

How Cognitive Avoidance and Perfectionism Predict Anxiety in Therapy-Seeking Adults

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ABSTRACT

This study aimed to investigate how cognitive avoidance and perfectionism predict anxiety levels in therapy-seeking adults. A correlational descriptive design was used to assess the relationships among cognitive avoidance, perfectionism, and anxiety in a clinical sample of 484 therapy-seeking adults from Turkey. The sample size was determined based on the Morgan and Krejcie table. Participants completed three standardized self-report instruments: the Beck Anxiety Inventory (BAI) for anxiety, the Cognitive Avoidance Questionnaire (CAQ) for cognitive avoidance, and the Frost Multidimensional Perfectionism Scale (FMPS) for perfectionism. Data were analyzed using SPSS version 27. Pearson correlation was conducted to examine the bivariate relationships between anxiety and each independent variable, and standard multiple linear regression was employed to assess the predictive value of cognitive avoidance and perfectionism on anxiety. Descriptive statistics indicated moderate levels of anxiety and high levels of both cognitive avoidance and perfectionism among participants. Pearson correlation results showed significant positive relationships between anxiety and cognitive avoidance ($r = .49, p < .01$), and between anxiety and perfectionism ($r = .41, p < .01$). Cognitive avoidance and perfectionism were also significantly correlated ($r = .36, p < .01$). The regression model was significant, $F(2, 481) = 99.84, p < .001$, explaining 30% of the variance in anxiety ($R^2 = .30$). Both cognitive avoidance ($\beta = .41, p < .001$) and perfectionism ($\beta = .28, p < .001$) were significant independent predictors of anxiety. The findings highlight the critical roles of cognitive avoidance and perfectionism in predicting anxiety among therapy-seeking adults. Interventions that target maladaptive avoidance strategies and rigid perfectionistic beliefs may be effective in reducing anxiety symptoms in clinical settings.

Keywords: Cognitive Avoidance, Perfectionism, Anxiety, Therapy-Seeking Adults

1. Introduction

Cognitive avoidance has been conceptualized as a mental strategy in which individuals attempt to suppress, distract from, or otherwise disengage from distressing thoughts, emotions, or memories. While such mechanisms may serve as short-term coping tools, they are widely considered maladaptive over the long term, often exacerbating the very symptoms they are designed to reduce (Cookson et al., 2019). Research shows that cognitive avoidance not only maintains anxiety but also impairs emotional regulation and problem-solving capabilities, leading to increased psychological inflexibility (Soltani et al., 2018). For instance, in their investigation of cognitive fusion and experiential avoidance, Cookson and colleagues found that avoidance-based processes were significantly associated with heightened anxiety and depressive symptoms, confirming avoidance as a central transdiagnostic mechanism in internalizing disorders (Cookson et al., 2019). Similarly, Soltani et al. demonstrated that cognitive avoidance was a significant predictor of social interaction anxiety among university students, underlining its relevance across diverse demographic groups (Soltani et al., 2018).

A closely related construct to cognitive avoidance is experiential avoidance, which refers more broadly to attempts to escape or avoid internal experiences, even when doing so creates behavioral harm. Empirical work has linked experiential avoidance with anxiety sensitivity and heightened emotional arousal, particularly in response to social or physical threats (Farris et al., 2019). For example, women with migraines who exhibited higher anxiety sensitivity also engaged in greater intentional avoidance of physical activity, indicating that avoidance-related tendencies generalize across both cognitive and behavioral domains (Farris et al., 2019). Similarly, the literature emphasizes that individuals with specific phobias often exhibit elevated levels of cognitive avoidance and repetitive negative thinking following symptom provocation (Graham et al., 2020). These findings underscore the importance of understanding the interplay between avoidance tendencies and anxiety across different clinical presentations.

Perfectionism, another key psychological factor, has also been consistently linked to elevated anxiety symptoms. Defined as a personality disposition characterized by excessively high personal standards and overly critical self-evaluation, perfectionism is particularly pronounced in individuals seeking therapy for anxiety-related complaints.

