Revista Argentina de Clínica Psicológica
2019, Vol. XXVIII, N°4, 385-398
DOI: 10.24205/03276716.2019.1108

CONSTRUCCIÓN DE UNA ESCALA PARA EVALUAR EL PERFECCIONISMO INFANTIL DESADAPTATIVO EN SU DIMENSIÓN SOCIAL

Construction of a Scale to assess Maladaptive Perfectionism in Children in its Social Dimension

Laura B. Oros[1,2], Mónica D. Serppe[1,2], Sonia N. Chemisquy[1] y José Luis Ventura-León[3]

Resumen

Este trabajo tuvo como objetivo construir y validar una escala para evaluar las dimensiones interpersonales del perfeccionismo disfuncional infantil. Se realizaron dos estudios. El primero propuso un conjunto preliminar de ítems y lo sometió al juicio de expertos y niños para evaluar su claridad y adecuación teórica. El segundo analizó las propiedades psicométricas de la escala resultante (n = 849). Análisis factoriales exploratorio y confirmatorio denotaron la existencia de dos factores distinguibles: el Perfeccionismo socialmente prescrito (ω = .84) y el Perfeccionismo orientado a otros (ω = .83). La versión final de la escala quedó compuesta por 16 ítems (ω = .89). Se concluye que las dimensiones interpersonales de la nueva escala funcionan correctamente y podrían ser de gran relevancia para ampliar la comprensión del perfeccionismo durante la infancia.

Palabras clave: *Perfeccionismo socialmente prescrito, Perfeccionismo orientado a otros, Escala, Niños, Evaluación.*

Abstract

This work aimed at constructing and validating a scale in order to assess the interpersonal dimensions of dysfunctional perfectionism in children. Two studies were conducted. The first one proposed a preliminary pool of items submitted to expert and child judgment in order to assess its clarity and theoretical adequacy. The second one aimed to analyze the psychometric properties of the resulting scale (n = 849). Exploratory and Confirmatory Factorial Analyzes denoted the existence of two distinguishable factors: Socially Prescribed Perfectionism (ω = .84) and Other-Oriented Perfectionism (ω = .83). The final version of the scale included 16 items (ω = .89). It is concluded that interpersonal dimensions of the new scale of maladaptive perfectionism in children work properly and could be of great relevance to expand the understanding of this construct during childhood.

Key words: *Socially Prescribed Perfectionism, Other-Oriented Perfectionism, Scale, Children, Assessment.*

Recibido: 14-11-18 | Aceptado: 21-05-19

INTRODUCTION

Perfectionism is a complex phenomenon that involves beliefs, expectations, emotions, and behaviors with major implications for people's health. Some authors underline the existence of an adaptive facet characterized by high performance expectations, the pursuit of excellence, organizational capacity, effort and responsibility (e.g., Rice, Ashby, & Slaney, 1998; Stoeber & Otto, 2006). Others argue that these aspects could rather reflect scrupulous traits, and that perfectionism would go far beyond positive personal tendencies, involving unreal expectations, excessive demands and prescriptions, exceeding healthy limits (Bieling, Israeli, & Antony, 2004; Flett & Hewitt, 2002; Smith et al., 2018). This suggests the need to further explore the subject in order to provide both new empirical evidence and greater understanding. However, beyond this ongoing debate, there is consensus in accepting that perfectionism entails a maladaptive aspect that often leads to psychological disorders or increases their predisposition in different stages of the life cycle. In this sense, perfectionism is a construct that poses many questions worthy of being addressed by psychological science.

[1] *Universidad de la Cuenca del Plata.* [2] *Universidad Adventista del Plata.* [3] *Universidad Privada del Norte.*
E-Mail: lauraorosb@gmail.com
REVISTA ARGENTINA DE CLÍNICA PSICOLÓGICA XXVIII p.p. 385-398

According to Hewitt and Flett (1991b), perfectionism -in terms of an essentially insane attribute- includes not only the predisposition to have over-demanding standards (self-oriented perfectionism), but also certain relational aspects, such as other-oriented and socially prescribed perfectionism. Self-oriented perfectionism involves different behaviors and cognitions based on the setting of unrealistic goals and rigorous rules. This is associated with a strict self-assessment of one's own behaviors and their results, with patterns of excessive meticulousness and self-criticism. Other-oriented perfectionism implies high expectations and standards for the behavior of others, as well as high levels of criticism or hostility towards others. In turn, socially prescribed perfectionism entails the perception that significant others would have exaggerated perfectionist expectations of oneself, and that other people's acceptance or approval would depend on meeting these expectations, even if they are difficult or impossible to accomplish. It is the belief that people rigorously evaluate one's performance and therefore exert pressure to achieve perfection (Hewitt & Flett, 1991b).

Flett, Hewitt and De Rosa (1996) argued that insane perfectionism is associated with a number of problems related to emotional side-effects, which in turn lead to deficits in social skills and trigger certain difficulties in psychosocial adaptation. In general, perfectionists are highly concerned with the impression they generate in other people, underestimating their own performance and often experiencing feelings of shame, indecision, and low self-esteem (Blatt, 1995). At the affective level, other predominant characteristics are sadness, guilt, anger (Lombardi, Florentino, & Lombardi, 1998), feelings of inferiority (Ashby & Kottman, 1996), shyness, loneliness and fear of negative evaluation (Flett et al., 1996; Greenspon, 2002). Individuals with perfectionist traits are often very concerned about their performance and seek to demonstrate an adequate behavior in different social situations, as they are highly sensitive to others' comments and/or social comparisons. In addition, they tend to minimize their errors in public in order to appear as perfect, or they can limit their social exposure to avoid errors and eventual criticism. This shows their self-esteem fragility, the fear of failure and the perception of a poor self-image (Hewitt et al., 2003). The compelling need to obtain approval leads to the development of a defensive attitude to protect themselves from being seen as imperfect and thus experiencing major problems in social interactions (Missildine, 1963, cited by Hewitt et al., 2003). Usually, they show anxiety, a ruminant responding style and symptoms of depression (Arana, 2002; Gálvez, 2003; Noble, Ashby, & Gnilka, 2014), being the latter precisely an enhancer of perfectionism (McGrath et al., 2012). Selective attention, over-generalization of failure and a tendency to engage in "all or none" thinking (i.e., only total success or total failure exist as possible outcomes) appears as most frequent cognitive errors (Hewitt & Flett, 1991b). All these dimensions make perfectionists especially vulnerable to suicide-related behaviors and ideations, including attempted or completed suicide (Roxborough et al., 2012).

