WHEN ONLY PERFECT IS GOOD ENOUGH: A PCP PERSPECTIVE ON PERFECTIONISM

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Abstract: *Perfectionism is widely recognized as involving fear of failure, high standards, and self-criticism. This paper reframes it within Personal Construct Psychology (PCP) as a form of hostility—a strategy for maintaining identity coherence under threat. Through examples of my work with clients, I show how perfectionism protects against anticipated invalidation while simultaneously undermining closeness and psychological flexibility. I outline therapeutic interventions grounded in PCP, with the purpose of easing clients' struggles and supporting them in reconstruing their perfectionistic anticipations, thereby opening space for greater self-compassion and more meaningful, sustaining relationships.*

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1. PERFECTIONISM: DOMINANT DEFINITIONS AND CONCEPTUAL AMBIGUITIES

Perfectionism has emerged as a popular concept in psychological theory and research, broadly defined as the pursuit of excessively high personal standards combined with critical self-evaluation.

In reviewing some of the most influential psychological literature on perfectionism, I was struck by the conceptual looseness with which the term is often defined. Perfectionism frequently appears to be used as an umbrella term, implicitly encompassing constructs such as fear of failure or irrational expectations - concepts that, in themselves, warrant further clarification. This definitional ambiguity is not unique to perfectionism; similar tendencies can be observed with concepts like anxiety or trauma, which, over time, have become widely used, yet often lack consistent or precise operationalization within both clinical and lay contexts.

The conceptual roots of perfectionism trace back to early psychoanalytic theories, where Freud (1959) associated perfectionistic behaviors with obsessional neurosis and a punitive superego, while Karen Horney (1950) described the perfectionistic drive as a manifestation of the "tyranny of the should", reflecting internalized idealized images.

The construct entered empirical psychology in the late 20th century, with cognitive and personality frameworks dominating the discourse. Burns (1980) first framed perfectionism in cognitive-behavioral terms, highlighting irrational achievement standards and chronic self-criticism. This was further developed by Frost et al. (1990), who introduced the Multidimensional Perfectionism Scale (FMPS), identifying six dimensions such as Concern Over Mistakes and

Parental Expectations. Hewitt and Flett (1991) expanded the concept through a three-factor model - Self-Oriented (pressure to meet own exceedingly high expectations), Other-Oriented (holding unrealistic expectations of others and being critical when those expectations are not met), and Socially Prescribed Perfectionism (feeling pressure to meet externally imposed standards and having the belief that others - e.g., parents, peers, society - demand perfection from the individual) emphasizing interpersonal dynamics and their role in psychopathology.

Subsequent literature distinguished between adaptive and maladaptive perfectionism and established perfectionism as a transdiagnostic process implicated in depression, anxiety, and eating disorders. Notably, contemporary reviews (e.g., Stoeber, 2017; Fang & Liu, 2022; Egan et al., 2012) emphasize perfectionism's dual nature: it may motivate high achievement but is often accompanied by emotional distress, burnout, and impaired functioning. Despite extensive empirical exploration, most of these perspectives are rooted in cognitive-behavioral paradigms and trait-based assessments, often prioritizing measurement over experiential meaning.

In contrast, psychotherapeutic schools such as Transactional Analysis, Gestalt, and psychoanalytic traditions conceptualize perfectionism more relationally - as a learned adaptation to internalized critical figures or unmet relational needs. Rather than focusing on cognitive distortions or trait-based tendencies, these approaches understand perfectionism as a learned adaptation to internalized critical figures, relational ruptures, or unmet emotional needs during formative relationships.

In reviewing psychology literature, but also reflecting on how the term is used in pop-psychology and practice of coaching, I have found the term *perfectionism* to be conceptually misleading.

It implies that the individual's motivation is directed toward achieving an ideal state of perfection, as if perfection were the ultimate goal. However, what I have witnessed in my own practice is that what often underlies perfectionistic striving is not the pursuit of excellence *per se*, but rather the avoidance of being perceived as inadequate or 'less than.' In this sense, perfection functions more as a safeguard against failure, rejection, or internalized feelings of deficiency than as a genuinely aspirational objective.

This avoidance-driven orientation gives rise to an internal paradox: individuals relentlessly pursue peace of mind by attempting to meet rigid standards or fulfill perceived external expectations, yet they continue to feel inadequate.

