INTRODUCTION

Psychological distress is a major problem of present era especially for adolescence. It is true to emphasize that with advancement of science and technology everyone wants to move forward and reach on the peak of his/her success, compete others and live more luxurious life for which they struggle round o’clock. As a result they experienced high level of stress which may have adverse impact on their emotional, physiological, cognitive, and behavioral state. Individuals want to grow or develop and want to become perfect, they set goals about their future, and face a number of problems like academic, financial, interpersonal, and parental pressure etc. in fulfilling their goals. Therefore there is a need to increase level of self-efficacy, enhance perfection in work and develop positive attitudes for better fulfillment of goal and achievement. When individuals fail to achieve their goals due to low level of self-efficacy, maladaptive perfectionism or pessimistic attributional style, and or either curb by family or society, they experience high level of stress which lead to psychological distress and play an important role in development of different types of psychological disorders, such as anxiety, depression, mood disorders or various physical problems like cancer, heart attack, and migraines etc. Therefore, the present research is aimed to investigate the role of perfectionism, attributional styles and self-efficacy in experience of psychological distress among adolescents.

1.1. Psychological Distress

The existence of psychological distress has been recognized for thousands of years. For example, the book of job illustrates a classic case of psychologically distressed man, he lost interest in things he used to like doing, became hopeless, withdrawn, self-blaming, self-depreciating and had sleep disturbance. Kovacs and Beck (1978) states that
even 3,900 years old Egyptian manuscript provides an accurate picture of the distressed person as pessimistic, his losing faith in others, unable to carry out the everyday tasks of life and his serious consideration of suicide. These historical descriptions are congruent with some of the present accounts of the phenomenon of psychological distress.

Understanding of psychological distress has been controversial for many years. The major dispute among students of psychological distress has been over the meaning of the concept, and about what actually is meant by the assertion that a person is psychologically distressed (Torkington, 1991).

There are three basic questions, which should be answered in the context of psychology and psychiatry when try to make sense of behavior (Halling & Nill, 1989):

(a) What kinds of behavior are judged to be abnormal, whether by professionals or laypersons?

(b) What are the various patterns or forms of disturbed behavior?

(c) How can one make sense of the apparently senseless or irrational behavior of disturbed persons?

These are important questions that affect who is seen as psychologically distressed as well as how being distressed is interpreted and how treatment is carried out (Phatares, 1988). Different theoretical perspectives of psychological distress are as follows:

1. **Medical Model:** The medical model is a prevailing or dominant view of pathology in the world (Novello, 1999; Kaplan & Sadock, 1998). According to medical model psychological distress is regarded as a disease in the same category as any other physical illness, this model uses similar model in defining psychological distress as that used by medical practitioners. In other words, psychological distress is some form of neurological
defect responsible for the disordered thinking and behavior, and requires medical
treatment and care (Carson, Butcher, & Mineka, 1996).

2. **Interpersonal Theory**: Interpersonal theories attribute psychological difficulties
to dysfunctional patterns of interaction (Carson et al., 1996). They emphasize that we are
social beings, and much of what we are is a product of our relationships with others.
Psychological distress is described as the maladaptive behavior observed in relationship
which is caused by unsatisfactory relationships of the past or present.

   Psychological distress is identified when examining the distressed person’s
different patterns of interpersonal relationships.

3. **Psychodynamic Theory**: Traditional psychoanalytic model looks at pathology
(Psychological distress) from an intrapsychic view. They emphasize the role of
unconscious processes and defence mechanisms in the determination of both normal and
abnormal behavior. Early childhood experiences are imperative in later personality
adjustment. In other words, they understand the expression of a symptom in the present
as an extension of past conflicts (Box, 1998; St. Clair, 1996).

   Therefore, psychological distress in a person’s life may be described as his
attempt to cope with present difficulties using past childhood defence mechanisms, which
may seem maladaptive and socially inappropriate for the present situation.

4. **Cognitive Theory**: According to the cognitive model, negatively biased cognition
is a core process in psychological distress (Barlow & Durand, 1999). This process
reflected when distressed patients typically have a negative view of themselves, their
environment and the future (Weinrach, 1988). They view themselves as worthless,
inadequate, unlovable and deficient.
According to cognitive theorists, people’s excessive affect and dysfunctional behavior is due to inappropriate ways of interpreting their experiences. The essence of the model is that emotional difficulties begin when the way we see events gets exaggerated beyond the available evidence, this manner of seeing things tend to have a negative influence on feelings and behavior in a vicious cycle.

1.1.1 Operational Definition of Psychological distress

Decker (1997) and Burnette and Mui (1997), conceptualized psychological distress as lack of enthusiasm, problems with sleep (trouble falling asleep or staying asleep), feeling downhearted or blue, feeling hopeless about the future, feeling emotionally bored (for example, crying easily or feeling like crying) or losing interest in things and thoughts of suicide (Weaver, 1995).

Lerutla (2000) defined psychological distress as the emotional condition that one feels when it is necessary to cope with upsetting, frustrating or harmful situations.

Mirowsky and Ross (1989) add that psychological distress is the unpleasant subjective state of depression and anxiety (being tense, restless, worried irritable and afraid), which has both emotional and psychological manifestations. They further added that there is a wide range of psychological distress, ranging from mild to extreme, with extreme levels being considered as mental illness such as schizoaffective disorder.

In another study of Chalfant et al. (1990), psychological distress is defined as a continuous experience of unhappiness, nervousness, irritability and problematic interpersonal relationships.

1.1.2 Difference between Stress, Eustress, and Distress

Stress is a normal part of life and most people experience stress at one time or the other. It is an individual physical and mental reaction to environmental demands.
Stress is sometimes conceptualized as environmental stimulus or life events that impinge on individuals (Holmes & Rahe, 1967, life events model), sometimes as particular reactions to stressful events (Seley’s model), or a mismatch between demands placed on the individual and the perceive ability to cope with the demands (Lazarus, 1966).


*Figure 1. Pestonjee’s (1997) Four Dimensional Model of Stress*

A certain amount of stress is necessary for survival and a moderate/ optimal level of stress is normal and in many cases it is useful. And optimal level of stress is required for success in job, achievement higher productivity and effectiveness (Pestonjee, 1987). When stress level is extreme, and unchecked and unmanaged, can create problems in performance and can be detrimental to health and well-being of the individual. Seley (1974) also differentiated between positive and negative stress. He
called these positive reactions to stress as eustress. Eustress can enhance longevity, productivity and life satisfaction.

The negative feelings and reactions that a compete threatening and challenging situation are termed by Seley as distress. When this unpleasant and harmful stress becomes too great and lasts too long, we may experience distress. Distress is a state in which our coping abilities begin to breakdown.

A three dimensional model was presented by Hariharan and Rath (2008) to show the cyclic nature of stress, which signify that the three different angles or dimensions of stress. One triangle represents the initial experience of stress as presented by external factors and translated into primary appraisal. They are the situations of change, conflict, criticism, ambiguity, imbalance, timeliness, unexpectedness or discomfort.

