CHAPTER - 5

DISCUSSION

In today's world of Industrial growth and technological advancement it has become very difficult for a person to get employed. Latest technology brings innovative ways for getting things done but at the same time the use of manpower is being reduced. There are various reasons for the negative approach of an individual towards the changing work environment. Even after being highly qualified and competent, one faces a lot of problem just to get a decent source of income. Corruption and favoritism play a crucial role in making an individual's life difficult. Family, friends, relatives and society all work together to make or break an individual. One has to live up to the expectations of one's loved ones and along with that for the survival in the society one has to be financially independent and capable. In the modern era, when the thinking of a layman is getting broader, it becomes important for both males as well as females to show their worth in the world of work. The situation gets bad when one has all the required qualities for a certain job and when in spite of that one gets rejected than it gets really dissatisfactory. And the situation gets worse when one starts doubting one self. When the situation is such, then it is natural to have negative thoughts and one can’t help being annoyed.

Career, as we all know plays a vital role in the overall development and advancement of an individual. If the individual does not get employed then it affects all the areas of life. Moreover with a higher level of education such as university and college people expect one to be highly successful and well-settled. One of the major objectives of life is that the earning source has to be secure and one has to have a reputation in society. But the dreams get shattered when one doesn’t get what one deserves and what one demands from one’s life. After passing out the high school and then college one enters into a university with his/her high hopes and fingers crossed.
that his education will eventually lead to a good source of income. But all the hard work and effort seems useless when even the possibility of feeding one's family is not there. Considering all these factors it does not come as a surprise that one thinks negative at times about one's occupation and job.

Cognitions have been generally recognized as important factors that affect individual's career decision making processes and overall vocational development (Keller, Briggs and Gysbers, 1982; Lusting and Strauser, 2000, 2003; Sampson, Peterson, Lenz, Reardon and Saunders, 1996). When one's thinking, assumptions, attitude, beliefs, plans and strategies about one's career are negative; they are referred to as dysfunctional career thoughts.

Lack of self knowledge related to career interests, abilities and values as well as maladaptive career beliefs and assumptions (Lusting and Strauser, 2003; Strauser, Lusting, Keim, Ketz and malesky, 2002) can lead to dysfunctional cognitions and perceptions that result in failure to realize individual career potential.

Research has suggested that dysfunctional career thoughts usually revolve around the issue of self-worth, perfectionism, overall life satisfaction (Sampson, Peterson, Lenz, Reardon and Saunders, 1996; Sampson, Peterson, Lenz, Reardon and Saunders, 1998).

At this stage other individual factors like self-esteem, self-efficacy and achievement motivation also get affected and it is normal for the individual to be worried and anxious about his future. Self-defeating assumptions, faulty self-efficacy beliefs, anxiety and poor self-esteem have been implicated in the development of dysfunctional career thoughts (Strauser et al., 2002).

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 so that the amount of dysfunctional career
thoughts and their influence can be minimized (Young and Chen, 1999).

In the present study an attempt has been made to minimize the influence of dysfunctional career thoughts of the University students through the interventions which have been prepared to deal with four different levels of dysfunctional career thoughts and since dysfunctional career thoughts, life satisfaction, anxiety, self-esteem, self-efficacy and achievement motivation are expected to be interrelated, the intervention related changes have been tested on all these dependent variables.

Intervention related changes have been tested by comparing pre-intervention, post intervention and follow-up scores of all the dependent variables for both male as well as female University students. A control group was also selected at each level of intervention to study the effect of the intervention by comparing it to the group (control) which was not given any intervention.

5.1 THE EFFECTIVENESS OF THE INTERVENTION ON THE DYSFUNCTIONAL CAREER THOUGHTS OF UNIVERSITY STUDENTS

The career thought inventory has been used as a measure of single global indicator of dysfunctional thinking, career problem solving and decision making as well as the scores on the three construct scales i.e., decision making confusion, commitment anxiety and external conflict. Through the present intervention effort has been made to deal with all these aspects separately and pre and post intervention scores have been taken for each of the above measures.

It has been proposed (Sampson et al., 1996) that dysfunctional thinking can impair an individual's ability to solve career problems and make decisions. People are unable to initiate or sustain the decision making process as a result of disabling emotions and/or a lack of understanding about the decision making process itself.
Inability to make a commitment to a specific career choice is generally accompanied by generalized anxiety about the outcome of the decision making process. With the anxiety perpetuating the indecision, the inability to balance one’s own self-perceptions with the input from significant others may result in a reluctance to assume responsibility for decision-making.