Moreover, particularly considering its social dimension, maladaptive perfectionism can directly affect interpersonal relationships, further promoting their deterioration and erosion (Benson, 2003; Habke, Hewitt & Flett, 1999; Hewitt et al., 2003; Lago et al., 2005). Thus, it has been noticed that both socially prescribed and other-oriented perfectionism (more than self-oriented perfectionism) are related to aggressive behavior, hostility, low empathy and malice (Stoeber, Noland, Mawenu, Henderson, & Kent, 2017). These social dimensions are also related to internalizing disorders, such as depression, being even more consistent or associated with socially prescribed perfectionism (Arce & Polo, 2017; Egan, Wade, & Shafran, 2011; Flett, Panico, & Hewitt, 2011; Hewitt & Flett, 1991a, 1991b, 1993; Hewitt et al., 2002).

Although the three-dimensional model of insane perfectionism proposed by Hewitt and Flett (1991b) have proven to be adequate and explanatory for young and adult populations of different cultures (Spain: Rodríguez Campayo, Rojo Moreno, Ortega Toro, & Sepúlveda García, 2009; Brazil: Soares, Gomes, Macedo, & Azevedo, 2003; Canada: Flett, Russo, & Hewitt, 1994; Peru: Márquez, 2014; among others), to our knowledge, their relevance and implementation in children have not yet been examined in depth. Actually, this multidimensional model in childhood could provide a clearer vision of insane perfectionism further enabling the comparison among their particularities in different stages of the life-cycle.

An American questionnaire based on this multidimensional approach evaluates perfectionism in children (Flett, Hewitt, Boucher, Davidson, & Munro, 1997) considering self-oriented and socially prescribed perfectionism dimensions, but not other-oriented perfectionism. Another scale of child perfectionism prepared in Argentina (Oros, 2003) has demonstrated its worth in both Argentine and Spanish populations (Elizathe, Murawski, Custodio, & Rutsztein, 2012; Oros, Iuorno, & Serppe, 2017; JA Piqueras, personal communication, March 16, 2015; Serppe, 2010). However, this scale is also incomplete as it only evaluates the dimension of self-oriented perfectionism. A third scale on child perfectionism has been proposed in Spain (Lozano Fernández, García Cueto, Martín Vázquez, & Lozano González, 2012) that includes the dimensions of social pressure and self-oriented perfectionism, without considering aspects of other-oriented perfectionism.

It has been hypothesized that the lack of scales to measure other-oriented perfectionism and the difficulty to operationalize this dimension during childhood may be a question of evolutionary development. Probably, during this stage, demands from significant others have a more important role than those emerging from the child. However, this is an issue that needs to be further analyzed (Flett et al., 1997; Lozano Fernández et al., 2012).

Against this background, this work mainly attempted to construct and validate a scale that would allow to assess the two interpersonal dimensions of dysfunctional child perfectionism based on existing scales. Two studies were conducted. The first one aimed to propose a preliminary pool of items and submit it to expert and child judgment in order to assess its clarity and theoretical adequacy. The second one was proposed to analyze the psychometric properties and adjustment of the resulting scale.

STUDY 1

OBJECTIVE

This first study aimed to prepare a preliminary version of the scale and evaluate both its content validity and linguistic adequacy by experts, and its level of comprehensibility with a children sample who judged the simplicity and clarity of the terms and phrases outlined.

METHOD

Participants

A sample of 12 specialized judges with scientific qualifications on the subject (i.e., they were experts on psycho-metrics, with articles published in refereed journals, presentations at scientific conferences, etc., and / or they had worked with a child population within the age group of interest) was intentionally selected. The sample included eight doctors and four graduates in psychology. Among them, eight were thematic experts and five had also experience in psychometry. Two others were specialists in child clinical and psychological assessment. Ten of the twelve judges responded to requests properly and in time.

The children sample included 12 boys and 14 girls between 9 and 10 years of age (M = 9.67; DE = 0.72) from the provinces of Misiones and Entre Ríos, Argentina. Age >9 and <10 and autonomous literacy skills were considered as exclusion criteria for participants selection.

Instrument construction

Different databases were explored (e.g., EBSCOhost, PsycINFO, Google Scholar) in order to reviewed national and international scales that would operationalize at least one of the social dimensions of perfectionism in children and / or adults. Five questionnaires in accord with the conditions required were found: (a) Child-Adolescent Perfectionism Scale (CAPS) (Flett et al., 1997), (b) Spanish Inventory of Child Perfectionism (IPI, in its Spanish acronym) (Lozano Fernández et al., 2012), (c) Multidimensional Perfectionism Scale (MPS) (Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991, Spanish version by Rodríguez Campayo et al., 2009), (d) Frost Multidimensional Perfectionism Scale (MPS-F) (Frost, Marten, Lahart, & Rosenblate, 1990, Mexican version by Franco Paredes, Mancilla-Díaz, Álvarez Rayón, Vázquez Arévalo, & López Aguilar, 2010), and (e) Perfectionism Inventory (PI) (Hill et al., 2004).

These scale items that were assessed as relevant for the purposes of this study were linguistically adapted. In addition, new items were constructed, resulting in a preliminary scale of 41 Likert-style statements with three response options (Yes, Sometimes, No).

Procedure for data gathering

The expert judges were invited to participate via email. They were asked to independently assess linguistic clarity and theoretical relevance of the proposed items, suggesting alternative expressions or modifications in cases of inappropriate writing. Each specialist received a document with the following information: (a) conceptual definition of the constructs to be assessed, (b) 41 original statements specifying dimensions to be operationalized, and (c) two questions they had to answer either affirmatively or negatively for each statement: 1. Does the item reflect the theoretical dimension intended? 2. Is the wording clear and appropriate for the item?

Participating children were selected by convenience until the saturation point of responses was reached, ensuring that mainly lower ages were properly represented, and that they had been distributed in a relatively proportional manner according to gender. Each child was interviewed individually and received a copy of the scale with the following instruction: "I'm going to show you some phrases. I would like you to read them carefully and tell me if you find them easy to understand for children your age. Whether you find a difficult or unusual word, please mark it. Please, let me know if you think that any phrase can be said in an easier way, so that other children understand it better. Are you ready? Let's start!". Each interview lasted approximately 5 minutes.

Procedure for data analysis

From a quantitative point of view, specialists' opinions were analyzed according to the levels of agreements and disagreements using Aiken V coefficient (Penfield & Giacobbi, 2004). From this criterion, only those items that showed a coefficient >.70 were retained (Charter, 2003). For data processing an ad hoc

Excel® spreadsheet was used.

From a qualitative point of view, both the observations made by judges and children were carefully analyzed and considered against the ideas of the research team members. Although having reached a high level of agreement in a previous instance, those items that children identified as unclear were discarded.