The second angle indicates the ‘distress factor of stress’. If we examined this angle, it is very obvious that each one of the expressions under distress- such as tension, anxiety, frustration, strain, trauma, fear, pressure and hatred- connotes something unpleasant.

The third triangle is eustress which consists of expressions such as challenge, opportunity, progress, success, achievement and excitement that are the pleasant. When an individual experiences ‘stress’, whether he would move to ‘distress’ or ‘eustress’ from that point, depend on various factors such as the general personality disposition and past experience. Whether a stress situation is considered positive or negative depends upon the interpretations attached to the situation. This happen through cognitive mediation of appraisal.

Stress becomes distress when it is unwanted, unexpected, ongoing, due to serious life changing events or situations (e.g. Family violence, death of a family
member, divorce, separation, a jail term, etc.). When we experience distress, we are out of balance. In this case, our bodies and minds cry out for some kind of help. This call for help may take many forms such as moodiness, irritability, depression, anxiety, insomnia, or physical symptoms such as stomach upset or headache.

1.2 Perfectionism

1.2.1 Definition and Characteristics

Individuals try to express their capabilities, potentials and talents to fullest extent possible. There is an inborn tendency among persons that direct them to actualize their inherited nature. According to Rogers (1954) there are two basic assumptions of human behavior. First, behavior is goal directed and worthwhile and second is people will always choose adaptive and self-actualizing behavior. Rogers emphasized on fully functioning person. He believes that fulfillment is the motivating force for personality development, and people are constantly engaged in the process of actualizing their true self. Rogers suggested that each person also have a concept of ideal self. An ideal self is the self that person would like to be. When there is a congruency between actual and ideal self a person is generally happy and satisfied. Discrepancy between the actual and ideal self often results is unhappiness and dissatisfaction. According to Rogers people have a tendency to maximize self-concept through self-actualization.

Perfectionism is considered to have important aspect of self-actualization. Silverman (2005) suggested that root of excellent is perfectionism and that this is what urges the individual toward achieving higher goals. According to Maslow, striving for perfection through self-actualization is really an “indication of the absence of neurosis” (Peters, 2005). Ashby, Bieschke, and Slaney (1997) found in a study of self-efficacy in career decision making, that those classed as adaptive perfectionists had significantly higher scores of accurate self-appraisal, goal selection, making plans for the future and
problem-solving. Self-oriented perfectionism has been associated with a number of positive adaptive qualities, including achievement striving, positive affect, high self-esteem, self-efficacy, self-actualization, resourcefulness, perceived control, adaptive coping with stress, positive appraisals of personal projects, adaptive learning strategies, good academic performance, and positive interpersonal characteristics, such as self-assurance, assertiveness, and altruistic social attitudes (Blankstein & Dunkley, 2002; Burns & Fedewa, 2005). Other-oriented perfectionism has been associated with an elevated level of assertiveness (Flett, Hewitt, & De Rosa 1996). The personal standards subscale has been associated with positive achievement striving (Frost & Marten, 1990), goal commitment (Stoeber, 1998), and efficacy (Frost, Marten, Lahart, & Rosenblate, 1990).

Most researchers defined perfectionism, and agree that standard for performance is essential to the perfectionism. Webster’s Ninth New Collegiate dictionary (1988) defined Perfectionism as “an extreme or excessive striving for perfection, as in one’s work”. According to Burns, (1980) perfectionism refers to a personality that possessed by individuals whose standards are extreme, who compulsively attempt to achieve impossible goals, and evaluate themselves in the basis of accomplishment.

Ellis (1958) defined perfectionism as an inflexible belief that one should be thoroughly capable, satisfactory, intelligent and successful in all respects. He further (1962) considered it to be the irrational belief that there is a right, precise, and perfect solution to problems and that it is catastrophic if this perfect solution is not found.

Frost et al. (1990) defined perfectionism as the setting of excessively high personal standards as well as a tendency to be overly critical of one self, when those standards have not met.
According to Flett and Hewitt (2002), perfectionism is a personality construct characterized by the striving for flawlessness and setting high standards.

Hamacheck (1978) suggested that perfectionism as a positive factor to adjustment with self-evaluations on performance to rigorous standards leading to high levels of achievement and satisfaction. Further he described the two types of perfectionist, normal and neurotic perfectionist. According to Hamacheck (1978), normal perfectionist are “those who derive a very real sense of pleasure from the labors of a painstaking effort and who feel free to be less precise as the situation permits”, on the in other hand neurotic perfectionist are those who never satisfied from their actions and performance in their own eyes, they are unable to feel satisfaction because they never seem to do things good enough to warrant that feeling.

Perfectionism has been described as "the practice of demanding of oneself or others a higher quality of performance than is required by the situation" (English & English, 1958). Other researchers like Brouwers and Wiggum (1993); Slade, Newton, Butler, and Murphy (1991) defined, “Perfectionism is the desire to attain idealistic goals without failing”.

Perfectionist individuals are those persons who place strong demand for achievement on themselves (Weissman, 1980), and assert that this tendency is manifested in unrealistically high self-standards. In situation where these individuals do not live up to these standards, depressed mood and self-criticism are often experienced (Weisinger & Lobsenz, 1981). These perfectionist individuals perceive their environment in “all-or-nothing terms” where by only perfection and total failure exists as outcomes, focus on flaws (Hollender, 1965).
1.2.2 How Does Perfectionism manifest itself in an Individual?

Langston (2007) suggested that perfectionism manifest itself in an individual by following:
1. Setting unrealistic expectations for self and others
2. Establishing impossible goals for self and others
3. Need of approval by everyone
4. Fear of taking risks
5. Procrastination
6. Insatiable need for achievement
7. Obsessional focus on failures
8. Extreme competitiveness
9. Difficulty accepting criticism.

1.2.3 Historical Conceptualization of Perfectionism

Some historical conceptualizations in defining perfectionism are as follows:

Psychoanalytic Approach: Classical psychoanalytic theory emphasised that, perfectionism is regarded as a common symptom of obsessional neurosis (Sorotzkin, 1985). Specifically, Freud (1926/1959) emphasized the role of super-ego in understanding obsessional neurosis, stating that “the super-ego becomes exceptionally severe and unkind, and the ego is obedience to the super-ego, produces strong reaction formations in the shape of conscientiousness, pity, and cleanliness”. Horney (1939) argued that neurosis was the result of protective habits, and one of the main protective habits was perfectionism. She (1950) further argued that perfectionists try to fit an idealised self-image, which then leads to low self-esteem.

Sorotzkin (1985) differentiated neurotic perfectionism and narcissistic perfectionism, according to him, neurotic perfectionism is defined as “a reaction to the
demands of a harsh superego acquired as a result of learning and/or as a result of repressed hostility”. On the contrary, narcissistic perfectionism is “less related to morals and ideals. Rather it is an attempt by the individual to live up to a grandiose self-image in order to avoid humiliation of poorly differentiated self-objects. The function of the perfectionism is to restore or maintain precarious self and object representations and not to defend against intrapsychic conflict”. Freud placed the desire for perfection as an aspect of the narcissistic personality that in turn clearly falls within the realm of neurotic disorders (Slade & Owens, 1998).

