

Hyper-Perfectionism and Emerging Risks:  
Evolving Constructs and Their Impact on Adolescents Development  
*An Overview and Clinical Correlation*

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# Disclosures of Potential Conflicts



(Scott Krakower, D.O.)

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# Objectives

- ▶ **Review Types of Perfectionism**
- ▶ **Explore Co-Morbidities with Perfectionism**
- ▶ **Review Treatments to Address These Traits**
- ▶ **Correlate with Clinical Examples**



# Where Did it Begin ?



# Definition

- ▶ **Perfectionism**: tendency to set high performance standards and striving for flawlessness (Hewitt 1998, Sand 2021)
- ▶ May be understood as a **personality disposition** developed in childhood and consolidated in adolescence (Negru-Subtirica 2021, Sand 2021)
- ▶ **Maladaptive perfectionism** (transdiagnostic process):
  - a) **Self-criticism**: Unrealistically high standards → feelings of inadequacy, low satisfaction
  - b) **Maladaptive cognitions**: Excessive concern over mistakes, persistent doubt → linked to anxiety and depression (Sand, 2021)

# Dimensions

- ▶ Perfectionism consists of three dimensions measured by the **Hewitt–Flett Multidimensional Perfectionism Scale (HMPS)**:
- ▶ **Self-Oriented Perfectionism (SOP)**: internally driven pressure to meet high personal standards
- ▶ **Socially Prescribed Perfectionism (SPP)**: belief that others (family, peers, society) expect perfection
- ▶ **Other-Oriented Perfectionism (OOP)**: imposing unrealistic standards on others  
(Hewitt & Flett, 1991; Sherry et al., 2004; Curran & Hill, 2017; Sand et al., 2021)

# Rating Scales

- ▶ **Hewitt and Flett Multidimensional Perfectionism Scale for Adults** (Hewitt and Flett 1991) – self-oriented perfectionism (sop), other oriented perfectionism (oop), and socially prescribed perfectionism (spp)
- ▶ **Frost Multidimension Perfectionism Scale**
- ▶ Subset 1) personal standards and organization
- ▶ Subset 2) concern over mistakes and doubts about actions – includes parental expectations and parental criticism (Frost 1990, Stornaes 2019)
- ▶ **Child Adolescent Perfectionism Scale:** Reviews sop and spp (Flett 2000, Stornaes 2019)



# Perfectionism in Eating Disorders

- ▶ May be linked to mechanism looking at **self-appraisal and self-evaluation** of goals related to **eating/shape/weight** (Fairburn, Cooper, & Shafran, 2003)
- ▶ May be correlated to **anorexia and bulimia** and a risk factor for development (Bardone-Cone 2007, Stice 2002)
- ▶ **SOP is dependent on SPP with eating disorders**, indicating the value/pressure by others can influence personal standards (Sherry et al., 2004)
- ▶ May be a factor with eating disorders and OCD (Pinto 2017)

# Perfectionism in OCD

- ▶ **Perfectionism** may be present w/ **OCD** (Pinto 2017)
- ▶ May be a **distinct trait and separate than OCPD** (Pinto 2017)
- ▶ May also be a **risk factor for developing OCD** (OCCWG 1997 - Pinto 2017)
- ▶ When compared with controls; **OCD pts had higher rates of perfectionism** (Antony, Purdon, Huta, & Swinson, 1998)
- ▶ May be noticeable with symptoms such as “**mistakes and doubts**”, checking, hoarding and cleaning: (Tolin, Woods, & Abramowitz, 2003, Gershunny & Sher, 1995, Tallis, 1996, Pinto 2017)



# NJREs

- ▶ **JRE or NJRE** - “Just Right Experience” or “Not Just Right Experiences” - **Something is off, incomplete, or not the right way**
- ▶ In **TS** – there is an urge to perform an action until it is just right
- ▶ **OCD and TS may share this feature**, with higher levels in patients with both OCD and TS compared to those with TS alone, suggesting it may be related to **compulsive symptoms** (Neal & Cavanna, 2013; Brandt, 2023))
- ▶ **Difference:** NJRE involves obsessive/compulsive, perfectionism-like behaviors; however, **perfectionism may be primarily cognitive and not fully related**

