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Maladaptive Perfectionism and Gaming Disorder Risk: Their Relationship with Psychological Well-Being Among Competitive Gamers

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***Abstract*—The burgeoning digital revolution has led to a proliferation of collegiate esports and competitive gaming in India. However, the increased phenomenon drives Indian student-gamers into a pedagogic and performative space that is at odds with the values of excellence and the hyper-competitive atmosphere of ranked online competitions. Students who face high expectations in their real lives, coupled with feelings of inadequacy and a pervasive sense of failure, can use their achievements within a video game as an elixir. By using the rewarding mechanisms of competitive video games as an equalizer, young adults risk engaging in unhealthy gaming behaviors. This study aims to provide a cross-sectional, quantitative, and correlational design to explore the relationships between maladaptive perfectionism as a predictor construct and risk for gaming disorder as an outcome. A convenience sample of young Indian college students can be recruited to participate in the study, with inclusion criteria consisting of individuals engaged in competitive gaming at least 10-12 hours weekly. With this information, combined with sociodemographic data, the study will utilize the Discrepancy subscale of the Almost Perfect Scale-Revised to operationalize maladaptive perfectionism and Internet Gaming Disorder Scale-Short Form to detect severity of symptoms in gaming disorder. The findings will generate implications for counseling centers in colleges across India that can offer cyberpsychology services to distressed student-gamers.**

***Keywords*—Collegiate Gaming, Cyberpsychology, Emerging Adulthood, Esports, Gaming Disorder, Indian Higher Education, Maladaptive Perfectionism.**

I. Introduction

E-sports and competitive gaming have very quickly established themselves in today's world. Being a digital gaming player is no longer simply a hobby, but is now interconnected with many tremendous demands and challenges. In India, the advent of digitalization has led to the emergence of phenomenal growth of competitive gaming at the level of colleges and universities. But this development does not happen in isolation.

The environment of gaming world has its own unique stressors and features that make it demanding and burdening which lead to certain data driven objectives. When the competitive landscape of e-sports meets the requirements and expectations of students in their educational environment in India, e-sports gamers become even more vulnerable. Traditionally, sports psychology has covered many issues of assessing the impact of professional sport on the psychological state of athletes, but cyber-psychology still becomes successful in researching the specifics of behavior in e-sports player.

The complex intersection leads to a precarious feedback loop in which the virtual world is no longer one of ability, but one of emotional relief from the burdens of reality. With maladaptive perfectionism being manifested as an irrational fear of failure and hyper sensitivity towards error, this player finds a way to take the pressure they face in both educational and social circles and project it upon their online scores.

In response to such a feeling of disturbances and distress, the individual intensifies their screen time and thus greatly increases the likelihood of developing gaming disorder, through the utilization of the game's inherent reward structure as a means of coping with the pressures of reality. All in all, this search for perfection results in significant detriment to the individual's psychological state, leading to issues like insomnia, increased stress and social isolations.

A. Maladaptive Perfectionism

Maladaptive perfectionism was first conceptually distinguished from normal perfectionism by Hamachek (1978), who described 'neurotic' perfectionists as individuals who are never able to feel satisfied with their performance, since it never seems 'good enough,' and who are driven by a persistent fear of failure and harsh self-criticism rather than a genuine desire to excel.

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This distinction was later expanded by Frost, Marten, Lahart, and Rosenblate (1990), who developed the Multidimensional Perfectionism Scale and characterized maladaptive perfectionism through dimensions such as excessive concern over mistakes and chronic doubts about one's actions, wherein self-worth becomes contingent on flawless performance. Building on this work, Slade and Owens (1998) offered a behavioral account, framing maladaptive perfectionism as being motivated primarily by the avoidance of punishment or criticism rather than by the pursuit of genuine achievement. More recent research has further refined this construct by separating perfectionism into two broad dimensions: perfectionistic striving, which involves the pursuit of flawlessness and the setting of high personal standards, and perfectionistic concerns, which involve critical self-evaluation and worry over meeting those standards (Stoeber & Otto, 2006). It is this latter dimension, perfectionistic concern, that is most closely associated with maladaptive outcomes, including elevated stress, fear of failure, and diminished psychological well-being (Flett & Hewitt, 2002).

1) Definition: Shafran, Cooper & Fairburn (2002): They proposed the concept of 'clinical perfectionism,' defining it as the overdependence of self-evaluation on the determined pursuit of self-imposed, personally demanding standards in at least one salient domain, despite adverse consequences.

Egan, Wade & Shafran (2011): They described maladaptive (or 'clinical') perfectionism within a trans-diagnostic framework, characterizing it as a rigid, self-critical striving for excessively high standards that persists despite negative consequences, and linking it to eating disorders, anxiety, and depression across diagnostic categories.

Curran & Hill (2019): In their meta-analytic study on generational trends, defined maladaptive perfectionism broadly as encompassing self-critical and socially prescribed forms of perfectionism, which they found had significantly increased among young people over recent decades, contributing to rising rates of anxiety and depression.

Rice, Ashby & Slaney (1998): Building on the work of Slaney and colleagues, defined maladaptive perfectionists as those who report a large discrepancy between the high standards they set and their perceived ability to meet them, distinguishing them from adaptive perfectionists who set equally high standards but experience little to no such discrepancy.

Blatt (1995): Associated maladaptive perfectionism with a broader personality style he called 'self-critical' or 'introjective' depression, in which individuals harshly judge themselves against unattainable standards and consequently experience chronic feelings of failure, guilt, and worthlessness.

