

# Perfectionism, Gender, And Body Mass Index In The Field Of Greek Traditional Dance: A Psychometric Study

Balios Charalampos, Pitsi Athina, Emmanouilidou Kyriakoula,  
Masadis Grigorios, Mavridou Zoe, Mpenavidi Andriana, Michaloudis Georgios,  
Feidaki Ioanna, & Filippou Filippou

<sup>1</sup>Department Of Physical Education & Sport Sciences/ Democritus University Of Thrace, Greece)

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## Abstract:

**Background:** To investigate the levels of perfectionism among individuals participating in Greek Traditional Dance (GTD) classes and to categorize them based on the model proposed by Rice, Richardson, and Tueller (2014). Furthermore, it examined whether gender and Body Mass Index (BMI) function as influencing factors in the manifestation of perfectionism. Finally, the structural validity of the questionnaire employed was assessed.

**Materials and Methods:** The sample consisted of 131 dancers recruited from cultural and dance associations, cultural organizations, and municipal cultural enterprises. Among them, 75 (57.3%) were male and 56 (42.7%) were female, with a mean age of 27.53 years ( $SD = 11.21$ ). Data were collected using the short form of the Revised Almost Perfect Scale (Rice et al., 2014), which includes eight items divided equally between two factors. Each factor comprises four items rated on a 7-point Likert scale. Statistical analyses included descriptive and inferential statistics, confirmatory factor analysis (CFA), evaluation of internal consistency and convergent validity, and one-way ANOVA.

**Results:** The results of the statistical analysis indicated the following: (1) The theoretical model and parameter estimates demonstrated a good fit to the data ( $\chi^2 = 58.84$ ,  $RMSEA = 0.077$ ,  $SRMR = 0.024$ ,  $CFI = 0.92$ ,  $NFI = 0.91$ ). Internal consistency and convergent validity for both factors were high (discrepancy:  $CR = 0.928$ ,  $AVE = 0.766$ ; standards:  $CR = 0.848$ ,  $AVE = 0.584$ ). (2) Statistically significant differences were observed: (a) Regarding gender, it was a significant differentiating factor only for the “discrepancy” factor, with males scoring higher. (b) Regarding BMI, it was a differentiating factor only for the “standards” factor, with the lowest scores observed among individuals classified as Class II obese. (3) In terms of classification, 45.8% of participants were identified as “adaptive perfectionists,” 51.1% as “non-perfectionists”, and only 3.1% as “maladaptive perfectionists”.

**Conclusion:** (1) The findings support the theoretical validity of the proposed model. (2) Gender partially influences the expression of perfectionism. (3) BMI is negatively associated with perfectionism standards, particularly among individuals with Class II obesity. (4) Most participants were categorized within non-pathological forms of perfectionism.

**Key Word:** Perfectionism; Standard; Discrepancy; Overweight; Obesity.

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## I. Introduction

Perfectionism, according to Flett and Hewitt, is the desire and effort an individual exerts for their endeavour to be crowned with such success that no one can question its absolute flawlessness—perfection without any defect<sup>1</sup>. The exploration of perfectionism as a personality trait in both clinical and non-clinical populations has been the subject of research in recent decades<sup>2,3</sup>. Research has shown that perfectionism is associated with anxiety, depression, suicidal ideation, and eating disorders<sup>4,5,6,7</sup>. Until the 1980s, the prevailing research trend viewed perfectionism as a causal factor responsible for the emergence of various psychological conditions. In the early 1990s, however, research began to shift, recognising the multifaceted nature of perfectionism. Contemporary studies now also explore its potential positive effects on human behaviour.

Hamachek was one of the first researchers to identify positive characteristics in perfectionism, in addition to its negative aspects<sup>8</sup>. He distinguished two types of perfectionism: the first, termed “normal perfectionism,” referred to its positive effects, while the second, “neurotic perfectionism,” referred to its negative impacts. Years later, Hewitt and Flett, in developing the Multidimensional Perfectionism Scale (MPS), proposed three types of perfectionism<sup>9,10,11</sup>. The first type -self-oriented perfectionism- is characterised by particularly high self-imposed demands for perfect outcomes. The second—other-oriented perfectionism— is defined by the imposition of exceptionally high standards on others. Both of these types have been linked to positive outcomes<sup>12</sup>. In contrast,

the third type—socially prescribed perfectionism—is consistently associated with negative outcomes<sup>13,14</sup>. This type centres on the perceived expectations of others and the individual's need to meet those expectations. These significant others are usually people the individual considers important in their life.

