Stoeber, J., Harris, R. A., & Moon, P. S. (2007). Perfectionism and the experience of pride, shame, and guilt: Comparing healthy perfectionists, unhealthy perfectionists, and nonperfectionists. *Personality and Individual Differences, 43*(1), 131-141.

Perfectionism and the Experience of Pride, Shame, and Guilt: Comparing Healthy Perfectionists, Unhealthy Perfectionists, and Nonperfectionists

Joachim Stoeber, Rachel A. Harris, & Paul S. Moon

Department of Psychology
University of Kent

Abstract

According to traditional views, perfectionists are prone to experience shame and guilt and unable to experience pride. Hamachek (1978), however, suggested that this applies only to neurotic perfectionists, whereas normal perfectionists are able to experience pride and not prone to experience shame and guilt. Following Hamachek's differentiation, the present study investigated 121 undergraduates and compared healthy perfectionists (high perfectionistic strivings, low perfectionistic concerns), unhealthy perfectionists (high perfectionistic strivings, high perfectionistic concerns) and nonperfectionists (low perfectionistic strivings) regarding proneness to shame, guilt, and pride and state shame, guilt, and pride following success and failure. As expected, healthy perfectionists reported more state pride and less state shame and guilt than unhealthy perfectionists and nonperfectionists. Moreover, healthy perfectionists indicated lower proneness to shame than unhealthy perfectionists and nonperfectionists. However, both healthy and unhealthy perfectionists indicated higher proneness to pride and higher proneness to guilt than nonperfectionists. Supporting views of perfectionism that differentiate between positive and negative forms of the construct, the present findings show that individuals, who strive for perfection, but are unconcerned about imperfections, may well experience pride and be prone to feel guilt, but not shame.

Keywords: perfectionism; self-conscious affect; pride; shame; guilt; success; failure; gender

Author Note

We would like to thank Kathleen Otto and two anonymous reviewers for helpful comments and suggestions on earlier versions of this article. Correspondence concerning this article should be addressed to Joachim Stoeber, Department of Psychology, University of Kent, Canterbury, Kent CT2 7NP, United Kingdom; phone: +44-1227-824196; fax: +44-1227-827030; e-mail: J.Stoeber@kent.ac.uk.

Introduction

Individuals with high levels of perfectionism are characterized by striving for flawlessness and setting of excessively high standards for performance accompanied by tendencies for overly critical evaluations of their behavior (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate, 1990). Moreover, perfectionists often measure their self-worth in terms of unachievable goals of accomplishment and productivity and have their lives ruled by a self-imposed "tyranny of the should" (Horney, 1950, p. 65): No matter how much they have accomplished, they always feel that they could have done—and should have done—better, and thus respond with shame and guilt regarding their alleged underachievements (Sorotzkin, 1985). However, as Hamachek (1978) pointed out, it is important to differentiate between "neurotic perfectionists" (or unhealthy perfectionists) who experience elevated levels of guilt and shame when regarding their accomplishments and "normal perfectionists" (or healthy perfectionists) who enjoy their strivings and feel pride in their accomplishments. Still, empirical studies on perfectionism and the experience of pride, shame, and guilt are few, particularly regarding pride. Moreover, no study so far has investigated differences in pride, shame, and guilt between healthy perfectionists and unhealthy perfectionists in comparison to nonperfectionists. Therefore, the aim of the present study was to provide such an investigation by examining how these three groups differ in the experience of pride, shame, and guilt in reactions both to hypothetical scenarios and to actual success and failure.

Pride, shame, and guilt are termed self-conscious emotions because they are emotions that fundamentally involve an evaluation of the self (Tangney, 2002; Tangney & Dearing, 2002). Shame involves a painful negative scrutiny of the entire self and feelings of worthlessness, powerlessness, and incompetence. In comparison, guilt involves a negative evaluation of some specific behavior (or failure to act). Moreover, guilt often involves feeling regret and remorse and may motivate people toward reparation. Thus, guilt may comprise functional aspects and can have desirable consequences. Still, both shame and guilt are painful emotions associated with negative self-evaluation. In contrast, pride is a positive emotion associated with feelings of accomplishment and satisfaction, with some researchers distinguishing between pride in self (alpha pride) and pride in behavior (beta pride) (e.g., Tangney, 2002). Moreover, pride is associated with the positive self-evaluation that one is a socially valued person which contributes to self-esteem and subjective well-being. Thus, if perfectionists were unable to experience pride while being prone to experience shame and guilt, perfectionism would indeed be a depressing personality trait.

