REVIEW OF LITERATURE

Survey of researches is indispensible part of any study to justify the novelty of the problem, hence it is mandatory for the researcher to present extensive review of related studies. In present investigation the researcher presented direct and indirect studies of perfectionism, attributional styles and self-efficacy in relation to psychological distress.

2.1 Perfectionism

Perfectionism is a positive factor for adjustment, achievement, and satisfaction. High level of achievement is possible only when the perfectionism is at adaptive level, but when perfectionism is beyond their adaptive level or becomes maladaptive then it leads to negative outcomes like distress, depression, anxiety, suicide, substance abuse etc.

A study conducted by Arthur and Hayward (1997) in which they examined the relationships between perfectionism, standards for academic achievement, and emotional distress. Perfectionistic tendencies were associated with students’ actual performance in a post-secondary program. In particular, higher levels of depression and socially prescribed perfectionism were associated with lower grade point average (GPA). Thus, only socially prescribed perfectionism appeared to manifest in symptoms of depression and, ultimately, lower academic performance.

Similarly, Hankin, Roberts, and Gotlib (1997) studied 115 high school ninth and twelfth grade students in which they examined the relationship between self-standards and particular forms of emotional distress during adolescence. They found that actual-ideal discrepancies and self-oriented perfectionism were associated specifically with depressive symptoms after controlling for anxious symptoms, whereas actual-ought
discrepancies were associated specifically with anxious symptoms after controlling for depressive symptoms. In contrast, socially prescribed perfectionism was associated with general emotional distress. Further they compared among gender (boys and girls) and found that girls were more depressed than boys.

Hayward and Arthur (1998) examined perfectionistic standards for academic achievement and their association with depression and anxiety among 178 post-secondary students (93 males, 85 females) in a multidimensional approach of perfectionism. Their Results revealed that socially-prescribed perfectionism was more closely related to the symptoms of distress as compare to self-oriented perfectionism.

Flett, Hewitt, Blankstein, and Gray (1998) were five studies tested the hypotheses that there are individual differences in the frequency of automatic thoughts involving perfectionism and that these thoughts are associated with psychological distress. Additional research confirmed that frequent perfectionism thoughts account for unique variance in distress, over and above variance predicted by standard measures of negative automatic thoughts and trait perfectionism measures. Overall, the findings support the view that personality traits involved in depression and anxiety have a cognitive component involving ruminative thoughts and that activation of this cognitive personality component contributes to distress.

Hewitt et al. (2002) investigated relationships between dimensions of perfectionism, depression, anxiety, stress, and anger among 114 children (45 males and 69 females, aged 10–15 years). Their results revealed that self-oriented perfectionism was significantly associated with depression and anxiety, whereas socially prescribed perfectionism was significantly correlated with depression, anxiety, social stress, anger-suppression, and outwardly directed anger. Further their findings also indicated that: (1) self-oriented perfectionism interacted with social stress to predict anxiety; and (2) self-
oriented perfectionism interacted with achievement stress and with social stress to predict depression. They also found that dimensions of perfectionism may be relevant variables in differential predictors, maladjustment and distress in children.

Similarly a study conducted by Bieling, Israeli, and Antony (2004) in which they compared varying models of the perfectionism construct among 198 students. Their result showed that maladaptive perfectionism was strongly associated with psychological distress, depression, anxiety, and stress, as compare to adaptive perfectionism.

Rice, Leever, Christopher, and Porter (2006) tested models of perfectionism in predicting psychological distress and academic adjustment as well as moderators and mediators of those associations among 499 high achieving university students. They found that adaptive and maladaptive dimensions of perfectionism were significantly associated with concurrent and prospective perceived stress, social connectedness, depression, hopelessness and perceived academic adjustment.

Aldea and Rice (2006) examined a model in which emotional disregulation (a composite of emotional reactivity and splitting) was expected to account for the effect of perfectionism on general psychological distress among 349 university students. They found significant positive effects between maladaptive perfectionism and psychological distress, whereas significant inverse effects were found for adaptive perfectionism. Further they revealed support for a possibly meditational role of emotional dysregulation.

Flett, Hewitt, and Cheng (2008) examined the associations between dimensions of perfectionism, psychological distress and irrational beliefs among 250 adolescents (108 males, 142 females). Their results showed that self-oriented perfectionism was associated significantly with all five irrational belief subscales, while the associations between socially prescribed perfectionism and irrational belief subscales were much smaller in magnitude. Self-oriented perfectionism, socially prescribed
perfectionism, and irrational beliefs were all associated significantly with elevated
distress among adolescents, and irrational beliefs predicted unique variance in distress,
over and above the variance attributable to the trait perfectionism dimensions. The
findings confirmed the association between perfectionism and irrational beliefs and their
respective roles in psychological distress among adolescents.

Van Yperen and Hagedoorn (2008) argued and demonstrated that setting
high standards, an essential aspect of perfectionism, is not associated with maladaptive
responses in and of itself. Rather, their findings suggested that people’s responses to
their perceptions that they consistently fail to meet their own standards are maladaptive.
More importantly, on the basis of their survey study (n = 293), they extended previous
research by showing that low personal standards and the perception that others are
imposing high standards on the self-operate in concert to strengthen the link between
perceived discrepancy and psychological distress. Furthermore, they also found that there
was a mediating role of generalised self-efficacy beliefs.

Geranmayepour and Besharat (2010) conducted a study on the relationship
between perfectionism and mental health among 185 students. They found that positive
perfectionism was positively associated with psychological well-being and negatively
associated with psychological distress. Further, their results also revealed that negative
perfectionism was negatively associated with psychological wellbeing and positively
associated with psychological distress.

O’Connor, Rasmussen, and Hawton (2010) investigated the extent to which
perfectionism and acute life stress predict depression, anxiety and self-harm among 515
school children’s adolescent over a 6 month period (Time 1–Time 2). They found that
Socially Prescribed Perfectionism (SPP), Self-Oriented Perfectionism–critical (SOP-
critical) and the associated interactions with acute life stress differentially predicted
anxiety, depression and self-harm. They further found that acute life stress was an independent predictor of depression, anxiety and self-harm. SPP predicted depression and interacted with acute life stress to predict self-harm. SOP-critical and the SOP-critical by acute life stress interaction predicted anxiety. Self-oriented perfectionism striving (SOP-striving) did not predict any of the Time2 measures of distress. The dimensions of perfectionism were differentially associated with psychological distress.

A study conducted by Onwuegbuzie and Daley (1999) in which they investigated the relationship between perfectionism and statistics anxiety among 107 students in graduate-level. They found that graduate students who hold unrealistic standards for significant others (i.e. other-oriented perfectionists) and those who maintain a perceived need to attain standards and expectations prescribed by significant others (i.e. socially-prescribed perfectionists) tend to have higher levels of statistics anxiety associated with interpretation anxiety test and class anxiety computational self-concept and fear of asking for help.