These categorizations are not the only ones. Adkins and Parker differentiated between active and passive perfectionism; Rhéaume et al. distinguished between functional and dysfunctional perfectionism; Laurenti, Bruch, and Haase referred to healthy and unhealthy perfectionism; and Rice, Ashby, and Slaney proposed a distinction between adaptive and maladaptive perfectionism<sup>15,16,17,18</sup>.

Sport is an area where perfectionism naturally manifests, as winning and success—especially at elite levels—result from the ideal execution of effort. According to Núñez et al., perfectionism has always been present in the world of exercise and sport and is a defining feature of the sporting domain<sup>19</sup>. This may explain the large number of studies examining the impact of perfectionism on the psychosynthesis and performance of athletes.

Longbottom, Grove, and Dimmock investigated the correlations between the dimensions of perfectionism—adaptive and maladaptive—and the cognitive and behavioural aspects of motivation to participate in physical activity<sup>20</sup>. The study revealed a model in which adaptive perfectionism was positively associated with motivational aspects reflecting self-efficacy, goal-setting, and persistence. In contrast, maladaptive perfectionism was linked to dysfunctional motivational dimensions, including performance insecurity, fear of failure, and avoidance of physical activity.

Vicent, Sanmartín, Vázquez-Rubio, and García-Fernández examined the relationship between perfectionism and motivation to engage in exercise within the framework of self-determination theory<sup>21</sup>. Their study involved 597 university students enrolled in sport sciences programmes. Two scales were used to assess perfectionism: the Multidimensional Perfectionism Scale (FMPS) by Frost et al. and the Multidimensional Perfectionism Scale (HMPS) by Hewitt and Flett, both translated into Spanish<sup>22,9</sup>. Motivation was measured using the Spanish version of the Behavioral Regulation in Exercise Questionnaire (BREQ-3)<sup>23,24</sup>. Statistical analysis revealed four distinct perfectionism profiles: adaptive perfectionists (high expectations and low concerns), maladaptive perfectionists (high expectations and high concerns), moderate perfectionists (moderate levels of both), and non-perfectionists (low scores on both dimensions). Twenty percent of participants were identified as being at risk of mental health issues due to high scores on dysfunctional perfectionism. Adaptive perfectionists scored higher on motivational forms linked to autonomy, such as intrinsic motivation, integrated regulation, and identified regulation, with significant differences compared to moderate and non-perfectionists. In contrast, maladaptive perfectionists scored significantly higher on forms of motivation associated with internal and external pressure, as well as amotivation.

The negative effects of perfectionism in sport have also been confirmed by other studies. Gustafsson, Hill, Stenling, and Wagnsson investigated whether athletes could be categorised based on their perfectionism scores and the achievement climate fostered by their parents<sup>25</sup>. The data revealed four athlete categories, of which the third and fourth—those characterised by high perfectionism and strong work orientation—showed elevated levels of burnout. According to the researchers, young athletes with high perfectionism and parents focused solely on winning, without concern for effort or personal improvement, are at increased risk of developing burnout.

Training anxiety is another key indicator of overtraining syndrome. Madigan, Stoeber, and Passfield explored the relationship between perfectionism and training anxiety<sup>26</sup>. They proposed that perfectionist athletes might train harder and longer than needed, increasing their susceptibility to anxiety. Their research involving 141 athletes aged 16–19 showed that perfectionistic concerns predicted higher training anxiety, while perfectionistic aspirations predicted lower anxiety. However, over time, only aspirations continued to predict anxiety, highlighting the dynamic nature of perfectionistic traits.

