

RELATIONSHIP BETWEEN PERFECTION PARALYSIS AND PSYCHOLOGICAL DISTRESS WITH MEDIATING ROLE OF PSYCHOLOGICAL FLEXIBILITY AMONG ADULTS

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ABSTRACT

Perfection paralysis is a relatively new term in scientific psychology literature. It is a psychological condition that causes significant emotional and behavioral consequences and substantial psychological distress. It commonly influences a person's productivity and daily living tasks, and a person remains preoccupied with planning the work more perfectly but fails to do any of it. Perfection paralysis stems from perfectionistic concerns, which have previously been well explored as inverse correlates of productivity, well-being, and self-compassion and positive predictors of psychological distress. However, the role of psychological flexibility is empirically supported as a management mechanism for the distress caused by perfectionism. The present study aims to explore the relationship between perfection paralysis and psychological distress, with psychological flexibility as a mediator. Using convenient sampling, N=584 participants were included in the study and assessed using Urdu self-report measures of the Perfection Paralysis Questionnaire (PPQ), Psychological distress, and Psychological Flexibility. Data was statistically analyzed using Statistical Package for Social Sciences (SPSS V27) and PROCESS Macro (V5.0). The results indicated significant direct and indirect effects and supported the proposed hypothesis signifying the role of Psychological Flexibility as a partial mediator in the relationship between Perfection Paralysis and Psychological Distress. Based on these findings, psychological flexibility is an important pathway through which this process operates and may consequently represent a promising target for interventions aimed at reducing the psychological costs associated with perfection paralysis.

Keywords: Perfection Paralysis, Psychological Flexibility, Psychological Distress.

INTRODUCTION

Perfection paralysis is a psychological condition that presents itself as chronic procrastination caused by perfectionistic concerns, leading to significant behavioral, emotional, and psychological distress. The term "perfection paralysis" has been used in popular and professional discourse to describe a pattern in which the pursuit of perfection interferes with

action and completion. Lencioni (2008) used the term in the context of organizational decision-making and inaction. However, the construct has not been consistently operationalized or established as a distinct psychological construct in the empirical literature.

The construct of perfection paralysis can be theoretically grounded in theories focusing on the interplay of maladaptive perfectionism as a root to

dysfunctional beliefs, resulting in task delay or failure in goal achievement or goal-directed behavior (Shafran et al., 2002). The vicious cycle of perfectionism, procrastination, and paralysis is a well explored domain when you review the literature on adverse emotional and behavioral consequences of maladaptive perfectionism (Sirois et al., 2017). Silver and Hecker (1970) used the term analysis paralysis to describe an individual or group process where overanalyzing or overthinking a situation can cause forward motion or decision-making to become "paralyzed", meaning that no solution or course of action is decided upon within a natural time frame.

Building on this broader concept of psychological or behavioral immobilization and the well-explored constructs like perfectionism and procrastination, the present study conceptualizes Perfection Paralysis. Perfection Paralysis is a persistent pattern of behavior characterized by a marked fear of negative evaluation and unrealistic high-performance standards, resulting in difficulty initiating, sustaining, or completing goal-directed tasks. This pattern may result in clinically significant delay, inefficiency, or avoidance of tasks and is maintained by rigid self-evaluation and impaired ability to determine when performance is sufficiently adequate for completion.

Perfectionism may stem from the genetic predisposition towards perfectionism (Pourkhalili et al., 2022), unrealistic parental standards (Rasmussen & Troilo, 2016), fear of judgment (Shafique et al., 2017), and/or diminished self-efficacy (Stoeber & Stoeber, 2009). Perfectionism is mostly explained in the literature as a two dimensional construct under different terminologies, such as adaptive and maladaptive perfectionism (Rice et al., 1998), perfectionistic strivings and perfectionistic concerns (Stoeber & Otto, 2006), and positive striving and maladaptive evaluative concerns (Frost et al., 1993). Stumpf and Parker (2000) used the terms healthy and unhealthy perfectionism. Hill et al. (2004) explored perfectionism as conscientious and self-evaluative perfectionism.

