CHAPTER II
CONCEPTUAL FRAMEWORK

2.1 CONCEPT OF FAMILY ENVIRONMENT

Family is the smallest, yet the most crucial unit of the social infrastructure. The significance of family in shaping and making of personality has been accepted unequivocally by psychologists of all ages and schools of thought (Bhatnagar and Rastogi, 1989).

The family is the primary social system for children (Halawah, 2006). It is a place in which children learn to interpret reality (Way & Rossman, 1996b). Parents serve as significant interpreters of information about the world and children’s abilities for children (Hall, Kelly, Hansen, & Gutwein, 1996).

Because children's lives are centered initially within their families, the family environment becomes the primary agent of socialization. The family environment “involves the circumstances and social climate conditions within families.” Since each family is made up of different individuals in different settings, each family environment is unique. The environments can differ in many ways. For example, one obvious difference lies in the socio-economic level (Zastrow & Krist-Ashman, 2000 cited by Mental Health Association of Northern Kentucky).

Family is the institution in our society in which particularly every newborn is automatically enrolled. In effect, it is a subculture, in which the child learns the basic principles of social interaction. Hence, families are the only legitimate groupings for long-term emotional and social support (Coontz, 1988).

A family provides an individual the biological, psychological and sociological factors to start his/her life from the moment of birth.
The infant is in emotional and mental interaction first with his mother, and then with other members of the family. These emotional experiences, psychological rather than cultural in their nature, give a definite shape to the initial structure of personality which is the unique configuration of an individual’s pattern of response to others and to himself. Therefore, family is the most important part of the child’s environment (Adams, 1966).

Family environment refers to the study of psychological atmosphere within the family (Karve, 1953). Further, Karve (1953) has defined an Indian family as “a group of people who generally live under one roof, who eat food cooked at one hearth, who hold property in common, who participate in common family worship, are related to each other as some particular type of kindred, and the manner in which one member interacts with the other members and the perception of these interactions by the members.”

According to Bossard & Boll (1956), “home is the place where the child comes back with his experiences. It is the layer to which he retreats to lick his wounds, the stage to which he returns to parade the glory of his achievements, and the refuge he finds in which to brood over his ill-treatment, real or fancied.” Therefore, it can be said that the family plays an important role in the development of the personality of a child.

Family is the most important part of the child's environment (Adams, 1966). When the word “family” comes, it usually means group of adults (usually father and mother) and their children who live together in the same house for a long time. The development of different aspects of the child’s personality is strongly influenced by the family environment.

The four family types are described as:

1. The Ideal Family: Each culture or society has its own views of what an ideal or perfect family should be like. Dr. Thomas Armstrong
writes in his book "Awakening your Child’s Natural Genius," “there is no ideal family except on television……and within our imaginations. Every family has to deal with the dark and the light sides of being human. However, by thinking about the qualities present in both positive and negative family climates, you can begin to consider what kind of changes you’d like to make in your home to provide the best conditions for unleashing your child’s natural genius.”

2. **Disadvantaged Families**: These families are found at the lower end of the social ladder. They struggle to make a living, to look after their children, to keep a roof over their head and clothes on their bodies.

3. **Fast-track Families**: They are very busy and often materially and socially successful. They are usually well educated and have a high intelligence quotient. They exert expectations, pressure and efficient systems upon their children to raise their standards of performance. They perhaps do not see that the children need them.

4. **Dysfunctional Families**: These types of families have emotional problems, addictive behaviour and disorders that influence all family members. Some negative patterns within a dysfunctional family are chronic aggression, anger, and violence—verbal and physical, emotional problems, depression, anxiety, drug dependency, alcoholism, food disorders etc. These conditions are mostly influenced by the parents’ history, mainly by their own negative childhood experiences. It is imperative that the dysfunctional family receives counselling and help. If not, the vicious circle will continue and the children in turn will become problematic and have difficulties in learning and developing.

**Variation in Families**

Today’s families are more likely to confirm to a variety of configurations. A family can be arbitrarily defined as “a primary group whose members assume certain obligations for each other and
generally share common residences.” Scrutinizing this definition shows how flexible the notion of family has become.

A family is a primary group which requires “people who are intimate and have frequent face-to-face contact with one another, have norms in common, and share mutually enduring and extensive influences”. Thus, family members as members of a primary group have extreme influence upon each other. The second concept in the definition of family involves “obligations for each other”. Obligations concern mutual commitment and responsibility for other members in the family system. The third concept in the definition entails “common residences”. That is, to some extent, family members live together.

Families, then, may consist of intact two-parent families with or without children, single-parent families, reconstituted families, blended families, step-families, or any other configuration that fits the above definition of family. Some of these terms are defined as follows:

a) A single-parent family is “a family unit and household comprising the children and the mother or father but not the other spouse”.

b) A reconstituted family is “a family unit comprising a legally married husband and wife, one or both of whom have children from a previous marriage or relationship who live with them”. Reconstituted families may also be referred to as blended families.

c) A blended family is defined as “any configuration of people, either related or unrelated, where members reside together and assume traditional family roles”. Such relationships may not involve biological or legal linkages. The important thing is that such groups function as families.

d) Stepfamilies are primary groups in which “members are joined as a result of second or subsequent marriages”. Members may include
stepmothers, stepfathers, and any children either may have from prior marriages. Stepfamilies may also include children born to the currently married couple. Step families have become extremely common in view of the fact that about half of all marriages end in divorce. Step families may also become very complex in cases where one or both spouses were married more than one and/or have children from various relationships (Mental Health Association of Northern Kentucky).

The experiences that an individual has in early life at home with his family in general and his parents in particular are major determinants of his adjustment process during adolescence and in later life (Jayanagaraja, 1981, 1985; Marfatia, 1973).

**Positive Family Functioning**

In view of the vast range of family configurations above, it is extremely difficult to define a "healthy" family. However, at least two concepts are important when assessing the effectiveness or healthiness of a family. These include how well family functions are undertaken and how well family members communicate with each other.

*Family functions* include "child care and child socialization, income support and long-terms care" in addition to other care giving functions. Children must be nurtured and taught. All family members need adequate resources to thrive. Additionally, family members should be able to call upon each other for help when necessary (for instance, in the event of sudden illness).

*Good communication* is the second aspect which characterizes "healthy" families. Communication and autonomy are closely related concepts. Good communication involves clear expression of personal ideas and feelings even when they differ from those of other family members. On the other hand, good communication also involves being sensitive to needs and feelings of other family members. Good
communication promotes compromise so that the most important needs of all involved are met. In families which foster autonomy, boundaries for roles and relationships are clearly established. All family members are held responsible for their own behaviour. Under these conditions, family members much less frequently feel the need to tell others what to do or "push each other around".

Negotiation is also clearly related to good communication and good relationships. When faced with decisions or crises, healthy families involve all family members to come to solutions for the mutual good. Conflicts are settled through rational discussion and compromise instead of open hostility and conflict. If one family member feels strongly about an issue, healthy families work to accommodate his/her views in a satisfactory way. As unhealthy families suffer conflict and disagreements, so do healthy families. However, a healthy family deals with conflict much more rationally and effectively.

Families can be compared and evaluated on many other dimensions and variables. The specific variables involved are not as important as the concept that children learn how to behave or are socialized according to the makeup of their individual family environments. The family environment is important in that children are taught what types of transactions are considered appropriate. They learn to form relationships, handle power, maintain personal boundaries, communicate with others, and feel that they are an important subset of the whole family system (Zastraw & Krist-Ashman, 2000 in Mental Health Association of Northern Kentucky).

A relationship between types of families, stress and coping exists. Therefore, the present model focuses on the family environment and its associations with youth (individual functioning) and adult adaptation towards life context factors (Moos, Finney & Cronkite, 1990).
As shown in figure 2.1, the conceptual model suggests that the family environment and family member's adaptation mutually influence each other. More specifically, each adult family member's personal characteristics, coping skills, and well-being (Panel I) can affect the quality of family relationships, the family's emphasis on personal growth goals, and the family's focus on system maintenance (Panel IV). Thus, when an adult in a family has a behavioural or emotional disorder, the family environment is likely to be affected.

Two other key sets of factors also influence the family climate: children's personal characteristics, coping skills, and well-being (Panel II), and acute life crises on ongoing stressors and resources from setting outside the family, such as school and work (Panel III). For example, aspects of the mother's and father's workplace or a child's experiences at school can affect the family climate. Moreover, when a life, such as a children's serious physical illness, occurs, other family members' personality characteristics and coping skills can alter in the influence of the crisis on the family.