One potential negative outcome of perfectionism is engagement in health-damaging behaviours such as doping. Madigan, Mallinson-Howard, Grugan, and Hill (2020) conducted a meta-analysis exploring the relationship between perfectionism and attitudes towards doping. They applied the 2x2 model of perfectionism, which differentiates between personal standards perfectionism (PSP) and evaluative concerns perfectionism (ECP)<sup>28</sup>. This model produces four profiles: non-perfectionists, pure PSP, pure ECP, and mixed perfectionism. Athletes with high ECP and low PSP were found to be at greater risk of holding favourable attitudes towards doping. The concept of "dark achievement motivation"—pursuing success through unethical means—was central to this analysis. It was concluded that evaluative concerns, especially when not balanced by personal standards, increase susceptibility to harmful behaviours.

Among all athletes, those most at risk of developing problematic eating behaviours are participants in aesthetic sports, such as gymnastics and swimming. St-Cyr, Gavrilu, Tanguay-Sela, and Vallerand investigated the impact of perfectionism on the health of such athletes, focusing on the role of passion in mediating its effects<sup>29</sup>. In two studies involving gymnasts and artistic swimmers, the researchers found that socially imposed perfectionism correlated with obsessive passion, which in turn was associated with eating disorders. Conversely, self-oriented perfectionism was associated with both obsessive and harmonious passion, the latter being linked to

better psychological well-being. These findings suggest that the nature of an athlete's passion—whether obsessive or harmonious—significantly affects how perfectionism impacts their health.

Dance, especially at a professional level, shares many similarities with aesthetic sports. Arcelus, García-Dantas, Sánchez-Martín, and Del Río Sánchez studied 281 female dancers and identified “worry about mistakes” as a factor associated with mood disorders and anxiety, while “personal standards” were linked to disordered eating behaviours<sup>30</sup>. The former emerged as a key predictor of dancers at risk.

Atienza, Castillo, Appleton, and Balaguer also examined the role of motivation in the relationship between perfectionism, burnout, and subjective vitality in 146 dancers<sup>31</sup>. Their analysis showed that lack of motivation mediated the relationship between both self-oriented and socially prescribed perfectionism with burnout and vitality. Self-oriented perfectionism was negatively correlated with lack of motivation, whereas socially prescribed perfectionism was positively correlated. Lack of motivation predicted both increased burnout and decreased vitality.

Arbinaga investigated the relationships between perfectionism, self-efficacy, and resilience in young dancers<sup>32</sup>. Among 147 participants, those with higher resilience displayed greater self-efficacy, although no significant differences in perfectionism were observed. Nonetheless, adaptive perfectionism showed a tendency to correlate positively with resilience, while maladaptive perfectionism appeared negatively correlated. The study concluded that self-efficacy is a stronger predictor of resilience than perfectionism, although all these traits play a significant role in the dancer's psychological and performance profile.

From the above, it becomes evident that no research to date has investigated the levels of perfectionism among dancers of GTD. Thus, the aim of this study was to examine the levels of perfectionism in dancers of GTD, classify them according to the model of Rice, Richardson, and Tueller, and determine whether gender and BMI influence perfectionism levels<sup>33</sup>. Additionally, the study aimed to validate the structure of the questionnaire employed.

## II. Material And Methods

### Participants

One hundred thirty-one dancers participating in cultural and dance associations, cultural societies, and municipal cultural enterprises took part in the survey. Of these, 75 or 57.3% were men and 56 or 42.7% were women. The demographic characteristics are presented in Table 1.

**Table 1.** Demographic characteristics of the sample

Total	Gender		Age		Aging group	Numeric	%
	Men	Women					
		%		%	<25	70	53.40
112	75	57.3	56	42.7	26-35	38	29.00
					36-45	6	4.60
					46-55	10	7.60
					55+	7	5.30

a) Anthropometric characteristics: The questionnaire, in addition to the questions related to gender and age, included questions concerning the weight and height of the dancers, as these are necessary for the calculation of BMI [Weight (kg)/Height<sup>2</sup> (cm)<sup>2</sup>] (tab. 2). According to Panoutsopoulou, the BMI categories are the same for both genders<sup>34</sup>.

