



Adaptation of The Child and Adolescent Perfectionism Scale To Turkish: The Validity and Reliability Study

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ABSTRACT: The purpose of this study was to adapt the Child and Adolescent Perfectionism Scale in Turkish and to investigate the validity and the reliability of the scale in a sample of 459 children and adolescents. The results of the principal component analysis, consistent with the original factor structure, yielded two-factor solution: Self-oriented perfectionism and socially prescribed perfectionism. This factor structure was supported by the confirmatory factor analysis. As evidence of convergent validity, socially prescribed perfectionism was positively correlated with depression. In addition, both subscales were significantly correlated with the subscales of the Frost Multidimensional Perfectionism Scale. The findings of reliability analysis were indicated that the Turkish version of the Child and Adolescent Perfectionism Scale was a reliable instrument to measure perfectionism among children and adolescents.

Key words: perfectionism, validity, reliability, Child and Adolescent Perfectionism Scale

INTRODUCTION

The concept of perfectionism represents an important individual difference variable that has a long history in both clinical research and personality psychology (Stoeber, 1998). Perfectionism is defined as striving for flawlessness (Flett & Hewitt, 2002) or the tendency to maintain or to reach unreasonably high standards (Hill, Zrull & Turlington, 1997). Empirical investigation of perfectionism has been increased dramatically in recent years (Flett & Hewitt, 2002).

Perfectionism has been variously defined by researchers. There exists some controversy around the conceptual, as well as the operational definitions of perfectionism (Rice & Preusser, 2002). Perfectionism was first conceptualized as a unidimensional construct (Burns, 1980), and there has been a particular focus on the negative correlates of perfectionism (Bieling, Israeli, Smith & Antony, 2003). Perfectionism has been observed to be associated with negative psychological outcomes, including low self-esteem and depression (Flett, Hewitt, Blankstein & O'Brien, 1991), and anxiety (Antony, Purdon, Huta, & Swinson, 1998). Recent studies that are conducted on children and adolescent samples have revealed similar findings. Perfectionism was found to be associated with depression (McCreary, Joiner, Schmidt & Jalongo, 2004; Hewitt et al., 2002), stress and test taking anxiety (Bieling, Israeli, & Antony, 2004), suicide (Callahan, 1993), eating disorders (Castro et al., 2004), and obsessive-compulsive symptoms (DeKryger, 2005).

Currently, perfectionism is constructed as a multidimensional concept (Frost, Marten, Lahart & Rosenblate, 1990; Hewitt & Flett, 1991). One of the most studied models of multidimensional perfectionism has been the one developed by Hewitt and Flett (1991). Hewitt et al. (2002) described perfectionism as multidimensional, and as encompassing both intra-individual and interpersonal trait components. The major traits of perfectionism that they conceptualized are *self-oriented perfectionism*, which involves requirements for the self to be perfect; *other-oriented perfectionism*, which involves requirements for others to be perfect; and *socially prescribed perfectionism*, which involves perceptions that others require the self to be perfect.

Another early attempt to conceptualize perfectionism as a multidimensional construct was led by Frost et al. (1990). According to Frost et al. (1990), the core feature of perfectionism is setting excessively high standards and these high standards are accompanied by tendencies for overly critical evaluations of one's own behavior. Unlike Hewitt and Flett (1991), Frost et al. (1990) conceptualized the perfectionism under six dimensions and developed a six-factor measure to assess perfectionism. These dimensions are Concern Over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubts About Actions, And Organization.

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Some researchers argue that perfectionism has positive/adaptive and negative/maladaptive components (Chang, 2000; Rice, Leever, Noggle & Lapsley, 2007; Stoeber & Rambow, 2007). Adaptive/maladaptive dichotomy of perfectionism has been supported by various studies (Stoeber, Kempe, & Keogh, 2008; Trumpeter, Watson & Brian, 2006; Gilman & Ashby, 2003a). Adaptive perfectionism involves setting high (but achievable) personal standards, a preference for order and organization, a sense of self-satisfaction, a desire to excel, and a motivation to achieve positive rewards. Maladaptive perfectionism involves unrealistically high standards, intense ruminative concern over mistakes, perceived pressure from others to be perfect, a perceived large discrepancy between one's performance and personal standards, compulsive doubting of one's actions, and motivation to avoid negative consequences (Enns & Cox, 2002). While maladaptive perfectionism was significantly correlated with various forms of distress such as attachment anxiety and depressive mood (Wei, Mallinckrodt, Russell, & Abraham, 2004), adaptive perfectionism was correlated with psychological adjustment (Miquelon, Vallerand, Grouzet & Cardinal, 2005), self-esteem, motivation for school and school achievement (Bergman, Nyland & Burns, 2007; Stoeber & Rambow, 2007), and more positive forms of self-esteem regulation (Trumpeter et al., 2006).

