CHAPTER I

INTRODUCTION

*Men are like plants: the goodness and flavours of the fruit proceeds from the peculiar soil and exposition in which they grow.*

—*Michel Guillaume Jean de Crevecoeur*

*(1782/1968, p.50)*

The family is an extremely important environmental influence on the personality development. Specially, theorists have focused on the influence of parents on the personality characteristics of children. Most generally, family members' personal characteristics, coping skills, and well-being can affect and be affected by the quality of family relationship, the emphasis on performance expectations and social integration, and the focus on family structure (Moos and Moos, 1994). Thus, family environment is the study of psychological atmosphere within the family.

Family environment is considered to be the most important factor in the child's psychological development. This includes not only the child's relationship with his mother and father but also to those between the parents themselves, as well as with his siblings and other closes relatives (Jayanagaraja, 1981, 1985; Marfatia, 1973).

It is the family environment which lays the foundation for the patterns of adjustment, attitude development, cognitive development and finally, personality development. Family climate affects children's all round development which in turn influences their self-confidence, self-reliance, assertiveness, personality characteristics, coping skills, academic motivation and success (Pfeiffer and Aylward, 1990).
In a family environment parents hold a very important place. 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, and development and occupational choice.

According to Moos and Moos (1986, 1994), family environment consists of 10 components/factors viz., cohesion, expressiveness, conflict, independence, achievement-orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, organization, and control. These components have different effects on the development of children. This environment differs from family to family due to its chief determinant socio-economic status (Sharma, Malhotra, and Tanwar, 2002). Studies in India, (Mehta, 1992) and New Zealand (Parnicky, Williams, and Silva, 1985) also noted an association between high socio-economic status and more emphasis on intellectual and recreational activities.

Plomin and De Fries, (1985) reported that mothers and fathers who are low in emotionality and neuroticism create growth-oriented family environments.

Faubert, Forehand, Thomas, and Wierson (1990) have found that marital conflicts results in reduced emotional closeness, which reflects that higher conflict leads to lesser coordination and cohesion.

Higher parental intelligence was also associated with more family expressiveness as well as with more independence and social integration (Coon, Fulker, De Fries, and Plomin, 1990). Parents who value reason and moral direction promote cohesion and intellectual orientation, whereas those who value authority and obedience limit expressiveness and emphasise control (Saetermoe, Widaman, and Borthwick-Duffy, 1991).

Family climates are also associated with specific personality traits. Forman and Forman (1981) as well as Fowler (1982b) found that youth in supportive families tend to be relatively free of anxiety. Lack
of support and a low emphasis on personal-growth have been linked to anxiety and distress (Margalit and Ankonina, 1991).

Faubert et al., (1990) have shown that problems anxious homes have are due to discord in the parent-child relationship. Parental antisocial behaviour, depression and consequent lack of responsiveness to children produce poor functioning of children and elevated anxiety.

Hassan, Enayatullah and Khalique (1977) showed that the fathers of high anxious children were significantly more anxious, authoritarian and rigid than the fathers of low anxious children. More generally, youth in cohesive, expressive and well-organised 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, Cohen, and Bjork, 1988; Steiner, 1992).

The family can affect children's behaviour in school and their academic success. A demanding yet supportive family environment—(low on conflict and high on achievement orientation and structure)—was associated with more effort is school and better educational achievement (Rosenthal and Feldman, 1991a).

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 relatively disadvantage in confronting stressors, perhaps because the family has been so protective that the youth are less competent to manage disruptive experiences (Moos & Moos, 1994).

According to Stern and Zevon (1990), youth who saw their family as more supportive, independent, socially integrated, and organized tended to rely more on approach and less on avoidance coping. In contrast, high family conflict was associated with adolescent boys' reliance on aggression to resolve conflict (Rubenstein & Feldman, 1993). However, family support did not alter the association between chronic stressors and more avoidance coping.
(Fondacaro & Moos, 1989). Thus, it is likely that parents and other socializers play a relatively direct role in shaping children’s preferred coping responses (Miller, Kliewer, Hepworth, & Sandler, 1994), although genetic factors also may partially account for relations between parental behaviours and children’s coping reactions.