2) Factors Influencing Maladaptive Perfectionism:

1. Parenting and Family Factors: Parenting practices such as autonomy granting, warmth, and supervision have been identified as risk factors for the development of maladaptive perfectionism. Specifically, parental autonomy granting has been found to be negatively related to maladaptive perfectionism, meaning children raised with less autonomy tend to show higher levels of maladaptive perfectionism.

2. Personality and Temperament: Individual personality traits play a role alongside family factors. Behavioral inhibition (BIS) has been found to be positively related to maladaptive perfectionism, and research shows an interaction effect among individuals with high behavioral inhibition.

3. School and Academic Environment: The school setting itself shapes perfectionistic tendencies. Excessive teacher demands, peer pressure, and competition contribute to the development of maladaptive perfectionism.

4. Socioeconomic and Environmental Factors: Broader family and social context also matters. Family socioeconomic status factors such as income affect social fears and avoidance.

5. Gender: Female gender predilection in anxiety and emotional regulation difficulties has been linked to a strengthened psychopathological risk of maladaptive perfectionism.

6. Emotional Regulation and Coping: Difficulty managing emotions is closely tied to maladaptive perfectionism. Poor emotional regulation and avoidant coping styles have been associated with higher levels of maladaptive perfectionism.

3) Theories Related to Maladaptive Perfectionism: Psychodynamic Theory: Early psychodynamic theorists stressed that perfectionism is a sign of a neurotic and disordered personality, giving rise to psychological distress and psychopathologies like depression and anxiety.

Frost's Multidimensional Model (1990): Breaks perfectionism into six components, showing that maladaptive perfectionism arises from the combination of high standards plus anxious, self-doubting dimensions like concern over mistakes.

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Hewitt and Flett's Model (1991): Splits perfectionism into self-oriented, other-oriented, and socially prescribed directions, with socially prescribed being the most maladaptive.

Slaney's Model of Perfectionism: Centers on discrepancy—the gap between standards and actual performance.

Behavioral (Reinforcement) Theory: Negative perfectionism is driven by negative reinforcement (avoiding failure/criticism), whereas adaptive perfectionism is driven by positive reinforcement.

Cybernetic Self-Regulation Theory (Carver & Scheier): Treats human behavior like a feedback loop comparing a current state to a target reference point.

Existential Model of Perfectionism and Depressive Symptoms (EMPDS): Argues that perfectionism causes distress at an existential level when self-worth is tied to flawless achievement.

Cognitive-Emotional Stress Model (Smith): Proposes that burnout results from a chronic imbalance between environmental demands and personal resources.

I-PACE Model: Proposes that addictive behaviors emerge from interactions between predisposing factors and affective responses.

4) Coping Strategies of Maladaptive Perfectionism:

1. Focus on Process: Focus on the actual process and communication during the game rather than the ultimate goal.

2. Cognitive Restructuring: Help gamers recognize and counter self-defeating thoughts.

3. Evaluation Rather than Judgment: Analyze VODs (Video on Demand) for improvement rather than self-judgment.

4. Self-Compassion Training: Adopt self-compassion after mechanical errors or defeats.

5. Acceptance and Commitment Therapy (ACT): Apply cognitive defusion to disengage from negative thoughts.

6. Mistake Rituals: Provide behavioral conditioning action triggers when committing mistakes.

7. Adaptive Perfectionism through Modification: Distinguish between personal standards and evaluative concerns.

5) Issues Related to Maladaptive Perfectionism: Cognitive and Emotional Distress: Contingent self-worth, ladder anxiety (performance avoidance), rumination and 'tilting'. *Destructive Patterns of Behavior:* All-or-nothing thinking, compulsive over-training. Interpersonal and Group *Conflicts:* Perfectionism towards others and toxicity, high sensitivity to criticism.

B. Gaming Disorder Risk

Gaming disorder has emerged as a significant area of study in cyberpsychology, reflecting patterns of impaired control, increasing priority given to gaming over other activities, and continuation despite negative consequences.

1) Definition: World Health Organization (2019): Formally defined in ICD-11 as a pattern of digital or video gaming behavior characterized by impaired control, increasing priority given to gaming over other interests, and continuation despite negative consequences resulting in significant impairment for at least 12 months.

American Psychiatric Association (APA, 2013): Introduced Internet Gaming Disorder (IGD) in DSM-5 as a provisional category including preoccupation, withdrawal, tolerance, unsuccessful attempts to cut back, loss of interest, continued use, and using gaming to escape negative moods.

Griffiths, Kuss & King (2012): Framed the condition as 'video game addiction,' situating it within the broader behavioral addiction framework alongside gambling.

2) Factors Influencing Gaming Disorder Risk:

1. Individual/Personality Factors: Impulsivity stands out as a major risk factor, alongside low self-esteem, loneliness, and perceived stress.

2. Psychopathological Factors: Depression, anxiety, ADHD, and interpersonal conflicts frequently co-occur with problematic gaming.

3. Motivational Factors: The motivation to escape and fulfil personal needs or develop self-esteem through in-game achievements contribute as risk factors.

4. Cognitive Factors: Maladaptive cognitions regarding perceived rewards of gaming and perceived urges to play mediate risk.

5. Family and Environmental Factors: Poor family functioning, parental influences, and peer pressures show significant direct and indirect effects.

6. Demographic Factors: Males are typically more likely to develop gaming disorder than females (ratio of 2.5:1), with symptoms peaking during adolescence.

7. Gaming-Related Behavioral Factors: Higher gaming time and indirect involvement (watching streams, discussing games) hold predictive value.

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8. Stress and Coping: Stress is moderately related to gaming disorder, mediated by affective and cognitive responses and coping styles.

9. Game Design Features: Loot boxes, random drops, ranks, streaks, daily login rewards, team raids, and persistent online worlds create pressure to keep playing.