Much of the literature on perfectionism has focused on late adolescents, young adults and adult clinical populations (Rice & Preusser, 2002). There are fewer studies on perfectionism in school-aged children, and these studies have either been limited to gifted populations (Parker & Mills, 1996; Ablard & Parker, 1997; Parker, 1997; Neumeister, 2004) or tended to focus on the negative aspects of perfectionism (Hawkins, Watt & Sinclair, 2006). The little research which has been conducted with gifted school-age students has revealed empirical support for the multidimensionality of perfectionism (Gilman & Ashby, 2003b).

Perfectionism as a problem is not restricted to special or elite groups (Harvey, Pallant & Harvey, 2004). The study of perfectionism might also be particularly important in the school environment where high expectations for academic success become more preeminent (Rice et al., 2007). Recently, some measures were designed to specifically evaluate perfectionism in children. One of these measures is Child and Adolescent Perfectionism Scale (CAPS) developed by Flett, Hewitt, Boucher, Davidson and Munro (2001). CAPS is a 22-item measure designed after the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) for use in children and adolescents. It differed from the adult version in that the scale was designed to assess self-oriented and socially prescribed perfectionism, and does not include a subscale measuring other-oriented perfectionisms. Hewitt et al. (2002) indicated that perfectionisms were associated with several forms of emotional difficulties such as anxiety and hopelessness among children. On the other hand, Flett et al. (2001) argued that self-oriented perfectionism was relatively adaptive and correlated with greater personal adjustment. In contrast, socially prescribed perfectionism was maladaptive and correlated with many adjustment problems. They found that self-oriented perfectionism was correlated with higher levels of school enjoyment and effort in a sample of grade eight students.

Research on perfectionism has been focused almost entirely on Western cultures. However, the few studies conducted in different cultures have supported multidimensional construct of perfectionism in children and adolescents (Cheng, Chong, & Wong, 1999; Slaney, Chadha, Mobley, & Kennedy, 2000; van Hanswijck de Jonge & Waller, 2003; Hawkins et al., 2006). In spite of the fact that there were several studies about perfectionism in adolescents in Turkey, the present study is one of the first about childhood perfectionism. The purpose of this study is to adapt the Child and Adolescent Perfectionism Scale in Turkish and to investigate the validity and the reliability of the scale in a Turkish children and adolescent sample.

METHOD

Participants

The population group of this study comprised 459 elementary and high school students in Izmir. 282 elementary school students (161 girls, 121 boys) from two public elementary schools and 177 high school students (107 girls, 70 boys) from three public high schools participated in this study. The schools were selected randomly from a list of all elementary and high schools that located in Konak (totally 65 elementary schools and 41 high schools located in this district) which is the biggest district of Izmir. From each of the selected schools, one classroom were selected randomly in

each grade. A total of 78 (17%) participants from fourth grade, 150 (32.7%) participants from fifth grade, 54 (11.8%) participants from seventh grade, 101 (22%) participants from ninth grade, and 76 (16.6%) participants from tenth grade were recruited for the study. The age of students ranged from 9 to 16 ($M= 11.6$, $SD=2.43$).

Instruments

Child and Adolescent Perfectionism Scale (CAPS)

CAPS (Flett et al., 2001) is a 22-item, self-report measure that assesses self-oriented (11 items) and socially prescribed (11 items) perfectionism in children who have a minimum of Grade-3 level reading skills. Items are rated on a five-point Likert scale and higher scores reflect greater perfectionism. The multidimensional nature of CAPS was confirmed via factor analysis, as was its ability to assess perfectionism with an adequate level of reliability (Flett et al., 2001). The Turkish version of CAPS was developed by the researchers in the current study.