The cyclical and often (seemingly) unproductive nature of this striving is easily pathologized or dismissed as "irrational". Drawing on the Personal Construct Psychology (PCP) framework, I aim to offer a more nuanced understanding of these seemingly contradictory dynamics, and to explore the psychological coherence within what may otherwise appear self-defeating.

2. PERFECTIONISM AS A MEANING-MAKING STRATEGY: A PCP PERSPECTIVE

Within the PCP framework of George Kelly (1955), every individual is regarded as *a scientist* - an active experimenter who continuously revises their personal constructs to predict and control their experiences, whose psychological system is designed to maximize predictive efficiency. Therefore, using this framework, I choose to understand perfectionism not as a self-defeating compulsion toward unattainable standards, but rather as a meaningful and coherent strategy within one's construct system - an effort to make sense of the world and navigate relationships.

Perfectionism may be seen as an organizing principle of the self-construing process - a way in which a person structures their experiential world around a core construct of (un)worthiness. This core construct may subsume other constructs such as moral virtue, competence, intelligence, likability, social status or physical appearance.

What makes perfectionistic structure particularly constraining is the interplay of three diagnostic dimensions: regnancy, permeability, and preemption.

The construct of unworthiness (being the likeness pole, and the opposite pole worthiness) is regnant and overly permeable, allowing for rapid assimilation of new evidence of inadequacy. It is also preemptive, foreclosing alternative construing by framing experience primarily in terms of unworthiness. This trifecta renders the perfectionistic structure rigid, persistent, and difficult to revise.

Perfectionism constitutes a relentless quest for worthiness that can never be fully realized. The pursuit endures because the system is designed to remain active in its experiment rather than to converge on an ultimate state of worthiness. Continuing on the metaphor of man-the-scientist, a perfectionist experimenter begins with a null hypothesis - "I am not worthy"- and engages in experiments aimed at disproving this assumption.

However, the experiments are structured in such a way, or their results interpreted in such a way, that they inevitably confirm the person's original assumption. The evidence, no matter how favorable, fails to revise the core construct, thus maintaining the cycle of striving and invalidation, trapping the individual in a cycle of perceived inadequacy.
Within the cycle of experience (Kelly, 1955; Bannister & Fransella, 1971), perfectionism is marked by shortened - or at times largely absent - circumspection and a rapid move into preemption. Alternative constructions are minimally considered before action is initiated, as experience is quickly framed in terms of anticipated unworthiness. Subsequent action is then followed by hostile construing of outcomes, such that even partial success, positive feedback, or relational closeness is interpreted in ways that preserve the original construct.
In this way, the experiential cycle does not lead to revision but instead loops back to confirmation of the initial anticipation, maintaining the system's coherence at the cost of flexibility. The person repeatedly enacts the same cycle of experience across different social contexts - a pattern many of my clients articulate in therapy when they say: *"I've tried different relationships (or jobs, or cities), and I always end up feeling the same - insufficient, unworthy, and not truly belonging"*.
The pole of worthiness is simultaneously pursued and avoided: on one hand, it represents the desired ideal; on the other, its attainment provokes *threat* to the construct system or core role dislodgement, or *guilt*. In many cases, reaching the goal would render the system obsolete, collapsing the very process that sustains personal identity and meaning. The striving itself becomes more familiar - and therefore more predictable and preferable - than resolution. In this sense, perfectionism is not a flaw in logic, but a logical expression of a person's construct system striving to maintain its coherence and integrity in the face of profound existential concerns.

3. HOW PERFECTIONISM BRINGS CLIENTS TO THERAPY: THE MOST COMMON COMPLAINTS

For many clients, striving, controlling, and over-performing were once adaptive ways of securing belonging, approval, or safety. The "rules" of perfectionism - *if I work hard enough, if I anticipate every demand, if I never show weakness, If I accommodate to other people's expectations* - helped them navigate relational and social contexts in which worthiness felt conditional. Within their construct systems, perfectionism provided predictability and a sense of control.
This strategy eventually reaches its limits. When life circumstances shift, or when the costs of perfectionistic striving accumulate, the same patterns that once protected them begin to cause suffering. This is often the turning point at which perfectionists decide to seek therapy. In the words of my clients, these are the most common complaints that bring them into therapy:

- Symptoms of burnout and exhaustion - sometimes manifesting as physical illness, a

body forced into collapse after years of overexertion and stress.