3) Theories Related to Gaming Disorder Risk: Risk and Resilience Approach: Views gaming disorder as the cumulative product of multiple risk factors counterbalanced by protective factors.

Comorbidity, Interpersonal Impairment, and Dilution Effect Hypotheses: Identifies competing theoretical definitions regarding co-occurring pathology, maladaptive coping, or deficient self-regulation.

Cognitive-Behavioral Model of Internet Gaming Disorder (Dong & Potenza, 2014): Stresses maladaptive cognitions and distorted beliefs about gaming rewards.

Davis's Cognitive-Behavioral Model of Pathological Internet Use (2001): Emphasizes real-life lack of social support and distorted thinking patterns.

Griffiths' Components Model of Addiction (2005): Argues that addictions consist of six core components: salience, mood modification, tolerance, withdrawal, conflict, and relapse.

Behavioral Learning Theories: Based on operant conditioning, variable schedules of reinforcement (loot drops, surprise wins), and cue-induced craving where gaming provides immediate relief from unpleasant feelings.

4) Coping Strategies of Gaming Disorder Risk:

1. Structured Time Management: Rigid scheduling separating scrimming time from grinding time, and re-establishing the offline self through hobbies and real-life socialization.

2. Targeting Maladaptive Cognitions: Treatments focusing on deriving self-worth outside the virtual realm.

3. Metacognition of State Awareness and 'Tilt': Recognizing emotional cues behind 'rage queuing' and implementing mandatory cool-off periods.

4. Environmental Design and Stimulus Control: Setting up physical barriers (leaving desks to eat/sleep) to break environmentally conditioned behavior.

5. Setting Game-Specific Goals: Moving away from abstract grinding to concrete skill-based micro-goals.

5) Issues Related to Gaming Disorder Risk: Loss of Control: Chasing losses ('rage-queuing'), high tolerance, and withdrawal symptoms (irritation, restlessness, anxiety). *Impairment in Functioning:* Time displacement affecting studies and late-night gaming exhausting mental processes. Psychosocial Deterioration: Enmeshed identity with the gaming avatar, offloading socialization, and emotional instability/toxicity.

C. Psychological Well-being

Psychological well-being encompasses optimal human functioning, positive emotional experiences, and life satisfaction.

1) Definition: Diener (1984): Defined subjective well-being from a hedonic angle encompassing life satisfaction, presence of positive mood, and absence of negative mood.

Ryan & Deci (2001): Defined psychological well-being from a eudaimonic tradition as the fulfillment of basic psychological needs (autonomy, competence, relatedness).

2) Factors Influencing Psychological Well-being: Demographic Factors: Age, gender, socioeconomic status, and social support. Financial Status: Expectations of financial status and perceived standard of living. Education: Direct association with happier life and positive functioning. Physical Health: Critical for resilience and functioning, especially in vulnerable populations. Social Support and Connectedness: High-quality relationships buffer stress. Personality Characteristics and Goals: Optimism, extraversion, conscientiousness, and structured life goals. Emotional Intelligence and Resilience: Resilience has a direct positive effect on well-being. Marital Status and Family Structure: Relational stability predicts well-being. Biological Factors: Heritable temperament, neurotransmitters (serotonin, dopamine), and cortisol. Psychological Factors: Optimism, gratitude, and adaptive problem-solving. Sense of Control and Autonomy: Agency and freedom of choice restore psychological health.

3) Theories Related to Psychological Well-being: Eudaimonic Theory (Ryff's Model): Realizing true potential across six dimensions (self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, personal growth). Hedonic Theory: Maximizing pleasure and minimizing pain. Self-Determination Theory (Ryan & Deci): Autonomy, competence, and relatedness. Maslow's Hierarchy of Needs: Progression from basic survival and safety to self-actualization. Carl Rogers: Unconditional positive regard and congruence. Seligman's PERMA Model: Positive emotion, engagement, relationships, meaning, accomplishment.

Csiksgentmihalyi's Flow Theory: Deep absorption in challenging tasks. Viktor Frankl's Existential Theory: Finding meaning even in suffering.

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Barbara Fredrickson's Broaden-and-Build Theory: Positive emotions widen cognitive scope and build lasting resources. Diener's Subjective Well-Being Model: Cognitive and affective evaluations of life.

4) Coping Strategies of Psychological Well-being:

1. Self-Complexity: Developing multiple dimensions of identity beyond gaming rank. 2. Psychological Safety of the Team: Building team environments where fatigue or stress can be openly discussed without fear of being benched. 3. Physiological Relaxation: Progressive muscle relaxation, biofeedback, and tactical breathing. 4. Mindfulness Based Stress Reduction (MBSR): Grounding exercises during loading screens and respawn times. 5. Ergonomic Assessment: Preventing repetitive strain injuries (carpal tunnel syndrome) which are leading causes of physical and mental distress among gamers.

5) Issues Related to Psychological Well-being:

Deficits in Fundamental Constructs: Low self-acceptance (conditional self-worth), autonomy loss, lack of environmental mastery. Cognitive and Emotional Dysregulation: Esports burnout, performance anxiety ('choking'), depressive symptoms and apathy. Physiological Correlates: Circadian rhythm disturbances, sleep deprivation, tension headaches, and musculoskeletal strain.

II. Review Of Literature

This chapter reviews key empirical and theoretical literature concerning maladaptive perfectionism, gaming disorder risk, and psychological well-being.

