



HYPER-PERFECTIONISM AND EMERGING RISKS

*Evolving Constructs and Their Impact on
Adolescent Development*

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2026

OBJECTIVES

- To develop a nuanced understanding of perfectionism traits in the context of adolescent development within the GenZ generation.
- To understand the evolving confounding variables that contribute to perfectionism risk related to mental health conditions.
- To establish correlations between perfectionism and emerging areas of interest and constructs, including but not limited to orthorexia, FOMO, aesthetics, and dysmorphophobia.
- To develop clinical strategies for prevention, harm reduction, advocacy, and policy making to mitigate the effects of perfectionism on adolescents.

SYMPOSIUM ROADMAP

1 Historical Origins of Perfectionism in Human Psychology

2 The Human Quest for Perfection — Anthropological Roots

3 DSM Nosology: Where Does Perfectionism Live?

4 Perfectionism in Youth Athletes — Clinical Evidence

5 The Digital Age: Social Media as Perfectionism Amplifier

6 Emerging Constructs: FOMO, Orthorexia & Dysmorphophobia

7 Hyper-Perfectionism — A Proposed Evolving Construct

8 Developmental Trajectories and Long-Term Risk

9 Screening and Clinical Recognition

10 Prevention, Harm Reduction & Policy

The Human Quest for Perfection — Anthropological Roots

Perfectionism is not a modern pathology — it is an ancient human drive, only recently distorted by culture and technology.

Evolutionary Drive

Striving for mastery enhanced survival. Precision in tool-making, hunting, and social hierarchy signaling had clear adaptive value.

Philosophical Ideal

Plato's 'Forms' — the perfect archetype. Aristotle's eudaimonia through arete (excellence). The aspiration toward an ideal self predates psychology.

Religious Framing

Many traditions frame moral and spiritual perfection as the ultimate human obligation.

Shame as Regulator

Brown (2006): Perfectionism emerges from shame — a negative evaluation of one's inherent worth, not merely one's actions.²

² Brown B. *Fam Soc.* 2006;87(1):43–52. | Howard et al. *Psychol Psychother.* 2022.

Psychological Origins of Perfectionism

1890s

William James: Self-esteem tied to achievement ratios; early psychological framing of aspirational standards

1920s

Adler identified 'striving for superiority' as a core human motivator, with pathological variants

1950s

Karen Horney described the 'tyranny of the should' — relentless internal demands as neurotic mechanism

1978

Burns & Beck: Cognitive model of perfectionism; dysfunctional thinking patterns linked to depression

1989–
2016

Curran & Hill meta-analysis: Perfectionism increasing across birth cohorts, driven by rising social comparison pressures¹

2019+

Gen Z era: Social media transforms perfectionism from internal drive to externally displayed performance identity

¹ Curran T & Hill AP. *Psychol Bull.* 2019;145(4):410–429.

THE DYADIC SUBSTRATE: HOW THE CRITIC GETS INSTALLED

- *The harsh inner critic is not first a thought. It is a procedural way of being-with-an-internalized-other, learned in the dyadic field before language.*
- **Sullivan** — anxiety is interpersonal contagion. The infant develops a self *in* the management of the caregiver's anxiety. Selective inattention defines what can be felt.
- **Winnicott** — when the environment *impinges* rather than meets the spontaneous gesture, the infant constructs a false self organized around environmental compliance. The high-functioning perfectionist is a virtuosic false self.
- **Bowlby & Ainsworth** — the internal working model *I am loved on condition of performance* is encoded procedurally and deployed lifelong.
- **Stern & Beebe** — affect attunement and implicit relational knowing. What predicts outcome is not absence of mismatch but the *rate and quality of repair* — reassuring and clinically operationalizable.
- *Sullivan, 1953; Winnicott, 1960; Bowlby, 1988; Stern, 1985; Beebe & Lachmann, 2002*