- Lack of self-confidence and indecisiveness- in Kellyian terms, *circumspection without decision* - being caught in endless analysis, unable to commit to a course of action without fearing it will be the "wrong" one.
- Loss of connection due to hyper-independence - clients describe themselves as unable to lean on others, locked in *undispersed dependency*, and left isolated even when surrounded by relationships.
- Failure of social predictions - the painful realization: *"I do everything right, and I am still not worthy."* Their efforts do not yield, or no longer yield, the anticipated relational safety.
- Loss of predictability - unpredictability feels intolerable, producing chronic anxiety that a person struggles to function with.
- The pressure to continually correct themselves or pursue a "better version" of who they are - where therapy is initially construed as a kind of repair shop, a place to "fix" perceived flaws in order to attain an idealized, flawless self.

In other words, perfectionists often come to therapy when the system that once served them becomes rigid and unworkable. Their usual strategies - working harder, pleasing more, exerting greater control - fail to produce the desired outcome, and instead amplify distress. Therapy becomes a space where this paradox can be explored: that the very behaviors intended to secure worthiness and safety are the ones that perpetuate exhaustion, isolation, and shame.

4. PERFECTION AS A DESIRED AND THREATENING STATE

Why is there such a profound ambiguity surrounding the experience of worthiness? From a PCP perspective, I believe the answer lies in the anticipatory structure of the system: it is designed not to *possess* worthiness, but to *pursue* it. The personal construct system is often organized around the process of earning validation through continuous effort, striving, and relational testing.

A person's core role constructs are often organized around the need to *earn* worth and to manage the persistent anticipation of *unworthiness*. To fully inhabit a sense of worthiness poses a challenge to the individual's construing of self in relation to others. In PCP terms, this kind of shift evokes threat - *"an awareness of imminent comprehensive change in one's core structures"* (Kelly, 1955).

If worth no longer has to be earned, the entire anticipatory system built around striving, proving, and securing validation begins to lose its function. As a result, feeling *worthy* may be experienced not as stabilizing, but as disorganizing. Continuing the pursuit - and never quite allowing it to be completed - helps preserve a sense of internal coherence. From this perspective, the hostility discussed in the previous section can be understood as a way of protecting the system from the disintegration that might follow success, or from the collapse of a long-held role.

For my client, Lydia (34), worthiness was closely tied to being the "problem-solver" or "saviour" in her family. While she often felt taken for granted and emotionally depleted in this role, any deviation from it was guilt- and even, threat-provoking. For her, the only secure way of keeping the relationships in her life was to flawlessly play the role of someone who is "always there for others". While she longed for the possibility of being less relied upon (and less exhausted), the alternative position carried the risk of exclusion from relationships altogether. The opposite pole of "problem-solver" was "replaceable and dispensable".

In therapy, Lydia often spoke about wanting to be "seen, loved, and accepted," even in moments when she could not - or did not wish to - help, fix, or solve other people's problems. At the same time, she struggled to construe how such acceptance might realistically apply to her. As therapy progressed, Lydia began to share some of her reflections with her best friend, who, in turn, offered an important observation. She noted that she often felt uncomfortable asking Lydia for support, as Lydia never says "no", yet

also never shows vulnerability or asks for help herself. The friend explicitly framed their relationship as a space in which Lydia did not have to be constantly available, encouraging her to use it to practice setting boundaries and articulating her own needs, rather than habitually responding to and accommodating hers.

Initially, Lydia experienced this shift as supportive and relieving. However, over the following weeks, she became increasingly uneasy. As the friendship ceased to be organized around her problem-solving role, she began to question its stability. She worried that without offering practical help - doing favours and solving problems - her friend would eventually realize that she had "nothing else to offer" and would end the friendship. Lydia scrutinized her friend's expressions of care, wondering whether they were genuine or merely offered because her friend knew she needed reassurance.

In her behavior, Lydia oscillated between "giving her space" and waiting for her friend to initiate contact - while counting days with no contact as validation that she was "replaceable and not needed" - and abruptly moving to impose solutions her friend had not asked for, such as scheduling a medical appointment just ten minutes after her friend mentioned having the flu, insisting that she pick her up and take her to the doctor's.