More broadly, family environment differs from family to family, religion to religion, culture to culture because their perception to view the world is different, which is determined by their culture or religion. In addition, the family environment of the same culture or religion differs because of their general environment, which cannot be same and so is their personality (Diener, Suh, Lucas, & Smith, 1999).

*It is when we stop trying to do everything right but we start to do things well. These two things are not the same – but neither are they mutually exclusive.*

—Hately (2005)

Many individuals are concerned with meeting high standards for performance. Consequently, the concept of perfectionism has been studied increasingly in the last few decades. The concept has evolved to now being formally defined theoretically integrated and empirically measured (Flett & Hewitt, 2002a; Flett & Hewitt, 2002b; Rheaume, Freeston, Dugas, Letarte, & Ladouceur, 1995; Sud and Prabha, 2003, 2004).

One of the difficulties of working with the perfectionism construct is the lack of a widely accepted definition. Despite extensive research (see Shafran & Mansell, 2001 for a review), significant differences remain regarding how the construct of perfectionism is defined. It has been generally agreed that perfectionism is a personality construct characterized by the striving for flawlessness and setting high standards (Flett & Hewitt, 2002a).
Frost, Marten, Lahart, and Rosenblate (1990) conceptualized perfectionism by highlighting two cognitive inaccuracies on the part of the perfectionist. Firstly, the standards set are excessively high and secondly, the self-evaluation is overly critical. Shafran, Cooper, & Fairburn (2002), regard setting standards that are not appropriate or reasonable for the circumstances, and the level of self-evaluation, which is out of proportion to the evidence as two cognitive errors on the part of the perfectionist. Many researchers have highlighted the role of cognitions and cognitive processes in perceptions, such as selective attention (Hollender, 1978), dichotomous thinking, overgeneralization, “should” statements (Burns, 1980), overvaluing performance and undervaluing the self (Hamachek, 1978).

In other words, perfectionism refers to a set of self-defeating thoughts and behaviours. These are concerned with reaching excessively high and unrealistic goals, even in areas in which high performance does not matter. Perfectionists often over generalize failure experience, and they will often pay particular attention to their failures at the expense of their successes. Perfectionists often experience all-or-none thinking, where they believe they are a failure if not all of their goals are completed without any mistakes—they have inflexible notions of what constitutes success and failure. They often experience a fear of making mistakes, and measure their self-worth in terms of productivity and accomplishment. Failure to achieve their goals, results in a lack of personal worth (Blankstein, Flett, Hewitt, & Eng, 1993; Broday, 1988; Brophy, 2005; Ellis, 2002; Frost & Marten, 1990; Shafran et al., 2002). The fear of failure of not being perfect and of not being able to live up to the expectations of themselves and others, can cause overwhelming feelings that lead to procrastination as an avoidance tactic—this allows the individual to avoid a less than perfect performance (Frost & Marten, 1990; Frost et al., 1990; Peters, 2005). Perfectionists also fear disapproval by others, and believe that if they let others see their flaws they will not be accepted. They commonly believe that others achieve success with minimal effort or
stress, while they feel they have to work hard without obtaining success (Frost & Marten, 1990; Hall, 2005). Taken together, these irrational beliefs can lead to the experience of negative emotions, such as shame, guilt and embarrassment (Tangney, 2002).

Recently, a cognitive-behavioural construct of "clinical perfectionism" has been proposed. It is suggested that the core feature of clinical perfectionism is the "over dependence of self-evaluation on the determined pursuit and achievement of personally demanding standards" (Riley & Shafran, 2005:369). This is accompanied by self-imposed dysfunctional standards, continual striving, and significant adverse consequences as a result of such striving.

Perfectionism was once thought of as unidimensional construct characterized by its negative features. For instance, early researchers such as Ellis (1962) and Burns (1980) tended to emphasize the association between perfectionism and dysfunctional thoughts, feelings, and psychopathology. Since the early 1990's it has been considered multidimensional (Riley & Shafran, 2005), in which both positive/adaptive and negative/maladaptive aspects are incorporated.

