CHAPTER III
REVIEW OF RELATED LITERATURE

The focus of the present chapter would be on providing the review of literature of the previous studied conducted in the related fields, which bear a direct or indirect relevance to the variables of the present investigation. Furthermore, hypothesis of the present study would be formulated in the light of this chapter.

3.1 FAMILY ENVIRONMENT

The family environment has enormous influence on the development of different aspects of child’s personality. Children are constantly under the influence of parents’ behaviour. Historically, the focus in the study of the impact of parents on children has been on parent-child interaction. However, there is increasing evidence that children are influenced by family functioning, not simply by parental behaviour, but the parental behaviour, affect children in ways other than parent-child interaction (Cummings & Davies, 1994). Specifically, family structure determines how family members interact and explain how they create co-constructed beliefs that determine acceptable academic and career decisions, formulated with a highly charged emotional learning environment (Berger & Luckmann, 1966 in Hall, 2003).

A large body of cross-sectional research shows consistent, significant associations between family/parental support and a variety of positive outcomes, such as fewer internalizing and externalizing problems, fewer suicide behaviours, less drug and alcohol use, higher self-esteem and better academic performance (e.g., Barrera, Chassin, & Rogosch, 1993; Barrera & Garrison-Jones, 1992; Licitra-Kleckler & Waas, 1993; Maton, 1990; Reifman & Windle, 1995; Rowlison & Felner, 1988; Stice, Barrera, & Chassin, 1993; Taylor, Casten, &
Flickinger, 1993; Wills & Vaughan 1989). Although the results of longitudinal studies are not entirely consistent, a growing body of studies indicate that family/parental support is inversely related to later behaviour problems and drug and alcohol use (e.g., Du Bois, Felner, Brand, Aden & Evan, 1992; Slavin & Rainer, 1990; Windle, 1992).

The family environment differs from family to family due to its chief determinant socio-economic status (Sharma et al., 2002). Marital partners with high education and occupational status are more likely to establish families strongly oriented toward personal growth, especially independence and intellectual and recreational activities; these status indicators are also associated with more support (Moos & Moos, 1986, 1994). Studies in India (Metha, 1992) and New Zealand (Parnicky, Williams, & Silva, 1985) also noted an association between higher socio-economic status and more emphasis on intellectual and recreational activities. Cassidy and Lynn (1991) included a specific factor of the family's socio-economic status, crowding and found that a less physically crowded environment, along with motivation and parental support, were associated with higher educational levels of children.

Ozdemir and Hacifazlioglu (2008) investigated mainly on students' expectations of their prospective universities and the question of whatever or not family background or social status affects their career decisions. The sample consisted of 2,459 students in their final year at high school from 17 different provinces and 182 high schools all around Turkey. Results show that parents and environment had a great influence on students' occupational preferences. It was also found that students' expectations of universities varied greatly according to their social status and family income.

Feather (1980) found that high school students were more likely to be influenced by their parents than peers in areas such as personal values, political views, moral development, and occupational choice.
Research with non-clinical adolescent populations suggests that with age, attachment to and perceived social support from family members decreases while reliance on peers for support increases (Buist, Dekovic, Meeus, & Van Aken, 2002; Steinberg & Silverberg, 1986).

Mothers and father who are low in emotionality and neuroticism create growth-oriented family environment (Plomin & De Fries, 1985).

The family has an important influence on normal children and adults. Cohesion, expressiveness, and intellectual-cultural orientation are closely associated with young children’s cognitive and social development and with adolescents’ academic motivation and success. In addition, cohesion and expressiveness are related to a more even temperament and higher self-confidence and social competence; family conflict is associated with more youth aggression and less self-confidence and social competence. More supportive and structured families tend to facilitate the development and use of more effective coping skills (Moos & Moos, 1994).

Family climates are also associated with specific personality traits. For example, youth in supportive families tend to be relatively free of anxiety. Youth from families with high expectations for performance tend to be assertive and self-sufficient. Youth in well-organized families tend to be relaxed and congenial, showing that clear rules and defined limits can have positive effects (Forman & Forman, 1981; Fowler, 1982b). Lack of support and a low emphasis on personal growth have been linked to anxiety and distress (Margalit & Ankonina, 1991; Margalit & Heiman, 1986a).

More generally, youth in cohesive, expressive and well-organized families tend to be less anxious and depressed, whereas youth in families high on conflict and control tend to be more anxious and depressed (Burt et al., 1988; Clair & Genest, 1987; Steiner, 1992). In contrast however, when youth experienced many stressful events, high support and organization were associated with more depression.
and less self-esteem (Burt et al., 1988). An overly supportive family sometimes may put youth at a relative disadvantage in confronting stressors, perhaps because the family has been so protective that the youth are less competent to manage disruptive experiences (Moos & Moos, 1986, 1994).

In a large sample, youth who reported less family support, independence, social integration, and organization and more control tended to experience more physical symptoms and poorer psychological adjustment (Kleinman, Handal, Enos, Searight, & Ross 1989). Irrespective of the youth's age or sex, lack of support and recreational orientation were related to distress. However, families high in recreational orientation and personal growth may diminish neuroticism among youth with a high tendency for neuroticism (Moos & Moos, 1986; 1994).

The family can affect children's behaviour in school and their academic success. A demanding yet supportive family environment—that is, one low on conflict and high on achievement orientation and structure—was associated with more effort in school and better educational achievement (Rosenthal & Feldman, 1991a). Compared with families of normal-achieving students, underachieving students' families were less supportive, socially integrated and organized, and more achievement oriented (Wood, Chapin, & Hannah 1988). Specifically, cohesive, socially integrated, well organized families tended to promote students' scholastic and peers self-concepts, whereas, highly conflicted and controlling families did not (Nelson, 1984). Thus in the context of high support, an emphasis on achievement and structure typically leads to better academic performance. In a family that lacks support, however, an orientation toward achievement and structure is not associated with academic performance (Moos & Moos, 1994).

Schneewind and Lortz (1978) found that the parents' tendencies to take responsibility and to direct the child were related to high
family control; these factors, in combination with high parental involvement with the child, were associated with achievement orientation. Parental self-criticism and lack of involvement with the child were associated with family conflict.

In general, self-confident, extroverted parents who believe in internal control tend to develop more supportive families (DeMan, Hall, & Stout, 1990). Parental intelligence and education are more strongly associated with the personal growth dimensions, especially independence and intellectual and recreational orientation (Coon, Fulker, De Fries, & Plomin, 1990). Thus, independence, intellectual and recreational orientation and organization are associated with higher self-confidence and social competence among adolescents. In contrast, a family that overemphasizes achievement and conformity to restrictive rules may hamper self-confidence and social competence (Burt et al., 1988; also see Cheung & Lau, 1985; Clair & Genest, 1987; Hirsch, Moos, & Reischl, 1985). Rollins & Thomas (1979) found that high parental control were associated with high achievement. Religiosity as an aspect of the family environment is another independent variable possibly influencing academic achievement (Bahr, Hawks, & Wang, 1993).

Parents who have more democratic child raising values also develop more supportive and socially integrated families (Moos & Moos, 1994). Parents who value reason and moral direction promote cohesion and intellectual orientation, whereas those who value authority and obedience limit expressiveness and emphasize control (Saetermoe et al., 1991).

Schaie and Willis (1992) compared perceptions of families of origin and current families of parents and their adult offspring (across generations) and between adult siblings (within generations). They found that parents who reported high cohesion in their current family and adult offspring who reported more cohesion in their family of origin had more frequent contact with each other.
Some theorists believe that extra family stressors are more likely to be transmitted in families high on cohesion and low on independence. Although, Thompson and Vaux (1986) found that stressors experienced by one family member were associated with distress in other family members, this relationship was no stronger in high- than in low-cohesion families. Lack of cohesion and organization and high conflict has been associated with low self-confidence and depression among college students. In contrast, high cohesion mitigated some of the students' loneliness and helped them adapt to the life stressors associated with the transition to college (Deardorff, McIntosh, Adamek, Bier, & Saalfeld, 1985; Rich & Bonner, 1987). As might be expected, young adults from more supportive families reported more closeness to their siblings and placed more importance on their relationships with their siblings (Pulakos, 1990).

Independence and separation activities occurred earlier in families high on expressiveness and recreational orientation and low on organization and control (Feldman & Rosenthal, 1991; Schneewind & Braun, 1988).

In both one-parent and two-parent families' high conflict was related to less internal control lower self-esteem, and more anxiety among youth (Slater & Haber, 1984). Similarly, in both one-parent and two-parent families, less supportive family relationships, less orientation toward personal-growth (especially independence as reported by the adolescent), and less participation in extra-familial activities were associated with disturbance among adolescent boys (Kagel, While, & Coyne, 1978).

Parents' employment patterns can affect the time and energy available for family activities and influence how parents organize their family. Dual career couples with one or more children living at home emphasized family achievement and organization (Ladewig & White, 1984).
Mohanraj and Latha (2005) investigated the relationship between family environment, the home adjustment and academic achievement in adolescents (106 boys and 86 girls). It was found that family environment appeared to influence home adjustment as well as academic performance. The majority of the sample perceived their family as cohesive, organized, achievement oriented and emphasizing on moral-religious issue with minimal conflict. Cohesion, conflict, control, intellectual-cultural orientation, and independence in the family environment influenced home adjustment. Academic performance was significantly related to independence and conflict domains of family environment.

Overall, the relationship and personal growth dimensions yielded moderate heritability estimates; the system-maintenance dimensions showed essentially no heritability. These findings are consistent with the idea that genetic factors have more influence on the quality of family relationships than on level of family control (Moos & Moos, 1994).

3.1.1 GENDER DIFFERENCES AND FAMILY ENVIRONMENT

Research on gender differences has shown that boys and girls viewed their families very similarly, but boys had a slight tendency to see them as oriented more toward achievement than girls did (Enos & Handal, 1985). In a study of Latino and Caucasian students, Staab (1989) found no differences in boys’ and girls’ perceptions of their families. Even Halawah (2006) reported no gender differences in the study of 388 high school students (193 males and 195 females) measured on motivation, family environment, and academic achievement variables. On the other hand, Mohanraj and Latha (2005) investigated the relationship between family environment, the home adjustment and academic achievement in adolescents (106 boys and 86 girls) and observed that boys and girls differed in perception of the home and environment.
Robitschek and Kashubeck (1999) studied the possible relationships between family functioning and personal growth among 336 university students. They found that for both women and men, personal growth orientation appeared to fully mediate the relations of family functioning and psychological distress.

Patterns of family climate that contribute to a sense of coherence and adjustment may differ among girls and boys. For example, boys with less family support and more opportunities for personal growth developed a higher sense of coherence; in contrast, girls developed more coherence when their family placed more emphasis on support and less on personal growth (Margalit & Eysenck, 1990). Supportive, socially integrated families promoted assertive behaviour among girls (Woodall & Matthews, 1989). It was observed that when fathers reported more family support, the boys were lower on anxiety (Margalit & Heiman, 1986b; also see Moos & Moos, 1994).

In non-clinical populations, the type and amount of support individuals receive and perceive differ in gender (Piko, 1998; Vaux, 1985). For example, adolescent girls generally perceive stronger relationships with family than do boys (Slavin, 1991). Furthermore, gender differences are also evident in terms of the relevance of social support to adolescents’ psychological well being and impairment (Piko, 1998; Vaux, 1985). Specifically, Slavin and Rainer (1990) found that high school girls perceived greater support from non-family adults than did boys, and that girls’ perceptions were more strongly associated with depressive symptoms. Additionally, support from these sources was associated with reductions in depressive symptoms over time for girls but not boys. Thus, adolescent gender appears to be an important moderator of social support effects in normative populations (see Kerr, Preuss, & King, 2006).

The connections between the family climate and distress may be somewhat stronger among girls than among boys. Although low
support was associated with depression among boys and girls, high achievement orientation, lack of social integration, and high control were also associated with depression among girls alone (Friedrich, Reams, & Jacobs, 1988). Conflict was the strongest predictor of alcohol use among boys while, life events and family conflict were the strongest predictor among girls (Baer, Garmezy, Mc Laughlin, Pokorny, & Wernick, 1987). In general support and coping were more closely associated among women than among men (Fondacaro & Moos, 1987).

Research on gender differences has typically shown that women present higher levels of autonomy than do men (Vallerand, Fortier, & Guay, 1997). Guay, Sene'cal, Gauthier, and Fernet (2003) revealed that women perceived their parents and peers as more supportive and less controlling than did men.

In our culture, boys experience more conflict with their parents and are less likely to accept parental regulations as appropriate whereas, girls are more emotionally dependent on their parents. Sexual roles and gender differences lay different paths for boys and girls in developing autonomy (as cited by Tung & Dhillon, 2006). In India, parents' views are generally accepted. Kakar (1978) observed that the strong ties to family continue into adulthood, with continued emotional dependence on family, particularly on mother. Indian girls spend much less time with peers as they are given less freedom of movement (Bharat, 1977).

Tung and Dhillon (2006) found that boys perceive their environments as more conflictual and more organized with set rules and procedures. Boys have stronger needs to separate themselves from their family, thus find the rules and regulations imposed on them as a sign of dependency. Boys are more engaged in establishing independence from parental control and find home environment as restrictive.
Females perceive their home environments as more cohesive, expressive, encouraging decision making, promoting intellectual-cultural and recreational orientation, and emphasizing on ethical issues. Females in late adolescence are closer and attached to their parents, especially mothers, and thus find their home environments as more cohesive, whereas, boys experience intense conflict with their parents in more areas than do girls (Douvan & Adelson, 1966). The socialization is different for males and females, in that males are encouraged to be more assertive and autonomous, while females are rewarded for passivity and dependence (Tung & Dhillon, 2006).

In general, family members' socio-demographic and other personal attributes are only minimally related to individuals' perceptions of their family. Thus, overall gender differences have little impact on perceptions of family environments; however, important differences may occur between members of a specific family (Moos & Moos, 1994).

### 3.2 PERFECTIONISM

Although the concept of perfectionism has been investigated for more than four decades (Seipel & Apigian, 2005), research into the personality trait of perfectionism has experienced a rapid growth over the past 20 years (Flett & Hewitt, 2005). Perfectionism researchers generally agree that at the core of perfectionism is an individual's quest to achieve flawless performance (Flett & Hewitt, 2002). Tangney (2002) suggests that highly perfectionistic people develop 'all-or-nothing' attitudes toward success: anything short of a flawless performance is deemed a failure. Pacht (1984) noted that perfectionism is a prevalent characteristic in the general population. In an academic setting, perfectionism can lead to perceptions of a more difficult course, higher anxiety, and a more negative mood (Brown, Heimburg, Frost, Markis, Juster, & Leung, 1999).
Even though perfectionism has been consistently linked to unhealthy conditions such as eating disorders (Forbush, Heatherton, & Keel 2007; Forsberg & Lock 2006; Schwarz, Gairrett, Aruguete, & Gold, 2005), obsessive compulsive disorder, irritable bowel syndrome, depression, alcoholism, suicide and a host of other ailments (Hamiltan & Schweitzer, 2000; Pacht, 1984), hopelessness lower self-esteem, external locus of control, lower perception of social skills, rigidity, and social anxiety disorders (see the review of Shafran & Mansell, 2001), one should not conclude that these conditions are caused by perfectionism or that perfectionism is essentially destructive. In contrast to earlier work in the field, the results of recent research on perfectionism have supported a multidimensional view of the variable that includes positive/adaptive as well as negative maladaptive attributes and tendencies (Ashby & Rice 2002; Chang, 2000; Grzegorek, Slaney, Franz, & Rice 2004; Rice & Ashby, 2007; Rice & Dellwo, 2002; Rice & Slaney, 2002; Suddarth & Slaney, 2001).