**Table 2.** Categorization of the sample according to BMI

Classification BMI		Numeric	%
Underweight	<18.49	2	1.5
Normal weight	18.5 – 24.99	77	58.8
Overweight	25 – 29.9	44	33.6
1 <sup>st</sup> degree of obesity	30 – 34.99	6	4.6
2 <sup>nd</sup> degree of obesity	35 – 39.99	2	1.5
3 <sup>rd</sup> degree of obesity	>40	0	0.0
Total		131	100.0

b) For the assessment of perfectionism, the Short Form of the Revised Almost Perfect Scale by Rice, Richardson, and Tueller was used<sup>33</sup>. This scale is the short version of The Revised Almost Perfect Scale<sup>35</sup>. The scale consists of 23 statements that explore the three dimensions of perfectionism. The first dimension/factor — standards — consists of seven (7) items (e.g., "I have a strong need to strive for perfection") and explores the standards that the individual sets for themselves in terms of their level of demand for perfection, the degree of effort they are willing to invest in achieving their goals, and their expectations regarding the outcome of that effort. All this is evaluated without the individual doubting their own abilities. The second dimension/factor -order- consists of four (4) items and assesses the effort a person makes to achieve the goals they have set (e.g., "I always like to be organized and

disciplined"). Finally, the third dimension/factor -discrepancy -consists of twelve (12) items and explores the extent of negative self-judgment regarding one's abilities when the expected outcomes, based on personal quality standards, are not met (e.g., "I am never satisfied with my achievements"). Essentially, the three dimensions assess the two types of perfectionism: adaptive and non-adaptive perfectionism. The first two factors assess adaptive perfectionism, while the third factor assesses non-adaptive perfectionism. Based on their scores in each factor, participants are classified as adaptive perfectionists, non-adaptive perfectionists, or non-perfectionists.

Rice, Richardson, and Tueller questioned the above factorial structure of the questionnaire, although it has been confirmed by several studies, citing several reasons<sup>33, 36, 37</sup>. According to the researchers, two are the most important: The first is Stoeber and Otto's recommendation that researchers should avoid using the "order" factor, since its inclusion contributed little to understanding perfectionism beyond what the "standards" and "discrepancy" factors already provided—despite showing good factorial structure and internal consistency<sup>7</sup>. The second reason is the ambiguity of certain formulations. For example, they mention the statement "I have high standards of performance at work or school." They argue that it is unclear how someone should respond if they have high standards at school but not at work, or vice versa. Additionally, the statement is unclear for individuals who are only working or only studying<sup>33</sup>. For these reasons, and others, they revised the questionnaire, proposing a shorter version that now consists of eight statements divided into the two factors assessing adaptive perfectionism (standards and discrepancy). Each factor includes four items, rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). High scores on the standards subscale indicate strong effort and achievement orientation, while high scores on the discrepancy subscale reflect elevated self-critical responses when there is a gap between performance and personal standards.

During its development, the questionnaire showed good internal consistency, with Cronbach's  $\alpha$  values of .87 (standards) and .84 (discrepancy). The SAPS has been translated and validated in multiple languages and cultural contexts. Satisfactory results were reported in Rice, Park, Hong, and Lee's study validating SAPS among South Korean and American university students<sup>38</sup>. Cronbach's  $\alpha$  values were .80 (standards) and .74 (discrepancy) for the South Korean sample, and .92 and .74, respectively, for the American sample. Similarly satisfactory results were reported when the scale was translated into Korean and English for a study involving Koreans living in the United States<sup>39</sup>. The Omega index for the Korean version was .716 (standards) and .741 (discrepancy), while for the English version it was .814 and .588, respectively<sup>40</sup>. In the Brazilian validation of the questionnaire, Cronbach's  $\alpha$  values were .75 (standards) and .79 (discrepancy), while the total scale yielded  $\alpha$  of .77<sup>41</sup>.

### **Procedure**

The translation and adaptation of the questionnaire into Greek was carried out following the back-translation method as proposed by Banville, Desrosiers, and Genet-Volet when questionnaires are used in cultural contexts different from those for which they were originally developed<sup>42</sup>. Initially, two professional translators translated the questionnaire into Greek. The two resulting versions were compared and merged to produce a version mutually accepted by both translators. This Greek version was then back-translated into English by two additional professional translators to ensure the accuracy of the initial translation. The final version was distributed to 50 dancers of varying educational backgrounds and dance genres in order to verify the clarity and comprehensibility of the items prior to the final data collection.