Two main conceptualizations have emerged in the literature. Frost et al., (1990) identified perfectionism as having five dimensions:

(i) **Concern over mistakes**, reflects a tendency to interpret mistakes as equivalent to failure, and the belief that one will lose the respect of others following failure.

(ii) The setting of excessively high **personal standards**, which often cannot be met satisfactorily.

(iii) **Parental expectations**, which involves the extent to which the parents of the individual are perceived as setting high expectations.

(iv) **Parental criticism**, which involves the extent to which parents are perceived as being overly critical.
Doubts about actions, which is the tendency to doubt the quality of one's performance.

Additionally, a sixth dimension has been identified. This is organization, which reflects a tendency to be orderly and organized (Alden, Ryder, & Mellings, 2002; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Frost, Lahart, & Rosenblate, 1991; Frost et al., 1990; Frost, Turcotte, Heimberg, Mattia, Holt, & Hope, 1995).

Alternatively, Hewitt and Flett (1991b, 2002) identified three dimensions of perfectionism. Although the behaviours exhibited are frequently similar among these dimensions, the distinguishing features among the three dimensions involve, (i) from whom the perfectionist expectations derive (i.e., the self or others), and (ii) to whom the behaviours are directed (i.e., toward the self or others) (Hewitt & Flett, 2002).

a) Self-oriented perfectionism, in which the individuals have unrealistic standards for themselves, they strive for these standards, are overly critical of themselves, tend to overly focus on their flaws, and try to avoid failure.

b) Other-oriented perfectionism, in which the individuals have unrealistic standards and expectations about the abilities of others, and are often overly evaluative of other's performance.


The different dimensions of perfectionism have been found to contribute differently to maladaptive and adaptive outcomes.
According to Enns, Cox, and Clara (2002, p. 922), “Adaptive perfectionism involves the setting of high goals and personal standards and striving for the rewards associated with achievement while retaining the ability to be satisfied with one’s performance. In contrast, maladaptive perfectionism is characterized by the setting of inflexible and/or unattainable high standards, the inability to take pleasure in one’s performance and uncertainty or anxiety about one’s capabilities.”

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, Turnbull-Donovan, & Mikail, 1991b; Kenney-Benson, & Pomerantz, 2005; Stumpf & Parker, 2000). Other-oriented perfectionism is the dimension thought to be least associated with maladjustment (cited by Ram, 2005).

Perfectionists often have difficulty being close to people and therefore have less than satisfactory interpersonal relationships (Allen, 2003). Perfectionists may sacrifice family and social activities in the quest for their goals. They can suffer anxiety, low self-esteem (Flett, Hewitt, Blankstein & O’Brien, 1991; Hewitt & Flett, 1991b; Slaney, Rice, & Ashby, 2002), obsessive-compulsive disorder (Frost et al., 2002), eating disorder (Ashby, Kottman, & Schoen, 1998; Slaney et al., 2002); and clinical depression (Blatt, Quinlan, Pilkonis, & Shea, 1995; Enns et al., 2002; Hewitt, Flett, & Turnbull-Donovan, 1992b; Wyatt & Gilbert, 1998) (also cited by Wikipedia, the free encyclopedia, 2008).

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).

More recently, perfectionism is also considered to have positive aspects. According to Maslow, striving for perfection through self-actualization is really an “indication of the absence of neurosis” (Peters, 2005:3), while Silverman (2005) believes the root of
excellence is perfectionism and that this is what urges the individual toward achieving higher goals (in Peters, 2005). Regarding the Hewitt and Flett perspective, self-oriented perfectionism and to a lesser extent, other-oriented perfectionism is thought to be associated with adaptive aspects (Flett & Hewitt, 2002b; Flett, Hewitt, & De Rosa, 1996). Blankstein (2000) found that self-oriented perfectionists demonstrated using a number of adaptive cognitive learning strategies (in Neumeister, 2004). Positive perfectionism is seen as being more adaptive, as it encourages positive and active striving toward goals and the individual is able to regulate their perfectionism. It is therefore associated with high achievement and positive affect (Flett & Hewitt, 2002b).