To date most empirical studies on perfectionism has been conducted with adults with an over representation of university students and clinical populations (Chang 2000; Frost et al., 1990; Preusser, Rice, & Ashby, 1994).

Flett and Hewitt (2002) proposed that maladaptive perfectionism is a more extreme form of perfectionism, and high levels of perfectionism are associated with vulnerability to adjustment problems. In addition, adaptive perfectionists pursue extreme standards in circumscribed domains of their life, whereas maladaptive perfectionists pursue extreme standards across a variety of life domains (e.g., achievement, interpersonal relationships, and appearance). This view suggests that although adaptive and maladaptive perfectionists exist, the boundary between them is continuous.
Other studies imply that in certain specific situations, even adaptive perfectionists experience maladaptive consequences. For example, studies using a diathesis-stress approach show that a supposedly adaptive dimension of perfectionism (i.e., self-oriented perfectionism) can be linked with dysphoria when combined with the experience of negative life events (e.g., Hewitt, Flett, & Ediger, 1996). However these researches do not explain how perfectionism leads to adaptive consequences. Slade and Owens (1998) suggested that perfectionism can be positive or negative depending on the goals of the individual.

According to Lundh (2004), there is nothing unhealthy or dysfunctional about the striving for perfection as such perfectionism, however, becomes dysfunctional when this striving for perfection turns into a demand for perfection, defined as an inability to accept being less than perfect. Positive perfectionism, in other words, is viewed as a dialectic combination of (a) a striving for perfection, and (b) the acceptance of non-perfection.

A study by Gilman, Ashby, Sverko, Florell, and Varjas (2005) among Croatian and American youth found that adaptive perfectionists reported significantly higher satisfaction across many life domains for both groups than maladaptive perfectionists and non-perfectionists.

Various studies also found perfectionists to have higher personal performance standards and expectations compared to those not classified as perfectionists (Dickinson & Ashby 2005; Orange 1997). Maladaptive perfectionists in particular, seem to be more self-critical and less satisfied with their accomplishments (Grzegorek et al., 2004). Adaptive perfectionists on the other hand, also experienced high expectations from others and themselves (although they reported less parental criticism) but did not report acute worry and stress over meeting those expectations (Rice & Ashby, 2007; Rice & Dellwo, 2002; Rice & Slaney, 2002). Research supports that adaptive perfectionists also have higher self-esteem and life satisfaction than
maladaptive perfectionists (Rice & Dellwo, 2002). In contrast, non-perfectionists not only displayed lower average scores on measures assessing personal standards, self-criticism, self-doubt, and concern over mistakes (Rice & Ashby 2007) but also seemed less conscientious of high expectations of others (Rice & Slaney, 2002). They also demonstrated less ability to focus attention on tasks for extended periods of time than their perfectionist peers (Ashby, Rahotep, & Martin, 2005).

Bieling, Israeli, Smith, and Antony (2003) found that college students with higher levels of perfectionism set higher goals and were more likely to fall short.

Findings by Woloshyn (2007) indicated that perfectionist temporality is characterized by inadequacy, limits, speed, delays, and loss; relationality by the engagement in self-comparison, self-evaluation and self-management, and other-comparison and other-judgement; spatiality by high expectations and ordering; and corporality by feelings of anxiety, panic and fear, self-critical and dichotomous thinking, and physiological discomfort. Burns (1980) noted that perfectionists evaluate their experience in a dichotomous manner, and therefore see things as either black or white. Egan (2005) found that dichotomous thinking accounted for a large proportion of variance in negative perfectionism and was argued to be an important factor distinguishing between positive and negative perfectionism.

Conroy (2003) has suggested that a fear of failure in perfectionists has been associated with problems in achievement. Kottman and Ashby (1999) suggested that maladaptive perfectionists may be more inclined to use social comparison as a measure of achievement, and be motivated by a fear of failure, which may negatively affect academic importance (in Slaney, Rice, & Ashby, 2002). On the other hand, adaptive perfectionism is thought to have a positive association with achievement. Neumeister (2004) has suggested that the achievement motives in perfectionists determine
whether the perfectionist tendencies are maladaptive or not. It is suggested that performance goals based on the desire to outperform others may have a detrimental outcome on motivation, and may lead to maladaptive behaviours (for example, avoiding challenging tasks) (Dai, Moon, & Feldhusen, 1998 in Neumeister, 2004) while, perfectionist behaviours rooted in a need for achievement motives and mastery goals for learning the material may not be unhealthy, as these motives stimulate further motivation to achieve. Flett, Sawatzky, and Hewitt (1995) investigated the association between commitment to perfectionistic goals among 261 students. Overall, the results are consistent with the view that the perfectionism construct has a salient motivational component.

Witcher, Alexander, Onwnegbuzie, Collins, and Witcher (2007) studied the relationship between 130 psychology students’ levels of perfectionism and achievement in a graduate-level research methodology course. The results revealed that graduate students with relatively high levels of self-oriented perfectionism and other-oriented perfectionism tended to have the highest levels of achievement in the class, with socially prescribed perfectionism serving as a suppressor variable. Self-oriented perfectionism was the best predictor of performance.

It is unclear whether any or all of the perfectionism dimensions (self-oriented, socially prescribed, and other-oriented) are maladaptive or adaptive, though past research suggests socially prescribed perfectionism is a maladaptive trait, while self-oriented perfectionism is an adaptive one. These two dimensions of perfectionism are often positively correlated with one another (Park & Chang, 2004).

At a sub clinical level, people who are more perfectionistic have been shown to be less satisfied with their performance (Frost & Henderson, 1991), show attitudinal inflexibility (Ferrari & Mautz, 1997), experience higher levels of stress (Flett, Parnes, & Hewitt,
2001), be prone to persistent worry and fear of failure (Flett, Hewitt, Blankstein, & Mosher, 1991; Frost et al. 1990), and engage in self-handicapping behaviours (Frost et al., 1990; Hobden & Pliner, 1995; Sherry, Flett, & Hewitt, 2001) (as cited by Kearns, Forbes, & Gardiner, 2007).

Generally, socially prescribed perfectionism has been related to maladaptive personality factors while; other-oriented has been related to adaptive personality traits. Self-oriented perfectionism has been related to both adaptive and maladaptive aspects (Ram, 2005).

Einstein, Lovibond, and Gaston (2000) investigated Year-12 students and found that socially prescribed perfectionism was associated with anxiety and depression, whereas, self-oriented perfectionism was not. Flett and Hewitt (2002) maintain that compulsive preoccupations and a high need for external validation, such as in socially prescribed perfectionism, has almost invariably been linked to wide ranging psychopathologies in adolescents and adults (e.g., Hewitt, Caelian, Flett, Sherry, Collins, & Flynn, 2002). Regarding the Hewitt and Flett (2002) perspective socially-prescribed perfectionism is more strongly and consistently linked to maladjustment, although self-oriented perfectionism is associated to a lesser extent with maladjustment (Hewitt, Flett et al., 1991b; Kenney-Benson & Pomerantz, 2005; Stumpf & Parker, 2000). This may be because self-oriented perfectionists are more sensitive in the domains in which they require perfection, and may select tasks that are easily achieved. Socially prescribed perfectionists, in contrast, may feel like they have little choice in the tasks in which perfection is required, as standards are imposed by others (Tangney, 2002). Overall, the results obtained with socially prescribed perfectionism reveal that a sense of personal helplessness is a core feature of this perfectionism dimension (Flett & Hewitt, 1998).

Hewitt and Flett (2002) suggest that perfectionists, relative to non-perfectionists, are exposed to a greater number of stressful events
simply as a result of their unrealistic approach to life. As well as the usual stressors that can occur to any normal person, perfectionists also produce stressors, because they seek perfection in many, if not all, spheres of behaviours. Perfectionistic behaviour can generate stress that stems partly from the perfectionist's tendencies to stringently evaluate themselves and other, focus on negative aspects of performance, and experience little satisfaction. Hewitt and Flett (2002) also suggest that perfectionists have a difficult time accepting failure and have strong negative reactions to the actual or perceived experience of stressful events.

Socially prescribed perfectionism is associated with various forms of negative adjustment (Flett et al., 1991; Hewitt & Flett, 1991a, 1991b; Hewitt, Flett, & Turnbull-Donovan, in press), in part due to the lack of control and exposure to criticism associated with imposed standards of perfection. In contrast, self-oriented perfectionists do fine in situations of low stress but are more likely to become depressed, anxious or suicidal when things go wrong (Hewitt and Flett, 2002).

In a study on 105 students by Flett, Hewitt, and Rosa (1996), results demonstrated that high socially prescribed perfectionism was associated with a variety of psychosocial adjustment problems including greater loneliness, shyness and fear of negative evaluation, and lower levels of social self-esteem. In addition, socially prescribed perfectionists had lower self-perceived social skills. There were few significant findings involving self-oriented or other-oriented perfectionism. Taken together, these findings suggest that socially prescribed perfectionists are prone to suffer from various psychosocial problems and perceived defects in social skills.

Mills and Blankstein (2000) investigated perfectionism, academic motivation and learning strategies in university students. They found that self-oriented perfectionism was significantly related to students' motivation and learning strategies in positive, adaptive
ways, whereas socially prescribed perfectionism was related in negative, maladaptive ways. Self-oriented perfectionists were motivated primarily by extrinsic compensation for their academic work, whereas socially prescribed perfectionists were more motivated by recognition from others. Self-oriented perfectionism was significantly positively associated with self efficacy for learning and performance, adaptive meta-cognitive and cognitive learning strategies, and effective resource management. Socially prescribed perfectionism was associated negatively with these measures. In addition, self-oriented perfectionism was associated positively with intrinsic goal orientation for a specific course, task value and critical thinking whereas, socially prescribed perfectionism was associated with test anxiety and a decreased likelihood of help-seeking.

Besser, Flett, and Hewitt (2004) studied perfectionism, cognition and affect in response to performance failure versus success in 200 students. Results showed that individuals with high self-oriented perfectionism experienced a general increase in negative affect after performing the task and self-oriented perfectionists who received negative performance feedback were especially likely to report decrease in positive affect. Additional analyses showed that self-oriented perfectionists who receive negative feedback responded with a cognitive orientation characterized by performance dissatisfaction, cognitive rumination, and irrational task importance. In contrast, there were relatively few significant differences involving other-oriented and socially prescribed perfectionism. Collectively, their findings support the view that self-oriented perfectionism is a vulnerability factor involving negative cognitive and affective reactions following failure experiences that reflect poorly on the self.

Perfectionism has been shown to exist in certain college populations (Seipel & Apigian, 2005). Onwuegbuzie and Daley (1999) found that graduate students in the social sciences exhibited extremely high levels of self- and other-oriented perfectionism. Walsh and
Ugumba-Agwunobi (2002) determined that undergraduates in the same
discipline displayed similarly high levels of other-oriented
perfectionism, lower levels of self-oriented perfectionism, and higher
levels of socially prescribed perfectionism. The extent of
perfectionism outside of these college populations has not been
established. However, given that perfectionism has been linked to
factors that can affect academic performance and that perfectionism is
an innate and relatively unchangeable aspect of the personality of
some students (Seipel & Apigian, 2005).

Molnar, Reker, Culp, Sadava, and De Courville (2006) studied a
community sample of young adults and found that self-oriented
perfectionism was associated with better physical health and this
relationship was fully mediated by high positive affect and low
negative affect. In contrast, socially prescribed perfectionism was
associated with poorer physical health and this relationship was
partially mediated by low positive affect and high negative affect.

Hence, generalized perfectionism is thought to be motivated by
both—a need to achieve perfection and to avoid failure (Hewitt & Flett,
1991b) but, it is the focus on avoiding failure and the associated
anxiety that promotes negative consequences (Lalonde, 2000).

3.2.1 PERFECTIONISM AND FAMILY ENVIRONMENT

Perfectionism tends to run in families and probably has a
genetic component. Parents who practice an authoritarian style
combined with conditional love may contribute to perfectionism in
their children (Castro & Rice, 2003).

Hamachek (1978) offers his view on the development and
antecedents of perfectionism stating that an environment of non-
approval or inconsistent approval breeds neurotic perfectionists, as
can conditional positive approval, whereas an environment of positive
modelling combined with not linking self-worth to all performances
can lead to more normal perfectionism. The non-approval or
conditional approval can lead a child to grow up thinking that they are never doing good enough work, they can always do better, and that their self-worth is wrapped around their inadequate performances.

Burns (1980) believed that the origins of perfectionism were rooted in parents-child relationships, contributing to the self-defeating cognitions. Hamachek (1978) suggested that the environments most conductive to the development of positive perfectionism are those that lead to either close identification with a positive model who demonstrates the value of being careful and meticulous or to a reaction against a disorganized model. The environments most conductive to the development of negative perfectionism are likely to be those that involve a history of either a total absence of reinforcement or of all reinforcement being conditional on performance.

Bandura and Cervone (1986) suggest that perfectionist tendencies may be the results of social learning in children, so the competitiveness of one's academic environment and perfectionism in an individual's family would strongly affect if and to what degree an individual is perfectionist. Hence, at different age levels, individuals would be subject to different pressures and exposure to imitative models influencing levels of perfectionism.

Several researchers examined certain relationships such as, parents-child relationships, the social models of families, the family environment, and child-rearing practices by asking current adults to think retrospectively about their childhood relationships with their parents, and their parenting styles or behaviours (Flett, Hewitt, Oliver, & MacDonald, 2002).

In a social learning model, the child essentially 'learns' perfectionism by observing and imitating the perfectionistic behaviours of their parents (Flett et al., 2002). Children may idolize their parents, believe they are 'perfect' and then model the evaluative standards their parents have. In the social reaction model, the child
has been exposed to a harsh environment (such as abuse, psychological mistreatment, or love withdrawal) and then responds to the environment with perfectionist behaviours, perhaps as a way to cope with his/her harsh world. The child may believe that if he/she is 'perfect' (which is something the child can conceivably control), then the hurt (from emotional or physical abuse, etc.) will stop (Flett et al., 2002).

Rice, Ashby, and Preusser (1996) studied normal (adaptive) and neurotic (maladaptive) perfectionistic adults and found that the two groups differed significantly. Neurotic perfectionists indicated that they experienced greater expectations and more criticism than the normal perfectionists. In a related study, Enns, Cox, and Clara (2002) concluded that neurotic (maladaptive) perfectionists reported more incidents of judgmental and demanding behaviour by their parents. Similarly, Rice et al., (1996) showed that adaptive perfectionistic respondents (normal) perceived their parents as less demanding and critical.

Enns et al. (2002) concluded that there were limited empirical studies to support these theories. They showed that perfectionism was related to proneness to depression in adults and to childhood experiences with parents. Enns et al. (2002) further suggested that perfectionism of parents influenced a child well into adulthood. The causal model they developed suggested that certain parenting behaviours such as being harsh or perfectionistic led to maladaptive perfectionism in the participant (as a child). That child was then more prone to being depressed later as an adult. The model also suggested that perfectionistic parenting could lead to adaptive perfectionism in the participants, which in turn was related to lower likelihood of depression. The researchers showed that adaptive/maladaptive perfectionism was a mediator between the parenting behaviours experienced by the participants (earlier when they were children) and their current proneness to depression as adults. Enns et al. (2002)
found no clear differences in parenting based on mothering or fathering or differential effects based on gender. This lack of gender differences is also found in other perfectionism studies. It is likely that maladaptive perfectionism is developed in children when their parents hold high expectations for them, and are not satisfied with what the child accomplishes (as cited by Bousman, 2007).