RESULTS

Based on experts and children's recommendations, 17 items remained intact, five were slightly modified in their linguistic expression (e.g., "I am bothered by people who are not very intelligent" was replaced by "I do not like people who are not very intelligent") or clarified its content using an explanatory sentence in parentheses (e.g., " My parents criticize everything I do" was replaced by " My parents criticize everything I do (they find errors in everything I do)"; and 19 items were discarded. Table 1 shows the Aiken V test values for each item, and its associated error probability. Thus, the scale of social perfectionism was initially composed of 22 items (i.e., 11 items for each dimension).

Of these 22 items, the first one resembles item 8 of CAPS (Flett et al., 1997) and item 3 is an adaptation of item 21 of that scale. Item 4 resembles item 11 of MPS-F (Frost et al., 1990), and item 6 is an adaptation of item 22 of that same instrument. Item 5 is an adaptation of items 9 of IPI (Lozano Fernández et al., 2012) and 23 of PI (Hill et al., 2004). Items 8, 9 and 10 are adaptations of items 10, 8 and 11 of IPI (Lozano Fernández et al., 2012). Items 13, 14 and 19 were adapted from items 2, 26 and 22 of MPS (Hewitt et al., 1991). The remaining 11 items were proposed by this work's authors (see Table 2).

DISCUSSION

This first study aimed to develop a set of items in order to assess socially prescribed perfectionism in children, and further evaluate its content validity, linguistic adequacy and level of comprehensibility. After this first data cleaning stage, approximately 54% of the initially proposed items were preserved (n = 22). Judges and children's opinions proved very accurate in the reformulation of some statements and for the detection of those that could have been ambiguous, irrelevant or of high linguistic complexity for children.

STUDY 2

OBJECTIVE

The overall purpose of this second study was to analyze the psychometric functioning of the new scale of social perfectionism. The specific objectives were: (a) to examine the discriminative power of the items, (b) to analyze the internal consistency, (c) to study the construct validity through exploratory and confirmatory factor analyzes, and (d) to examine its nomological validity. Regarding the latter, the relationship between social perfectionism and depression was studied, following the hypothesis that both constructs would correlate significantly and positively, being somewhat greater that correlation between depression and socially prescribed perfectionism (Arce & Polo, 2017; Egan et al., 2011; Flett et al., 2011; Hewitt & Flett, 1991a, 1991b, 1993; Hewitt, Flett, & Ediger, 1996; Hewitt et al., 2002).

Participants

In order to examine the metric properties of the preliminary scale (discriminative power of the items, exploratory factor analysis and internal consistency) a non-probabilistic sample of 418 primary school students, of which 44.3% (n = 185) were male was used. Participants were between 9 and 12 years of age, with a mean of 10.15 and a deviation of 1.11. Subjects attended eight public and private schools in Posadas (Misiones). The size of the sample proved to be appropriate, for it meets the minimum number of participants required (i.e., 100 individuals) and at least it includes five participants for each scale item (Gorsuch, 1983).

A sample of 431 children participated in the confirmatory phase, of which 46.6% (n = 201) were male. Participants' age ranged between 9 to 12 years (M = 10.40, SD = 0.99). Children attended public and private schools in the cities of Libertador San Martín, Crespo, Diamante and Paraná (Entre Ríos).

To study its validity regarding other variables, 354 children from the province of Misiones also completed a depression scale. 39% of this sub-sample was made up of males. The mean age was 10.27 years (SD = 1.09).

To all the samples age > 9 and < 12, and lack of parent informed consent were considered as exclusion criteria.

Instruments

The Child Perfectionism Scale was used in its social context, and it was prepared and adapted in the previous working phase. Besides, for the study of its relation to other variables, the Argentine adaptation of the Dimensions of Depression Profile for Children and Adolescents (Richaud de Minzi, Sacchi, & Moreno, 2001) was administered. The scale assesses vulnerability to depression through different indicators, such as lack of energy, sadness, negative self-assessment and self-incrimination. It contains 20 statements (e.g., "Some children feel it's their fault whenever something bad happens", "Some children are sad almost all day long", etc.) with three response options: “Yes, I look like them”; “I look a bit like them; and “I don't look like them”.

The test internal consistency was adequate for the study sample (α = .79).

Procedure for data gathering

Participating children were contacted in the school setting. In order to administer the instruments, corresponding authorization was requested to heads and teachers of the educational institutions. In addition, informed consent forms were sent to parents or legal guardians, clarifying research purposes and requesting their consent for their children's evaluation during school schedule. It was a voluntary and collective assessment sorted by academic levels. The process was conducted within the classrooms and under the guidance of one or two members of the research team at a timetable arranged with the teachers of each group. Data obtained were managed under strict ethical criteria.

Procedure for data analysis

The discriminative power of the items was analyzed by means of Student t test for contrasting groups (Anastasi & Urbina, 1990; Namakforoosh, 2000). The internal consistency was examined using McDonald´s Omega (ω) (McDonald, 1999; Ventura-León & Caycho-Rodríguez, 2017). Evidence based on the internal structure was studied through an Exploratory Factor Analysis (EFA) with Weighted Least Square Mean (WLSM). This method does not require any certain distribution and uses categorical variables, thus creating polychoric correlations matrices (Bollen, 1989; Brown, 2006). Promin rotation was also used when noticing that factors showed a correlation of >.32 (Tabachnick & Fidell, 2012). To study the association with other variables, Pearson r correlation was calculated between perfectionism and depression scores. For McDonald's Omega coefficient calculation, an Excel® application was used (Ventura-León & Caycho-Rodríguez, 2017). In addition, EFA, using Horn's (1965) parallel analysis (PA) were conducted on each data using FACTOR software (Lorenzo & Ferrando, 2007). All other analyzes were conducted using R statistical program.

For internal structure verification, Confirmatory Factor Analysis (CFA) was conducted using R statistical program and Lavaan package (Rosseel et al., 2017). Estimation was carried out with Weighted Least Square Mean and Variance Adjusted (WLSMV) methods as they were considered the best option for ordinal indicators (Brown, 2006). Multivariate normality of data was proven using Mardia's coefficient (1970). Goodness-of-fit indicators and their respective results were the following: Chi-Square ($\chi 2$); the ratio between $\chi 2$ and degrees of freedom ($\chi 2$ / gl), for which values <2 are desirable (Tabachnick & Fidell, 2012) although values up to 5 are considered acceptable (Wheaton, Muthen, Alwin, & Summers, 1977); RMSEA (≤ .06); SRMR (≤ .08); CFI (≥ .95); TLI (Hu & Bentler, 1999); and WRMR that is usually used in categorical measurements and whose values near or under. 90 are expected (Yu, 2002).