Turkish version of CAPS (T-CAPS): T-CAPS was developed using the back-translation method. The back-translation is commonly used and regarded as a standard method for translating research instrument from one language to another and this method been recommended by many scholars (Hyrkas, Appelquist-Schmidlechner, & Paunonen-Ilmonen, 2003; Chang, Chau, & Holroyd, 2003; Behling & Law 2000) as it gives an investigator control over the original instrument and its translation. Back translation was maintained through the procedure described by Brislin's (1970) classic back-translation model: First, the original version was translated into Turkish, and then cross-translation was performed by two independent translators. After retranslation of the original items into English, the scale was completely identical to the original version.

Child Depression Inventory (CDI)

The CDI (Kovacs, 1981) contains 27 items describing different symptoms of childhood depression and requires children to choose statements that best describe themselves during the previous two weeks. The statements are graded according to severity from 0 to 2. Approximately half the items are reverse-scored and higher totals reflect more severe depression. The CDI is considered suitable for children 8–17 years of age. The CDI was adapted to Turkish culture by Öy (1991). Internal consistency coefficient of the scale was found as .77, and test-retest reliability coefficient was .80. The results of the diagnostic validity study revealed that the scale discriminated students who were depressed and those who were non-depressed. Cronbach alpha coefficient was found as .83 for this sample.

Frost Multidimensional Perfectionism Scale (FMPS)

The FMPS is a 35-item Likert scale (1=strongly disagree, 5= strongly agree) designed to measure perfectionistic concerns (Frost et al., 1990). The questionnaire consists of six subscales: Concern Over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubts About Actions, and Organization. Cronbach's alpha reliabilities for the subscales ranged from .77 to .93 and Cronbach's alpha for the total scale was .90 (Frost et al., 1990).

The Turkish adaptation of the FMPS was carried out by Mısırlı-Taşdemir (2003). This study consisted of 489 gifted high school students. Factor analysis revealed, consistent with the original scale, a six-factor solution accounting for 47.8% of the total variance. Cronbach's alpha reliability coefficient was found to be .83 for the total scale. Cronbach's alpha reliabilities for the subscales ranged from .63 to .87 (Mısırlı-Taşdemir, 2003). Cronbach's alpha coefficient for the total scale was found as .86 for this sample.

Procedure

The study was conducted after approval was obtained from Ministry of Education in İzmir. After receiving permission, students were informed about the main goal of the research, anonymity, and voluntary participation. All of the students accepted to participate in study. Questionnaires were self-administered under close supervision by the authors. Students filled out questionnaires during the class period. Questionnaires took approximately 30–35 minutes to complete.

Data Analysis

Principal components analysis was employed to determine the factor structure of T-CAPS. Moreover, factors provided by the exploratory analysis were evaluated using a confirmatory factor analysis. Convergent validity of the scale was assessed through the administration of FMPS and CDI for children and adolescents separately. Finally, internal consistencies (Cronbach's alphas) of the subscales were computed, as well as the intercorrelations between the two subscales. Additionally, item-total correlations and test-retest correlations were calculated to determine the reliability of the scale.

RESULTS

Principal Components Analysis

Consistent with investigations of the factor structure of CAPS, a principal components analysis was conducted on the 22-item T-CAPS ($n=459$). Bartlett's test of sphericity, which examines whether correlations in the data set provide suitability for factor analysis, was adequate [$\chi^2=2235.62$, $df=231$, $p<.001$]. The Kaiser-Meyer-Olkin measure of sampling adequacy was .84, also indicating a satisfactory set of data for factor analysis (Staquet, Hays, & Fayers, 1998).

To determine the number of factors to extract, the researchers used a scree test (Cattell, 1966). The resulting scree plot displays the relationship between eigenvalues and factors. The scree plot suggested a two-factor solution. For the whole sample, the two factor solution accounted for 30.47% of the total variance. Factor 1 was labeled socially prescribed perfectionism according to items contents (e.g. There are people in my life who expect me to be perfect) and Factor 2 was labeled self-oriented perfectionism according to item contents (e.g. I try to be perfect in every thing I do). The two factors replicated item clusters of the original scale with the exception of the two items (item 4 and item 22) that coloaded on Factor 1 and Factor 2 with a slightly higher loading on Factor 1. At the same time, factor loadings of two items (item 3 and item 9) less than .20. Therefore, four items were eliminated from the T-CAPS.