The studies regarding the origins of perfectionism all come to one common conclusion that perfectionism is influenced by parenting behaviours, such that parents who set high standards and expectations or who have stern, harsh, critical, or controlling styles will be more prone to have children who are perfectionists, and likely to be more maladaptive than adaptive (Bousman, 2007).

Kawamura, Frost, and Harmatz (2002) examined the relationship between perceived parental characteristics and perfectionism in both men and women from two ethnic groups (145 Asian-American and 192 Caucasian-American college students). In general, the results revealed that harsh and authoritarian parenting styles were related to maladaptive, but not adaptive, components of perfectionism in Caucasian-American men and women and Asian-American women. The adaptive component of perfectionism was related to higher grade-point averages for women in both ethnic groups but not for the men.

Neumeister and Finch (2006) found that parenting style was related to attachment with authoritative and permissive parenting associated with secure attachment and authoritarian and uninvolved parenting associated with insecure attachment. Attachment, in turn, was related to perfectionism. In addition, perfectionism would influence achievement goals, with self-oriented perfectionists more likely to set mastery or performance-approach goals, and socially prescribed perfectionists more likely to set performance-approach or performance avoidance goals. The findings are in relation to high ability perfectionistic students.
In 2004, Neumeister investigated development of socially prescribed and self-oriented perfectionism within gifted college students and its influence on their achievement motivation and their attributions for successes and failures. The main distinction comes between the socially prescribed perfectionists who believed their perfectionism developed due to pressure they experienced from their perfectionist parents and the self-oriented perfectionists who attributed their perfectionism to social learning due to their parents modelling of perfectionist behaviours.

Flett, Blankstein, Hewitt, and Obertynski (1994) found that socially-prescribed perfectionism was associated with low support from family, friends, and significant others (in Hewitt & Flett, 2002).

Vieth and Trull (1999) examined patterns of perfectionism among college students and their biological parents in a sample of 188 undergraduates from intact families. Results showed that levels of self-oriented perfectionism in students were positively associated with the levels of characterizing the same-sex parent, but unrelated (father-daughter) or negatively related (mother-son) to the levels characterizing the opposite-sex parent. Finally, parents' other-oriented perfectionism was not significantly related to students' socially prescribed perfectionism.

Frost, Lahart, and Rosenblate (1991) in a study tested the role of parental factors in the development of perfectionism in female college students. In two separate studies, they obtained evidence suggesting a link between perfectionism in the mother and her daughter.

The findings of a study by Flett, Hewitt, and Singer (1995) indicated that parental authority styles may contribute to levels of perfectionism in university students (50 men, 50 women). It was observed that socially prescribed perfectionism was associated with high ratings of authoritarian parenting behaviours on the part of both parents among males. No such finding was present for females. It has
been seen frequently that boys are encouraged to develop agenetic traits that reflect themes of competitiveness and achievement striving whereas, girls are encouraged to develop affiliative tendencies (see Josephs, Markus, & Tafarodi, 1992); both mothers and fathers are more likely to reward their sons for achievement behaviour (Huston, 1983) and place a greater value on their achievement efforts (Parsons, Adler, & Kaczala, 1982). Moreover, parents expect their sons to have higher levels of academic achievement (Block, 1983; Hoffman, 1977; Rothbart & Rothbart, 1976). Lytton and Romney (1991) indicated a significant difference in disciplinary strictness with boys being treated in a more punitive manner by both parents. Males reported this pattern of higher levels of authoritarian behaviour from the mother (Flett et al., 1995).

In contrast, Flett et al. (1995) found that female with high levels of self-oriented perfectionism reported that both the mother and the father tended to act in a warm and authoritative manner. Although speculative, this data may indicate that female college students are particularly prone to raise their own goals and aspirations when they perceive the presence of a supportive family environment.

3.2.2 GENDER DIFFERENCES AND PERFECTIONISM

Perfectionism is a dimension which has been studied very little as a separate entity (Masson, Cadot, & Ansseau, 2003). Dunn, Gotwals, & Dunn (2005) found that perfectionism levels varied significantly for both males and females as a function of the situational context within which perfectionist tendencies were examined in a sample of 133 male and 108 female intercollegiate student athletes. Moreover, male participants tended to have higher perfectionist tendencies than female participants in the sport domain. The results suggest that individual differences in perfectionism can be attributed to the situational context of the achievement domains that respondents are asked to consider when judging their perfectionist tendencies.
Enns et al. (2002) discussed many theoretical assumptions regarding perfectionism and parent-child relationships. The researchers showed that adaptive/maladaptive perfectionism was a mediator between the parenting behaviours experienced by the participants (earlier when they were children) and their current proneness to depression as adults. Interestingly, Enns et al. (2002) found no clear differences in parenting based on mothering or fathering or differential effects based on gender. This lack of gender differences is also found in other perfectionism studies.

Frost et al. (1991) also tested the role of parental factors in the development of perfectionism in female college students. In two separate studies, they obtained evidence suggesting a link between perfectionism in the mother and their daughter.

Several studies indicate that mothers continue to assume more of the parenting responsibilities (see Barauch, Biener, & Barnett, 1987; Belsky, 1985; Ruble, Fleming, Hackel, & Stangor, 1988), and there are widespread gender differences in socialization experiences (Lytton & Romney, 1991) (as cited in Flett, Hewitt, & Singer, 1995).

Masson et al. (2003) studied failure effects and gender differences in perfectionism among 617 first year students at the University of Liège. It was seen that self-oriented perfectionism and socially prescribed perfectionism by girls are very much correlated; it seems that they are more subjected to society and its exigencies of studying but consequently, they are more at risk of anxiety and a sense of incompetence. Self-oriented perfectionism by boys functions more indiscriminately of socially prescribed perfectionism and is negatively correlated with self incompetence; boys are more self confident but they usually procrastinate more probably because failure expectancies would be particularly harmful for their self esteem; consequently, failure should be related to something else than their own capacity; this may be an explanation of the high rate of male dropouts and failure in the first-year at the university of Liège; also a
factor explaining the female domination at the university. In case of failure, the model is very similar according to gender: self-oriented perfectionism and anxiety are directly connected, self-oriented perfectionism and socially prescribed perfectionism are in this case better correlated by boys but the path between socially prescribed perfectionism, sense of competence and anxiety is less significant than in girls. In conclusion, the different components of multidimensional perfectionism scale (MPS) vary according to gender: self-oriented perfectionism and more other-oriented perfectionism discriminate men and women; socially prescribed perfectionism allows for differentiating women with failure. A structural model enhances the role of perfectionism in the cognitive and behavioural contexts; for instance it clarifies its action on fear of failure and success rates according to gender.

Blankstein and Winkworth (2004) found significant gender differences (253 women; 125 men) with respect to the relations among perfectionism dimensions, levels of attribution, and dysphasia in university students.

3.3 COPING BEHAVIOUR

Coping strategies have been the topic of hundreds of studies in recent years. A variety of coping strategies allow people to cope in order to avoid or minimize distress (cited by Brannon & Feist, 2007). Although, it is generally accepted that coping is a process that various from one situation to another (Folkman & Lazarus, 1988) there is also evidence of consistency and stability in coping styles over time and across different stressful situations (Costa et al., 1996; Hewitt & Flett, 1996; Mc Crae & Costa, 1986; Parkes, 1986). Even with a large menu of coping tactics to choose from, most people come to rely on some strategies more than others (Carver & Scheier, 1994; Heszen-Niejodek, 1997). Of course, an individual's coping strategies are also influenced by situational demands, and Cheng (2001) has argued that
flexibility in coping is more desirable than consistently relying on the same strategy. The need for flexibility may explain why people's coping strategies show only moderate stability across varied situations (Schwartz, Neale, Marco, Shiffman, & Stone, 1999). Nonetheless, to some extent each person has an individual style of coping with life's difficulties.

In addition, the effectiveness of coping strategy may depend on the match or fit of the strategy with the stressor (Compas, 1987). The research indicates that children and adults who have a larger repertoire of coping strategies experience fewer negative consequences, in the short and long terms, after experiencing difficult or stressful life situations. The ability to evaluate whether specific coping strategies are useful in certain circumstances and consequently, to choose 'better' strategies is related to successful adaptation at many stages in life (Mishara, 2008). No coping strategy can guarantee a successful outcome. Furthermore, the adaptive value of a coping technique depends on the exact nature of the situation (cited by Weiten & Lloyd, 2007).

Prokopeakova (1995) studied the interactions between the type of situations, coping style, gender and dynamic characteristics of personality (anger and aggression). Results showed that coping strategies were not determined by the situation itself, but represented a process in which personality interacted with perceived characteristics of the situation.

The overall picture of effective coping emphasizes flexibility and good choice (Aldwin & Park, 2004). The key is choosing an approach that fits the situation. Choosing a good coping strategy requires appraisal and likely reappraisal, followed by a choice of an appropriate coping strategy for the situation. If that strategy does not work, then people need to have alternative strategies (cited by Brannon & Feist, 2007).
Both emotion-focused and problem-focused strategies may be effective, but possibly not for the same situation. Also, all emotion-focused strategies are not equally wise choice. The problem-focused strategy clearly sounds like a better choice, but in some situations, emotion-focused coping can be effective (Folkman & Moskowitz, 2004). Problem-focused strategies show advantages over emotion-focused approaches because problem-focused coping has the potential to change the situation; one study (Park & Adler, 2003) found that students who used both were healthier.

Findings from studies of children's coping with a wide range of stressors indicate that the use of problem-focused coping is relatively stable with age, whereas use of emotion-focused coping increases during childhood and adolescence (for reviews, see Compas et al., 1992; Compas et al., 1992).

A meta analysis of the effects of coping strategies on psychological and physical health (Penley, Tomaka, & Wiebe, 2002) revealed that problem-focused coping showed positive associations with good health whereas, emotion-focused coping strategies tended to show negative associations. Furthermore, people who used avoidance-oriented coping, such as eating more, drinking, sleeping, or using drugs, reported poorer overall health (cited by Brannon & Feist, 2007).

There is consistent evidence that dimensions of active coping that include problem solving and positive cognitions about a stressful situation are related to lower mental health and substance use problems. For example, both cross-sectional and longitudinal studies found that active coping strategies are related to lower emotional and behavioural problems and substance-use (Ayers et al., 1996; Compas, et al., 1988; Ebata & Moos, 1991; Glyshaw et al., 1989; Sandler et al., 1994; Wills, 1985, 1988). Other researchers have reported that problem-focused coping significantly related to several positive developmental outcomes such as self-efficacy, self-esteem, and
perceived competence in multiple domains (Brodzinsky, Elias, Steiger, Simon, Gill, & Hitt, 1992; Causey & Dubow, 1992; Wills, 1985, 1988). Theoretically, the positive relationship between problem-focused and positive thinking strategies and better child adjustment may be due to their improving the stressful situation or leading to more benign interpretation of the stressor (cited by Wolchik & Sandler, 1997).

Furthermore, relatively consistent evidence related to the use of avoidance coping strategies (e.g., smoking, drinking, taking drugs, trying not to think about or to avoid dealing with a stressful event) to higher mental health problems in children and adolescents (Ayers et al., 1996; Brodzinsky et al., 1992; Causey & Dubow, 1992; Ebata & Moos, 1991; Sandler et al., 1994;). Sandler et al. (1994) in their prospective analysis found that anxiety predicted higher avoidance coping, while avoidance coping did not prospectively predict anxiety. At a theoretical level, the effects of avoidance coping strategies might be expected to differ as a function of the characteristics of the situation or of the individual. For example, in extremely high-stress situations, in uncontrollable stressful situations or in acute stressful situations, avoidance may be adaptive in lowering the level of negative arousal, perhaps allowing the person time to mobilize for more active problem solving or positive cognitive reappraisal (Roth & Cohen, 1986; Suls & Fletcher, 1985). Individual differences in temperament or personality may also influence the degree to which use of avoidant coping leads to increased adjustment problems (Lengua & Sandler, 1996; Miller & Green, 1985). Thus, although the empirical evidence consistently indicates a positive relation between avoidant coping and mental health problems, the causal process as involved and the condition under which this relation occurs are not well understood (cited by Wolchik & Sandler, 1997).

Researchers typically view social support as a complex, multidimensional construct including social relationships and
supportive transactions (see Pierce, Sarason, Sarason, Joseph, & Henderson, 1996). Evidence is mixed concerning the relations of support-seeking coping with problem outcomes. Causey and Dubow (1992) found few significant relations between support-seeking and children's adjustment. Wills (Wills, 1989; Wills & Vaughn, 1989) found that in a sample of adolescents seeking support from adults was positively related to self-esteem and negatively related to substance-use, while peer support was positively related to substance use. On the basis of 20 studies that included both peer and family support, Barrera and Li (1996) concluded that family support was more strongly and consistently related to psychological distress and behaviour problems than was peer support.

Wills, Mariani, & Filer (1996) also found that parental support was related to increased adaptive coping, decreased non-adaptive coping, and decreased substance-use over time. Glyshaw et al., (1989) found significant negative relations between parental support seeking and self-reported depression in their cross-sectional analyses, but failed to find significant prospective effects. Ayers (1991) and Sandler et al. (1994) did not find any significant relations between support seeking coping and child adjustment in cross-sectional analyses, although, Sandler, et al. (1994) reported a prospective positive relation between support coping and higher depression, controlling for initial levels of depression (cited by Wolchik & Sandler, 1997).

In general, people with high levels of social support experience health advantages and lower mortality (Berkman & Syme, 1979). However, the benefits of social support for heath apply to many age groups, including college students (Hale, Hannum, & Espelage, 2005). Social support related to better perceptions of health for college women and fewer physical symptoms for college men.

In reality, social supports fluctuate over time as it evolves out of individuals' interactions with others (Newcomb, 1990). Social
support may also help people gain confidence in their ability to handle stressful situations; thus, when they experience stress, they may appraise the stressor as less threatening than people who have fewer coping resources (Wills, 1998). Another possibility is that social support may alter the physiological responses to stress (De Vries, Glasper, & Detillion, 2003; Kiecolt-Glaser, & Newton, 2001). This view, referred to as the stress-buffering hypothesis, suggests that social support lessens or eliminates the harmful effects of stress and therefore protects against disease and death. A longitudinal study of Canadians (Shields, 2004), provided limited support for this view. For adults who experienced little stress, social support was not very important in their feelings of distress, but for those who experienced stress, emotional support exerted a buffering effect for women but not for men. However, emotional support provided only short-term psychological buffering effects, not long-term benefits in terms of physical symptoms. Thus, the benefits of social support probably operate indirectly through psychosocial channels to benefit health.

The positive effects of social support for health are well established (Martin & Brantley, 2004), but some individuals benefit more than others (e.g., Kieclt-Glaser & Newton, 2001).