RESULTS

The discriminative power of the items was adequate and significant for all the elements ($p < .05$), and the internal consistency of the complete test reached a value of ω = .89. Previous to EFA the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was tested, obtaining a value of .874, and the Bartlett's test of sphericity that reported significant results ($\chi 2 = 1568.4$; gl = 136; $p < .001$).

The number of factors was determined through Paralell Analysis that suggested two underlying dimensions to every item (Timmerman & Lorenzo-Seva, 2011). Overall, bifactorial matrix grouped all perfectionism socially prescribed items in one dimension, and those of other-oriented perfectionism in a different one. However, five items showed lower load than .30 or loaded on both factors for what they were discarded. Although item OOP 7 ("It enrages me that other people are not perfect") also held a factor loading lower than .30, it was preserved in this exploratory phase as it contributed to the internal consistency of the dimension it operationalized, and its factorial load (.29) was very close to the cutoff point. Thus, the scale consisted of 17 simple and unipolar items with saturations between .29 y .83 (See table 3). Both factors explain 47.49% of the total variance. The reliability coefficient ω for dimensions reached the following values: SPP (ω = .84) y OOP (ω = .83).

Finally, CFA was conducted to test a model with two latent variables and 17 observed variables, without covariance between the residuals. However, in this analysis, item SPP8 that resisted EFA showed a factor load of < .30 (λ = .24), so the scale resulted in 16 items. Mardia's coefficient level (1970) was higher than 70 (Mardia = 714.58) detecting non-normality, for what a chi-square test was calculated (Satorra & Bentler, 2001). Thus, parameters were estimated for the model that revealed good adjustment measures (S-B$\chi 2$ (103) = 179.98; S-B$\chi 2$/gl =1.75; SRMR = .08; WRMR = .98; CFI = .96; TLI = .96; RMSEA = .04 [.03, .05]).

Figure 1 shows standardized factor loads that ranged between .35 and .84.

Regarding the evidence of valid relationship with other variables (nomological validity), the association between social perfectionism and depression was examined.

Results suggested that socially prescribed perfectionism ($r = .476$; $p < .001$) and other-oriented perfectionism ($r = .455$; $p < .001$) values correlated significantly and positively with depression scale scores, being somehow stronger the correlation with socially prescribed perfectionism. However, both magnitudes are equally moderate (Cohen, 1988).

DISCUSSION

In its social dimension, the scale of child dysfunctional perfectionism provides good reliability and validity evidence. Their items manage to discriminate between high and low expression of the attribute, show an adequate internal consistency and appear organized in a factorial structure according to theory, with high factor saturations. In addition, the scale presents nomological validity evidence, since it supports the hypothesis that perfectionism, as a factor of psychological vulnerability, is associated with depression.

Depression is not the only psychopathological result associated with perfectionism, extant scientific literature shows its relationships with eating disorders (Elizathe et al., 2012), social phobia (Arana, 2002) and obsessive-compulsive disorder (Soreni et al., 2014). Nevertheless, the intrinsic characteristics of perfectionism would reveal why individuals high on this trait may get depressed. Socially prescribed perfectionists have ruminative thoughts and a high sense of failure as they can not meet others' expectations. They usually feel they do not matter to other people (Cha, 2016) and fear negative social evaluations (Casale, Fioravanti, Flett, & Hewitt, 2014). These features, together with a major need for approval, provide a favorable environment for self-incrimination, a sense of defeat, social isolation and depression (Hewitt et al., 2002). Furthermore, other-oriented perfectionists experience a constant dissatisfaction with others, which can lead them to develop greater affinity for loneliness, progressively restricting their social support networks. In line with this, the current scientific debate on the harmful effects of perfectionism on psychological health stresses their negative impact on children and adults' social life (Sherry, Mackinnon, & Gautreau, 2016). Thus, maladaptive perfectionists would notice some of their protective resources reduced, such as perceived social support. These negative feelings would prevent them from dealing with different stressors or an eventual depression (Sherry, Law, Hewitt, Flett, & Besser, 2008).

While both interpersonal dimensions are significantly associated with depression, it could be expected that socially prescribed perfectionists would be more predisposed to it. These individuals react to stressors and failures with a ruminative response and by engaging in worry (Short & Mazmanian, 2013), focusing on themselves and thus increasing their despair and psychological distress (Flett, Hewitt, Blankstein, & Mosher, 1995). Other-oriented perfectionists focus on others and their sense of failure is externalized. This way, self-incrimination and repetitive negative thoughts are reduced and in turn hostility, narcissism, authoritarianism and dominance (Hewitt & Flett, 1991b) emerge. In other-oriented perfectionists, depression could be a less direct outcome, being mediated by other factors (Flett et al., 1995). However, these hypotheses need thorough analyzes in future studies with children, especially in light of new mediational models, such as Social Disconnection proposed by Hewitt, Flett, Sherry and Caelian (2006).

In summary, from results obtained in Study 2, it is concluded that the new scale of social perfectionism works properly and could be useful to evaluate aspects of perfectionism so far not studied in children.

GENERAL DISCUSSION

The aim of this work was to prepare a scale to assess the interpersonal dimension of maladaptive perfectionism in Argentine children between 9 and 12 years of age. According to Hewitt and Flett's model (1991b), insane perfectionism can be analyzed in a multifactorial way, simultaneously contemplating its intra and interpersonal aspects. However, and despite its widespread acceptance, it has not been possible until now, to have a scale to study this three-dimensional approach in children. To fill this gap, the present work aimed at developing a measuring system that would be valid and reliable to work with school age children. Different phases of evaluation were undertaken adopting demanding criteria for the retention of the items. The work resulted in a 16-item scale with three response options, with evidence of validity and reliability. The development of this instrument will enable research to expand available information on perfectionism, in order to clarify processes associated with maladaptive beliefs and their social consequences during childhood. The ability to recognize these beliefs and perfectionist behaviors in early stages of development will favor the development of practice guidelines for prevention and intervention.

This work has certain limitations that need to be addressed in future studies. First, it would be relevant to analyze the temporal stability of the test comparing pre-post measurements at an interval of preferably no more than three weeks, given the ages of potential respondents. Second, it would be important to expand the study of validity by testing more complex models including other variables that have been directly or indirectly associated with interpersonal perfectionism in young and adult populations: social anxiety (Nepon, Flett, Hewitt, & Molnar, 2011), stress and despair (Hewitt, Caelian, Chen, & Flett, 2014), shame and attachment (Chen, Hewitt, & Flett, 2015), hostility, aggression and low empathy (Stoeber et al., 2017), etc.. Third, it is worth mentioning that perfectionism dimensions evaluated in the present research explain only a portion of the multidimensional model proposed by Hewitt and Flett (1991b). In this context, the primarily cha-

llenge is to analyze the joint working of the new Argentine subscales with pre-existing self-oriented perfectionism (Oros, 2003). In this regard, CFA should be conducted in future investigations to evaluate the goodness of fit indexes of the three-dimensional model in children.

