

Perfectionism, Shame, and Self-concept in Dancers A Mediation Analysis

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Abstract

Perfectionism has been linked to various forms of physiological and psychological maladjustment. This study examined the inter-relationships between multidimensional aspects of perfectionism (self-oriented, other-oriented, and socially prescribed), internalized shame, and total self-concept in elite dancers (N = 24) as compared to a control group of healthy, active non-dancers (N = 23). All participants completed psychometric self-report measures targeting the variables of interest. Multivariate analysis of covariance (gender as covariate) indicated that the dancers had higher levels of self-oriented perfectionism than the control group. Building on the findings of Ashby, Rice, and Martin, we examined a model in which dancers' shame mediates the relationship between maladaptive aspects of perfectionism and self-concept. Analysis revealed internalized shame to fully mediate the relationship between dancers' socially prescribed perfectionism and total self-concept; however, shame did not mediate self-concept in the control group. We conclude that dancers would benefit from programs that enhance self-esteem and reduce the negative effects of internalized shame and self-oriented and socially prescribed perfectionism.

Dancers, like all artists, tend to have extremely high expectations of themselves, including the constant pursuit of perfection.¹ Yet the same characteristics that make a dancer strive to become an elite artist are those that often lead to increased dissatisfaction with the self.¹⁻⁴ Perfectionism and perfectionistic thinking has been found to induce a spectrum of psychological and physiological problems, including depression, low self-esteem, eating disorders, anxiety, increased susceptibility to injury, and self-standards that often lead to suicidal ideation.^{2,5-11} Perfectionism has also been linked to such psychological outcomes as feelings of failure, guilt, indecisiveness, procrastination, and shame.^{6,12-14}

The purpose of this study was to investigate the multidimensional construct of perfectionism, its relationship to a sense of overall self-concept, and the mediating effects of internalized shame on these variables in a group of elite dancers and a healthy control group. This study is based on theory and current research

findings that elevated perfectionism compromises a sense of overall self-concept and associated self-esteem¹⁵⁻¹⁸ and builds on a model that identifies shame as the mediating variable between maladaptive perfectionism and depression.¹⁹ We proposed that internalized shame would mediate perfectionism and self-concept.^{20,21} To our knowledge, there is a paucity of research examining multidimensional perfectionism, internalize shame, and total self-concept in dancers.

Perfectionistic behavior, a state that is under conscious control and can be modulated and turned on and off as desired, is often the result of a normal, healthy desire to excel.^{6,12} When state perfectionism operates optimally, it contributes to the individual's sense of identity and self-worth, and it may also dampen anxiety through an illusory sense of invulnerability.^{5,12} However, when perfectionism is an enduring and integral part of the personality, it is regarded as a personality trait or disposition. Unlike state perfectionism trait perfectionism is often rigid and as such cannot be consciously controlled.¹² When perfectionism is a personality disposition, including operating as one of a cluster of multidimensional traits of obsessive-compulsive personality disorder,^{9,12,22} excessively high standards for performance and a striving for flawlessness are accompanied by tendencies to be overly critical of one's behavior.^{8,23} Individuals with trait

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or dispositional perfectionism often find themselves both plagued and paralyzed by their high standards and perceived discrepancies between their actual and ideal self. Their stringent self-evaluation and selective attention to failure manifests itself in all-or-none thinking, whereby the only possible outcomes are total success or total failure.⁵

When perfectionists (trait or dispositional) fall short of a goal, feelings of frustration and guilt cause them to dwell on their mistakes, and they become trapped in nonproductive, self-critical ruminations that can lead to an unrealistically negative self-image. They are likely to respond to the perception of failure or inadequacy with a loss in self-esteem that can trigger episodes of severe depression and anxiety.⁵ A common theme in dispositional perfectionism theory is that perfectionists are motivated by a fear of failure, especially those individuals who fear social evaluation.²³⁻²⁶ For them, any evaluated performance is viewed as an opportunity to fail rather than to succeed; in fact, many performers (such as dancers) are motivated more by a fear of failure than by a desire to succeed.⁶ According to Shafran and coworkers, this morbid fear of failure and relentless pursuit of success are at the core of the psychopathology of perfectionism.⁹

Fear of failure is an avoidance motive based on the anticipated shame and humiliation associated with failure.^{20,27} Internalized shame is amplified by the perfectionist's perceived failure in the relevant domain and results in a cognitive-motivational-relational appraisal of self-criticism, negative self-view, and compromised self-esteem.^{15,28} According to McGregor and Elliot, shame is an emotion at the core of fear of failure.²⁹ It involves feelings of incompetence and negative scrutiny of the entire self.¹⁴ Shame is a painful experience that occurs when one concludes, through cognitive processes of self-evaluation, that one's entire self is a failure, a shame-based appraisal that can exacerbate eating disorders and addictive behaviors.^{28,30}

Perfectionists may be especially vulnerable to experiencing shame and embarrassment because of their intense focus on self-evaluation. They tend to equate perfect performance with self-worth and interpret failure as a sign of being worthless.^{5,14} Performers under stress have reported negative experiences, such as career stress, stage fright,^{31,32} and depression.³³ Consequently, under stress, dancers' interpretation of mistakes in performances as failure can have negative implications such as increased anxiety, goal dissatisfaction, agitation, dejection,³⁴ and low self-actualization.³⁵ These perfectionistic-based appraisals can have severe consequences; they are associated with problems in achievement, moral development, mental and physical health,^{9,25} increased vulnerability to creative blocks and procrastination, and painful mood swings.^{5,8,10,12}