However, cumulative evidence indicates that two dimensions of perfectionism should be differentiated (Hamachek, 1978; Stumpf & Parker, 2000; Suddarth & Slaney, 2001; Terry-Short, Owens, Slade & Dewey, 1995). The first dimension has been described as normal, healthy, adaptive, or positive perfectionism and captures those facets of perfectionism that relate to perfectionistic strivings such as having high personal standards, setting exacting standards for one's performance, and striving for excellence. This dimension has shown positive correlations with indicators of good adjustment, for example, positive affect. The second dimension has been described as neurotic, unhealthy, maladaptive, or negative perfectionism and captures those facets of perfectionism that relate to perfectionistic concerns such as concern over mistakes, doubts about actions, fear of disapproval by others, and discrepancy between expectations and results. This dimension has shown positive correlations with indicators of maladjustment, for example, negative affect (see Stoeber & Otto, 2006, for a comprehensive review). Consequently, one would expect that the two dimensions also show different relationships with pride, shame, and guilt such that perfectionistic concerns show positive correlations with shame and guilt whereas perfectionistic strivings show positive correlations with pride.

So far, empirical support for this expectation is sketchy. Most studies of perfectionism and self-conscious emotions have used the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) to assess perfectionism, differentiating between two facets of perfectionism: self-oriented perfectionism and socially prescribed perfectionism.[1] Self-oriented perfectionism involves self-imposed perfectionistic standards, and self-criticism when these standards are not met. Socially prescribed perfectionism involves beliefs that others exert pressure on oneself to be perfect, and expectations that others will be disappointed when these standards are not met. Four studies have investigated how self-oriented and socially prescribed perfectionism relate to shame and guilt (Hewitt & Flett, 1991; Klibert, Langhinrichsen-Rohling, & Saito, 2005; Lutwak & Ferrari, 1996; Tangney, 2002) and one how they relate to pride (Tangney, 2002). Regarding shame and guilt, socially prescribed perfectionism showed positive correlations with proneness to shame and guilt (Lutwak & Ferrari, 1996; Tangney, 2002) and feelings of shame and guilt (Klibert et al., 2005). Self-oriented perfectionism also showed positive correlations with proneness to shame and guilt, but these were smaller and less consistent across studies than those of socially prescribed perfectionism (Hewitt & Flett, 1991; Lutwak & Ferrari, 1996; Tangney, 2002). Regarding pride, neither self-oriented nor socially prescribed perfectionism showed any significant correlations with proneness to pride (Tangney, 2002).

Because socially prescribed perfectionism is a core facet of the negative dimension of perfectionism (Stoeber & Otto, 2006), the findings suggest that the experience of shame is mainly associated with negative aspects of perfectionism (see also Ashby, Rice & Martin, 2006). Self-oriented perfectionism, however, while closely associated with the positive dimension of perfectionism, contains elements of self-criticism and therefore comprises both adaptive and maladaptive aspects (Enns & Cox, 2002). Thus, it may not be a good measure of the positive dimension of perfectionism, which could explain why it was related to shame and guilt, and unrelated to pride. Consequently, measures that differentiate more clearly between positive and negative forms of perfectionism may provide different results. This was demonstrated by a recent study (Fedewa, Burns, & Gomez, (2005) which employed the Positive and Negative Perfectionism Scale (Terry-Short et al., 1995) to investigate how positive and negative perfectionism relate to state pride, shame, and guilt (Marschall, Saftner, & Tangney, 1994) and proneness to shame and guilt as measured with hypothetical problem scenarios (Tangney, Dearing, Wagner, & Gramzow, 2000). Results showed clear differences between positive and negative perfectionism. As regards pride, negative perfectionism showed a negative correlation with state pride, whereas positive perfectionism showed a positive correlation. As regards shame, negative perfectionism showed positive correlations with proneness to shame and state shame, whereas positive perfectionism showed a negative correlation with state shame. As regards guilt, negative perfectionism showed positive correlations with proneness to guilt and state guilt. Unexpectedly, positive perfectionism also showed a positive correlation with proneness to guilt.