Flett, Greene, and Hewitt (2004) investigated the extent to which dimensions of perfectionism are associated with components of the anxiety sensitivity construct among 177 undergraduate students. Their results confirmed that automatic thoughts involving perfectionism and the interpersonal aspects of the perfectionism construct were associated with anxiety sensitivity. Further they found that perfectionism cognitions were associated primarily with anxiety sensitivity involving fears of cognitive dyscontrol, while socially prescribed perfectionism and perfectionistic self-presentation were associated primarily with fears of publicly observable anxiety reactions. Their study suggesting that the interpersonal perfectionism dimensions are linked closely with an anxious sensitivity to negative social evaluation and subsequent panic attacks.
Hamidi and Besharat (2010) examined the relationship between perfectionism and competitive anxiety among 173 athletes (115 males and 58 females). They found that striving for perfection (positive perfectionism) was negatively associated with cognitive and somatic anxiety, and positively associated with self-confidence. Further their results also revealed that negative reaction to imperfection (negative perfectionism) was positively associated with cognitive and somatic anxiety, and negatively associated with self-confidence.

Flett, Madorsky, Hewitt, and Heisel (2002) investigated the associations among dimensions of perfectionism, a ruminative response orientation and the experience of cognitive intrusions in response to stressful events, among 65 students. Their results indicated that high levels of cognitive perfectionism, socially prescribed perfectionism, and rumination were also correlated with depression and anxiety, representing the tripartite model. Their results support the view that there is a salient cognitive aspect to perfectionism and the experience of frequent perfectionistic cognitions and related forms of rumination contribute to levels of psychological distress.

Rice and Mirzadeh (2000) examined differences between types of perfectionists and whether perfectionism related to attachment, academic integration, and depression among university students. Their results revealed academic and emotional benefits of adaptive perfectionism, contrasted with the adverse emotional effects and no academic advantages of maladaptive perfectionism.

Similarly, Wei, Mallinckrodt, Russell, and Abraham (2004) examined maladaptive perfectionism as both a mediator and moderator between adult attachment and depressive mood. Their results indicated that maladaptive perfectionism partially mediated the relationship between attachment anxiety and depressive mood and fully mediated the relationship between attachment avoidance and depressive mood.
Flett, Besser, Davis, and Hewitt (2003) investigated the associations between dimensions of perfectionism, unconditional self-acceptance and self-reported depression among a sample of 94 students. Correlation results indicated that all three trait dimensions of perfectionism (i.e., self-oriented, other-oriented, and socially prescribed perfectionism) were associated negatively with unconditional self-acceptance. They also found, as expected, depression was associated with relatively low unconditional self-acceptance. Finally they also found that, unconditional self-acceptance mediated the association between socially prescribed perfectionism and depression, and other-oriented perfectionism was found to affect depression only indirectly through its association with low levels of self-acceptance. Their findings indicated that perfectionists evaluate themselves in terms of a contingent sense of self-worth, and as such, they are vulnerable to psychological distress when they experience negative events that do not affirm their self-worth.

Schweitzer and Hamilton (2002) examined the relationship between perfectionism and negative emotional states among 405 male and female Australian university students. They found significant positive association between perfectionism and depression, anxiety and stress.

Chang, Watkins, and Banks (2004) assessed racial variations in how adaptive and maladaptive perfectionism relate to psychological functioning in a sample of 150 Black and 150 White female college students. Their results indicated that Black women as compared with White women reported less adaptive perfectionism, less life satisfaction, greater stress and greater negative affect. Correlational results indicated that for both groups, maladaptive perfectionism but not adaptive perfectionism, was associated with stress.
Ashby, Rice, and Martin (2006) examined the relationship between depression, maladaptive perfectionism and shame. Their results showed that maladaptive perfectionism was negatively associated with self-esteem and positively associated with symptoms of depression with self-esteem mediating the effects of maladaptive perfectionism on depressive symptoms. They also found that the path from maladaptive perfectionism to depression was partially mediated by shame.

Stoeber, Harris, and Moon (2007) compared healthy perfectionists (high perfectionistic strivings, low perfectionistic concerns), unhealthy perfectionists (high perfectionistic strivings, high perfectionistic concerns), and non-perfectionists (low perfectionistic strivings) regarding proneness to shame, guilt, and pride and state shame, guilt, and pride following success and failure among 121 (46 male, 75 female) undergraduates. Their results showed that healthy perfectionists reported more state pride and less state shame and guilt than unhealthy perfectionists and non-perfectionists. Moreover, healthy perfectionists indicated lower proneness to shame than unhealthy perfectionists and non-perfectionists. However, both healthy and unhealthy perfectionists indicated higher proneness to pride and higher proneness to guilt than non-perfectionists.

Harris, Pepper, and Maack (2008) studied the relationship between maladaptive perfectionism and depressive symptoms and the mediating role of rumination among 96 college students. Their results indicated that students who scored high on maladaptive perfectionism reported higher depressive symptoms through a mechanism of rumination.

Rice and Aldea (2006) examined state dependency on depression, trait stability, and state-trait characteristics of perfectionism in a short term longitudinal study of university students. Relative stability of perfectionism was assessed with test-retest correlations across 3 times, and results showed higher rank order and relative stability for
perfectionism scores compared with depression scores. Regression and path analysis to disentangle direction of effects revealed that initial maladaptive perfectionism scores remained robust predictors of later perfectionism scores, even after the authors controlled for prior and concurrent depression and other dimensions of perfectionism. Perfectionism proved to be quite stable and was a significant predictor of later depression. Perfectionism was also not meaningfully altered by state changes in depression. Their overall findings indicated that perfectionism appeared to substantial relative stability, and perfectionistic discrepancy in particular was a clear vulnerability factor for perfectionism.

Chang and Rand (2000) conducted the relations among perfectionism, stress, subsequent psychological symptoms, and hopelessness among 215 college students. Hierarchical regression analyses were used to determine whether dimensions of perfectionism (Hewitt & Flett, 1991) predicted psychological symptoms and hopelessness (1 month later), and the extent to which stress scores added incremental validity to these predictions. Their results indicated that socially prescribed perfectionism was a significant predictor of both adjustment measures. In addition stress accounted for a significant amount of additional variance in predicting adjustment measure beyond perfectionism and stress. However this interaction was only found for socially prescribed perfectionism.