ADOLESCENCE: WHERE THE PROGRAM CRYSTALLIZES

- *The procedural equation is installed in infancy. Adolescence is when it goes operational under the harshest possible test conditions.*
- **Convergence of windows.** Pubertal recalibration of social rank, peak limbic and dopaminergic reactivity to peer feedback, and ongoing prefrontal/mentalization maturation all coincide with peak social-media saturation.
- **Foreclosure to a parental ideal.** Marcia's identity-foreclosed adolescent - the "scholar," "athlete," "perfect daughter" bypasses exploration. There is no alternative self to buffer failure.
- **Mentalization still developing.** Capacity to think about the mind behind the behavior — including one's own — matures into the mid-20s. Hyper-perfectionism short-circuits this exact capacity.
- **The parent's anxiety transmitted by osmosis** since infancy is now asked to organize a self in the presence of every comparable peer the world can produce.
- **Clinical sign:** the patient who cannot describe their inner state but can describe their performance metrics in microscopic detail.
- *Marcia, 1966; Blakemore, 2008; Fonagy & Luyten, 2009; Steinberg, 2014*

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)

DSM NOSOLOGY: WHERE DOES PERFECTIONISM LIVE?

Perfectionism lacks a standalone DSM-5 diagnosis, yet pervades multiple diagnostic categories as a specifier, feature, or risk factor.

DSM-5 Category	Perfectionism's Role (Contextual)	Key Criteria Overlap (Convergence & Divergence)
Obsessive-Compulsive Personality Disorder (OCPD)	Core diagnostic criterion (preoccupation with orderliness, control, rules)	Rigidity, inflexibility, excessive devotion to work (ego syntonic)
Major Depressive Disorder	Maintaining risk factor; perfectionistic concerns predict onset & recurrence	Worthlessness, self-criticism, inability to meet self-imposed standards
Generalized Anxiety Disorder	Cognitive driver (worry about unmet standards)	Excessive worry, difficulty with uncertainty (cognitive driver involving subcortical structures)
Eating Disorders (AN/BN)	Intrinsically linked — striving for bodily 'ideal'; shame-perfectionism cycle	Restriction, control, distorted self-image (overvalued ideas)
Body Dysmorphic Disorder	Preoccupation with perceived physical flaws; appearance perfectionism	Repetitive behaviors, significant distress (overvalued ideas)

Daley MM & Reardon CL. Clin Sports Med. 2024;43:107–126. | DSM-5-TR, APA 2022.

- **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)

- **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**

- **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)

- **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)

- ***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

Perfectionism in Youth Athletes — Clinical Evidence

KEY FINDINGS

29%

of young English athletes (ages 11–18) reported non-functional overreaching/overtraining³

40%

of injured youth athletes develop depressive symptoms post-injury⁴

75%

co-morbidity rate between depression and anxiety in youth with perfectionism-driven presentations⁵

↑ Risk

Adolescents more likely than young adults to experience perfectionistic concerns (maladaptive)⁶

PERFECTIONISM → MENTAL HEALTH PATHWAY

Perfectionistic Striving (high personal standards)



External pressure (coaches, parents, peers)



Fear of failure / shame activation



Overtraining, avoidance, or disordered eating



Burnout · Depression · Anxiety · Dropout

³ Matos et al. *Med Sci Sports Exerc.* 2011. ⁴ Garcia et al. *Am J Sports Med.* 2016. ⁵ Cummings et al. *Psychol Bull.* 2014. ⁶ Jensen et al. *Psychol Sport Exerc.* 2018.

SPORTS • 2 MIN READ

Simone Biles opens up about her mental health post-Olympics: ‘I’m still scared to do gymnastics’



UPDATED OCT 22, 2021
 By Mallika Kallingal



Simone Biles of Team USA competes in the Women's Balance Beam Final on day eleven of the Tokyo 2020 Olympic Games in August in Japan. (Laurence Griffiths/Getty Images)

- **The GOAT Narrative:** The margin for error becomes almost non-existent.
- **In gymnastics:** “The twisties” can emerge when intense stress and pressure disrupt mind–body coordination.
- **Performance pressure:** Individuals may suppress emotions, ignore physical pain, and override biological safety signals to continue performing.

The Digital Age: Social Media as Perfectionism Amplifier



Social media transforms perfectionism from an internal standard into a relentlessly visible, quantified, and socially compared performance.