Ebata and Moos (1991) investigated the relation between coping and adjustment in adolescents, including 45 adolescents with rheumatic disease. Overall, adolescents who use more approach coping, such as positive reappraisal and problem-solving and less avoidance coping were more psychologically healthy. In sum, the majority of the evidence suggests that coping that is more problem-focused is related to better adjustment while, avoidant coping and coping that focuses on the self (e.g., self-blame) are related to poorer adjustment. However, little is known about the specific situations in which active coping is the most adaptive or avoidant coping the most harmful (see Wolchik & Sandler, 1997).
Heiman (2004) investigated Antonovsky’s (1979) concept of the Sense of Coherence (SOC) in relation to social support, coping style and the stress experiences of college students. A multivariate model was used to assess the relationship between the psychosocial resources, perceived stress, and the effect of different coping styles among 261 undergraduate students in three Israeli institutions of higher education. Results of a multivariate analysis of variance revealed that younger students used more emotion strategies and perceived having greater social support from friends than did older students. Students who did not work reported experiencing higher levels of stress associated with daily life and work-related issues. Women used more emotional and avoidance coping strategies. The findings of the regression analysis demonstrated that task-oriented and emotional coping modes, work stress and family support explained 30% of the variance of SOC.

Blanchard-fields, Sulsky, and Robinson-Whelen (1991) examined age, sex role, and context (both relationship and achievement). Results indicated that emotion-focused coping decreased with age, with high-femininity individuals reporting higher levels of coping. Older low-feminine adults reported greater use of emotion-focused coping than all other subjects expect adolescents. Problem-focused coping showed an upward trend with age for low-feminine subjects. High-feminine subjects followed a similar trend until adulthood and then showed a decrease. Achievement and relationship contexts moderated the relationship between age, gender, sex-role orientation and problem-focused coping.

In general, problem-focused coping is more effective than other types, but all types of coping strategies may be effective in some situations. The key to successful coping is flexibility, leading to the use of an appropriate strategy for the situation (as cited by Brannon & Feist, 2007).
Culture and Coping Behaviour

Culture exerts a powerful influence on coping. Students from different cultural backgrounds tend to use differing ways of coping. Some studies have found similarities in coping strategies across cultures, and those studies tend to study people in similar situations (Wasti & Cortina, 2002). One might imagine that people who live in cultures that emphasize social harmony would be more likely to use social coping strategies, but such is not the case (Taylor, Sherman, Kim, Jarcho, Takagi, and Dunagan, 2004). Indeed, Koreans and Asian Americans reported that when experiencing stress, they would be less likely than European Americans to seek assistance from their families. However, another study (Lincoln, Chatters, & Taylor, 2003) found that African Americans were more likely than European Americans to seek social support from families.

In a cross-cultural study of stress and coping by Sinha, Wilson, and Watson (2000), 198 students in India and 344 in Canada were compared with respect to stress, coping, and selected psychosocial variables, namely, locus of control, self-esteem, life orientation (optimism-pessimism), and social support. The results revealed that the Indian students reported less stress than the Canadian students and preferred emotion-focused coping strategies. The Indian students scored higher on chance control, but were similar to the Canadian students on powerful others and internal control. The Indian students were less satisfied with social support than their Canadian counterparts.

3.3.1 COPING BEHAVIOUR AND FAMILY ENVIRONMENT

The majority of existing empirical work has examined relations between environmental influences and adaptation; less is known about the relations between environmental influences and coping. Environmental influences include qualities of the family environment such as the level of cohesion, conflict, organization, expressiveness, or adaptability; social support from family or friends; the adaptation
of other family members, beliefs and coping strategies of parents (cited by Wolchik, & Sandler, 1997).

Family members’ personal characteristics, coping skills and well being can affect and be affected by the quality of family relationships (Moos & Moos, 1986, 1994). Skinner and Wellborn (1994) offer four ways in which the family particularly one’s parents, might influence the individual’s development of effective coping strategies. First, the family can be an objective source of stress for the child and particularly the adolescent, which necessitates that the individual find some means of dealing with such a salient stressor. Second, from the earliest moments of life the family is likely to function as a buffer, filtering to the child only those stressors that the child is developmentally capable of managing. Third, typically the child first begins to acquire his or her coping strategies, both adaptive and maladaptive, from direct observation of family members. Finally, especially during adolescence family members may serve as a safety net by acting as a social support network to which the individual can turn for assistance and support as he or she attempts to cope with stressors. Although the adolescent appears to rely upon his or her peer groups for support and help in coping with the challenges of this period as independence from his or her parents develops, the coping strategies employed by the adolescent are still quite firmly influenced by his or her family. For example, Lohman and Jarvis (2000) demonstrated the strong positive relationship between 42 adolescents’ (here, ages 11 to 18 years old) chosen coping strategies and those of their parents. Thus, the adolescent who frequently used acceptance is likely to have a parent who also endorsed frequent use of acceptance strategies.

Coping strategies have been linked to family environment to the extent that the family provides the context in which the individual first experiences various coping strategies. Furthermore, the individual can then begin to test coping strategies with family
members. Finally, the individual can return to family for particular types of coping such as advice-seeking and social support. It follows, then that one's chosen coping strategies are likely influenced by the conflict or cohesion that characterizes his or her family environment (Compas, 1987; de Anda, Baroni, Boskin, Buchwald, Morgan, Ow, Siegel Gold, & Weiss, 2000; Lohman & Jarvis, 2000; Phelps & Jarvis, 1994; Skinner & Wellborn, 1994; Stern & Zevon, 1990).

Researchers have consistently demonstrated that parental rearing and family environment can either facilitate or hinder the development of autonomy and psychological health in adolescents including coping strategies. Supportive, structured families facilitate the development and use of effective coping skills. According to Stern and Zevon (1990) youth who saw their family as more supportive, independent, socially integrated, and organized tend to rely more on approach and less on avoidance coping. These aspects of family climate were associated with a greater focus on the positive aspects of the situation when youth experienced family conflict or interpersonal stressors. Supportive families may also contribute to a youth's independence and separation from the family and to better adaptation in other environments such as college. Among normal adults, high family support, social integration and organization are associated with better marital adjustment and satisfaction, less depression and physical symptoms, and more reliance on approach rather than avoidance coping strategies (Moos & Moos, 1986, 1994). In contrast, high family conflict was associated with adolescent boys’ reliance on aggression to resolve conflict (Rubenstein & Feldman, 1993).

Youth who try not to think about or raise problems tended to be in supportive families high on independence, recreational orientation and organization, and low on control (Steiner 1992). Instead, these youth relied more on mature defences and were higher on internal control. Their avoidant coping style may reflect an effort to adapt to an idealized family characterized by excessive closeness and

Anxious rearing behaviour such as overly rigid or erratic discipline have been shown to be linked to increased incidence of avoidant coping strategies (Muris, Meesters, Merckelbach, & Hulsenbeck, 2000). Negative family environments can be characterized by a controlling dynamic in which the ties in the family are rigid and resistant to change, and are related to higher reports of depression and other internalizing disorders in adolescents aged 16 and 17 years (Aydin & Oztutuncu, 2001 in Murphy, 2002). In addition, Johnson, LaVoie, and Mahoney (2001 as cited in Murphy, 2002) found that increased inter-parental conflict was related to feelings of social anxiety and loneliness in late adolescents (ages 17 to 21 years).

Empirical data support the notion that the nature of the family environment (e.g. level of cohesion, degree of conflict, and organization) is strongly associated with adolescent coping style (Rutter 1983; Shulman, Seiffge-Krenke, & Samet, 1987; Siddique, & D'Arcy, 1984). Family environment also influences adolescent coping ability via its effect on self-esteem and sense of mastery. Some studied have shown that the more conflictual and less cohesive the family environment is perceived to be, the lower the individual’s level of self-esteem (Boys and Girls clubs association of Hong Kong, 1992; Cheung & Lau, 1985).

Conversely, cohesive family environments which are marked by such characteristics as warm affective ties were found to be predictive of decreased internalized symptomatology (Aydin & Oztutuncu, 2001; Johnson et al., 2001). Feenstra, Banyard, Rines, & Hopkins (2001) examined the role of family environment and family and individual coping strategies in relation to adaptation to college in first-year students. The family environments, as measured by level of familial conflict, of these late adolescents (mean age: 18.1 years) were found
to be significantly related to their successful adaptation to college, as measured by such things as self-report of depressive and anxiety-related symptomatology, comfort with the new environment, and academic success. In addition, family and individual coping strategies were positively related to adaptation to college. How frequently the family as a whole deals with internal conflicts among its members as well as external pressures was positively related to successful adaptation to college. More active individual coping strategies were also positively related to successful adaptation to the subjects’ new college environment. Holahan and Moos (1987a), examined both personal and social predictors of active and avoidance coping strategies. Individuals with more family resources are more likely to rely on approach coping and less likely to use avoidance coping. However, family support did not alter the association between chronic stressors and more avoidance coping (Fondacaro & Moos, 1989). Thus, an emphasis on independence and on intellectual and recreational orientation is associated with a more active and sociable disposition, more assertiveness and self-reliance, and more use of approach and less of avoidance coping. This last finding may reflect a higher level of social engagement and more situations that elicit a need for coping (Moos & Moos, 1986; 1994).

Parents’ reactions to children's emotions have been linked with children's abilities to regulate emotions (e.g., emotion-focused coping/regulation). For example, parents manage and guide children's emotional experiences by directly relieving distress, fear, frustration, and other negative emotions and helping children to modulate emotional arousal (cited by Wolchik & Sandler, 1997). Furthermore, parents influence development of emotion regulation though modelling, selective reinforcement of emotional expressions, social referencing, verbal instruction about emotions, induction of emotion, and controlled opportunities for emotional arousal (Eisenberg Fabes, Carlo, & Karbon, 1992; Thompson, 1994).
Because children generally experience negative emotions in stressful situations, it is likely that socialisers' emotion-related socialization practices affect the ways in which children deal with stress. Within a family, parents may foster constructive coping by directly instructing children on how to appraise stressful events, suggesting various courses of action to deal with problems and reinforcing appraisals and coping behaviour. Moreover, parents model coping behaviours and shape the family environment within which coping is learned (see Hoffman & Levy-Shiff, 1994; Kliewer, Sandler, & Wolchik, 1994).

Eisenberg et al. (1982) (as cited by Wolchik & Sandler, 1997) found that boys whose parents encouraged them to engage in direct problem solving when anxious or sad seemed to manage their vicariously induced distress in a relatively optimal manner compared to other boys (i.e., they were more likely to experience sympathy rather than a distressed reaction when exposed to an empathy-inducing stimulus). Consistent with these findings, Roberts and Strayer (1987) found that parental problem-solving responses when their children were upset were related to children's social competence; children likely model the problem-solving behaviours of their parents. In contrast, parental punitive responses to children's displays of negative emotion have been associated with children coping with anger by seeking revenge or avoiding the conflict situation (Eisenberg et al., 1992). Thus, it is likely that parents and other socializes play a relatively direct role in shaping children's preferred coping responses (Miller et al., 1994).

The ongoing quality of the children's relationships with others would be expected to relate to children's ability to cope with stress (e.g., Skinner & Wellborn, 1994). For example, children's attachments to their caregivers impact their resilience to stress (Garmezy, 1985) and are likely to be related to children's perceptions of themselves and their effectiveness, as well as children's emotional regulation in
relationships (Bridges & Grolnick, 1995; Sroufe, 1988). Further, the support provided by secure attachments is thought to foster effective coping skills, and intellectual and social competence. For example, Sroufe (1988) found that children who were classified as securely attached evidenced more positive affect, persistence, and compliance as toddlers than did insecurely attached children. Also, they were rated as being competent in coping with peers and in establishing friendships. In contrast, anxious and avoidant children were more likely to have problematic interactions with peers (i.e., to be victimized) and were found to be noncompliant.

Herman and Mc Hale (1993) found that parental warmth and intimacy were associated with higher rates of children's talking to parents and problem-solving strategies for coping with parental negativity. Further, Hardy, Power, & Jaerdicke (1993) noted that children from families with high maternal support and relatively low family structure (i.e., consistency and organization of household) used the greatest variety of coping strategies. Maternal support also was associated with children's use of avoidant strategies in uncontrollable situations (viewed as an appropriate strategy), whereas family structure was correlated with low levels of children's aggressive coping. Moreover, in another study, adolescent boys' (but not girls') perceptions of their parents as warm and supportive were related to practical coping (e.g., problem-focused and support-seeking) (Dusek & Danko, 1994).

Sibling and peer relations provide different contexts than parent-child relationships for the development of coping strategies. These relationships are based more on reciprocity and relative equality than is interaction with parents (Skinner & Wellborn, 1994; Sroufe, 1988; Youniss, 1980). Thus, peer and sibling interactions may provide an optimal setting for children's learning to cope with stress in relationships with equals. Bryant and Litman (1987) argued that
siblings can provide a buffer for children when parents are unavailable.

Peers, like siblings, likely provide a context for learning coping skills. For example, peers serve as models for coping with stressful contexts (Klingman, Melamed, Cuthbert, & Hermecz, 1984; Schunk & Hanson, 1989), stress-related appraisals, as well as behavioural and emotional responses (Compas, Malcarne, & Banez, 1992; Thompson, 1994). Another important role played by peers is that of meeting children's needs for social and emotional support. Children with adequate social support may cope better with stress (see Wolchik & Sandler, 1997). Whereas, poor peer relations predict certain negative outcomes for children (Kupersmidt, Cole, & Dodge, 1990; Newcomb, Bukowski, & Pattee, 1993; Parker & Asher, 1987).

Developmentally, peers probably represent increasingly important sources of influence on children's coping as frequency of contact with family members declines (Compas et al., 1992; Feiring & Lewis, 1991). Children become increasingly dependent on peers, not only for companionship but also for self-validation and support (Nelson-LeGall & Gumerman, 1984). With increased age, children increasingly regard peer relationships as a forum for self-disclosure, advice and support when stressed (Greene & Larson, 1991). Thus with age, positive relations with peers, particularly in the context of friendships may play an increasing role in children's ability to cope with stress (also see, Wolchik & Sandler, 1997).

Supportive relationships with peers (Cauce, Felner, & Primavera, 1982) and one's family (Holahan & Moos, 1987) appear to foster effective coping (see Compas, 1987). For children in non-supportive, disturbed families, a relationship with an adult outside the family seems to enhance the child's reliance to stress (Garmezy, 1983). Skinner and Wellborn (1994) argued that a social context in which adults are involved with the child (i.e., express affection and dedicate time and resources) both buffers the effects of stress and
allows the child to turn to others for help and comfort when necessary.

Griffith, Dubow, and Ippolito (2000) investigated developmental and cross-situational differences in strategies adolescents (148 seventh graders, 124 ninth graders, and 103 twelfth graders i.e., N=375) use to cope with family, school, and peer stressors. The results revealed that approach coping increased across the three grade levels, especially in relation to family and peer stressors. Adolescents used more avoidance than approach coping strategies for family stressors, and more approach coping strategies for family stressors, and more approach than avoidance strategies for school and peer stressors. Across stressors, approach coping predicted more favourable outcomes and avoidance coping predicted less favourable outcomes.

Individuals raised in a healthy family will have better problem-solving capabilities and ability to trust and give support when needed to others (Bray, 1995).

Lightsey, Jr. and Sweeney (2008) found that family cohesion fully mediated the relationships between stress, meaning in life, and emotion-oriented coping on one hand and family satisfaction on the other.