Powers, Zuroff, and Topciu (2004) investigated the relationship between a measure of overt self-criticism and several measures of covert self-criticism and perfectionism, among 59 male and 152 female university students. As well as they also examined the relationship between these constructs and depression. Their results replicated previous reports that 2 factors, self-critical perfectionism and high personal standards underlie existing measures of covert expressions. Self-critical perfectionism and overt self-criticism were shown to be independent predictors of depression.
Rice and Lopez (2004) studied adult attachment theory to explore the link between perfectionism, self-esteem and depression among college students. Their results indicated that self-esteem buffered the effects of maladaptive perfectionism on depression and that adult attachment security moderated the association between perfectionistic self-doubt and self-esteem.

Accertino, Accordino, and Slaney (2000) examined the relationship of perfectionism with measures of achievement and achievement motivation, mental health aspects of depression and self-esteem among 123 high school students. Their results of multiple regression analyses indicated that students’ personal standards were significant predictors of academic achievement and also significantly predicted achievement motivation. Analysis of the relationship between perfectionism and depression and self-esteem found that as students personal standards increased, their levels of depression decreased and self-esteem increased. Furthermore when students experienced a discrepancy between their personal standards and actual performance, their depression levels increased and self-esteem decreased.

Street and Lester (2000) explored whether perfectionism and feelings of being an imposter are related to depression and suicidality among 82 college students. They found that depression scores but not manic scores were associated with both perfectionism and imposter scores.

Similarly, Brown et al. (1999) investigated the influence of perfectionism on academic performance. They found that maladaptive concern over mistakes was associated with perceptions of greater course difficulty, higher anxiety, and more negative mood prior to examinations.

Some studies are emphasized that perfectionism is also related to obsessive-compulsive symptoms. In a study Suzuki (2005) investigated the relationship between
two aspects of perfectionism (Concern over Mistakes and Personal Standards) and obsessive-compulsive symptoms among 57 men and 193 women college students. Results of their multiple regression analysis indicated that only the concern over mistake predicted significantly obsessive-compulsive symptoms. The tendency to set high standards was not strongly correlated with obsessive-compulsive symptoms.

Ashby and Bruner (2005) examined the relationship between adaptive and maladaptive perfectionism and obsessive-compulsive behaviors among 144 undergraduate psychology students. They found that maladaptive perfectionists engaged in more doubting and slowness behaviors than did adaptive perfectionists.

Rice, Vergara, and Aldea (2006) tested models of perceived stress and categorical thinking as mediator and also moderators of the association between perfectionism and psychological well-being among 364 college students. They found significant association between perfectionism and the cognitive-affective variables, and between perfectionism and the academic, social, and psychological adjustment variables.

Ofoghi and Besharat (2010) examined the relationship between perfectionism and medical ill-health in a sample of general population, i.e. 274 volunteers (154 women, 120 men). Their results revealed that self-oriented and socially prescribed perfectionism were associated with health indices in opposite direction. Other-oriented perfectionism showed negative association only with number of medical visits. It was concluded that self-oriented perfectionism would improve physical health indices through reinforcement of personal motivation, and provocation of mental and physical abilities. Socially prescribed perfectionism would negatively influence physical health indices through imposing high expectations by others.

Hasel and Besharat (2011) investigated the relationship of two personality constructs, perfectionism and hardiness, to physiological responses under a stressful
situation among 100 undergraduate students (51 males, 49 females). Their results indicated that negative perfectionism was positively correlated with physiological responses including systolic blood pressure, diastolic blood pressure, skin conductance, respiratory rate, and heart rate. Hardiness was negatively correlated with physiological responses of systolic blood pressure, diastolic blood pressure, and respiratory rate.

2.2 Attributional Style

An extensive body of research data reveals a link between psychological problems such as depression, negative affectivity, anxiety and the causal attributions.

Seligman et al. (1979) on the basis of research studies suggested the presence of a depressive attributional style i.e. depressed subjects are characterized by attributing bad outcomes to internal, stable and global causes and good outcomes to external, unstable and specific causes.

Sweeney et al. (1986) also reported that for negative events, attributions to internal, stable, and global causes had reliable and significant association with depression. The relation between attribution factors of ability and luck was also significant but it was stronger for negative events.

Pessimistic attributional style was found by many researchers to be associated with depression, and negative affectivity and anxiety. Luten, Ralph, and Mineka (1997) carried out two studies with college students and explored the relationship of a pessimistic attributional style to positive and negative affect, as well as to depressed and anxious mood. Both studies revealed that a pessimistic attributional style was correlated with negative affect and depressed mood, but was unrelated to low levels of positive affect. The second study also showed a correlation with anxiety, and that the association of pessimistic attributional style with emotional distress occurs for both depression relevant (i.e. loss/failure) as well as anxiety-relevant (i.e. threatening) events. Results
support the hypothesis that pessimistic attributional style is a nonspecific diathesis for symptoms of both anxiety and depression.

**Haugen and Lund (2002)** investigated that how self-concept and attributional style are related to depression in a student group. The self-esteem variables were found to constitute important predictors of depression, while the contributions of the attributional variables were of minor importance. They further found pessimistic attributions to both positive and negative events resulted in higher depression than pessimistic attributions to either kind of events, and to neither kind of events.

**Fazio and Palm (1998)** studied the attributional style, depression and grade point average (GPAS) among college students. They found that students with pessimistic attributional style had significantly higher depression scores than students with optimistic attributional style and those with higher depression scores had lower GPAS.

**Ralph and Mineka (1998)** examined whether students' attributional style for negative achievement events interacts with self-esteem and a lower-than-expected exam grade to predict changes in measures of specific and nonspecific depression and anxiety among 141 students. They found that a pessimistic attributional style for negative events interacted with self-esteem and outcome to predict residual changes in a combined measure of nonspecific distress and anxious arousal but not a combined measure of specific depressive symptoms. Unexpectedly, the greatest residual increases in distress occurred among low-self-esteem pessimists who experienced a non-failure outcome. These effects did not appear to be mediated by changes in hopelessness.

In a study of college students, **Corr and Gray (1996)** found that trait anxiety was positively correlated with negative attributional style and negatively correlated with positive attributional style.
Anshel and Brinthaupt (2006) examined relationships among components of attributional style and trait anxiety for 428 boys and girls, (grades 4-6). Results showed a small but significant relationship between negative attributional style and trait anxiety. In addition, girls reported higher trait anxiety than boys, and attributional style and trait anxiety were strongly correlated for girls, but not for boys. Compared to younger students, older students reported more internal attributions for negative events and higher overall scores on negative attributions.

However, Rodriguez and Pehi (1998) examined the relationships between attributional style, depression, and anxiety in a sample of 69 New Zealand Children (aged 8-14 yrs.). They evaluated the specificity of maladaptive attributional cognitions to depression. Their multiple regression analysis revealed that depression but not anxiety was significantly predicted overall attributional style. Thus anxiety was no longer significantly correlated with maladaptive explanatory style upon controlling for depression.