In turn, the family environment shapes the sets of factors that shape it. Thus, a cohesive family (Panel IV) can affect adults' coping skills and functioning (Panel V); it can also influence children's cognitive and emotional development, self-confidence, and well-being (Panel VI). The family environment can influence both dysfunctional and other family members' well being; for example, a cohesive, well-organized family can foster an alcoholic father's remission (Panel V) and his children's adaptation (Panel VI).

Finally, by its protective influence, the family environment can reduce the ongoing stressors and enhance the social resources associated with extra family life context factors (Panel VII). A child reared in an intellectually oriented family may be better prepared to meet academic demands and thus see school as less stressful; a woman whose husband supports her career goals may find more resources in her workplace.
Most of the studies have examined the association between the family environment (Panel IV) and adult and youth functioning (Panels I and V and Panels II and VI). Hence, how much influence and what form this influence will take in the child’s development will depend upon two conditions: the kind of family patterns and the different members of the family group.

Figure 2.1: Conceptual Model of the Determinants and outcomes of the Family Environment (Moos and Moos, 1994).

**Determinants of Family Climate**

Families vary widely in the quality of their interpersonal relationships; in their expectations for performance and the emphasis on social integration; and in their level of structure (Moos and Moos, 1986, 1994). The family socio-economic status, stage of life cycle, physical features and crowding, and adult’s personal characteristics
and child-raising attitudes and practices, aspects of adults' families of origin, and genetic and early experiential factors associated with the family of origin influence the family climate. More broadly, the larger social context (in which family members are embedded), including acute life crisis and ongoing stressors and resources that arise from work or school settings, can change the family for better or for worse. In turn, the family climate can affect adult and child family members' functioning and the extra family context (Moos and Moos, 1994).

It is the family environment which lays the foundation for patterns of adjustment, attitude development, cognitive development and finally personality development. Family climate affect's 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).

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. Also, the family environment of same culture or religion differs because of their general environment, which cannot be same and so is their personality (Diener, Suh, Lucas, & Smith, 1999).

**Measurement of Family Environment**

Family assessments can help people better understand their family, learn how other family members perceive the family, and become more aware of how their behaviour affect their family. Some of the family environment scales are as follows:

1. **Parent-child Relationship Scale by Rao (1989)**. This scale is adapted from Roe-Seigalman, parent-child-relationship questionnaire. It measure characteristic behaviour of parents as experienced by their children. It is a 5-point rating scale. The tool contains 100 items categorized into ten dimensions namely, protecting, symbolic-
punishment, rejecting, object-punishment, demanding, indifferent, symbolic-reward, loving, object-reward, and neglecting.

2. **Family Environment Scale (FES) developed by Kapoor (1997).** It is brief and non-stressful inventory, appropriate for use with ages of 10 years and above. It has 98 items and 7 clearly defined independent dimensions of family environment. The seven primary dimensions measured by FES are competitive framework, cohesion, expressiveness, independence, moral orientation, organization, and recreational orientation. This scale is to be responded by students will each question having two options.

3. **Home Environment Inventory (HEI) by Dr. Misra (1989).** This inventory contains 100 items related to ten dimensions of home environment. The 10 dimensions are control, protectiveness, punishment, conformity, social isolation, reward, deprivation of privileges, nurturance, rejection, and permissiveness. Each of these ten dimensions has 10 items belonging to it. There are five cells against each item of the inventory. Each cell indicates the frequency of occurrence of a particular behaviour. The marks assigned to each of the ten dimensions of the home environment are counted separately to get 10 scores for the ten dimensions of HEI. The age range for its use is late childhood.

4. **Family Environment Scale (FES) by Moos & Moos (1986).** It measures the social environment of all types of families. It is composed of 10 sub-scales, which are divided into three dimensions: the relationship dimension, the personal-growth dimension, and the system maintenance dimension.

More details of this scale will be explained in the methodology (see *chapter-IV*) as this scale has been used in the present studies.

Most generally, family members' personal characteristics, coping skills, and well-being can affect and be affected by the quality
of family relationships (Moos & Moos, 1994). Therefore, it has become necessary overtime to explore and examine these mutual connections that can help to explain the determinants and impacts of the family environment and thus to facilitate individual and family functioning.

2.2 CONCEPT OF PERFECTIONISM

Perfectionism, in psychology, is a belief that perfection can and should be attained. It is one of the 16 Personality Factors identified by Raymond Cattell. It may be related to conscientiousness and Neuroticism in the Big Five Personality Traits (Wikipedia, the free encyclopedia, 2008). Indeed, only a few investigations have operationalized perfectionism (Burn, 1980; Jones, 1968) or suggested how it might develop as a personality style (Hamachek, 1978; Hollender, 1965) (cited by Hewitt & Flett, 1991).

Perfectionism is more than just a compulsive and sometimes destructive desire to obtain perfection (Lalonde, 2000). Perfectionism refers to a set of self-defeating thoughts and behaviours aimed at reaching excessively high unrealistic goals. It is often mistakenly seen in our society as desirable or even necessary for success. However, recent studies have shown that perfectionistic attitudes actually interfere with success. The desire to be perfect can both rob one's sense of personal satisfaction and cause one to fail to achieve as much as people who have more realistic strivings. Hence, perfection is an illusion that is unattainable (Counselling Centre, University of Illinois at Urbana-Champaign, 1996).

Hollender (1978) defined perfectionism as “the practice of demanding from oneself or others a higher quality of performance than is required by the situation” (p.384).

Burns (1980) (in Parker & Adkins, 1994) defines perfectionists as “people who strain compulsively and unremittingly toward
impossible goals and who measure their own worth entirely in terms of productivity and accomplishment."

Although perfectionistic behaviour has been described as a positive factor in adjustment or achievement (Hamachek, 1978), it has been viewed typically as a pervasive neurotic style (e.g., Flett, Hewitt, & Dyck, 1989; Pacht, 1984; Weisinger & Lobsenz, 1981). Hamachek (1978) (cited by Parker & Adkins, 1994) describes two types of perfectionism: normal and neurotic.

(i) **Normal** perfectionists “drive a very real sense of pleasure from the labours of a painstaking effort and who feel free to be less precise as the situation permits.”

(ii) **Neurotic** perfectionists are “unable to feel satisfaction because in their own eyes they never seem to do things good enough to warrant the feeling.”

For both types of perfectionists, the setting of high standards is a common feature. The crucial difference is that the normal perfectionist, when achieving these standards, feels pleased and satisfied, whereas, the neurotic perfectionist can never do enough to feel satisfied with his or her performance.


**a) Self-oriented perfectionism** refers to perfectionistic behaviour that is directed at one’s self. It includes behaviours such as setting exacting standards for oneself and stringently evaluating and censuring one’s own behaviour (i.e. self-criticism & self-punishment). Hewitt & Flett (1991b) believe that self-oriented perfectionism also includes a salient motivational component. This motivation is reflected primarily by striving to attain perfection in one’s endeavours.
as well as striving to avoid failures. Self-oriented perfectionism should be related to similar forms of self-directed behaviour such as level of aspiration and self-blame (Hewitt, Mittelstaedt, & Wollert, 1989). In addition, it has been associated with various indices of maladjustment, including anxiety (e.g., Flett et al., 1989), anorexia nervosa (Cooper, Cooper, & Fairburn, 1985; Garner, Olmstead, & Polivy, 1983), and sub clinical depression (Hewitt & Dyck, 1986; Hewitt & Flett, 1990a; Hewitt, Mittelstaedt, & Flett, 1990; Pirot, 1986) (cited by Hewitt & Flett, 1991b). One component of self-oriented perfectionism, a discrepancy between actual self and the ideal self, has been associated with depressive affect (Higgins, Bond, Klein, & Strauman, 1986; Strauman, 1989) and low self-regard (Hoge & Mc Carthy, 1983; Lazzari, Fioravanti, & Gough, 1978).

b) Other-oriented perfectionism involves beliefs and expectations about the capabilities of others. The other-oriented perfectionist have unrealistic standards for significant others, places importance on other people being perfect, and stringently evaluates others’ performance. The perfectionistic behaviour is directed outward. It should lead to other-directed blame, lack of trust, and feelings of hostility toward others. Furthermore, this dimension should be related to interpersonal frustrations such as cynicism and loneliness and to marital or family problems (Burns, 1983; Hollender, 1965). Related research on other-directed behaviour has indicated that individuals have different sanctioning styles, either characteristically blaming themselves or others for misfortunes (Wollert, Heinrich, Wood, & Werner, 1983), and that each style may contribute to negative emotional state.

c) Socially prescribed perfectionism involves the perceived need to attain standards and expectations prescribed by significant others. It entails people’s belief or perception that significant others have unrealistic standards for them, evaluate them stringently, and exert pressure on them to be perfect. Because the standards imposed by
significant others are perceived as being excessive and uncontrollable, failure experiences and emotional states, such as anger, anxiety, and depression, should be relatively common. These negative emotions could result from a perceived inability to please others, the belief that others are being unrealistic in their expectations, or both. Because individuals with high levels of socially prescribed perfectionism are concerned with meeting others' standards, they should exhibit a greater fear of negative evaluation and place greater importance on obtaining the attention by avoiding the disapproval of others. These factors tend to promote increased levels of extrinsic motivation but decreased levels of intrinsic motivation (Deci & Ryan, 1985; Flett, Hewitt, & McGregor-Temple, 1990).