**Cognitive Approach:** Cognitive psychologists argued that perfectionism is derived from automatic or ruminative negative cognitions related to high standards which results in emotional distress such as depression and anxiety (Beck, 1967; Ingram & Wisnicki, 1988; Kendall, Howard, & Hays, 1989; Schwartz & Garamoni, 1986).

According to Burns and Beck (1978), the typical types of the automatic thoughts found among perfectionists are dichotomous thinking (e.g., “if my performance is not perfect, it is not good”), overgeneralization (e.g., “If I fail the test, I will fail all the other tests”), *should* statements (e.g., “I should be perfect,” “I should never make the same mistake twice”), overly moralistic self-evaluation (e.g., “If I made the same mistake twice, I am a stupid person”). In essence, the cognitive theorists suggested that perfectionism may result from automatic negative thoughts that are associated with extremely high standard, critical self-evaluation, and excessive morals and ideals.

**Cognitive-Behavioral Approach:** Albert Ellis was the first cognitive-behavioral theorist to describe perfectionism as basic irrational ideas that lead to psychological distress, he defined perfectionism as “The idea that one should be thoroughly competent, adequate, intelligent and achieving in all possible respects instead of the idea that one should do rather than desperately try to do well and that one should accept oneself as an
imperfect creature, who has general human limitations and specific fallibilities” (Ellis, 1958). Ellis (1957) also describe perfectionists are those people for whom “the main goal and purpose of life is achievement and success; incompetence in anything whatsoever is an indication that a person is inadequate or valueless”. Ellis (1962) again defined perfectionism as one of the main irrational ideas causing emotional problems. He stated that perfectionism is “…the idea that there is invariably a right, precise, and perfect solution to human problems and that it is catastrophic if this perfect solution is not found”. Furthermore, Ellis (2002) contends that perfectionist’ strong over-ambitious desires make them more likely to think that those desires are valid, and that they must be perfectly accomplished.

Similarly, Shafran, Cooper, and Fairburn (2002) proposed a cognitive-behavioral construct of “clinical perfectionism” in which they suggested that perfectionism is best defined as a construct that encompasses cognitive-behavioral components. They hypothesized that a perfectionist begins with faulty evaluation of performance that is based upon the striving to meet some type of personal standards (i.e., achievement, body image, etc.). Further Shafran et al. clarified that perfectionism is maintained by a cycle of irrational thinking and behaviour that perpetuates itself. They described that perfectionists experience a vicious cycle whereby their biased evaluations of themselves cause them to be dissatisfied with their performance when their goals are reached and lead them to set higher goals. If their goals are not reached, perfectionists tend to procrastinate and avoid tasks until they fail to meet their goals and they then become self-critical, which then leads to performance anxiety, procrastination, and low mood.
Riley and Shafran (2005) suggested that the core feature of clinical perfectionism is the “over dependence of self-evaluation on the determined pursuit and achievement of personally demanding standards.”

Perfectionism is defined as an individual’s characteristics who sets extremely high goals and standards that are impossible to meet or fulfil, and resulting in continual discouragement and disappointment.

1.2.4 Dimension of Perfectionism

Historically, perfectionism was viewed as unidimensional, characterized by its negative features. For instance, early researchers such as Ellis (1962), Pacht (1984), and Burns (1980) tended to emphasize the association between perfectionism and dysfunctional thoughts, feelings and psychopathology.

More recently, however, increasingly evidence has emerged to support a multidimensional view of perfectionism, in which both positive and negative aspects are incorporated.

Since the early 1990’s perfectionism has been considered as a multidimensional (Riley & Shafran, 2005). A large no of psychologists developed several independent multidimensional conceptualizations of perfectionism (Frost et al., 1990; Hewitt & Flett, 1991b; Johnson & Slaney, 1996; Rheaume, Freestone, Dugas, Letarte, & Ladouceur, 1995).

Frost et al. (1990) identified perfectionism as having five dimensions. The first dimension, which is considered a major dimension, is concern over mistakes. This reflects a tendency to interpret mistakes as equivalent to failure, and the belief that one will lose the respect of others following failure. The second dimension is the setting excessively high personal standards, which often cannot be met satisfactory. The third dimension is parental expectations, it involves the extent to which the parents of
individual are perceived as setting high expectations. The **fourth** dimension is **parental criticism**, which involves the extent to which parents are perceived as being overly critical. The **fifth** dimension is **doubts about actions**, which is the tendency to doubt the quality of one’s performance. Additionally, a sixth dimension has been identified. This is **organization**, which reflects a tendency to be orderly and organized (Alden, Ryder, & Mellings, 2002; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Frost, Lahart, & Rosenblate, 1991; Frost et al. 1990; Frost, Turcotte, Heimberg, Mattia, Holt, & Hope, 1995).

Hewitt and Flett (1991a) identified three dimensions of perfectionism, i.e. **self-oriented perfectionism**, **other-oriented perfectionism** and **socially-prescribed perfectionism**. In **self-oriented perfectionism**, individuals have unrealistic standards for themselves, strive for these standards, is overly critical of themselves, tend to overly focus on their flaws, and try to avoid failure. In **other-oriented perfectionism**, individual has unrealistic standards and expectations about the abilities of others, and is often overly evaluative of others’ performance. In **socially-prescribed perfectionism**, individual believes that others have perfectionist expectations and motives about them, and they must attain these standards (Blankstein & Winkworth, 2004; Flett, Hewitt, Blankstein, & Mosher 1995; Hewitt & Flett, 1991a; Hewitt & Flett, 1991b; Hewitt, Flett, & Turnbull, 1992; Hewitt, Flett, & Weber, 1994; Hewitt, Newton, Flett, & Callander, 1997; Kobori, Yamagata, & Kijima, 2005).

Similarly, Slaney, Rice, Mobley, Trippi, and Ashby (2001) also identified three dimensions or factors of perfectionism i.e. **standards**, **discrepancy**, and **order**. The **standards** subscale measures high personal standards and performance expectations, the **discrepancy** subscale measures the perception that one consistently fails to meet the high
standards that one has set for oneself, and order measures preferences for organization and order in daily life.

1.2.5 Adaptive and Maladaptive Perfectionism

Adaptive and maladaptive perfectionism is differentiated by psychologist such as Hamachek (1978) distinguished between “normal” and “neurotic” perfectionism. He described that normal perfectionism was seen as positive because it fostered high standard setting and positive striving for excellence whereas neurotic perfectionism, was conceptualized as problematic and unhealthy, with the perfectionist slavishly adhering to their high standards despite setbacks, resulting in a chronic sense of failure, dissatisfaction, and negative affect.

Slade and Owens (1998) conceptualized that there are two types of perfectionism based on the principles of reinforcement theory, i.e. negative and positive perfectionism. Individuals high in negative perfectionism are seen to be driven by negative reinforcement and a fear of failure (i.e., an avoidance orientation), while individuals high in positive perfectionism are seen to be motivated by positive reinforcement and a desire for success (i.e., an approach orientation).