Dixon and Ahrens (1992) carried out a longitudinal study to assess the ability of interaction of attributional style and daily negative events to predict self-reported depression in 84 children. The self-reported depression symptoms were assessed before and after exposure to stressful event. It was found that attributional style did not predict change in self-reported depression symptoms following stressful events, the interaction of attributional style with stress did predict them. Stress predicted depression symptoms as well.

Alfano et al. (1994) conducted a study in which they found that the shy subjects were more depressed and had negative attributional style than non-shy subjects, this difference was not found when effect of attributional style was removed. Thus the
findings suggest that negative attributional style is a mediator of shyness-depression relationship.

**Fresco, Alloy, and Harington (2006)** also found that the tendency to see negative events arising from internal, stable, and global causes and positive events arising from external, unstable, and specific causes, was associated with higher levels of clinician assessed depression symptoms.

**Gladstone** and **Kaslow (1995)** examined the association between attributional style and depressive symptoms in children and adolescents. Their results support the association between attributions and depression. They found that higher levels of depressive symptoms were associated with internal-stable-global attributions for negative outcomes and external-unstable-specific attributions for positive outcomes. Overall composite attributional styles are associated negatively with depressive symptoms.

**Calvete, Villardon, and Estevez (2008)** assessed the dimensions of the attributional style and better moderate the impact of negative events on the increase of depressive symptoms, among 856 Spanish adolescents (449 girls and 407 boys). Their results showed that only the dimension of attribution of stable and global causes moderated the impact of the negative events on the increase of depression at follow-up.

**Vines and Nixon (2009)** were extended previous research into the role of cognitive style in predicting depressive symptoms in children by examining positive attributional style for positive events in a prospective manner, with a focus on the influence of prior life experience among a non-clinical sample of 102 children (aged 10–12 years), who completed self-report measures of depression, attributional style, stressful life events, and positive life events on two occasions (approximately 6 months apart). Their finding shows that positive attributional style for positive events moderated the
relationship between negative life events and follow-up depressive symptoms. Further, they found number of positive events did not significantly moderate the negative life events–depression symptoms relationship although there was a trend in the expected direction. Positive attributional style for positive events appeared to act as both a mediator and moderator in the positive events–depression symptoms relationship.

**Bodiford, Eisenstadt, Johnson, and Bradlyn (1988)** also found that children with depressive symptoms tended to attribute bad outcomes to internal, stable, and global factors and good outcomes to external, unstable, and specific factors. Thus, they indicated the explanatory styles of depressed children were similar to that of depressed adults.

Similarly, **McCauley, Mitchell, Burke, and Moss (1988)** showed that depressed children relative to non-depressed children tended to have a more helpless explanatory style especially with regard to how they explained positive events.

The study of **Curry and Craighead (1990)** also indicated that adolescents with a diagnosis of major depression differed from non-depressed adolescents with regard to their explanatory style for positive events. That is, they made significantly fewer internal, stable, and global explanations for positive events.

Both the studies of **McCauley et al. (1988)** and, **Curry and Craighead (1990)** supported the role of explanatory style for positive events in relation to depression.

**Hull and Mendolia (1991)** examined the relations of explanatory style, expectancies and depression in college sample, they found that explanatory style for negative events was both indirectly (through expectations) and directly associated with depression. They also found that explanatory style for negative events was indirectly related to depression by means of expectancies.
Lo, Ho, and Hollon (2010) investigated the relationship between rumination and negative attributional style, they specifically tested the potential moderating effect of depressive symptoms and processing mode during rumination on activating negative attributional style of undergraduate students (23 male and 49 female) at the university of Hong Kong. Their results showed that a stronger positive relationship between negative attributional style and level of depressive symptoms. Their finding suggested that processing mode in rumination interacted with depressive symptoms to predict negative attributional style.

Longitudinal studies in this field examined the role of helpless explanatory style in predicting depression and also examined whether it was a stable, trait-like character as Peterson and Seligman (1984) suggested. Most of the studies provided support for both the role of this style in predicting depressive symptoms and its’ trait-like nature (e.g., Eaves & Rush, 1984; Hilsman & Garber, 1995; Metalsky, Halberstadt, & Abramson, 1987; Nolen-Hoeksema, Girgus, & Seligman, 1986; Reilly-Harrington, Alloy, Fresco, & Whitehouse, 1999; Robinson, Garber, & Hilsman, 1995; Seligman et al., 1988). For example, Metalsky et al. (1987) examining the interaction of the explanatory style of college students with outcomes received on a midterm exam in predicting depressive mood responses, found that the most enduring depressive mood reactions occurred after receiving low midterm scores among students who had helpless explanatory style.

Although most of the studies cited above provide evidence for the reformulated learned helplessness model of depression there are also some studies that yield findings which are inconsistent with the results of earlier studies (e.g., Cutrona, 1983; Gotlib, Lewinhson, Seeley, Rohde, & Redner, 1993; Persons & Rao, 1985).
A review of the literature about explanatory style bring forth a number of studies that indicate an association between helpless explanatory style and other psychological symptoms such as anxiety (Ganellen, 1988; Johnson & Miller, 1990; Ralph & Mineka, 1998), general distress and psychosomatic complaints (A. M. Nezu, C. M. Nezu, & V.A. Nezu, 1986), and self-esteem (Chandler & Lee, 1997; Kao & Nagata, 1997; Ralph & Mineka, 1998; Zautra, Guenther, & Chartier, 1985).

Chang and Sanna (2001), while examining an integrative model, which included perfectionism and attributional style as predictors of depressive symptoms, found that there was a positive correlation between sub-dimensions of perfectionism, helpless explanatory style for negative events, which was termed by the researchers as negative attributional style, and depression with the exception of other-oriented dimension. They figured out that other-oriented perfectionism was associated negatively both with negative attributional style and depression. Moreover, in support of their model they found that negative attributional style added a significant amount of variance (16 to 24%) in predicting depressive symptoms even after controlling for the variance already accounted for each perfectionism dimension.

Similarly, Kocak (1998) indicated that helpless explanatory style was associated positively with depression scores both for positive events and negative events in a college sample.

Elliott (1987) conducted a study on depressive symptoms, attributional style, social avoidance and distress, and family structure among high school students. Their result supported that depressive symptoms were positively associated with a style of attributing negative events to internal, stable-global factors. They also found that depressive symptoms were positively associated with social avoidance/distress, and social avoidance/distress was positively associated with a style of attributing negative
events to internal-stable-global factors. They also found that females reported more depressive symptoms than males.