Fedewa et al.'s (2005) study is the first to provide comprehensive and compelling evidence that there are perfectionists, who may experience pride and who do not show a greater tendency to experience shame, but in fact have a reduced proneness to shame compared to nonperfectionists. Still, some open questions remain. First, the study investigated only state pride, but not proneness to pride. As the only study investigating perfectionism and proneness to pride (Tangney, 2002) failed to find any relationship between the two, the perfectionism-pride relationship clearly merits further investigations. Second, the finding that positive

---

[1]The third facet, other-oriented perfectionism, is disregarded in the present context as it describes having high standards for others and thus is unrelated to self-evaluation and self-conscious emotions.

perfectionism showed a positive correlation with proneness to guilt was unexpected and needs to be further examined, especially as previous studies found only small and inconsistent relationships between self-oriented perfectionism and guilt (Hewitt & Flett, 1991; Ludwak & Ferrari, 1996; Tangney, 2002). Finally, no study hitherto has compared different kinds of perfectionists. As Hamachek (1978) suggested, only neurotic perfectionists are prone to shame and guilt and are unable to experience pride whereas normal perfectionists may well experience pride. As this hypothesis is yet untested, an investigation of how normal and neurotic perfectionists differ in the experience of pride, shame, and guilt would be an important addition to our understanding of the relationships between perfectionism and self-conscious emotions.

In the research literature on positive and negative forms of perfectionism, three groups of perfectionists are usually differentiated (Stoeber & Otto, 2006): healthy perfectionists (also named adaptive perfectionists), unhealthy perfectionists (also named maladaptive perfectionists), and nonperfectionists. Healthy perfectionists display high levels of aspects of perfectionism associated with the positive dimension of perfectionistic strivings (e.g., high personal standards) and low levels of aspects associated with the negative dimension of perfectionistic concerns (e.g., concern over mistakes, discrepancy); thus, they correspond to those perfectionists that Hamachek (1978) called normal perfectionists. In contrast, unhealthy perfectionists display high levels of aspects associated with the positive dimension of perfectionistic strivings and high levels of aspects associated with the negative dimension of perfectionistic concerns; thus, they correspond to those perfectionists that Hamachek called neurotic perfectionists. Finally, nonperfectionists show low levels of perfectionistic strivings and unspecific levels of perfectionistic concerns (see Figure 1).

Cumulative evidence indicates that healthy perfectionists show higher levels on indicators of good adjustment (e.g., positive affect) and lower levels on indicators of maladjustment (e.g., negative affect) compared to unhealthy perfectionists and nonperfectionists (Stoeber & Otto, 2006). Consequently, it can be expected that healthy perfectionists—displaying the characteristics associated with positive perfectionism, but not those associated with negative perfectionism—experience more pride and less shame and guilt than unhealthy perfectionists and nonperfectionists. To investigate this hypothesis, a study comparing healthy perfectionists, unhealthy perfectionists, and nonperfectionists was conducted. Following Fedewa et al. (2005), measures of proneness to pride, shame, and guilt and measures of state pride, shame, and guilt were included. Moreover, an experimental manipulation of performance feedback was added to explore if the three groups of perfectionists showed differences in state pride, shame, and guilt following success and failure.

Method

Participants

A sample of $N = 121$ undergraduate students (46 male, 75 female) was recruited at a large British university. Mean age was 22.8 years ($SD = 7.13$; range = 18-56 years). In exchange for participation, students received extra course credit or entered a raffle for cash prizes and entry tickets to a popular venue.

Measures

Perfectionism. To measure perfectionism, the Revised Almost Perfect Scale (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001) was employed. The APS-R is a 23-item measure of perfectionism with three subscales—High Standards, Discrepancy, and Order—with High Standards capturing perfectionistic strivings (e.g., “I have a strong need to strive for excellence”), Discrepancy capturing perfectionistic concerns (e.g., “I often worry about not measuring up to my own expectations”), and Order capturing personal organization and neat-

ness ("Neatness is important to me"). Participants indicate their agreement with each item on a 7-point scale from "strongly disagree" to "strongly agree." As order and organization have been found to form a separate factor independent of perfectionistic strivings and perfectionistic concerns (e.g., Suddarth & Slaney, 2001) and thus do not represent core facets of perfectionism (Stoeber & Otto, 2006), only High Standards and Discrepancy were used in the present analyses. With Cronbach's αs of .84 and .93, both measures showed high reliability (internal consistency).