To believe that she could be worthy of belonging, affection and attention without constantly earning her place in others' lives would require relinquishing an identity built on the assumption that acceptance depends on perfectly meeting others' (spoken and silent) needs and expectations. Such a shift threatened not only her familiar role, but also the relational world through which her sense of self had long been organized. Stepping aside from being the "problem solver/saviour", exposed a lack of alternative constructs for maintaining closeness and belonging in relationships that we continued to introduce and elaborate through therapy.

5. PERFECTIONISM AS A FORM OF HOSTILITY

This section explores the futility of the perfectionist's quest for worthiness.

In analyzing the seemingly futile nature of my clients' experiments aimed at validating their worthiness, a central question emerged:

To what extent is hostility inherent to perfectionism?

Kelly (1955) conceptualizes hostility as "the continued effort to extort validational evidence in favour of a type of social prediction which has already proved itself a failure." In the context of perfectionism, this implies that social experiments - interpersonal engagements constructed to test hypotheses about the self - are organized in ways that protect, rather than revise, the dominant construct of unworthiness.

As illustrated in Lydia's case, the degree of hostility is proportional to the degree of guilt - understood as "the perception of one's dislodgement from one's core role structure" (Kelly, 1955). For Lydia, the construing of herself as a "problem-solver" and "savior" needed to be preserved, as she lacked constructs to sustain relationships in the absence of this core role.

Also consider the following example from my practice as an illustration of hostility in perfectionism:

Mila (32) came to therapy worried about sharing her ambivalence toward trying to have children with her partner. Due to reproductive health problems, Mila's only option for having children would be IVF. Her deeper concern was that voicing her hesitation would render her "not enough" to be chosen. Her reproductive challenges, added to her construing of herself as "damaged" (as opposed to "desirable", which is for her another word for "perfect")

When she disclosed her ambivalence, her partner asked for time to process. Despite his repeated reassurances - "I love you and care for you, I just need to think" - she interpreted his hesitation as delayed rejection. The lack of immediate validation threatened her construct system, and she ended the relationship herself, framing it as "brave enough to call it off."

Interestingly, she had chosen a partner who declared on their first date that he wanted a family, while her ambivalence existed prior to meeting him. She did not voice her ambivalence until they were more than a year together, when he brought up the topic. As she later admitted: "A part of me believed that if I have proved to be good enough to him as I am, not having children wouldn't matter in the end".

This illustrates hostility in perfectionism: the "experiment" of testing whether she could be accepted with her ambivalence was interpreted in a way that confirmed her core belief in unworthiness. The anticipation of invalidation shaped both how she construed her partner's response and her own actions, at the cost of the relationship. This echoed her childhood at age eight, when her father left despite her efforts to be "perfect," forming a lasting core construct: only perfection has a chance at being good enough - and even then, it may fail.

Another client of mine, John (38), a high-performing entrepreneur, continuously set ambitious financial goals as tests of his worth. For months, he worked exhaustively, sleep-deprived and anxious about failure. "I cannot afford to fail," he said - not referring to finances, but to his identity as an entrepreneur.

When the project finally launched, his company met the exact financial target he had set. Yet in the sessions that followed, John quickly dismissed the achievement, downplayed its significance, and replaced it with a new, higher goal. Asked how he felt, he minimized the success: it had been too difficult, mistakes had been made, and therefore it could not count as a "true success".

Instead of integrating the outcome into a revised sense of competence, John disregarded it and immediately oriented toward the next challenge - a fresh opportunity to "prove" his value. The long-anticipated success had no lasting impact on his perception of worthiness. This cycle is, unfortunately, reinforced by entrepreneurial culture, which glorifies relentless striving and keeps worth perpetually out of reach.

Clients with perfectionistic patterns often exhibit a refined skill in minimizing or disregarding evidence that points toward their worthiness. What may appear paradoxical is that, while their actions are directed toward affirming their value, the outcome is often a reinforcement of unworthiness, or at best, a temporary reprieve from it - soon followed by renewed pressure to prove themselves once again.

At the core of this process lies a verbalized or implicit initial hypothesis: "I am not enough," or alternatively, "I am unworthy, insufficient, incompetent, or unlovable". Interestingly, their striving is not oriented toward validating the opposite pole - "I am enough" or "I am lovable" - but rather toward temporarily avoiding the experiential threat of being trapped in the unworthy position. The system is not designed to sustain a state of worthiness, but to remain in motion in its pursuit.