Shaheen and Alam (2010) examined the psychological distress and its relation to attributional styles and coping strategies among 300 adolescents. They found that composite attribution for positive events and its three dimensions (i.e. internal-external, stable-unstable and global-specific) were negatively correlated with psychological distress and the composite attribution for negative events and its three dimensions (i.e. internal-external, stable-unstable and global-specific) were positively correlated with psychological distress. Further they found that science students scored higher on composite negative and its two dimensions i.e., stable-unstable and global-specific negative and the arts students experience more psychological distress.

Chan (2012) used a cross-sectional survey design to examine how adolescent depressive mood was related to attributional styles and coping strategies with a sample of 326 youths (aged 8-14 years). With the cutting point adopted in the West, 20.9% of the current sample reported depressive symptoms. Regression analysis results show that, with the asymptomatic group, seeking social support strategy mediated the effects of positive-global and positive-stable attribution, and internalization strategy mediated the effects of negative-global attribution on depression mood. In the dysphoric adolescents, attributing positive events to global factors and seeking social support strategy predicted depressive mood in the negative direction whereas attributing negative events to global factors, problem solving strategy and internalization strategy, the positive direction. The current study confirmed that both attributional styles and coping strategies were significant predictors of depressive mood but different dimensions of attribution related to depressive symptoms in different magnitude.
Chan and Jason (1987) also found a significant correlation between negative life events and psychological distress among first year university students who explained negative outcomes in terms of internal, stable, and global factors. This correlation was not significant for those who explained negative outcomes in terms of external, unstable, and specific factors.

Sanjuan, Perez, Rueda, and Ruiz (2008) examined the relationships between attributional styles for positive and negative situations and positive and negative affect among 436 undergraduates’ students. Their results showed that people with negative attributional style (NAS) or tendency to explain negative situations through internal, stable, and global causes reported higher negative affect and lower positive affect. According to the reformulated learned helplessness model, individuals with NAS who explained positive events with external, unstable, and specific causes scored highest on negative affect. Moreover, the enhancing attributional style or tendency to explain positive situations by internal, stable, and global causes was associated with the report of positive affect. They also found that NAS has an association with psychological distress and suggest that direction of attributional style for positive situations may play an important role in the distress or well-being of individuals.

In a meta analytic review of studies of children and adolescents, Joiner and Wagner (1995) found that attributional style and depression are clearly correlated. In particular, whereas positive attributional styles were associated with reduced depression, negative attributional styles were associated with increased depression.

McQuade, Hoza, Waschbusch, Murray-Close, and Owens (2011) examined positive self-perceptions in relation to depressive symptoms and attributional style in a sample of 88 boys with attention-deficit/hyperactivity disorder (ADHD). Their results indicated that across all three domains, a reduction in children's self-perceptions of
competency over time predicted greater depressive symptoms at follow-up, even when controlling for teacher-rated competency. Analyses also suggested that a reduction in self-perceptions in the social domain was the strongest relative predictor of later depressive symptoms and also predicted greater depressive attributional style at follow-up.

**Peters, Constans, and Mathews (2011)** examined whether manipulation of attributional style influences depressed mood. The purpose of this study was to determine whether computer-based cognitive bias modification (CBM) procedures could modify attributional style and influence stress vulnerability. Participants were provided with multiple training trials that were intended to promote the use of either a positive or a negative attributional style. They compared with individuals in the negative attributional style condition, individuals in the positive attributional style condition which showed decreased tendency to make self-deficient causal attributions for poor performance on a difficult anagram test. They found that individuals in the positive attributional style condition reported less depressed mood in response to this academic stressor. These results suggest that attributional style is not invariable and can potentially be modified with CBM approaches.

Attributional style was also found to be a mediating variable between defensive maturity and depressive symptoms (**Kwon & Lemon, 2000**), and perfectionism and depressive symptoms among college students (**Chang & Sanna, 2001**).

Researches in the field of health and illness have provided evidences with regard to the association between attributional style and physical and mental health and illness and psychological wellbeing. Attributions of bad events predicted most of the problems related to health. **Peterson (1988)** found that individuals who believed that stable plus global factors caused bad events, experienced more days of illness in a month
and visited physicians more frequently in a year. They also reported more unhealthy habits, and more stressful occurrences than subjects who explained bad events with unstable plus specific causes.

Similar findings were reported by Peterson (1995). He found that optimist individual who explained bad events with external, unstable, and specific causes experienced better health than the pessimist, who explained bad events with internal, stable and global causes.

Dua (1994) observed that attributions for bad events were better predictors of health than those for good events and global attributions were best predictors of health. Thus it can be said that internal, stable and global causes are responsible for poor health.

In a study, Lin and Peterson (1990) investigated this possibility and found that subjects who explained bad events pessimistically (with internal, stable and global causes) reported more frequent illness during the past years and related their overall health more poorly than those who habitually favored external, unstable and specific explanations. When ill, pessimistic subjects were less likely than their optimistic counterparts to take active steps to combat their illness.

Cheng and Furnham (2001, 2003) examined to what extent attributional style (internal, stable, and global) predicts positive affect, self-reported happiness, mental health or psychological wellbeing on college students. Their results indicated that optimistic attributional style in positive situations was a stronger predictor of self-reported happiness than mental health and pessimistic attributional style in negative situations was a predictor of both happiness and mental health.

Khan and Jahan (2006) in their study found that persons experiencing high sense of well-being differed from those experiencing low sense of wellbeing on attributional style. Persons having high sense of well-being had more internal attributions
for the positive events and more unstable and specific attributions for the negative events. On the other hand, the attribution of the persons having low sense of wellbeing was found more external for positive events and, more stable and global for negative events.

Gladstone, Kaslow, Seeley, and Lewinsohn (1997) examined attributional style sex and depressive symptoms among high school students. The results revealed that for female and males, higher levels of depressive symptoms correlated with a more depressive attributional style; females and males who met diagnostic criteria for a current depressive disorder evidenced more depressogenic attributions than psychiatric controls, and never and past depressed adolescents; although no sex differences in terms of attributional patterns for positive events, negative events, or for positive and negative events combined emerged sex differences were revealed on a number of dimensional score. They also found the relation between attributions and current self-reported depressive symptoms was stronger for females than males.

In a longitudinal study Sakamoto and Kambara (1998) investigated the relationship between attributional style, live events and depression among Japanese undergraduates. They found that those experiencing, the students with a depressogenic attributional style experience more depression than those with non-depressogenic attributional style. Further hey also found that among those experiencing positive event, the students with an enhancing attributional style were less depressed than those with a non-enhancing attributional style.

Fox (1997) examines the possible role of causal attribution in relation to the reported relative absence of guilt diminished self-esteem and suicidal behavior, characteristic of depression in Africa among 40 Gambian adults. The subjects tended toward internal stable and global attributions for good outcomes and external stable and global attributions for bad outcomes.
**Peterson** and **Vaidya (2001)** evaluated the explanatory style, expectations, and depressive symptoms among 155 college students. Structural equation modeling confirmed the prediction of the attributional reformulation of learned helplessness theory that the link between stability and globality of explanatory style and depression is mediated by expectations.