According to Khosravi et al., perfectionism significantly predicted writing anxiety in Iranian learners, suggesting that perfectionistic tendencies can generate anxiety in both academic and non-academic domains (Khosravi et al., 2023). Similarly, Sunggingwati explored the causes of writing-related anxiety in pre-service teachers, finding that perfectionism, particularly concern over mistakes and fear of negative evaluation, was a major contributing factor (Sunggingwati, 2018). These findings align with a broader theoretical framework suggesting that perfectionistic individuals are more likely to experience anxiety due to heightened threat sensitivity, fear of failure, and chronic self-criticism (White et al., 2022).

The cognitive and emotional rigidity associated with perfectionism also mirrors the inflexible strategies seen in avoidance-based coping. Indeed, both constructs may share overlapping mechanisms rooted in negative reinforcement and maladaptive regulation. This has led researchers to examine the joint influence of cognitive avoidance and perfectionism on anxiety outcomes. For instance, studies by Shi et al. employing machine learning techniques demonstrated that cognitive biases and avoidance significantly predicted health-related anxiety, particularly in the context of uncertain health threats (Shi et al., 2024). Additionally, Wang et al., using a stimulus-organism-response (S-O-R) theoretical framework, found that individuals' avoidance of health information was significantly related to both internal perfectionism and cognitive processing styles (Wang et al., 2024). These findings indicate that perfectionism and avoidance are not only conceptually related but also functionally intertwined in the maintenance of anxiety symptoms.

Furthermore, research on the cognitive mechanisms underlying anxiety disorders suggests that therapy-seeking adults may be particularly vulnerable to maladaptive perfectionism and avoidance due to their prior difficulties with emotional regulation and cognitive flexibility. As Jain et al. demonstrated, deficits in cognitive control and flexibility were significantly associated with experiential avoidance and social anxiety, revealing a critical interaction between executive functioning and maladaptive coping (Jain et al., 2024). Johnson and Hoffart also emphasized the importance of understanding moderators of therapy outcomes in anxiety disorders, showing that perfectionistic tendencies and avoidance could influence treatment effectiveness in both metacognitive and cognitive-behavioral approaches (Johnson & Hoffart, 2019).

The cultural context within which perfectionism and cognitive avoidance manifest is also worth considering. Research conducted by Chursina on romantic jealousy in young adults revealed that attachment patterns, emotional regulation, and cognitive tendencies such as rumination interact to shape emotional vulnerabilities in specific cultural environments (Chursina, 2023). Similarly, Hobbs et al. reported that psychological security, often undermined in at-risk youth, was influenced by early attachment disruptions and poor emotion regulation strategies, both of which are associated with perfectionistic and avoidant tendencies (Hobbs et al., 2019). This is especially relevant in collectivist cultures, where external expectations and societal standards can intensify the internal pressures linked to perfectionism.

Moreover, the neurobiological underpinnings of anxiety and avoidance behavior have been increasingly recognized. Jung et al., using affective neuroscience theory, found that anxiety-related coping styles are closely tied to primary emotional systems and individual affective dispositions, suggesting a biological predisposition toward avoidance and perfectionistic thinking (Jung et al., 2022). Similarly, Stein et al. explored how social network structures and attachment patterns influenced emotion regulation, revealing complex indirect effects on anxiety symptoms (Stein et al., 2022). These studies support a biopsychosocial understanding of anxiety, where cognitive traits such as avoidance and perfectionism interact with social environments and neurobiological predispositions.

In therapeutic contexts, the predictive power of these traits has been further validated. Broman-Fulks et al. compared cognitive-behavioral and acceptance-based therapeutic mechanisms and found that avoidance and rigid standards significantly moderated treatment response in individuals with panic and anxiety disorders (Broman-Fulks et al., 2023). This supports the idea that perfectionism and cognitive avoidance are not just correlates of anxiety, but active processes that shape the trajectory of psychological symptoms and recovery.