Slaney et al. (2001) differentiated between adaptive and maladaptive perfectionism in term of individual’s characteristics by the setting of high personal standards for one’s work or behaviour. Adaptive perfectionists perceive a low level of distress resulting from the discrepancy between their personal standards and their performance, while maladaptive perfectionists perceive a high level of distress, resulting from discrepancy of the perceived inability to meet high standards set for the self.

Similarly, Gilman and Ashby (2006) suggested that adaptive perfectionists are described as individuals who set high standards for themselves and gain a sense of satisfaction from pursuing their goals. While, maladaptive perfectionists are those who
set high standards for themselves but are extremely inflexible in their perception of acceptable versus unacceptable accomplishments. Further, they proposed that adaptive perfectionists seek to stretch their limits, whereas maladaptive perfectionists are on a mission to outperform and surpass goal after goal.

Many researches were found that maladaptive forms of perfectionism have been consistently linked with the following negative outcome variables such as higher levels of perceived stress (Chang, Watkins, & Banks, 2004), psychological distress (Aldea & Rice, 2006; Bieling, Israeli, & Antony, 2004; Rice, Leever, Christopher, & Porter, 2006), depression, anxiety, hopelessness, and neuroticism (Bieling, Israeli, Smith, & Antony, 2003; Bieling et al., 2004; Hill et al. 2004; Parker & Stumpf, 1995; Stumpf & Parker, 2000), lower levels of academic adjustment (Rice & Mirzadeh, 2000; Rice et al., 2006), lower levels of positive affect (Bieling et al., 2003; Chang et al., 2004; Dunkley, Zuroff, & Blankstein, 2003), increased suicidal ideation (Enns, Cox, Sareen, & Freeman, 2001), external locus of control (Suddarth & Slaney, 2001), avoidant coping and self-blame (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Dunkley, Zuroff, & Blankstein, 2003), interpersonal sensitivity, hostility, and paranoia (Hill et al., 2004), and higher levels of shame and guilt (Fedewa, Burns, & Gomez, 2005).

However, findings related to adaptive forms of perfectionism have not been as consistent. In a review, Stoeber and Otto (2006) found on the basis of large no. of literature of review that there is a link between adaptive perfectionism and a variety of positive outcome variables, such as positive affect and life satisfaction (Chang et al., 2004), conscientiousness (Cox, Enns, & Clara, 2002; Enns et al., 2001; Parker & Stumpf, 1995), active coping (Dunkley et al., 2000), and higher academic achievement (Bieling et al., 2003; Enns et al., 2001).
However, some studies have found that adaptive perfectionism is significantly associated with negative outcome variables, such as negative affect in the form of depression, anxiety, and neuroticism (Bieling et al., 2004; Cox et al., 2002; Enns et al., 2001; Hill et al., 2004), higher levels of perceived hassles (Dunkley et al., 2000), and lower levels of wellbeing and perceived social support (Hill et al., 2004). Flett and Hewitt (2006) found the relationship between maladaptive perfectionism and negative outcomes; they also observed the correlation between adaptive perfectionism and positive outcomes.

1.2.6 Perfectionism and Psychopathology

A large number of studies shown that there is a link between various dimensions of perfectionism and psychopathology (DiBartolo, Yen, & Frost, 2008). The perfectionism is associated with depression (e.g., Frost, et al., 1993; Hewitt & Flett, 1991b, 1993), anxiety disorders such as social anxiety and social phobia (e.g., Alden, Bieling, & Wallace, 1994; Juster, Heimberg, Frost, & Holt, 1996; Saboonchi & Lundh, 1997), obsessive-compulsive disorder (e.g., Frost & Steketee, 1997; Frost, Steketee, Cohn, & Greiss, 1994; Rheaume, Ladouceur, & Freeston, 2000), eating disorders such as anorexia and bulimia (e.g., Bastiani, Rao, Weltzin, & Kaye, 1995; Flett & Hewitt, 2002; Hewitt, Flett, & Ediger, 1995), sexual dysfunction (DiBartolo & Barlow, 1996), psychosomatic disorders such as chronic aches and pains (Forman, Tosi, & Rudi, 1987), excessive anger and hostility (Saboonchi & Lundh, 2003), procrastination (Flett, Blankstein, Hewitt, & Koledin, 1992), hopelessness and suicidal ideation (Beevers & Miller’s, 2004; Dean & Range, 1996, 1999; Dean, Range, & Goggin, 1996; Hewitt et al., 1994), substance abuse such as, alcoholism (Hewitt, Norton, Flett, Callander, & Cowan, 1998), migraines (Brewerton & George, 1993), and Type A coronary disease-prone (Flett, Hewitt, Blankstein, Kirk, & Dynin, 1994).
1.3 Attributional Styles

We interpret other people’s actions and we predict what they will do under certain circumstances. Through these ideas are usually not formulated they often function adequately. They achieve in some measure what a science is supposed to achieve: an adequate description of the subject matter which makes prediction possible (Heider, 1958). Scientists have been engaged in a continuous endeavour to understand causal relationship amongst events and laws which govern these causal relationships. Accurate knowledge of other’s current moods or feelings can be useful in many ways. In addition we usually want to know more to understand other’s lasting traits and to know the causes behind their behavior. Social psychologists believe that our interest in such questions stems from our basic desire to understand cause and effect relationship in the social world (Pittman, 1993; Van Overwalle, 1998).

Diverse viewpoints like those of search for causal relationship. The term attribution is used to refer to the individual perception of causations that is his explanation as to why the experiences and events have taken place. These attributions are one hand his explanations of causation, on the other they gradually constitute his perspective and framework through which he views life. There is significant evidence which points towards the fact that causal explanation which the individual considers relevant with regard to various events experienced by him, has a marked effect on his actions and behavior.

1.3.1 Theories of Attribution

Attribution theory is concerned with how people make causal explanations about how they answer questions beginning with ‘why’. It deals with the information they use in making causal inferences and what they do with this information to answer causal questions. These theories are as following:
1. Fritz Heider’s Theory

Attribution theory in social psychology was first suggested with Fritz Heider’s (1944, 1958) of how people perceive and explain the actions of others. How one person thinks and feel about another person, how one perceives another, what one expects another to do or think, how one reacts to the actions of another – these were some of the phenomena with which Heider was concerned. It is important to note that his early analysis of social perception and phenomenal causality represent more of a general conceptual framework about commonsense, implicit theories people use in understanding the underlying causes of events they observe in their daily live, than a systematic hypothesis & empirical findings.