Cognitive therapy concepts specify that dysfunctional cognitions have a detrimental impact on behavior and emotions. Through cognitive restructuring, attention to emotions and the development of effective helping relationship individuals can learn to replace dysfunctional cognitions with functional cognitions and as a result can experience positive changes in behavior and emotions. In the present study these principles were used to help the students to identify, challenge and alter dysfunctional career thoughts and to use more functional cognitions to deal with dysfunctional thinking (global), decision making confusion, commitment anxiety and external conflict. Based on their level of dysfunctional thinking the therapeutic information was provided to the subjects and it was expected that these interventions will be effective in dealing with their negative career thinking, decision making confusion, commitment anxiety and external conflict. It was hypothesized that:

a) Pre to post and post to follow up changes in dysfunctional career thoughts (global) as well as subscale scores of decision making confusion, commitment anxiety, external conflict, due to intervention will be evident for both male and female university students at all the four levels of dysfunctional career thinking.

b) For control condition no pre to post and post to follow up changes will be evident in dysfunctional career thoughts as well as decision making confusion, commitment anxiety, external conflict, for both male and female university students at any of the four levels of dysfunctional career thinking.
Both the above hypothesis 1(a) and 1(b) have been met with regard to the dysfunctional career thoughts, decision making confusion, commitment anxiety and external conflict.

1. According to Sampson et al., (1996) individual with higher level of dysfunctional thinking tends to have one or more of the following characteristics:

   Less likely to have a clear and stable perception of their goals, Interests, and talents, as well as less confident as decision makers

   a) Less likely to be certain about the choice of career and school major

   b) Less likely to be well informed about occupations and education/training programs that would be congruent with their interests and abilities

   c) More likely to be in a state of indecision about career choice

   d) Less likely to be comfortable with their progress in career decision making and to be more worried about their choice

   e) More likely to experience negative affect, more susceptible to psychological distress, more prone to disruptive emotions that interfere with adaptation, more prone to irrational ideas (concerning career choice), less able to control their impulses, and less able to cope effectively with stress (neuroticism)

   f) More likely to perceive themselves as unable to cope effectively with stress and more likely to become dependent, hopeless, or panicked when facing emergency situations, such as an involuntary employment change.

2. Following Issues are associated with Decision making confusion (DMC):

   a) Lack of understanding in how to go about the problem of career decision making
b) Being so much overwhelmed by the magnitude of the problem, that an individual fails to begin the decision making process

c) Negative emotion impede engaging in the problem solving process (e.g., anxiety, depression, or discouragement)

d) A repetitive cycle of being aware of a career problem, attempting to understand the nature of the problem, becoming overwhelmed, and returning to an awareness of a problem that is not solved.

3. Following Issues are associated with commitment anxiety (CA):

a) Inability to commit to a single choice after a potentially appropriate set of alternatives has been identified

b) Inability to let go of less appropriate alternatives in favor of a potentially more appropriate choice

c) Inability to let go of the state of indecision, including a potential secondary gain resulting from being undecided

d) Inability to prioritize from a set of plausible alternatives

e) A repetitive cycle of being aware of the need to narrow options to a select few, failing to commit to a “best” choice, and returning to an awareness of a problem that is not solved.

4. Following Issues are potentially associated with external conflict (EC):

a) Confusion about the appropriate balance between pleasing others and pleasing oneself

b) Inability to differentiate the perceptions of others from self-perceptions

c) Inability to differentiate which perceptions from others are important inputs for decision making
It has been explained by Sampson et al., (1996) that the constructs of decision making confusion, commitment anxiety and external conflict interfere with the higher order cognitive processes necessary for effective career problem solving and career decision making. Dysfunction associated with these three factors may well impact all the content dimensions of Cognitive Information Processing (CIP). The relative independence of these factors however means that individuals may have specific categories of dysfunctional thoughts that impair cognitive information processing. It was expected that the extent to which an individual’s dysfunctional thinking is associated with decision making confusion, commitment anxiety and external conflict can be determined by comparing the relative efficacy of the interventions on the global measure of dysfunctional thinking as well as on the above three construct scale scores (DMC, CA and EC). Thus, in the present study, pre-post and follow-up measures were also taken on the constructs of decision making confusion, commitment anxiety and external conflict along with the global measure of the dysfunctional thinking.