High personal standards and achievement striving are key strengths in adaptive perfectionism, but when the high standards turn into unrealistic

standards and are accompanied by fear of negative evaluation, excessive concern over mistakes, and extreme self-criticism, they exhibit maladaptive perfectionism (Stoeber & Otto, 2006). Perfection paralysis is an adverse aspect of Perfectionism. Perfectionistic concerns commonly influence a person's productivity and daily living tasks (Bellam & Curran, 2025), and a person remains preoccupied with planning the work more perfectly but fails to do any of it, which is precisely the conundrum we are naming as perfection paralysis.

A thorough insight into the cognitive aspect of perfection paralysis highlights the significance of faulty cognitions and rigid dysfunctional beliefs in turning task directed behavior into a stern paralytic approach towards goal achievement (Egan et al., 2011). An irrational fear of negative evaluation, paired with extremely critical behavior towards self and unhealthy self-reliance, leaves the perfectionist with tied hands in the face of any problem they may come across (Steinert et al., 2021). However, what is noteworthy here is the role of healthy self regulatory psychological mechanisms like psychological flexibility in the management of this paralytic fate of any task assigned to a perfectionist. This is a major focal point in Acceptance and Commitment Theory and a major premise to Acceptance and Commitment Therapy (ACT) (Hayes et al., 2012). ACT proposes that in a given unlikely set of events or circumstances, a healthy mind with ample psychological flexibility can act according to their established values despite the badgering of negative and uncomfortable thoughts. This can lead us to believe that a person with perfection paralysis may have faulty cognitions hindering their goal directed behavior, but their psychological flexibility can support their way to goal achievement (Steel, 2007). If we explore the role of psychological flexibility in managing the adverse psychological outcomes of perfectionism, we find an abundance of scientific psychology literature (Hayes et al., 2013; Kashdan & Rottenberg, 2010; Morris & Mansell, 2018). Going into the depths of this proposition, strategies such as reducing experiential avoidance (Chawla & Ostafin, 2007), tolerance towards

imperfection (Gloster et al., 2020), increasing self-compassion (Neff, 2003), and focusing on value-based action (Macri & Rogge, 2024) are key determinants that significantly predict the management of psychological distress caused by perfectionism.

The present study focuses on quantitatively estimating the psychological distress caused by perfection paralysis, and the role of psychological flexibility as a mediator in this relationship. The proposed study model is given (Figure 1).