A. Maladaptive Perfectionism

Smith et al. (2017) conducted a meta-analysis on perfectionism, self-compassion, and psychological adjustment, verifying that self-compassion functions as a potent buffer mitigating emotional distress caused by maladaptive perfectionism. Limburg et al. (2017) demonstrated through a large-scale meta-analysis that maladaptive perfectionism maintains robust positive relationships with anxiety disorders, depressive conditions, and eating-related pathologies, operating as a transdiagnostic risk factor. Barnett & Sharp (2016) found that perfectionistic self-criticism predicted poor body satisfaction and eating disturbances among college women, with self-compassion acting as a significant mediator. Barthels et al. (2015) established through a systematic review that highly perfectionistic individuals are significantly more vulnerable to obsessing over dietary purity and control.

Sherry et al. (2008) highlighted through longitudinal findings that socially prescribed perfectionism contributes to heightened shame and depressive symptoms over time. Stoeber & Otto (2006) differentiated adaptive perfectionistic strivings from maladaptive perfectionistic concerns, showing that concerns consistently predict distress. Flett & Hewitt (2002) provided an exhaustive overview of theoretical models linking perfectionism to distress and anxiety. Cox et al. (2002) verified across clinical and student samples that self-critical perfectionistic concerns are consistently tied to distress. Shafran et al. (2002) established that clinical perfectionism operates as a self-sustaining mechanism where minor setbacks are misinterpreted as major personal failures. Suddarth & Slaney (2001) identified perfectionistic concerns as reliable indicators of student mental health risks. Chang (2000) demonstrated that maladaptive perfectionism functions as a stable vulnerability factor driving distress across developmental stages. Enns & Cox (1999) verified that maladaptive perfectionism actively exacerbates depressive symptom severity. Rice et al. (1998) established that low self-worth functions as a primary psychological pathway translating maladaptive perfectionism into emotional distress. Slaney et al. (1995) noted that excessive self-criticism and fear of mistakes impair professional and personal development. Blatt (1995) asserted that addressing maladaptive perfectionism is vital for successful psychotherapy. Frost et al. (1993) proved that self-critical aspects of perfectionism exhibit significantly stronger connections to psychological distress than positive strivings. Hewitt & Flett (1991) concluded that socially prescribed perfectionism exhibits robust positive associations with maladjustment due to internal pressure to satisfy unrealistic external expectations. Frost et al. (1990) confirmed that excessive concern over mistakes and perceived parental criticism are strongly linked to maladaptive cognitive patterns and emotional strain.

B. Gaming Risk Disorder

Wang et al. (2024) confirmed that adolescent internet gaming disorder is intricately linked to downstream functional impairments and adjustment problems. King et al. (2017) synthesized international epidemiological studies, highlighting wide prevalence variations and establishing IGD as a real, methodologically challenging construct requiring standardized diagnostic methods. Männikkö et al. (2017) associated problematic gaming with poorer mental health, particularly depression, anxiety, and somatic complaints.

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Bäcklund et al. (2022) revealed that gaming disorder symptoms are significantly associated with motivational variables, identifying emotional escape as a primary risk pathway. Kristensen et al. (2021) established that problematic gaming strongly correlates with shorter sleep duration, poorer sleep quality, and daytime sleepiness. Bonnaire & Phan (2017) indicated that ADHD-like symptoms, anxiety, and depression frequently co-occur with internet gaming disorder. Li et al. (2021) established a one-year incidence rate of 7.7% among adolescents, with baseline gaming time and depressive symptoms as strong multivariate predictors. Kim et al. (2020) underscored that heavy involvement and neurodevelopmental symptoms drive risk, while family support protects against progression. Gansefort et al. (2019) established a reciprocal relationship where internet gaming disorder acts as both a consequence and a cause of adolescent mental health challenges. Kuss et al. (2022) recommended targeting maladaptive coping mechanisms rather than restricting gaming activity globally. Hawi & Samaha (2017) demonstrated that severe gaming symptoms correlate with reduced sleep duration and systematic bedtime delays. Stockdale & Coyne (2018) confirmed that problematic gaming risks persist into college-age populations. Turel et al. (2019) proved via actigraphy measures that severe gaming involvement is linked to shorter actual sleep durations. Wenzel et al. (2009) highlighted that high-volume gaming carries clinical consequences outside youth demographics. Ko et al. (2019) proposed that circadian dysregulation acts as a core maintenance mechanism for gaming disorder symptoms. Wong et al. (2020) established that sleep problems resulting from gaming negatively impact young adult occupational and academic functioning. Yu et al. (2021) proved that baseline gaming symptoms predicted later insomnia severity. Liu et al. (2020) demonstrated robust linear associations between gaming severity and compromised sleep quality. Fazeli et al. (2020) established that sleep disturbance operates as both a direct consequence and a self-perpetuating factor maintaining gaming addiction. Lemmens et al. (2015) provided a standardized diagnostic scale (IGDS9-SF) for assessing internet gaming disorder across large samples.

C. Psychological Well-Being

Ryff (1989) established the eudaimonic model of psychological well-being across six core dimensions: autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. Ryff & Singer (1996, 2008) underscored that well-being is multidimensional, linking continuous self-realization directly to physical health and adaptive functioning.

