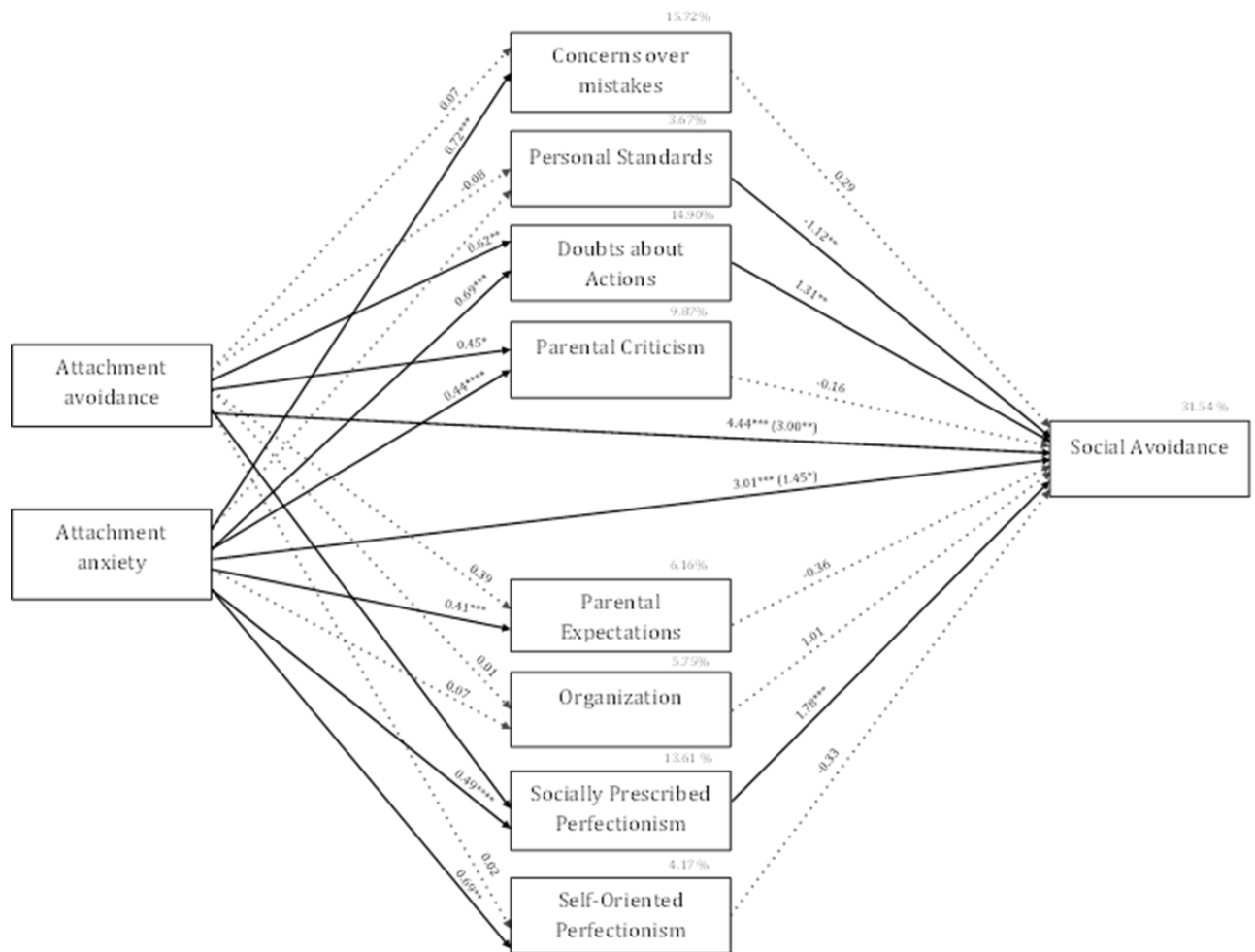
Indirect effects	Effect	Boot SE	BC 95%CI
			Lower/Upper
Attachment Avoidance → Evaluative Concerns → Social Distress/Anxiety	0.79	0.38	0.143/1.624
Attachment Avoidance → Positive Striving → Social Distress/Anxiety	0.02	0.29	-0.564/0.611
Attachment Anxiety → Evaluative Concerns → Social Distress/Anxiety	1.11	0.39	0.453/1.965
Attachment Anxiety → Positive Striving → Social Distress/Anxiety	-0.33	0.20	-0.793/-0.023
Attachment Avoidance → Evaluative Concerns → Social Avoidance	0.72	0.33	0.128/1.419
Attachment Avoidance → Positive Striving → Social Avoidance	0.02	0.26	-0.488/0.577
Attachment Anxiety → Evaluative Concerns → Social Avoidance	1.01	0.34	0.421/1.730
Attachment Anxiety → Positive Striving → Social Avoidance	-0.29	0.18	-0.697/-0.021