To form the three groups of perfectionists shown in Figure 1, we followed the procedure of Ashby, Kottman, and DeGraaf (1999). First, the sample median of APS-R High Standards scores was calculated (*Md* = 40) and the sample divided into perfectionists (High Standards ≥ 40) and nonperfectionists (High Standards < 40). Then, for the perfectionists, the median of APS-R Discrepancy scores was calculated (*Md* = 44) and the group of perfectionists divided into healthy perfectionists (Discrepancy < 44) and unhealthy perfectionists (Discrepancy ≥ 44). The resulting three groups showed the following High Standards and Discrepancy scores: healthy perfectionists (*n* = 32) High Standards of *M* = 42.53 (*SD* = 2.50) and Discrepancy of *M* = 32.78 (*SD* = 7.26); unhealthy perfectionists (*n* = 33) High Standards of *M* = 43.52 (*SD* = 2.91) and Discrepancy of *M* = 57.51 (*SD* = 9.96); and nonperfectionists (*n* = 56) High Standards of *M* = 34.04 (*SD* = 4.36) and Discrepancy of *M* = 44.57 (*SD* = 13.26).

Pride, shame, and guilt. To measure proneness to pride, shame, and guilt, the Test of Self-Conscious Affect (TOSCA; Tangney et al., 2000) was employed. The TOSCA comprises sixteen scenarios of which five have positive outcomes (e.g., "You and a group of coworkers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success") and eleven have negative outcomes (e.g., "You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you"). For each scenario, participants are given a set of responses and asked to indicate how likely they would show this response in this situation, responding on a 5-point scale from "not likely" to "very likely." Proneness to pride was measured by aggregating the responses for alpha pride (e.g., "You would feel competent and proud of yourself") and beta pride (e.g., "You feel your hard work has paid off") across the five positive scenarios; proneness to shame was measured by aggregating the responses indicating shame (e.g., "You would feel like you wanted to hide") and proneness to guilt by aggregating the responses indicating guilt ("You would think: I should have recognized the problem and done a better job") across the eleven negative scenarios. With Cronbach's αs of .76, .80, and .75, all three measures showed satisfactory reliability.

To measure state pride, shame, and guilt, the State Shame and Guilt Scale (SSGS; Marschall et al., 1994) was employed which comprises fifteen items of which five items each measure pride (e.g., "I feel proud"), shame (e.g., "I feel humiliated, disgraced"), and guilt (e.g., "I feel remorse, regret"). Instructions stress that participants indicate how they feel "currently, that is, *right now*," and participants respond on a 5-point scale from "not feeling this way at all" to "feeling this way very strongly." With Cronbach's αs of .85, .87, and .87, all three measures showed high reliability.

Procedure and Experimental Manipulation

As the study involved deception, ethical approval was obtained from the department's ethics committee. Participants were tested individually. First they completed the APS-R and the TOSCA. Then they received a questionnaire which consisted of one page that showed Pictures 9, 11, and 14 of the Multi-Motive Grid (MMG; Sokolowski, Schmalt, Langens, & Puca, 2000, Figure 1) with each picture followed by the twelve MMG items (ibid., Table 1) in a yes/no answer format. Participants were told that this questionnaire was an established test of emotional and social intelligence. Moreover, they were told that emotional and social

intelligence were important predictors of success on the job and in general life, and studies with this questionnaire had shown that individuals high in social and emotional intelligence were able to correctly identify what the people in the pictures were thinking and feeling. Participants were instructed to carefully inspect each picture and then identify if the depicted people's thoughts and feelings corresponded to the statements in the twelve items by ticking either "yes" or "no." After completion, participants returned the questionnaire to the experimenter who pretended to count the number of correct answers against a scoring template, calculate a total score, and compare the total score against a norm table. As to the experimental manipulation, participants were randomly allocated to two feedback conditions: success and failure. Participants in the *success* condition were returned the questionnaire with a total score above 70 (corresponding to a "first" in the university's marking system) and told that they had obtained a great score corresponding to a first and that they had done really well on this test. Participants in the *failure* condition were returned the questionnaire with a total score below 40 (corresponding to a "fail") and told that they had obtained a poor score corresponding to a fail and that they really had not done well at this test. Then, participants completed the SSGS. Finally, participants were fully debriefed and explained that the test was bogus, that they had been randomly assigned to success or failure feedback, and that the feedback they had received did not reflect their true performance.