Curated Self-Presentation

Platforms reward idealized content. Identity development becomes inseparable from a 'perfect' digital persona.⁷



Social Comparison at Scale

Upward comparison is now continuous and global — not limited to classroom or field.



Quantified Validation

Likes, followers, and engagement metrics externalize self-worth — amplifying perfectionistic concerns.



Always-On Culture

No temporal escape from performance evaluation. Rest and imperfection become socially penalized.



Rising Trend Data

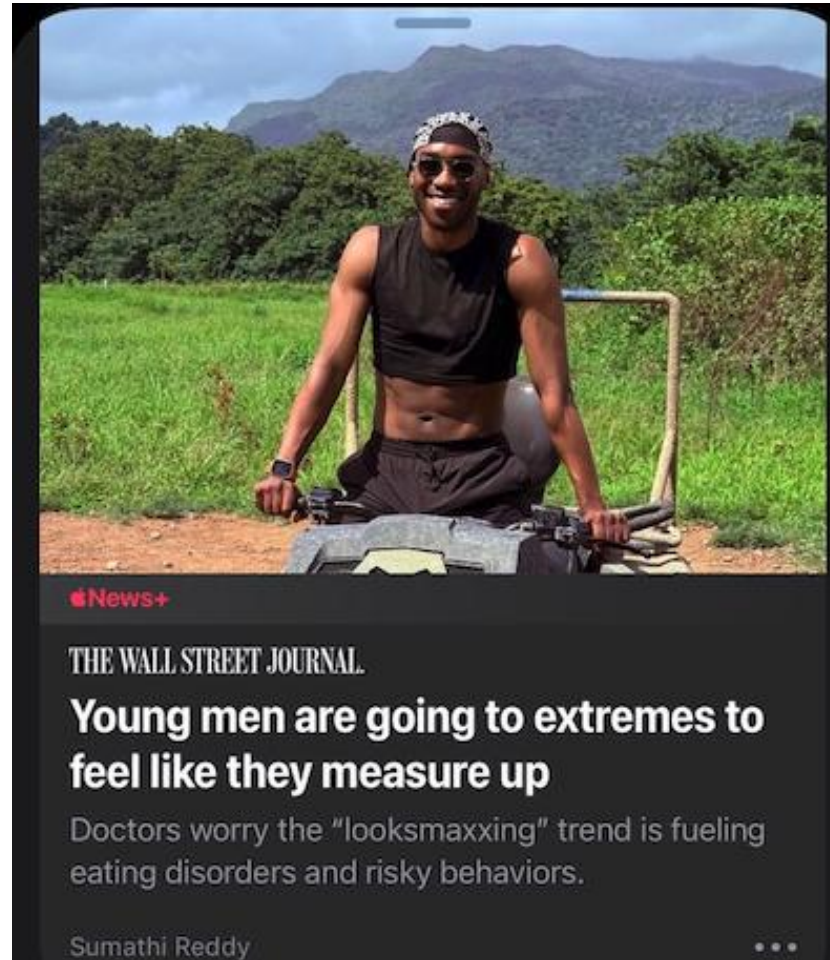
Perfectionism increasing across birth cohorts 1989–2016 (Curran & Hill, 2019) — correlated with social media adoption.¹



Adolescent Vulnerability

Identity formation (Erikson stage) coincides with peak social media use — especially high-risk for Gen Z.

⁷ Pérez-Torres V. *Curr Psychol.* 2024;43:22170–22180. ¹ Curran T & Hill AP. *Psychol Bull.* 2019;145(4):410–429.



Differential Vulnerability: Gender, SES & Culture

GENDER

- ▶ Females: Greater worry and perfectionistic concerns (Grossbard et al.); depression peaks at age 15
- ▶ Males: More concentration disruption; depression peaks at age 17; socialization to suppress distress
- ▶ Post-COVID: Team sport female athletes showed disproportionate worsening of anxiety, depression, and QoL (McGuine et al.)⁹
- ▶ Sand et al. (2021): Perfectionism associated with female gender across Norwegian adolescent sample, independent of SES
- ▶ BDD & orthorexia: Higher prevalence in female adolescents; amplified by filtered social media imagery