Murphy (2002) built his study upon the work by Lohman and Jarvis (2000) by examining the relationships among coping, family environment, and interpersonal fear between college students in their late adolescent years and their parents. The results showed that students’ interpersonal fears were associated with increased use of avoidant coping, strong attachment to parents, and low family cohesion. Active coping strategies were related to high family cohesion and strong attachment to peers. It appears that college students in their late adolescence are strongly influenced by family environments and their choice of active, rather than avoidant coping. The findings of Lohman and Jarvis (2000) indicated that congruent
knowledge about stressors and coping strategies among family dyads was found to be a positive predictor of adaptive coping, cohesion in the family environment and overall adolescent psychological health. Specifically, congruence between parents' and adolescents' reports predicted less avoidant strategies and the use of emotion-focused coping strategies only when stressors are uncontrollable. Such support and cooperation of family members to rely on each other when stressors arise is characteristic of adaptive coping and healthy family functioning.

Hence, reports that individuals' families can be both a source of stress as well as a resource to assist in coping are consistent throughout the literature (Atkins, 1991; de Anda et al., 2000; Lohman & Jarvis, 2000; Feenstra et al., 2001).

3.3.2 COPING BEHAVIOUR AND PERFECTIONISM

There is a dearth of research in the coping and perfectionism literature. The evidence suggests that certain dimensions of perfectionism are associated with maladaptive coping, whereas other dimensions are related to adaptive components (O'Connor & O'Conner, 2003). It is thought that negative perfectionists generally use more maladaptive forms of coping strategies when attempting to deal with stressful circumstances, while positive perfectionists use more adaptive coping strategies (Burns & Fedewa, 2005).

In general, the more flexible ones coping ability, the better one is able to adapt to a wide range of situations. Negative perfectionists, however, are generally thought to possess inflexible mindsets, and think only in terms of absolute success and failure (Burns & Fedewa, 2005). Negative perfectionists are poor emotional and behavioural copers. They tend to avoid their problems rather than actively engaging with them. By viewing the world in exaggerated extremes and using a passive coping style, negative perfectionists may be able to avoid the discomfort of shifting to more proactive and engaged coping strategies. By focusing on reactions to a stressor rather than on
stressor itself, predictive certainty for negative perfectionists is in a sense reinforced (Burns & Fedewa, 2005). In contrast, Burns and Fedewa (2005) found that positive perfectionism is adaptive and reinforcing and is correlated strongly with positive coping behaviour. By taking steps to engage their problems actively and to distract themselves in emotionally healthy ways, positive perfectionists appear to be more tolerant and effective (also in Ram, 2005).

A study by Flett, Hewitt, Blankstein, Solnik, and Van Brunschot (1996) found that self-oriented perfectionism and other-oriented perfectionism was associated with positive problem-solving orientations. In a study by Flett, Russo, and Hewitt (1994) socially prescribed perfectionism was found to be associated with less adaptive coping and more maladaptive coping strategies, while the study by Flett et al. (1996) found that socially prescribed perfectionism was associated with negative problem solving orientations (in Hewitt & Flett, 2002).

Dunkley, Blankstein, Halsall, Williams, and Winkworht (2000) within student samples found that socially prescribed perfectionism has adverse consequences on students' psychological adjustment including avoidant coping, hassles and distress. They found a positive connection between self-oriented perfectionism and active coping. However, Sherry, Hewitt, Flett, and Harvey (2003) demonstrated that self-oriented perfectionism was unrelated to a variety of negative consequences such as perceived coping difficulties, interpersonal and achievement hassles.

Rice and Lapsley (2001) have found that those classed as adaptive perfectionists reported greater use of problem focused coping, and less use of dysfunctional coping compared with maladaptive perfectionists. They believe that "the organizational features of adaptive perfectionism dispose a person to adopt the sort of planning and other active coping activities that are characteristic of problem-focused coping" (Slaney, Rice, & Ashby, 2002:77).
Additionally, a study by Edge (2001) found that adaptive perfectionists had significantly lower scores on immature defences such as denial, acting out, passive aggression and projection compared with maladaptive perfectionists (in Slaney et al. 2002).

Flett et al. (1994) have also examined perfectionism with respect to coping responses. They found that self-oriented perfectionism was correlated with aspects of behavioural coping. Studies suggest that self-oriented perfectionism may involve both adaptive and maladaptive coping strategies. It has been suggested that although self-oriented perfectionists may use generally adaptive coping strategies, using those strategies in certain situations may actually accentuate distress because they may put a great deal of effort into tasks that are irrelevant or unimportant they may not know when to stop the task focus, or use strategies in appropriate situations (Hewitt & Flett, 2002).

Socially prescribed perfectionism has been negatively related to both emotional and behavioural coping. It has been found to be highly dependent on avoidant behaviour, which is the source of many negative behaviours (in Burns & Fedewa, 2005). Hewitt, Flett, and Endler (1995) found that socially prescribed perfectionism was associated with decreased social diversion (a form of coping that involves seeking people out in order to deal with problems) (in Hewitt & Flett, 2002). Flett, Blankstein, Hewitt, & Obertynski (1994) found that socially prescribed perfectionism was associated with low family support, friends and significant others (also see Hewitt, Flynn, Flett, Nielsen, Parking, Han, and Tomlin, 2001 in Hewitt & Flett, 2002).

Socially prescribed perfectionism was associated negatively with ratings of comfort in seeking help and positively with ratings of difficulty continuing with treatment. These findings support the idea that people who score high on perfectionism traits tend to be less open to seeking professional help for psychological problems, and that perfectionism can have a deleterious influence on the continuation of
treatment for those who actually receive help (Blankstein, Hewitt & Flett, & Obertynski, 2002 in Ram, 2005). The inability of many perfectionists to admit their imperfection may mean that they may not use appropriate measures (coping) to deal with stress, such as accessing social support networks or seeking professional help. This can maintain and prolong the stress, as opportunities to obtain social support or information from professionals that may help solve the problem are not utilized (also Hewitt & Flett, 2002).

Flett et al. (1994) examined perfectionism and general coping ability as assessed by a new measure of constructive thinking. The main finding was that socially prescribed perfectionism was associated with less constructive thinking and more negative coping, and these associations remained significant after removing variance due to levels of depression symptoms. Self-oriented perfectionism was adaptive in that it was associated with active forms of behavioural coping, but it was maladaptive in that it was associated with forms of emotional coping involving reduced self-acceptance.

In a study, Sherry, Law, Hewitt, Flett, and Besser (2008) observed that despite increasing evidence that significant disruptions in interpersonal relationships are important consequences of perfectionism, few studies have specifically examined the role of interpersonal disharmony in generating depressive symptoms among persons with high levels of perfectionism. Sherry et al. conducted a preliminary test of the social disconnection model (SDM) (see Hewitt, Flett, Sherry, & Caelian, 2006). This model asserts that interpersonal dimensions of perfectionism, such as socially prescribed perfectionism (i.e., perceiving that others are demanding perfection of oneself), generate disconnection from the social environment that contributes to depressive symptoms. They found that perceived social support significantly mediated the relationship between socially prescribed perfectionism and depressive symptoms. No association was found between socially prescribed perfectionism and received
social support. Thus, it suggests that a subjective sense of disconnection from other people represent one reason why persons with high levels of socially prescribed perfectionism are vulnerable to depressive symptoms.

Hewitt et al. (1995) assessed 121 psychiatric in- and-out patients from a large psychiatric hospital on measures of perfectionism, coping, and depression. Their results suggested that self-oriented perfectionism and emotion-oriented coping (the tendency to focus on negative affective reactions) were positively associated with depression and that emotion-oriented coping interacted with self-oriented perfectionism to predict depression.

Rice and Lapsley (2001) assessed college students and found that perfectionism and coping predicted emotional adjustment but yielded no evidence for moderation. Dunkley et al. (2000) using university students and assessing the relationship between distress symptoms, and Frost, Marten, Lahart and Rosenblaté’s (1990) measures, did not find an interaction between coping and perfectionism. Dunkley and Blankstein (2000) suggested that self-oriented perfectionism was positively associated with task-oriented coping, and socially prescribed perfectionism was correlated with emotion-oriented, task-oriented and distraction coping.

The maladaptive effect of a relatively stable personality dimension—social perfectionism—is exacerbated by the presence of a maladaptive coping style (O’Connor & O’Connor, 2003). Hewitt et al. (1995) found that social perfectionism interacted significantly with avoidance coping to predict changes in general psychological distress, although social perfectionism was not an independent predictor.

Higher levels of perfectionism has been shown to be related to higher levels of stress, difficulties in coping or adjusting, and higher levels of hopelessness (Dunkley & Blankstein, 2000; Dunkley et al., 2003; Flett, Hewitt, & De Rosa, 1996; Mitchelson & Burns, 1998, O’Connor & O’Connor, 2003).
O'Connor and O'Connor (2003) investigated the relationship between perfectionism (Hewitt & Flett, 1991) and coping (Carver et al., 1989) as independent variables and their roles in predicting changes in hopelessness and distress among college students. Results indicated that changes in psychological well being (4-5 weeks later) were predicted by socially prescribed perfectionism, and as theorized, avoidance coping moderated the link between perfectionism and psychological well being beyond initial levels of distress. Self-oriented perfectionism was related to a lower avoidance coping (i.e., under certain conditions, self-oriented perfectionism was shown to be maladaptive). Additionally, a more adaptive coping effect was found when other-oriented perfectionists used the coping mechanism termed cognitive reconstruction.

Lo Cicero, Blasko, Ashby, Martin, Bruner, Edge and Kenny (2001) investigated the relationship between coping resources and adaptive, maladaptive, and non perfectionism in 145 middle school students. It was hypothesized that maladaptive perfectionists would have significantly fewer coping resources to deal with stress than adaptive perfectionists. Analysis indicated that adaptive perfectionists had significantly higher levels of academic performance, family support, and peer acceptance than non-perfectionists, and significantly higher levels of social confidence than maladaptive perfectionists. Maladaptive perfectionists scored significantly higher than non-perfectionists on family support. The results support the contention that significant differences exist between adaptive perfectionists, maladaptive perfectionists, and non-perfectionists and their perceived coping resources for stress.

It has been suggested by Parker (2002) that "healthy and unhealthy perfectionism appear not to be poles of one continuum, but distinct, independent factors that are embedded in the personality in different ways" (Parker, 2002: 142).
Carver et al. (1989) found that functional coping strategies are linked to beneficial personality qualities, while less functional coping strategies are associated with less beneficial personality qualities. They suggested that optimism is associated with active coping strategies, while pessimism is associated with focus on emotional distress and with disengagement. In light of this, it makes sense that positive perfectionism is associated with positive and more adaptive coping strategies, while negative perfectionism is associated with negative and more maladaptive coping strategies (in Ram, 2005).

3.3.3 GENDER DIFFERENCES AND COPING BEHAVIOUR

Gender is a concept that is frequently discussed in the literature on stress, coping and illness. Research has reported that women are more vulnerable than men are to stressful events and use different strategies to cope with them. Furthermore, it is often asserted that these gender-based differences in coping may particularly explain the differential impact of stressful events on men and women (Gray, 2003).

Atkins (1991) found that male and female children generally tend to use the same types of coping strategies, although females appear to more frequently use certain types of coping strategies, such as, venting emotions. However, more recent research has suggested that male and female adolescents use different types of coping strategies to manage their stressors (Byrne, 2000 in Murphy, 2002).

Previous research on coping has revealed clear cut differences in the way males and females cope. Studies have reported that women have a tendency to deal with problem situation by emotional expressiveness and men act on their environment instrumentally through constructive or destructive way. Stone and Neale (1984) reported that men were more likely to take direct action than females who are more likely to use distraction, relaxation, religion and other coping strategies (cited by Husain & Rashid, 2004, vol.2, p.5).
In general, findings suggest that females appear to favour social support, emotional-focused coping, and avoidant coping strategies relative to males (e.g., Billings & Moos, 1981; Pearlin & Schooler, 1978; Ptacek et al., 1992; Stone & Neale, 1984). Whereas, males appear to favour stress release through other activities and tend to more often turn to drugs or alcohol relative to females (Bird & Harris, 1990; Carver et al., 1989; Patterson & Mc Cubbin, 1987; Stein & Nyamathi, 1991). There are inconsistent findings regarding gender differences in the use of problem-focused or active-coping strategies. Some studies suggest that males use problem-focused strategies more often than women (Stone & Neale, 1984); some indicate that women use them more than men (Billings & Moos, 1981; Ptacek et al., 1994); whereas, other find no differences (Hamilton & Fagot, 1988).

Ficková (2000) reported that adolescent girls with high total score in hassles preferred significantly more often strategies of planning, religion, focus on and venting emotions, denial, behavioural and mental disengagement. Boys with high number of hassles more often prefer emotional social support and drug/alcohol use and also, identically to girls, planning and focus on and venting of emotions. Compared to boys, of the daily hassles, girls experience significantly more often loneliness and dissatisfaction with oneself, need for increased effort and lack of time.

Rao, Moudud, & Subbokrishna (2000) examined appraisal of stress and coping behaviour in a group of 258 male and female undergraduates. Stressors in the academic and interpersonal domain were presented in the form of situation vignettes. Gender differences were not significant for appraisal. For both stressors, the coping responses reported were a combination of problem and emotion-focused strategies including support utilization. Gender differences in the use of emotional-focused coping were present. Females preferred distress-reducing strategies and social support utilization, while males
reported active behavioural methods including high-risk coping behaviours.

Folkman and Lazarus (1980) observed that females use emotional mechanisms such as releasing emotions and talking with friends more often than do males. Further research supports the findings that females more often employ emotion-based coping strategies such as emotional expression in comparison to their male peers (Atkins, 1991; Bird & Harris, 1990; Byrne, 2000; Carver et al., 1989; Lazarus & Folkman, 1984). In addition, male youth have been found to employ more problem-solving and personal coping efforts than do their female peers (Band & Weisz, 1988, Carver et al., 1989; Byrne, 2000).

Shulman (1993) suggested that males appear to be more self-reliant in coping than their female peers because they may not consider seeking the advice of others to be the best means of coping as they establish their independence (see Murphy, 2002). Females, he suggested, seek to establish independence within network of close relationships and therefore look to significant individuals in their lives for support and advice. However, factors such as an individual’s willingness to admit the use of particular strategies and the number of skills an individual typically endorses may qualify this broad statement. Males working on the development of autonomy may be less willing to admit that they seek the advice of others.

Many researchers have found social support as a strategy most often used by females than males (especially during adolescence (Belle, 1991; Ebata & Moos, 1994; Frydenberg & Lewis, 1991a, 1993b, Spirito, Overholser, & Stark, 1989; Stark, Spirito, Williams, & Guevremont, 1989). Hamdan-Mansour and Dawani (2008) found that female university students had higher perception of stress and social support then male university students. Murphy (2002) specifically reported that males more frequently employ avoidance than females.
Although, research suggests gender differences in coping, it may be that gender-role orientation and related personality dimensions rather than gender itself, account for gender differences in coping. Gender differences in coping may reflect socialization differences in which men are expected to be more independent, instrumental and ambitious, whereas, women are expected to be emotional, supportive, and dependent, as reflected in traditional gender-role orientations (Ptacek et al., 1994). It has been suggested by the studies that there are different expectations of girls and boys, and they receive reinforcement for different coping actions. For example, boys rather experience the changes as a challenge and develop an active coping strategy, while girls often withdraw and take a resigned attitude (Peterson, Sarigiani, & Kennedy, 1991). Females are more likely to assess a situation more threatening and perceive themselves more negatively and pessimistically (Bunnel, Cooper, Hitz, & Shenker, 1992; Gjerde & Block, 1991). Likewise, they use more strategies related to wishful thinking than males (Frydenberg & Lewis, 1993) which could be found in other several higher studies as a higher occurrence of passive ways of coping among adolescent girls. Thus, gender differences do occur in coping and they differ from situation to situation.