Preliminary Analyses

When the three groups of perfectionists were inspected regarding the number of male and female participants, cross-tabulation of perfectionist group and gender yielded a significant $\chi^2(2)$ value of 6.13, $p < .05$. Inspection of the cells showed that female participants were overrepresented among unhealthy perfectionists (7 male, 26 female) and male participants overrepresented among healthy perfectionists (16 male, 16 female) compared to nonperfectionists (23 male, 33 female). Whereas gender did not show any significant correlations with state pride, shame, and guilt ($-.09 \leq rs \leq .14$, *ns*), it showed significant correlations with proneness to pride, shame, and guilt with female participants reporting higher proneness to pride ($r = .19$, $p < .05$), shame ($r = .44$, $p < .001$), and guilt ($r = .43$, $p < .001$). Consequently, regression analyses were conducted regressing proneness to pride, shame, and guilt on gender, and the standardized residuals (proneness.gender) were saved so that differences between groups of perfectionists could be analyzed controlling for possible effects of the different gender composition between groups.

Results

First, one-way ANOVAs with perfectionist group (healthy perfectionists, unhealthy perfectionists, nonperfectionists) as between-participants factor were computed to examine differences between healthy perfectionists, unhealthy perfectionists, and nonperfectionists in proneness to pride, shame, and guilt (see Table 1). Focusing on the analyses that controlled for gender effects, proneness to shame displayed results in line with our expectations as healthy perfectionists indicated lower proneness to shame than both unhealthy perfectionists and nonperfectionists. Regarding pride and guilt, healthy and unhealthy perfectionists did not differ. However, the two groups of perfectionists differed from nonperfectionists as they indicated not only higher proneness to guilt, but also higher proneness to pride than nonperfectionists when gender effects were taken into account.

Next, 3 × 2 ANOVAs with perfectionist group and feedback (success, failure) as between-participants factors were computed to examine differences between healthy perfectionists, unhealthy perfectionists, and nonperfectionists in state pride, shame, and guilt following success and failure. Both perfectionist group and feedback had significant main effects on all three emotions. In line with expectations, healthy perfectionists felt more pride

and less shame and guilt than unhealthy perfectionists; moreover, they also felt more pride and less shame and guilt than nonperfectionists (see Table 1). Regarding feedback, success versus failure on the alleged test of social and emotional intelligence affected participants' state pride (F[1, 115] = 13.88, $p < .001$), state shame (F[1, 115] = 8.73, $p < .01$), and state guilt (F[1, 115] = 13.22, $p < .001$): Participants, who were told they had performed well in the test, felt significantly more pride (M = 17.85, SD = 3.27) than participants, who were told they had performed poorly (M = 15.10, SD = 4.08); and participants, who were told that they had performed poorly, felt significantly more shame (M = 8.95, SD = 4.11) and guilt (M = 10.11, SD = 4.47) than participants, who were told that they had performed well (M = 6.81, SD = 3.18; M = 7.34, SD = 3.76, respectively), showing that the experimental manipulation was successful.[2] However, none of the interaction effects of group and feedback was significant, all Fs(2, 115) < 1, *ns*, indicating that—regardless of success or failure—healthy perfectionists experienced more pride and less shame and guilt than unhealthy perfectionists and nonperfectionists.

Discussion

Corroborating Hamachek's (1978) assertion that one needs to distinguish between different kinds of perfectionists, the present study found that healthy perfectionists (defined as individuals high in perfectionistic strivings and low in perfectionistic concerns) experienced more pride and less shame and guilt than unhealthy perfectionists (defined as individuals high in both perfectionistic strivings and perfectionistic concerns). Moreover, healthy perfectionists also experienced more pride and less shame and guilt than nonperfectionists (defined as individuals with low perfectionistic strivings), which is in line with previous findings that healthy perfectionists often show higher levels on indicators of good adjustment than both unhealthy perfectionists and nonperfectionists (Stoeber & Otto, 2006). Regarding proneness to pride, shame, and guilt as indicated in responses to hypothetical scenarios, however, the findings were more complex. As expected, healthy perfectionists indicated lower proneness to shame than unhealthy perfectionists and nonperfectionists. Unexpectedly, they did not differ from unhealthy perfectionists in proneness to pride and proneness to guilt. Instead, both healthy and unhealthy perfectionists indicated higher proneness to pride and higher proneness to guilt compared to nonperfectionists.