Heider explains attribution in terms of impersonal and personal causes. Personal causes when see in the context of intent, cover the everyday occurrences that determines much of our surroundings. Concept of intentionality has been given importance by Heider. He states that the behavior should be attributed to personal causes (such as ability or effort) if its outcome is seen to have been intended by the actor rather than to environmental causes (such as luck or difficulty of task). Heider main contribution at attribution theory is his conception of the processes and variables involved in a person’s attribution of causality. Heider suggests that people operate very much like quasi scientist in their attributional activities. They observe an event and then, often in a logical analytical way, attempt to discover the connections between the various effects and possible causes. Heider does not argue that people are always objective and rational in their behavior. He point out that sometime people make attributions that are no based on enough information, that are not based on an adequate analyses of information, or that are distorted by psychological needs and motivations.
2. Jones and Davis Theory of Correspondent Inference

The second important theory of attribution was given by Jones and Davis (1965) who developed the theory of correspondent inference to explain attribution. On the basis of Heider’s analyses, they formulated a description of a process of inferring personal characteristics from behavior. The theory is concerned with how we decide on the basis of others over actions, that they possess specific traits or dispositions which they carry with them from situation and which remain stable over time. This task seem to be simple because other’s behavior provide us with rich source of information on which to draw conclusion, so if the behavior is carefully observed, much can be learnt about individual’s characteristics. But if the situation is complicated by certain facts such as that often individuals act in a particular way not because own traits or preferences but because external factors leave them with little choice. An example would be a situation in which specific instruction or suggestion has been given to behave in a particular manner. In such situations, according to Jones and Davis (1965), and Jones and McGillis (1976), attention should be focused on actions that may be most informative; behavior to be observed should be freely chosen. Those that produce unique or non-common effect (outcomes that should not be produced by any other actions) and those low in social desirability can help us to learn more about personality traits or distinctive causal attributions in such situations. The theory leads to the conclusion that others behavior reflect their stable traits (i.e. we are likely to reach correspondent inference about them). Jones and Davis’s theory of correspondent inference considers how observers take a small part of a person’s behavior and use it to determine how representatives that sample is of the person’s underlying traits and other characteristics.
3. Kelley’s Theory of External Attribution

The third other important theory of attribution is Kelly’s theory of external attribution (1967-1973) which is related to the theory of correspondent inference (Jones Davis, 1965). Both are derived from Heider’s work which leads to a perceiver to attribute cause to environmental entity with which an actor or group of actors interact. Thus Kelley defines attribution as the process of perceiving the dispositional properties of entities in the environment. His theory not only explains our perception of others but also perception of our own behavior. He assumes that attributions are based on a new version of J.S. Mill’s method of difference, the effect is attributed to that condition which is present when the effect is present and absent when the effect is absent. This is most easily understood if we take the ‘effect’ as the specific impression that a perceiver has formed concerning an actor on the basis of his behavior. According to Kelley while assuming the question ‘why’ about the others behavior, information about the three dimensions is kept into consideration.

The first dimension is **consensus**, which is the extent to which other react in the same manner to stimulus or events, as the individual who is being observed. The second is **distinctiveness**, which is the extent to which a person reacts in the same manner to other different stimuli or events. **Consistency** is the third dimension which refers to the extent to which the person reacts to the stimulus or event in the same way on other occasion. Kelly’s theory states that other’s behavior is likely to be attributed to internal cause is consensus and distinctiveness are low but consistency is high. External cause is attributed to the behavior of others under conditions in which consensus, distinctiveness and consistency are all high. Behavior may be attributed to combination of factors (internal and external) if consensus is low but consistency and distinctiveness are high. If the attribution of people fulfils the three criteria they are confident that they have
a valid picture of external world. Thus it can be said that these criteria are an index of person’s state of information regarding the world.

The three classical attribution theories are in way information processing models of attribution. They presume that all humans are rational, utilizing the available information to draw certain causal inferences to seek the truth but if the perceiver does not process the information in an unbiased manner the use of theories is restricted. According to Miller and Ross (1975), a large number of studies reveal self-serving biases in attribution of causality. These theories focus on antecedents of attribution, i.e. what kind of attribution is made and when, they do not predict the behavioral consequences of perceived causality.

4. Bem’s Contribution to Attribution Theory

Daryl Bem’s (1967, 1972) seminal conceptions of how people interpret their own behavior and psychological states. The importance of Bem’s contribution to the attribution area was first fully recognized by Kelley (1967) in his perspective, integrative review. Kelly recognized Bem’s work on self-perception as a necessary complement of work by Jones and Davis & other on person perception. Bem’s (1972) claims that people come to know their own attitudes, emotions, and other internal states partially by inferring them from observations of their own over behavior and the context in which this behavior occurs. That is people “look back” imagine their acts together with the relevant situations in which they occurred, then infer their internal states by means of logical deduction (e.g. “if I was eating scallops, & no one was influencing me to eat them, then I must like scallops”). The strikingly unorthodox implication of Bem’s analysis is that people do not know what they think, feel or believe before they act. Bem asserted that people infer their internal states which as attributions and attitudes after they believe, and that they cannot remember internal states that are discrepant with their behavior (Bem &
Mc Connel, 1970). Bem’s central proposition is “individuals come to ‘know’ their own attitudes, emotions, and other internal states partially by inferring them from observation of their own overt behavioural and / or the circumstances in which their behavior occurs. Thus to the extent that internal cues are weak, ambiguous or not interpretable, the individual is functionally in the same position as an outside observer who must necessarily rely upon those same external cues to infer the individual’s inner states” (1972)

Bem traces much of his work to Skinner’s (1957) operant behaviouristic analysis of human verbal behavior.

5. Weiner Theory of Attributions

Weiner (1980, 1986) conceptualized an attributional theory of achievement behavior, suggesting that causal attribution to success and failure influences self-esteem and future expectations in important ways. Weiner focused in structure of causal attributions. The cause of success and failure have been subsumed within a three dimensional taxonomy, that are locus, stability and controllability. The first dimension is locus of control (Rotter, 1966). It includes internal and external causes. Ability and effort are internal whereas task difficulty, luck etc. are external. The locus of control is associated with self-esteem related effects. If internal cause is given for success, self-esteem enhances but if failure is attributed to internal cause, self-esteem may decrease. The second dimension is stability which refers to whether the cause is stable or unstable. Ability, task difficulty patience are stable while luck and effort are unstable.

Stability dimensions help in predicting future success. Controllability is the third dimension, which was proposed by Heider (1958) and then incorporated within achievement scheme by Rossenbaum (1972). Effort or biases of teacher are controllable
while ability, mood or chances are uncontrollable. In case of globality, Weiner (1986) assumes that it is related to generalizability. It refers to consistency over situations.

1.3.2 Process of an Attribution

There is considered to be a three-stage process underlying an attribution. Firstly, the behavior of a person has to occur and be observed. In regards to perceiving or observing a person’s behaviour Heider proposed two distinct descriptions phenomenal description’ which is the nature of contact between the person and the environment (which directly experienced by the person); and, ‘causal description’ which analyses the underlying conditions that give rise to the perceptual/observed experience (Haider, 1958). The second stage is where the perceiver/observer has to make a judgment as to whether the behavior observed is deliberate. That is, the person must decide whether the behavior was intentionally performed. The final stage is where the observer makes an attributional trait (which will be further discussed). Thus, the perceiver/observer assigns the reason for the behavioural, whether the person observed was forced to perform the behavior (in which case the cause was attributed to outside external factors) or not (in which case the cause was attributed to within the person observed) (Heider, 1958).