Perfectionism includes a dualistic observational perspective of self-scrutiny and awareness of others' scrutiny. In studies on dancers, it has been found that they not only constantly observe themselves (self-oriented) but also are aware of constantly being observed by others in a position of authority over them (social-oriented).^{36,37} These dual observational perspectives serve to inform the development of self-identity. According to Mainwaring, Krasnow, and Kerr, the image one has of oneself, or identity, is often defined by one's work.³⁸ They explain that for dancers, their work is their dancing, and their identity is defined by it. Stoeber and Stoeber revealed that most perfectionists in their study saw their work as the domain most affected by their perfectionism³⁹; a practice that has been identified in dance. For example, when certain physical qualities are highly regarded by mentors, the dancer's perfectionistic tendencies may result in an attempt to attain those physical attributes even to the detriment of the dancer's own well-being.^{40,41}

The concept of perfectionism has historically been a topic of widespread interest in the fields of psychology and behavioral research. Early attempts

to measure perfectionism were based on a uni-dimensional cognitive perspective.⁵ Later researchers examined perfectionism as a multidimensional and multifaceted construct, consisting of both personal and social components.^{17,19,23} Moreover, studies based on this latter perspective revealed that while some facets of perfectionism are maladaptive, others might indeed be positive.^{23,26,42} Today, one of the most prevalent and well-established multidimensional models of perfectionism is that of Hewitt and Flett.¹⁷ Research by these investigators and others established that perfectionism's multidimensions, at elevated levels, are related to dispositional perfectionism and affect a host of adjustment problems, including depression, anxiety, low self-esteem, and various personality disorders.^{10,12,17,23} Three dimensions of perfectionism, self-oriented, other-oriented, and socially-prescribed, have received robust research.¹⁷ Self-oriented perfectionism is an intrapersonal dimension characterized by a strong motivation to be perfect, setting and striving for exact and unrealistic self-standards, focusing on one's flaws, and the tendency to evaluate and criticize one's own behavior harshly.¹⁷ It involves a discrepancy between the actual and ideal self.^{10,43} It has been associated with various indices of maladjustment, including performance dissatisfaction, unpleasant affective responses to failure, anxiety,³⁴ disordered eating,⁹ depression,^{10,33} and suicidal ideation.^{2,11} Because self-oriented perfectionists tend to equate self-worth with performance,⁷ consistently falling short of their self-imposed standards may promote chronic deficits in self-esteem. These individuals generate their own failures and stressors, making them particularly prone to depression.¹⁰

Other-oriented perfectionism is directed toward others rather than the self.¹⁷ This type of perfectionist sets unrealistic standards for significant others, places importance on other people being perfect, and stringently evaluates others' performances. Whereas self-oriented perfectionism engenders self-criticism and self-

punishment, other-oriented leads to other-directed blame, lack of trust, feelings of hostility toward others, and loneliness.^{5,12,17} It is the only form of perfectionism in which individuals apply their performance standards to another person's performance rather than their own.

Socially prescribed perfectionism reflects the perception that significant others have excessive and uncontrollable perfectionistic expectations for one's self. Individuals with high levels of socially prescribed perfectionism are greatly concerned with meeting other peoples' standards and obtaining the attention but avoiding the disapproval of others. Research has shown that fear of negative evaluation and the perception that one must meet someone else's expectations lead to reduced levels of intrinsic motivation and negative affect.⁴⁴ Socially prescribed perfectionism has been linked to a variety of consequences, such as anger, anxiety, depression, disordered eating, internalized shame, and suicidal ideation.^{5,8-12,17,33,34}

Aims and Hypotheses

The primary goal of this study was to understand the relationships between perfectionism, shame, and self-concept in dancers as compared to a healthy active control group.

Dancers were studied because they are dependent on others to evaluate attributes of their performance. These evaluations can undermine an individual's sense of self, including self-esteem and self-identity.^{45,46} Real-life social evaluation, such as that found in dance competitions, can increase both psychological and physiological stress responses, in particular to the social self.³⁶ Thus, to a dancer, a threat to the social self in the domain of dance can lead to a loss of self-esteem, and for socially prescribed perfectionist dancers, this loss may be more intensified and elicit higher levels of internalized shame. In this study, it was hypothesized that dancers would have higher levels of perfectionism (self-oriented and socially prescribed), internalized shame, and lower levels of total self-concept when compared to a control

group. Second, all three dimensions of perfectionism were hypothesized to be positively associated with shame and negatively related to dancers' self-concept. Third, it was hypothesized that shame would mediate socially prescribed perfectionism and its effect on total self-concept, and this pattern would be evident in both the dancer group and the control group.

Methods

Participants and Procedures

The total sample for this study consisted of 47 university students (12 males and 35 females) selected from dance and physical activity classes. Participants, ranging in age from 18 to 60 years, were divided into two groups: The dancer group was comprised of 24 (19 women and 5 men) elite dancers (mean age: 26.8 years, SD = 11.14) and a control group of 23 (16 women and 7 men) healthy, active individuals (mean age: 23.9 years, SD = 6.07) with no involvement in dance, sport, or performing arts at the elite level. Dancers were classified as elite if they met the following criteria: trained at least 5 years and had been hired as a performer in a professional setting. All dancers were still performing at the time of the study. Participants were solicited through short in-class presentations.