A second scree test was performed using the remaining 18 items. The scree plot that resulted supported the two-factor solution, yielding eigenvalues of 4.75 for the first factor and 1.72 for the second factor. Again, varimax rotation was used. After rotation, the resulting factors were Factor 1 (Socially prescribed perfectionism, 9 items) and Factor 2 (Self-oriented perfectionism, 9 items). This two factor solution accounted for 35.96% of the total variance. Item loadings for the first factor ranged from .39 to .80. Item loadings for the second factor ranged from .25 to .73. The resulting factors and their respective factor loadings are presented in Table 1.

Confirmatory Factor Analysis

Factors provided by the principal component analysis were evaluated using a confirmatory factor analysis (CFA). LISREL 8.51 (Jöreskog, & Sörbom, 2001) was used to analyze the 18 items. A covariance matrix was used as input data (Cudeck, 1989) and the method of estimation was maximum likelihood. In CFA, four practical fit indexes were used to evaluate the adequacy of the model tested: (1) the goodness-of-fit index (GFI) such that 0.90 or above indicates a good fit, (2) the adjusted goodness-of-fit index (AGFI) such that 0.85 or above indicates a good fit, (3) the standardized root mean-square residual (SRMR) such that value less than .05 indicates a good fit and values as high as 0.08 are deemed acceptable and (4) the ratio χ^2 statistical test/degrees of freedom (χ^2/df) such that values less than 3 indicates a good fit. (Byrne, 1998; Hu and Bentler, 1999).

For the total sample CFA indicated that the two-factor model fit the data well: $\chi^2=314.40$, $df=129$, $p>.001$; $\chi^2/df=2.43$; RMSEA=0.055, SRMR=0.051; GFI=0.93; CFI=0.90. And correlation between the two factors in the CFA was .64 suggesting considerable overlap between the two factors.

Table 1. Principal Components Analysis of T-CAPS

Item No	Scale Items	First factor analysis		Second factor analysis	
		Factor		Factor	
		1 (Social)	2 (Self)	1 (Social)	2 (Self)
1	I try to be perfect in every thing I do	-	.69	-	.70
2	I want to be the best at everything I do	-	.73	-	.74
3	My parents don't always expect me to be perfect in everything I do	-.14	-.12	These items were excluded from scale	
4	I fell that I have to do my best all the time	.33	.25		
5	There are people in my life who expect me to be perfect	.62	.19	.65	.16
6	I always try for the top score on a test	-	.44	-	.47
7	It really bothers me if I don't do my best all the time	.16	.35	.15	.37
8	My family expects me to be perfect	.63	.20	.65	.17
9	I don't always try to be the best	-	.18	This item was excluded from scale	
10	People expect more from me than I am able to give	.72	-	.73	-
11	I get mad at myself when I make a mistake	.10	.34	.14	.35
12	Other people think that I have failed if I do not do my very best all the time	.37	.12	.40	.16
13	Other people always expect me to be perfect	.79	.13	.80	.11
14	I get upset if there is even one mistake in my work	.27	.51	.27	.52
15	People around me expect me to be great at everything	.59	.19	.61	.17
16	When I do something, it has to be perfect	.31	.56	.33	.56
17	My teachers expect my work to be perfect	.48	.17	.48	.16
18	I do not have to be the best at everything I do	-	.25	-	.26
19	I am always expected to do better than others	.65	.20	.66	.18
20	Even when I pass, I feel that I have failed if I didn't get one of the highest marks in the class	.20	.44	.22	.43
21	I feel that people ask too much of me	.62	-	.63	-
22	I can't stand to be less than perfect	.27	.20	This item was excluded from scale	
Total of variance		18.28%	12.17%	21.80%	14.16%

Convergent Validity

Convergent validity were assessed through the administration of measures related to perfectionism (FMPS subscale scores) and related constructs such as depression (CDI). Two hundred twenty eight children (grade 4th and 5th) and two hundred thirty one adolescent (grade 7th, 9th and 10th) completed CDI and T-CAPS while two hundred thirty one adolescents (grade 7th, 9th and 10th) completed FMPS and T-CAPS. Since FMPS was developed for adolescents and adults, only the adolescents completed the FMPS.

As a result, socially prescribed perfectionism subscale of T-CAPS was significantly related CDI for total sample ($r=.60, p<.05$), for children subsample ($r=.58, p<.05$), and for adolescents subsample ($r=.67, p<.05$). However there was no significant correlation between self-oriented perfectionism subscale of T-CAPS and CDI both total sample and subsamples.