### **Statistical analysis**

Statistical analysis was conducted using IBM SPSS Statistics (Version 26.0; IBM, Armonk, NY, USA) and LISREL (Version 8.80; Scientific Software International, Chapell Hill, NC, USA) software packages. The statistical analysis of the survey data included elements of descriptive and inferential statistics, such as central tendency and dispersion indicators (Mean/M, Standard Deviation/SD), while, for the confirmation of the structural validity of the questionnaire, a confirmatory factor analysis was conducted. The  $\chi^2/DF$  ( $\chi^2$ /degrees of freedom), Root Mean Square Error of Approximation (RMSEA), Standardized Root Mean Square Residual (SRMR), Comparative Fit Index (CFI), and Normed Fit Index (NFI) were taken into consideration to assess the structural validity of the questionnaires. The model shows a good fit when the above indices take the following values:  $< 5$  for  $\chi^2/DF$ ,  $> .90$  for CFI and NFI,  $< .08$  for RMSEA, and  $< .05$  for SRMR<sup>43, 44</sup>. c) Composite Reliability (CR) and Average Variance Extracted (AVE) indices were used to test the internal consistency of the factors and structural validity, respectively, with acceptable values for both indices being  $\geq .70$  and  $\geq .50$ , respectively<sup>45</sup>. Finally, to detect possible differences due to gender, age, and BMI of the participants, a one-way ANOVA analysis was performed. The significance level was set at  $p < .05$ .

## **III. Result**

### **Confirmatory Factor Analysis**

The model proposed by Mpaliolis was used to form the theoretical framework<sup>46</sup>. Parameter estimation was carried out using the Maximum Likelihood method<sup>47</sup>. The theoretical model consists of two factors/two latent

variables, called “discrepancy” and “standards”. From the results, it is found that the theoretical model shows an acceptable  $\chi^2 = 58.84$ ,  $\chi^2 (58.84) / \text{d.f.} (19) = 3.10$  and  $p < .001$ . The CFI and NFI indices showed good fit, obtaining values of .92 and .91, respectively. Finally, the RMSEA and SRMR index values confirmed the good model fit, with the RMSEA value at .077 and SRMR at .024. The internal consistency of both factors was particularly high (tab. 3).

**Table 3.** Composite Reliability & Average Variance Extracted of the two factors

Perfectionism			
	Loading	CR	AVE
Items	Discrepancy		
Doing my best never seems to be enough	.83	.928	.766
My performance rarely measures up to my standards	.79		
I am hardly ever satisfied with my performance.	.95		
I often feel disappointment after completing a task because I know I could have done better	.77		
	Standards	.848	.584
I have high expectations for myself.	.69		
I set very high standards for myself	.81		
I expect the best from myself	.75		
I have a strong need to strive for excellence	.80		

### Gender as a Differentiating Factor in Perfectionism

Two One-Way ANOVA analyses were conducted to test whether there are statistically significant differences due to the gender of the participants. The results show that there are statistically significant differences only in the “discrepancy” factor, with males scoring higher (tab. 4).

**Table 4.** Gender as a differentiating factor in perfectionism

Gender	Discrepancy			Standards		
	M	SD	Sig	M	SD	sig
Mal	2.78	.89	$F_{(1,129)} = 3.264$ $p < .05$	4.78	.89	$F_{(1,129)} = 2.517$ $p = .115$
Female	2.46	.75		5.06	1.02	

### BMI as a Differentiating Factor in Perfectionism

To determine whether there are statistically significant differences due to the participants' BMI, two One-Way ANOVA analyses were conducted. The results show that there are statistically significant differences due to BMI only for the “standards” factor ( $F_{(4,126)} = 3.126$ ;  $p < .005$ ) (tab. 5). More specifically, according to the Bonferroni multiple comparison test, individuals classified as having second-degree obesity scored significantly lower on the “standards” factor compared to those in the normal weight group and the first-degree obesity group.