While the findings that healthy perfectionists indicated lower proneness to shame and experienced more pride and less shame and guilt than unhealthy perfectionists and nonperfectionists are in line with Stoeber and Otto's (2006) summary review of findings on differences between healthy perfectionists and unhealthy perfectionists, the findings on proneness to pride and proneness to guilt are not. As regards proneness to guilt, however, note that the present findings are in line with Fedewa et al.'s (2005) study which found that positive perfectionism and negative perfectionism showed positive correlations with proneness to guilt. Consequently, it appears that both forms of perfectionism are related to proneness to guilt and that all perfectionists, whether healthy or unhealthy, would imagine feeling more guilt when important things go seriously wrong as is the case in the negative scenarios of the TOSCA (Tangney et al., 2002). In contrast, when everything goes alright as in the positive scenarios of the TOSCA, it appears that both healthy and unhealthy perfectionists would imagine feeling more pride than nonperfectionists. The reason for this may be that, in the positive TOSCA scenarios, there is no discrepancy between expectations and results, and no mistakes were made so that there is nothing to be concerned about. Consequently, even the

[2]A table with mean differences in success and failure conditions for each state and group is available upon request.

unhealthy perfectionists, who are usually concerned about not achieving perfection, may imagine that their striving to perfection had succeeded and thus experience pride.

The present findings have some limitations, however. First, it remains unclear why healthy and unhealthy perfectionists indicated similar degrees of proneness to pride and guilt when asked to imagine success and failure in hypothetical scenarios, but showed differences in state pride and guilt when asked about their present feelings. Second, the present findings may be specific to the method used to form the groups of healthy perfectionists, unhealthy perfectionists, and nonperfectionists, namely median splits on the APS-R scales of high standards and discrepancy (Ashby et al., 1999). Consequently, future studies need to replicate the present findings employing other measures and other methods to differentiate healthy and unhealthy perfectionists (see Stoeber & Otto, 2006, Table 3). Finally, the present findings did not take into account that guilt, while being a negative emotion, may sometimes have positive consequences (Tangney & Dearing, 2002). Consequently, future studies on perfectionism and proneness to guilt may profit from differentiating scenarios in which reparation is possible (and thus guilt functional) and scenarios in which reparation is not possible (and thus guilt dysfunctional) when investigating differences between healthy and unhealthy perfectionists.

Nonetheless, the present findings have important implications for the understanding of perfectionism as they demonstrate that not all perfectionists are likely to experience higher levels of shame and guilt and are unable to experience pride. Perfectionists, who strive for perfection, but are unconcerned about their imperfections, may well experience more pride and less shame and guilt not only compared to perfectionists, who are concerned about their imperfections, but also compared to nonperfectionists. Consequently, for perfectionists, who strive for perfection and accept their imperfections (Lundh, 2004), striving for perfection is not indicative of a neurotic, disordered, and depressed personality, but may be a normal, healthy, and even elating practice.

References

Ashby, J. S., Kottman, T., & DeGraaf, D. (1999). Leisure satisfaction and attitudes of perfectionists: Implications for therapeutic recreation professionals. *Therapeutic Recreation Journal, 33*, 142-151.

Ashby, J. S., Rice, K. G., & Martin, J. L. (2006). Perfectionism, shame, and depressive symptoms. *Journal of Counseling and Development, 84*, 148-156.

Enns, M. W., & Cox, B. J. (2002). The nature and assessment of perfectionism: A critical analysis. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 33-62). Washington, DC: American Psychological Association.

Fedewa, B. A., Burns, L. R., & Gomez, A. A. (2005). Positive and negative perfectionism and the shame/guilt distinction: Adaptive and maladaptive characteristics. *Personality and Individual Differences, 38*, 1609-1619.