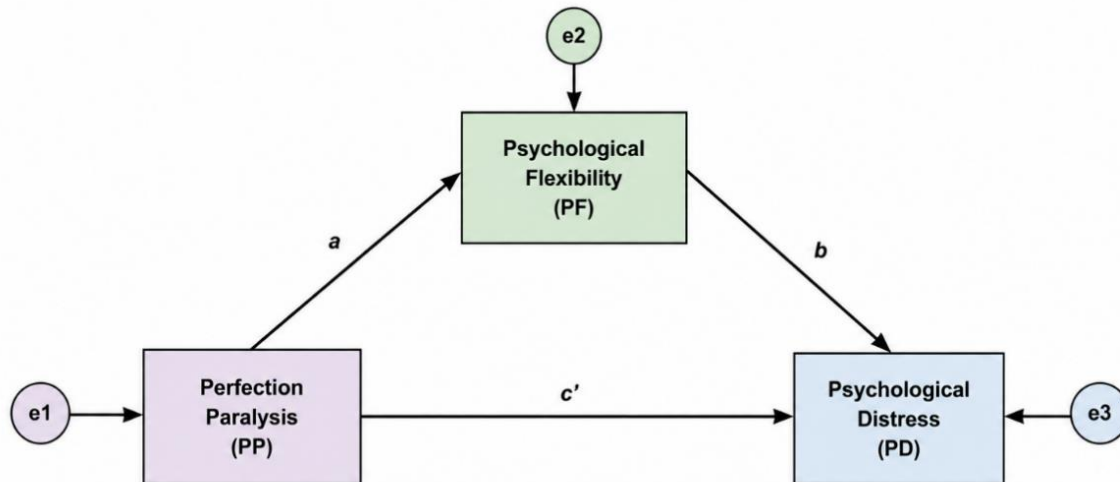


Figure 1 shows conceptual model of the study

The objectives of the present study were (i) to determine the extent of psychological distress caused by perfection paralysis, and (ii) to explore the effectivity of psychological flexibility as a mediator in the prediction of psychological distress by perfection paralysis. Working on the objectives, the following hypotheses were formulated,

1. Perfection paralysis would significantly predict psychological distress.
2. Psychological flexibility would mediate the relationship between perfection paralysis and psychological distress.

Methodology

Research Design and Sampling

The study followed a correlational research design. In the study, N=584 participants were sampled from different areas of Faisalabad using convenient sampling technique. The sample consisted of N=297 (50.9%) males and N=287 (49.1%) females, with a mean age of M = 35.13. The inclusion criteria for the study were that participants were literate individuals of at least

matriculation level education between the ages of twenty to sixty four years. Participants with severe mental or physical health issues, with physical disability and with communication difficulties were not included. Detailed demographics for the study sample are provided in Table 1.

Instruments

The research form included a consent form, a demographic information questionnaire, and standardized psychological measures of Perfection Paralysis, Psychological Flexibility, and Psychological Distress. Consent form briefed participants about the study objectives, the rights of voluntary participation, informed consent and confidentiality, and the right to withdraw from the study at any time. The demographic information questionnaire inquired about demographic details of participants, including age, gender, education, marital status, family system, family members, occupation, and cumulative grade point average (CGPA) for participants who were currently enrolled in any education program at

undergraduate, graduate, or postgraduate levels of education (Table 1).

Perfection Paralysis Questionnaire (PPQ) was developed and validated in a prior study in the Urdu language. The measure showed excellent psychometric properties, including Cronbach Alpha $\alpha=0.953$ for scale internal consistency. The scale is a self-report inventory that uses a 5-point Likert response scale from 0-5, with 0 being never and 5 being always. The scale is divided into two parts. Part I consists of four statements (A, B, C, and D), scored on the same Likert scale, which estimates the presence and intensity of thinking errors (Beck, 2020) in individuals, including Catastrophizing (A), Should and Must Statements (B), Overgeneralization (C), and All-or-None Thinking (D). Part II consisted of 33 items, measuring perfection paralysis in terms of seven subscales, which were Fear of failure (5 items), Overthinking (4 items), Need for Perfection (4 items), Need for control (5 items), High Standards (6 items), Hyper Independence (5 items), and Procrastination (4 items), all scored on the same Likert scale.

Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond, 1995) has excellent psychometric properties and is a classic tool for assessment of Depression ($\alpha=.88$), Anxiety ($\alpha=.82$), and Stress ($\alpha=.90$) (Henry & Crawford, 2005). It is a self-report inventory that uses a 4-point Likert scale from 0-3, with 0 being Did not apply to me at all and 3 being Applied to me very much, or most of the time. It is divided into Depression, Anxiety, and Stress subscales, with seven items each. Urdu version of the DASS-21 (Aslam & Kamal, 2018) was used to assess psychological distress caused by perfection paralysis.

Psychological Flexibility Questionnaire (PFQ) (Ben-Itzhak et al., 2014) is a standardized measure of Psychological flexibility with a high reliability coefficient ($\alpha=.918$). It is a self-report inventory that uses a 6-point Likert scale from 1-6, with 1 being Strongly disagree and 6 being Strongly agree. It is divided into five subscales, which are Positive

perception of change (5 items), Characterization of self as flexible (5 items), self characterization as open and innovative (3 items), Perception of reality as dynamic and changing (4 items), and perception of reality as multifaceted (3 items). Urdu version PFQ (Waheed et al., 2022) was used to assess psychological flexibility.