SES & CULTURE

- ▶ Only 24% of children from households <\$25K participate regularly in organized sports vs. 40% from >\$100K households¹⁰
- ▶ High SES: Increased access to sports, coaching, tutoring — but also greater perfectionism-driving pressure
- ▶ Low SES youth: Perfectionism expressed differently — survival-driven achievement orientation with fewer safety nets
- ▶ Cultural variation: Collectivist cultures may frame perfectionism as familial duty; individualist cultures tie it to personal worth
- ▶ Policy implication: Harm reduction strategies must account for access disparities and culturally specific presentations

⁹ McGuine et al. *J Athl Train*. 2021. ¹⁰ Aspen Institute, *State of Play* 2022. Sand et al. *Front Public Health*. 2021.

Emerging Constructs: FOMO, Orthorexia & Dysmorphophobia

FOMO (Fear of Missing Out)

Definition:

Pervasive apprehension that others are having rewarding experiences from which one is absent.

Perfectionism Link:

Perfectionism drives unrealistic expectations of optimal life-choices. Each choice becomes a potential failure.

Mental Health Risks:

Anxiety, depression, reduced life satisfaction, impulsive decision-making, social media addiction.

Population Notes:

Documented across Gen Z; heightened by Instagram/TikTok highlight reels.

Orthorexia Nervosa

Definition:

Pathological preoccupation with healthy, 'pure,' or 'correct' eating — distinct from anorexia in motivation.

Perfectionism Link:

Perfectionism + body ideals + wellness culture. Increasingly validated via DSM-adjacent criteria.

Mental Health Risks:

Malnutrition, social isolation, anxiety, OCD-spectrum comorbidity; common in athletes.

Population Notes:

Amplified by 'clean eating' influencers; disproportionate in female adolescent athletes.

Body Dysmorphic Disorder (BDD)

Definition:

Preoccupation with perceived flaws in physical appearance causing significant distress/impairment.

Perfectionism Link:

Appearance-based perfectionism; now intersects with filtered-image culture and cosmetic procedure access.

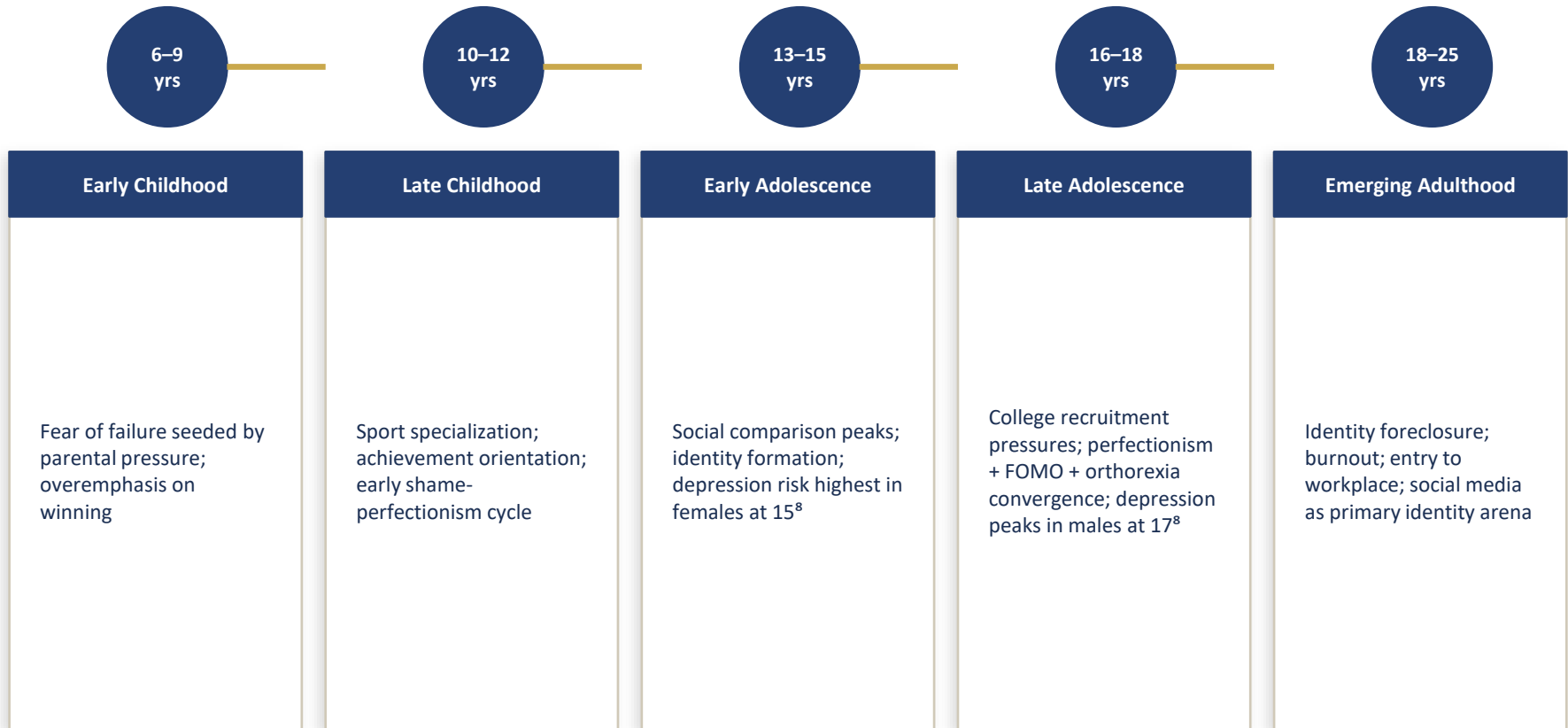
Mental Health Risks:

Suicidality, avoidance behaviors, excessive cosmetic surgery; DSM-5 classified under OC spectrum.

Population Notes:

Prevalence rising in adolescents; Snapchat dysmorphia — seeking surgery to match filtered self-image.

Developmental Trajectories and Long-Term Risk



↑ Key inflection points: girls ages 13-15; boys ages 15-18. Perfectionism × social media → compounding risk in both groups.

⁸ Daley & Reardon, *Clin Sports Med.* 2024 (citing Breslau et al. 2017; Lam et al. 2013).

Hyper-Perfectionism — An Evolving Clinical Construct

Proposed Definition:

A pattern of pervasive, rigid, and identity-fused perfectionism — amplified by digital environments — that exceeds adaptive striving and generates significant functional impairment across social, academic, occupational, and physical domains.

Identity Fusion:

Self-worth is entirely contingent on flawless performance; no separation between failure and personal value

Digital Amplification:

Social media provides real-time, quantified feedback loops that intensify the shame-perfectionism cycle

Rigidity & Intolerance of Imperfection:

Difficulty accepting any outcome below self-imposed standard; all-or-nothing cognition

Multi-Domain Pervasiveness:

Extends beyond one area (sport, academics) to pervade relationships, appearance, digital identity

Compulsive Checking:

Repetitive comparison behaviors (monitoring metrics, seeking reassurance) analogous to OCD spectrum

Secondary Construct Generation:

Catalyzes FOMO, orthorexia, BDD — creating a cascade of pathological perfectionism variants

Proposed construct synthesis based on: Curran & Hill (2019); Daley & Reardon (2024); APA Symposium Abstract (2026).

Screening and Clinical Recognition

A two-tiered approach: first screen for perfectionism-related distress; then assess domain-specific consequences.

TIER 1 — TRIAGE SCREENING

Tool	Purpose	Age
PHQ-9 / GAD-7	Depression & anxiety; validated ≥12–13y	≥12y
Pediatric Symptom Checklist	Broad emotional/behavioral screen	6–17y
SDQ (Parent + Self)	Emotional, behavioral, social concerns	2–17y
APSQ	Sport-specific psychological strain	≥16y
MHQ (Brief)	Assess perfectionism-related cognitions	Adapt.

TIER 2 — DOMAIN-SPECIFIC TOOLS

Tool	Purpose	Age
BEDAQ	Eating disorders in female athletes	≥15y
ASSQ	Sleep disorders in athletes	≥18y
CAGE-AID	Substance use in adolescents	12–18y
PROMIS Anxiety/Depression	Symptom severity	6–17y
BDD-YBOCS / BABS	Body dysmorphic disorder severity	≥12y

Screening tools: Daley & Reardon (2024); Gouttebauge et al. Br J Sports Med. 2021; DSM-5-TR, APA 2022.