Flett, G. L., & Hewitt, P. L. (2002). Perfectionism and maladjustment: An overview of theoretical, definitional, and treatment issues. In P. L. Hewitt & G. L. Flett (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 5-31). Washington, DC: American Psychological Association.

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

Hamachek, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology, 15*(1), 27-33.

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*, 456-470.

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

Klibert, J. J., Langhinrichsen-Rohling, J., & Saito, M. (2005). Adaptive and maladaptive aspects of self-oriented versus socially prescribed perfectionism. *Journal of College Student Development, 46*, 141-156.

Lundh, L.-G. (2004). Perfectionism and acceptance. *Journal of Rational Emotive and Cognitive Behavior Therapy, 22*, 255-269.

Lutwak, N., & Ferrari, J. R. (1996). Moral affect and cognitive processes: Differentiating shame from guilt among men and women. *Personality and Individual Differences, 21*, 891-896.

Marschall, D. E., Saftner, J., & Tangney, J. P. (1994). *The State Shame and Guilt Scale.* George Mason University, Fairfax, VA.

Slaney, R. B., Rice, K. G., Mobley, M., Trippi, J., & Ashby, J. S. (2001). The Revised Almost Perfect Scale. *Measurement and Evaluation in Counseling and Development, 34*, 130-145.

Sokolowski, K., Schmalt, H. D., Langens, T., & Puca, R. M. (2000). Assessing achievement, affiliation, and power motive all at once: The Multi-Motive Grid (MMG). *Journal of Personality Assessment, 74*, 126-145.

Sorotzkin, B. (1985). The quest for perfection: Avoiding guilt or avoiding shame? *Psychotherapy, 22*, 564-571.

Stoeber, J., & Otto, K. (2006). Positive conceptions of perfectionism: Approaches, evidence, challenges. *Personality and Social Psychology Review, 10*, 295-319.

Stumpf, H., & Parker, W. D. (2000). A hierarchical structural analysis of perfectionism and its relation to other personality characteristics. *Personality and Individual Differences, 28*, 837-852.

Suddarth, B. H., & Slaney, R. B. (2001). An investigation of the dimensions of perfectionism in college students. *Measurement and Evaluation in Counseling and Development, 34*, 157-165.

Tangney, J. P. (2002). Perfectionism and the self-conscious emotions: Shame, guilt, embarrassment, and pride. In P. L. Hewitt & G. L. Flett (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 199-215). Washington, DC: American Psychological Association.

Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. New York: Guilford.

Tangney, J. P., Dearing, R. L., Wagner, P. E., & Gramzow, R. (2000). *The Test of Self-Conscious Affect-3.* George Mason University, Fairfax, VA.

Terry-Short, L. A., Owens, R. G., Slade, P. D., & Dewey, M. E. (1995). Positive and negative perfectionism. *Personality and Individual Differences, 18*, 663-668.

Table 1

Differences Between Perfectionist Groups in Proneness to Pride, Shame, and Guilt and State Pride, Shame, and Guilt

	Healthy perfectionists (HP)		Unhealthy perfectionists (UHP)		Non-perfectionists (NonP)			
	M	*SD*	*M*	*SD*	*M*	*SD*	*F* value[a]	Tukey's HSD
Proneness								
Pride	41.84	4.63	41.67	4.82	38.96	4.27	5.78**	HP, UHP > NonP
Shame	28.53	8.26	36.52	6.13	32.75	6.35	11.04***	UHP > NonP > HP
Guilt	46.00	5.29	48.76	4.00	43.95	4.92	10.51***	UHP > NonP
Proneness.gender								
Pride	0.35	0.99	0.19	0.99	–0.31	0.92	5.75**	HP, UHP > NonP
Shame	–0.50	1.11	0.41	0.88	0.04	0.88	7.62***	UHP, NonP > HP
Guilt	0.16	1.08	0.47	0.74	–0.37	0.95	8.91***	HP, UHP > NonP
State								
Pride	18.50	4.27	15.85	3.78	15.61	3.47	6.76**	HP > UHP, NonP
Shame	5.94	2.00	8.88	4.75	8.46	3.66	6.11**	UHP, NonP > HP
Guilt	6.63	2.74	9.73	5.17	9.41	4.22	5.40**	UHP, NonP > HP

Note. N = 121 (HP: n = 32; UHP: n = 33; NonP: n = 56). Proness.gender = standardized residual proneness controlling for gender effects. Tukey's HSD = significant differences according to Tukey's Honestly Significance Difference test.
**$p < .01$. ***$p < .001$.
[a]$F(2, 118)$ for proneness to pride, shame, and guilt, $F(2, 115)$ for state pride, shame, and guilt.