The primary difference among the above three dimensions is not the behaviour pattern per se, but the object to whom the perfectionistic behaviour is directed (e.g., self-oriented vs. other-oriented) or to whom the perfectionistic behaviour is attributed (e.g., socially prescribed perfectionism) (Hewitt & Flett, 1990b).

Slade & Owens (1998) and Terry-Short, Owens, Slade, & Dewey (1995) define two basic forms of perfectionism—i.e., positive and negative perfectionism.

(i) **Positive perfectionism** refers to cognitions and behaviours that are directed toward the achievement of certain high-level goals to obtain positive consequences. That is, positive perfectionism is driven by positive reinforcement and a desire for success.

(ii) **Negative perfectionism** refers to cognitions and behaviours that are directed toward the achievement of certain high-level goals to avoid or to escape from negative consequences. That is, negative perfectionism is driven by negative reinforcement and a fear of failure.

In the book Too Perfect, (Mallinger & De Wyze, 1992) the authors describe perfectionists as having obsessive personality types.
According to them, perfectionists are obsessive’s who need to feel in
control at all times to protect themselves and ensure their own safety.

Stoeber & Otto (2006) recently reviewed the various definitions
and measures of perfectionism. They found that perfectionism
comprised two main dimensions: **Perfectionistic strivings** and
**perfectionistic concerns**. Perfectionistic strivings are associated with
positive aspects and perfectionistic concerns with negative aspects.
Healthy perfectionists rate high in perfectionistic strivings and low in
perfectionistic concerns, whereas unhealthy perfectionists rate higher
in both strivings and concerns.

**Cognitive and Behavioural Features of Perfectionism**

**Cognitive Features:**

The cognitive features that are often associated with
perfectionism include distorted attitudes, beliefs, and evaluations
about the self and others, including:

- Excessively high standards and rigid rules for the self or others.
- Selective attention toward negative information (e.g., focusing
  on the 10% of incorrect responses on an exam, after receiving a
  grade of 90%) to the exclusion of positive information
  (Hollender, 1978).
- All-or-nothing thinking patterns (e.g., “if I can’t do it perfectly,
  then I am a failure”) (Burns, 1980).
- Excessive social comparison (e.g., “I am the dumbest person in
  the class”).
- Self-evaluation based on performance and achievement of goals
to the exclusion of personal acceptance (Burns, 1980).

**Behavioural Features:**

Behavioural features that are often associated with
perfectionism include the following:
- Completing tasks until a certain standard is met (e.g., not being able to clean one room unless there is time to clean the entire house) or until it is "just right".

- Completing tasks in a certain way (e.g., having to vacuum so that the vacuum lines are all in the proper direction, or folding laundry so that all the creases are perfect.

(Antony & McCabe, 2005).

**Dual process model of positive and negative perfectionism** by Slade & Owens (1998)

A dual process model of perfectionism based on Skinnerian reinforcement theory is presented in *table 2.2(a)*.

**TABLE 2.2(a)**

**Theoretical Features of a Dual Process Model of Positive and Negative Perfectionism**

<table>
<thead>
<tr>
<th>Area</th>
<th>Positive Perfectionism</th>
<th>Negative Perfectionism</th>
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<tbody>
<tr>
<td>Type of behaviour</td>
<td>Approach</td>
<td>Avoidance</td>
</tr>
<tr>
<td>Goals</td>
<td>Pursuit of:</td>
<td>Avoidance of:</td>
</tr>
<tr>
<td></td>
<td>• Success</td>
<td>• Failure</td>
</tr>
<tr>
<td></td>
<td>• Perfection</td>
<td>• Imperfection</td>
</tr>
<tr>
<td></td>
<td>• Excellence</td>
<td>• Mediocrity</td>
</tr>
<tr>
<td></td>
<td>• Approval</td>
<td>• Disapproval</td>
</tr>
<tr>
<td></td>
<td>• Thinness</td>
<td>• Fatness</td>
</tr>
<tr>
<td>Self-Concept involvement</td>
<td>Pursuit of ideal self</td>
<td>Avoidance of feared self</td>
</tr>
<tr>
<td>Emotional Correlates</td>
<td>Satisfaction</td>
<td>Dissatisfaction</td>
</tr>
<tr>
<td></td>
<td>• Pleasure</td>
<td>• Displeasure</td>
</tr>
<tr>
<td></td>
<td>• Euphoria</td>
<td>• Dysphoria</td>
</tr>
<tr>
<td>Promoting environment</td>
<td>Positive/negative modelling history</td>
<td>History of no/conditional reinforcement</td>
</tr>
</tbody>
</table>
In this model, the type of behaviour underlying positive perfectionism is that of approach (pursuit) behaviour, whereas negative perfectionism is underpinned by avoidance (escape) behaviour. Thus, an individual who is high on positive perfectionism will in general pursue success, perfection, and excellence, whereas an individual who is high on negative perfectionism will seek to avoid failure, imperfection, and mediocrity. Individuals may be motivated by one of the other drive, both or neither.

In social and interpersonal functioning, the positive perfectionist will seek approval from everyone, whereas the negative perfectionist will be motivated primarily by the desire to avoid the disapproval of anyone. In the area of eating disorders, the positive perfectionist will pursue thinness for its own sake, while the negative perfectionist will be motivated by a desire to avoid or escape from fatness. At the face value, the overt behaviour of the positive and negative perfectionist may appear identical, but their underlying goals are different. Failure to achieve the goals may also have very different consequences for the two kinds of individuals.

Slade & Owens (1998) hypothesize that the two kinds of perfectionists are concerned with different aspects of their self-concept. The individual high on positive perfectionism is motivated by a desire to get as close as possible to their ideal self, whereas the negative perfectionist is driven by a desire to get as far away as possible from their feared self.

Further, the emotional consequences of the two kinds of perfectionism will differ. The positive perfectionist will experience satisfaction, pleasure, and even euphoria when they succeed, but will not be unduly affected by failure. On the other hand, the negative perfectionist will never be satisfied by achieving their goal, because failure may be just around the corner.

Finally, the kinds of environment that are likely to foster the two types of perfectionism are different. Following Hamachek (1978),
Slade & Owens (1998) suggest for the moment that the environments most conducive 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 conducive to the development of negative perfectionism are likely to be those that involve a history of either a total absence of reinforcement or all reinforcement being conditional on performance.

**Causes/Development of Perfectionism**

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).

In addition, at least three possible mechanisms of a behavioural nature may be involved in the development of perfectionism (cited by Slade & Owens, 1998).

*First,* perfectionism may be shaped by social contingencies. The repeated reinforcement of positive perfectionist behaviour may in fact lead to the development of negative perfectionism, with the corresponding shift towards feelings of compulsion and coercion (e.g., in sports). *Second,* perfectionism may develop as a form of avoidance behaviour. It is expected to lead to generalized negative perfectionism. *Thirdly,* perfectionism may develop as a form of rule-governed behaviour. Thus, the child may receive verbal messages, either explicit or implicit, that reinforcement is available for behaviour that is highly perfectionist. Such messages need not be intentional or even real. It might lead to the development of both positive and negative forms of perfectionism.