All participants completed an informed consent form (in accordance with the procedures of the Human Subjects Committee at the university), a brief biographical screen, and three self-report instruments to assess multidimensional perfectionism, total self-concept, and internalized shame. Given that the sample was drawn from a college program, some of the participants were acquainted with one another, but none discussed the self-report instruments while completing them. All of the self-report instruments were considered to be confidential, with the only risk to participants being potential emotional stress or embarrassment that might be elicited by some of the sensitive questions. A licensed clinical psychologist was on site to provide recommendations and a referral list for those participants

requesting professional help.

Measurements

The Multidimensional Perfectionism Scale (MPS), created by Hewitt and Flett,⁴⁷ is a 45-item Likert scale (1 = disagree to 7 = agree) that measures three trait dimensions of perfectionism: self-oriented, other-oriented, and socially prescribed perfectionism. This scale is completed within a 10 to 15 minute time frame. The self-oriented perfectionism scale (15 items) includes questions such as "I demand nothing less than perfection from myself." The other-oriented perfectionism scale (15 items) includes questions such as "Everything that others do must be of top-notch quality." The socially prescribed perfectionism scale (15 items) includes questions such as "Success means that I must work even harder to please others." The scale scores are a sum of the individual items that are then converted to T-scores. When scale scores fall below 50, there is no concern, since low scores are desirable; however, scores between 55 to 59 are considered moderate levels of perfectionism, and scores one standard deviation above the mean (≥ 60) indicate elevated levels of perfectionism that suggest vulnerability to pathological outcomes.⁴⁷ The MPS differs from other measures of perfectionism in that it outlines the differential aspects, outcomes, and mechanisms by which perfectionistic behaviors are associated with maladjustment.⁴⁷ The MPS has demonstrated good reliability, stability, and validity.⁴⁷ In this study, the MPS scales had high internal consistency (Cronbach's alpha): self ($\alpha = 0.88$); other ($\alpha = 0.75$); socially prescribed ($\alpha = 0.80$).

The Tennessee Self-Concept Scale (TSCS2), created by Fitts and Warren,¹⁶ is an 82-item Likert scale (1 = always false to 5 = always true) multidimensional measure of self-concept and human behavior that takes approximately 15 minutes to complete. The TSCS2 is widely used in education, psychology, and the social and health sciences.¹⁵ It yields a total of 15 scale scores: Four validity scores, which measure inconsistent respond-

ing, self-criticism, faking good, and response distribution; six self-concept scores, which measure physical, moral, personal, family, social, and academic and work domains; three supplementary scores, which measure identity, satisfaction, and behavior; and two summary scores, which measure total self-concept and conflict. The scale scoring is the sum of the individual items, which are then converted to T-scores. Each subscale item represents a discrete measure in itself, and may also overlap or correlate with other subscales. Total self-concept scale scores that are 60 or greater indicate self-confidence and resilience; however, if scores range above 70, serious psychological distress is suggested, with increased likelihood for experiencing an excessive sense of failure and unhappiness.¹⁵ Low total self-concept (≤ 40) indicates doubt of self-worth, with greater likelihood for anxiety, depression, and unhappiness.¹⁵ Since the total self-concept score is the most robust measure in this instrument,¹⁵ it was used exclusively in the present study for statistical analyses.¹⁵ It had high internal consistency in this study, with a Cronbach alpha of 0.81.

The Internalized Shame Scale (ISS), created by Cook,²⁸ is a 30-item measure of internalized shame that takes approximately 10 minutes to complete. It is a five-point Likert scale with responses ranging from 0 (never) to 4 (almost always) and is composed of 24 items that measure shame. Measures of shame include statements such as "I feel as if I am somehow defective as a person, like there is something basically wrong with me," or "At times I feel so exposed that I wish the earth would open up and swallow me." The ISS reflects global feelings and cognitions of inferiority, worthlessness, inadequacy, and alienation. The sum of the 24 shame items provides a raw score. Interpretation of shame scale scores range as follows: low ≤ 49 , frequent experiences of shame between 50 and 59, and high (toxic) ≥ 60 .²⁸ The ISS demonstrates construct as well as discriminate validity, and its internal consistency and test-retest reliability figures meet expected stan-

dards for psychometric soundness.²⁸ In this study, the Cronbach alpha was very high ($\alpha = 0.95$).