1.3.3 Factors Relating to Attribution

There are many different behavioural causes (factors) that are attributed to perceived outcomes. According to researcher, the main behavioural causes are ability, effort, luck, and task difficulty (Foll, Rascle, & Higgins, 2008; Holschuh, Nist, & Olejnik, 2001; Schunk, Pintrich, & Meece, 2008; Stipek, 2002; Weiner, 1979, 1986; Yan & Li, 2008). However other causes may include teacher, mood, health, fatigue and many more (Weiner, 1986, 1992). The behavioural causes that have been assigned as the reason for the outcome will have many implications. For example, depending upon the
cause given for a behaviors and future expectations from the individual person and observers will result. Thus, matching the correct cause to the performance and outcome is vital. Each behavioural performance (whether a successful or failed outcome resulted) is measured along different dimensions. It is these causal dimensions that have the psychological force to influence expectancies, emotions, self-efficacy beliefs, affect and actual behaviors (Schunk et al., 2008).

1.3.4 The Attributional Style

Attributional style (AS) is an individual differences variable that refers to the habitual ways in which people explain their positive and negative life experiences (Abramson, Seligman, & Teasdale, 1978). Attributional style has been defined as cross situational consistency in causal attribution over a specific class of situations (Alloy, Abramson, Metalsky, & Hartlage, 1988; Anderson & Arnoult, 1985; Metalsky & Abramson, 1981; Peterson & Seligman, 1984; Seligman, 1975), conceptualized as a personal bias to explain certain events/outcomes in a systematic way, attributional style has been described as a “cognitive trait” Weiner (1986). The attributional style (AS) construct emerged from the attributional reformation of the learned helplessness model, which posited that a person’s explanatory style determines the extent to which learned helplessness is stable, pervasive, and undermining of self-esteem (Abramson et al, 1978; Peterson, 1991). Learned helplessness is the belief that one can exert no control over one’s environment. When people hold such a belief, they feel unable to escape their environment and may simply give-up leading, in some cases, to profound feeling of depression (Seligman, 1975). According to learned helplessness model, causal attributions vary on three critical dimensions: locus, stability and globality. So attributional styles may be explained in terms of three dimensions (Abramson, Garber, & Seligman, 1980; Abramson et al., 1978) which are as follows:
1. **Locus: Internal vs. External Causes:** Locus of causality refers to whether the outcome was due to something about the person (internal) or something about the situation or circumstances (external). In other words, when person tend to belief that the conducive cause is localized directly in themselves that is due to their own doing (for example, ability, attitude, effort, emotional state, skill etc.), attributional style is said to be internal. On the other hand, when person regard the environmental stimulus or factors (physical and social circumstances) as a cause of an event (for example, chance, luck, task-difficulty etc.), attributional style is said to be external.

2. **Stability: Stable vs. Unstable Causes:** Stability refers to the persistence of a cause, whether the cause will again be present (stable) or is temporary (unstable). An assumption that cause does not change over a long period in similar situation is termed as stable. Contradictory to it, when person assumes that cause may change over a short time is termed as unstable. In other words, stable factors are thought to be long lived and recurrent (for example, ability, aptitude, task characteristics, interest etc.), whereas unstable factors are short lived and intermittent (for example, chance, effort, mood, luck etc.).

3. **Globality: Specific vs. Global Causes:** Globality refers to whether the cause influences just this particular situation (specific explanation) or whether it influences other areas of respondent’s life (global explanation) ([Tennen & Herzberger, 1985](#)). In globality person generalizes the experience to a large variety of events or situations, whereas specific factors are unique to a particular context. So, while global causes are relevant for a wide variety of outcomes, but specific causes affect only a specific set of outcomes (that may result in helplessness) only in original situation.
A pessimistic (or depressive) attributional style is the tendency to explain negative life events with internal, stable and global causes and to explain positive events with external, unstable and specific causes. In contrast, an optimistic attributional style is the tendency to explain negative events with external, unstable and specific causes and to explain positive events with internal, stable and global causes (Abramson et al., 1978).

1.3.4.1 Positive Attributional Style

Optimists have a positive explanatory style, or positive way of explaining events in their lives. Optimists explain positive events as having happened because of them (internal). They also see them as evidence that more positive things will happen in the future (stable), and in other areas of their lives (global). Conversely, they see negative events as not being negative events as not being their fault (external). They also see them as being flukes (isolates) that have nothing to do with other areas of their lives or future events (local). For example, if an optimist gets a promotion, he/she will likely believe it because he/she’s good at her job (internal), and will receive more benefits and promotion in the future (global and stable). If he/she is passed over for the promotion, it’s likely because he/she was having an off-month (local and unstable) because of extenuating circumstances (external) but will do better in the future. It is known as positive explanatory style.

1.3.4.2 Negative Attributional Style

Pessimists have a negative explanatory style or negative ways of to explain the vents in their lives. They believe that negative events are caused by them (internal), believe that one mistake means more will come (stable), and mistakes in other areas of life are inevitable (global) because they are the cause. They see positive events as flukes (local), that are caused by things outside their control (external) and probably won’t
happen again (unstable). A pessimist would see a promotion as a luck events (external),
that probably won’t happen again (unstable and local), and may even worry that she will
now be under more scrutiny! Being passed over for promotion would probably be
explained as not being skilled enough (internal and global, and therefore expect to be
passed over again (stable). It is known as negative explanatory style.

Pessimists are more likely than optimists to display helplessness deficits
when they experience a negative event (Schulman, Castellon, & Seligman, 1989).
Attributional style have been demonstrated to play a mediating role between negative
events and problems in living such as depression (Sweeney, Anderson, & Bailey, 1986),
loneliness (Anderson, 1983), and shyness (Alfano, Joiner, & Perry, 1994).

It was found, a pessimistic as appears to increase the risk for depression
through the negative impact of the attributions on self-esteem (locus attributional) and
expectations about future events (stability and globality attributions) (Peterson &
Seligman, 1984).

By definition, depressive attribution style is related to prolonged exposure to
uncontrollable aversive events, which result in motivational, cognitive, and behavioural
deficits. In lay terms, it is ‘learned helplessness” which occurs when individuals believe
positive outcomes or the avoidance of aversive consequences, is unobtainable (Seligman,
1975). Research has shown that depressive attributional style is strongly related to
depression (Metalsky, Joiner, Hardin, & Abramson, 1993; Seligman, Abramson,
Semmel, & Von Baeyer, 1979). Researchers believe that attributional style can help to
provide a better understanding of behaviours and consequences that affect one’s
performance and actions (Peterson, 1991).

The three dimensions are continuous and can be grouped together in different
combination which may result in eight types of causal attributions (Siddiq, 1997):
1. Internal-global-stable
2. Internal-global-unstable
3. Internal-specific-stable
4. Internal-specific-unstable
5. External-global-stable
6. External-global-unstable
7. External-specific-stable
8. External-specific-unstable

Each of these combinations has different implications for the future expectation of people, and their performance on subsequent tasks.

1.4 Self-Efficacy

1.4.1 Definition and Characteristics

Other important variable of present research is self-efficacy. Self-efficacy is found to be associated with ability to adapt in a different career related tasks, career choice, learning and achievements and adaptability to the advent of modern technologies.