**Costs of Perfectionism**

Perfectionism has been linked to various negative outcomes including character, logical feelings of failure, guilt, indecisiveness,
procrastination, shame, troubled interpersonal relations, decreased productivity, impaired health, low self-esteem, and workaholism (Adderholt-Elliot, 1989; Hamachek, 1978; Hollender, 1965; Pacht, 1984; Soloman & Rothblum, 1984; Sorotzkin, 1985), as well as more serious forms of psychopathology such as alcoholism, anorexia, depression, and personality disorders (e.g., American Psychiatric Association, 1987; Burns & Beck, 1978; Pacht, 1984). These adjustment difficulties are believed to arise from the perfectionist's tendency to engage in the following: setting unrealistic standards and striving to attain these standards, selective attention to and overgeneralization of failure, stringent self-evaluations, believing that others are easily successful, and a tendency to engage in all- or none thinking whereby only total success or total failure exist as outcomes (Burns, 1980; Hamachek, 1978; Hollender, 1965; Pacht, 1984). Frost et al., (1990) construe perfectionism as involving, not only high standards of performance, but also tendencies for overly critical evaluations of one's own performance related behaviour. Instead of concentrating on the process of accomplishing a task, perfectionists focus exclusively on the outcome of their efforts (Counselling & Mental Health Centre, 1999, 2002, 2004). These characteristics are believed to stem, in part, from the cognitive operations inherent in the ideal self-scheme (Hewitt & Genest, 1990). There is no evidence that perfectionists are more successful than their non-perfectionist counterparts. There is evidence that given similar levels of talent, skill or intellect, perfectionists perform less successfully than non-perfectionists (Counselling & Mental Health Centre, 1999, 2002, 2004).

The Vicious Cycle of Perfectionism

Perfectionistic attitudes set in motion a vicious cycle. First, perfectionists set unreachable goals. Second, they fail to meet these goals because the goals were impossible to begin with. Failure to reach them was thus inevitable. Third, the constant pressure to
achieve perfection and the inevitable chronic failure reduce productivity and effectiveness. Fourth, this cycle leads perfectionists to be self-critical and self-blaming which results in lower self-esteem. It may also lead to anxiety, depression, frustration, suicidal thoughts, and anger. At this point perfectionists may give up completely on their goals and set different goals thinking, and quote “This time if only I try harder I will succeed.” Such thinking sets the entire cycle in motion again (Counselling Centre, 1996).

**Perfectionism versus Healthy Striving**

Healthy goal setting and striving are quite different from the self-defeating process of perfectionism. Healthy strivers tend to set goals based on their own wants and desires rather than primarily in response to external expectations. Their goals are usually just one step beyond what they have already accomplished. In other words, their goals are realistic, internal, and potentially attainable. Healthy strivers take pleasure in the process of pursuing the task at hand rather than focusing only on the end result. When they experience disapproval or failure, their reactions are generally limited to specific situations rather than generalized to their entire self-worth (Counselling Centre, 1996).

Perfectionism is not a healthy pursuit of excellence. Perfectionists believe that mistakes must never be made and that the highest standards of performance must always be achieved. They are full of self-doubts and fears of disapproval, ridicule, and rejection. The healthy striver has drive, while the perfectionist is driven (Counselling and Mental Health Centre, 1999, 2002, 2004) (see table 2.2 (b); Source: The Counselling & Mental Health Centre (1999, 2002, 2004)).
### TABLE 2.2(b)

**Perfectionist versus Healthy Striver**

<table>
<thead>
<tr>
<th>Perfectionist</th>
<th>Healthy Striver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sets standards beyond reach and reason.</td>
<td>Sets high standards, but just beyond reach.</td>
</tr>
<tr>
<td>Is never satisfied by anything less than perfection.</td>
<td>Enjoys process as well as outcome.</td>
</tr>
<tr>
<td>Becomes dysfunctionally depressed when experiences failure and disappointment.</td>
<td>Bounces back from failure and disappointment quickly and with energy.</td>
</tr>
<tr>
<td>Is preoccupied with fear of failure and disapproval—this can deplete energy levels.</td>
<td>Keeps normal anxiety and fear of failure and disapproval within bounds—uses them to create energy.</td>
</tr>
<tr>
<td>Sees mistakes as evidence of unworthiness.</td>
<td>Sees mistakes as opportunities for growth and learning.</td>
</tr>
<tr>
<td>Becomes overly defensive when criticized.</td>
<td>Reacts positively to helpful criticism.</td>
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**MEASUREMENT OF PERFECTIONISM**

1. **Multidimensional Perfectionism Scale (MPS) by Hewitt & Flett (1991a).**

Hewitt and colleagues, working from a social-psychological perspective, have argued for a multidimensional concept of perfectionism and have developed instruments for measuring such dimensions. Their main tool to date is the Multidimensional Perfectionism Scale (MPS) (Hewitt & Flett, 1991a), which measures three dimensions:

1. **Self-oriented perfectionism**, which involves a tendency to set excessively high personal standards for oneself;
2. **Socially prescribed perfectionism**, which concerns the belief that others have unrealistic standards and perfectionists motives
for one's own behaviour and that others will be satisfied only when these standards are attained; and

(iii) **Other-oriented perfectionism**, which related to the standards and expectations that the individual has for other people, that is, how the individual expects other people to behave.

Hewitt and colleagues have used their MPS scales in a series of studies on the clinical correlates of perfectionism viz., depression, suicidal threat, neuroticism etc.

(2) **Multidimensional Perfectionism Scale (MPS), by Frost, Marten, Lahart & Rosenblate (1990).**

Frost and colleagues also viewed perfectionism as multidimensional in nature and developed their own MPS (Frost et al., 1990). This initially was composed of five scales, to which a sixth was added later (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993).

The six scales of the Frost et al., (1990) MPS are:

1. Concern Over Mistakes
2. Personal standards
3. Parental Expectations
4. Parental Criticism
5. Doubts About Actions
6. Organization

Frost et al., (1990) have used these scales primarily to carry out finer grain analyses of participants' reactions to making mistakes (Frost, Turcotte, & Heimberg, 1995), to study compulsive indecisiveness (Frost & Shows, 1993), and to study hoarding behaviour (Frost & Gross, 1993).

(3) **Positive and Negative Perfectionism Scale (PANPS) by Terry-Short, Owens, Slade, & Dewey (1995).**

Terry-Short et al., (1995) designed a study to test the hypothesis that the distinction between positive and negative perfectionism,
based on functional differences, overrides the distinction of Hewitt and Flett (1991a) between self-oriented and socially-prescribed perfectionism, which is based on differences in content. Hence, Terry-Short et al., (1995) developed a new questionnaire, the Positive and Negative Perfectionism Scale (PANPS), consisting of 40 items. 20 items were formulated to tap self-oriented and 20 to tap socially prescribed perfectionism, drawing heavily on the MPS of Hewitt and Flett (1991a). However, within each category, 10 items were formulated specifically to measure positive and 10 to measure negative perfectionism. Thus, 20 items in total measured each of the latter categories.

Frost et al. (1993) viewed their positive striving factors as reflecting positive aspects of perfectionism and their maladaptive evaluations concern factors as reflecting negative aspects of perfectionism (see also, Slade & Owens, 1998).

Hence, perfectionistic personality style is multidimensional with both personal and social components and that these components are important in maladjustment (Hewitt & Flett, 1991b).

2.3 CONCEPT OF COPING BEHAVIOUR

People constantly attempt to manage the problems and stresses of their lives, and most of these attempts may be considered coping (in Brannon & Feist, 2007). The term coping is viewed as a stabilizing factor that may help individuals to maintain psychological adaptation during stressful period (Folkman & Lazarus, 1985). Based on the person-environment-fit model of Lewin (1965), Lazarus & Folkman (1984) proposed that stress is a normal component of living which represents an imbalance between the individual's perceptions of the demands placed on him or her and of the resources available to handle these demands. Lazarus & Folkman (1984) argue that cognitive appraisal and coping are the two basic processes that determine
whether these challenges can be met. Cognitive appraisal is a process through which the person evaluates whether a particular stressful life event is relevant to his or her well-being and if anything can be done to improve the situation.

Coping is a series of transactions between a person who has a set of resources, and a particular environment with its own resources, demands and constraints (Lazarus & Launier, 1978). Thus, coping is not a one-time action that someone takes; rather it is a set of reciprocal responses occurring over time. Some people make unconscious reactions to threats that help them to reduce anxiety by distorting the true nature of the situations (Salamon, 1994; Tomake, Blascovich, & Kelsey, 1992). But not all coping efforts are unconscious. People do make conscious efforts to control, reduce or learn to tolerate the threats that lead to stress.

According to Synder & Pulvers (2001), coping reflects thinking, feeling or acting so as to preserve a satisfied psychological state when it is threatened.

Definitions of coping have varied in accord with different theoretical perspective, such as psychoanalytic, transactional and motivational. From the psychoanalytic perspective, coping typically has referred to the most mature ego processes, involving realistic and flexible thoughts and acts that contribute to more adaptive functioning (e.g., Haan, 1977, 1982).