Keyes (2002, 2005, 2007) empirically distinguished languishing from flourishing, proving that mental health is distinct from the mere absence of mental illness and that public policy must actively build psychological well-being. Diener et al. (2009) illustrated that subjective well-being encompasses life satisfaction, positive affect, and low negative affect functioning independently. Huppert & So (2013) confirmed that flourishing can be operationalized reliably for public monitoring. Caprara et al. (2006) identified personal self-efficacy as a core driver of youth well-being and positive thinking. Keyes et al. (2010) highlighted psychological well-being as a powerful protective buffer against future mental illness risks. Fredrickson & Joiner (2002) supported the broaden-and-build theory, showing positive emotions trigger upward spirals constructing coping resources. Lyubomirsky et al. (2005) demonstrated that subjective well-being predicts successful functioning across major life spheres. Steger et al. (2006) confirmed that experienced meaning is central to human well-being. Hill & Turiano (2014) verified that greater life purpose correlated with significantly lower all-cause mortality risk. Morozink et al. (2010) and Friedman & Ryff (2012) confirmed that optimal psychological well-being predicts lower inflammatory risk profiles and buffers against medical comorbidities. Ahrens & Ryff (2006) demonstrated that role-related well-being is shaped dynamically by life conditions and internal coping assets. Srimathi & Kiran Kumar (2010) identified occupational environment as a critical determinant of women's positive functioning. Akutsu et al. (2017) underscored that psychological well-being is shaped by culturally embedded patterns of self and emotion. MacGiollabhui et al. (2017) established cognitive patterns as meaningful targets for youth mental health promotion.

III. Methodology

A. Aim

The aim of the study is to examine the relationship between maladaptive perfectionism, gaming disorder risk, and psychological well-being among gamers.

B. Objectives

1. To assess the level of maladaptive perfectionism among gamers.
2. To assess the level of gaming disorder risk among gamers.
3. To assess the level of psychological well-being among gamers.
4. To examine the relationship between maladaptive perfectionism and gaming disorder risk.

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5. To examine the relationship between maladaptive perfectionism and psychological well-being.
6. To examine the relationship between gaming disorder risk and psychological well-being.

C. Hypotheses

H_{01}: There is no significant relationship between maladaptive perfectionism and gaming disorder risk among competitive gamers.

H_{11}: There is a significant relationship between maladaptive perfectionism and gaming disorder risk among competitive gamers.

H_{02}: There is no significant relationship between maladaptive perfectionism and psychological well-being among competitive gamers.

H_{12}: There is a significant relationship between maladaptive perfectionism and psychological well-being among competitive gamers.

H_{03}: There is no significant relationship between gaming disorder risk and psychological well-being among competitive gamers.

H_{13}: There is a significant relationship between gaming disorder risk and psychological well-being among competitive gamers.

D. Research Design

The study uses a quantitative, cross-sectional, correlational research design. A quantitative approach will be used to get numerical data for maladaptive perfectionism, gaming disorder risk, and psychological well-being. A cross-sectional design will allow the variables to be assessed at a single point in time, while a correlational approach will be used to examine the relationships among the three variables.

E. Participants and Sampling

The participants will consist of 162 competitive college gamers in Coimbatore, India, aged 18-25, recruited via purposive sampling. Inclusion criteria: (1) Coimbatore college/university students aged 18-25, (2) involved in competitive gaming for at least 6 months, (3) competitive gamer for at least 3 days a week, (4) capable of reading/comprehending English, (5) gave informed consent. Exclusion criteria: (1) casual/non-competitive gamers, (2) gaming experience less than 6 months, (3) non-college/university students, (4) age outside 18-25, (5) incomplete/invalid responses.

F. Variables and Operational Definitions

- *Maladaptive perfectionism (Predictor):* Assessed via Almost Perfect Scale-Revised (APS-R) Discrepancy subscale, referring to the gap between high standards and perceived actual performance.
- *Gaming disorder risk (Outcome):* Assessed via Internet Gaming Disorder Scale-Short Form (IGDS9-SF), measuring symptom severity based on DSM-5 criteria.
- *Psychological well-being (Outcome):* Assessed via WHO-5 Well-Being Index, measuring positive psychological functioning over the preceding two weeks.

G. Tools for Data Collection

- Almost Perfect Scale-Revised (APS-R) by Slaney et al. (2001): 23 items on a 7-point Likert scale across Standards, Order, and Discrepancy.
- Internet Gaming Disorder Scale-Short Form (IGDS9-SF) by Pontes & Griffiths (2015): 9 items assessing DSM-5 IGD symptoms.
- WHO-5 Well-Being Index (World Health Organization): 5 positively worded items scored 0-25 and multiplied by 4 for a percentage score (0-100).
- Demographic and Gaming Information Sheet: Collects age, gender, education, main game, platform, experience years, and hours/days played.

H. Procedure and Ethical Considerations

The study followed institutional ethical guidelines. Participants were informed about voluntary participation, anonymity, confidentiality, and their right to withdraw. Data was collected using physical/online questionnaires containing informed consent, demographics, APS-R, IGDS9-SF, and WHO-5.

I. Scoring and Statistical Analysis

APS-R, IGDS9-SF, and WHO-5 were scored per standardized developer guidelines. Data was analyzed using descriptive statistics (frequencies, percentages, means, standard deviations, ranges) and inferential statistics (Spearman's rank-order correlation due to non-normal distribution) with significance set at $p < .05$.

IV. Results And Discussion

TABLE I
Descriptive Statistics of the Study Scales

Scale	N	M	SD
APS-R Discrepancy	162	55.86	12.62
APS-R High Standards	162	36.54	7.16
APS-R Order	162	19.17	4.65
IGDS9-SF Total	162	23.49	9.56
WHO-5 Raw	162	14.32	5.26

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Note. APS-R = Almost Perfect Scale-Revised; IGDS9-SF = Internet Gaming Disorder Scale-Short-Form; WHO-5 = World Health Organization Well-Being Index.

As shown in Table I, participants obtained mean scores of 55.86 (SD = 12.62) on APS-R Discrepancy, 36.54 (SD = 7.16) on High Standards, and 19.17 (SD = 4.65) on Order. The mean IGDS9-SF score was 23.49 (SD = 9.56), and the mean WHO-5 raw score was 14.32 (SD = 5.26).