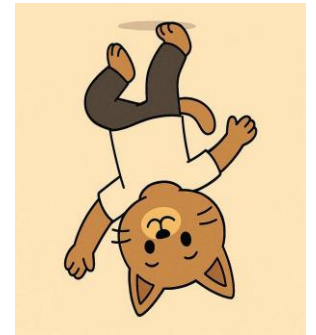
# Hyper-focus and Perfectionism

- ▶ **Hyperfocus** - one's complete absorption in a task, person completely ignores or 'tune out' everything else
- ▶ May be observed in **ADHD, Autism, and Other Disorders**
- ▶ Task is 1) fun/interesting, 2) involves intense sustained attention, 3) reduced awareness of non-task stimuli, and 4) improved performance
- ▶ May be **inter-related flow experience**; improve productivity but disrupt relationships (Oroian et al 2025, Brandon 2021)



# Hyperfocus and SPP

- ▶ **Possible cycle:** hyperfocus → increased skills → higher internal standards → stricter self-evaluation → increased focus
- ▶ External feedback (praise/criticism) can shift focus from **“what I think”** to **“what others think is good”**
- ▶ Higher standards + fear of “not being good enough” → more checking behaviors and lower satisfaction



# FOMO and Perfectionism

- ▶ **Social Media Fatigue (SMF)**– “ tiredness related to human activities on social media”
- ▶ **Fear of Missing Out** – sense that others are having a gratifying / rewarding experience which one is absent from
- ▶ Trait anxiety may induce higher social media fatigue with experiences of FOMO
- ▶ Example – **chronic social media checking → increased FOMO → increased anxiety → SMF → continued checking behaviors** (Swiatek 2021)



# Emotional Dysregulation and Perfectionism

- ▶ **Emotional Dysregulation:** difficulties in identifying, expressing, or modulating emotional responses
- ▶ **Perfectionism can lead to self-criticism → suppress negative emotions → intensify distress and emotional response** (Malivoire 2019)
- ▶ Perfectionism may predict more emotional distress and increased difficulty managing distress
- ▶ **Self-regulating difficulties may lead to perfectionism** (Vois 2026)



# Perfectionism and Gamification

- ▶ **Gamification - applies game like elements to external environments**
- ▶ May entail Self-Determination Theory which includes autonomy competence and relatedness
- ▶ Choice and opportunities may enhance learning
- ▶ May entail motivation as a framework and may shape behavior
- ▶ Involves feedback loops and may **entail rewards, streaks, rankings, and goals** (Gao 2024, Landers 2017)



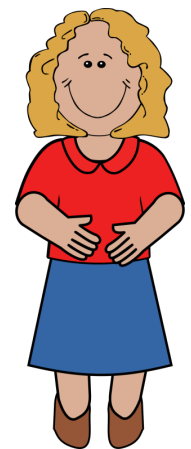
# Is Perfectionism Selfish ?

- ▶ **Perfectionism** is more likely related to **self-criticism, anxiety, emotional dysregulation, and fear of errors** as opposed to a disregard for others
- ▶ This may lead to feelings of shame and over-controlling behaviors
- ▶ May be different than **narcissism** (self-enhancement, status, superiority)
- ▶ **OOP**: expecting perfectionism from others) may overlap traits but grounded in different foundations control & rigidity
- ▶ **SPP** may be linked -vulnerable narcissism (Smith 2016, Malivoire 2019)



# Identification of Perfectionism

- ▶ ***Cognitive statements:*** if I don't do something perfect, I'm a failure. What will others think of me if I don't perform well on this job?
- ▶ ***Explore emotional reactions:*** such as anxiety with performance and feeling upset or emotional when performance isn't met
- ▶ ***Identify behaviors:*** such as over-preparation for assignments; in depth work for a task, procrastinating for assignments and general avoidance
- ▶ ***Reactions with others:*** pleasing others; fear of rejection; hypersensitivities



# Replacing Thoughts and Behaviors

- ▶ I want to get my writing assignment in, but I'm still trying to prepare my ideas and will likely delay it
- ▶ *Replacement: My performance doesn't need to be perfect; I just have to get in the main points and can work on refining this later*
- ▶ Others at work will know the computer system better than me at work and I'll look terrible
- ▶ *Replacement: I will prepare and do the best I can do; I can always seek out help and guidance if needed when this starts*

# Example 1

- ▶ A patient, senior in high school, presented to the center related to functioning. They reported **history of ASD, high functioning, ADHD, and social anxiety**. They reported intrinsic fears about school and stopped attending.
- ▶ They felt this was related to wanting to perform better in activities and classes and ultimately expressed **not being good enough**. Disclosed **feelings of inadequacy** which appear rooted in prior issues with **others judging them** or perceived self-reactions to how they performed in school and grades.