**Table 5.** BMI as a differentiating factor in perfectionism

BMI	Perfectionism			
	Discrepancy		Standards	
	M	SD	M	SD
Underweight	2	.71	3.75	.35
Normal weight	2.56	.94	5.02	.97
Overweight	2.73	.70	4.93	1.06
1st degree of obesity	3.13	.49	4.04	.66
2nd degree of obesity	3.38	.53	3.50	.71
Total	2.65	.85	4.90	1.01
Sig	$F_{(4,126)} = 1.481$ ; $p = .212$		$F_{(2,128)} = 3.126$ ; $p < .05$ (.017)	

### Categorisation of the Sample According to Perfectionism's Levels

Rice, Richardson, and Tueller propose the categorization of individuals into "adaptive perfectionists", "maladaptive perfectionists", and "non-perfectionists", based on the scores obtained on two factors. More specifically, the "adaptive perfectionists" category includes individuals whose score on the "standards" factor is above the mean of that factor and, at the same time, whose score on the "discrepancy" factor is below or equal to the mean of that factor. Individuals whose scores on both factors are above the respective means are classified as "maladaptive perfectionists". Finally, the "non-perfectionists" category includes those whose scores on both factors are below the means of the two factors. According to this categorization, out of the 131 individuals in the sample, 60 (45.8%) are classified as "adaptive perfectionists", 4 (3.1%) as "maladaptive perfectionists", and 67 (51.1%) as "non-perfectionists".

#### **IV. Discussion**

The aim of this study was to investigate the levels of perfectionism exhibited by GTD dancers and their classification according to the model of Rice, Richardson, and Tueller, as well as to examine whether gender and BMI are factors that differentiate the perfectionism levels of GTD dancers. In addition, the structural validity of the questionnaire used was evaluated<sup>33</sup>.

Confirmatory Factor Analysis, estimated through the Maximum Likelihood method, confirmed the theoretical structure of the model proposed by the questionnaire developers, which includes two latent dimensions: the first called discrepancy, and the second standards. The results showed an acceptable fit to the data. All fit indices examined exceeded the acceptable thresholds, indicating a good model fit. Although the RMSEA index was marginally within the acceptable range, the SRMR value demonstrated excellent fit, thus further supporting the model's suitability. The psychometric evaluation of the two factors -discrepancy and standards- showed very satisfactory reliability and validity. The CR for the discrepancy factor was .928 and for standards .848, while the AVE values were .766 and .584, respectively, demonstrating high internal consistency and satisfactory convergent validity. The results of the survey are in agreement with the results of both the scale developers and other studies, according to which the scale exhibited very good psychometric properties<sup>33, 38, 39, 41</sup>.

In terms of investigating possible differences in perfectionism levels due to the gender of the participants, differences were observed only for the discrepancy factor, with men scoring higher compared to women. This suggests that male dancers may perceive to a greater extent the divergence between their expectations and their performance, possibly indicating increased levels of self-criticism and anxiety about achieving high performance. The higher score achieved by men on the discrepancy factor may be related to cultural expectations in Greece regarding the male dancer's presence and performance -expectations associated with precise execution and the demonstration of gentleness through dance improvisation. The opposite appears to be the case for female dance expression, which emphasizes a modest and, arguably, unobtrusive presence<sup>48</sup>.

In contrast, although women scored higher on the standards factor, this difference was not statistically significant. This indicates that Standards are similar for men and women. This result suggests that external and internal goals may be comparable across genders. The results are in line with previous findings, according to which adult men tend to be more concerned than women about potential mistakes<sup>49</sup>. However, they contrast with more recent findings showing that women scored slightly higher than men in self-critical perfectionism.<sup>53</sup> Regarding the standards factor, the current findings align with earlier studies, as researchers rarely report gender differences in this dimension. This is supported by the present results, which indicate that both genders tend to set similarly high standards<sup>49, 50</sup>.

Regarding the effect of BMI on perfectionism levels, statistical analysis showed that individuals classified in the second degree of obesity exhibited significantly lower levels on the Standards factor compared to participants in the normal weight and first-degree obesity categories. In contrast, no statistically significant differences were found between BMI categories for the discrepancy factor. This suggests that all dancers, regardless of body weight, experienced similar levels of perceived discrepancy between expectations and performance. The absence of significant differences in the discrepancy factor may be due to the nature of GTD as a group activity, where the emphasis on rhythm and form may help mitigate psychological pressures, particularly those related to self-criticism or performance-related self-confidence.