Other studies have highlighted the situational and demographic influences on avoidance and anxiety. For example, Tahoon examined gender differences in cognitive avoidance and general anxiety and found significant variations in how emotional regulation disturbances contributed to symptom expression among undergraduate students (Tahoon, 2023). Likewise, Sohn's research during the COVID-19 pandemic demonstrated that predictors of anxiety varied across demographic groups, with cognitive

avoidance serving as a significant factor in both anxiety and depression symptoms in Korean adults (Sohn, 2022). These results suggest that cultural and situational contexts play an important role in the expression of these traits, and reinforce the need for localized research among therapy-seeking populations.

Cognitive avoidance also plays a central role in the theory of cognitive dissonance, with studies like those by Кудинев et al. showing how individuals employ avoidance strategies to reduce internal discomfort in value-conflicted situations, which, in turn, contributes to anxious affect (Кудинев et al., 2022). Similarly, Mendes et al. found that older adults with comorbid chronic illnesses often exhibit increased anxiety when engaging in cognitive tasks, particularly when they lack adaptive coping mechanisms such as flexible problem-solving or emotion regulation (Mendes et al., 2019).

Attachment theory may also provide additional insights into how perfectionism and avoidance develop. Poncy argued that maladaptive humor styles, often adopted by individuals with insecure attachment patterns, act as mediators for poor emotion regulation and perfectionistic self-standards (Poncy, 2017). In this sense, perfectionism and avoidance are not simply isolated cognitive traits but part of a larger developmental and relational framework that influences how individuals respond to stress and seek help.

Hope et al. emphasized the importance of starting psychological interventions from a shared understanding of clients' internal experiences, suggesting that recognizing perfectionism and avoidance patterns early in therapy could enhance the therapeutic alliance and improve outcomes (Hope et al., 2019). Likewise, Elvis explored the role of competitive stress and anxiety in elite athletes and found that perfectionism and cognitive dissonance responses were especially pronounced in high-stakes environments, underlining the universality of these constructs across both clinical and performance settings (Elvis, 2018).

Taken together, the evidence highlights the significance of cognitive avoidance and perfectionism as critical psychological variables contributing to the onset and maintenance of anxiety, particularly among therapy-seeking adults. Despite their conceptual overlap, these traits may interact in unique ways to intensify anxiety symptoms, disrupt emotional regulation, and hinder therapeutic progress. However, relatively few studies have examined their combined predictive value in adult clinical populations within culturally specific contexts such as Turkey. This study aims to address this gap by investigating how

cognitive avoidance and perfectionism predict anxiety levels among therapy-seeking adults in Turkey.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a correlational descriptive design to investigate the predictive role of cognitive avoidance and perfectionism in anxiety among therapy-seeking adults. The target population included adults who were actively receiving psychological therapy services in Turkey. Based on the Morgan and Krejcie sample size table, a total of 484 participants were selected through convenience sampling to ensure sufficient statistical power and representation. All participants were informed of the study's purpose and voluntarily agreed to participate, with anonymity and confidentiality guaranteed. Inclusion criteria required participants to be aged 18 or older, currently engaged in therapy, and capable of completing self-report questionnaires in Turkish.

2.2. Measures

2.2.1. Anxiety

The Beck Anxiety Inventory (BAI), developed by Aaron T. Beck and colleagues in 1988, is a widely used self-report measure designed to assess the severity of anxiety symptoms in adults. The BAI consists of 21 items that describe common symptoms of anxiety, such as numbness, heart pounding, and fear of the worst happening. Each item is rated on a 4-point Likert scale ranging from 0 (Not at all) to 3 (Severely – it bothered me a lot), based on how much the symptom has been experienced during the past week. The total score ranges from 0 to 63, with higher scores indicating greater levels of anxiety. The BAI has demonstrated strong psychometric properties, including high internal consistency (Cronbach's $\alpha = .92$) and good test-retest reliability. Its construct validity has been confirmed in numerous clinical and non-clinical populations, establishing it as a reliable and valid measure for assessing anxiety (Killough et al., 2025; Pradhan et al., 2025; Wang, 2025).