REFERENCES

Anastasi, A., & Urbina, S. (1990). *Test psicológicos [Psychological Tests].* México: Prentice Hall.

Arana, F. (2002). Fobia Social como problema de alto perfeccionismo: estudio de caso aplicando un tratamiento cognitivo conductual [Social phobia as a problem of high perfectionism: case study applying a cognitive behavioral treatment]. *Revista Argentina de Clínica Psicológica*, 11(3), 191-209.

Arce, A. B., & Polo, A. J. (2017). A test of the perfectionism social disconnection model among ethnic minority youth. *Journal of Abnormal Child Psychology*, 45(6), 1181-1193.

Ashby, J. S., & Kottman, T. (1996). Inferiority As a Distinction Between Normal and Neurotic Perfectionism. *Individual Psychology*, 52(3), 237-245.

Benson, E. (2003). The many faces of perfectionism. *American Psychological Association*, 34(Noviembre). Retrieved from http://www.apa.org/monitor/nov03/manyfaces.html

Bieling, P. J., Israeli, A. L., & Antony, M. M. (2004). Is perfectionism good, bad, or both? Examining models of the perfectionism construct. *Personality and individual differences*, 36(6), 1373-1385. doi:10.1016/S0191-8869(03)00235-6

Blatt, S. (1995). The destructiveness of perfectionism. Implications for de treatment of depression. *American Psychologist*, 50(12), 1003-1020.

Bollen, K. A. (1989). *Structural equations with latent variables*. New York: Wiley.

Brown, T. A. (2006). *Confirmatory factor analysis for applied research*. New York: Guildford Press.

Casale, S., Fioravanti, G., Flett, G. L., & Hewitt, P. L. (2014). From socially prescribed perfectionism to problematic use of internet communicative services: The mediating roles of perceived social support and the fear of negative evaluation. *Addictive Behaviors*, 36(12), 1816-1822. doi:10.1016/j.addbeh.2014.06.006

Cha, M. (2016). The mediation effect of mattering and self-esteem in the relationship between socially prescribed perfectionism and depression: Based on the social disconnection model. *Personality and Individual Differences*, 88, 148-159. doi:10.1016/j.paid.2015.09.008.

Charter, R. A. (2003). A breakdown of reliability coefficients by test type and reliability method, and the clinical implications of low reliability. *Journal of General Psychology*, 130(3), 290-304. doi:10.1080/00221300309601160

Chen, C., Hewitt, P. L., & Flett, G. L. (2015). Preoccupied attachment, need to belong, shame, and interpersonal perfectionism: An investigation of the perfectionism social disconnection model. *Personality and Individual Differences*, 76, 177-182. doi:10.1016/j.paid.2014.12.001

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. New York: Academic Press.

Egan, S. J., Wade, T. D., & Shafran, R. (2011). Perfectionism as a transdiagnostic process: A clinical review. *Clinical psychology review*, 31(2), 203-212. doi:10.1016/j.cpr.2010.04.009

Elizathe, L., Murawski, B., Custodio, J., & Rutsztein, G. (2012). Riesgo de trastorno alimentario en niños escolarizados de Buenos Aires: su asociación con perfeccionismo [Risk of eating disorder in school children from Buenos Aires: its relationship with perfectionism]. *Revista mexicana de trastornos alimentarios*, 3(2), 106-120. Retrieved from www.scielo.org.mx/scielo.php

Flett, G. l., & Hewitt, P. L. (2002). *Perfectionism and Maladjustment: An Overview of Theoretical, Definitional, and Treatment Issues*. In G. L. Flett & P. L. Hewitt (Eds.), Perfectionism: Theory, Research, and Treatment, (pp. 5-31), Washington D.C., American Psychological Association. doi:10.1037/10458-001

Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Mosher, S. W. (1995). Perfectionism, life events, and depressive symptoms: A test of a diathesis-stress model. *Current Psychology*, 14(2), 112-137. doi:10.1007/BF02686885

Flett, G., Hewitt, P., & De Rosa, T. (1996). Dimensions of perfectionism, psychosocial adjustment, and social skills. *Personality and Individual Differences*, 20(2), 143-150. doi:10.1016/0191-8869(95)00170-0

Flett, G. L., Panico, T., & Hewitt, P. L. (2011). Perfectionism, type A behavior, and self-efficacy in depression and health symptoms among adolescents. *Current Psychology*, 30, 105-116. doi:10.1007/s12144-011-9103-4

Flett, G., Russo, F., & Hewitt, P. (1994). Dimensions of perfectionism and constructive thinking as coping response. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 12(3), 163-179. doi:10.1007/BF02354594

Flett, G. L., Hewitt, P. L., Boucher, D. J., Davidson, L. A., & Munro, Y. (1997). *The Child-Adolescent Perfectionism Scale: Development, Validation, and Association with Adjustment*. Manuscrito no publicado.

Franco Paredes, K., Mancilla-Díaz, J. M., Álvarez Rayón, G., Vázquez Arévalo, R., & López Aguilar, X. (2010). Estructura factorial y consistencia interna de la Escala Multidimensional de Perfeccionismo [Factor Structure and Internal Consistency of the Perfectionism Multidimensional Scale]. *Revista Mexicana de Psicología*, 27(2), 143-149.

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14(5), 449-468. doi:10.1007/BF01172967

Gálvez, E. (2003). Antecedentes tempranos y modalidades de vulnerabilidad cognitiva para la depresión [Early antecedents and modalities of cognitive vulnerability for depression]. *Revista de psiquiatría y salud mental Hermilio Valdizan*, 6(2), 43-62.

Gorsuch, R. L. (1983). *Factor analysis* (2nd. ed.). Hillsdale, NJ: Erlbaum.

Greenspon, T. (2002). *Cómo liberar a nuestras familias del perfeccionismo*. México: Editorial Pax México.

Habke, A. M., Hewitt, P. L., & Flett, G. L. (1999). Perfectionism and sexual satisfaction in intimate relationships. *Journal of Psychopathology and Behavioral Assessment*, 21(4), 307-322.