Currently, the most prominent definition of coping is offered by Lazarus & Folkman (1984), who define coping as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p.141). This transactional definition is relational in its focus and emphasizes that coping should be viewed as all cognitive and behavioural efforts, regardless of their outcomes, that are used to respond to specific external and internal demands. The definition highlights the importance of the
characteristics of the situation and individual’s appraisal of the stressful event. From Folkman & Lazarus’s perspective, coping is intentional (rather than reflexive), and the functions of coping efforts are to manage the affective arousal in threatening situations and/or to change the situation.

From a motivational perspective, [see figure 2.3(a)] Skinner & Wellborn (1994) conceptualize coping as “an organizational construct that describes how people regulate their own behaviour, emotion and motivational orientation under conditions of psychological distress” (p.112). In this model, stress results from some environmental assault on basic psychological needs of relatedness, autonomy, and competence. Coping is energized by people’s commitments to these needs and “encompasses people’s struggles to maintain, restore, replenish and repair the fulfilment of these needs” (p.112). The immediate outcome of coping is to manage the individual’s engagement with (i.e., re-engagement) versus disaffection from the stressful situation, and the longer-term outcome is to impact social, cognitive, and personality development.

Beresford (1994) suggested that a coping behaviour is a specific effort by which an individual or family attempts to manage or reduce a demand which has been placed upon it.

Stages or Processes of Coping

According to Lazarus and Folkman (1984) there are three stages of coping with a difficult situation.

(i) Primary appraisal is the process of perceiving a threat to oneself.

(ii) Secondary appraisal is the process of bringing to mind a potential response to the threat.

(iii) Coping is the process of executing that response.
Figure 2.3 (a): A simple model of the coping process.
(Adapted from Skinner & Wellborn)

Further, coping behaviours are defined as (a) **direct action behaviour**, an attack or escape from threat (fight or flight), which are used to change a stressed relation with one’s physical or social environment and thus deal with the stressor itself, and (b) **intrapsythic forms of coping**, which are defence mechanisms (detachment or denial), used to reduce emotional arousal rather than to change the situation. That is, it can be **palliative behaviours** comprising actions or thoughts that make the person feel more calm (Lazarus & Lauiner, 1978).

Although the above three processes are most easily described as a linear sequence, Lazarus (1991) had emphasized that they do not occur in an unbroken stream. Rather, outcome of one process may reinvoke a proceeding process [refer to *figure 2.3 (b)*].

**Functions of Coping/Personal Coping Strategies**

Theoretically, Lazarus & Folkman (1984) identified two broadband dimensions based on the intended functions of coping.

1. **Problem-focused coping** is aimed at problem-solving or doing something to alter the source of the stress—internal or environmental.

2. **Emotion-focused coping** is oriented toward reducing or managing the emotional distress that is associated with (or cued by) the situation.

Several different strategies exist within the emotion-focused and problem-focused categories. The problem-focused strategy clearly sounds like a better choice, but in some situations, emotion-focused coping can be effective (Folkman & Moskowitz, 2004). In situations in which the stress is unavoidable finding a way to feel better may be the best option.

An alternative theoretical framework was based on the focus of coping, either toward or away from the stressful situation (Ebata & Moos, 1991). **Approaching coping** involves cognition (e.g., positive
Fig 2.3 (b): The Coping Process / Stages of Coping
(Lazarus & Folkman, 1984; Folkman & Lazarus, 1980, 1985)
reappraisal) or behaviours (e.g., direct action, support seeking) that focus on the stressful situation. **Avoidant strategies** involve cognitive or behavioural efforts to either not think about the stressor or to avoid encountering the stressful situation.

Moos and Billings (1982) divided constructive coping tactics (i.e. efforts to deal with stressful events that are judged to be relatively healthful) into three broad categories: appraisal-focused coping, problem-focused coping, and emotion-focused coping [see *figure 2.3(c)*].

![Constructive coping tactics diagram](image)

**Figure 2.3 (c): Overview of Constructive Coping Tactics (Moos & Billings, 1982)**

Additional categories have been considered to label coping strategies (Folkman & Moskowitz, 2004). These possibilities include social coping, such as seeking support from others, and meaning-focused coping, in which the person concentrates on deriving meaning from the stressful experience. People who take this approach often succeed, and in doing so may be able to experience positive emotion even in the face of enormous stress (Folkman & Moskowitz, 2000).
All of these coping strategies involve reactions to existing stressors, but people may also act to avoid stress.

Another coping strategy is proactive coping, which involves anticipating a problem and taking steps to avoid it (Aspinwall & Taylor, 1997). The process includes accumulating resources that will be useful, recognizing the upcoming problems, and appraising the situation before attempting preliminary coping. It allows a person to avoid stress, but proactive coping has the disadvantage of expending effort for an event that may not occur or may not be as stressful as anticipated.

Endler and Parker (1990) have considered the coping response from a multidimensional perspective and have identified three coping styles: task-oriented, emotional-oriented and avoidances-oriented. Task-oriented coping emphasizes the achievement of problem resolution through purposeful efforts or cognitive restructuring the problem or altering the situation. Emotion-oriented coping delineates a set of reactions (e.g., tension, anger) of a self-oriented nature which occurs in response to a problematic event. Avoidance-oriented coping involves reactions or responses which have the effect of distracting or diverting individuals' attention from stressful situations.

In brief, Wolchik & Sandler (1997) suggested that there are at least three broad categories of coping/regulation that are relevant to dealing with stress: problem-focused, emotion focused, and behavioural regulation.

a) Problem-focused coping include attempts to regulate the situation. The most common problem-focused coping categories include active coping, direct problem solving, and planning (e.g., Carver et al., 1989; Eisenberg, Fabes, Carlo, & Karbon, 1992; Folkman & Lazarus, 1988; Sandler, Tein, & West, 1994); sometimes, but not always, categories such as cognitive decision making and seeking information (Sandler et al., 1994) or instrumental social
support (Carver et al., 1989) are grouped within problem-focused modes of coping.

b) Emotion-focused coping attempts to directly regulate emotion. It typically includes accepting responsibility, positive reappraisals, acceptance, denial, and/or cognitive or behavioural avoidance or distraction (e.g., Carver et al., 1989; Eisenberg et al., 1992; Folkman & Lazarus, 1988; Kliewer, 1991; Sandler et al., 1994).

c) Behavioural regulation attempts to regulate emotionally driven behaviour. It includes the regulation of behaviour that is driven by emotion and that is not specifically directed at changing aspects of the situation causing the problem. Behavioural regulation becomes relevant primarily when emotion-focused coping is not adequate in a stressful context and the individual is still experiencing negative emotion. For example, people sometimes deal with stress by enacting behaviours such as venting of emotion (e.g., crying or yelling) (Eisenberg et al., 1992; Rossman, 1992), aggression, hostility, or confrontation (Carver et al., 1989; Cummings & Cummings, 1988; Eisenberg et al., 1992; Eisenberg, Fabes, Nyman, Bernzweig, & Pinuelas, 1994; Mc Crae, 1984), or the inhibition of such overt behavioural expression (Derryberry & Rothbart, 1988). Often these behaviours simply reflect the absence of sufficient regulation and are not either attempts to master the situation or aimed at making oneself feel better.

Optimal Coping

Problem-focused coping seems to be associated with better outcomes in settings in which the individual has some control over the situation, whereas emotion-focused coping may be more effective (and less frustrating) in uncontrollable contexts (e.g., Altshuler & Ruble, 1989; see Compas, Banez, Malcarne, & Worsham, 1991). A given response may serve more than one function in a single situation. Folkman, Lazarus, Dunkel-Schelter, Delongis, & Gruen (1986)
suggested that one might need to know the context before being able to distinguish which function a coping strategy serves.

Some of the coping reactions come into operation automatically rather than as a result of deliberate effort of the individual. They are a part of the survival mechanism and can be termed as build-in-reactions, which come into action whenever there is a threat to survival. Some of these build-in-reactions are physiological and psychological changes to restore the state of equilibrium, for example, crying or falling asleep (e.g., Folkman et al., 1986; Lazarus & Folkman, 1984; Scheier, Weintraub, & Carver, 1986).

Although no one mode of coping is optimal in all situations and flexibility may be essential for optimal adaptation, it appears that some types of coping often are more effective at reducing stress and more constructive than are others. Strategies vary depending upon the type of situation and the individual person’s habits and resources (Wolchik & Sandler, 1997). For example, problem-focused coping seems to be associated with positive outcomes in many settings, albeit not in uncontrollable contexts (e.g., Compas, Malcarne, & Fondacaro, 1988; Folkman & Lazarus, 1988). Further, the ability to shift or refocus attention has been associated with lower levels of distress, frustration, and other negative emotions (e.g., Bridges & Grolnick, 1995; Derryberry & Rothbart, 1988; Rothbart, Ziaie & O’Bovle, 1992). Thus, planful problem solving and the use of attentional strategies seem in general, if not always, to be effective ways of coping with stress. Researchers have found that people tend to combine the two types of coping strategies in accordance with the context and the specific problem with which they are dealing (Folkman & Lazarus, 1985; Pearlin & Schooler, 1978) as well as with their personalities (Folkman & Lazarus, 1980).