**Kneebone** and **Dunmore (2004)** designed to assess hypothesis derived from the hopelessness theory of depression (**Abramson, Metalsky, & Alloy, 1989**) specifically that negative attributional style would be associated with depressive symptoms and that negative life events would interact with negative attributional style to explain depressive symptoms in a sample of persons with multiple sclerosis (MS). The research was cross sectional in design. Data was collected via survey from 495 persons with MS. Attributional style was positively associated with depressive symptoms across the whole sample. The proposition that negative life events would interact with negative attributional style to explain depressive symptoms was also supported, although only for global attributional style.

**Waschbusch, Sellers, LeBlane,** and **Kelley (2003)** examined the relationship between helpless attributions and depression is well established. Their study evaluated whether anxiety, event valence (positive or negative) and demographic variables (gender, age, SES or race) influence this relationship. Their results showed (1) adolescents with anxiety and depression who were from lower socioeconomic backgrounds made less helpless attributions for negative events than did adolescents from higher socioeconomic backgrounds, (2) male adolescents with anxiety only had helpless attribution styles that were similar to male adolescents with depression, but the same was not true for female adolescents, and (3) African- American adolescents showed less helpless attributions for negative events than did Caucasian adolescents. Results replicate past research showing
that a helpless attribution style is associated with depression in adolescence, but suggest that this pattern may be influenced by demographic factors. Results also suggest that helpless attributions may be related to both anxiety and depression in males.

Muris, Schmidt, Lambrichs, and Meesters (2001) investigated the role of various protective and vulnerability factors in the development of depressive symptoms among a sample of 373 normal 13-19 yrs. olds adolescents. Depression was accompanied by high levels of parental rejection, negative attributions, and passive coping and by low levels of active coping and self-efficacy. Furthermore a model in which negative parental rearing behaviour and a negative attributional style featured as the primary sources of depression, while coping style and self-efficacy played a mediating role in the formation of depressive symptoms.

Goldstein (2006) studied gender differences in alcohol consumption and depressive symptoms are well known. This study focused on the associations of gender with attributional style, coping style and negative life events in explaining these differences. The association of with each of the predictor and outcome variables was examined among 108 undergraduate university students, ages 18 to 21, completed validated measure of depression, alcohol consumption, attributional style, coping style and negative life events. Participants reported mild-moderate level of depressive symptoms, similar to comparable sample. In contrast alcohol assumption was lower than expected. Depressive symptoms were associated with negative events and rumination among both men and women. Pessimism and wine consumption were correlated with depression among women only. Although men consumed more alcohol than did women, a gender difference in depressive symptoms was not found.

Joiner (2001) had assessed the inter-relationships of negative attributional style (NAS), hopelessness, depression symptoms (HDSs) and endogenous depression
symptoms (EDSs) to provide support for the validity of the symptom constellation of the hopelessness theory of depression. The results indicate that, despite the considerable overlap of HDSs and EDSs, NAS is more associated with HDSs than with EDSs.

Forsterling and Buhner (2003) investigated whether the internal, stable, and global failure attributions that characterize depressives are consistent with their subjective assumptions about the consensus, distinctiveness, and consistency of failure (i.e. covariation information). Further they assessed whether individuals who make depressogenic attributions but are not depressed differ in their evaluative thinking from depressives who make such attributions. They found depressive compared to non-depressive perceived low consensus, low distinctiveness, and high consistency for negative events, and they made more internal, stable, and global attributions, both in general, and in relation to their self-perceived covariation information; the latter finding suggests a negative depressogenic bias. Further they also found that depressive attributions were more sensitive to self-perceived covariation information than non-‘depressive’ causal judgments suggesting that depressives process covariate more accurately than non-depressives. For college students (study 1) more so than for a clinical sample (study 2), the relation between attributional style and depression were characterized by the fact that there are few depressed individuals with an anti depressogenic attributional style but many non-depressed individuals making.

2.3 Self-Efficacy

The last independent variable of present research is self-efficacy. Self-efficacy play a motivating role for achievement, better adjustment and health-promotion, as well as it helps to cope a variety of stressful and challenging situations. A large number of research studies indicated that low levels of self-efficacy increases different symptoms of psychological problems such as distress, anxiety, depression, eating
disorders, and alcohol abuse (Bandura, 1997a; Williams, 1995; Maddux & Meier, 1995).

In a study, Muris (2002) investigated the relationship between self-efficacy and symptoms of affective disorders among 596 normal adolescents (aged 12-19 yrs.). Their results showed that low levels of self-efficacy generally were accompanied by high levels of trait anxiety /neuroticism, anxiety disorders symptoms and depressive symptoms. Furthermore, some support was found for the notion that specific domains of self-efficacy were specially associated with particular types of anxiety problems. That is social self-efficacy was most strongly connected to social phobia, academic self-efficacy to school phobia and emotional self-efficacy to generalized anxiety and panic/somatic. Finally, when controlling for trait anxiety/neuroticism, self-efficacy still accounted for a small but significant proportion of the variance of symptoms of anxiety disorders and depression.

Makaremi (2000) conducted a study to investigate the relationship between depression and self-efficacy among 200 Iranian college students. His results showed that there was a negative correlation between depression and self-efficacy.

Ehrenberg, Cox, and Koopman (1991) examined the self-efficacy status of depressed versus nondepressed adolescents. They found self-efficacy was negatively correlated with depression. Their regression analysis result revealed that age-related changes in the dependence of depression scores on general, academic, physical and social self-efficacy status. They concluded that self-efficacy has an important relationship with adolescent depression.

Hermann and Betz (2004) examined path models of the relationship of instrumentality, expressiveness, and social self-efficacy to shyness and depressive symptoms in college students. Their models indicated strong relationship between social
self-efficacy and instrumentality; the relationship of instrumentality to depressive symptoms was mediated by its relationship to social self-efficacy. The relationship of social self-efficacy to depressive symptoms was direct and was also mediated by its relationship to expressiveness.

Endler, Speer, Johnson, and Flett (2001) investigated whether general self-efficacy or perceived control best predicts the criterion variables of state anxiety and performance on a stressful cognitive task (solving anagrams) under conditions of high vs. low control among 80 college students. Their results show that general self-efficacy, relative to perceived control was a better predictor of state anxiety in the high and low control conditions but neither predicted actual performance.

Ghaderi and Salehi (2011) studied level of self-efficacy, depression and anxiety among 160 students (80 management and 80 accounting students) in Iran. They found management students have more depression, anxiety and stress and lower level of self-efficacy rather than accounting students. They further found that negatively relationship between self-efficacy and depression. Their result showed that the higher level of self-efficacy was reduced the level of anxiety, depression and stress.