On the other hand, results showed that both subscales scores of T-CAPS were significantly correlated with the six-subscale scores of the FMPS except for the correlation between self-oriented perfectionism and personal criticism subscale of the FMPS. Table 2 provides the detailed results of this correlational analysis.

Table 2. *Correlations Between T-CAPS Subscales and FMPS Subscales*

		Self-oriented perfectionism	Socially prescribed perfectionism
Subscales of FMPS	Organization	.37**	.16*
	Concern Over Mistakes	.30**	.25**
	Doubts About Actions	.18*	.20**
	Parental Expectations	.30**	.52**
	Parental Criticism	-.04	.26**
	Personal Standards	.42**	.35**

**p<.001 *p<.05

Item-Total Correlations

Item total correlations for each item of the T-CAPS with the total the T-CAPS scores were also calculated (see Table 3). All correlation coefficients were significant at the .001 level and ranged from .23 to .61. These findings add support to the internal consistency of the T-CAPS with a younger population.

Table 3. *T-CAPS Item-Total Correlation Coefficients*

T-CAPS items	T-CAPS Total Score
1	.28**
2	.31**
5	.51**
6	.23**
7	.27**
8	.53**
10	.54**
11	.33**
12	.36**
13	.61**
14	.44**
15	.50**
16	.50**
17	.41**
18	.26**
19	.55**
20	.36**
21	.44**

** p<.001

Internal Consistency Reliability of T-CAPS

Cronbach's alpha was computed to assess the internal reliability of T-CAPS subscales. The reliability coefficient for T-CAPS was sufficiently high (alpha= .82) for socially prescribed perfectionism. A lower Cronbach's alpha reliability was obtained for self-oriented perfectionism (alpha=.64). Also Cronbach's alpha reliability was computed for children and adolescents subsamples. According to these results for children subsample Cronbach's alpha reliability was .76 for socially prescribed perfectionism and .57 for self-oriented perfectionism. Moreover for adolescent subsample Cronbach's alpha reliability was .86 for socially prescribed perfectionism and .72 for self-oriented perfectionism.

Intercorrelations Among T-CAPS Domains

The correlations between the two subscales were computed. Significant associations were obtained from the total sample (r=.48, p<.001). These correlations provide support for the multidimensionality of the scale, indicating that children and adolescents were able to differentiate the specific domains.

Test-Retest Reliability

The test-retest correlations were computed for fifty six students who completed the T-CAPS on two separate occasions separated by two weeks. The test-retest correlation was .63 ($p < .001$) for self-oriented perfectionism, and .72 ($p < .001$) for socially prescribed perfectionism.

Descriptive Statistics

Using the total sample of 459 children and adolescents, means and standard deviations were calculated for the two subscales. Results were as follows: 31.66 ($SD=7.66$) for socially prescribed perfectionism, and 33.14 ($SD= 5.75$) for self-oriented perfectionism scale. The means indicated a relatively high degree of perfectionism of the students for total perfectionism.

DISCUSSION

The present study was aimed to adapt CAPS in Turkish, and to investigate validity and the reliability of the scale in a sample of school-based Turkish children and 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 T-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., 2001). These factors were: Self-oriented perfectionism, and socially prescribed perfectionism.

The items converged under factors similar to the original study. However, the original form of the scale was modified for the Turkish version such that four items were eliminated, and an item (item 14) was converged under the self-oriented subscale. In the original study, the factor loadings of this item were similar for the two dimensions (for self-oriented subscale= .41, for socially prescribed subscale= .44). The other differences between the original factor structure (22 item) and the observed factor structure (18 item) can be explained by probably cultural issues. It can be stated that Turkish family structure and traditional values are somewhat different from Western countries (Kağıtçıbaşı, 2009). Family ties in Turkey are stronger than in Western cultures, and parents have high expectations from their children. It is believed that perceived parents' expectations play an important role in perfectionism (Frost et al., 1990). In addition, competitive educational system in Turkey may have an effect on perfectionistic tendencies among Turkish children and adolescents. In spite of these small differences, it seems that the original factor structure is similar to the factor structure obtained from the Turkish sample. This finding is important to support the validity of CAPS subscales in different cultures. This may also imply that self-definitions for Turkish children and adolescents may be similar to Western cultures. On the other hand, findings of the study supported multidimensional perfectionism construct in children and adolescent samples, consistent with previous studies conducted in different cultures (Cheng et al., 1999; Enns, Cox & Clara, 2002).