Hewitt, P. L., Caelian, C. F., Chen, C., & Flett, G. L. (2014). Perfectionism, stress, daily hassles, hopelessness, and suicide potential in depressed psychiatric adolescents. *Journal of Psychopathology and Behavioral Assessment*, 36(4), 663-674. doi:10.1007/s10862-014-9427-0

Hewitt, P. L., Caelian, C. F., Flett, G. L., Sherry, S. B., Collins, L., & Flynn, C. A. (2002). Perfectionism in children: Associations with depression, anxiety, and anger. *Personality and Individual Differences*, 32(6), 1049-1061. doi:10.1016/S0191-8869(01)00109-X

Hewitt, P., & Flett, G. (1991a). Dimensions of perfectionism in unipolar depression. *Journal of Abnormal Psychology*, 100, 98-101. doi:10.1037/0021-843X.100.1.98

Hewitt, P., & Flett, G. (1991b). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology*, 60(3), 456-470. doi:10.1037/0022-3514.60.3.456

Hewitt, P. L., & Flett, G. L. (1993). Dimensions of perfectionism, daily stress, and depression: a test of the specific vulnerability hypothesis. *Journal of abnormal psychology*, 102(1), 58. doi:10.1037/0021-843X.102.1.58

Hewitt, P. L., Flett, G. L., & Ediger, E. (1996). Perfectionism and depression: Longitudinal assessment of a specific vulnerability hypothesis. *Journal of Abnormal Psychology*, 105(2), 276. doi:10.1037/0021-843X.105.2.276

Hewitt, P. L., Flett, G. L., Sherry, S. B., & Caelian, C. (2006). *Trait perfectionism dimensions and suicide behavior*. In T. E. Ellis (Ed.), Cognition and Suicide. Theory, Research and Therapy (pp. 215-235). Washington DC: American Psychological Association.

Hewitt, P., Flett, G., Sherry, S., Habke, M., Parkin, M., Lam, R., McMurtry, B. et al. (2003). The Interpersonal Expression of Perfection: Perfectionistic Self-Presentation and Psychological Distress. *Journal of Personality and Social Psychology*, 84(6), 1303-1325.

Hewitt, P. L., Flett, G. L., Turnbull-Donovan, W., & Mikail, S. F. (1991). The Multidimensional Perfectionism Scale: Reliability, validity, and psychometric properties in psychiatric samples. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3(3), 464. doi:10.1037/1040-3590.3.3.464

Hill, R. W., Huelsman, T. J., Furr, R. M., Kibler, J., Vicente, B. B., & Kennedy, C. (2004). A New Measure of Perfectionism: The Perfectionism Inventory. *Journal of Personality Assessment*, 82(1), 80–91. doi:10.1207 / s15327752jpa8201_13

Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural equation modeling: a Multidisciplinary Journal*, 6(1), 1-55. doi:10.1080/10705519909540118

Lago, A. E., Keegan, E. G., Arana, F. G., Maglio, A., López, P., & Scappatura, M. (2005). *Las relaciones interpersonales de los perfeccionistas: Revisión conceptual y aplicaciones en terapia de pareja [The interpersonal relations of the perfectionists: conceptual review and applications in couple therapy].* Memorias de las XII Jornadas de Investigación y Primer Encuentro de Investigadores en Psicología del Mercosur. Lugar: Buenos Aires. p. 50 - 52. Retrieved from http://www.aacademica.com/000-051/84.pdf

Lombardi, D. N., Florentino, M. C., & Lombardi, A. J. (1998). Perfectionism and Abnormal Behavior. *Journal of Individual Psychology*, 54(1), 61-71.

Lorenzo, U., & Ferrando, P. J. (2007). *FACTOR Version 7.02 for Win 95/Win98/Win2000/Win NT*. Tarragona: Rovira i Virgili University.

Lozano Fernández, L. M., García Cueto, E., Martín Vázquez, M., & Lozano González, L. (2012). Desarrollo y validación del Inventario de Perfeccionismo Infantil (I.P.I.) [Development and validation of the Childhood Perfectionism Inventory (I.P.I.)]. *Psicothema*, 24(1), 149-155.

Mardia, K. V. (1970). Measures of multivariate skewness and kurtosis with applications. *Biometrika*, 57(3), 519-530. doi:10.2307 / 2334770

Márquez, A. J. (2014). *Sintomatología depresiva y dimensiones de perfeccionismo en jóvenes universitarios de Lima Metropolitana [Depressive symptomatology and dimensions of perfectionism in young university students in Metropolitan Lima].* Tesis de Licenciatura, Pontificia Universidad Católica del Perú. Retrieved from http://tesis.pucp.edu.pe/repositorio/handle/123456789/5080

McDonald, R. P. (1999). *Test theory: A unified approach*. Mahwah, NJ: Lawrence Erlbaum.

McGrath, D. S., Sherry, S. B., Stewart, S. H., Mushquash, A. R., Allen, S. L., Nealis, L. J., & Sherry, D. L. (2012). Reciprocal relations between self-critical perfectionism and depressive symptoms: Evidence from a short-term, four-wave longitudinal study. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, 44(3), 169. doi:10.1037/a0027764

Namakforoosh, M. N. (2000). *Metodología de la investigación*. México: Limusa.

Nepon, T., Flett, G. L., Hewitt, P. L., & Molnar, D. S. (2011). Perfectionism, negative social feedback, and interpersonal rumination in depression and social anxiety. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, 43(4), 297. doi:10.1037/a0025032

Noble, C. L., Ashby, J. S., & Gnilka, P. B. (2014). Multidimensional perfectionism, coping, and depression: Differential prediction of depression symptoms by perfectionism type. *Journal of College Counseling*, 17(1), 80-94. doi:10.1002/j.2161-1882.2014.00049.x

Oros, L. (2003). Medición del Perfeccionismo infantil: Desarrollo y validación de una escala para niños de 8 a 13 años de edad. *Revista Iberoamericana de Diagnóstico y Evaluación Psicológica*, 16(2), 99-112.

Oros, L. B., Iuorno, O., & Serppe, M. (2017). Child Perfectionism and its relationship with Personality, Excessive Parental Demands, Depressive Symptoms and Experience of Positive Emotions. *Spanish Journal of Psychology*, 20(9), 1-13. doi:10.1017/sjp.2017.9

Penfield, R. D., & Giacobbi, P. R., Jr. (2004). Applying a score confidence interval to Aiken's item content-relevance index. *Measurement in Physical Education and Exercise Science*, 8(4), 213-225. doi:10.1207/s15327841mpee0804_3

Rice, K. G., Ashby, J. S., & Slaney, R. B. (1998). Self-esteem as a mediator between perfectionism and depression: A structural analysis. *Journal of Counseling Psychology*, 45, 304-314. doi:10.1037/0022-0167.45.3.304

Richaud de Minzi, M. C., Sacchi, C., & Moreno, J. (2001). *Versión Argentina de la Escala de Depresión de Harter y Nowakowski [Argentine version of the Scale of Depression of Harter and Nowakowski].* Informe de avance del subsidio PICT 199904-06300 de la Agencia Nacional de Ciencia y Tecnología y del Consejo Nacional de Investigaciones Científicas y Técnicas. Argentina.