Bandura, Pastorelli, Barbaranelli, and Caprara (1999) analyzed how different facets of perceived self-efficacy operate in concert with in a network of socio-cognitive influences in childhood depression. They found that perceived social and academic inefficacy contributed to concurrent and subsequent depression both directly and through their impact on academic achievement, prosocialness, and problem behaviors. In the shorter run, children were depressed over beliefs in their academic inefficacy rather than over their actual academic performances. In the longer run, the impact of a low sense of academic efficacy on depression was mediated through academic achievement, problem behavior, and prior depression. Perceived social
inefficacy had a heavier impact on depression in girls than in boys in the longer term. Depression was also more strongly linked over time for girls than for boys.

**Rouxel (1999)** conducted a study on self-efficacy, anxiety and academic performance among 505 4th and 5th grade students. Their path analysis model replicated that functional relation between self-efficacy and anxiety by Bandura’s social cognitive theory. In other words the findings of his study was in conformity to Bandura’s social cognitive theory, on the one hand contradicts Bandura’s general hypothesis regarding the effect of self-efficacy on performance directly or indirectly to get support by these results.

**Wei, Russell, and Zakalik (2005)** investigated whether social self-efficacy and self-disclosure serve as mediators between attachment and feelings of loneliness and subsequent depression among 308 university freshmen. Their results indicated that social self-efficacy mediated the association between attachment anxiety and feelings of loneliness and subsequent depression, whereas self-disclosure mediated the association between attachment avoidance and feelings of loneliness and subsequent depression. These relationships were found after controlling for the initial level of depression. A total of 55% of the variance in loneliness was examined by attachment anxiety, social self-efficacy, and self-disclosure, whereas 42% of the variance in subsequent depression was explained by the initial level of loneliness and depression.

**Jenkins, Goodness, and Buhrmester (2002)** conducted a study to determine the relationship qualities and low perceived social self-efficacy and depressive symptoms among 223 (114 boys, 109 girls) adolescents. Further they also examined the gender comparisons in the means, and associations with depression symptoms of self-rated intimate support, conflict, intimate support self-efficacy, and conflict management self-efficacy. They found perceived low parental intimate, high conflict with parents and
lower perceived self-efficacy were related to depression symptoms. In gender difference they found girls reported greater best friends intimate support and less conflict, greater self-efficacy and stronger conflict-depression associations than did boys. For boys, but not for girls, conflict management self-efficacy contributed unique variance to depression after intimate support and conflict were controlled.

**Akin (2008)** studied the relationship between self-efficacy, achievement goals and depression, anxiety, and stress among 646 university students. His results showed that learning-approach goals were predicted positively and learning avoidance, performance-approach/avoidance goals, depression, anxiety and stress negatively by self-efficacy. Also, depression, anxiety, and stress were indirectly and negatively predicted by self-efficacy through the achievement goals. Further, learning-approach goals predicted depression, anxiety, and stress negatively and the other achievement goals predicted them positively.

**Constantine, Okazaki, and Utsey (2004)** examined self-concealment behaviours and social self-efficacy skills as potential mediators in the relationship between acculturative stress and depression in a sample of 320 African, Asian and Latin American International College Students. They found that self-concealment and social self-efficacy did not serve as mediators in the relationship between African, Asian and Latin American International Student’s acculturative stress experiences and depressive symptomatology.

A study conducted by **Kennard, Stewart, Hughes, Patel, and Emslie (2006)** in which they examined the cross-sectional and longitudinal association among cognitive variables and depressive symptoms among African, American, Caucasian, and Hispanic adolescence (N=450) in the United States. They found that self-efficacy, cognitive errors,
and hopelessness were associated with concurrent depressive symptoms at baseline. Their findings supported for the cognitive model of depression across ethnic groups.

Scott et al. (2008) examined the relationship between cognitive self-regulatory processes and depression in American and Indian adolescents from a Northern Plains tribe. They found that academic self-efficacy was strongly associated with depression. They further, found that academic self-efficacy correlated with intrinsically motivating goal representations, such that students who indicated high academic self-efficacy had goals that were more important to them, goals they thought more about, and goals they viewed as wanted by the self instead of as imposed on by others. However, they did not find the hypothesized meditational model in which academic self-efficacy influence depression indirectly by influencing goal characteristics. Rather, their indirect model varied by grade, and differed from what the expected. They, also observed that for older adolescents, higher levels of academic self-efficacy predicted goals that were more likely to be identified as the adolescent’s own, and in turn, these self as opposed other-oriented goals predicted higher levels of depressive symptoms.

External health locus of control refers to a belief that doctors and family controls one’s health outcome and general self-efficacy refers a belief in one’s own ability to achieve desired outcomes, may influence distress experienced in relation to a physical illness. In a study Shelley and Pakenham (2004) examined the interaction between illness severity, external health locus of control and general self-efficacy in relation to distress. Their results confirmed that chronic illnesses were associated with more distress than acute illnesses across the sample. Hierarchical multiple regression analyses supported the predicted effects on distress of a three way interaction involving external health locus of control, general self-efficacy and illness severity (acute vs. chronic).
Wu, Tang, and Kwok (2004) examined the associations between self-efficacy, health locus of control, and psychological distress among 159 elderly Chinese women who had chronic physical illnesses. Their results from hierarchical regression analysis indicated that health control beliefs did not interact with general self-efficacy; instead, these two variables each exerted their main effects on participants’ negative mental health status. It was found that psychological distress was best predicted by a low level of general self-efficacy as well as a high level of external health locus of control. Internal health control beliefs did not contribute to the prediction of distress.

Roddenberry and Renk (2010) investigated the mediating effects of locus of control and self-efficacy in the relationships among stress, illness, and the utilization of health services in a sample of 159 college students. Their results revealed that participants who endorse higher levels of stress also endorse higher levels of illness, higher levels of external locus of control, and lower levels of self-efficacy.

Vancleef and Peters (2011) examined the independent influence of perceived control and self-efficacy beliefs on the subjective evaluation of pain, among 79 healthy participants who were randomly assigned to one of four conditions that were formed by manipulations of perceived control and self-efficacy. At two occasions in the experimental procedure pain was induced by means of electrical stimulation (16 s) to the lower forearm. Prior to and following upon each pain stimulus, participants completed ratings of pain intensity and pain unpleasantness. They found that high self-efficacy regarding the ability to exert control over pain resulted in a significant reduction in anticipated pain intensity, anticipated pain unpleasantness, and experienced pain intensity ratings. Furthermore, anticipated pain intensity was found to mediate the relation between self-efficacy and experienced pain intensity. They concluded that in order to observe beneficial effects of offering control over pain, it is important that individuals are
convinced (i.e. have high self-efficacy) that they are able to exert this control successfully.