In contrast, although inhibition and avoidance sometimes may be effective coping strategies (Eisenberg et al., 1992; Kliwer, 1991; Roth & Cohen, 1986), stable high use of inhabitation and avoidance in
dealing with stress may be associated with fearfulness and difficulty in dealing with stress and novelty (see Rubin, Le Mare, & Lollis, 1990).

**Coping Resources**

Folkman, Schaefer, & Lazarus (1980) view coping resources as moderators of stress and have delineated four types of coping resources that are thought to interact with the effects of stress as appraised within the individual's cognitive-phenomenological framework (Lazarus & Folkman, 1984). They have characterized the domains of coping resources as

a) problem-solving skills (e.g., seek & analyze information, generate solutions, consider consequences);

b) social networks (e.g., support from and satisfaction with spouse, friends, extended family, neighbours);

c) utilitarian resources (e.g., income, professional services, education); and

d) general and specific beliefs (e.g., self-efficacy, internal locus of control, religiosity, spirituality).

The above resources are not mutually exclusive; indeed there is notable overlap.

**Outcomes of Coping**

Coping can have effects in three dimensions: psychological, social, and physiological. **Psychological outcomes** include emotional reactions, general well-being and performance on tasks. **Social outcomes** include changes in interpersonal relationships and in the ability to fulfil social roles. **Physiological outcomes** include both short-term physiological reactions (autonomic nervous system, hormonal, immunological, and neuroregulator changes) to long-term health changes (e.g., development of coronary heart disease (Cohen, 1987).
A meta-analysis of the effects of coping strategies on psychological and physical health (Penley, Tomaka, & Wiebe, 2002) revealed benefits for some coping strategies but risks for some others. In general, problem-focused coping showed positive associations with good health, whereas emotion-focused coping strategies tended to show negative associations. For example, people who used avoidance-oriented coping, such as eating more, drinking, sleeping, or using drugs reported poor overall health.

Individual difference in coping

Coping as a strategy to deal with stress differs from person to person and from situation to situation in the same person. There are two ways to think about individual differences in coping. The first possibility is that there are stable coping “styles” or “dispositions” that people bring with them to the stressful situation that they encounter. It means that people do not approach each coping context in a new way but rather bring to bear a preferred set of coping strategies that remain relatively fixed across time and circumstances. However, the notion that coping is a stable dispositional characteristic is still vigorously debatable (Lazarus, 1991). Folkman & Lazarus (1980, 1985) have repeatedly emphasized that coping should be thought of as a dynamic process that shifts in nature from stage to stage of a stressful transaction.

The second possibility is that there are preferred ways of coping with stress derived from more traditional personality dimensions (Mccrae, 1982). That is, perhaps certain personality characteristics predispose people to cope in certain ways when they confront adversity.

Various evidences suggest that different modes of coping are used in dealing with different sub areas of a stressful situation, and different stages in a stressful encounter. Thus, the coping strategy that a person uses depends on the requirement of the situation (e.g., Cohen, Reese, Kaplan, & Riggio, 1986). Several studies have shown
that there may be changes in individual coping modes during different periods of a stressful life situation (Folkman & Lazarus, 1985; Hofer, Wolf, Friedman, & Mason, 1972).

Mattlin, Wethington, & Kessler (1990) has documented that situational influences can be found not only on the use of particular coping strategies but also on their effectiveness. They feel that versatile coping is associated with positive emotional adjustment to stressful conditions.

Nonetheless, many coping researchers have noted the existence of coping styles that are somewhat consistent across time and contexts, and measures of coping styles have proved productive for predicting situational behaviour and socially relevant outcomes (e.g., Carver et al., 1989; Eisenberg et al., 1992; Eisenberg, Fabes, Nyman et al., 1994). Although modes of coping and emotion regulation change with age and vary across situations, there appear to be individual differences that are somewhat stable over the years in preferred mode of coping in certain types of stressful contexts (e.g., peer conflicts; Eisenberg, Fabes, Murphy, Maszk, Smith, & Karbon, 1995). Indeed, individuals probably vary in both their tendencies to select relatively constructive (e.g., planful problem solving) versus non-constructive (e.g., confrontative) methods of dealing with stress (e.g., Eisenberg, Fabes, Murphy et al., 1995) and in the flexibility and appropriateness of their coping reactions.

Thus, 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). Hence, depending on the coping strategies or styles, dealing with the stressors may produce psychological dysfunctioning or positive growth (Frese, 1985).
2.4 CONCEPT OF CAREER DECISION MAKING

Career decision making is an important aspect of career choice and career development (Miller, 2005). The importance of the decision process has made it a central construct in career counselling and career guidance as well as a major focus of inquiry in the theory and research (Herr & Cramer, 1996). Career decision making is one of the major ingredients in personal career development, and the collection and processing of important information are central elements in decision-making (Gati & Tikotzki, 1989).

Career-related choices are among the most important decisions people make during their lifetime. These choices have significant long-term implications for individual’s lifestyles, emotional welfare, economic and social status, as well as their sense of personal productivity and contribution to society. Therefore, it is natural that individuals at different stages of their lives are preoccupied with career choices (e.g., Campbell & Cellini, 1981; Super, 1980; Gati, Saka, & Krausz, 2001 cited by Gati & Tal, 2008). While the career development process is lifelong, choices made during the college years are particularly significant in setting the foundation for future professional options. Better understanding of the career development process can enhance linkage of academic and career experiences and improve career preparation and management (University Career Services, 2006, 2007).

Career decision making refers to the process people go through when they search for viable career alternatives, compare them, and then choose one (Gati & Asher, 2001). Making a career decision is a complex task, and the deliberation involved often leads to discomfort, anxiety, and confusion (Osipow, Walsh, & Tosi, 1980 cited by Gati & Asher, 2001).

Steps to career decision making

The five steps to career decision making are:
1. Create a vision
2. Make an initial decision
3. Set a goal
4. Develop an action plan
5. Take action

<table>
<thead>
<tr>
<th>Create a vision</th>
<th>Make a Decision</th>
<th>Set a Goal</th>
<th>Develop an Action Plan</th>
<th>Take Action</th>
</tr>
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(Career Services, 2007)

The Influence of Cognitions on Career Decision Making

Cognition has been widely recognized as an important factor to consider when working with individuals regarding issues related to vocational development and career decision making (Lustig & Strauser, 2000). Cognitive processes have an impact on the quality of career decisions made by individuals (Sampson et al., 1996). Research in this area has suggested that an individual's vocational behaviour is influenced by the interaction between vocational cognitions, behaviours, and environments and is often cognitively mediated (Keller, Biggs, & Gysbers, 1982; Strauser, Lustig, Keim, Ketz, & Malesky, 2002). One cognitive process that has been found to affect career-decision-making and vocational behaviour is the construct of career thoughts. Dysfunctional career thoughts are a significant factor in career-decision making (Sampson et al., 1996). Based on the reciprocal interaction model of Bandura (1974), Keller et al. (1982) identified the following propositions about career behaviour:

a) career behaviours can be conceptualized as responses to cognitive representations of career environments;

b) these cognitive career representations are functionally related to and modifiable through application of the laws of human learning and cognitive development;
c) vocational cognitions, behaviours, and environments interact to influence behaviour; and

d) career behaviour changes are cognitively mediated.

**Decision Making Styles**

An individual's career decision-making style is an important factor affecting the process and outcome of career decision making (Gati & Asher, 2001). Arroba (1977) defined decision-making styles as “ways of approaching, responding to, and acting in decision-making situations” (p.150). Johnson (1978) identified systematic, spontaneous, internal, and external decision-making styles. Harren (1979) distinguished three career decision-making styles:

(i) The **rational style** involves an awareness of the effect of prior actions on subsequent ones such that decider accepts responsibility for choice and is active, deliberate, and logical. It takes into account both one's self-awareness as well as awareness of one's environment. Our choices when making rational decisions usually tend to fit better the demands and conditions of our life (Sidiropoulau-Dimakakou, 1993).

(ii) The **intuitive style** involves a focus on emotional self-awareness as the basis for choice, little anticipation of the future, and little information seeking or logistical weighing of alternatives.