Procedure

The study proposal was developed after thorough consideration of the existing psychology literature. Researchers carefully identified the research gap that was a significant need in the literature focusing on perfection paralysis. The developed proposal was presented before the departmental research committee. After acceptance from department research committee, the proposal was forwarded to the Institutional Review Board (IRB), Government College University, Faisalabad, for final approval. The Institutional Review Board approved the proposal for the study. The study proposed two major hypotheses. The first one was to estimate the role of perfection paralysis as a predictor of psychological distress, and the second one was to explore the mediating effects of psychological flexibility in the relationship between perfection paralysis and psychological distress. The study was conducted in the city of Faisalabad, Punjab, Pakistan, and participants were recruited using convenient sampling technique. Informed consent was obtained from all the participants, and they were informed about their rights as study participants. The participants filled out a research form that included a demographic information questionnaire, a perfection paralysis questionnaire, a psychological flexibility questionnaire (Urdu version), and the Depression Anxiety and Stress Scale (DASS-21) (Urdu version). After data collection and cleaning, study hypotheses were tested using different statistical analyses. Statistical analyses, including descriptive statistical analysis of sample demographics and mediation analysis, were conducted using Statistical Package for the Social Sciences (Version 27) and PROCESS Macro for SPSS by Andrew Hayes (version 5.0) (2025). It was expected that perfection paralysis would significantly and

positively predict psychological distress, and that psychological flexibility would partially or fully

mediate the relationship between perfection paralysis and psychological distress.

Results

Table 1. Demographic details of participants

Variables	Categories	Frequency	Percent	Cumulative %
Gender	Male	297	50.9	50.9
	Female	287	49.1	100
Marital Status	Unmarried	289	50.5	50.5
	Married	295	49.5	100
Education	Matriculation	14	2.4	2.4
	Intermediate	63	10.8	13.2
	Undergraduate	377	64.6	77.7
	Graduate	124	21.2	99
	Doctorate	6	1	100
Occupation	Businessman	51	8.7	8.7
	Government Employee	47	8.0	16.7
	Private Employee	46	7.9	24.6
	Bank Job	5	0.9	25.5
	Teaching Profession	44	7.5	33
	Housewife	63	10.8	43.8
	Other	16	2.7	46.5
	Unemployed	312	53.4	100
Family System	Nuclear	355	60.8	60.8
	Joint	229	39.2	100
Residential Area	Rural	240	41.1	41.1
	Urban	344	58.9	100
		Frequency	M	SD
Age		584	35.13	13.05
CGPA	Currently Studying	295	3.38	0.35
	Currently Not Studying	289	-	-

Note. M = mean, SD = Standard Deviation

Table 2. Mediation Analysis between Perfection Paralysis and Psychological Distress, with Psychological Flexibility as a mediator

Effect/Path /Model		B	SE	t-value	95% CI
Effects	Total Effect (c) (PP→PD)	0.296	0.019	14.956**	0.257, 0.335
	Direct Effect (c') (PP→PD with PF)	0.261	0.021	12.566**	0.220, 0.302
	Indirect Effect (ab) (PP→PF→PD)	0.035	0.01 (BootSE)	-	0.017, 0.056 (BootCI)
Paths	Path a (PP→ PF)	-0.260	0.029	-9.069**	-0.316, -0.204
	Path b (PF→PD controlling for PP)	-0.135	0.028	-4.792**	-0.189, -0.079
		F-value	R ²	β	

Model	Mediator Model (Path a)	82.252** (1,582)	0.124	0.352
	Outcome Model	127.399** (2,581)	0.305	-
	Total Effect Model (Path c)	223.394** (1,582)	0.277	0.527

Note. PP=Perfection Paralysis, PF=Psychological Flexibility, PD=Psychological Distress, B=Unstandardized Regression Coefficient, SE=Standard Error, CI= Confidence Interval, β = Standardized Regression Coefficient, R^2 = Coefficient of Determination, **= $p < 0.001$