6. TRACING SAFETY AND WORTH: THE PREVERBAL ROOTS OF PERFECTIONISM

A challenge I have often encountered in working with perfectionistic clients is the deceptive verbal clarity of their governing constructs. On the surface, these constructs (*successful*, *competent*, *accomplished*, *smart*, or *loved*) often appear well-articulated and cognitively accessible. However, when further elaborated, many of these are exposed as dependency constructs: rigid, nonverbal, preemptive, urgent, and impermeable in nature.

In exploring what I refer to as clients' *constructs of safety and worthiness* - that is, their deeply held ways of anticipating whether they are fundamentally safe in relationships and whether their existence and needs are acceptable to others - we often move beyond verbal accounts and into embodied experience. These constructs organize how clients anticipate care, responsiveness, and inclusion, yet they are frequently formed prior to language and therefore are not readily accessible through cognitive or verbal construing alone. As a result, the experience of worthiness is often registered in the body rather than articulated in words.

In attempts to understand such embodied meanings, I have frequently encountered

narratives in which caregivers - often overwhelmed by their own unmet needs or developmental immaturity - struggled to meet the basic emotional demands of infancy. Many clients grew up in environments where even normative infant needs were construed as excessive, disruptive, or intolerable.

One client, for example, came to therapy with pronounced hyper-independence and difficulty allowing others to be emotionally present for her. She consistently closed herself off in relationships, finding vulnerability intolerable - even though, by her own account, she was surrounded by people who genuinely wanted to be there for her. Within her construct system, self-sufficiency functioned as a perfectionistic ideal: to need nothing, to manage everything alone, and to remain emotionally intact. Dependency was construed not merely as risky, but as evidence of inadequacy - something that rendered her less acceptable or worthy.

After unpacking this topic for a few sessions, she brought up a dream that she has repeatedly of the baby crying in the crib. In the dream, she is looking at the scene, but she somehow knows that the baby is her. I invited her to go back to the dream, visualize the scene and explore how it feels to be that baby.

She used only a few words ("I am lonely", "I am scared", "it is dark"). For her, who is otherwise quite verbal, it was unusual that she could not articulate how she felt. Instead, she did something rare for her - she wept quietly for several minutes, then began to tremble. And then, as if someone had abruptly pressed a "stop" button, she wiped her tears, composed herself, and said flatly: *Nobody is coming.* She recognized that this sense of unmet need mirrored how she often felt in adult relationships: that openly expressing needs would lead only to abandonment.

We then explored what she knew of her early childhood. Through conversations with family members, she discovered that her mother had experienced severe postpartum depression following her birth. A close family friend later confided that she had often felt angry with her mother for allowing the baby to "cry herself to sleep", lacking the capacity at that time to provide emotional attunement or comfort.

This insight allowed my client to begin construing her struggle not as a flaw in her relational capacity, but as a coherent response formed within a system in which expressing need had once been met with silence or absence. Her avoidance of vulnerability - once interpreted as self-sufficiency - could now be re-understood as an early, embodied strategy for preserving safety in an unpredictable relational world.

It is essential for clinicians to recognize that a client's earliest role constructs are shaped not only by explicit verbal messages, but also by implicit relational patterns - particularly those embedded in the emotional availability (or absence) of caregivers. These early, nonverbal experiences of contingency, disappointment, or emotional disconnection often crystallize into perfectionistic strategies later in life. Such strategies - marked by overcompliance, relentless performance, people-pleasing or rigid self-sufficiency - are not merely behavioral patterns, but meaningful efforts to secure relational safety and validation within a world once experienced as unreliable or unresponsive.

Exploring these nonverbal imprints requires the therapist to move beyond solely verbal methods and engage with the embodied dimensions of construing—including bodily sensations, imagery, and affective shifts that may precede or elude language. These subtle traces offer a window into preverbal constructs that continue to shape the client's anticipations and role enactments, often outside their immediate awareness.

By recognizing the body as a site of construing, and preverbal roles as foundational elements of the personal construct system, we extend the reach of PCP into domains of experience that are crucial for clients whose early strategies of adaptation - such as perfectionism - originated well before they had the language to name them.