Data Analysis

SPSS version 20.0 was used for all statistical analyses. As the study sample was small and the observed power for between group comparisons was 0.62, which is considered low to moderate, we conducted statistical analyses with the awareness that generalizations are limited and interpretation of results must be taken with caution. First, descriptive statistical analyses were conducted. For the next sequence of analyses, we normalized the data (to their square root values) for all scales since the original data tended to have a floor effect for the MPS and the ISS and a trend toward a ceiling effect on the TSCS2. These distributions are common in a non-clinical sample.⁴⁸ To analyze our first hypothesis, that dancers would have higher levels of perfectionism and shame and lower levels of total self-concept than the control group, a multivariate analysis of covariance (MANCOVA) was conducted (with gender as the covariate) to determine whether there were significant differences between the dancer and control groups in the means of the variables: age, perfectionism (three scales), total self-concept, and internalized shame. Gender was included as a covariate to account for any effects of gender on these variables, even though both groups had a similar distribution of men and women. On the multivariate analyses, Bonferroni alpha (.05) was used as a correction factor for multiple comparisons. To test our second hypothesis, that a positive association would exist between perfectionism and shame and a negative association between these variables and total self-concept, we conducted bivariate correlation analyses on both groups. To test our third hypothesis, that shame would mediate the relationship between perfectionism and total self-concept, we followed the correlation analyses with a series of regression analyses to determine the mediating effect of shame. The mediation analyses were

based on the recommendations of MacKinnon,⁴⁹ Baron and Kenny,⁵⁰ and Rucker and coworkers.⁵¹ In the mediation analyses, we implemented a bootstrap sampling method because it does not require an assumption of normality^{49,52} and utilized the macro of Preacher and Hayes.⁵² These mediation analyses were conducted on both groups independently.

Results

The distribution of participants in the control group who were deemed to have scores that potentially posed a risk (based on T-scores) included: 1. self-oriented perfectionism ≥ 60 , $N = 5$, 13.5%; 2. other-oriented perfectionism ≥ 60 , $N = 5$, 13.5%; 3. socially prescribed perfectionism ≥ 60 , $N = 3$, 8.1%; 4. total self-concept ≥ 70 , $N = 0$, 0%; 5. total self-concept < 40 , $N = 5$, 21.7%; and 6. raw scores for high (toxic) shame ≥ 60 , $N = 2$, 5.4%.

The corresponding results for the dancer group were: 1. self-oriented perfectionism ≥ 60 , $N = 14$, 48.4%; 2. other-oriented perfectionism ≥ 60 , $N = 13$, 45.4%; 3. socially prescribed perfectionism ≥ 60 , $N = 5$, 20.9%; 4. total self-concept ≥ 70 , $N = 0$, 0%; 5. total self-concept < 40 , $N = 3$, 12.5%; and 6. raw scores for high (toxic) shame ≥ 60 , $N = 1$, 4.2%.

With regard to hypothesis one, results from the MANCOVA (with gender as the covariate) assessing between-group mean score differences in the dancer group versus the control group revealed a significant between-group effect. The follow-up Univariate ANOVA indicated that self-oriented perfectionism ($F(1,44) = 5.351$, $p = 0.025$, $\eta^2 = 0.108$) was significantly different between dancers and controls (Wilks' $\Lambda = 0.828$, $F(6,39) = 1.352$, $p = 0.258$, $\eta^2 = 0.172$). No significant group differences were found for mean scores on age, other-oriented perfectionism, socially prescribed perfectionism, total self-concept, or shame (Table 1).

With regard to hypothesis two, bivariate correlation analyses were performed to assess the relationships between the three scales on the MPS, total self-concept, and internalized

Table 1 Descriptive Statistics for Dancers and Controls

Measure	Dancers (N = 24)				Controls (N = 23)			
	Mean (SD)	Min-Max	Skew	Kurt	Mean (SD)	Min-Max	Skew	Kurt
Age	26.79 (11.14)	19-60	2.41	5.20	23.87 (6.07)	19-47	2.98	9.91
Shame	28.67 (16.97)	0-60	0.30	-0.97	31.17 (16.87)	9-72	0.88	0.48
MPS-Self	58.92 (11.83)	40-98	1.16	4.40	52.22 (9.66)*	27-73	-0.48	1.24
MPS-Other	56.67 (11.90)	20-80	-1.09	3.01	54.83 (7.33)	40-72	0.14	0.30
MPS-Social	51.38 (10.66)	26-67	-0.68	0.08	50.52 (8.76)	32-73	0.30	1.03
TCSC2-Total	50.29 (8.87)	36-66	-0.04	-1.12	46.39 (8.32)	30-59	-0.26	-0.36

SD = Standard Deviation; Min = minimum; MAX = maximum; Skew = skewness; Kurt = kurtosis; MPS = Multidimensional Perfectionism Scale; TSCS-2 = Tennessee Self-Concept Scale; Mean scores for MPS scales and TSCS2 are based on T-scores, and mean scores for Shame are based on raw summed scores. * $p < 0.05$ MANCOVA (gender as the covariate) between subjects effects comparison of group means.

Table 2 Intercorrelations for Scores on Six Measures

Dancer Group	1	2	3	4	5	6
1. Age	1.00					
2. MPS-Self	0.017	1.00				
3. MPS-Other	-0.133	0.451*	1.00			
4. MPS-Social	-0.183	0.598†	0.609†	1.00		
5. TCSC2-Total	0.131	-0.176	-0.156	-0.485*	1.00	
6. Shame	-0.050	0.308	0.185	0.586†	-0.655†	1.00
Control Group	1	2	3	4	5	6
1. Age	1.00					
2. MPS-Self	0.350	1.00				
3. MPS-Other	-0.172	0.297	1.00			
4. MPS-Social	0.399	0.303	-0.056	1.00		
5. TCSC2-Total	-0.084	0.169	0.212	-0.501*	1.00	
6. Shame	0.415*	0.131	-0.299	0.274	-0.538†	1.00

MPS = Multidimensional Perfectionism Scale; TSCS2 = Tennessee Self-Concept Scale. * $p < 0.05$. † $p < 0.01$.

shame. These analyses were conducted separately for each group. In both the dancer group and control group, socially prescribed perfectionism was negatively associated with total self-concept. For the dancer group, socially prescribed perfectionism was positively associated with shame, but no significant relationship was found between these two variables for the control group (Table 2).

