



## Perfectionism and emotional reactions to perfect and flawed achievements: Satisfaction and pride only when perfect

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### ABSTRACT

Perfectionists have excessively high standards and thus are prone to experience dissatisfaction and embarrassment. But what if they achieve perfection? The present study investigated in a sample of 194 university students how self-oriented and socially prescribed perfectionism predicted emotional reactions (satisfaction, dissatisfaction, pride, embarrassment) to imagined situations in which students achieved either perfect or flawed outcomes. Self-oriented perfectionism showed positive correlations with satisfaction and pride after perfect outcomes, and positive correlations with dissatisfaction and embarrassment after flawed outcomes. In contrast, socially prescribed perfectionism showed positive correlations with dissatisfaction after both perfect and flawed outcomes. Moreover, socially prescribed perfectionism moderated the relationship of self-oriented perfectionism with satisfaction and pride after perfect outcomes: self-oriented perfectionism predicted higher satisfaction and pride only in students with low levels of socially prescribed perfectionism. The findings show that perfectionists high in self-oriented perfectionism, but low in socially prescribed perfectionism may experience more pride and greater satisfaction than nonperfectionists, but only when they achieve perfection.

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### 1. Introduction

Perfectionists are characterized by striving for flawlessness and setting excessively high standards for performance accompanied by tendencies for overly critical evaluations of their behavior (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate, 1990). Therefore, it has been argued that perfectionists – because they have excessively high standards and are overly self-critical – regard all their achievements as under-achievements and thus are prone to experience shame and embarrassment and are unable to experience pride (e.g., Sorotzkin, 1985; see Tangney, 2002, for a comprehensive review).

This view, however, disregards that perfectionism is best conceptualized as a multidimensional personality characteristic (Frost et al., 1990; Hewitt & Flett, 1991; Slaney, Rice, Mobley, Trippi, & Ashby, 2001; see Enns & Cox, 2002 for a review). Regarding multidimensional measures of perfectionism, one of the most widely used measures is the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991). The MPS differentiates between three dimensions of perfectionism of which two are relevant in the present context: self-oriented perfectionism and socially prescribed perfectionism. Self-oriented perfectionism captures perfectionistic

striving, self-imposed perfectionistic standards, and the personal belief that it is important to be perfect. In comparison, socially prescribed perfectionism captures beliefs that others have high expectations and exert pressure on oneself to be perfect and that others' approval is conditional on one's being perfect (Hewitt & Flett, 1991, 2004).

A number of studies have investigated how self-oriented perfectionism and socially prescribed perfectionism relate to self-conscious affect by examining correlations with proneness to pride, shame, and embarrassment (Fee & Tangney, 2000; Hewitt & Flett, 1991; Klibert, Langhinrichsen-Rohling, & Saito, 2005; Lutwak & Ferrari, 1996; Tangney, 2002). Across studies, socially prescribed perfectionism showed significant positive correlations with proneness to shame and proneness to embarrassment. In contrast, self-oriented perfectionism showed significant positive correlations with proneness to shame in some studies, but not in others. Moreover, it did not show significant positive correlations with proneness to embarrassment. Finally, neither self-oriented perfectionism nor socially prescribed perfectionism showed significant negative correlations with proneness to pride (see Stoeber, Harris, & Moon, 2007, for a review).

The findings call into question whether perfectionists are generally prone to experience shame and embarrassment and unable to experience pride. Moreover, a recent study (Stoeber, Kempe, & Keogh, 2008) provided the first evidence that, under certain

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conditions, people with high levels of self-oriented perfectionistic striving may experience *more* pride than people with low levels of self-oriented perfectionistic striving. The study investigated how facets of self-oriented perfectionism (perfectionistic striving, importance of being perfect) and socially prescribed perfectionism (others' high standards, conditional acceptance) predicted emotional reactions to success and failure. Participants were presented with the task of finding errors in a series of cartoons. Half of the participants were assigned to the success condition: they were told that each cartoon contained five errors, and all cartoons in the series contained five errors. The other half were assigned to the failure condition: they too were told that each cartoon contained five errors, but the last cartoon in the series contained only four errors. After the task, participants completed measures of state pride and shame. The study found that all four facets showed significant positive correlations with shame after failure. Moreover, the two facets of socially prescribed perfectionism showed significant negative correlations with pride after success. In contrast, the perfectionistic striving facet of self-oriented perfectionism showed a significant positive correlation with pride after success, indicating that people with high levels of self-oriented perfectionistic striving may experience more pride than people with low levels when they achieve a perfect result.