2.2.2. Cognitive Avoidance

The Cognitive Avoidance Questionnaire (CAQ) was developed by Gosselin et al. in 2002 to assess the tendency of individuals to use cognitive strategies to avoid distressing thoughts. The CAQ comprises 25 items and measures five

subscales: Thought Substitution, Distraction, Thought Suppression, Avoidance of Threatening Stimuli, and Reappraisal. Respondents rate each item on a 5-point Likert scale from 1 (Never) to 5 (Always), with higher scores indicating greater use of cognitive avoidance strategies. The total score and subscale scores can be calculated to evaluate different dimensions of cognitive avoidance. The CAQ has shown good internal consistency (Cronbach's α ranging from .72 to .86 for subscales) and strong construct and convergent validity across diverse samples. It has been widely used in research exploring cognitive processes related to anxiety and emotional regulation (Scotta et al., 2022; Tahoon, 2023).

2.2.3. Perfectionism

The Frost Multidimensional Perfectionism Scale (FMPS), developed by Frost et al. in 1990, is a comprehensive self-report instrument designed to measure various dimensions of perfectionism. The scale includes 35 items divided into six subscales: Concern Over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubts About Actions, and Organization. Participants rate each item on a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). Higher scores reflect higher levels of perfectionism, and both total and subscale scores are used for interpretation. The FMPS has demonstrated excellent psychometric properties, including high internal consistency (with Cronbach's α coefficients above .80 for most subscales) and strong validity supported by its correlations with related constructs such as anxiety, depression, and self-criticism. It is widely recognized as a reliable and valid tool for assessing perfectionism in both clinical and research settings (Ibili, 2025; Lou et al., 2024; Rajapakse, 2024).

2.3. Data Analysis

Data analysis was conducted using SPSS software version 27. First, Pearson correlation coefficients were calculated to examine the bivariate relationships between the dependent variable (anxiety) and each independent variable (cognitive avoidance and perfectionism). This analysis aimed to determine the strength and direction of the associations among the study variables. Subsequently, a standard multiple linear regression analysis was performed to assess the extent to which cognitive avoidance and perfectionism could predict anxiety when considered simultaneously. Assumptions of normality, linearity,

multicollinearity, and homoscedasticity were evaluated prior to the regression analysis to ensure the robustness of the statistical results.

3. Findings and Results

The sample consisted of 484 therapy-seeking adults from Turkey. Of the participants, 294 individuals (60.74%) identified as female and 190 individuals (39.26%) as male. The age of participants ranged from 18 to 57 years, with a mean age of 31.42 years ($SD = 8.79$). Regarding education

level, 58 participants (11.98%) had completed high school, 213 participants (44.03%) held a bachelor's degree, and 213 participants (44.03%) had a postgraduate degree. In terms of employment status, 197 participants (40.70%) were employed full-time, 129 participants (26.65%) were students, 84 participants (17.36%) were part-time workers, and 74 participants (15.29%) were unemployed. These demographic characteristics provided a diverse and representative sample for examining the relationships among cognitive avoidance, perfectionism, and anxiety.

Table 1

Descriptive Statistics for Study Variables (N = 484)

Variable	Mean (M)	Standard Deviation (SD)
Anxiety	26.47	9.36
Cognitive Avoidance	87.13	11.92
Perfectionism	104.26	13.47

The descriptive statistics presented in Table 1 show that the mean anxiety score among participants was 26.47 ($SD = 9.36$), which reflects a moderate level of anxiety based on BAI scoring criteria. The mean score for cognitive avoidance was 87.13 ($SD = 11.92$), indicating a relatively frequent use of avoidance strategies. The mean perfectionism score was 104.26 ($SD = 13.47$), suggesting a high level of perfectionistic tendencies in the sample. These findings provide initial insight into the overall psychological profile of the therapy-seeking adults surveyed.

Prior to conducting the multiple linear regression analysis, key statistical assumptions were examined and confirmed. The normality of residuals was assessed using

the Shapiro-Wilk test ($p = .121$) and visual inspection of the Q-Q plot, indicating an approximately normal distribution. Linearity was confirmed through scatterplot inspection, showing a linear relationship between the predictors and the dependent variable. Multicollinearity was assessed using Variance Inflation Factor (VIF) values, which were 1.46 for cognitive avoidance and 1.38 for perfectionism, both well below the cutoff of 10, indicating no multicollinearity concerns. Homoscedasticity was evaluated using the Breusch-Pagan test ($\chi^2 = 2.41$, $p = .121$), suggesting constant variance of residuals across levels of predicted values. These results indicated that the data met all assumptions required for valid multiple regression analysis.