Convergent validity of the scale was indicated by correlational analyses that examined the relations between T-CAPS scores and CDI and FMPS scores. Convergent validity refers to measure of constructs that theoretically should be related to each other. In the perfectionism literature depression as a correlate of perfectionism has considerable justification (Rice et al., 2007). In this study socially prescribed perfectionism, but not self-oriented perfectionism was correlated moderately with depression scores. The results of the study were generally consistent with the previous studies. Flett, Beser, Davis, & Hewitt (2002) have found that socially prescribed perfectionism was significantly correlated with depression, while the other perfectionism dimensions were not associated with depression in a sample of college students. Huggins, Davis, Rooney, & Kane's (2008) found that socially prescribed perfectionism was the only significant predictor of depressive disorder diagnostic status. Similarly, Donaldson, Spirito, & Farnett (2000) found that socially prescribed perfectionism, but not self-oriented perfectionism was a significant predictor of suicidal ideation in adolescent inpatients. Based on these findings, it can be speculated that socially prescribed perfectionism could be a maladaptive form of perfectionism. On the other hand, self-oriented perfectionism may have some adaptive aspects.

With regard to the correlations between the subscales of T-CAPS and FMPS, it was found that socially prescribed perfectionism was significantly associated with all six subscales of FMPS. Self-oriented perfectionism scale was significantly correlated with all of the subscales of FMPS except for parental criticism. Because self-oriented perfectionism is an intrapersonal dimension of the

perfectionism construct, perhaps this component is incongruent with parental criticism. Consistent with a previous study (Frost et al., 1993), the results indicated that there is a considerable overlap between the two scales. On the other hand, while self-oriented perfectionism was most closely associated with Personal Standards and Organization, socially prescribed perfectionism was most closely associated with Parental Expectations. Similarly, Frost et al.'s (1993) argued that Organization, Personal Standards and self-oriented perfectionism were the positive dimensions of perfectionism, but Concern over Mistakes, Parental Criticism, Parental Expectations, Doubts about Actions and socially prescribed perfectionism were the maladaptive dimensions of perfectionism and were correlated with negative outcomes.

In this study reliability of T-CAPS was assessed by using test-retest reliability and internal consistency reliability. Although socially prescribed perfectionism subscale showed sufficiently high correlations in terms of test-retest reliability and internal consistency reliability, self-oriented perfectionism subscale demonstrated slightly lower test-retest reliability and internal-consistency reliability. In comparison with original study (Flett et al., 2001), reliability coefficient in the present study for self-oriented perfectionism was lower. For socially prescribed perfectionism, a similar reliability coefficient was obtained. On the other hand, March, Parker, Sullivan, Stallings, & Connors (1997) stated that reliability coefficients between .6 and .9 are to be expected for scales designed for use with children. Following with this criteria, reliability coefficients for both subscales were found to be robust.

In conclusion, this study provides preliminary support for the psychometric properties of T-CAPS. Therefore, the scale can be used for measuring perfectionism in Turkish children and adolescents aged between 9-16. In addition, T-CAPS demonstrated a similar factor structure with the original scale, and the results confirmed multidimensionality of the perfectionism construct in a Turkish sample. On the other hand, the results of the reliability analysis for self-oriented perfectionism were found slightly lower. Because a reliability estimate is a function of a sample, future research needs to support the reliability of the scale by using different samples.

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Çocuk ve Ergen Mükemmeliyetçilik Ölçeği'nin Türkçe'ye Uyarlanması: Geçerlik ve Güvenirlik Çalışması

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ÖZ: Bu çalışmanın amacı, 459 çocuk ve ergenden oluşan bir çalışma grubunda Çocuk ve Ergen Mükemmeliyetçilik Ölçeği'ni Türkçe'ye uyarlamak, geçerlik ve güvenirlik çalışmasını yapmaktır. Yapılan temel bileşenler analizinin sonuçları, orijinal faktör yapısına benzer şekilde iki faktörlü bir yapıyı ortaya çıkarmıştır: Kendine yönelik mükemmeliyetçilik ve sosyal kaynaklı mükemmeliyetçilik. Bu faktör yapısı doğrulayıcı faktör analizi ile desteklenmiştir. Ölçüt geçerlik çalışması kapsamında, sosyal kaynaklı mükemmeliyetçilik puanları ile depresyon puanları arasında pozitif yönde anlamlı ilişkiler olduğu bulunmuştur. Bunun yanında her iki mükemmeliyetçilik boyutunun, Frost Çok Boyutlu Mükemmeliyetçilik Ölçeği'nin alt boyutları ile anlamlı olarak ilişkili olduğu bulunmuştur. Ölçeğin güvenirliliğine ilişkin yapılan analizlerin sonuçları, Türkçe'ye uyarlanan Çocuk ve Ergen Mükemmeliyetçilik Ölçeği'nin çocuk ve ergenlerde mükemmeliyetçiliği ölçmek için güvenilir bir araç olduğunu göstermiştir.