With regard to hypothesis three, since only socially prescribed perfectionism was significantly correlated with the variables shame and total self-concept, it was the only perfectionism scale included in the subsequent series of linear stepwise regression calculations. See Table 2 for results. Moder-

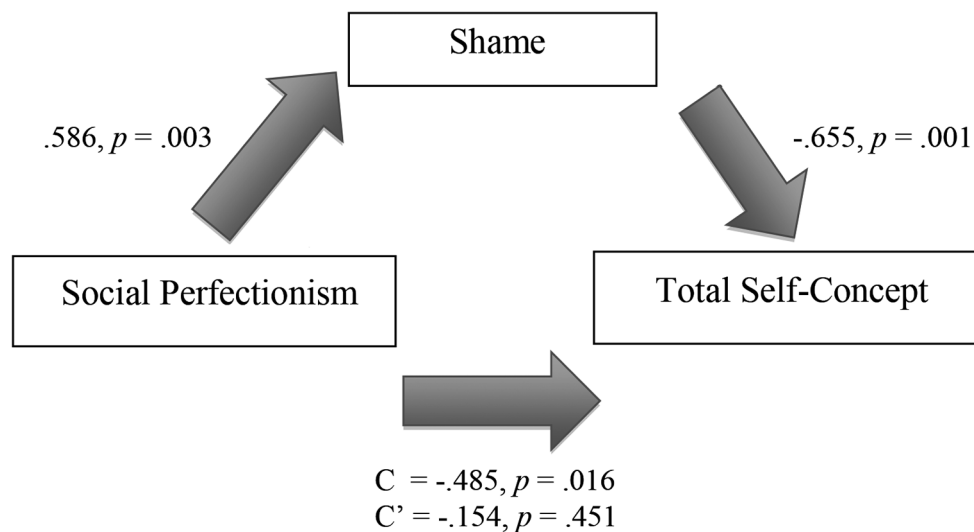
ate correlations between the variables suggested that a mediation hypothesis was possible and that multicollinearity would not be a problem.^{49,53}

We conducted the same series of three regression analyses for both groups. In the control group, we first tested whether socially prescribed perfectionism (IV) predicted the outcome variable of total self-concept (DV); second, we calculated whether socially prescribed perfectionism (IV) predicted the outcome variable of shame (the presumed mediator); and third, we tested socially prescribed perfectionism and shame with both treated as predictor variables and total self-concept as the outcome variable. In the control group, so-

cially prescribed perfectionism did not significantly predict shame, and so no further mediation analysis was conducted on that group. However, for the dancer group, the three regression equations were significant, indicating the potential for mediation. The mediating effect was obtained by subtracting the regression coefficient (socially prescribed perfectionism to total self-concept) in the third regression equation (i.e., with shame controlled) from the regression coefficient (Socially Prescribed perfectionism to total self-concept) in the first regression equation (with shame not controlled). The direct effect of socially prescribed perfectionism to total self-concept was no longer significant

Table 3 Summary of Regression Analysis for Mediation Analysis of Dancer and Control Groups

Dancer	Predictor Variables	β	R^2	F	p
1.	Perfectionism to Self-concept	-0.836	0.235	6.77	0.016
2.	Perfectionism to Shame	0.712	0.343	11.51	0.003
3.	Perfectionism to Self-concept	-0.266	0.445	8.41	0.451
	Shame to Self-concept	-0.800			0.010
Controls	Predictor Variables	β	R^2	F	p
1.	Perfectionism to Self-concept	-1.490	0.251	7.06	0.015
2.	Perfectionism to Shame	0.454	0.075	1.71	0.205
3.	Perfectionism to Self-concept	-1.137	0.425	7.40	0.042
	Shame to Self-concept	-0.778			0.023

**Figure 1** Mediation analysis of dancer group.

when shame was controlled, which suggests a total mediating effect for the dancer group (and no mediating effect for the control group). See Table 3 and Figure 1 for details.

Discussion

This study compared levels of perfectionism, shame, and self-concept between elite dancers and individuals who were healthy and active but not involved in dance, athletics, or the performing arts at an elite level. When comparing mean differences between the two groups (with gender as the covariate), only self-oriented perfectionism reached statistical significance, with the dancer group demonstrating higher self-oriented perfectionism than the control group. This result partially supported the study's first

hypothesis. Several studies have shown that athletic and other performing arts populations demonstrate high levels of perfectionist tendencies.^{26,54-57} Dancers are both athletes and performing artists and as such have dual expectations of successful physical performance as well as achievement of an aesthetic ideal. Dance, like sport, exists in a highly competitive and evaluative domain, and there is a recognizable need for dancers to set high standards and achievement goals in order to succeed in their chosen profession.^{36,37} Therefore, it was not surprising to find that the dancers in this study exhibited higher levels of self-oriented perfectionism than the controls.