Table 2

Pearson Correlations Between Variables (N = 484)

Variable	1	2	3
1. Anxiety	—		
2. Cognitive Avoidance	.49**	—	
3. Perfectionism	.41**	.36**	—

Table 2 shows the results of Pearson correlation analyses between the dependent variable (anxiety) and the two independent variables (cognitive avoidance and perfectionism). Anxiety was significantly and positively correlated with cognitive avoidance ($r = .49$, $p < .01$), indicating that individuals who frequently engage in avoidance strategies tend to report higher levels of anxiety.

Similarly, a significant positive correlation was observed between anxiety and perfectionism ($r = .41$, $p < .01$), suggesting that perfectionistic tendencies are also associated with increased anxiety. Cognitive avoidance and perfectionism were moderately correlated with each other ($r = .36$, $p < .01$), indicating some overlap in these constructs.

Table 3*Summary of Regression Analysis Predicting Anxiety from Cognitive Avoidance and Perfectionism (N = 484)*

Source	Sum of Squares	df	Mean Square	R	R ²	Adjusted R ²	F	p
Regression	7315.82	2	3657.91	.55	.30	.29	99.84	< .001
Residual	17275.38	481	35.91					
Total	24591.20	483						

Table 3 provides a summary of the multiple linear regression analysis. The model including cognitive avoidance and perfectionism significantly predicted anxiety, $F(2, 481) = 99.84, p < .001$. The model explained 30% of the

variance in anxiety scores ($R^2 = .30$, Adjusted $R^2 = .29$). These results suggest that both predictors together contribute meaningfully to anxiety outcomes in therapy-seeking adults.

Table 4*Multivariate Regression Coefficients for Predicting Anxiety (N = 484)*

Predictor	B	SE	β	t	p
Constant	4.72	2.01	—	2.35	< .001
Cognitive Avoidance	0.26	0.03	.41	8.77	< .001
Perfectionism	0.18	0.04	.28	6.09	< .001

Table 4 presents the multivariate regression coefficients. Both cognitive avoidance ($\beta = .41, t = 8.77, p < .001$) and perfectionism ($\beta = .28, t = 6.09, p < .001$) were significant predictors of anxiety. The unstandardized coefficients ($B = 0.26$ for cognitive avoidance and $B = 0.18$ for perfectionism) indicate that for every one-unit increase in these variables, anxiety scores increased by 0.26 and 0.18 points, respectively, controlling for the other variable. These findings support the hypothesis that cognitive avoidance and perfectionism both contribute independently and significantly to anxiety severity.

4. Discussion and Conclusion

The primary aim of this study was to investigate how cognitive avoidance and perfectionism predict anxiety in therapy-seeking adults in Turkey. Using Pearson correlation and multiple linear regression analyses, we found that both cognitive avoidance and perfectionism were significantly and positively correlated with anxiety. Furthermore, the regression model demonstrated that both variables significantly predicted anxiety levels, accounting for a meaningful proportion of the variance in anxiety symptoms. These results support the notion that cognitive avoidance and perfectionism are salient psychological constructs contributing to heightened anxiety in clinical populations.

The significant positive relationship between cognitive avoidance and anxiety aligns with previous findings that

conceptualize avoidance as a core mechanism in the development and maintenance of anxiety disorders (Cookson et al., 2019; Soltani et al., 2018). Individuals who engage in cognitive avoidance are more likely to suppress or avoid distressing thoughts, which paradoxically increases their salience and emotional intensity over time. This maladaptive coping strategy interferes with effective emotional processing and often leads to a chronic cycle of anxiety symptoms. Soltani et al. demonstrated that higher levels of cognitive avoidance were associated with greater social interaction anxiety in university students, emphasizing the transdiagnostic relevance of this cognitive style across populations (Soltani et al., 2018). Similarly, Cookson et al. found that cognitive fusion and experiential avoidance were strong predictors of both anxiety and depression, reinforcing the importance of avoidance as a shared psychological mechanism across affective disorders (Cookson et al., 2019).