Table 2 shows results for simple mediation analysis, which was conducted using PROCESS Model 4 with 5,000 bootstrap samples to examine whether psychological flexibility mediated the association between perfection paralysis and psychological distress. Perfection paralysis significantly and positively predicted psychological distress (Total Effect (c)). Perfection paralysis significantly negatively predicted psychological flexibility (Path a). In turn, psychological flexibility significantly negatively predicted psychological distress while controlling for perfection paralysis (Path b). Perfection paralysis also had a significant direct effect (c') on psychological distress. The indirect effect (ab) of perfection paralysis on psychological distress through psychological flexibility was significant. These findings indicate that psychological flexibility partially mediates the relationship between perfection paralysis and psychological distress.

Discussion

The present study explored a mediation model with Perfection Paralysis as the predictor of psychological distress among adults, with psychological flexibility in a mediating role. The study results generated a significant linear regression between variables and supported partial mediation by psychological flexibility in the relation of perfection paralysis with psychological distress. The model estimated an initial Total Effect of $B = 0.303$, $\beta = .635$, $p < .001$, indicating higher levels of depression, stress and anxiety in people who had higher levels of perfection

paralysis. Therefore, proving perfection paralysis as a significant positive predictor of psychological distress. Previously, negative consequences of perfectionistic concerns on productivity and emotional well-being are well supported (Bellam & Curran, 2025; Ramadhana et al., 2023; Smith et al., 2021). This finding is consistent with the broader literature distinguishing perfectionistic concerns from perfectionistic strivings. Recent meta-analytic evidence indicates that perfectionistic concerns are more consistently associated with depression and anxiety than perfectionistic strivings (Callaghan et al., 2024). Thus, perfection paralysis may represent a behavioral and functional manifestation of the maladaptive side of perfectionism: rather than facilitating effective performance, excessive concern about achieving an ideal outcome can make action feel risky and increase emotional distress. This emphasizes the adverse effect of the paralytic nature of perfectionistic concerns and highlights an alarming aspect of perfection paralysis. This strongly suggests the need to develop standardized therapy protocols to deal with this psychological problem.

As we look into the results for the second hypothesis, we come across a management indicator for this problem. In the mediation equation, psychological flexibility is negatively predicted by perfection paralysis and, in turn, negatively predicts psychological distress, thereby explaining partial mediation on its behalf for this relation. The first mediation path demonstrated that perfection paralysis significantly negatively predicted psychological flexibility, $B = -0.245$, $p < .001$, with perfection paralysis accounting for approximately 15.6% of the variance in psychological flexibility. This finding suggests that individuals who experience greater difficulty initiating or completing actions because of perfectionistic concerns may have greater difficulty

remaining open, adaptable, and behaviorally engaged in the presence of uncomfortable thoughts and emotions. This shows that a person dealing with perfection paralysis is also expending his very important psychological strength, that is, psychological flexibility. Building on this, the present study further emphasizes a dire need for acknowledgement of perfection paralysis as a major psychological and behavioral concern. Existing literature highlights the depleting nature of maladaptive perfectionism for positive psychology resources (Kleszewski et al., 2025; Nguyen & Morris, 2024). This suggests that managing perfection paralysis will improve adaptive psychological processes.

The second mediation path showed that psychological flexibility significantly negatively predicted psychological distress after controlling for perfection paralysis, $B = -0.146$, $p < .001$. Thus, greater psychological flexibility was associated with lower psychological distress. This finding is consistent with psychological flexibility research suggesting that the ability to experience difficult thoughts and emotions without becoming excessively controlled by them facilitates adaptive coping and value-consistent behavior. This interpretation is particularly relevant to perfection paralysis because the problem is not necessarily the presence of high standards. High standards can sometimes facilitate achievement. The difficulty arises when standards become rigid, and behavior becomes contingent on achieving certainty, avoiding mistakes, or eliminating discomfort. Psychological flexibility may therefore provide an alternative process through which individuals can pursue valued goals without requiring perfection. In the positive psychology literature, psychological flexibility has proved its effectiveness as a buffering mechanism (Lai et al., 2026) and as a mediating construct (Nguyen & Morris, 2024) to cope with emotional distress and behavioral concerns. Our current hypothesis implied that an increase in psychological flexibility can directly reduce the psychological distress caused by perfection paralysis, which was significantly supported by this study's statistical analysis. This highlights a basis for a management plan for perfection paralysis and to include the techniques of improving

psychological flexibility as a major agenda item in therapy protocols.