The effect of BMI on the standards factor may point to a different psychological mechanism. Dancers with a high BMI, such as those classified in the second degree of obesity, may set lower goals or standards as a protective strategy or to distance themselves from perfectionistic demands. This does not necessarily reflect a sense of underperformance but rather the presence of different personal goals. The low discrepancy scores observed among high-BMI individuals may also be attributed to the non-competitive nature of traditional dance, in contrast to classical dance environments, where competition is more pronounced.

The categorization of participants into subgroups, based on the interaction between high standards and discrepancy levels, offers a valuable and interpretatively efficient means of understanding perfectionism. According to the model proposed by Rice, Richardson, and Tueller, individuals can be classified into one of three groups based on their scores on the two perfectionism dimensions<sup>33</sup>. Among the participants, those who scored high on Standards and low on discrepancy were classified as Group 1 – adaptive perfectionists. Sixty participants fell into this category, representing 45.8% of the total sample. Group 2 –maladaptive perfectionists– included individuals who scored high on both standards and discrepancy, comprising four participants or 3.1% of the sample. Finally, Group 3 –non-perfectionists– consisted of those with low scores on both dimensions, totaling sixty-seven individuals or 51.1% of the sample.

The results indicate that most participants do not exhibit perfectionistic tendencies. A significant proportion, however, were classified as adaptive perfectionists -individuals who, while setting high standards, do not experience significant internal conflict. In contrast, only four participants were identified as maladaptive perfectionists, who represent the group most vulnerable to psychological distress, performance anxiety, and potentially self-destructive behaviors. The high number of adaptive perfectionists underscores the potentially

beneficial role of high standards in traditional dance -a form that values dedication, consistency, and respect for tradition. Participants in this group may possess a healthy form of ambition that does not lead to excessive self-criticism when goals are not fully achieved. The near absence of maladaptive perfectionists may be attributed to the nature of GTD, which typically takes place in amateur and culturally grounded settings, where competition is minimal—unlike in classical or professional dance genres.

More specifically, studies involving classical and contemporary dancers have shown that individuals with high or moderate levels of perfectionism tend to experience elevated cognitive and physical anxiety, along with reduced self-confidence<sup>51</sup>. Another study focusing on professional classical dancers found that perfectionists -particularly maladaptive ones- experienced heightened pre-performance anxiety, mostly of a cognitive nature<sup>52</sup>. Finally, research on classical dance samples indicates a strong correlation between maladaptive perfectionism, low physical self-esteem, and negative body image.

## V. Conclusion

The statistical analysis of the data, as well as their interpretation, confirms the theoretical validity of the proposed model, i.e., its bivariate structure, which makes it suitable for capturing perfectionism levels in the population under study. The possibility of using the questionnaire in both research and applied settings is enhanced by the high quality of the model fit, as well as the psychometric adequacy of the two factors. With regard to gender and BMI as modifiers of perfectionism, gender appears to be a partial modifier of the expression of perfectionism, with men scoring higher on the discrepancy factor. As for BMI, it shows a negative correlation with perfectionism standards, especially in the second degree of obesity, which means that as BMI increases, perfectionism standards decrease. Finally, the majority of the sample is classified as exhibiting non-pathological forms of perfectionism ("adaptive" and "non-perfectionist"), suggesting that Greek traditional dance is an activity that does not contribute to pathological forms of perfectionism.