TABLE II
SPEARMAN'S RANK-ORDER CORRELATIONS AMONG THE STUDY VARIABLES (N = 162)

Variable	1	2	3	4	5
1. APS-R Discrepancy	-	-	-	-	-
2. APS-R High Standards	.403**	-	-	-	-
3. APS-R Order	.160*	.451**	-	-	-
4. IGDS9-SF Total	.289**	-.040	-.025	-	-
5. WHO-5 Raw	.093	.127	.154	.252*	-

Note. * p < .05. ** p < .01. *** p < .001 (two-tailed).

As shown in Table II, APS-R Discrepancy was significantly and positively associated with IGDS9-SF scores (ρ = .29, p < .001), indicating a small-to-moderate relationship in which greater self-critical perfectionism accompanied more gaming disorder symptoms. APS-R High Standards (ρ = -.04, p = .617) and Order (ρ = -.025, p = .752) were not significantly related to IGDS9-SF scores.

IGDS9-SF scores were significantly and positively associated with WHO-5 scores (ρ = .25, p = .001), indicating that higher gaming symptoms were accompanied by higher self-reported wellbeing. None of the APS-R subscales was significantly associated with WHO-5 scores (ρ = .09 to .15, all p > .05).

Among the APS-R subscales, High Standards showed moderate positive correlations with Discrepancy (ρ = .40, p < .001) and Order (ρ = .45, p < .001), and Discrepancy showed a weak correlation with Order (ρ = .16, p = .042). Overall, only the self-critical dimension of perfectionism was linked to problematic gaming. As these findings are correlational, no causal conclusions can be drawn.

A. Discussion

The present study examined the relationship between maladaptive perfectionism, gaming disorder risk, and psychological well-being among competitive college gamers in India.

The study was undertaken in the context of the increasing involvement of young adults in competitive and online gaming and the psychological demands that may accompany performance-oriented gaming environments. Particular attention was given to maladaptive perfectionism, especially the perceived gap between the standards individuals set for themselves and their perception of their actual performance. The study also examined whether these perfectionistic tendencies were associated with gaming disorder symptoms and psychological well-being.

A total of 162 participants were included in the analysis. The study followed a quantitative, cross-sectional, correlational design. The main variables were assessed using standardized psychological measures, and Spearman's rank-order correlation was used because the variables did not meet the assumption of normality. The descriptive results showed a mean score of 55.86 (SD = 12.62) for APS-R Discrepancy, 36.54 (SD = 7.16) for APS-R High Standards, and 19.17 (SD = 4.65) for APS-R Order. The mean score for IGDS9-SF Total was 23.49 (SD = 9.56), while the mean WHO-5 raw score was 14.32 (SD = 5.26).

1) Maladaptive Perfectionism and Gaming Disorder Risk: One of the main findings of the study was the significant positive relationship between APS-R Discrepancy and gaming disorder symptoms. The correlation between APS-R Discrepancy and IGDS9-SF Total was statistically significant, ρ = .289, p < .001. This indicates that participants who experienced a greater discrepancy between the standards they set for themselves and their perceived actual performance tended to report higher levels of gaming-related symptoms.

This finding is particularly relevant to the way maladaptive perfectionism was defined in the present study. Perfectionism does not necessarily become problematic simply because an individual has high standards. The more important issue may be how the individual evaluates their performance in relation to those standards. The APS-R specifically distinguishes between High Standards, Order, and Discrepancy, allowing perfectionism to be understood as a multidimensional construct rather than as a single negative trait. Research on the APS-R similarly describes Discrepancy as reflecting the perceived mismatch between standards and actual performance and links this component more closely with maladaptive perfectionism (Slaney et al., 2001).

The present finding therefore suggests that self-critical evaluation may have greater relevance to gaming disorder risk than the mere presence of ambitious goals. Competitive gaming is strongly based on performance.

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Players receive immediate feedback through rankings, scores, wins, losses, statistics, and comparison with other players. For individuals who are highly concerned about falling short of their expectations, repeated experiences of poor performance may become particularly frustrating. Instead of viewing a loss as an ordinary part of competition, they may interpret it as evidence that they are not performing well enough.

This interpretation is consistent with the broader literature on perfectionism. Flett and Hewitt (2002) describe maladaptive aspects of perfectionism in terms of rigid standards, self-evaluation, emotional distress, and difficulties associated with perceived failure. Their work also emphasizes that perfectionism needs to be understood in terms of the individual's evaluation of performance rather than simply the desire to achieve highly.

Within the context of gaming, this may be particularly important because competitive games provide continuous opportunities for performance evaluation. A player may repeatedly compare their current rank with an expected rank, compare their performance with teammates or opponents, or feel dissatisfied despite objectively good performance. In this way, competitive gaming may create an environment in which existing perfectionistic concerns are repeatedly activated.

The relationship found in the present study may also be understood from a coping perspective. When individuals experience frustration, disappointment, or feelings of inadequacy, gaming may sometimes provide an easily accessible environment for distraction, achievement, social interaction, or emotional escape. Research reviewed in the present project has similarly identified coping and escape motives as important factors associated with problematic gaming behaviour. However, the present study did not directly measure gaming motives, and therefore this explanation should be considered a possible interpretation rather than a conclusion.

Importantly, the correlation of $\rho = .289$ represents an association rather than evidence of causation. The present findings cannot establish that maladaptive perfectionism causes gaming disorder symptoms. It is equally possible that problematic gaming experiences may influence how individuals perceive their performance, or that another factor contributes to both perfectionism and problematic gaming. Because the study was cross-sectional, the direction of the relationship cannot be determined.

