



Psychometric properties of the Arabic version of The Child and Adolescent Perfectionism Scale in a sample of Egyptian adolescents

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Abstract

The purpose of the present study was to examine the factor structure and psychometric properties of the Child-Adolescent Perfectionism Scale (CAPS), an instrument developed Flett, Hewitt, Boucher, Davidson, & Munro (2000) and applied to a sample of Egypt secondary school students. The process included the translation of the original material from English into Arabic by the second author. The study was performed using a cross-sectional design and the Arabic version of the CAPS was applied to a sample of 1000 Egyptian secondary school students enrolled in the 1st grade attending three public secondary schools in Kafr El Sheikh governorate, Egypt. One hundred subjects were excluded due to an incomplete questionnaire. The results regarding the test-retest reliability and the factor structure were similar to the findings obtained in studies performed on English speaking children. The present study showed that the Arabic language version of CAPS is a reliable and valid measure of perfectionism for Egyptian secondary school students.

Key words: *Perfectionism, test reliability, test validity, Egyptian adolescents.*

Introduction

Perfectionism is a personality disposition characterized by striving for flawlessness and setting excessively high standards for performance accompanied by tendencies for overly critical evaluations (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate, 1990). It is a disposition that pervades all areas of life, particularly work and school, and may also affect one's personal appearance and social relationships (Stoeber & Stoeber, 2009). However, perfectionism is a multidimensional and multifaceted characteristic (Frost et al., 1990; Hewitt & Flett, 1991).

Moreover, research has shown that two major dimensions of perfectionism can be differentiated: perfectionistic strivings and perfectionistic concerns (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Stoeber & Otto, 2006). The dimension of perfectionistic strivings comprises those facets of perfectionism that may be considered normal, healthy, or adaptive—such as striving for perfection, self-oriented perfectionism, and high personal standards—and has shown associations with positive characteristics, processes, and outcomes (particularly, when the overlap between perfectionistic strivings and perfectionistic concerns was controlled for). In contrast, the dimension of perfectionistic concerns comprises those facets of perfectionism that are considered neurotic, unhealthy, or maladaptive—such as concern over mistakes and doubts about actions, socially prescribed perfectionism, perceived pressure to be perfect, feelings of discrepancy between expectations and results, and negative reactions to imperfections—and has shown close associations with negative characteristics, processes, and outcomes (Stoeber & Rennert, 2008).

Research on Perfectionism in Adolescence

The findings from studies with adolescent school students show that perfectionism in adolescence is often associated with indicators of psychological maladjustment and disorder. However, across studies, the findings consistently demonstrate that perfectionistic concerns—not perfectionistic strivings—is the dimension of perfectionism that is predominantly associated with such indicators. For example, perfectionistic concerns in adolescents are associated with higher levels of fear of failure, stress, depression, anxiety, and somatic complaints (Einstein, Lovibond, & Gaston, 2000; Gilman, Ashby, Sverko, Florell, & Varjas, 2005; Hewitt et al., 2002; Nounopoulos, Ashby, & Gilman, 2006; Stoeber & Rambow, 2007). In addition, perfectionistic concerns are associated with low levels of academic confidence and satisfaction with life (satisfaction with self, school, family). In contrast, the perfectionistic

strivings dimension of perfectionism has been found to be associated with indicators of subjective well-being and psychological adjustment. For example, perfectionistic strivings in adolescents are associated with higher levels of hope for success, motivation for attending school, motivation for exam preparation, mastery and work orientation (showing a preference for challenging tasks), academic confidence, peer acceptance, number of hours spent studying per week, and academic achievement (as indicated by higher grade point average) as well as with higher self-esteem and satisfaction with life (Accordino, Accordino, & Slaney, 2001; Einstein et al., 2000; Gilman et al., 2005; Nounopoulos et al., 2006; Stoeber & Rambow, 2007).

Moreover, adolescents classified as healthy perfectionists generally show higher levels of subjective well-being and psychological adjustment (e.g., satisfaction with life, grade point average) than adolescents classified as unhealthy perfectionists. In some studies, adolescents classified as healthy perfectionists even showed significantly higher levels of subjective wellbeing and psychological adjustment (e.g., satisfaction with life) than adolescents classified as nonperfectionists (Öngen, 2009; Wang, Yuen, & Slaney, 2009).

In contrast, adolescents classified as unhealthy perfectionists have been found to show higher levels of indicators of psychological maladjustment and disorder (e.g., depression) than adolescents classified as healthy perfectionists and nonperfectionists (e.g., Gilman et al., 2005; Wang et al., 2009).

Measuring Perfectionism in Adolescence

To measure multidimensional perfectionism in adolescence, three self-report questionnaires are predominantly used: (a) the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) and its version specifically adapted for children and adolescents, the Child-Adolescent Perfectionism Scale (Flett, Hewitt, Boucher, Davidson, & Munro, 2000); (b) the Frost Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990); and (c) the Almost Perfect Scale-Revised (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). The MPS and CAPS contain scales that measure self-oriented perfectionism and socially prescribed perfectionism. Self-oriented perfectionism captures self-oriented striving for perfection, whereas socially prescribed perfectionism captures beliefs that others have high standards for oneself and that acceptance by others is conditional on fulfilling these standards. The FMPS contains scales that measure personal standards and concern over mistakes; and the APS-R contains scales that measure high standards and discrepancy. Both personal standards and high standards capture setting extremely high standards for one's performance, whereas concern over mistakes captures concerns about making mistakes and not living up to these high standards, and discrepancy captures feelings of discrepancy between one's expectations and performance. Despite their differences, all three measures can be used to capture the two main dimensions of perfectionism: Perfectionistic strivings can be captured with MPS/CAPS self-oriented perfectionism, FMPS personal standards, and APS-R high standards; and perfectionistic concerns can be captured with MPS/CAPS socially prescribed perfectionism, FMPS concern over mistakes, and APS-R discrepancy (Stoeber & Otto, 2006).