Anahtar Sözcükler: mükemmeliyetçilik, geçerlik, güvenirlik, Çocuk ve Ergen Mükemmeliyetçilik Ölçeği

ÖZET

Amaç ve önem: Mükemmeliyetçilik, kusursuz olmak için çabalama (Flett & Hewitt, 2002), makul olmayan yüksek standartlara ulaşma ve bu standartları koruma eğilimi olarak tanımlanmaktadır (Hill, Zrull & Turlington, 1997). Mükemmeliyetçilik uzun yıllar boyunca araştırmacılarca farklı şekillerde tanımlanmış ve kavramsallaştırılmıştır. Mükemmeliyetçilik ilk olarak tek boyutlu bir yapı olarak kavramsallaştırılmış (Burns, 1980) ve mükemmeliyetçiliğin ilişkili olduğu, düşük benlik saygısı ve depresyon gibi olumsuz değişkenler üzerine odaklanılmıştır (Bieling, Israeli, Smith & Antony, 2003). Günümüzde mükemmeliyetçilik olumlu ve olumsuz özellikleri kapsayacak şekilde çok boyutlu bir yapı olarak kavramsallaştırılmaktadır (Frost, Marten, Lahart & Rosenblate, 1990; Hewitt & Flett, 1991).

Çok boyutlu mükemmeliyetçiliğe dair geliştirilen modellerden en iyi bilinenlerinden biri Hewitt ve Flett (1991) tarafından geliştirilmiştir. Araştırmacılar, mükemmeliyetçiliği kişi-içi ve kişilerarası boyutlarına göre kavramsallaştırmaktadır. Bu boyutlar, kişinin mükemmel olmaya yönelik gereksinimlerini içeren kendine yönelik mükemmeliyetçilik, diğerlerinin mükemmel olmaya yönelik beklentileri içeren diğerlerine yönelik mükemmeliyetçilik ve diğerlerinin kişinin mükemmel olması yönündeki beklentilerine dair algılamaları içeren sosyal kaynaklı mükemmeliyetçiliktir.

Mükemmeliyetçilik, yüksek akademik başarı beklentilerinin egemen olduğu okul ortamlarında çalışılması önem taşıyan bir konudur. Son yıllarda çocuk ve ergenlerde mükemmeliyetçiliği değerlendirmek amacıyla bazı ölçekler geliştirilmiştir. Bu ölçeklerden biri, Flett, Hewitt, Boucher, Davidson and Munro (2001) tarafından geliştirilen Çocuk ve Ergen Mükemmeliyetçilik Ölçeği'dir. Ölçek, Hewitt ve Flett (1991) tarafından geliştirilen Çok Boyutlu Mükemmeliyetçilik ölçeği esas alınarak hazırlanmıştır. Yetişkin versiyonundan farklı olarak iki boyutu içermektedir. Bu boyutlar, kendine yönelik mükemmeliyetçilik ve sosyal kaynaklı mükemmeliyetçiliktir.

Bu çalışmanın amacı, Çocuk ve Ergen Mükemmeliyetçilik Ölçeği'ni Türkçe'ye uyarlamak, geçerlik ve güvenirlik çalışmasını yapmaktır. Mükemmeliyetçilik, ağırlıklı olarak Batı toplumlarında çalışılan bir kavram olup, yapılan çalışmalar daha çok ergenler ve yetişkinlerle yürütülmüştür.