7. SUPPORTING CHANGE: INTERVENTIONS FOR PERFECTIONISM

This section focuses on therapeutic interventions I have found most useful in supporting clients with perfectionism.

7.1 Addressing hostility

A key aspect of working with perfectionistic clients is addressing hostility. As therapists, our task here is to collaborate with a client in uncovering and understanding the subtle ways in which they continuously put their worth to the test. Therapy becomes a process of exploring how these tests are designed, how they are maintained, and what alternative ways of construing self-worth might become available once these patterns are made visible. We closely look at the preemptive construing of the "evidence" of unworthiness and encourage a more propositional construing. In doing so, we also attempt to make the unworthiness construct less permeable to assimilating new elements.

Therapy itself becomes a relational space where clients 'test' their worthiness, with these relational experiments unfolding in real time. Many of my clients who struggle with perfectionism initially enter therapy with the explicit or implicit goal of "fixing" themselves. They often arrive with the sense that something is fundamentally wrong - not with the world, but with who they are. Therapy is construed not as a space for exploration and connectedness, but as a corrective mechanism to eliminate their flaws, so that they might function more seamlessly in the outside world. In their view, the aim is often to suppress or eliminate imperfections, insecurities, and vulnerabilities before these aspects become visible - or threatening - in other relationships.

In this context, the therapeutic relationship frequently becomes the stage on which deeply held anticipations about judgment, rejection, or failure are reenacted. Clients often anticipate that I, too, will criticize, evaluate, or withdraw from them in response to their perceived inadequacies. Working with this transference - their expectations of scrutiny and sanction within the therapeutic dyad - becomes a central part of the process.

Over time, we gradually move from an agenda of "fixing" or eliminating the parts of themselves they have been taught to experience as "wrong" or "unacceptable," toward recognizing these very aspects as part of the shared and valid terrain of human experience. Rather than being something to overcome, their vulnerabilities begin to be construed as meaningful and integral - capable of being witnessed, understood, and ultimately reconstructed in a more compassionate and coherent way.

7.2 Facilitating aggressiveness

One of the most effective interventions is facilitating aggressiveness, in the Kellyan sense of actively elaborating and revising the personal construct system. Some of the most meaningful reconstructive shifts I have witnessed began with what seemed like simple, even arbitrary experiments - clients trying out activities outside their usual repertoire. I often encourage clients to explore hobbies, as I find they offer a richness of meaning and hold the potential to introduce new constructs into the system. Activities such as running, painting, climbing, gardening, or pottery - often "discovered" later in life and free from rigid self-evaluative criteria - provide opportunities to develop constructs that operate independently of perfectionistic logic. These fresh constructs can then be carried back into familiar situations, loosening the grip of the old system.

Building upon newly emerging constructs, therapy can facilitate the development of additional self-fragments within what may be described as a "community of selves" (Mair, 1977). These new fragments often embody more playful, exploratory qualities - parts of the self willing to experiment, to try new activities, and to derive satisfaction from the process itself rather than from outcomes.

A common therapeutic pathway is to reconnect clients with interests and activities they enjoyed in childhood, prior to internalizing socially prescribed standards of worthiness. Such explorations provide fertile ground for cultivating

alternative ways of construing the self beyond perfectionistic logic.

7.3 Working with the body

Issues of worthiness and safety are rarely constructs that operate at a high level of cognitive awareness - even when clients speak about them with apparent clarity. In fact, their capacity to articulate these themes may itself function as a strategy to appear acceptable to others, a form of control exercised through verbal fluency in a system that is otherwise highly permeable to elements of unworthiness.

For therapists working with perfectionism, this means developing a capacity - and willingness - to move beyond words and access the nonverbal dimensions of experience. Many of the events and meanings that shape the construct system around worthiness and safety occur long before they can be put into language. One might argue that the very nature of these constructs remains largely embodied, preverbal, and that our attempts to articulate them in words will always be, to some extent, limited.

Therapeutic progress involves helping clients access these embodied anticipations through metaphor, imagery, emotional resonance, and the therapist's role as an alternative construer. As the therapeutic relationship becomes a safe context for new role enactments, clients are gradually able to reconstrued the core meanings that once remained inaccessible. In this way, nonverbal experiential work - such as guided imagery, body-based reflection, or attention to dream material - can offer powerful inroads into the reconstruction of deeply held constructs surrounding worthiness, visibility, and existential legitimacy.