Nobody says you must laugh, but sense of humour can help you overlook the unattractive, tolerate the unpleasant, cope with the unexpected, and smile through the day.

—Ann Landers (1918-2002)

A stressful circumstance can be rendered considerably less stressful if one knows how to cope with it (Blonna, 2005; Corbin, Welk, Corbin, & Welk, 2006; Greenberg, 2006). Definitions of coping have varied in accord with different theoretical perspective, such as psychoanalytic (e.g., Haan, 1977, 1982), transactional (Lazarus & Folkman, 1984), and motivational (Skinner & Wellborn, 1994) (cited by Wolchik & Sandler, 1997).

Traditionally, coping has been defined in a multitude of ways, from quite broad definitions as cognitive and behavioural strategies (Spirito, Overholser, Ashworth, Morgan, & Benedict-Dew, 1988 in Murphy, 2002) to more specific designations such as Rosenbaum's (1980) notion that coping entails the use of cognitions and self-statements in the management of emotional and physiological responses (see Murphy, 2002). Recent coping theorists, however, have asserted that coping must be defined solely in terms of the efforts
exerted by the individual, not whether those efforts actually reduce the
tension produced by a stressor (Skinner & Wellborn, 1994). The
psychological processes aimed at diminishing or terminating stress are
called “coping” processes (cited by Busjahn, Faulhaber, Freier, & Luft,
1999). As such, researchers have begun to generally accept the basis of
Lazarus and Folkman's definition that coping comprises those
cognitive and behavioural efforts made by an individual to reduce the
stress created by either external or internal demands which, according
to the individual's perceptions, exceed his or her resources for dealing
with the demands (Folkman & Lasarus, 1980; Lazarus & Folkman,
1984).

According to Santrock (2006), coping involves managing taxing
circumstances, expending effort to solve life's problems, seeking to
master or reduce stress. Stober (2004) observed that coping behaviour
helps students to deal with the experience of stress and anxiety in test
situation and may eliminate or modify the conditions that cause the
stress, thus keeping negative emotions at bay and may (depending on
the coping strategy chosen) promote adaptational outcomes and
positive functioning (Zeidner, 1998).

Resources for coping with stress are often referred to as adaptive
and maladaptive (Carver, Scheier, & Weintraub, 1989; Folkman &
coping refers to those coping skills that serve to minimize stress in the
short and long term (Folkman & Lazarus, 1988; Matheson,
Skomorovsky, Fiocco, & Anisman, 2007, also in Blasko 2007). In
contrast, maladaptive coping refers to those resources which, although
may result in short term reduction of stress, result in a return of the
stress to similar or greater levels in the long term. In addition,
maladaptive coping may lead to interpersonal difficulties (Anshel,
2000; Folkman & Moskowitz, 2000; Klein et al., 2004; Mc Crae &
cited by Blasko, 2007).
Lazarus and Folkman (1985) distinguished between two general types of coping:

(i) **Problem-Focused coping**: It is aimed at problem solving or doing something to alter the source of the stress—internal or environmental.

(ii) **Emotion-Focused coping**: It is aimed at reducing or managing the emotional distress associated with (or cued by) the situation or stress.

Although, most stressors elicit both types of coping, when people feel that something constructive can be done, problem-focused methods are often used, while when the stressor appears to be something to be endured, emotion-focused methods are often employed (Folkman & Lazarus, 1985; Carver et al., 1989).

Recently, several researchers have empirically identified narrow-band dimensions of coping using factor analytic approaches (cited by Wolchik & Sandler, 1997). Several studies using exploratory factor analysis have derived different dimensional structures (Causey & Dubow, 1992; Brodzinsky, Elias, Steiger, Simon, Gill, & Hitt, 1992; Glyshaw, Cohen, & Towbes, 1989). For example, Ayers, Sandler, West, & Roosa (1996) found a four-dimensional model consisting of active coping (includes both emotion-focused strategies, e.g., positive thinking; and problem-focused strategies, e.g., cognitive decision making and direct action); distraction (such as listening to music or physical activity); avoidance (involve cognitive or behavioural efforts to either not think about the stressor or to avoid encountering the stressful situation); and support seeking (from family or peers).