As expected, in both the dancer and the control group, there were statisti-

cally significant associations between the variables of socially prescribed perfectionism and total self-concept (negative direction). Although correlational analyses are not predictive, the finding that socially prescribed perfectionism was related to lower scores in self-concept supports previous studies which demonstrate that perfectionism compromises self-esteem.^{10,12,17,23} In support of the study's second hypothesis, socially prescribed perfectionism was negatively related to total self-concept and positively associated with internalized shame in the dancer group. In the control group, socially prescribed perfectionism was also negatively related to individuals' total self-concept; however, the relationship with internalized shame, although positive, was non-significant. These

degrees of association suggest that socially prescribed perfectionism may not positively influence dancers' self-concept, which may compromise their perceptions of performance.^{6,23,26,42} However, this study is limited in that it examined only two psychological measures, shame and total self-concept. Socially prescribed perfectionism may have positive features with variables that were not measured in this study.

The regression and mediation analyses demonstrated that in the control group socially prescribed perfectionism failed to predict internalized shame, even though the control group produced slightly higher scores as measured by the Internalized Shame Scale. However, socially prescribed perfectionism did significantly explain the variance in total self-concept (in a negative direction). Since no significant predictor was found for socially prescribed perfectionism and shame in the control group, the mediation analysis was not calculated. Thus, internalized shame did not mediate any of the variance between socially prescribed perfectionism and total self-concept in the control group; a finding that partially contradicted our third hypothesis. A different result was found for the dancer group. Dancers' internalized shame fully mediated the effects of socially prescribed perfectionism on total self-concept. This result supported the proposed model that elevated perfectionism compromises a sense of overall self-concept,¹⁵⁻¹⁸ and that shame is the mediating variable between perfectionism and self-concept.^{20,21} This model is only accurate, however, for the group of dancers. Surprisingly, for the control group shame was not a predicting variable for self-concept. Although these results are informative, the small sample size and 0.62 power raise concerns about their generalizability. Therefore, future studies with larger samples and higher power are needed.

Dance exists in an evaluative arena, where achievement, excellence, and perfection in performance are demanded of elite participants. It

follows, then, that shame may be a strong characteristic of perfectionism in dancers, and that this combination of psychological factors may compromise self-esteem and a sense of self-concept. Shame is a primary human emotion and according to Cook is the most ubiquitous emotion associated with individuals seeking psychotherapy.²⁸ Frequent feelings of internalized shame translate into feelings of inferiority, inadequacy, worthlessness, emptiness, and loneliness.²⁸ As previously stated, several researchers have posited that shame is the emotion at the core of fear of failure.^{27,29} According to McGregor and Elliot,²⁹ both shame and fear of failure are inherently focused on self-evaluation, and both connect failure to loss of love and abandonment. This self-evaluative framework construes failure as an indicator of global incompetence and puts the self at risk of perceived rejection and abandonment by others.

A recent emergence of evidence reveals that negative perfectionism undermines performance and represents an impediment to athletic development.^{18,54,55} Flett and Hewitt argue that a paradox of negative, self-defeating outcomes and unhealthy behaviors is evident among athletes who are characterized by an extreme perfectionistic personality.⁵⁴ Such perfectionism is not only an undesirable goal but also a potentially debilitating one.⁷ While dancers' perfectionism can be positive when it drives them to achieve excellence, it becomes negative when they feel they must avoid failure at all costs.¹ In dancers, self-oriented perfectionism and fear of failure can lead to injury, depression, and a host of physiological and psychological disorders.^{9,10,17,24} There is an increasing awareness that perfectionism is both antithetical to positive outcomes⁵⁴ and far from innocuous.¹² In this study, a similar profile emerged. Shame was the mediating variable between socially prescribed perfectionism and total self-concept in the dancer group. For this group, shame and perfectionism compromised a sense of self-esteem.

The present study has several limitations. One is that all participants were drawn from a small sample of university dancers, which limits its generalizability. A second limitation is that data were based on self-report measures (which are inherently suspect), and a third is that, although the sample included a large age distribution, the majority of participants were college-age. Future studies may elect to include a more balanced age distribution.

In conclusion, the results of this study have provided further evidence for the relationship between perfectionism, internalized shame, and sense of self-concept in a dance population. Clearly, a perfectionism paradox exists; dance is a domain where the pursuit of absolute perfection and achievement of exceptionally high standards is ideal but may produce damaging effects on the quality of life of the most committed dancers. Although caution is necessary when generalizing the results of this study, it did indicate that dancers exhibited higher levels of self-oriented perfectionism than the control group. This study provides support for the model that shame mediates the influence of socially prescribed perfectionism on total self-concept in dancers; however, further research is needed to definitively affirm the relationships found here.

It is hoped that the results of this study will enhance our understanding of perfectionism and its dimensions in the dance population. Highwater stated that "of all the arts, none confuses us as much as dancing, for it emerges directly and wholly from the core of our greatly discredited physical selves."⁵⁸ Further involvement on the part of dance educators and medical professionals is necessary to protect the dancers' emotional and physical health and well-being. We suggest that dancers, a population that frequently receives intense negative social evaluation, have much to gain from programs that enhance self-compassion⁵⁹ and self-esteem.⁶⁰ Such programs may reduce the negative effects of internalized shame and perfectionism

(self-oriented and socially prescribed). By understanding the relationship between perfectionism, shame, and sense of self in dancers, we can make changes that will enhance the future of these performing artists and their community.