the general population (Hakami et al., 2017; Ratnani et al., 2017). This elevated vulnerability has been linked to developmental transitions, identity formation, and heightened evaluative pressures characteristic of emerging adulthood (LeBlanc et al., 2020; Levine et al., 2023). Academic demands (Cooper & Brownell, 2020) and maladaptive perfectionism (Abdollahi et al., 2018) further contribute to this risk. The present study extends this literature by identifying the specific perfectionistic cognitions—particularly Doubts about Actions and Socially Prescribed Perfectionism—that are most strongly associated with social distress and avoidance in the context of attachment insecurity.

Regarding sex differences, women reported significantly higher levels of Social Distress/Anxiety and Social Avoidance than men, consistent with broader epidemiological patterns (APA, 2022; Ganapathi et al., 2016; Ratnani et al., 2017) and cross-cultural findings (Caballo et al., 2014). However, when applying clinical cut-offs, the sex difference was statistically significant only for Social Distress/Anxiety. This suggests that although women may experience and report greater subjective distress—potentially due to heightened academic pressures (Zayed, 2024), social comparison processes (Nan et al., 2024), and fear of negative evaluation (Cañas et al., 2021)—the transition from distress to clinically significant avoidance may depend on additional factors. This distinction refines our understanding of the social anxiety continuum and highlights the importance of early support for female students who may experience elevated distress even before avoidance becomes severe.

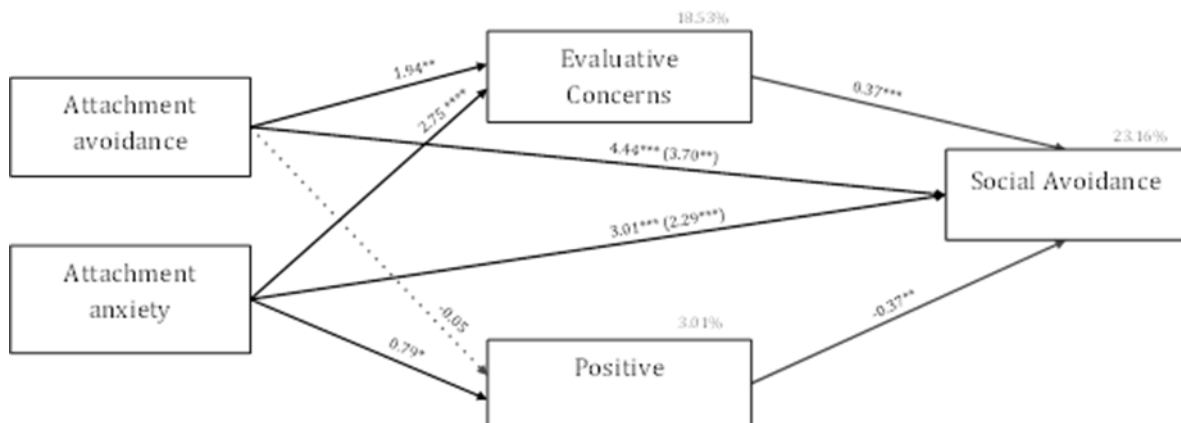


Graph 3. Path model examining the indirect effect of attachment anxiety and attachment avoidance on social avoidance through perfectionism dimensions



Note. Path values represent unstandardized regression coefficients. Gray dashed arrows represent the non-significant associations between variables. * $p < .05$; ** $p < .01$; *** $p < .001$.