Over the last ten years, an important shift has been noted in the nature of research in this area, with more emphasis on development rather than purely clinical issues (Seiffge-Krenke, 1993). The former focus has provided research findings indicating that the nature of the coping strategies adopted varies according to variables such as age and
gender. Although, it is generally accepted that coping is a process that varies 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, Somerfiled, Mc Crae, 1996; Hewitt & Flett, 1996; Mc Crae & Costa, 1986; Parkes, 1986).

Rohrle, Linkenheil, & Graf (1990) found both worry and emotionality to be associated with higher levels of emotion-focused coping.

Struther, Perry, and Menec (2000) found that students who engaged in problem-focused coping were more likely to be motivated and perform better than students who engaged in emotion-focused coping. Prokepeakova (1995) found that coping strategies were not determined by the situation itself, but represented a process in which personality interacted with perceived characteristics of the situation.

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, Malcarne, & Banez, 1992; Compas, Worsham, & Ey, 1992). In extremely high-stress situations, in uncontrollable 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).

Apart from an individual's psychological coping resources, support from interpersonal networks, such as family and friends, is an important coping resource (Folkman, Schaefer, & Lazarus, 1979; Pearlin & Schooler, 1978). In addition, Patterson and Mc Cubbin (1987) maintain that the coping practices of family members, as well as parental instruction, help adolescents acquire coping behaviours. One
of the ways in which a family has and continues to influence adolescent is by teaching and modelling strategies of coping with stress (Skinner & Wellborn, 1994). Also, social support has been found to predict career aspiration (Flores & O’Brian, 2002; Cited by Oroz 2007).

In general, findings suggest that females appear to favour sociosupport, emotion-focused, and avoidant coping strategies relative to males (Ptacek, Smith, & Zanas, 1992; Stone & Neale, 1984). In addition, male youth have been found to employ more problem-solving and personal coping efforts than do their female peers (Byrne, 2000; Murphy, 2002; Band & Weisz, 1988; Carver et al., 1989). Further, 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; Stein & Nyamathi, 1991).

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 orientation (Ptacek, Smith, & Dodge, 1994). Thus, gender differences differ from situation to situation.

Hence, depending on the coping strategies or styles, dealing with the stressors may produce psychological dysfunctional or positive growth (Frese, 1985).

*People act on their judgments of what they can do, as well as on their beliefs about the likely effects of various actions.*

*Bandura (1986, p. 231)*

It implies that individuals who are confident of their ability to cope effectively with decision-making tasks and who see such activ
as leading to desirable outcomes are likely to engage in the behaviours (e.g., plan, gather information) necessary for making and adjusting to career choices (Bandura, 1986). The "good" decisions involve the "objective process of weighting, evaluating, and eliminating alternatives to arrive at an optimal choice" (Phillips, 1994, p. 156).

Career decision making, despite being one of the most crucial variables in the area of vocational psychology, has not yet been exhaustively studied by the researchers working in this area. The term career decision making has been defined as the process by which a person chooses his/her career (Kushwaha & Hasan, 2005). Career decisions are among the most important decisions one has to make, and they are significant for both the individuals and the society as a whole (Gati & Asher, 2001).

Cognitions are generally recognized as important factors in vocational development and decision making (Lustig & Strauser, 2002). Career decision making is the process of making informed career choices based on one's personal experiences. Individuals who express and verbalize positive cognitions regarding the career decision-making process tend to make effective decisions. On the other hand, individuals who express and verbalize negative or dysfunctional cognitions regarding the career decision-making process tend to experience difficulty and avoidance (Sampson, Peterson, Lenz, Reardon, & Saunders, 1996).