# Example 1 Treatment

- ▶ Explore Anxiety States and what specifically keeps them from school
- ▶ Review the IEP and what's available to the patient including services for resource room to study and lesson plans to reinforce knowledge
- ▶ Identify peers that patient may relate well to and encourage those relationships
- ▶ Explore activities of interest for engagement
- ▶ Compromise if needed with home instruction

# Example 1 Treatment

- ▶ Review activities they may want to perfect like gaming
- ▶ Engaged with patient to improve compliance which may include medication to address anxiety and ADHD symptoms for the gaming
- ▶ Gradually teach patient how perfectionism can drive other states
- ▶ Identify anxiety and obsessional worries related to school
- ▶ Make an attempt to transition back without pushing

## Example 2

- ▶ A high school student presented to the office with **mood lability and difficulty with self-regulation**
- ▶ Symptoms: **MDD and GAD, with r/o Unspecified Bipolar Disorder**
- ▶ Ongoing stressor: Discovering other students were doing activities: **checking social media** - wished they were a part of them
- ▶ Lead to **chronic checking behavior of the phone** and a fear that if they didn't check the phone, it would lead to catastrophic issues
- ▶ Felt **left-out** and rejected and increasingly anxious



# Example 2 Treatment

- ▶ Gradually start to explore relationships with others
- ▶ Identify which friend groups may be more solid
- ▶ One close friend may be enough to engage them
- ▶ Encourage pro-social behaviors or activities like a youth group or sports
- ▶ Review how parents can step in to help guide them

## Example 2 Treatment

- ▶ Engage patient in rapport building
- ▶ Encourage treatment which can be therapy and medication
- ▶ Focus on building their own independence and to separate herself from others
- ▶ Focus on increasing self-worth, recognizing positive traits with themselves
- ▶ Make attempts to get off social media (vacation, other games, texting)

# Example 3

- ▶ A college student presented to the office with concerns with **generalized OCD and worries of saying & doing the right thing**
- ▶ Reported to have **fears related to completing** everything correctly and **checking and re-checking** assignments
- ▶ driving a car - **fears they would run over something**
- ▶ Minor OCD traits when younger
- ▶ Symptoms worsened in the pandemic with **online use**



# Example 3

- ▶ Develop a trusting relationship
- ▶ Rank the order of distress with each fear and attempt to address them
- ▶ Explore What if Thinking, Over-estimation, and Worst-Case Scenario
- ▶ Separating Rational Mind from Emotional Mind
- ▶ Identify certain traits of perfectionism: including understanding standards , over-estimation, rigidity and how it impacts OCD

# Example 3 Treatment

- ▶ Identified strengths and interests within the patient and emphasized positive gains to minimize inflated worries.
- ▶ Review Other Stressors: Family, Peer, and School
- ▶ Medication to address OCD
- ▶ Encourage social peer functioning and prosocial behaviors
- ▶ Gradually reduce cell phone and social medial use

# How to Address

- ▶ Separate each problem
- ▶ Emphasize human nature to make mistakes
- ▶ Minimize judgments toward the patient
- ▶ Teach the patient to minimize judgements toward themselves
- ▶ Encourage strengths – many patients have strengths and excel in many areas
- ▶ Encourage socialization and positive behaviors
- ▶ With maturation and guidance, insecurities become minimized



# Summary

- ▶ Perfectionism may be broken down into Self-Oriented Perfectionism (SOP) , Socially Prescribed Perfectionism (SPP), and Other Oriented Perfectionism (OOP)
- ▶ May Co-exist with Other Conditions, including Eating Disorders, OCD, ADHD, TS, and ASD
- ▶ Models such as Gamification may include perfectionism and feedback loops
- ▶ Treatment entails identification, building rapport, replacing thoughts, encouraging wise mind, reducing standards, and breaking certain cycles

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