2) High Standards, Order, and Gaming Disorder Risk: The findings become more meaningful when the individual dimensions of perfectionism are considered separately.

APS-R High Standards did not show a significant relationship with gaming disorder symptoms, $\rho = -.040$, $p = .617$. Similarly, APS-R Order was not significantly related to IGDS9-SF Total, $\rho = -.025$, $p = .752$.

These results suggest that simply having high standards does not necessarily indicate an increased risk of problematic gaming. This distinction is important because competitive gamers may naturally have relatively high standards for their performance. They may set goals related to improving their ranking, mastering particular skills, winning competitions, or becoming better than their previous performance. Such characteristics can exist without necessarily becoming psychologically harmful.

The APS-R was specifically developed to distinguish between different aspects of perfectionism. High Standards reflects the tendency to establish demanding personal standards, whereas Discrepancy reflects dissatisfaction arising from the perceived inability to meet those standards. The current findings support the importance of maintaining this distinction.

In the present sample, High Standards was significantly related to Discrepancy, $\rho = .403$, $p < .001$, but only Discrepancy demonstrated a significant relationship with gaming disorder symptoms. This suggests that high standards may become more psychologically relevant when individuals also perceive themselves as consistently failing to meet those standards.

Therefore, the findings do not support viewing all forms of perfectionism as equally problematic. Instead, they point toward the importance of self-evaluation and perceived failure. This is consistent with research distinguishing perfectionistic striving from perfectionistic concerns. High standards may sometimes be associated with achievement and motivation, whereas persistent self-criticism and dissatisfaction may be more closely associated with maladjustment.

3) Maladaptive Perfectionism and Psychological Well-being: The second major area examined in the study was the relationship between perfectionism and psychological well-being. The findings showed that none of the APS-R dimensions had a statistically significant relationship with WHO-5 raw scores. The correlations were small and nonsignificant, with p values above .05.

This finding indicates that, within the present sample, perfectionistic tendencies alone were not significantly associated with overall self-reported well-being. This result is somewhat different from the broader literature, which has frequently associated maladaptive perfectionism with distress and poorer psychological adjustment.

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One possible explanation is that psychological well-being is influenced by several factors simultaneously. A student's overall sense of well-being may depend on relationships, academic experiences, social support, physical health, financial circumstances, self-esteem, coping ability, and perceived control, among other factors. Therefore, the effect of one personality-related characteristic may not be sufficiently strong to produce a significant direct relationship with overall well-being in a particular sample.

Another possible explanation is that competitive gaming may provide positive experiences that coexist with perfectionistic concerns. Gaming can provide opportunities for social interaction, achievement, competence, recreation, and a sense of belonging. Therefore, a participant may experience dissatisfaction with their performance while still experiencing positive emotions and meaningful social experiences through gaming.

The present finding also demonstrates why it is important not to assume that the presence of maladaptive perfectionistic characteristics automatically results in poor psychological well-being. The relationship may depend on additional protective and risk factors. For example, self-compassion, social support, resilience, and adaptive coping may influence how individuals respond to perceived failures.

Thus, the absence of a significant relationship in the present study should not be interpreted as evidence that perfectionism is unrelated to psychological well-being in general. Rather, it indicates that a significant direct association was not observed in this particular sample.

4) Gaming Disorder Risk and Psychological Well-being: An important finding of the study was the significant positive relationship between gaming disorder symptoms and psychological well-being. The correlation between IGDS9-SF Total and WHO-5 raw score was $\rho = .252$, $p = .001$.

This finding was not in the direction that might be expected from much of the existing literature on problematic gaming. Previous research has commonly reported associations between problematic gaming and difficulties such as poorer mental health, sleep problems, and psychological distress. The study's literature review also discusses this broader pattern.

However, the present finding needs to be interpreted within the specific context of the participants. The study focused on competitive college gamers rather than the general population. Competitive gaming may provide experiences that are meaningful to young adults, including achievement, mastery, social connection, entertainment, and participation in a valued activity.

It is therefore possible that gaming-related symptoms and positive experiences of gaming can coexist. A student may spend substantial time gaming and experience some symptoms captured by a gaming-disorder measure while simultaneously obtaining social or psychological rewards from gaming. This possibility is particularly relevant when studying competitive gamers, for whom gaming may form part of their social identity and daily routine.

The positive relationship was relatively modest in magnitude. Therefore, it would not be appropriate to conclude that greater gaming disorder symptoms improve psychological well-being. The finding simply indicates that, in the present sample, higher IGDS9-SF scores were associated with higher WHO-5 scores.

Another important consideration is that the IGDS9-SF measures gaming-related symptoms and is used as a screening instrument. It does not, by itself, establish a clinical diagnosis of Gaming Disorder. Lemmens et al. (2015) developed the IGDS measures around the nine DSM-5 criteria for Internet Gaming Disorder and demonstrated their reliability and validity as measures of gaming-related symptoms. Therefore, the present findings should be interpreted in terms of gaming disorder risk or symptoms rather than confirmed clinical disorder.

The positive relationship also highlights the importance of why individuals game, rather than considering gaming behaviour only in terms of frequency or symptom scores. Different gaming motives may have different psychological consequences. Gaming for competition, social connection, recreation, achievement, coping, or escape may not have the same relationship with psychological well-being.

5) Relationships Among the Dimensions of Perfectionism: The correlations among the APS-R dimensions also provide useful information. High Standards was significantly and positively associated with Discrepancy, $\rho = .403$, $p < .001$, and with Order, $\rho = .451$, $p < .001$. Discrepancy and Order showed a smaller but statistically significant positive association, $\rho = .160$, $p = .042$.