Career decidedness is a dynamic and interactive problem space (Savickas, 1995) that has been the subject of ongoing research. Originally considered a unidimensional continuum, current research has posited a more multidimensional domain (Gordon, 1998; Sampson, Reardon, Peterson, & Lenz, 2004). As part of that domain, career indecision is the inability to specify a career choice within a career decision making milieu (Stewart, 1995; also cited by Dahl, Austin, Wanger, & Lukas, 2008).
Osipow (1999) drew attention to the difference between indecision, classified as a normal developmental phase within the career decision-making process, and indecisiveness, which he depicted as a personal trait impinging on many decision-making situations. Career indecision has been related empirically to various intra-individual constructs. For example, personality traits such as perfectionism, self-consciousness, fear of commitment (Leong & Chervinko, 1996), and anxiety (Fuqua, Newman, & Seaworth, 1988) were positively associated with career indecision. Moreover, research has drawn attention to the interpersonal factors related to career indecision. For instance, positive family and peer interactions (e.g., Felsman & Blustein, 1999; Guerra & Braungart-Rieker, 1999) have been negatively related to career indecision. Thus, three factors of indecision are derived from decision theory: being insufficiently informed about the alternatives, valuation problems, and uncertainty about the outcomes (Germeijs & De Boeck, 2003).

One cognitive process that has been found to affect career decision-making and vocational behaviour is the construct of career thoughts (Strauser, Lustig, Keim, Ketz, & Malesky, 2002). Hence, dysfunctional career thoughts are a significant factor in career decision making. Dysfunctional career thoughts have been conceptualized as dysfunctional career beliefs (Krumboltz, 1990), dysfunctional cognitions (Corbishley & Yost, 1989), self-beliefs (Borders & Archadel, 1987), self-defeating assumptions (Dryden, 1999), and faulty self-efficacy (Brown & Lent, 1996). Research has suggested that dysfunctional career thoughts are related to self-worth, perfectionism, and over-generalization (Judge & Locke, 1993; Sampson et al., 1996, 1998); and are often expressed through behaviour (e.g., incomplete homework assignments and indecision), emotions (e.g., anger, depression), and verbal expression (e.g., negative statements (Corbishley & Yost, 1989).
With cognitive processes and career thoughts potentially playing a significant role in the career and vocational development process, it would appear to be important for individuals to have healthy and functional career thoughts to minimize the amount of dysfunctional career thoughts (Young & Chen, 1999). This may be especially true for individuals who have been traditionally underemployed and unemployed such as individuals from low socio-economic backgrounds, women, and individuals with disabilities.

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. Dysfunctional career thoughts, as well as dysfunctional thinking in other domains, are learned in families, in peer groups, at school, and at work through exposure to misinformation, lack of information, or misinterpretation of information, beginning in childhood and continuing through adolescence and adulthood in response to negative learning events (Sampson et al., 1996). The career choice that adolescents make is a decision that is influenced not only by their development but also by the context in which they live (Chen, 1997).

Most career indecision research has largely been studied with student populations (Gordon, 1998; McWhirtner, Rasheed, and Crothers, 2000), leaving the majority of adults outside of this domain of research (Weinstein, Healy, & Ender, 2002). Many adults do not make career choices in college or university settings (Desruisseaux, 1998; Perry, 2003) but rather in the midst of life and work transitions such as unemployment (Amundson and Borgan, 1996; Osipow, 1999; Phillips and Blustein, 1994). Similarly, older adults make career choices under the influence of distinct developmental, cognitive, and emotional factors different than their younger student counterparts (Patton and Creed, 2001; Super, 1983; Super, Savickas, and Super, 1996) (also cited by Dahl et al., 2008).
Anxiety has been shown to be a prominent feature of career indecision (Newman, Fuqua, and Seaworth, 1989). It is hypothesized that exposure to higher education has helped individuals to become better career problem solvers and decision makers (Reardon, Lenz, Sampson, and Peterson, 2000). In addition, the study by Blenkinsop, Mc Crone, Wade, & Morris (2006) noted that young people's decisions frequently fluctuate 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, that the report recommended that young people would benefit from personalised and individualized support (Blenkinsop et al., 2006).

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 and Hackett, 1981; Herr and Cramer, 1996). It has also been indicated that women may report higher levels of dysfunctional career thoughts due to higher reported levels of self-esteem (Betz and Hackett, 1981; Herr and Cramer, 1996).