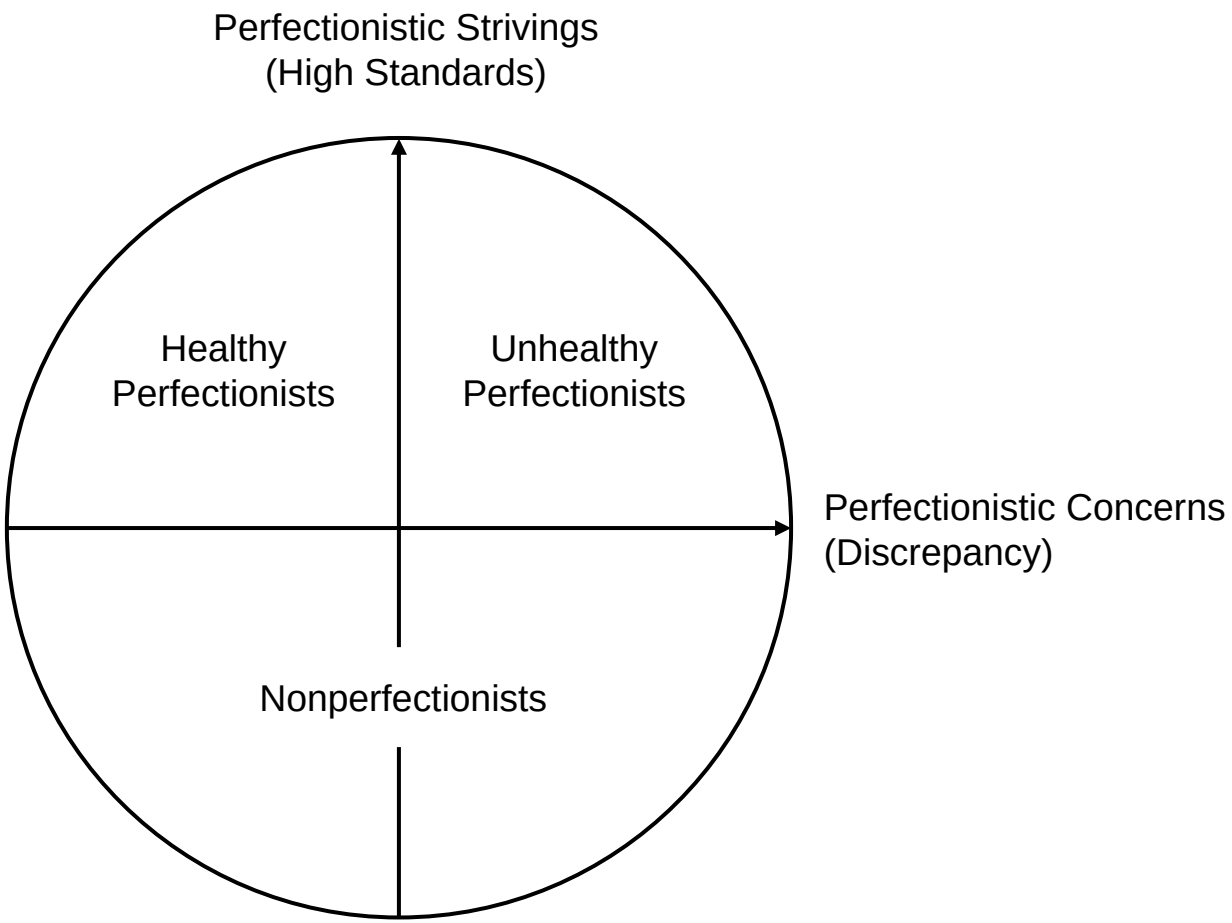

Figure 1. Healthy perfectionists, unhealthy perfectionists, and nonperfectionists and their relation to the positive dimension of perfectionistic strivings (high standards) and the negative dimension of perfectionistic concerns (discrepancy); adapted from Stoeber and Otto (2006, Figure 1).