Research on gender differences in coping has also tended to find small differences between women's and men's coping strategies when studying individuals in similar situations (Adams, Aranda, Kemp, & Takagi, 2002; Ronan, Dreer, Dollard, & Ronan, 2004; Sigmon, Stanton, & Snyder, 1995) but larger gender differences when studies fail to control for situation (Matud, 2004). Because gender roles vary among cultures, gender and culture may interact to create different situational demands for coping by men and women in various cultures (cited by Brannon & Feist, 2007, p. 146).

Frydenberg and Rowley (1998) investigated the extent of student concern about social issues and the strategies used by young
adults to cope with their concerns. Students from three facilities (Psychology, Medicine and Education) at the University of Melbourne responded. Between-subject comparison groups were gender and faculty. Within-subject comparisons were made on the proximity of concern (personal and global). While, no significant main effects were found for gender, there were significant faculty differences. Respondents used more problem-solving strategies in relation to personal concerns than global concern.

Stern, Norman, & Komm (1993) studied medical students' differential use of coping strategies as a function to stressor type, year of training and gender. They used the cognitive transactional model of stress to examine the coping responses employed by 55 males and 47 females' 1st and 4th year medical students as a function of those situations they appraised as most stressful. Findings showed that preferred coping strategies varied by stressor type and year of training. Gender had no impact on coping responses.

There are also studies conducted on problem solving among university students. For example, Basmaci (1998) investigated the problem solving skills of university students with regard to parental attitudes and gender. The results indicated that there was not a significant difference between problem solving skills of males and females. The results of Taylan (1990) were similar. He found that gender did not affect problem solving skills.

### 3.4 CAREER DECISION MAKING

Career decision making has been the focus of various research studies. For example, career maturity in career decidedness and career decision making (Creed & Patton, 2003); the role of values in the career decision making process (Colozzi, 2003); the link between vocational decision styles and career decision making (Amir & Gati, 2006); the role of relationships in career decision making (Hargrove et
al., 2002; Phillips, Christopher-Sisk, & Gravino 2000); and levels of confidence as predictors of career decision making ability (Paulsen & Betz, 2004). Many prominent individuals (Super, Savickas, & Super, 1996; Vondracek, Lerner, & Schulenberg, 1986) have advocated for the view that career development is a process that spans an individual’s life.

Career decision making is related to an individual’s life style as well as personal and professional satisfaction (Betz & Taylor, 2006; Leunsbury, Tatum, Chambers, Owens, & Gibson 1999; Lucas, 1992). In adolescence, the choice of career in further education is one of the most important decisions that an adolescent has to make. Some adolescents are able to make this decision quite easily and quickly, while others report having many difficulties with it (Gati, Krausz, & Osipow, 1996). Career decided students make their decisions more self-confidently, are less panic-stricken and avoid decision making less compared to undecided students. It can be expected that students who are more organized and disciplined will be faster in their career decision making and be more convinced by their decision (Pečjak & Košir, 2007).

Career indecisiveness is prevalent among college age students and young adults. Little is known about the cause of career indecisiveness, but family influences—especially parent-child relationships—appear to be important predictors (Guerra & Braungart-Rieker, 1999; Hargrove et al. 2002; Lopez & Andrews, 1987). Mann, Harmoni, and Power (1989); and Brown and Mann (1993) put forward that the functions and structures of family have an impact on the behaviours of adolescents in making decisions (cited by Güçray, 2003). The more involved that the parents are, more in-depth and comprehensive the search for career and occupational data will become (Daigle, 2003).

Career indecision has also demonstrated a significant relationship to self-defeating beliefs (Sweeney & Shill, 1998), lower
career decision-making self-efficacy beliefs (Taylor & Betz, 1983), irrational thinking (Enright, 1996; Skorupa & Agresti, 1998; Stead, Graham, & Foxcroft, 1993), poor career beliefs (Enright, 1996), and negative career thoughts (Saunders, Paterson, Sampson, & Reardon, 2000).

Lent, Brown, Brenner, Chopra, Davis, Talleyrand, and Suthakaran (2001) noted that social influences can be seen in the career choice encouragement that adolescents or adults obtain from influential others.

Blenkinsop et al. (2006) examined the ways in which young people at ages 14 and 16 made decisions regarding their career options. The study was based on interviews with 165 young people at 14 schools in England between February 2005 and February 2006. The study noted that young people's decisions frequently fluctuated over time, even among those who were very decided about their options in the first instance. The study argued that a single approach to supporting career decision making in young people was not feasible given the varying levels and types of support young people need at various stages in their school careers. It is perhaps unsurprising, given that young people made decisions in different ways and that mindsets changed over time. Further, the report recommended that young people would benefit from personalized and individualized support.

In accordance with developmental stage theory, exploratory career decisions (i.e., deciding to seek more information) are expected to emerge and predominate before terminal career decisions (i.e., deciding to stabilize) (Jepsen & Dickson, 2003). Philips (1982a) found that exploratory career decisions were exhibited in high school and also at ages 21, 25, and 36 years, although with decreasing frequency and the stabilizing behaviour increased from age 21 to age 25 and to age 36. In a second study of 95 CPS participants, Phillips (1982b) tested the hypothesis that individuals who follow the prescribed pattern in which exploration predicted commitment would achieve
more desirable career outcomes than would those who did not. No significant differences among exploration patterns were found on participants' career establishment scores at age 25, but at age 36 participants with exploration pattern of increasing commitment scored significantly higher on the career progress factor than participants who had patterns of consistently low commitment. In summary, Phillips's results supported the sequence of stage relevant behaviours. Adolescent predictors were not as strong for early (age 25) as they were for later (age 36) establishment behaviours. Walvoord (1979) found that exploration from ages 15 to 25 years was positively related to several outcomes at age 36 years, thus supporting the prediction of adults' career status from adolescent career processes. Exploration before age 18 was correlated with occupational satisfaction and attained status. Using a different approach, Lin (1981) found that patterns of adolescent exploration predicted patterns of early adult establishment.

Clausen (1991) argued that individuals who are more competent in adolescence tend to assess the options available to them and make considered choices and thus are better prepared than less competent planners to work through the problems of adult career adaptation. According to Gati et al. (1996), a high score in the area of dysfunctional beliefs reflects a distorted perception of the career decision making process. Irrational beliefs and expectations about career decisions, such as the belief that one only chooses a career once and that the choice is necessarily a lifelong commitment, or that one occupation can fulfil all of a person's aspirations, may impede the career decisions making process.

Overall, it is evident that the choices and decisions made as individuals' progress towards longer-term career destinations are multi-dimensional, complex, sometimes being implemented over an extended time frame and not always rational (Bimbröse & Barnes, 2007).
3.4.1 CAREER DECISION MAKING AND FAMILY ENVIRONMENT

Over the past 50 years it has become increasingly clearer that the environment plays a large role in career development (Holland, 1992; Mitchell & Krumboltz, 1996). One salient component of an individuals' environment is his/her family. The family is a place in which children learn to interpret reality (Way & Rossmann, 1996b). Parents serve as significant interpreters for children of information about the world and children's abilities (Hall, Kelly, Hansen, & Gutwein, 1996). Parents followed by other family members, provide valuable learning experiences through their own role models and supporting activities that assist in exploring career interests (Ferry, 2006).

Interest in the influences of the family on career development is not a new phenomenon (Whiston, 1996). The career development literature also acknowledges the fundamental influence of parents on the career development of adolescents and young adults (Osipow, 1983; Roe, 1957; Super, 1957). Roe (1957) was among the first major career theorists to implicate the role of the family in career decision making by focusing, with mixed results, on child-rearing determinants in career choice. Roe proposed that early childhood experiences play an indirect role in shaping later career behaviour (Brown, Lum, & Voyle, 1997). She theorized, for example, that early parent/child interactions resulted in a child having preferences for people rather than things. These early choices later resurfaced in the adult's occupational selections (also cited by Ozdemir & Hacifazlioglu, 2008). She also suggested that parent-child relationships influence personality orientations and the development of psychological needs; vocational interests and choices are some of the ways in which individuals try to satisfy those needs (see Kerka, 2003). Although Osipow (1997) and others point out the difficulty of demonstrating
links between parenting styles and vocational choices, some research evidence is emerging.

Interest in this topic increased in the 1980's when Bratcher (1982) proposed that family symptoms play a crucial role in the career decision making of individuals. Recent efforts have applied a family systems perspective to the understanding of career development (Whiston, 1996). According to family systems theory, the family operates as a system or unit, where patterns of interactions evolve and are maintained, and relational aspects of the system have a significant influence on individual's behaviour (Carr, 2000). This notion was further extended by Zingaro (1983), who contended that clients may have difficulty making career decisions due to a low level of differentiation from the nuclear family and may not be able to differentiate their own expectations from their parents' expectations. The results tend to support the idea that family variables and career variables are related (Whiston & Keller, 2004 as cited by Patrick et al., 2005).

In the theory of attachment, Bowlby (1982) noted that life decisions and planning appear to be easier when made in the context of a relationship with a supportive, trustworthy family member or significant other. Bratcher (1982) quickly added another perspective to this theme perceiving that a family's concepts of rules and boundaries, beliefs, values, traditions, and myths are among the most influential systemic issues likely to affect one's career. Rigid rules can keep the system closed, preventing family members from new experience and growth. Likewise, certain rules of order that the family places upon money, religion, prestige, status, and service reflects family rules, values and myths; these may be among the most important variables to be considered when young people make decisions about career choice (see Chope, 2002).

Using attachment theory, Lopez and Andrews (1987) theorized that certain family interactions enhance effective career decision
making, whereas, other family interactions promote and maintain indecision. They believed that a client's career indecision is a symptom of inadequate parent child separation divergent parental values and conflicts with parental support (see Chope, 2002). In other words, Lopez and Andrews (1987) suggested that career indecision stems from an inadequate psychological separation of adolescent from their parents. Consequently, the presence of parent-young-adult over involvement and other dysfunctional family patterns may contribute to low psychological separation which, in turn may lead to career indecision (also see Guay et al., 2003). Chope (2000) supported this thinking, noting that career indecision is often the result of individuals not being given much or any support for the choices that they made in childhood and early adolescence. Young people, who were unattended to, criticized, abused, or negated experienced marked degrees of anxiety when they had to make decisions. Their histories of criticism often made it extraordinarily difficult for them to develop a clear and simple understanding of even their most basic interest, values, goals, and options. Family dysfunction appeared to result in a loss of self esteem and a vision of what one hopes to be or become. Further, family influence can impact older adults. Many clients in career transition have reported significant depression because their parents had not really ever approved of their career choice. Others continue to suffer the ravages of indecision (see Chope, 2002).

Overall family functioning, a broader concept that encompasses parenting style, includes such factors as parental support and guidance, positive or negative environmental influences, and family members’ interaction styles (Altman, 1997). Family functioning has a greater influence on career development than either family structure (size, birth order, and number of parents) or parents’ educational and occupational status (Fisher & Griggs, 1994; Trusty, Watts, & Erdman, 1997).
Parents have a pervasive and continual influence on their children's career development, beginning with early childhood and continuing as the child progresses through fantasy, exploration, tentative and trial stages of career development, as the child responds to the question "what do you want to be when you grow up?" By adolescence, children's vocational maturity is highly related to their choice of occupation and curriculum. Consequently, students during this period should have the opportunity to experience career exploration and decision-making involving their parents, community resources, teachers and counsellors. During all this time, parents have a consistent and pervasive influence on children's career choices, decisions, and plans through their modelling of standards, expectations, social skills, and self-acceptance. The attitudes and behaviours of parents while working or discussing their work is what the children respond to and learn (De Ridder, 1990).

Middleton and Loughead (1993) suggested that the greatest anxiety adolescents feel about their career decisions or exploration is in response to parents' negative involvement. The children of such parents often pursue the careers selected by their parents rather than those they desire so as not to disappoint their parents or go against their wishes. Likewise, they feel a strong sense of frustration and guilt when they do not meet their parents' expectations. Ferry (2006) also found that lack of family involvement in the career choice process appeared to be influencing youth's inability to make decisions.

Researchers have tried for many years to understand the factors that influence one's decision regarding what field of work to pursue. The results of several studies indicate that one's career choice is influenced by various aspects of his/her family of origin. More recently, Trice (1991) found that paternal occupation was related to adults' occupational choices. More specifically, the researchers found that fathers occupational status as well as both parents educational
statuses were positively correlated with occupational attainment for Americans of European and Japanese ancestry (Keller & Whiston in Patrick et al., 2005). For example, Marso and Pigge (1994) found that the presence of teachers in the family was a significant factor influencing teacher candidates' decision to teach.

In addition to examining family influences on general occupational choices, researchers have examined family influences on specific aspects of career choice such as traditionality and prestige. For example, the traditionality of women's career choices tends to be related to identification with and emotional support from their parents (Lunneborg, 1982), parental involvement and pride (Standley & Soule, 1974), maternal education and fathers' favourable attitudes towards mothers working (Bielby, 1978) (cited by Patrick, Eliason & Thompson, 2005). Additionally, parental socio-economic status and autonomous relatedness behaviours within the family have been shown to be related to adults' occupational prestige (Bell, Allen, Hauser, & O'Connor, 1996).

Many studies conducted over the past 40 years suggest that family factors particularly, family relationships, influence career direction and various aspects thereof. This trend corroborates the basic tenet of family systems theory that relational aspects of the family system have a significant influence on individuals' behaviour (Carr, 2000). For instance, Bell et al. (1996) found that the degree of autonomy support provided by both parents was associated with the level of prestige of adults' career choices. 

Hargrove, Inman, and Crane (2005) conducted a study on 123 high school students to examine how perceptions of family interaction patterns as defined along three dimensions of family environment (quality of family relationships, family goal-orientations, and degree of organization and control within the family system) predict vocational identity and career planning attitudes. Analyses revealed that the quality of family relationships (i.e., degree to which family
members are encouraged to express feelings and problems) played a small yet significant role in predicting career planning attitudes of adolescents. Other studies have specifically examined family's relational influences on the gender traditionally of women's career choices (Keller & Whiston as cited by Patrick et al., 2005).

Guay et al. (2003) have identified seven studies relevant to Lopez and Andrews's (1987) predictions regarding career indecision and their results are as follows. Lopez (1989) found that levels of vocational identity are affected negatively by marital conflict but positively by levels of psychological separation.

Similarly, Blustein, Walbridge, Friedlander, and Polladino (1991) revealed that adolescents who are closely attached to their parents and are more conflictually independent from them, are less likely to foreclose, and have made more progress in committing to their career choice. However, Blustein et al.'s results indicated no significant relationship between psychological separation from parents and career indecision and career decision-making self-efficacy.

Penick and Jepsen (1992) observed that perceptions of family functioning predict vocational identity and career planning involvement. Specifically, students' vocational identity was negatively associated with students' perception of family conflicts and family external locus of control. In additional, students' career planning involvement was negatively related to family external locus of control but positively related to democratic family style and enmeshment. Whiston (1996) found that only women's career indecision was negatively related to the degree of control and organization within the family (i.e., this relation was non-significant for men) and that both women's and men's career decision-making self-efficacy is positively related to the degree to which families encourage and support independence and participation in a variety of activities. However, Eigen, Hartman, and Hartman (1987) found no differences in family
interaction patterns among participants classified as decided, undecided, and chronically undecided in relation to career.