Prevention, Harm Reduction & Policy



INDIVIDUAL

- ◆ CBT & Acceptance-Commitment Therapy (ACT) for perfectionism-driven depression/anxiety
- ◆ Mindfulness-based interventions to build tolerance of imperfection
- ◆ Self-compassion training (Neff, 2011): decouple self-worth from performance
- ◆ Digital detox protocols and healthy social media use psychoeducation

FAMILY & COACH

- ◆ Mental health literacy workshops for parents and coaches (Vella et al., 2021)¹¹
- ◆ Shift from outcome- to process-oriented feedback and praise
- ◆ WWPS-Model: Working With Parents in Sport — structured education for sport parents
- ◆ Trauma-informed coaching: recognizing when pressure becomes harm

SYSTEMIC & POLICY

- ◆ Sport governing bodies: mandatory mental health screening protocols at pre-season evaluation
- ◆ School policies: limits on academic perfectionism culture; social media and screen-time guidance
- ◆ Industry advocacy: social media platform regulation for adolescent exposure to idealized content
- ◆ Research priority: DSM inclusion working group for hyper-perfectionism spectrum disorder

¹¹ Vella SA et al. *Med Sci Sports Exerc.* 2021;53(1):139–149. Daley & Reardon, 2024. APA Symposium Proposal (Gupta, Krakower, Krasner, Carlson), 2026.

Future Directions: Research & Nosological Inclusion



01

Longitudinal Cohort Studies

Track perfectionism trajectories from childhood through emerging adulthood, with digital media use as primary moderating variable. Curran & Hill (2019) provide a blueprint for birth-cohort designs.

02

DSM Working Group Proposal

Establish criteria for Hyper-Perfectionism Spectrum Disorder: distinguish adaptive striving from pathological identity fusion. Evaluate as OC-spectrum specifier or standalone entry.

03

Construct Validation

Develop and validate a Hyper-Perfectionism Scale incorporating digital identity, multi-domain pervasiveness, and shame-driven rigidity. Cross-cultural and cross-SES validation essential.

04

Neurobiological Correlates

fMRI studies examining reward processing, shame circuits (anterior insula, vmPFC), and social comparison networks in adolescents high in perfectionistic concerns + social media use.

05

Digital Intervention Trials

RCTs of app-based ACT and self-compassion interventions targeting social media-driven perfectionism. Test gamified psychoeducation in adolescent athlete populations.

06

Policy & Platform Research

Evaluate effects of social media structural interventions (algorithm changes, content filtering) on adolescent perfectionism and self-esteem metrics in controlled quasi-experimental designs.

Curran T & Hill AP, 2019; Daley & Reardon, 2024; Gupta M et al. APA 2026 Symposium Proposal.

Key Takeaways & Call to Action

Perfectionism is ancient — its pathology is modern

The human drive toward excellence becomes destructive when fused with identity, amplified by social media, and severed from compassion.

DSM nosology must evolve

Hyper-perfectionism as a construct bridges OCPD, MDD, GAD, eating disorders, and BDD — a unifying framework is overdue.

Digital environments are the new risk vectors

FOMO, orthorexia, and dysmorphophobia are downstream products of hyper-perfectionism in a visually curated world.

Screening must be routine and multidimensional

Integrate perfectionism-aware tools at pre-season, post-injury, and routine care settings across all levels of sport and academic life.

Intervention requires multi-systemic action

Individual therapy alone is insufficient. Coaches, parents, schools, platforms, and policymakers all share responsibility.

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- **Session #1210**
- Hyper-Perfectionism and Emerging Risks
- Monday, May 18, 2026 | 3:45–5:15 PM PDT | Room 204, Moscone Convention Center

- **Speakers:**
- Mayank Gupta, MD — 30 min
- Scott Krakower, DO — 20 min
- Aaron Krasner, MD — 20 min
- **Discussant: Stephan M. Carlson, MD, MBA, FAPA**