### 1.1. Open questions

Stoeber et al.'s (2008) study, however, had a number of limitations. First, the study investigated only facets of self-oriented and socially prescribed perfectionism, and the positive correlation between self-oriented perfectionism and pride was significant for only one facet of self-oriented perfectionism (perfectionistic striving), but not for the other facet (importance of being perfect). Consequently, it is unclear whether self-oriented perfectionism as a whole would have shown the same effect. Second, the sample was rather small. In the success condition, only 34 participants achieved a perfect result finding all errors in all cartoons. Finally, while the manipulation of the experimental task (finding errors in cartoons) was successful in evoking pride – participants who achieved a perfect result showed significantly higher pride than participants who failed to achieve a perfect result – it is unclear whether the study's findings would generalize to everyday experiences. Consequently, it would be important to investigate whether the findings would replicate in a study investigating and manipulating everyday achievements.

In addition, it would be important to investigate further emotional reactions such as satisfaction and dissatisfaction. Because of their striving for flawlessness and setting excessively high standards, perfectionists are prone to experience dissatisfaction (Slade, Newton, Butler, & Murphy, 1991). In particular, perfectionists high in self-oriented perfectionism have been shown to report high dissatisfaction when told that their performance was flawed (Besser, Flett, & Hewitt, 2004).

Finally, it would be important to investigate whether socially prescribed perfectionism moderates the relationships of self-oriented perfectionism with emotional reactions to success and failure. According to the two-factor theory of perfectionism (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Stoeber & Otto, 2006; Yang & Shen, 2008), two broad factors of perfectionism can be differentiated: perfectionistic strivings and perfectionistic concerns. When combined, the two factors can be used to differentiate between two kinds of perfectionists named "healthy perfectionists" (showing high perfectionistic strivings and low perfectionistic concerns) and "unhealthy perfectionists" (showing high perfectionistic strivings and high perfectionistic concerns). Studies have shown that healthy perfectionists show higher levels of psychological adjustment and lower levels of distress than unhealthy perfec-

tionists (see Stoeber & Otto, 2006, for a review). Moreover, studies have shown that self-oriented perfectionism forms part of the perfectionistic strivings dimension, and socially prescribed perfectionism forms part of the perfectionistic concerns dimension (see again Stoeber & Otto, 2006). Accordingly, perfectionists who are high in self-oriented perfectionism and low in socially prescribed perfectionism have been found to show lower levels of distress and negative self-conscious affect (less depression, anxiety, shame, and guilt) than perfectionists who were high in self-oriented perfectionism and high in socially prescribed perfectionism (Klibert et al., 2005). Consequently, it can be expected that perfectionists high in self-oriented perfectionism and low in socially prescribed perfectionism show more positive emotional reactions to achieving success than perfectionists who are high in self-oriented perfectionism and high in socially prescribed perfectionism.

### 1.2. The present study

The aim of the present study was to examine the relationships of self-oriented and socially prescribed perfectionism with positive and negative emotional reactions following the achievement of perfect outcomes compared to flawed outcomes, investigating both cognitive–evaluative emotions (satisfaction, dissatisfaction) and self-conscious emotions (pride, embarrassment). Regarding self-conscious emotions, we chose to investigate embarrassment instead of shame because embarrassment is the less intense emotion felt in response to more minor errors and transgressions compared to shame (Tangney, 2002). To investigate emotional reactions, we presented participants with a series of vignettes asking them to imagine achieving perfect and flawed outcomes. Expanding on Stoeber et al.'s (2008) findings, we expected self-oriented perfectionism to be associated with positive emotions (satisfaction, pride) when achieving perfect outcomes and with negative emotions (dissatisfaction, embarrassment) when achieving flawed outcomes. In contrast, we expected socially prescribed perfectionism to be associated with negative emotions (dissatisfaction, embarrassment) regardless of outcome. In addition, we aimed to examine whether socially prescribed perfectionism moderated the relationship between self-oriented perfectionism and emotional reactions. In line with Stoeber and Otto's (2006) review and Klibert et al.'s (2005) findings, we expected that participants with high levels of self-oriented perfectionism and low levels of socially prescribed perfectionism would show more positive emotional reactions (satisfaction, pride) to achieving success than perfectionists with high levels of self-oriented perfectionism and high levels of socially prescribed perfectionism. Because both forms of perfectionism have been associated with negative emotional reactions after failure, we did not expect a moderation effect for negative emotional reactions (dissatisfaction, embarrassment).

## 2. Method

### 2.1. Participants and procedure

A sample of 194 undergraduate students (98 male, 96 female) was recruited at a large university in the eastern coastal region of the People's Republic of China. Mean age of students was 20.7 years ( $SD = 1.5$ , range: 17–24 years). Students were recruited after class and volunteered to participate in the study without compensation.

### 2.2. Measures

#### 2.2.1. Perfectionism

To measure self-oriented and socially prescribed perfectionism, we used the respective scales of the Chinese version of the Multi-

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