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References

- Hamilton L. Depression in dancers: nobody's perfect-but try to tell that to an overachiever. *Dance Mag*. 2003;71(10):50-3.
- Blatt SJ. The destructiveness of perfectionism: implications for the treatment of depression. *Am Psychol*. 1995 Dec;50(12):1003-20.
- Hamilton L, Solomon R, Solomon J. A proposal for the psychological screening of dancers. *J Dance Med Sci*. 2006;10(1-2):40-5.
- Hamilton L. *Advice for Dancers*. San Francisco: Jossey-Bass, 1998, pp. 14-15, 127-128.
- Burns DD. The perfectionist's script for self-defeat. *Psychol Today*. 1980 Nov;34-52.
- Hamachek DE. Psychodynamics of normal and neurotic perfectionism. *Psychol*. 1978;15(1):27-33.
- Pacht AR. Reflections on perfection. *Am Psychol*. 1984;39(4):386-90.
- Flett GL, Hewitt PL. Perfectionism and maladjustment: an overview of theoretical, definitional, and treatment issues. In: Hewitt PL, Flett GL (eds): *Perfectionism: Theory, Research, and Treatment*. Washington, DC: American Psychological Association, 2002, pp. 5-31.
- Shafran R, Cooper Z, Fairburn C. Clinical perfectionism: a cognitive-behavioral analysis. *Behav Res Ther*. 2002 Jul;40(7):773-91.
- Hewitt PL, Flett GL. Dimensions of perfectionism in unipolar depression. *J Abnorm Psychol*. 1991 Feb;100(1):98-101.
- Hewitt PL, Flett GL, Turnbull-Donovan W. Perfectionism and suicide potential. *Br J Clin Psychol*. 1992 May;31(Pt 2):181-90.
- Mallinger A. The myth of perfection: perfectionism in the obsessive personality. *Am J Psychother*. 2009;63(2):103-31.
- Flett GL, Blankstein KR, Hewitt PL, Koledin S. Components of perfectionism and procrastination in college students. *J Soc Behav Pers*. 1992;20(2):85-94.
- Tangney JP. Perfectionism and the self-conscious emotions: shame, guilt, embarrassment, and pride. In: Flett GL, Hewitt PL (eds): *Perfectionism: Theory, Research, and Treatment*. Washington, DC: American Psychological Association, 2002, pp. 199-215.
- Fitts WH, Warren WL. *Tennessee Self-concept Scale Manual* (2nd ed). Los Angeles: Western Psychological Services, 1996.
- Hill AP, Hall HK, Appleton PR. The relationship between multidimensional perfectionism and contingencies of self-worth. *Pers Individ Differ*. 2011;50(2):238-42.
- Hewitt PL, Flett GL. Perfectionism in the self and social contexts: conceptualization, assessment, and association with psychopathology. *J Pers Soc Psychol*. 1991 Mar;60(3):456-70.
- Koivula N, Hassmén P, Fallby J. Self-esteem and perfectionism in elite athletes. *Pers Individ Differ*. 2002;32(5):865-75.
- Ashby JS, Rice KG, Martin JL. Perfectionism, shame and depressive symptoms. *J Couns Dev*. 2006;84(2):148-56.
- Sagar SS, Stoeber J. Perfectionism, fear of failure, and affective responses to success and failure: the central role of fear of experiencing shame and embarrassment. *J Sport Exerc Psychol*. 2009 Oct;31(5):602-27.
- Stoeber J, Kempe T, Keogh EJ. Facets of self-oriented and socially prescribed perfectionism and feelings of pride, shame, and guilt following success and failure. *Pers Individ Differ*. 2008;44(7):1506-16.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (4th ed). DSM-IV-TR. Washington, DC: American Psychiatric Association, 2000.
- Frost RO, Marten P, Lahart C, Rosenblate R. The dimensions of perfectionism. *Cognit Ther Res*. 1990;14(5):449-68.
- Conroy DE, Kaye MP, Fifer AM. Cognitive links between fear of failure and perfectionism. *J Ration Emot Cogn Behav Ther*. 2007;25(4):237-53.
- Conroy DE, Willow JP, Metzler JN. Multidimensional fear of failure measurement: the performance failure appraisal inventory. *J Appl Sport Psychol*. 2002;14(2):76-90.
- Frost RO, Henderson KJ. Perfectionism and reactions to athletic competition. *J Sport Exerc Psychol*. 1991;13(4):323-35.
- Atkinson JW. Motivational determinants of risk-taking behavior. *Psychol Rev*. 1957 Nov;64 Part 1(6):359-72.
- Cook DR. *Internalized Shame Scale: Technical Manual*. North Tonawanda, New York: Multi-health Systems, Inc., 2001.
- McGregor HA, Elliot AJ. The shame of failure: examining the link between fear of failure and shame. *Pers Soc Psychol Bull*. 2005 Feb;31(2):218-31.
- Bradshaw J. *Healing the Shame that Binds You*. Deerfield Beach, Florida: Health Communications, Inc., 1988, pp. 95-109.
- Steptoe A. Stress, coping, and stage fright in professional musicians. *Psychol Music*. 1989;17(1):3-11.
- Steptoe A, Fidler H. Stage fright in orchestral musicians: a study of cognitive and behavioural strategies in performance anxiety. *Br J Psychol*. 1987 May;78(Pt 2):241-9.
- Hewitt PL, Mittelstaedt WM, Flett GL. Self-oriented perfectionism and generalized performance importance in depression. *Indiv Psychol*. 1990;46(1):67-73.
- Higgins ET, Bond RN, Klein R, Strauman T. Self-discrepancies and emotional vulnerability: how magnitude, accessibility, and type of discrepancy influence affect. *J Pers Soc Psychol*. 1986 Jul;51(1):5-15.
- Flett GL, Hewitt PL, Blankstein KR, Mosher SW. Perfectionism, self-actualization, and personal adjustment. *J Soc Behav Pers*. 1991;6(5):147-60.
- Rohleder N, Beulen SE, Chen E, et al. Stress on the dance floor: the cortisol stress response to social-evaluative threat in competitive ballroom dancers. *Pers Soc Psychol Bull*. 2007 Jan;33:69-84.
- Van Staden A, Myburgh CPH, Poggenpoel M. A psycho-educational model to enhance the self-development and mental health of