Graph 4. Path model examining the indirect effect of attachment anxiety and attachment avoidance on social avoidance through evaluative concerns and positive striving.



Note. Path values represent unstandardized regression coefficients. Gray dashed arrows represent the non-significant associations between variables. * $p < .05$; ** $p < .01$; *** $p < .001$.

This pattern may also reflect sociocultural influences on emotional expression. Women may feel more permitted to report distress (Fisher et al., 2021), whereas men may underreport avoidance to align with

masculine norms, narrowing sex differences at the clinical threshold. The specific academic and social context of this study may have further minimized gender-based variability in avoidance. These findings align with recent work suggesting that societal changes have altered—but not eliminated—gendered patterns of anxiety expression (Zentner et al., 2023).

The associations observed between attachment insecurity and social anxiety are consistent with prior research (Manning et al., 2017; Read et al., 2018). Importantly, the present findings demonstrate that these associations remain robust within a specific demographic and cultural context, strengthening the external validity of attachment-based models of social anxiety. The results also align with more nuanced mechanisms proposed in recent studies, such as the role of anger suppression in preoccupied attachment (Conrad et al., 2021) and the influence of impaired autonomy and rejection sensitivity (Bintaş-Zörer & Dirik, 2023). By replicating these associations in a distinct sample, this study reinforces the relevance of attachment dimensions as key correlates of social anxiety across diverse populations.

A central contribution of this study is the identification of perfectionistic cognitions as significant correlates linking attachment insecurity to social anxiety. Both attachment avoidance and attachment anxiety were indirectly associated with Social Distress/Anxiety through Doubts about Actions and Socially Prescribed Perfectionism. For individuals high in avoidance, discomfort with emotional closeness (Constant et al., 2021) may be associated with heightened self-doubt in social situations, contributing to distress when interaction becomes unavoidable (Rozen & Aderka, 2023). For individuals high in attachment anxiety, fear of rejection (Fox et al., 2022) may be associated with the belief that others expect flawless performance (Molnar et al., 2023), intensifying distress in evaluative contexts. These findings extend previous work by demonstrating that specific perfectionistic cognitions—not perfectionism as a broad construct—are most relevant for understanding the attachment–social anxiety link.

The present findings also refine the broader literature on perfectionism and social anxiety. While previous studies have established general associations between perfectionism and social anxiety (Flett & Hewitt, 2014; Al-Naggar et al., 2013), the current results highlight the particularly strong associations of Socially Prescribed Perfectionism, Concern over Mistakes, and Evaluative Concerns. These traits reflect a heightened sensitivity to external evaluation, fear of errors, and preoccupation with others' judgments—core features of social anxiety (Frost et al., 2010). The findings also support Cox and Chen's (2015) model, which proposes that these perfectionistic tendencies intensify post-event rumination and negative self-perception. Moreover, the results help explain the paradox noted by Alden et al. (2002), in which socially anxious individuals may adopt lower personal standards as a coping strategy to reduce perceived external pressure. Consistent with Newby et al. (2017), the present study shows that these perfectionistic dimensions contribute to social anxiety beyond broader personality traits such as neuroticism.