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Çocukluk döneminde mükemmeliyetçilik, nispeten daha yeni bir çalışma alanı olarak değerlendirilebilir. Türkiye’de ilköğretim I. Kademe düzeyindeki çocukların mükemmeliyetçilik özelliklerini değerlendirmeye yönelik bir ölçme aracının bulunmaması açısından, bu çalışmanın gerek konu ile ilgili alanyazına, gerekse çocuk ve ergenlerle çalışan okul psikolojik danışmanları ve öğretmenlere katkı sağlaması beklenmektedir.

Yöntem: Araştırmanın çalışma grubunu İzmir ili merkez ilçelerinde bulunan ilköğretim ve ortaöğretim okullarından random olarak seçilen 459 çocuk ve ergen oluşturmaktadır. Katılımcıların yaşları 9 ile 16 arasında değişmektedir. Çalışmada üç ölçme aracı kullanılmıştır. Bunlar, Çocuk ve Ergen Mükemmeliyetçilik Ölçeği, Frost Çok Boyutlu Mükemmeliyetçilik Ölçeği ve Çocuklar İçin Depresyon Ölçeği’dir.

Bulgular: Ölçeğin geçerlik çalışması kapsamında yapılan temel bileşenler analizinin sonuçları toplam varyansın % 35.96’sını açıklayan iki faktörlü bir yapı ortaya çıkarmıştır. Bu iki boyut kendine yönelik mükemmeliyetçilik ve sosyal kaynaklı mükemmeliyetçiliktir. Elde edilen bu iki faktörlü yapı doğrulayıcı faktör analizi sonuçları ile desteklenmiştir. Ölçüt geçerliği çalışması kapsamında, ölçeğin iki alt boyutunun, depresyon puanları ve Frost Çok Boyutlu Mükemmeliyetçilik alt ölçek puanları arasındaki korelasyonlar değerlendirilmiştir. Sonuçlar, sosyal kaynaklı mükemmeliyetçilik ile depresyon puanları arasında pozitif yönde anlamlı korelasyonlar olduğunu, her iki mükemmeliyetçilik alt boyutu ile Frost Çok Boyutlu Mükemmeliyetçilik alt ölçek puanları arasında anlamlı ilişkiler olduğunu ortaya koymuştur. Ölçeğin güvenilirlik çalışması kapsamında, her iki mükemmeliyetçilik alt boyutunun test-tekrar test korelasyonları ve iç tutarlılık katsayıları hesaplanmıştır. Ölçeğin test-tekrar test korelasyonları kendine yönelik mükemmeliyetçilik ölçeği için .63, sosyal kaynaklı mükemmeliyetçilik için .72 olarak bulunmuştur. Ölçeğin iç tutarlılık katsayıları ise kendine yönelik mükemmeliyetçilik ve sosyal kaynaklı mükemmeliyetçilik alt ölçekleri için sırasıyla .64 ve .82 olarak bulunmuştur.

Tartışma ve Sonuç: Bu çalışmada, Çocuk ve Ergen Mükemmeliyetçilik Ölçeği’ni Türkçe’ye uyarlamak, geçerlik ve güvenilirlik çalışmasını yapmak amaçlanmıştır. Ölçeğin faktör yapısına ilişkin sonuçlar, orijinal ölçeğin faktör yapısına benzer şekilde iki faktörlü bir yapı ortaya koymuştur. Faktör yapıları arasında gözlenen nispeten az sayıdaki farklılıkların ise kültürel farklılıklarla açıklanabileceği düşünülmektedir. Ölçeğin sosyal kaynaklı mükemmeliyetçilik alt ölçeği için elde edilen güvenilirlik katsayıları yeterince yüksek olmakla birlikte, kendine yönelik mükemmeliyetçilik alt ölçeği için elde edilen güvenilirlik katsayıları kabul edilebilir ancak nispeten düşük bulunmuştur. Ölçeklerin güvenilirlik analizleri örnekleme duyarlı olmasından dolayı daha büyük örneklemelerle yapılacak ileriki çalışmalar, ölçeğin güvenilirliğine ilişkin katkı sağlaması bakımından yararlı olacaktır. Sonuç olarak, mevcut çalışmanın sonuçları Çocuk ve Ergen Mükemmeliyetçilik Ölçeği’nin Türkçe versiyonunun çocuk ve ergenlerde mükemmeliyetçilik özelliklerini ölçmek için geçerli ve güvenilir bir araç olarak kullanılabilmesini gösterirken, aynı zamanda çocukluk döneminde mükemmeliyetçiliğin çok boyutlu yapısına dair destek sağlamaktadır.