Self-efficacy is self-perception of an individual’s capability which becomes instrumental when he pursue to the goals and the control which he can exercise over his environments. Albert Bandura (1977a) focused on human behavior and motivation in which he described that self-efficacy as individual’s belief about their own capabilities which guides the person that what actually they are capable of accomplishing. It is the belief which they hold about their capabilities which help in determining what a person can do with knowledge and skills which he possesses.

According to Bandura’s (1977a, 1986) social cognitive theory, individual possess a self-system which enables them to exercise a measure of control over their thoughts, feelings, motivation and actions. The self-system encompasses one’s cognitive
and affective structure that provides a reference mechanism of perceiving, regulating and evaluating behavior that results from between the system and the environmental sources of influence. Every individual estimates his ability to get things done, it may be an important element of a person’s self-concept, which is a constellation of beliefs and experiences about his/her ability to deal effectively with the tasks and accomplish what needs to be done. Bandura (1977b) suggested that self-efficacy is an important component of self-concept. He further suggested that low self-efficacy lead to negative mood, pessimism, stress, tension and psychological distress.

According to Medenick (1982) personal efficacy refers to a belief or expectation that one can successfully bring about change, people with expectation are more likely to take risks, set more difficult goals, persist longer at chosen activities and be more involved in what they are doing. Deaux (1976) stated that the subjects having high efficacy attribute success to ability or high effort and failure to lack of effort in some instances to external factors such individuals expect to be successful in what they do and other expect them to be successful.

Muller and Major (1989) emphasized that the beliefs which are considered to be important component of self-efficacy is mainly concerned with the persons which they create, develop and hold to be true about themselves from the exact foundation of human agency and this act is a vital force for their success or failure in all endeavors.

Self-efficacy originated as a situation-specific construct, but researchers have begun to investigate and refine the concept of general self-efficacy in recent years (Scherbaum, Cohen-Charash, & Kern, 2006). Luszczynska, Scholz, & Schwarzer, (2005) stated that self-efficacy is an individual's belief in his/her own competence, while general self-efficacy can be described as a global sense of confidence in one's ability to cope with a wide range of challenging and stressful situations. It also refers to a broad
and stable sense of personal competence (Luszczynska, Scholz et al., 2005). Schwarzer, (1993) defined generalized self-efficacy, refers to a broad and stable sense of personal competence to deal effectively with a variety of stressful situations. Research indicates that general self-efficacy is a universal and cross-cultural construct (Luszczynska, Gutierrez-Dona, & Schwarzer, 2005; Scholz, Gutierrez-Dona, Sud, & Schwarzer, 2002).

Similarly, Sherer et al. (1982) defined general self-efficacy a global construct is the composite of all life success and failure that are attributed to the self-efficacy.

Tipton and Worthington (1984) observed that the performance of an individual is affected by both specific self-efficacy and general self-efficacy, they pointed out that in a clearly defined and familiar situation, the specific self-efficacy accounts for more of the variance whereas in ambiguous and less familiar situation general self-efficacy accounts for more of the variance. Kumari and Singh (1989) stated that personal efficacy can affect the individuals behavior in a number of ways, it can affect at the initiation and the persistence of coping or problem solving behavior. People may not initiate any action if they believe that they have low competency or efficacy in the tasks. The low efficacy people if they try to perform a task, their belief of low personal efficacy would determine how much effort and time they would expand on the task, if they have stronger perceived personal efficacy it might be expected that they would expand greater effort and persist greater on the tasks assigned.

Winnicott (1965) emphasized that every individual develops the public self that is an image of himself which he presents to others. In his saying the person is called healthy if there is closer correspondence between the public self and the true self. The
idea of public self is theoretically similar to Buss (1980) construct of public self-consciousness, which defined as the individual’s awareness of self as a social object.

Bandura (1977a) stated that the concept of the construct self-efficacy was introduced for the psychological changes that occur as a result of the various modes of treatment. The self-efficacy theory states that the expectations of self-efficacy determine what activities people engage in and how much effort they will expend and how long they will reserve in the face of adversity. Bandura (1977a) distinguished between self-efficacy expectancies and outcome expectancies. According to him, self-efficacy expectancies refers to convictions which one can successfully perform the behavior required to produce a given outcome. Whereas, the outcome expectancies of the beliefs that a given behavior will lead to that outcome, further he emphasized that the self-efficacy expectancies that vary on three dimensions viz. magnitude, strength and generality that may have implications on performance. Magnitude refers to the relative difficulty of a task as compared to others in hierarchy.

In extensive study on the concept of self-efficacy, Bandura (1989) uncovered numerous ways a person’s perceived self-efficacy impacts motivation, behavior, mood and mental functioning. Strong self-efficacy leads to improved goal setting and attainment mastery, perseverance and positive self-regard. Inefficacious thought, on the other hand, can predict depression and distress, impair functioning, a heightened perception of threat in stressful situations, lack of motivation, and surrender in the face of difficult tasks. Furthermore, perceived self-efficacy and depression act on each other bidirectional, indicating a perpetual cycle of negative thought and affect. If high achieving adolescents lose their sense of efficacy at the very point in their development when they should be focused on gaining autonomy and independence (Levine, 2006) the result could be irreparable.
Self-efficacy is often confused with self-esteem, perhaps because when one feels a lack of self-efficacy, low self-esteem is likely to follow. The difference is that self-efficacy is much more dependent on the specific situation than is self-esteem. Further, feeling of self-efficacy do not usually generalized from one situation to another (unless the two situations are very similar). An example is provided by Burger and Palmer (1992), who studied university students just after they had experienced the 1989 earthquake in California. Immediately after the event, students reported feeling vulnerable to natural disasters and unable to cope them. That is, their self-efficacy was low in this specific context. In other aspects of their lives (such as school performance), feelings of vulnerability and inability to cope were unaffected.

People seem to be able to distance themselves from areas of low self-efficacy so that their overall self-esteem remains unaffected. For example, you may be great in math but a hopelessly clumsy tennis player. You can easily define math and your self-efficacy in that subject as important aspects of yourself while perceiving tennis as something that is irrelevant in your life. In effect you don’t care that you are incompetent at tennis. So, despite a lack of self-efficacy in certain situations, it is possible to maintain a self-image that is favorable overall.

Self-efficacy is conceptually close to self-esteem. Miner (1988) pointed out that self-esteem tends to be a generalized trait, while self-efficacy tends to be situation specific. Self-efficacy is associated with life insurance sales, facility research productivity, ability to cope with difficult career related task, career choice, learning and achievement and adaptability to new technology (Gist & Mitchell, 1992).

1.4.2 Sources of Self-Efficacy

Efficacy expectations develop and are potentially modified through four sources of experiential information (Bandura, 1977a, 1997b). These are, performance
experiences, vicarious learning, or modelling; verbal persuasion or encouragement from other people to engage in a specific behaviour; and degree of emotional arousal with reference to a domain of behaviour. So, people’s beliefs about their efficacy can be developed by four main sources of influence are as follows:

**Mastery Experience:** The most effective way of creating a strong sense of efficacy is through mastery experiences. Success builds a robust belief in one’s personal efficacy. Failures undermine it, especially if failures occur before a sense of efficacy is firmly established.