The findings also suggest a developmental interpretation: insecure attachment may be associated with the emergence of maladaptive perfectionism. Experiences of inconsistent emotional support (Molnar et al., 2023) may contribute to persistent feelings of inadequacy, fostering beliefs that self-worth depends on meeting perceived external standards. These internalized beliefs align with the core mechanisms of social anxiety, including fear of criticism and doubts about social competence (Bui & Moscovitch, 2024). By linking attachment-related schemas with perfectionistic cognitions, the present study offers a more integrated framework for understanding how early relational patterns may be associated with social anxiety in young adulthood.

While this study offers valuable insights into the associations among attachment dimensions, perfectionistic cognitions, and social anxiety, several limitations should be considered when interpreting the findings. First, the cross-sectional design prevents conclusions about temporal or directional pathways. Although mediation models were used to examine indirect associations, these analyses cannot establish temporal precedence, and longitudinal designs are needed to clarify whether attachment insecurity precedes the development of maladaptive perfectionism and social anxiety. Second, the use of a convenience sample of university students

limits generalizability. Participants were drawn from a single institution and represented a relatively homogeneous cultural and educational context, which may not reflect the broader young adult population. Additionally, although the sample included both men and women, gender distribution was uneven, and cultural homogeneity may have influenced the expression and reporting of social anxiety and perfectionism.

Third, all constructs were assessed through self-report measures, which may introduce shared method variance, social desirability effects, and self-presentation biases. These concerns are particularly relevant for sensitive constructs such as attachment, perfectionism, and social anxiety, where individuals may underreport or overreport symptoms based on perceived social norms. Relatedly, although most measures demonstrated strong internal consistency, the Attachment Avoidance subscale showed only modest reliability ($\alpha = .72$). While this value is acceptable and consistent with prior research using the ECR-RS in non-clinical samples, it may have introduced measurement error and slightly attenuated associations involving this dimension.

Fourth, the study employed multiple mediation models and numerous perfectionism subscales, which increases the risk of Type I error. Although bootstrapped confidence intervals reduce this risk, the number of statistical tests conducted warrants cautious interpretation of smaller effects. Moreover, perfectionism is a multifaceted construct with ongoing debates regarding its factor structure, and some subscales show conceptual overlap. These psychometric complexities may influence the precision with which specific perfectionistic pathways are identified.

Finally, although data collection occurred outside examination periods to minimize the influence of acute academic stress, the unique developmental context of university life may still shape the associations observed. Future research should examine whether these patterns hold in more diverse samples, including non-students, older adults, and individuals from different cultural backgrounds. Longitudinal and experimental studies incorporating additional emotional variables—such as shame, guilt, or interpersonal sensitivity—would further clarify the mechanisms linking attachment insecurity, perfectionistic cognitions, and social anxiety.

In conclusion, this study contributes to the growing literature on social anxiety by identifying the specific perfectionistic cognitions that are most strongly associated with the links between attachment insecurity and social anxiety in young adults. Rather than treating perfectionism as a broad or uniform construct, our findings highlight two particularly influential dimensions—Doubts about Actions and Socially Prescribed Perfectionism—which emerged as key correlates of the associations between both attachment anxiety and attachment avoidance with social distress and avoidance. These results offer a more fine-grained understanding of how attachment-related vulnerabilities may be reflected in self-evaluative processes that heighten sensitivity to social threat.

While Evaluative Concerns functioned as a broad mediator across models, the additional finding that Positive Striving was indirectly associated with social avoidance among anxiously attached individuals underscores the complexity of perfectionism in this context. Even traits typically considered adaptive may take on a maladaptive function when combined with heightened fears of rejection or abandonment. This nuance reinforces the importance of examining perfectionism at the subscale level, as global scores may obscure meaningful patterns relevant to social anxiety.

Taken together, these findings provide a more refined conceptual framework for understanding vulnerability to social anxiety in university students. They suggest that interventions may benefit from addressing not only attachment-related schemas—such as fears of rejection or discomfort with closeness—but also the specific perfectionistic beliefs that accompany them, including chronic self-doubt and the perception that others demand flawless performance. Targeting these cognitive patterns may help reduce the internal pressures that contribute to social distress and avoidance.