Guerra and Braungart-Rieker (1999) revealed that students' perception of the parental relationships is related to career indecision over and above their year in school and identity formation. Specifically, students whose mothers were more encouraging of their independence in childhood experienced less career indecision than those who found their mothers overprotective. Finally, Santos and Coimbra (2000) found no significant relationship between psychological separation and either developmental career indecision or generalized indecision. On the other hand, the weak magnitude of the relationship between family factors and career indecision may suggest that mediating factors operate (Baron & Kenny, 1986; also see Guay, 2003).

Ketterson and Blustein (1997) also support the relational context of career development. They cited that secure parent-child relationships are associated with progress in career decision making, affirmative career self-efficacy beliefs, and career planfulness.

In reference to family interactions, it has been shown by various studies that parents transmit occupational values such as values of conformity or autonomy in work to their children (Kohn, 1977 in Ozdemir & Hacifazlioglu, 2008). It has also been shown that a family's socio-economic status affects the nature and extent of career exploration (Grotevant & Cooper, 1988; Hageman & Gladding, 1983), occupational aspirations and expectations (Mac Kay & Miller, 1982), and occupational status attainment (Gansemier, 1977; Mortimer, 1976) (cited by Ozdemir & Hacifazlioglu, 2008). Parents are now known to initiate a number of different kinds of intentional career-related interactions with their children (Young & Friesen, 1992). Day-to-day patterns of family functioning such as decision-making styles and degrees of conflict and cohesion have been shown to be related to the development of career maturity among adolescents (Penick & Jepsen,
Enmeshment in one's family of origin—for example, feeling pressured to spend most of one's free time with one's family—has also been shown to be associated with career indecision among university students (Kinnier, Brigman, & Noble, 1990 also cited by Ozdemir & Hacifazlioglu, 2008).

Ozdemir and Hacifazlioglu (2008) focused mainly on whether or not family background or social status affects students' career decision. The sample consisted of 2,459 students in their final years at high school from 17 different provinces and 182 high schools all around Turkey. Results revealed that parents and environment had a great influence on students' occupational preferences.

For adults, the potential impact of the family on vocational development is more complex. Recent research focusing on the relational contexts of development suggest that not only do individuals take with them through the lifespan the result of interaction in their family of origin, but they also subsequently add to influence of family structures they create (Grotevant & Cooper, 1985; Youniss & Smollar, 1985 in Ozdemir & Hacifazlioglu, 2008).

Moreover, research has drawn attention to the interpersonal factors related to career indecision. For instance, positive family interactions (e.g., Felsman & Blustein, 1999; Guerra & Braungart-Rieker, 1999) have been negatively related to career indecision. The context of friendships may offer some support in coping with anxiety provoking developmental challenges, such as career decisions, that confront students (Berndt, 1996). The less autonomy supportive and the more controlling are parents, the less positive are students' perceptions of self-efficacy and autonomy toward career decision-making activities (Guay et al., 2003). Hence, if a college student has never had the freedom to make choices for themselves, they cannot be expected to have the confidence needed to make such major life decisions as those related to major and career selection (Daigle, 2003).
Felsman and Blustein (1999) investigated the role of close peer relationships in facilitating the resolution of the exploration and commitment tasks of career development in late adolescence among 147 participations. Findings revealed that the three peer relatedness variables (i.e., attachment to peers, intimacy, and mutuality) shared a significant and unique amount of variance with the exploration and commitment variables, above and beyond the contribution of parental attachment, age and gender. Attachment to peers, intimacy, and to a lesser extent, attachment to mother were positively associated with environmental exploration and progress in committing to career choice.

Lent, Brown, Talleyrand, McPartland, Davis, Chopra, Alexander, Suthakaran, and Chai (2002) examined college students at two universities regarding factors that affected their choice of occupational field, supports and barriers to pursuing their choice, and methods they had used to cope with choice barriers. Across both samples, person factors (e.g., interests) and work-relevant experiences were frequently cited bases for choice selection, although contextual factors (e.g., financial constraints, social supports) were among the most salient barriers and supports to choice implementation. Each sample also reported choice selection and implementation influences and coping strategies that may have been linked to their particular environmental and developmental contexts.

Hargrove et al., (2002) explored the relations of perceived family-of-origin interaction patterns (e.g., quality of family relationships, family-supported goal orientations, and degree of control and organization in the family) to vocational identity and career decision-making self-efficacy in a sample of 210 college students. The findings suggest that family-of-origin interaction patterns may play small, yet significant roles in the formation of clear and stable career goals and the promotion of self-confidence in regard to completing career planning activities.
To further understand the role of the family in career decision making in the 21st century, two new factors must be recognized (Chope, 2002). Hasen (2001) describe the first factor as massive, revolutionary changes in the structure of the family. She notes that "traditional" patterns of work and family do not fit into the older norms and theoretical underpinnings of career choice. The number of two-earner families is vastly increasing, as well as the number of gay, lesbian, bisexual, and transgender families. Further, there are single adults raising children in record numbers. More than a few parents are raising children in their second and third marriage or relationship. Hansen (2001) notes that with this revolution, other dilemmas have emerged as people move beyond their traditionally defined roles as providers and nurturers. The traditional family is difficult to find, making it more important than ever for counsellors to attend to early childhood and adolescent experiences to understand the variables that influenced decision making. Added to this are the new experiences that people have with work. An immense amount of instability exists in the workplace. Millions of new jobs are created in the short term. The concept of career, itself, is in jeopardy. Portfolio careers and the experience of engaging in project-driven work, rather than work that will have a long history are legion. In addition, we all exist in a type in-and-out generation: we are in and out of relationships, in and out of work, and in and out of retirement. The second factor is described by Blustein (2001). He refers to this as the "relational revolution" and takes time to speak to the degree to which interpersonal relationships play an important role in the social contexts that include work. Josselson (1992) had set the stage for Blustein with her earlier thoughts that relatedness is central to physical health, longevity, meaningful social life, and the development of the self. With that in mind, he advocates bringing in the role of relationships in making decisions about humans behaviour and career choice.

Phillips et al., (2001) showed that relevant others in one's life will influence an individual's career decision in general. They suggest
that the role others play in an individual’s career decision-making process in significant, complex, predominantly positive, and appreciated. Schultheiss, Kress, Manzi, and Glasscock (2001) showed that this influence is variable. Specifically, their research indicated that depending on an individual's environment and the strength of his or her relationships, the impact of social influences may be stronger, especially when there are social and economic burdens that are manifested as barriers to career progress. Schultheiss et al., (2001) interviewed a diverse group of young adults to assess participants' experiences of their relationships as well as perceived influences of their relationships on their career exploration and decision-making process. They found that relational influences on career development were multidimensional. One of the most prominent relational factors was support, and this support was multidimensional (e.g., emotional, social, esteem, information, and tangible support). This support dimension was also particularly important during difficult or stressful periods. Participants were influenced by a host of additional relational factors, such as parental personality, mother’s emphasis on education, and disruptions in their relationships with their fathers, which further substantiated the conclusion that relational influences on career development were multidimensional.

3.4.2 CAREER DECISION MAKING AND PERFECTIONISM

With so many choices now available, it is no wonder that young people trying to find their way in the world are confused and overwhelmed as to what career path to choose for themselves (Daigle, 2003). Eysenck (1967) has indicated that the personality differences are the product of the interaction of physiological differences and environmental factors. Guay, Sene’cal, Gauthier, and Fernet (2003) stated that personality traits such as perfectionism, self-consciousness, fear of commitment (Leong & Chervinko, 1996), and anxiety were all positively associated with career indecision. Thus, career indecision has been related empirically to various intra-
individual constructs. Research has also demonstrated a connection between career thoughts inventory (CTI) scales and perfectionism (Osborn, 1998).

According to the dual process model explicated by Slade and Owens (1998), positive and negative perfectionists may exhibit the same or similar behaviour prima facie, but their latent motivations and corresponding affective states and cognitive processes are different. Bergman, Nyland, and Burns (2007) utilized the dual model and found that negative perfectionism correlated with emotional suppression as a coping mechanism, maximization, cognitive dysfunctions, depressions, and regret. Positive perfectionism was found to correlate with life-satisfaction and maximization, but not with cognitive dysfunction, depression, and regret, among other maladaptive characteristics.

Although perfectionism has been linked to a variety of mental health problems, the relevance of perfectionism in other life domains is just beginning to receive attention. Given the evidence that personality plays an important role in career choice and adjustment, Page, Bruch, and Haase (2008) evaluated whether aspects of perfectionism make any unique contribution to the prediction of career indecision beyond certain traits of the Five-Factor model that may also be related to career indecision. Results showed that both maladaptive and adaptive perfectionism accounted for unique variance in career decision-making self-efficacy beyond variance predicted by neuroticism, extroversion, openness, and conscientiousness. In contrast, only maladaptive perfectionism accounted for unique variance in certainty of career commitment beyond variance predicted by neuroticism and conscientiousness.

Perfectionism and the thoughts that perfectionists experience, have consistently been linked with a number of negative outcomes (Flett et al., 1998). For instance, early researches such as Ellis (1962) and Burns (1980) tended to emphasize the association between
perfectionism and dysfunctional thoughts, feelings and psychopathology. Egan et al., (2007) in a study highlights that dichotomous thinking emerged as the variable most predictive of negative perfectionism, and was less strongly related to positive perfectionism in three samples (40 clinical participants 111 athletes, 101 students). As hypothesized the clinical samples had the highest score on negative perfectionism, however, no differences were observed between groups on positive perfectionism (Egan et al., 2007). Thus, dichotomous thinking accounted for a large proportion of variance in negative perfectionism, and was argued to be an important factor distinguishing between positive and negative perfectionism (Egan, 2005).

Several authors have suggested that perfectionism is associated with irrational thinking. Flett, Hewitt, Blankstein, and Koledin (1991) hypothesized that various dimensions of perfectionism are related significantly to core irrational beliefs. They found that socially prescribed perfectionism was correlated significantly with a variety of irrational beliefs including high self-expectations, demand for social approval, dependency, blame proneness, and anxious over concern (in study 1 of 102 subjects). Other-oriented perfectionism was correlated with few irrational beliefs.

In study 2 of 130 subjects by Flett et al. (1991) analyses confirmed that all three perfectionism dimensions were associated with core irrational beliefs. It is concluded that the results constitute general support for the hypothesis that cognitive aspects are important in both personal and social components of perfectionism and that perfectionists are characterized by increased levels of irrational beliefs that may contribute to maladjustment.

Leong and Chervinko (1996) evaluated the construct validity of career indecision by examine its relationships to selected negative personality traits (perfectionism, self-consciousness, and fear of commitment) among 217 college students. It was hypothesized that
career indecision would be positively and significantly associated with perfectionism, self consciousness, and fear of commitment. As predicted, fear of commitment was a strong predictor of career indecision. Two of the three dimensions of perfectionism were also predictive of career indecision: self-oriented perfectionism was a significant negative predictor of career indecision, whereas socially prescribed perfectionism was positively predictive of career indecision. However, other-oriented perfectionism was not predictive of career indecision.

3.4.3 CAREER DECISION MAKING AND COPING BEHAVIOUR

The skills of decision-making and problem solving are not only the results of development and socialization, but also inevitable processes that go on throughout the life of an individual (Güçray, 2003). Dysfunctional thinking limits an individual's capacity to learn effective career problem-solving and decision making skills. The greater the level of dysfunctional thinking, the greater is the difficulty in career problem solving and decision making (Sampson et al., 1996). It is hypothesized that exposure to higher education has helped individuals to become better career problem solvers and decision makers (Reardon et al., 2000). Individual factors, such as poor problem-solving skills (Peterson et al., 1991), lack of self knowledge related to career interest, abilities, and values (Holland & Holland, 1977), maladaptive career beliefs and assumptions (Krumboltz, 1983; Nevo, 1987), have also been implicated in the development of dysfunctional career thoughts.

Janis and Mann (1977) argue that people have different coping strategies in different tension situations, which also sometimes characterise decision making situations. In decision making, tension arises from the conflict between accepting and rejecting certain alternatives. In case decision making becomes the centre of attention, tension usually becomes expressed in hesitation, indecision, uncertainty, and emotional pressure. Only moderate tension leads to
thorough information search and to making the right decision (Janis & Mann, 1977, p.52-56). In general, Mutso (2007) argue that in the course of decision making process people have specific coping difficulties.

Emotional stability is the strongest predictor for career decision making difficulties. This implies that a career decision making process is a demanding, responsible and stressful task for a student. Namely, this is one of the most important decisions the students make. Students who are more emotionally stable and can better cope with stress are more efficient also in coping with stress are more efficient also in coping with dilemmas related to the further education as well as in making better decisions related to career (Pečjak & Košir, 2007). Further, due to the complexity of the decision-making on further education/study, adolescents have to use various skills in the process of selection. There are large differences in the decision-making process among adolescents. Some are able to make a decision without difficulty while others cope with various obstacles in their environment (e.g., limited financial means, accessibility of the university) as well as with internal difficulties (Gati et al., 1996 in Pečjak & Košir, 2007).

Creed, Prideaur, and Patton (2005) in a longitudinal study tested students on career (maturity, barriers, indecision, decision-making and self-efficacy), well-being (self-esteem, life satisfaction, and coping), and social (paid work experience) variables. It was found that the undecided students had poorer career, well-being, and social outcomes than the decided students. Females were more likely to be continuously undecided, although continuously undecided males were more complacent and more likely to use maladaptive strategies than females.

Germeijs, Verschueren, and Soenens (2006) examined a sample of 281 high school students' indecisiveness and career decision-making process. Findings show that indecisiveness was a risk factor
for future level of coping with the career decisional tasks of broad and
in-depth environmental exploration (amount of information and
exploratory behaviour), amount of self-information, decisional status,
and commitment. However, indecisiveness did not relate to the degree
of change in decisional tasks during Grade 12. Moreover, results
suggested that the linkage of indecisiveness, decisional status, and
commitment were mediated by adolescents' career choice anxiety.

As cited by Dahl et al., (2008), cognitive factors such as
external decision-making style (Osipow & Reed, 1985), low problem
solving confidence (Larson & Heppner, 1985; Larson, Heppner, Ham,
& Dugan, 1988), external appraisal of control (Fuqua, Blum, &
Hartman, 1988; Larson, Piersel, Imao, & Allen, 1990; Taylor, 1982);
and greater self appraised pressure and barriers (Larson et al., 1988)
also impair career decision making.

O'Hare and Tamburri (1986) examined relations among trait
anxiety, coping types (support-seeking behaviour [Type I], self-
efficacy behaviour [Type II], reactive behaviour [Type III], and
symptom-altering and/or avoidant behaviour [Type IV], career
decision making, and state anxiety related to career decision making
with 248 undergraduates. Results indicate that trait anxiety and low
sense of personal efficacy (i.e., not using Type II coping) were the
primary predictors of career undecidedness. Three discriminant
function analyses revealed that subjects who experienced high trait
anxiety and did not use Type II coping were likely to experience high
state anxiety and were, not likely to make a career decision.