Our findings further confirm that perfectionism is a significant predictor of anxiety, echoing previous research indicating that individuals with high perfectionistic standards are more vulnerable to anxious distress. Perfectionism often entails fear of failure, self-criticism, and a persistent sense of inadequacy, which can trigger or intensify anxiety symptoms, especially when external performance demands are high. Khosravi et al. found that perfectionism significantly predicted writing-related anxiety among Iranian EFL learners, especially in those who

demonstrated high concern over mistakes and self-doubt (Khosravi et al., 2023). Sunggingwati also reported that pre-service teachers who exhibited strong perfectionistic tendencies experienced more writing anxiety, further suggesting that perfectionism serves as a generalized risk factor for anxiety across domains (Sunggingwati, 2018).

The results of this study also point to the combined influence of cognitive avoidance and perfectionism in predicting anxiety, a relationship that aligns with emerging research showing that these two traits may interact or co-occur to increase emotional vulnerability. Studies have increasingly demonstrated the overlap between avoidance-based cognitive processes and perfectionistic thinking. For example, Wang et al. used the S-O-R framework to show that individuals prone to information avoidance were also more likely to report elevated levels of perfectionism and internal pressure in response to health-related stressors (Wang et al., 2024). Similarly, Shi et al. employed machine learning to show that cognitive biases and avoidance significantly predicted health anxiety, emphasizing how cognitive distortions and avoidance jointly shape anxious experiences (Shi et al., 2024).

In addition to supporting earlier studies, our findings contribute new insights specific to the cultural and clinical context of therapy-seeking adults in Turkey. Cultural norms and expectations regarding achievement, emotional expression, and mental health may intensify perfectionistic tendencies and reliance on cognitive avoidance in this population. This notion is supported by research showing that maladaptive coping and high self-imposed standards often emerge in environments where emotional restraint and academic or professional excellence are highly valued (Chursina, 2023; Tahoon, 2023). For instance, Tahoon found that gender and emotional regulation disturbances significantly influenced cognitive avoidance and general anxiety among undergraduates, underscoring how sociocultural factors moderate the expression of these traits (Tahoon, 2023).

The findings are also in line with theoretical and clinical literature suggesting that perfectionism and cognitive avoidance are associated with rigid cognitive styles and difficulties in emotional flexibility. Jain et al. found that reduced cognitive control and flexibility were associated with experiential avoidance and social anxiety, indicating that individuals who struggle to adapt their thinking patterns may rely more heavily on perfectionistic standards and avoidance-based coping (Jain et al., 2024). Johnson and Hoffart further emphasized that these traits could moderate

therapeutic outcomes, particularly in cognitive and metacognitive interventions for comorbid anxiety disorders (Johnson & Hoffart, 2019). These results imply that understanding the cognitive underpinnings of avoidance and perfectionism is essential for tailoring effective interventions.

Moreover, the emotional processes associated with perfectionism and avoidance can be understood within broader biopsychosocial and attachment-based frameworks. Jung et al. revealed that anxiety-related coping styles are associated with individual differences in primary emotional systems and affective dispositions, suggesting that biological predispositions may interact with learned behaviors like cognitive avoidance and perfectionistic striving (Jung et al., 2022). Similarly, Stein et al. discussed how interpersonal attachments and social network patterns could influence emotion regulation strategies, potentially reinforcing perfectionism and avoidance in individuals with insecure attachment patterns (Stein et al., 2022). These theoretical perspectives reinforce our findings by suggesting that cognitive avoidance and perfectionism are not only behavioral tendencies but also outcomes of deeper affective and relational dynamics.