(iii) The **dependent style** is one, where the responsibility is projected outside of the self, such that the choice is based on the expectations or advice of others.

Career Decision Making Models

1) The Person-Environment (P-E) Fit Approach:

Parsons (1909) laid the foundation for P-E fit perspective. The basic assumption of this approach is that congruence between an individual’s characteristics and the characteristics of his or her chosen occupation results in higher indexes of well-being, such as satisfaction, stability, and achievement (Holland, 1985, 1997; Spokane, 1985; Walsh & Holland, 1992). Its originator (Parsons, 1909) postulated that occupational choices are made when people have: first, achieved an accurate understanding of their individual traits; second, gathered knowledge of jobs and the labour market; and third, made a rational and objective judgement about the relationship between these two groups of facts.

The theory of careers proposed by Holland (1985, 1997; also cited by Miller, 2005) characterizes persons and environments as a single set of six types. According to Holland, most people in our culture can be classified as one of six dominant types: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional. Thus, an individual’s personality (i.e., interests, values, abilities, fantasies) can be assessed by considering his or her most dominant type. Persons are assumed to be most satisfied, successful, and stable in a work environment that is congruent with their personality types. Two of Holland’s basic assumptions are that (a) persons in vocation have similar personalities, and (b) persons tend to choose actual occupational environments (or college majors) consistent with their personality orientations.

2) Normative Decision Theory:

The normative decision models (e.g., the expected utility model or the multiattribute utility model) outline the course of action that should be taken in order to maximize the probability of achieving a specified goal. Normative models of decision making typically
identify four fundamental skills: belief assessment involves judging the likelihood of outcomes, value assessment involves evaluating outcomes, integration involves combining beliefs and values in making decisions, and metacognition means knowing the extent of one's abilities (Edwards, 1954; Finucance & Lees, 2005; Parker & Fischhoff, 2005; Raiffa, 1968). Thus, these models judge the quality of a decision by its process rather than by its outcome, although it is assumed that a person who uses better decision processes will be more likely to experience good decision outcomes (e.g., Edwards, 1984; Keren & Bruine de Bruin, 2003) cited by Bruine de Bruin, Parker, & Fischhoff (2007).

3) **Career Choice Competencies Model:**

Crites (1978) hypothesized in his model of career choice competencies from his theory of career maturity that "good" career decisions will be facilitated by competence with respect of five career choice processes:

1. goal,
2. occupational information,
3. problem solving,
4. planning, and
5. self-appraisal.

4) **Career Development Model:**

The key elements of the career development process [see figure 2.4(a)] are:

1. Individual self assessment as foundation for career planning.
2. Exploring and researching options.
4. Reflection and Evaluation

(University Career Services, 2006)

A conceptualization of a dynamic process model of career decision making is shown in *figure 2.4(b)*. The model depicts a variety of cognitive and behavioural events and relationships in a process perspective, that is, the individual is seen as always "in motion" in terms of career assessment, decision-making, and change. Although the model presents the process as a set of serially related events, the numerous feedback loops are meant to describe behaviour that is cyclical, interactive, and frequently interrupted. The individual may be functioning in several of the model's stages simultaneously.

**Model Overview:** The definition of career utilized in the model is the sequence and combination of work and nonwork roles held by an individual over time. The model describes a situation and process wherein the individual experiences a variety of internal and external role related stimuli that may generate problem recognition, i.e., the
Figure 2.4 (b): A Process Model of Individual Career Decision-Making (Mihal, Sorce, & Comte, 1984, p.96)
feeling that action is necessary to reduce the discrepancy between current role outcomes and desired outcomes. Problem recognition then may lead to the formulation of a strategy for change. The strategy may be one of how to solve the perceived problem, i.e., a strategy for exploration. Search activities of both an internal and external nature may occur to help clarify the problem as well as to identify alternative solutions to it.

The search process leads to the identification of alternative strategies that may differ as widely as entering a new profession to increasing the time one spends with the family. The choice of a potential solution is influenced by the decision process one uses as well as by one's beliefs, attitudes, and values that affect the choice criteria and expectancies associated with the prospective change.

Finally, specific role change plans are formulated, and efforts at implementing the change in roles begin. The change efforts result in behavioural changes (new roles) and cognitive changes in terms of one's experiences, self-image, beliefs, and so on. The model, through a variety of feedback paths indicates, that the process may stop without a career change action or that the individual may choose to make only an adjustment in one or more of the currently held roles.

**Key Model Premises:** The *basic premise of the model* is that the career change process must be seen from a decision theory framework (Jepsen & Dilley, 1974), which will consider influencing variables, decision process behaviour and situations, and the process of decision implementation. A *second premise* is that a significant factor in the process is the reality of individual differences. Integrated into the model is the concept of the cognitive map, one's internal model of the world and self. This map is modified over one's life as experiences are accumulated, but it is unique to the individual (Boneau, 1974) and a major factor in satisfaction, expectations, decision criteria, and therefore, choices. A *third major premise* is the importance of the expectancy-valence model in career behaviour.
Individual expectations and valence assessments help explain current role satisfaction, the evaluation and choice process, and role transition and implementation (Mihal et al., 1984).

A fourth premise is that the career decision-making process is always active, albeit often at a low level of intensity. Thus, the process is not just a description of triggered job change action but a constant state of self and situation evaluation—never ending and at variable intensity. A final premise is that the career making process occurs in an open system environment (Thompson, 1967), in which the individual is influenced by factors in the environment at numerous points in the process and attempts to arrive at solutions that, although not maximal, are optimal, given the constraints, lack of information, and contingencies that are not subject to control.

6) Cognitive Information Processing (CIP) Approach in Career Problem Solving and Decision Making

Peterson, Sampson, & Reardon (1991); Peterson, Sampson, Reardon, & Lenz (1996, 2002, 2003); and Sampson, Reardon, Peterson, & Lenz (2004) applied Cognitive Information Processing (CIP) theory to the process of career development. Career problem solving and decision-making were viewed as a specific case of general human capabilities in problem solving and decision-making.

Career choices involve combining two very different types of knowledge: self-knowledge and occupational knowledge. Self-knowledge involves episodic memory i.e. composed of reconstructed episodes or events—which tend to be interpreted in light of current thoughts and feelings. Occupational knowledge involves semantic memory i.e. composed of facts and concepts—which tend to be more stable and verifiable. It is often difficult to reconcile the stability and concreteness of occupational knowledge with the fluctuations of self-knowledge.
Career choices also often involve the competing perceptions of the individual and several significant others. People are also often overwhelmed by the abundance of differing information available from numerous sources. The rate of change in self-knowledge and occupational knowledge is also makes it more difficult to predict the outcome of various actions. There may also be a variety of different routes available to reach the same ultimate career goal. Finally, a major career decision often presents a new set of problems that must be solved to make the initial decision effective.

As a result of these factors, a person may become overwhelmed, confused, and anxious about choosing. These powerful emotions often interfere with the ability to concentrate and remember important facts during problem solving.

**Key CIP terms:** In CIP terms, a *problem* is defined as a gap between an existing and a desired state of affairs and may include issues such as indecision, conflict with significant others, disruptive emotions, unemployment, underemployment, and job dissatisfaction. *Problem solving* involves a series of thought processes in which information about a problem is used to arrive at a course of action needed to remove the gap between an existing and a desired state of affairs. *Decision making* includes problem solving, while also encompassing the cognitive and affective processes needed to develop a plan for implementing the solution to a problem and taking the risks involved in following the plan through to completion.

The two principle components of the CIP approach- the pyramid of information processing domains and the CASVE cycle.

(i) **The Pyramid of Information Processing Domains:** The information processing domains related to career problem solving and decision making can be conceptualized as a pyramid [see figure 2.4(c)].
The base of the pyramid includes the domains of **self-knowledge** and **occupational knowledge**. Self-knowledge includes individuals' perceptions of their values, interests, skills, and so forth. Occupational knowledge includes knowledge of individual occupations and having a scheme for how the world of work is organized. Above the two knowledge domains is the **decision making skills** domain, which includes the generic information processing skills that individuals use to solve problems and make decisions. The CASVE cycle (described in the following section) is one example of a specific approach to problem solving and decision making. At the top of the pyramid is the **executive processing domain**, which includes meta-cognition. Metacognitions control the selection and sequencing of cognitive strategies used to solve a career problem through self-talk, self-awareness, and control and monitoring.

The domains of the pyramid are strongly interrelated from the top down. Metacognitions influence the content and functioning of all
other domains. Decision making skills influence the content and functioning of the knowledge domains.