Future research would benefit from longitudinal designs capable of clarifying the temporal ordering among attachment insecurity, perfectionistic cognitions, and social anxiety. Such work could help determine whether perfectionistic tendencies emerge as a consequence of insecure attachment, or whether they develop in parallel as part of broader self-evaluative vulnerabilities. Expanding research to more diverse samples and incorporating

additional emotional variables—such as shame, guilt, or interpersonal sensitivity—would further enrich our understanding of these pathways. Ultimately, this line of inquiry holds promise for informing more precise prevention and intervention strategies tailored to the needs of young adults navigating the social and academic challenges of university life.

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ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

Πέρα από τη συσχέτιση: Πώς οι ανασφάλειες που σχετίζονται με τον συναισθηματικό δεσμό τροφοδοτούν το κοινωνικό άγχος μέσω της τελειομανίας στους νέους ενήλικες

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ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ	ΠΕΡΙΛΗΨΗ
Δεσμός Τελειομανία Διαφορές φύλου Κοινωνικό άγχος Κοινωνική αποφυγή	Η παρούσα μελέτη εξετάζει τις έμμεσες συσχετίσεις μεταξύ του άγχους και της αποφυγής δεσμού, του κοινωνικού άγχους και της κοινωνικής αποφυγής, μέσω της πολυδιάστατης τελειομανίας, σε νεαρούς ενήλικες. Δείγμα 230 Πορτογάλων φοιτητών πανεπιστημίου (18-25 ετών) συμπλήρωσε επικυρωμένα ψυχομετρικά εργαλεία για τη μέτρηση του δεσμού (ECR-RS), της τελειομανίας (MPCS) και του κοινωνικού άγχους/αποφυγής (SIPAAS). Χρησιμοποιώντας παράλληλα πολλαπλά μοντέλα διαμεσολάβησης (PROCESS Model 4) με 5.000 δείγματα bootstrap διορθωμένα ως προς τη μεροληψία, ελέγξαμε τις έμμεσες συνδέσεις τόσο σε επίπεδο διαστάσεων (οκτώ υποκλίμακες τελειομανίας) όσο και σε επίπεδο σύνθετων παραγόντων (Αξιολογητικές Ανησυχίες, Θετική Επιδίωξη). Ελέγχοντας για την ηλικία και το φύλο, και οι δύο διαστάσεις δεσμού παρουσίασαν σημαντικές έμμεσες συνδέσεις με το κοινωνικό άγχος και την κοινωνική αποφυγή κυρίως μέσω δυσπροσαρμοστικών διαστάσεων τελειομανίας, συμπεριλαμβανομένων των Αμφιβολιών για τις Πράξεις και της Κοινωνικά Επιβεβλημένης Τελειομανίας. Σε επίπεδο παραγόντων, οι Αξιολογητικές Ανησυχίες αποτέλεσαν σημαντικό διαμεσολαβητή και για τις δύο διαστάσεις δεσμού, ενώ η Θετική Επιδίωξη συνδέθηκε έμμεσα μόνο με τη σχέση μεταξύ Άγχους Δεσμού και Κοινωνικής Αποφυγής. Οι γυναίκες ανέφεραν υψηλότερα επίπεδα κοινωνικού άγχους και ήταν πιο πιθανό να υπερβαίνουν τα διαγνωστικά όρια της κλίμακας SIPAAS. Τα ευρήματα αυτά αναδεικνύουν συγκεκριμένες διαστάσεις τελειομανίας που μπορεί να συμβάλλουν στην κατανόηση των συνδέσεων μεταξύ ανασφαλούς δεσμού και συμπτωμάτων κοινωνικού άγχους σε νεαρούς ενήλικες. Λόγω του συγχρονικού σχεδιασμού της μελέτης, δεν μπορούν να εξαχθούν συμπεράσματα αιτιότητας.
ΕΠΙΚΟΙΝΩΝΙΑ	
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