To our knowledge, there is no single Arabic study used Child and Adolescent Perfectionism Scale (CAPS). The purpose of this study is to adapt the Child and Adolescent Perfectionism Scale in Egypt and to investigate the validity and the reliability of the scale in an Egyptian adolescent sample.

Method

Participants

The initial sample consisted of 1000 Egyptian secondary school students enrolled in the 1st grade attending three public secondary schools in Kafr El Sheikh governorate, Egypt. After contacting the school directors and offering a presentation of the project to the teachers, the sample process was started. All students were chosen to participate. In some cases, the parents had given informed consent for the student to participate, as required by some school principals. Hence, the sample was not randomly selected but rather included all available students. One hundred subjects were excluded because they failed to complete questionnaire. The final sample consisted of 900 children, 400 girls and 500 boys. Two weeks after the initial administration, CAPS was readministered to 250 subjects of the original sample.

Statistical analysis

Test-retest reliability was calculated (using Pearson's r) with a Arabic language instrument version in a subsample of 250 school children, with a two week break between assessments. The factor structure of the 22-item CAPS was examined using factorial analysis validation with a varimax rotation of data with the Arabic language instrument version assessed in a sample 400 students.

Results

Test-retest reliability

The test-retest reliability was calculated using the Pearson product-moment correlation. For the total sample of 250 children the two-week test-retest reliability coefficient was .82 ($p < .001$) for self-oriented perfectionism, and .85 ($p < .001$) for socially prescribed perfectionism.

Factor analysis

The factor structure of the 22-item CAPS was examined using factor analysis validation with a varimax rotation of data in the Arabic version of the instrument assessed in the 900 secondary school students. There were two factors with eigenvalues higher than 1. Only items that loaded 0.40 or greater on a factor were retained within a factor. Using this criterion, no item failed to load on a factor. Taken together, these factors accounted for 57.66% of the total variance. The items and their factor loadings are presented in Table 1. The first factor was labeled self-oriented perfectionism and accounted for 37.20% of the variance. The second factor was labeled socially prescribed perfectionism and accounted for 20.46% of the variance.

Table 1. *Factor Analysis*

Item number and content	Factor loading
<i>The Self-oriented Perfectionism (37.20%)</i>	
1.I try to be perfect in everything I do.	.56
2.I want to be the best at everything I do.	.62
4.I feel that I have to do my best all the time	.43
6.I always try for the top score on a test	.40
7.It really bothers me if I don't do my best all the time	.44
9.I don't always try to be the best	.72
11.I get mad at myself when I make a mistake	.65

Table 1 continues

14.I get upset if there is even one mistake in my work	.70
16.When I do something, it has to be perfect	.55
18.I do not have to be the best at everything I do	.53
20.Even when I pass, I feel that I have failed if I didn't get one of the highest marks in the class.	.66
22.I can't stand to be less than perfect.	.76
<hr/> <i>The Socially Prescribed Perfectionism (20.46%)</i> <hr/>	
3.My parents don't always expect me to be perfect in everything I do	.44
5.There are people in my life who expect me to be perfect	.49
8.My family expects me to be perfect.	.62
10. People expect more from me than I am able to give	.53
12.Other people think that I have failed if I do not do my very best all the time.	.73
13.Other people always expect me to be perfect.	.48
15.People around me expect me to be great at everything	.61
17.My teachers expect my work to be perfect.	.64
19.I am always expected to do better than others	.55
21.I feel that people ask too much of me	.71

Discussion

The present study was aimed to explore the Psychometric properties of the Arabic version of The Child and Adolescent Perfectionism Scale in a sample of Egyptian adolescents. CAPS is the first measure designed to assess perfectionism in children and adolescents. For the purpose of the study, principal component analysis was conducted to see whether CAPS had a factor structure similar to that of the original CAPS. The results, relatively consistent with the original factor structure, yielded a two-factor solution (Flett et al., 2000). These factors were: Self-oriented perfectionism, and socially prescribed perfectionism.

It seems that the original factor structure is similar to the factor structure obtained from the Egyptian sample. This finding is important to support the validity of CAPS subscales in different cultures. This may also imply that self-definitions for Egyptian adolescents may be similar to Western cultures. On the other hand, findings of the study supported multidimensional perfectionism construct in adolescent samples, consistent with previous studies conducted in different cultures (Cheng et al., 1999; Enns, Cox & Clara, 2002).

With regard to reliability of CAPS, it was found that reliability coefficient in this study was higher than the original study. In conclusion, this study provides preliminary support for the psychometric properties of CAPS. Therefore, the scale can be used for measuring perfectionism in Egyptian adolescents. In addition, CAPS demonstrated a similar factor structure with the original scale, and the results confirmed multidimensionality of the perfectionism construct in an Egyptian sample.

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