**Parto and Besharat (2011)** investigated the relationship of self-efficacy and problem solving with mental health among 914 (428 boys and 486 girls) adolescents. Their results revealed that self-efficacy and problem solving were the powerful direct predictors of mental health, and efficient coping and inefficient coping were mediated on the relationship between self-efficacy and problem solving with mental health. Ineffective coping was mediated on the relationship between problem solving and mental health. The findings of their study provided evidence for the mediating mechanisms through which effective coping and ineffective coping mediated the relationships between self-efficacy and problem solving with mental health in adolescents.

**Karademas and Kalantzi-Azizi (2004)** studied the effects of the stress process after a stressful encounter that is an examination period, on 291 university student’s psychological health, as well as certain factors that play a significant role in their relationship. They found that psychological symptoms were predicted by prior health, appraisal variables, and certain coping strategies. They also found that self-efficacy expectations play a significant role in shaping threat, challenges and stakes. It was also found in their study that self-efficacy serves as the key variable in the appraisal process, as well as a mediator between inner cognitive structures and stress outcomes.

**Posadzki, Stockl, Musonda, and Tsouroufli (2010)** investigated the relationships between psychological variables/models such as health behaviours (HB), sense of coherence (SOC), level of optimism (LOO), and self-efficacy (SE) among 455 college students. Their results indicate that the significant differences between these four variables, for example, healthier health behaviours the stronger the sense of coherence, level of optimism and self-efficacy.
Singh, Shukla, and Singh (2009) examined the impact of perceived self-efficacy on mental health and to explore the predictor of mental health among 160 elderly (80 males & 80 female) in India. Their results showed that elderly males scored higher on the measure of perceived self-efficacy (PSE) and mental health (GHQ), than elderly females. In further, younger elderly groups scored higher on the measures of PSE and GHQ and reported better mental health than the elderly of advanced age groups.

Sehgal (1999) compared self-efficacy, stress, and health status between male and female college students. Results showed that males obtained higher on self-efficacy and stress scores but no significant difference was found in the well-being scores.

Kelly (1993) studied the relationship of academic achievement of male and female and sex balanced occupations. He found that the girls showed higher efficacy expectation for some female careers, and lower efficacy expectations for some male careers than the boys. The boys and girls did not differ in their efficacy expectations for sex balanced occupations. The overall influence on gender with regard to career self-efficacy was found modest. His result also indicated that the achievements emerged as more powerful predictor of self-efficacy than the gender.

Hirose, Wada, and Watanbe (1999) examined the effects of self-efficacy on adjustment to college among 1385 Japanese college students. They found that the students who were high in self-efficacy showed the pattern of well adjustment as compared to low self-efficacy counterparts. The low self-efficacy students showed difficulty in adjustment. The result of this study was also compared with the students across other college in that city.

Sharma and Kaur (2008) studied on academic stress in relation to self-efficacy among 80 adolescents (40 girls and 40 boys) within 16-18 yrs. of age from Senior Secondary Class II of Science faculty. They found that students high on self-
efficacy were to be low on academic stress and also significant gender differences were found in the level of stress due to self-efficacy.

Salami (2008) investigated the relationship between psychopathology and academic performance and the moderator effects of study behaviour, self-efficacy and motivation among 476 (228 males, 248 females) students. Their results showed that psychopathology correlated negatively but non-significantly with academic performance. They further found that, study behaviour, self-efficacy and motivation correlated significantly with academic performance and moderated the psychopathology – academic performance nexus. They suggest on the basis of their results the need for counsellors to design therapeutic interventions for alleviating the students’ psychopathology; increasing their study skills, self-efficacy and motivation for improved academic performance.

Luszczynska, Gutierrez-Dona et al. (2005) were found in their study that self-efficacy and its impact with various situations, like career-decision making, problem-solving, goal setting, determination in reaching one's goals, cognitive appraisal of stressful situations, and academic achievement. High self-efficacy has been associated with adaptive coping skills, health-promoting behaviour, and better psychological adjustment to stressful situations, while low self-efficacy has been associated with depression, anxiety, and helplessness (Langendorfer, Hodapp, Kreutz, & Bongard, 2006; Scholz et al., 2002). High self-efficacy is associated with positive affect whereas low self-efficacy is associated with negative affect.

Elias, Syed Mustafa, Roslan, and Noah (2011) were searched for the best predictors among six different motivational variables i.e. future time perspective, achievement need, learning goals (mastery and performance), expectancy values, self-efficacy, and self-determination among 377 students for predicting performance in year-end examination. Their results showed that five motivation variables best predicted
examination score and together they explained 25% of the variance in performance. Achievement need and performance goal were removed from the final model. Among the five motivations, future time perspective was the strongest predictor, followed by self-efficacy, expectancy values, self-determination, and mastery goal. The importance of nurturing students’ motivational tendencies is discussed in view of developing adolescents’ inner drive to succeed in examination.

Brown, Dorfman, Marmar, and Bryant (2012) examined whether manipulating self-identity, through an induction task in which students were led to believe they possessed high or low self-efficacy, impacted episodic specificity and content of retrieved and imagined events, as well as social problem solving. Compared to individuals in the low self-efficacy group, individuals in the high self-efficacy group generated past and future events with greater (a) specificity, (b) positive words, and (c) self-efficacious statements, and also performed better on social problem solving indices. A lack of episodic detail for future events predicted poorer performance on social problem solving tasks. Strategies that increase perceived self-efficacy may help individuals to selectively construct a past and future that aids in negotiating social problems.

2.4 Hypotheses

Following hypotheses were formulated for present investigation:

1. Perfectionism will emerge important predictor of psychological distress (i.e., 1.1 and 1.2).

   1.1 Adaptive perfectionism will emerge as a negative predictor of psychological distress.

   1.2 Maladaptive perfectionism will positively predict psychological distress.

2. Self-efficacy will negatively predict psychological distress.
3. Attributional style will also emerge as an important predictor of psychological distress. (i.e., 3.1, 3.2, 3.3, and 3.4).

3.1 Composite attributional style for positive events will emerge as a negative predictor of psychological distress.

3.2 Internal, stable and global dimensions of attribution for the positive events will negatively predict to psychological distress.

3.3 Composite attributional style for negative events will positively predict psychological distress.

3.4 Internal, stable and global dimensions of attribution for negative events will positively predict psychological distress.

4. Academic achievement will negatively predict psychological distress.

5. Predictors of psychological distress for boys and girls will be different.

6. Predictors of psychological distress for Science and Arts students will be different.

7. Predictors of psychological distress for students of nuclear and joint family’s will be different.