An important component of therapeutic work with perfectionism involves equipping clients with self-regulation strategies designed to mitigate acute anxiety responses. Such strategies facilitate the capacity to pause and reflect prior to engaging in automatic "fight or flight" reactions, and include grounding techniques that enhance clients' sense of safety and ease when confronted with situations they perceive as threatening.

7.4 Dispersing dependencies

Another important intervention in working with perfectionism involves dispersing dependencies. Many perfectionist clients maintain undispersed dependencies even when surrounded by people willing to help. This often stems either from difficulty asking for or accepting help, or from rigid standards that interfere once support is offered.

The therapeutic relationship itself - particularly work through transference - provides an important arena for learning how to communicate needs and to construe oneself as worthy when requesting or receiving support. A valuable part of this process is what I call "teaching people how to be there for you", which involves engaging in repeated cycles of expressing needs and observing responses, re-entering experiential cycles, and, in Kellyan terms, actually gaining new experience rather than engaging in hostile repetition of the same patterns. This approach contrasts with prematurely and preemptively construing others as unreliable or self as weak and vulnerable, thereby reinforcing entrenched hypotheses such as "I am alone" or "I must do everything on my own".

Perfectionistic clients often engage in what I refer to as "mind-reading," prematurely assuming what others think, feel, or intend, and then acting based on these assumptions. In therapy, we work on testing these hypotheses rather than taking them for granted. From a Kellyan perspective, this involves helping clients subsume others - recognizing that other people can construe them and situations in ways that are entirely different from how they construe them. In practice, this means learning to propositionally construe others' actions and then engage in experiments to test the validity of these hypotheses - thereby truly getting to know the people they interact with, rather than simply assuming or presuming their thoughts and intentions.

8. CLOSING THOUGHTS

Perfectionism itself is a construct - one that shapes, organizes, and constrains experience. This

raises the important question: what stands as its opposite?

I propose *self-compassion*, or how I would translate it in PCP terms: propositional construing of the self, the capacity to see oneself as fluid, open to revision, and continuously adaptable. Such an understanding of the self allows the individual to enter new cycles of experience without preemptively framing outcomes in terms of unworthiness, and provides the freedom to reconstrue oneself - to meet new circumstances not with rigid demands for flawlessness, but with flexibility, responsiveness, and humanity.

A more detailed, researched, and elaborated exploration of the counter-position to perfectionism would require a separate paper. It is my hope that this one will stimulate further reflection and research into how clients might experiment with selfhood, relationships, and experience beyond the constraints of perfectionism. I hope this work contributes to conversations among therapists, offering perfectionism as a useful construct for deepening our understanding of clients.

REFERENCES

Bannister, D., & Fransella, F. (1971). *Inquiring man: The psychology of personal constructs*. Penguin.

Burns, D. D. (1980). The perfectionist's script for self-defeat. *Psychology Today*, 14(6), 34–52.

Egan, S. J., Wade, T. D., & Shafran, R. (2012). Perfectionism as a transdiagnostic process: A clinical review. *Clinical Psychology Review*, 32(3), 203–212.

Fang, A., & Liu, Y. (2022). The paradox of perfectionism: Adaptive striving or maladaptive self-evaluation? *Personality and Individual Differences*, 185, Article 111257. https://doi.org/10.1016/j.paid.2021.111257

Freud, S. (1959). *Inhibitions, symptoms and anxiety* (J. Strachey, Ed.). Hogarth Press. (Original work published 1926).

Frost, R. O., Marten, P. A., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14(5), 449–468.

Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology*, 60(3), 456–470. https://doi.org/10.1037/0022-3514.60.3.456

Horney, K. (1950). *Neurosis and human growth: The struggle toward self-realization*. W. W. Norton.

Kelly, G. A. (1955). *The psychology of personal constructs* (Vols. 1–2). Norton.

Mair, J. M. M. (1977). The community of self. In D. Bannister (Ed.), *New perspectives in personal construct theory* (pp. 125–149). Academic Press.

Stoeber, J. (2017). *The psychology of perfectionism: Theory, research, applications*. Routledge.

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REFERENCE

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