If people experiences only easy success they come to expect quick results and are easily discouraged by failure. A resilient sense of efficacy requires experience in overcoming obstacles through perseverant effort. Some setbacks and difficulties in human pursuits serve a useful purpose in teaching that success usually requires sustained effort. After people become convinced they have what it takes to succeed, they preserve in the face of adversity and quickly rebound from setbacks. By sticking it out through tough times, they emerge stronger from adversity.

**Modeling:** The second way of creating and strengthening self-belief of efficacy is through the vicarious experiences provided by social models. Seeing people similar to oneself succeed by sustained effort raises observers’ belief that they too poses the capabilities master comparable activities to succeed. By the same token, observing others’ fail despite high efforts. The impact of modeling on perceived self-efficacy is strongly influenced by perceived similarity to models. The greater the assumed similarities the more persuasive are the models’ successes and failures. If people see the models as very different from themselves their perceived self-efficacy is not much influenced by the models’ behavior and the results its produces.
**Social Persuasion**: Social persuasion is a third way of strengthening peoples’ beliefs that they have what it take to succeed. People who are persuaded verbally that they possess the capabilities to master given activities are likely to mobilize greater effort and sustain it than if they harbor self-doubts and dwell on personal deficiencies when problems arise. To the extent that persuasive boots in perceived self-efficacy lead people to try hard enough to succeed, they promote development of skills and a sense of personal efficacy.

**Psychological Factors**: The fourth way of modifying self-beliefs of efficacy is to reduce people’s stress reactions and alter their negative emotional proclivities and misinterpretations of their physical states. In unusual, stressful situations, people commonly exhibit signs of distress, shakes, aches, pains, fatigue, fear, and nausea etc. a person’s perceptions of these responses can markedly alter a person’s self-efficacy.

**1.4.3 Efficacy Activated Process**

According to Bandura (1997a), a belief in one's personal capabilities regulates human functioning. Bandura (1997a, 1997b) described four processes through which self-efficacy achieves its effect i.e. cognition, motivation, affect and selection. These four major psychological processes through which self-beliefs of efficacy affect human functioning, in the following ways:

**A. Cognitive Processes**: The effects of self-efficacy beliefs on cognitive processes take a variety of forms. Much human behavior, being purposive, is regulated by forethought embodying valued goals. Personal goal setting is influenced by self-appraisal of capabilities. The stronger the perceived self-efficacy, the higher the goal challenges people set for themselves and the firmer is their commitment to them.
B. Motivational Processes: Self-beliefs of efficacy play a key role in the self-regulation of motivation. Most human motivation is cognitively generated. People motivate themselves and guide their actions anticipatorily by the exercise of forethought. They form beliefs about what they can do. They anticipate likely outcomes of prospective actions. They set goals for themselves and plan courses of action designed to realize valued futures.

C. Affective Processes: People’s beliefs in their coping capabilities affect how much stress and depression they experience in threatening or difficult situations, as well as their level of motivation. Perceived self-efficacy to exercise control over stressors plays a central role in anxiety arousal. People who believe they can exercise control over threats do not conjure up disturbing thought patterns. But those who believe they cannot manage threats experience high anxiety arousal. They dwell on their coping deficiencies. They view many aspects of their environment as fraught with danger. They magnify the severity of possible threats and worry about things that rarely happen. Through such inefficacious thinking they distress themselves and impair their level of functioning. Perceived coping self-efficacy regulates avoidance behavior as well as anxiety arousal. The stronger the senses of self-efficacy the bolder people are in taking on taxing and threatening activities.

D. Selection Process: One centered on efficacy-activated process that enables people to create beneficial environments and to exercise some control over those they encounter day in and day out. People are partly the product of their environment. Therefore, beliefs of personal efficacy can shape the course lives take by influencing the types of activities and environments people choose. People avoid activities and situations they believe exceed their coping capabilities. But they readily undertake challenging activities and select situations they judge themselves capable of handling.
1.4.4 Familial Influence on Self-Efficacy

Beginning in infancy, parents and caregivers provide experiences that differently influence children’s self-efficacy. Home influences that help children interact effectively with the environment positively affect self-efficacy (Bandura, 1997b; Meece, 1997). Initial source of self-efficacy are centered in the family, but the influence is bidirectional. Parent who provide an environment and stimulates youngster’s curiosity and allow for mastery experience help to build children’s self-efficacy.

When environment are rich in interesting activities that arouse children’s curiosity and offer challenges that can be met, children are motivated to work on the activities and thereby learn new information and skills (Meece, 1997). There is much variability in home environments. Some contain materials such as computers, books, and puzzles that stimulate children’s thinking.

Young children must gain self-knowledge of their capabilities in broadening areas of functioning. They have to develop, appraise and test their physical capabilities, their social competencies, their linguistic skill, and their cognitive skills for comprehending and managing the many situations they encounter daily.

1.4.5 The Role of Self-Efficacy

Virtually all people can identify goals they want to accomplish, things they would like to change, and things they would like to achieve. However, most people also realize that putting these plans into action is not quite so simple. Bandura (1995) and others have found that an individual’s self-efficacy play a major role in how goals, tasks and challenges are approached.

People with a strong or high self-efficacy find an inner confidence which allows them to perform task that might otherwise seem beyond their reach. A high self-efficacy makes life a little easier and one’s day a little brighter. It may cause them to:
• View challenging problems as tasks to be mastered.
• Develop deeper interest in the activities in which they participate.
• Form a stronger sense of commitment to their interests and activities.
• Recover quickly from setbacks and disappointments.

On the other hand, people with a weak or low self-efficacy are more prone to lack confidence in their own abilities. A low self-efficacy will manifest itself in a variety of ways in their daily lives in many ways, likely it may cause them to:
• Avoid challenging tasks.
• Believe that difficult tasks and situations are beyond their capabilities.
• Focus on personal failings and negative outcomes.
• Quickly lose confidence in personal abilities.

1.4.6 Classification of Self-Efficacy

Self-efficacy has been classified into three different categories i.e.:

**Social Self-Efficacy:** Social self-efficacy dealt with their belief about their ability to form and maintain relationships to be assertive and to engage in leisure time activities.

**Self-Regulatory Self-Efficacy:** Self-regulatory self-efficacy dealt with ability to resist peer-pressure and avoid high risk oriented activities.

**Academic Self-Efficacy:** Academic self-efficacy refers to an individual’s confidence in his/her ability to succeed in academic tasks and pursuits. Academic self-efficacy has been the focus of a vast amount of research due to its influence on various aspects of student’s academic functioning.

Researchers have shown that academic self-efficacy is predictive of student’s ability to succeed and that student with higher academic self-efficacy work harder (Bandura, Barbaranelli, Capara, & Pastrolli, 2001) are more persistent (Pajares,
1996), and develop better goal-setting and time-monitoring strategies than other students (Zimmerman, 2000). Choi (2005) found that high level of academic self-efficacy are positively related to academic performance, and others have documented the importance of perceived confidence in initiating and sustaining motivation and achievement oriented behaviour (Bandura, 1993).