Furthermore, Kelly and Cobb (1991) have reported that girls had more career decision making knowledge than the boys but boys planned to enter better paying occupations than girls. Cook (1993) asserted that men and women differ in their career decision making and in the ways they work. She suggested that they view occupational achievement-interpersonal relationship differently. Therefore, it is thought that gender, as a variable of biogenic and sociogenic relevance may also generate a greater variance upon career decision making (see Kushwaha and Hasan, 2005).
Hence, better understanding of the career development process can enhance linkage of academic and career experiences and improve career preparation and management (University Career Service, 2006).

1.1 PRESENT STUDY

In the present research, effort has been made to study the relationship between family environment (viz., cohesion, expressiveness, conflict, independence, achievement-orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, organization, and control); perfectionism (self-oriented and socially prescribed, both positive as well as negative); coping behaviour (problem-focused coping, emotion-focused coping, avoidance coping, and social support); and career decision making aspects (dysfunctional career thoughts, decision making confusion, commitment anxiety, and external conflict) among university students.

Individually, family environment and coping behaviour are comparatively older concepts in relation to either perfectionism or career decision making. The "family environment" has long been accepted as a crucial variable, a foundation of any society (Adams, 1966, Karve, 1953, Mc Candless, 1967). The term "coping" first appeared in psychology research in the 1960s; the 1970s were a time of explosive growth on the topic (Folkman and Moskawitz, 2004; Martin and Brantley, 2004; cited by Brannon and Feist, 2007). The starting point for much of this research is the conceptual analysis of stress and coping offered by Lazarus in 1966 (see also Lazarus and Folkman, 1984). Consequently, the concept of "perfectionism" experienced a rapid growth over the past 20 year (Flett and Hewitt, 2005). Perfectionism has a history recorded in clinical studies and psychopathology. The major researchers of the late 1970s and early 1980s were Burns (1980), Hamacheck (1978), and Pacht (1984). The term "career decision making" has become prevalent in recent years.
However, most of the research and discussions on career decision making have not focused on how career decisions are actually made, or on how they should be made. Rather they have focused on issues indirectly related to the process of career decision making, such as career indecision and indecisiveness, career decision-making self-efficacy, career decision making styles, and so on (Gati & Asher, 2001).

Further, some attempts have been successful in establishing a direct relationship between certain variables and family environment while, some are still under investigation. But few potent variables have not been studied thoroughly as yet.

In the present study, the family environment scale (Moos and Moos, 1986); the Hindi version of positive and negative perfectionism scale (Prabha, 2002); brief COPE (Carver, 1997); and career thoughts inventory (Sampson et al., 1996) has been used to study the relationships between the above mentioned variables.

1.2 AIMS

The aim of the present study will be to examine:

1) **Firstly**, how each factor of family environment i.e. cohesion, expressiveness, conflict, independence, achievement-orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, organization, and control are related to perfectionism, coping behaviour, and career decision making of university students.

2) **Secondly**, how different aspects of perfectionism (self-oriented and socially prescribed, negative and positive both) are related to coping behaviour (problem-focused coping, emotion-focused coping, avoidance coping, and social support) and career decision making of university students.

3) **Thirdly**, how different aspects of coping behaviour (problem-focused coping, emotion-focused coping, avoidance coping, and
social support) and career decision-making (dysfunctional career thoughts, decision-making confusion, commitment anxiety, and external conflict) of university students are interrelated.

The above mentioned relationships (correlational analysis) have been observed for the total sample of male and female as well as for the arts, science, and professional stream university students taken separately. By including only five courses each, a control has been established in the three streams at master’s level of the same university. In addition, the data has been collected in a group or classroom setting. Furthermore, factor analysis has been computed to identify the relative contribution of different variables on each of the identified variables. An attempt has also been made to understand the role of gender differences for the total university students as well as the role of stream differences for the arts, science, and professional stream university students, in relation to all the considered variables.

Until now, no prior research has been conducted on family environment and all the above-mentioned variables taken together on the university students, of both the genders as well as on students from different disciplinary foci (arts, science, and professional streams). Therefore, the present investigation will be a pioneering attempt to understand this relationship taking gender differences and stream differences into consideration.