(ii) **The CASVE Cycle:** The process involved in problem solving and decision making can be conceptualized in terms of the CASVE cycle [see *figure 2.4(d)*], which includes the sequential phases of communication, analysis, synthesis, valuing, and execution.

a) **Communication:** In this phase, individuals become aware that a gap exists between an existing and a desired state of affairs. This awareness occurs from one or more external or internal cues.

b) **Analysis:** In this phase, individuals form a mental model of the problem and perceive relationships among the components. They may relate self-knowledge with occupational knowledge to better understand the necessary characteristics of the occupation or other option they seek. During analysis, individuals engage in a recurring process of obtaining new information or clarifying existing knowledge, followed by a period of time to reflect upon and integrate what has been learned, leading to new or more complex mental models.

c) **Synthesis:** In this phase, individuals expand and then narrow the alternatives that they are considering. The two phases of synthesis are *elaboration* (i.e., a divergent thinking process that involves freeing the mind to create as many potential solutions as possible) and *crystallization* (i.e., a convergent thinking process that involves reducing a list of alternatives by eliminating options from consideration when they are inconsistent with key values, interests, and skills).

d) **Valuing:** In this phase, individuals evaluate the costs and benefits of each of the remaining alternatives to themselves, significant others, their cultural group, and community or society in general; this ultimately leads to a first choice. The next step involves prioritizing the alternatives in terms of their capacity to optimize
benefits and costs in relation to the needs of all concerned, i.e., tentative primary and secondary choices emerge.

Figure 2.4 (d): The CASVE Cycle.


e) Execution: In this phase, individuals formulate and commit to a plan of action for implementing their tentative choice. This plan may include a preparation program, reality testing, and employment seeking.

Upon completion of the execution phase, individuals return to the communication phase to ascertain whether the gap between an existing and a desired state of affairs has been effectively removed. Thus, the CASVE cycle is recursive and systematic in nature. Individuals experiencing difficulty in one phase would typically cycle back to a previous phase to correct the problem. A variety of external events (e.g., a problem or opportunity) and personal variables (e.g., mental health or learning and decision making style) will influence
the speed and the nature of an individual’s progression through the CASVE cycle.


A three-stage model, labelled the PIC model (*prescreening, in-depth exploration, and choice*), which is derived from decision theory but is adapted to the unique features of career decision making. PIC can be regarded as a prescriptive-systematic (rather than normative-rational) model for making career decisions.

**The Three Stages of the PIC Model:** The essence of the career decision-making process is finding the alternative(s) that are most compatible with the individual’s preferences and capabilities. In most cases, it is impractical to explore all the potential career alternatives intensively. Hence, Gati & Asher (2001) suggest dividing the career decision-making process into three major stages with different goals, processes, and outcomes:

(i) **Pre-screening** the potential set of alternatives through a structured search based on the individual’s preferences, resulting in a small and thus manageable set of promising alternatives. Such a limited set of *promising alternatives* enables the individual to collect comprehensive information on each alternative and to process the collected information efficiently. This stage is divided into five steps [see *figure 2.4(e)*].
Figure 2.4 (e): The five steps of the pre-screening stage.

(ii) **In-depth exploration** of the promising alternatives (including examining the possibility of actualizing them), resulting in a few suitable alternatives. These alternatives are regarded as suitable from two perspectives: first, each suitable alternative matches the individual's preferences, and second, the individual meets its requirements. During this stage, the individual is expected to collect additional, mainly unstructured, information on each of the promising alternatives, which can complement the information considered during pre-screening. Each alternative is examined with respect to the two facts of suitability [see figure 2.4(f)].
Figure 2.4 (f): A suitability test for a promising alternative during the in-depth exploration stage.

In case an alternative is found incompatible with respect to even one of the four conditions of suitability, it is regarded as unsatisfying, and discarded from further consideration.

(iii) **Choice of the most suitable alternative**, based on an evaluation and a comparison of all the suitable alternatives. The goal of this third stage is to choose the most suitable alternative for the individual, considering his or her preferences and capabilities, and if necessary, to select additional, second best alternative(s). This stage involves further processing of the structured and unstructured information that was gathered during the previous stages. The small number of suitable alternatives facilitates the overall evaluation of each one and the necessary detailed comparisons between them. The suggested procedure for the choice stage depends on the number of suitable alternatives and the degree of uncertainty involved in actualizing the most suitable one [see *figure 2.4(g)*].
Figure 2.4 (g): A Schematic Presentation of the Choice Stage.

Furthermore, even in the case when only one alternative was found to be suitable but its actualization is uncertain, the individual may need to go back and re-examine the suitability of promising alternatives, which were, regard as "unsuitable" during the in-depth exploration stage.

**Reflecting on the Decision Process**

Completing the choice stage ends the systematic career decision-making process, providing the individual with a most suitable alternative, and in many cases, additional, second best alternatives. If the individual began the process with a long list of potential alternatives, and many aspects were considered during
earlier stages, then it is plausible that the overall differences between the suitable alternative (which survived not only the pre-screening but also the in-depth exploration stage) will be small.

**Intuition in Career Decision Making**

Intuition is an important guide for most decisions, including career choices. However, intuition appears to be affected by incomplete and biased information (e.g., prejudice and stereotypes). Most vocational psychologists and career counsellors agree that intuition is not enough for making good career decisions, yet it should not be ignored either. Individuals should pay attention to their intuition during the career decision-making process (Gati & Asher, 2001). It should be noted that intuition is almost always present at the beginning of the process. Gate and Asher (2001) speculate that the role of intuition during the in-depth exploration stage is more subtle, and is manifested in directing the individual’s attention to certain parts of the information collected. Intuition also plays an important role during the choice stage, in cases where the individual has to choose from among a few suitable alternatives.

**Factors Influencing Career Decision Making**

Career development, for most people, is a lifelong process of engaging in the work world through choosing among employment opportunities made available to them. Each individual undertaking the process is influenced by many factors, including the context in which they live, their personal aptitudes, and educational attainment (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001). The cultural, social and economic contexts of family and community are found to be instrumental in how youth learn about careers and influential in the choice process (Ferry, 2006).

The career choice that young adult’s make is embedded in their perceptions of the “ideal job” and their career decision-making
maturity. The perception of the "ideal job" acts as a filter for job appropriateness and influences the choice process (Ferry, 2006).

Support, influence and involvement from family and friends can have a big effect on one's career decisions. The number of desirable options is often a factor. People with many interests and abilities find decision-making difficult because they believe they will have to sacrifice appealing options. Those with undefined interest find decision making difficult as well because none of the options appear attractive (Career Centre, 1998-2009).

Decision making experience that is, confidence in decision-making abilities comes from having made successful decisions in the past, also affects one's career decision-making (Career Centre, 1998-2008).


This taxonomy is based on a normative decision-making theory which various researchers consider important in order to understand the career decision-making process (e.g. Brown, 1990; Gati, 1986; Mitchell & Krumboltz, 1984; Neimeyer, 1988; Osipow, 1987; Osipow & Fitzgerald, 1996; Phillips, 1994; Pitz & Harren, 1980; Walsh & Osipow, 1988). The difficulties in this taxonomy are defined as a deviation from the model of "the person that makes career decisions perfectly". Each deviation from the model of such person is regarded as a potential difficulty, which can influence an individual's decision-making process in such a way that it can hinder or impede the individual in his/her decision-making process, or the individual makes a decision that is not optimal (Gati et al., 1996). In the taxonomy, career decision-making difficulties are classified into three broad categories, which are further divided into ten specific categories of difficulties [see figure 2.4(h)].
The first broader category, lack of readiness, includes three categories of difficulties that can appear before the career decision making process: (1) lack of motivation to begin the career decision making process; (2) general indecisiveness that refers to all kinds of decisions and (3) dysfunctional beliefs that include irrational expectations about the career decision-making process. The other two broader categories of difficulties, lack of information and inconsistent information, include categories of difficulties that arise during the career decision-making process. Lack of information includes four categories of difficulties: (1) lack of knowledge about the steps involved in the process; (2) lack of information about the self; (3) lack of information about the various alternatives (i.e., occupations) and (4) lack of information about ways of obtaining additional information. The third broader category of difficulties, inconsistent information, includes: (1) unreliable information (e.g., academic achievement above average and low score on the intelligence test); (2)
internal conflicts, which are conflicts within the individual as opposing preferences or difficulties related to the need to compromise and (3) external conflicts which relate to the influence of significant others.

Hence, career decision making is a key life task of adolescent and adult development. A thoughtful decision making paves the way to a satisfying career choice.