These relationships indicate that the dimensions of perfectionism are related but not interchangeable. Individuals who hold high standards may also be more likely to experience discrepancy or value order, but these characteristics do not represent exactly the same psychological process.

The most important observation is that High Standards was related to Discrepancy, while Discrepancy alone showed a significant association with gaming disorder symptoms. This supports the view that the potentially problematic aspect of perfectionism may not simply be the desire to perform well.

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Rather, it may be the negative evaluation that occurs when the individual believes that their performance is insufficient.

6) Overall Discussion: Taken together, the findings provide a more nuanced understanding of perfectionism and gaming among competitive college students. The results suggest that self-critical discrepancy is more closely related to gaming disorder symptoms than high standards or order alone. This is an important distinction because competitive gaming naturally involves achievement goals and high standards, and these characteristics should not automatically be considered unhealthy.

At the same time, the study did not find significant relationships between perfectionism and psychological well-being. This indicates that well-being among competitive college gamers may be influenced by several other psychological and social factors that were not directly examined in the present study.

The significant positive relationship between gaming disorder symptoms and well-being was an unexpected finding and should be interpreted cautiously. Rather than suggesting that problematic gaming is beneficial, the finding may point to the complex role gaming can play in the lives of young adults. Gaming may simultaneously involve high engagement, achievement, social connection, enjoyment, and potentially problematic behavioural patterns.

Overall, the findings support a more balanced understanding of competitive gaming. Rather than focusing only on the amount of time spent gaming, psychological assessment should also consider the individual's relationship with achievement, perceived failure, self-evaluation, reasons for gaming, and functioning across different areas of life.

The findings therefore contribute to the growing literature on cyberpsychology by highlighting the importance of examining the psychological processes underlying gaming behaviour, particularly among young adults who participate in competitive gaming.

V. Summary And Conclusion

A. Summary

The present study was conducted to examine the relationship between maladaptive perfectionism, gaming disorder risk, and psychological well-being among competitive college gamers in India. The study was based on the increasing involvement of young adults in competitive gaming and the possibility that performance-related expectations and self-evaluation may be associated with problematic gaming behaviours.

The study used a quantitative, cross-sectional, correlational research design. A total of 162 participants were included in the analysis. Maladaptive perfectionism was assessed through the dimensions of the Almost Perfect Scale-Revised, gaming disorder risk was assessed through the Internet Gaming Disorder Scale-Short Form, and psychological well-being was assessed using the WHO-5. Since the data were not normally distributed, Spearman's rank-order correlation was used to examine the relationships between the variables.

The descriptive results showed a mean of 55.86 (SD = 12.62) for APS-R Discrepancy, 36.54 (SD = 7.16) for High Standards, and 19.17 (SD = 4.65) for Order. The mean IGDS9-SF Total score was 23.49 (SD = 9.56), while the mean WHO-5 raw score was 14.32 (SD = 5.26).

The first major finding was a significant positive relationship between APS-R Discrepancy and IGDS9-SF Total, $\rho = .289$, $p < .001$. Thus, participants who reported a greater perceived gap between their standards and actual performance also tended to report more gaming-related symptoms.

However, APS-R High Standards and Order were not significantly related to gaming disorder symptoms. This suggests that having high expectations or valuing organization by itself may not be sufficient to explain problematic gaming tendencies.

The second major finding was that none of the APS-R dimensions showed a statistically significant relationship with psychological well-being. Therefore, the present study did not establish a significant direct relationship between the measured dimensions of perfectionism and WHO-5 well-being scores.

The third major finding was a significant positive relationship between gaming disorder symptoms and psychological well-being, $\rho = .252$, $p = .001$. This finding was unexpected in relation to the general direction of previous literature and may reflect the specific characteristics of competitive college gamers. However, the correlation does not indicate that gaming disorder symptoms cause higher well-being.

Overall, the findings suggest that the perceived failure to meet one's own standards, rather than high standards alone, may be particularly relevant to gaming-related symptoms in competitive college gamers.

B. Conclusion

The present study concludes that maladaptive perfectionism, particularly the Discrepancy component of the APS-R, is significantly associated with gaming disorder symptoms among the competitive college gamers included in the sample.

The significant positive correlation suggests that participants who experienced a greater perceived gap between their expected and actual performance also reported higher gaming-related symptoms.

At the same time, the absence of significant relationships between High Standards or Order and gaming disorder symptoms suggests that perfectionism should not be viewed as a single, uniformly negative characteristic. Competitive gamers may possess high standards as part of their motivation to improve and perform well. It appears that the negative evaluation of one's performance may be more important than the existence of high standards itself.

The study also found no significant relationship between the APS-R dimensions and psychological well-being. Therefore, the present results do not provide sufficient evidence to conclude that perfectionistic tendencies are directly associated with lower well-being in this sample.

An additional finding was the significant positive relationship between gaming disorder symptoms and psychological well-being. This result should be interpreted carefully because it differs from the direction reported in several studies of problematic gaming. One possible explanation is that competitive gaming can provide positive experiences such as achievement, social connection, enjoyment, and a sense of competence, even when some gaming-related symptoms are present.

Overall, the findings suggest that the psychological relationship between perfectionism, gaming, and well-being is complex. Understanding competitive gaming behaviour requires attention not only to gaming frequency but also to self-evaluation, perceived failure, motivation, coping, and the role gaming plays in the individual's life.

Importantly, the study assessed gaming disorder risk or symptoms rather than making a clinical diagnosis. The findings should therefore be understood as associations observed within the present sample and not as evidence that participants had Gaming Disorder. The IGDS9-SF was developed as a measure based on the DSM-5 criteria for Internet Gaming Disorder (Lemmens et al., 2015).

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