## References

- [1] Flett GL, Hewitt PL. Perfectionism And Maladjustment: An Overview Of Theoretical, Definitional, And Treatment Issues. In: Flett GL, Hewitt PL, Editors. *Perfectionism: Theory, Research, And Treatment*. American Psychological Association: Washington, Dc; 2002;5–31.
- [2] Gavras A. Factors Shaping Feelings Of Achievement During The Learning Process In A Student Population: The Role Of Academic Perfectionism And Problem Management Strategies [Master's Thesis]. Thessaloniki: Aristotle University Of Thessaloniki, School Of Philosophy. 2017.
- [3] Stoeber J. The Psychology Of Perfectionism: Critical Issues, Open Questions, And Future Directions. In: Stoeber J, Editor. *The Psychology Of Perfectionism: Theory, Research, Applications*. Routledge: London. 2018;333–352.
- [4] Bazo-Perez R, Frazier S. Risk And Resilience In Eating Disorders: Differentiating Pathways Among Psychosocial Predictors. *Journal Of Eating Disorders*. 2024;12(1);62.
- [5] Flett GL, Hewitt PL, Molnar DS. Perfectionism In Health And Illness From A Person-Focused, Historical Perspective. In: Sirois Fm, Molnar DS, Editors. *Perfectionism, Health, And Well-Being*. Springer Nature: Cham; 2015;25–44.
- [6] Shafran R, Mansell W. Perfectionism And Psychopathology: A Review Of Research And Treatment. *Clinical Psychology Review*. 2001;21:879–906.
- [7] Stoeber J, Otto K. Positive Conceptions Of Perfectionism: Approaches, Evidence, Challenges. *Personality And Social Psychology Review*. 2006;10:295–319.
- [8] Hamachek DE. Psychodynamics Of Normal And Neurotic Perfectionism. *Psychology: A Journal Of Human Behavior*. 1978;15(1):27–33.
- [9] Hewitt PL, Flett GL. Perfectionism In The Self And Social Contexts: Conceptualization, Assessment, And Association With Psychopathology. *Journal Of Personality And Social Psychology*. 1991;60:456–470.
- [10] Hewitt PL, Flett GL, Turnbull-Donovan W, Mikail SF. The Multidimensional Perfectionism Scale: Reliability, Validity, And Psychometric Properties In Psychiatric Samples. *Psychological Assessment*. 1991;3(3):464–468.
- [11] Flett GL, Hewitt PL, Blasstein C, Dynin C. Dimensions Of Perfectionism And Type A Behaviour. *Personality And Individual Differences*. 1994;16(3):477–485.
- [12] Dickinson WL, Ashby JS. Multidimensional Perfectionism And Ego Defenses. *Journal Of College Student Psychotherapy*. 2005;19(3):41–54.
- [13] Bieling PJ, Israeli AI, Antony MM. Is Perfectionism Good, Bad, Or Both? Examining Models Of The Perfectionism Construct. *Personality And Individual Differences*. 2004; 36(6):1373–1385.
- [14] O'Connor RC, O'Connor DB. Predicting Hopelessness And Psychological Distress: The Role Of Perfectionism And Coping. *Journal Of Counseling Psychology*. 2003;50(3):362–372.
- [15] Adkins KK, Parker WT. Perfectionism And Suicidal Preoccupation. *Journal Of Personality*. 1996;64(2):529–543.
- [16] Rhéaume J, Freeston MH, Ladouceur R, Bouchard C, Gallant L, Talbot F, Et Al. Functional And Dysfunctional Perfectionists: Are They Different On Compulsive-Like Behaviors? *Behaviour Research And Therapy*. 2000;38(2):119–128.
- [17] Laurenti HJ, Bruch MA, Haase RF. Social Anxiety And Socially Prescribed Perfectionism: Unique And Interactive Relationships With Maladaptive Appraisal Of Interpersonal Situations. *Personality And Individual Differences*. 2008;45(1):55–61.
- [18] Rice KG, Ashby JS, Slaney RB. Self-Esteem As A Mediator Between Perfectionism And Depression: A Structural Equations Analysis. *Journal Of Counseling Psychology*. 1998;45(3):304–314.
- [19] Núñez Efd, Soria-Villanueva LM, Tejada-Mendoza MA, Isla-Alcázar SD, Palacios-Garay Jpp, Hernández-Vásquez R. Perfectionism As A Paradoxical Factor In Sport And Exercise Performance: An Umbrella Review. *Iranian Journal Of Psychiatry*. 2024; 19(2):247–254.
- [20] Longbottom JL, Grove JR, Dimmock JA. An Examination Of Perfectionism Traits And Physical Activity Motivation. *Psychology Of Sport And Exercise*. 2010;11(6):574–581.