Lent, Brown, Talleyrand, Mc Partland, Davis, Chopra,
Alexander, Suthakaran, and Chai (2002) used qualitative methods to
examine the perceived influences on college students’ selection and
implementation of career choices, supports, and coping strategies.
Across both university samples, person factors (e.g., interests) and
work-relevant experiences were frequently cited bases for choice
selection, although contextual (e.g., financial constraint, social
supports) were among the most salient barriers and supports to choice implementation.

Orozco (2007) cited that social support has been found to predict career aspirations (Flores & O'Brien, 2002). Phillips, Christopher-Sisk, and Gravino (2001) asked young adults about the involvement of others in their career decision-making during the transition from school to work. The authors identified three ways that other individuals appeared in the decision-making process of these young adults. First, 98% of the participants indicated that other wanted to have an effect on their decision making and attempted to do so in a variety of ways. Second, 86% of the participants believed they had actively involved other in their decision making process by using nine methods, for example collaboration, information seeking, and advice seeking. In addition, 28% of the participants seemed to actively or passively push other away from their career decision-making process. These narratives suggest that the role others play in an individual's career decision making process is significant, complex, predominantly positive, and appreciated.

Also using qualitative methods, Schultheiss, Kress, Manzi, and Glasscock (2001) interviewed a diverse group of young adults to assess participants' experiences of their relationships as well as perceived influences of their relationships on their career exploration and decision-making processes. They found that relational influences on career development were multidimensional (e.g., emotional, social, esteem, information, and tangible support). This support dimension was also particularly important during difficult or stressful periods. Participants were influenced by a host of additional relational factors such as parental personality, mother's emphasis on education, and disruptions in their relationships with their fathers, which further substantiated the conclusion that relational influences on career development were multidimensional.
The available empirical evidences suggest that during adolescence, children are more inclined to share their personal thoughts with close friends than with their parents (Harter, 1999). Consequently, they may be more prone to talk about their career options with their close friends than with their parents. The context of friendships may therefore, offer some support in coping with anxiety provoking developmental challenges, such as career decisions, that confront students (Berndt, 1996). Felsman and Blustein (1999) revealed that adolescents who report greater attachment to peers were more likely to explore their career environment and to make greater progress in committing themselves in making career choice. Felsman and Blustein explained these relations through two processes: close relationships help individuals to learn more about themselves, and close relationships provide security and psychological support that facilitate commitment to a career plan (cited by Guay et al., 2003).

Blustein, Fama, and White, (2001) indicated that relational support facilitated career development, relational conflicts both motivated and inhibited career development, family roles were re-enacted in career decision making and work settings, and economic factors interacted with social factors to influence career development. Consistent with Schultheiss et al.'s (2001) study, this study also reflected that the relationship influences on career development were multidimensional.

### 3.4.4 GENDER DIFFERENCES AND CAREER DECISION MAKING

Our society has traditionally specified different life roles, personality characteristics, and acceptable behaviours for males and females (as cited by Betz & Fitzgerald, 1987). Norms governing the approved masculine or feminine image are clearly defined and consensually endorsed (e.g., Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Mischel 1970) and become a powerful force in the socialization of children. Past educational practices have
ensured that children learn early that gender is an appropriate basis from which to make educational and occupational decisions and that abilities, talents, and interests are less important, if important at all (also in Betz & Fitzgerald, 1987).

Concerning gender differences, Wigfield, Battle, Keller, and Eccles (2001) summarized findings related to differences between male and female children's career aspirations and preliminary career choices. Research findings tended to indicate that young children have fairly inflexible beliefs about male and female occupations; however, as girls age, the strength of the stereotypes that they hold lessens. They found that girls tended to consider a wider range of possible career outcomes than did boys. Nevertheless even with these expanded benefits, girls tended to aspire to careers that have traditionally been attractive to women.

Research suggests that females tend to have a greater likelihood of dysfunctional career cognitions and perceptions that may contribute to their failure to realize individualized career potential (Betz & Hackett, 1981; Herr & Cramer, 1996). It has also been suggested that women may report higher levels of dysfunctional career thoughts due to higher reported levels of anxiety and lower reported levels of self-esteem (Betz & Hackett, 1981; Herr & Cramer, 1996).

Gati and Saka (a) (2001) examined Israeli adolescents and found that boys reported more difficulty regarding external conflicts and dysfunctional beliefs. There were also differences between decided and undecided students, the most significant of which was that students who were undecided had significantly fewer difficulties in career decision making. In additional, the degree of difficulty involving external conflicts decreased with age; indicating that significant others, such as parents, became less salient to the career development process over time.

As cited by Betz & Fitzgerald (1987), girls surpass boys in school achievement at all level, but in terms of ultimate educational
and occupational level achieved, females lag far behind males. Numerous barriers to women's career development, both internal and external, operate to reduce the extent to which women's abilities and even their superior performance in school is actualized in later achievements, not to mention actual eminence. Thus, while women who have achieved educationally and occupationally are of higher ability than women in general, women's educational and occupational achievements have been significantly less than those of men with comparable ability. Generally, it may be said that women's use of their abilities and talents in educational and career pursuits is confused and thwarted by socio-cultural expectations and pressures toward traditionally female roles and against high career oriented aspirations.

Confidence plays a big role in the choice of females when pursuing a career. In comparison to males, females generally seem to report less confidence in their academic and career related capabilities and since beliefs are related to achievement behaviours, females' lower self concepts probably serve as a serious barrier to their educational and career achievements (Betz & Fitzgerald, 1987).

Kelly and Cobb (1991) have reported that girls had more career decision making knowledge than the boys but boys planned to enter better playing occupations than girls. Cook (1993) asserted that men and women differ in their career decision making and the ways they work. She suggested that they view occupational achievement interpersonal relationship differently. Therefore, it is thought that sex, as a variable of biogenic and sociogenic relevance may also generate a greater variance upon career decision making (Kushwaha & Hasan, 2005).

Rojewski and Hill (1998) examined the main and interactive effects of academic risk status and gender on the early career development of adolescents, including career decision making and aspirations and expectations. They found that male adolescents were
more likely than female adolescents to feel discouraged, lack necessary information about career, perceive external barriers, and lack interest in making choices. Students identified as being at substantial academic risk were more likely to feel discouraged and indicate a lack of information needed to make career choices. Gender and at-risk status did not significantly influence occupational aspirations.

O’Hare and Beutells (1987) stated that male adolescents considered themselves to have more control over decision-making whereas, female adolescents do not. Güçray (2001) observed significant difference between male and female adolescents considering decisional self-esteem and decisional stress. Female adolescents are less self-esteemed in decision-making and they feel more stressful. The results confirm that of Radford, Mann, Ohta, and Nakane (1993) with Australian and Japanese adolescents and that of Friedman and Mann (1993) with Australian and Israeli adolescents.

Patton and Creed (2001) explored career maturity and career indecision among adolescents in a large cross-sectional Australian sample. The only consistent finding was that career maturity increased with age, however, other findings suggested that career indecision might be curvilinearly related to age and that females showed greater career maturity and career indecision than males did across all ages those of men. Beyond this, several authors have reported gender differences in factors associated with career indecisiveness.

Indecisiveness among women, for example, has been found to be associated with a different pattern of parent-child interaction from those of men (Blustein et al., 1991; Lopez, 1989). In this regard, Blustein and associates found that career decisiveness among late adolescent females was associated with mutual trust and positive communication with both parents, along with such psychological factors as freedom from guilt, anxiety, and resentment of parents. These authors also found that career decisiveness among late
adolescent males tended to be associated most strongly with measures of attachment with their fathers, along with attitudes, values, and beliefs shared with those of their fathers. Thus, in the research of Blustein et al., (1991), the father-son relationship appeared to be especially salient for late adolescent males, whereas relationships with both parents were important for late adolescent females.

In relation to mother-daughter relationships, Castle-Kroll (2004) found that career indecisiveness was greatest when daughters felt their mothers were unsupportive of their autonomy.

Many parenting factors associated with men's and women's career decisiveness or indecisiveness are consistent with the experience of parental acceptance and rejection (Sayre-Scibona, 2007). For example, perceived parental acceptance tends to include positive attachment to parents, mutual trust, positive communication, and low resentment (Hughes, Blom, Rohner, & Britner, 2005; Rohner, Khaleque, & Cournoyer, 2005). Given the fact that variations in career decisiveness-indecisiveness are associated with different patterns of family interaction and psychological adjustment among males versus females, Sayre-Scibona (2007) hypothesized that career indecisiveness among male tends to be associated with different levels of self-reported psychological adjustment and with different remembrances of parental (maternal and paternal) acceptance and behavioural control in childhood from those of women.

Research on gender differences has typically shown that women present higher levels of autonomy than do men (Vallerand, 1997; Vallerand, Fortier, & Guay, 1997). However, the research does not usually report gender differences on career decision-making self-efficacy and career indecision (e.g., Betz & Voyten, 1997; Guay et al., 2003; Sweeney & Schill, 1998). Caldera, Robitschek, Frame, and Pannell (2003) reported that many factors affected the career development of women they interviewed, including interpersonal, cultural, socio-political, and factors in their immediate contest. The
variables of marital/familial status, sex role attitudes, and role conflict are the major independent variables apart from abilities, interests, and socio-economic and family background factors considered uniquely pertinent to women's career choice and pursuits (Betz & Fitzgerald, 1987).

There is a common belief that certain occupations are geared more toward one gender ahead of the other. In some ways, facing anxieties and uncertainties about one's career choices, successes, and potential failures could be considered a gender-specific challenge for some men (Rochlen, Blazina, & Raghunathan, 2002).

Using a Canadian sample, Davey (2001) indicated that boys are more likely to cite interests and lifestyle reasons, whereas, girls cite altruism more frequently. Davey concluded that girls' tendency to choose careers for altruistic reasons might contribute to the dearth of women in science and engineering.

Studies have suggested that maternal attitudes and role satisfaction, as well as maternal life roles, affect the kinds of career decisions made by daughters (as cited by Betz & Fitzgerald, 1987).

Some studies suggest that career-oriented women tend to identify more with their fathers than with their mothers (Helson, 1971; Oliver, 1975; Sostek, 1963), while home-oriented women are more likely to identity with their mothers (Johnson, 1970; Oliver, 1975). Other studies have suggested that career-oriented women tend to more often come from homes characterized by parental permissiveness (Kriger, 1972) and greater psychological distance, facilitating the development of autonomy and self-sufficiency in parent-child relationships (Nageley, 1971; Tangri, 1972).

A large and relatively consistent group of studies however, support the important role of parental encouragement and support in daughters' career development (Betz & Fitzgerald, 1987). Farmer
(1985) found that parent support was one of the strongest predictors of young women's career aspirations and motivation.

Family income is another aspect of family background that influences the career development of youth, especially for girls (Mortimer, Dennehy, & Lee 1992). One reason for this may be that families with limited economic resources tend to direct them first to the males of the family, giving less hope and encouragement for further education to the daughters in the family. Also, some parents—especially working class or lower-income parents—may hold values that place girls in the homemaker role and reflect less emphasis on occupational preparation. Given this disposition, it is understandable that the self efficacy of girls with respect to career opportunities is linked to the economic support they can expect to receive from their parents (Lankard, 1995).

Morgan, Isaac, and Sansone (2001) explored gender differences in the career choices of college students. Women reported more interpersonal work goals, more interest and perceived competence in education and social service careers, and more perceived opportunity for involvement with others in jobs than did men, whereas men reported more extrinsic reward goals as well as interest and perceived competence in math/science careers than did women. Overall, work goals and perceived competence predicted interests, whereas interests positively predicted likelihood of career choice. Whereas, the previous study found gender to be significant, H-Y Lee and Hughey (2001) did not find gender differences in the association between family-of-origin factors and the career maturity of college students. Attachment to parents was found to be positively related to the overall career maturity for both men and women. Moreover, the family variables of attachment, conflictual independence, and functional dependence were positively related to career exploration, whereas no family variables were related to career planning.
Bergeron and Romano (1994) examined three levels of vocational and educational indecision (decided, tentatively decided, undecided) among university students (N=124). Results showed no gender differences. If student reported having decided upon college major, he or she likely reported same level of decision concerning career choice.

Keller and Whiston (as cited by Patrick, Eliason, & Thompson 2005) examined the association between parent-adolescent relationships, gender, and adult career choices. The parent-adolescent relationship data was gathered from children at age 18 and occupational choice information was gathered from children at age 23. The results suggest that parents may not influence their adolescent offspring’s career choice to the degree previously indicated. In addition, this study did not find differences among males and females in parent-adolescent relationships and career choice.

Tracey and Hopkins (2001) investigated the correspondence of interests and abilities with occupational choice and the role of gender (in adolescents) in this phenomenon. Both interests and abilities were found to be highly correlated with occupational choice; however, interests had a much higher correspondence than ability self-estimates. In addition, gender failed to moderate these relationships.

Betz and Luzzo (1996) also found the existence of homogeneity in men and women’s experiences regarding the decision making process.
3.5 HYPOTHESIS

Based on the review of related literature and the aims of the present study, the following hypotheses were framed:

I. FAMILY ENVIRONMENT AND PERFECTIONISM

The different factors of family environment will be significantly and positively related to all the aspects of perfectionism for the male and female as well as for the arts, science, and professional stream university students.

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<td>• Cohesion</td>
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<td>• Expressiveness</td>
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<td>• Independence</td>
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Fig 3.5(a): Relationship between family environment and perfectionism.

II. FAMILY ENVIRONMENT AND COPING BEHAVIOUR

For the male and female as well as for the arts, science, and professional stream university students:

a) The different factors of family environment will be significantly and positively related to problem-focused, emotion-focused, and social coping.

b) The different factors of family environment will be significantly and negatively related to avoidance coping.
III. FAMILY ENVIRONMENT AND CAREER DECISION MAKING

The different factors of family environment except conflict and control will be significantly and negatively related to dysfunctional career thoughts, decision making confusion, commitment anxiety, and external conflict for the male and female as well as for the arts, science, and professional stream university students.
IV. PERFECTIONISM AND COPING BEHAVIOUR

For the male and female as well as for the arts, science, and professional stream university students:

a) Self-oriented as well as socially prescribed positive perfectionism will be significantly and positively related to problem-focused coping, emotion-focused coping, and social support.

b) Self-oriented as well as socially prescribed negative perfectionism will be significantly and positively related to emotion-focused coping and avoidance coping while, negatively related to problem-focused coping and social coping.

Fig 3.5(d): Relationship between perfectionism and coping behaviour.

V. PERFECTIONISM AND CAREER DECISION MAKING

For the male and female as well as for the arts, science, and professional stream university students:
a) Self-oriented positive perfectionism and socially prescribed positive perfectionism will be significantly and negatively related to dysfunctional career thoughts, decision making confusion, commitment anxiety, and external conflict.
b) Self-oriented negative perfectionism and socially prescribed perfectionism will be positively and significantly related to dysfunctional career thoughts, decision making confusion, commitment anxiety, and external conflict.

Fig 3.5(e): Relationship between perfectionism and career decision making.

VI. COPING BEHAVIOUR AND CAREER DECISION MAKING

For the male and female as well as for the arts, science, and professional stream university students:
a) Problem-focused coping will be significantly and negatively related to dysfunctional career thoughts, decision making confusion, commitment anxiety, and external conflict.
b) Emotion-focused coping, social coping, and avoidance coping will be significantly and positively related to dysfunctional career thoughts, decision making confusion, commitment anxiety, and external conflict.

Fig 3.5(f): Relationship between coping behaviour and career decision making.