Rodríguez Campayo, M. A., Rojo Moreno, L., Ortega Toro, E., & Sepúlveda García, A. R. (2009). Adaptación de la escala multidimensional del perfeccionismo a estudiantes universitarios españoles [Validation of the Multidimensional Perfectionism Scale: Assessment of perfectionism in Spanish university students] *Ansiedad y Estrés*, 15, 13-27.

Rosseel, Y., Oberski, D., Byrnes, J., Vanbrabant, L., Savalei, V., Merkle, E., ... & Chow, M. (2017). *Package 'lavaan'.* Recuperado el 03 de enero 2018 de https://pdfs.semanticscholar.org/e465/add515cdeeaa8de57bd1a9adc2569e44fa9a.pdf

Roxborough, H. M., Hewitt, P. L., Kaldas, J., Flett, G. L., Caelian, C. M., Sherry, S., & Sherry, D. L. (2012). Perfectionistic Self-Presentation, Socially Prescribed Perfectionism, and Suicide in Youth: A Test of the Perfectionism Social Disconnection Model. *Suicide and Life-Threatening Behavior*, 42(2), 217-233. doi:10.1111/j.1943-278X.2012.00084.x

Satorra, A., & Bentler, P. M. (2001). A scaled difference chi-square test statistic for moment structure analysis. *Psychome-*

trika, 66(4), 507-514. doi:10.1007/BF02296192

Serppe, M. (2010). *Percepción de demandas parentales, perfeccionismo infantil y síntomas de depresión [Perception of parental demands, child perfectionism and symptoms of depression].* BachelorThesis, Universidad Adventista del Plata, Entre Ríos, Argentina.

Sherry, S. B., Mackinnon, S. P., & Gautreau, C. M. (2016). Perfectionists don't play nicely with others: Expanding the social disconnection model. In F. M. Sirois & D. S. Molnar (Eds.), *Perfectionism, health, and well-being* (pp. 225-243). New York: Springer. doi:10.1007/978-3-319-18582-8_10

Sherry, S. B., Law, A., Hewitt, P. L., Flett, G. L., & Besser, A. (2008) Social support as a mediator of the relationship between perfectionism and depression: A preliminary test of the social disconnection model. *Personality and Individual Differences*, 45(5), 339-344. doi:10.1016/j.paid.2008.05.001

Short, M. M., & Mazmanian, D. (2013). Perfectionism and negative repetitive thoughts: Examining a multiple mediator model in relation to mindfulness. *Personality and Individual Differences*, 55(6), 716-721. doi:10.1016/j.paid.2013.05.026

Smith, M. M., Sherry, S. B., Chen, S., Saklofske, D. H., Mushquash, C., Flett, G. L., & Hewitt, P. L. (2018). The Perniciousness of Perfectionism: A Meta-Analytic Review of the Perfectionism-Suicide Relationship. *Journal of Personality*, 86(3), 522-542. doi:10.1111/jopy.12333

Soares, M., Gomes, A., Macedo, A., & Azevedo, M. (2003). Escala multidimensional de perfeccionismo: Adaptaçao á populaçao portuguesa [Multidimensional scale of perfectionism: adaptation to Portuguese population]. *Revista portuguesa de psicossomática*, 5(1), 46-55.Retrieved from http://www.redalyc.org/html/287/28750106/

Soreni, N., Streiner, D., McCabe, R., Bullard, C., Swinson, R., Greco, A., ... & Szatmari, P. (2014). Dimensions of perfectionism in children and adolescents with obsessive-compulsive disorder. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 23(2), 136. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4032082/

Stoeber, J., & Otto, K. (2006). Positive conceptions of perfectionism: Approaches, evidence, challenges. *Personality and Social Psychology Review,* 10(4), 295-319. doi:10.1207/s15327957pspr1004_2

Stoeber, J., Noland, A. B., Mawenu, T. W., Henderson, T. M., & Kent, D. N. (2017). Perfectionism, social disconnection, and interpersonal hostility: Not all perfectionists don't play nicely with others. *Personality and Individual Differences*, 119, 112-117. doi:10.1016/j.*paid*.2017.07.008

Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Boston: Pearson/Allyn & Bacon.

Timmerman, M. E., & Lorenzo-Seva, U. (2011). Dimensionality assessment of ordered polytomous items with parallel analysis. *Psychological Methods*, 16(2), 209-220. doi:10.1037/a0023353

Ventura-León, J. L., & Caycho-Rodríguez, T. (2017). El coeficiente Omega: un método alternativo para la estimación de la confiabilidad [The Omega coefficient: an alternative method for reliability estimate]. *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud*, 15(1), 625-627. Retrieved from http://www.redalyc.org/pdf/773/77349627039.pdf

Wheaton, B., Muthen, B., Alwin, D. F., & Summers, G. (1977). Assessing Reliability and Stability in Panel Models. *Sociological Methodology*, 8(1), 84-136. doi: 10.2307/270754

Yu, C. Y. (2002). *Evaluation of model fit indices for latent variable models with categorical and continuous outcomes*. Unpublished dissertation. Retrieved January 5, 2005, from Mplus website http://www.statmodel.com/download/Yudissertation.pdf