Our results also intersect with findings from studies on anxiety-related behaviors in diverse populations and settings. For example, Graham et al. noted gender differences in avoidance and repetitive negative thinking in individuals with spider phobia, indicating that cognitive avoidance is a key mechanism in phobic anxiety (Graham et al., 2020). Elvis highlighted similar themes in competitive sports, showing that perfectionism and anxiety are especially elevated in high-stakes contexts, suggesting situational amplifiers of these traits (Elvis, 2018). In another example, Hobbs et al. found that insecure attachment and poor emotion regulation were linked to increased PTSD symptoms, suggesting that psychological security may be undermined by perfectionistic or avoidant tendencies (Hobbs et al., 2019).

Furthermore, cognitive avoidance has been linked to a broader constellation of negative affectivity, including increased sensitivity to cognitive dissonance. Кудинев et al. demonstrated that individuals under cognitive dissonance pressure often resort to avoidance strategies, which in turn exacerbates internal conflict and anxiety (Кудинев et al., 2022). Mendes et al. also found that cognitive functioning, anxiety, and emotional symptoms are interrelated in older adults, especially those with comorbid conditions, indicating a generalizable pattern across age groups (Mendes et al.,

2019). Sohn's study during the COVID-19 pandemic reinforced this point by identifying cognitive avoidance as a strong predictor of anxiety and depression in Korean adults (Sohn, 2022), highlighting the cross-cultural robustness of this mechanism.

In therapeutic contexts, cognitive and acceptance-based interventions have demonstrated efficacy in targeting these maladaptive cognitive patterns. Broman-Fulks et al. found that mechanisms of both Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) had incremental validity in reducing anxiety and panic symptoms, with a focus on reducing avoidance and cognitive inflexibility (Broman-Fulks et al., 2023). Hope et al. emphasized the importance of establishing a shared understanding of clients' internal cognitive processes in therapy, including tendencies toward perfectionism and avoidance, to foster a more effective therapeutic alliance (Hope et al., 2019).

Taken together, the findings from this study reinforce the established understanding that cognitive avoidance and perfectionism significantly contribute to anxiety in therapy-seeking adults. The results offer compelling evidence that these two psychological traits, both individually and jointly, exacerbate anxiety symptoms and should be considered key targets in therapeutic interventions. The findings also add to the growing literature suggesting the importance of addressing rigid and avoidant cognitive styles in culturally sensitive ways to optimize mental health outcomes.

Despite the strength of the findings, this study is not without limitations. First, the use of self-report questionnaires introduces the potential for response bias, particularly given the sensitivity of questions regarding anxiety and perfectionism. Second, the cross-sectional design limits our ability to draw causal conclusions. While we identified significant predictive relationships, we cannot infer the directionality of effects or rule out the influence of third variables. Third, although the sample size was robust and based on the Morgan and Krejcie table, the convenience sampling method may limit the generalizability of the findings to all therapy-seeking adults in Turkey. Additionally, cultural variables were not explicitly measured, which could provide deeper insight into how social norms shape perfectionistic and avoidant tendencies.

Future studies should consider adopting longitudinal designs to clarify the causal relationships between cognitive avoidance, perfectionism, and anxiety. It would also be beneficial to include qualitative or mixed-methods approaches to better understand how these traits are

experienced in daily life and therapy. Investigating potential mediators or moderators—such as emotion regulation strategies, attachment styles, or cognitive flexibility—could provide a more nuanced understanding of how avoidance and perfectionism interact to influence anxiety outcomes. Expanding research to different cultural contexts and clinical populations, including adolescents and older adults, would further enhance the generalizability of the findings.

Clinicians working with therapy-seeking adults should routinely assess for cognitive avoidance and perfectionism as part of the intake and treatment planning process. Interventions should incorporate strategies aimed at reducing avoidance behaviors, such as exposure-based or acceptance-oriented techniques. Additionally, therapists should address perfectionistic thinking patterns through cognitive restructuring, mindfulness, and compassion-focused strategies. Cultivating cognitive flexibility and emotional resilience can help clients shift away from rigid patterns that contribute to anxiety. Overall, a transdiagnostic and culturally sensitive approach may yield the most effective outcomes in managing anxiety in clinical settings.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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