The direct effect of perfection paralysis on psychological distress remained significant after psychological flexibility was included in the model, $B = 0.2669$, $p < .001$. Therefore, the findings indicate partial rather than full mediation. Psychological flexibility explains part of the relationship between perfection paralysis and psychological distress, while other mechanisms are likely to contribute to this relationship. The indirect effect represents approximately 11.8% of the total effect when calculated as the ratio of the indirect effect to the total effect. However, this should be interpreted as the proportion of the total effect transmitted through the mediator, rather than as the percentage of variance in psychological distress explained by psychological flexibility. The partial mediation finding is theoretically important because it suggests that psychological flexibility is one mechanism, rather than the sole mechanism, through which perfection paralysis may contribute to psychological distress.

As we discuss the study results, it is important to highlight the strengths and limitations of the study. The study had some very significant strengths. It highlighted the construct of perfection paralysis, which is a very rarely discussed construct in scientific psychology literature. The study not only discussed perfection paralysis as a new construct but also developed its standing as a unique and distinct construct from existing constructs like perfectionism. Although perfectionism has been extensively studied, much of the literature has focused on its dimensions, such as perfectionistic strivings and perfectionistic concerns. The present findings extend this perspective by focusing on what can happen when perfectionistic concerns interfere with action and goal pursuit. The results suggest that perfection paralysis may be particularly relevant when perfectionistic thinking progresses from an internal standard to a behavioral impasse. The study sample was of a suitably large size to test a mediation model. This is another strength. Given the larger sample size, the study findings become more reliable and therefore improve research

authenticity. Another strength of the study was to demonstrate the significance of psychological flexibility as a mediator. This allows future researchers to work on management models for the problem of perfection paralysis, and to use psychological flexibility as a basis for developing therapy protocols.

The study also has some limitations. The first major limitation is the cross-sectional nature of the study, which means that the data is collected at a single time point, which may or may not accurately convey the original temporal order of the processes. We have proposed that perfection paralysis leads to psychological inflexibility, which in turn causes psychological distress. However, a deeper look into the literature may also lead us to believe the possibility of psychological distress as a predictor of psychological inflexibility, and maybe in future we can work on a model that suggests that psychological distress predicts perfection paralysis. This calls for the need for a longitudinal or experimental study, with the temporal order of the processes well defined in the study model. Another limitation of the study is the nature of the response form, which is constituted of self-report measures. This suggests the presence of common-method variance, or self-presentation error, in the study data. However, the use of rigorous scientific tools minimized this issue of response bias significantly. Lastly, since perfection paralysis is a new construct, a major limitation of the study is the extent to which the construct is explored. Within the bounds of this study, a mediation model is explored, but a lot is yet to be explored. Therefore, this study provides new researchers to devise and conduct new studies that will explore and establish the relationship of perfection paralysis with other psychological constructs.

Conclusion

As we conclude, the present study findings indicate the maladaptive aspect of perfection paralysis, inferring it as a negative predictor of psychological flexibility and a significant positive predictor of psychological distress. However, the significant partial mediation estimated in the study highlights that by increasing psychological flexibility, psychological distress caused by

perfection paralysis can be significantly reduced. Moreover, we can infer that perfection paralysis may be more than simply a productivity problem. When fear of imperfection and rigid standards interfere with flexible, goal-directed action, the resulting cycle of hesitation, avoidance, and psychological struggle may contribute to broader emotional distress. Psychological flexibility appears to be one important pathway through which this process operates and may consequently represent a promising target for interventions aimed at reducing the psychological costs associated with perfection paralysis.

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