Figure 1. **Perfectionism scale bidimensional model with 16 items**

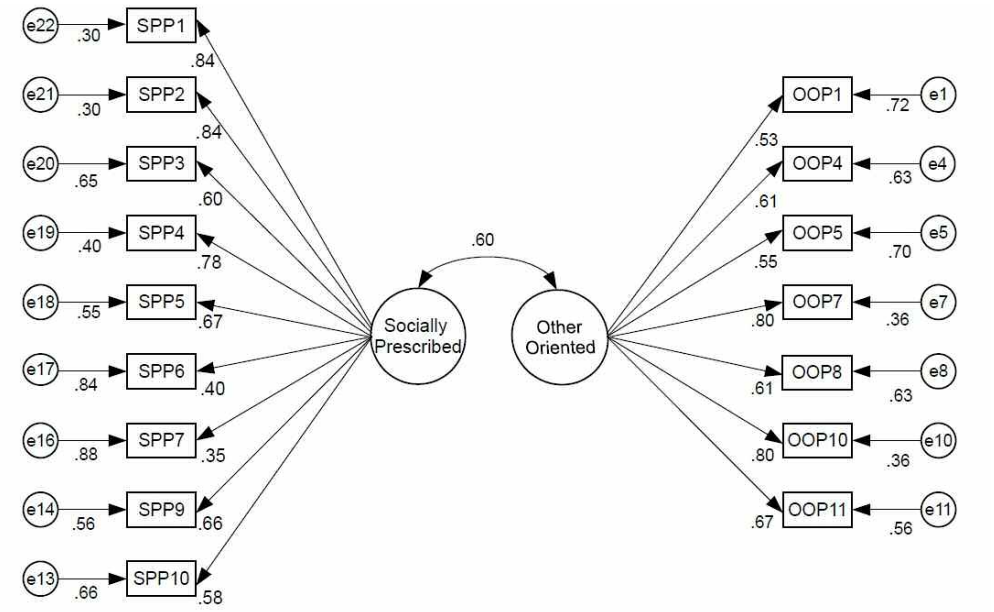

Table 1. **Results of the Aiken V test to assess the degree of agreement among expert judges**

	Items	VAiken	CI 95%	
			LL	UL
Theoretical adequacy-SPP	1	.90	.60	.98
	2	.78	.47	.93
	3	.90	.60	.98
	4	.78	.47	.93
	5	1	.72	1
	6	1	.72	1
	7	.78	.47	.93
	8	1	.72	1
	9	1	.72	1
	10	.70	.40	.89
	11	.90	.60	.98
	12	.78	.47	.93
	13	.80	.49	.94
	14	1	.72	1
	15	.75	.44	.92
	16	1	.72	1
	17	1	.72	1
	18	.89	.58	.98
	19	1	.72	1
	20	.90	.60	.98
	21	.90	.60	.98
	22	.80	.49	.94
	23	.60	.31	.83
Linguistic clarity-SPP	1	1	.72	1
	2	.89	.58	.98
	3	1	.72	1
	4	.90	.60	.98
	5	1	.72	1
	6	1	.72	1
	7	.90	.60	.98
	8	.78	.47	.93
	9	.90	.60	.98
	10	1	.72	1
	11	1	.72	1
	12	1	.72	1
	13	1	.72	1
	14	.70	.40	.89
	15	.88	.57	.97
	16	1	.72	1
	17	.80	.49	.94
	18	.90	.60	.98
	19	.90	.60	.98
	20	1	.72	1
	21	.80	.49	.94
	22	1	.72	1
	23	.88	.57	.97

Theoretical adaptation-OOP	1	.80	.49	.94
	2	.80	.49	.94
	3	1	.72	1
	4	.90	.60	.98
	5	.80	.49	.94
	6	.90	.60	.98
	7	1	.72	1
	8	1	.72	1
	9	.80	.49	.94
	10	1	.72	1
	11	.90	.60	.98
	12	.90	.60	.98
	13	.70	.40	.89
	14	.90	.60	.98
	15	.50	.24	.76
	16	.50	.24	.76
	17	.90	.60	.98
	18	.90	.60	.98
Linguistic clarity-OOP	1	1	.72	1
	2	1	.72	1
	3	1	.72	1
	4	1	.72	1
	5	1	.72	1
	6	1	.72	1
	7	1	.72	1
	8	1	.72	1
	9	1	.72	1
	10	.90	.60	.98
	11	1	.72	1
	12	1	.72	1
	13	1	.72	1
	14	1	.72	1
	15	1	.72	1
	16	.86	.55	.97
	17	1	.72	1
	18	1	.72	1

Note: SPP = Socially Prescribed Perfectionism; OOP = Other-Oriented Perfectionism; CI 95% = Confidence Intervals for 95%; LL = Lower Limit; UL = Upper Limit.

Table 2. **Items resulting from study 1**

Socially Prescribed Perfectionism
SPP1. My family wants me to be perfect
SPP 2. My parents ask me to do everything perfect
SPP 3. My teachers expect me to do my homework perfectly
SPP 4. My parents expect me to be the best at all
SPP 5. My parents expect so much from me that I can never make them happy
SPP 6. I fell I cannot meet all my parent´s expectations
SPP 7. My teacher do not accept my mistakes
SPP 8. My parents do not accept my mistakes
SPP 9. At home I'm punish (I am scolded) if I do not do everything perfectly
SPP 10. My parent criticize me for everything I do (They find mistakes in everything I do)
SPP 11. I have to do everything perfectly; otherwise, my parents get angry
Other-Oriented Perfectionism
OOP1. I get angry with my friends when they do not want to get high marks
OOP 2. I criticize those who easily give up
OOP 3. Whether I ask someone to do something, I expect him/her to do it perfectly
OOP 4. I get angry with people who do not do their job properly
OOP 5. I'm upset by children who do not understand things rapidly
OOP 6. I do not like being among children that are mistaken in their homework
OOP 7. It enrages me that other people are not perfect
OOP 8. I try to get together with the smartest
OOP 9. It bothers me that people do not strive to be better
OOP 10. It annoys me that my best friend does not want to be perfect
OOP 11. I do not like people who are not very intelligent

Note: SPP = Socially Prescribed Perfectionism; OOP = Other-Oriented Perfectionism

Table 3. **Factorial distribution of the Social Perfectionism items**

Items	F1	F2
SPP 1. My family wants me to be perfect		.79
SPP 2. My parents ask me to do everything perfect		.83
SPP 3. My teachers expect me to do my homework perfectly		.66
SPP 4. My parents expect me to be the best at all		.79
SPP 5. My parents expect so much from me that I can never make them happy		.61
SPP 6. I fell I cannot meet all my parent´s expectations		.38
SPP 7. My teacher do not accept my mistakes		.49
SPP 8. My parents do not accept my mistakes		.43
SPP 9. At home I'm punish (I am scolded) if I do not do everything perfectly		.56
SPP 10. My parent criticize me for everything I do (They find mistakes in everything I do)		.44
OOP1. I get angry with my friends when they do not want to get high marks	.64	
OOP 4. I get angry with people who do not do their job properly	.69	
OOP 5. I'm upset by children who do not understand things rapidly	.59	
OOP 7. It enrages me that other people are not perfect	.29	
OOP 8. I try to get together with the smartest	.38	
OOP 10. It annoys me that my best friend does not want to be perfect	.80	
OOP 11. I do not like people who are not very intelligent	.59	

Note. Items < .30 that loaded on both factors were sequentially withdrawn; F1 = Factor corresponding to Other-Oriented Perfectionism; F2 = Factor corresponding to Socially Prescribed Perfectionism. Items follow Table 2 numbering.