- classical dancers. *J Dance Med Sci*. 2009;13(1):20-8.
38. Mainwaring LM, Krasnow D, Kerr G. And the dance goes on: psychological impact of injury. *J Dance Med Sci*. 2001;5(4):105-15.
 39. Stoeber J, Stoeber F. Domains of perfectionism: prevalence and relationships with perfectionism, gender, age, and satisfaction with life. *Pers Indiv Differ*. 2008;46:530-45.
 40. Krasnow D. Sustaining the dance artist: barriers to communication between educators, artists, and researchers. Ausdance National, 2005. Available at: <http://ausdance.org.au/publications/details/dance-rebooted-conference-papers>.
 41. Krasnow D, Mainwaring LM, Kerr GK. Injury, stress, and perfectionism in young dancers and gymnasts. *J Dance Med Sci*. 1999;3(2):51-8.
 42. Stoeber J, Otto K. Positive conceptions of perfectionism: approaches, evidences, challenges. *Pers Soc Psychol Rev*. 2006;10(4):295-319.
 43. Hewitt PL, Genest M. The ideal self: schematic processing of perfectionistic content in dysphoric university students. *J Pers Soc Psychol*. 1990 Oct;59(4):802-8.
 44. Deci EL, Ryan RM. *Intrinsic Motivation and Self-determination in Human Behavior*. New York: Plenum, 1985, p. 55.
 45. Conroy DE. The unique psychological meanings of multidimensional fears of failing. *J Sport Exerc Psychol*. 2004;26(3):484-91.
 46. Crocker J, Park LE. The costly pursuit of self-esteem. *Psychol Bull*. 2004 May;130(3):392-414.
 47. Hewitt PL, Flett GL. *Multidimensional Perfectionism Scale Technical Manual*. Toronto: Multi-Health Systems, 2004.
 48. Gilbert P, McEwan K, Matos M, Rivas A. Fears of compassion: development of three self-report measures. *Psychol Psychother*. 2011 Sep;84(3):239-55.
 49. MacKinnon DP. *Introduction to Statistical Mediation Analysis*. New York: Psychology Press, 2008.
 50. Baron RM, Kenny DA. The moderator-mediator variable distinction in social psychological research: conceptual strategic, and statistical considerations. *J Pers Soc Psychol*. 1986 Dec;51(6):1173-82.
 51. Rucker DD, Preacher KJ, Tormala ZL, Petty RE. Mediation analysis in social psychology: current practices and new recommendations. *Soc Pers Psychol Compass*. 2011;5(6):359-71.
 52. Preacher KJ, Hayes AF. Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behav Res Methods*. 2008 Aug;40(3):879-91.
 53. Dugard P, Todman JB, Staines H. *Approaching Multivariate Analysis: A Practical Introduction* (2nd ed). New York: Routledge Chapman & Hall, 2010.
 54. Flett GL, Hewitt PL. The perils of perfectionism in sport and exercise. *Curr Dir Psychol Sci*. 2005;14(1):14-18.
 55. Hall HK, Kerr AW, Mathews J. Precompetitive anxiety in sport: the contribution of achievement goals and perfectionism. *J Sport Exerc Psychol*. 1998;20:194-217.
 56. Mor S, Day HI, Flett, GL. Perfectionism, control, and components of performance anxiety in professional artists. *Cognit Ther Res*. 1995;19(2):207-25.
 57. Stirling A, Kerr GA. Perfectionism and mood states among recreational and elite athletes. *Athletic Insight-Online J Sports Psychol*. 2006;8(4):13-27. Available at: <http://www.athleticinsight.com/Vol8Iss4/Perfectionism.htm>.
 58. Highwater J. *Myth & Sexuality*. New York: Meridian, 1991, p. 203.
 59. Nef KD. The role of self-compassion in development: a healthier way to relate to oneself. *Hum Dev*. 2009 Jun;52(4):211-14.
 60. Sauer E, Ropo A. Leadership and the driving force of shame: a social constructionist analysis of narrative. In: Zerbe WJ, Ashkanasy NM, Hartel CEJ (eds): *Research on Emotion in Organization*. London: Emerald Group Publishing Ltd., 2006;2, pp. 57-80.

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