As expected in the present study the intervention has turned out to be effective in the reduction of dysfunctional career thoughts, decision making confusion, commitment anxiety and external conflict from pre to post and post to follow up scores of both males as well as females students at all the four levels of dysfunctional career thoughts. No such changes were perceived for control group. Thus hypothesis 1(a) and 1(b) have been confirmed.

Specifically, research has suggested that an individual’s career behaviors tend to be influenced by the interaction of vocational cognitions, behaviors and environments and that changes in an individual’s career behaviors tend to be cognitively mediated (Keller et al.,1982). Practitioners and researchers have also noted that some individuals tend to verbalize negative and dysfunctional statements regarding the career decision making process. These verbalizations
make the career problem solving and decision making process more difficult and often cause the individual to avoid it altogether (Sampson et al., 1996). With the potential negative impact of dysfunctional career thoughts on the career decision making process, researchers have focused efforts on gaining a better understanding of dysfunctional career thoughts and the potential impact on an individual's career and vocational development, specially the career decision making process.

Research in the area of career decision making has suggested that dysfunctional career thoughts can affect career behavior in four ways. First, an individual's career behaviors can be viewed as response to the individual's cognitive conceptualization of specific career environments. Second, the individual's cognitive development and learning experiences can modify the individual's career representations. Third, the individual's contextual supports, behaviors and cognitions interact to influence vocational behavior. Finally, the individual's cognitions mediate and change an individual's career behavior (Keller et al., 1982; Lent, Brown and Hackett, 2000; Peterson, Sampson and Reardon, 1991; Sampson et al., 1996).

In the present study, the positive impact of cognitive interventions on decision making confusion, commitment anxiety and external conflict constructs along with global measure of dysfunctional thinking also clearly highlights the extent to which dysfunctional thinking is associated with the three constructs (decision making confusion, commitment anxiety and external conflict).

Thus it clearly shows that cognitive processes and career thoughts potentially play a significant role in career and vocational development process and minimizing the amount of dysfunctional career thoughts can have important implication for individuals to develop healthy and functional career thoughts. However, lack of research evidence pertaining to the efficacy of interventions on
dysfunctional career thoughts and its subscales highlights the need for much future research in this area for firm conclusions.

5.2 THE EFFECTIVENESS OF THE INTERVENTION ON LIFE SATISFACTION OF UNIVERSITY STUDENTS

Life satisfaction is considered to be a central aspect of human welfare. It is the ultimate goal and human beings strive to achieve this goal throughout their lives. Satisfaction with one's life implies acceptance of life circumstances and fulfillment of wants and needs for life as a whole (Webster's Dictionary, 1996). Diener et al., (1999) have demonstrated that life satisfaction is a desire to change one's, satisfaction with the past, satisfaction with the future and significant views of one's life.

Feeling of satisfaction with life is an important factor for general sense of well being (Neugarten et al., 1961) and it refers to the attitude of individuals about their past, present and future in relation to their psychological well being (Chadda and Willingen, 1995).

Furthermore life satisfaction is a situation or a consequence obtained through comparing someone's expectations (whatever desired with possessions and whatever gained). Life satisfaction comprises of psychological factors such as goals, values, money, work/job (Myer and Diener, 1995; Niederman and Summer, 2004), education (Lasheras, Patterson, Casado, and Fernandez, 2001; Witter, Okun, Stock, Haring, 1984), age (Herzog and Rodgers, 1981), income (Easterlin, 1995), job-satisfaction (Rice, Near and Hunt, 1980), loss of job and poverty (Venderzee, Buunk, De Ruiter, Tempelaar, Van-Sonderson, and Saunderman, 1996).

Gardiner, & Oswald, 2006) found that perceived stress was negatively associated with life satisfaction. He explained that as the stress levels increase levels of life satisfaction decrease. Tremblay, Blanchard, Pelletian, and Vallerand (2006) found that satisfaction
with life positively predicted subjective vitality and negatively predicted perceived stress.

Carvar and Scheier (1990) opined that optimism is associated with positive outcomes whereas Pessimistic is associated with greater negative outcomes. Chang, Maydeu, Olivaves, and D'Zurilla (1997) too found that in young adults optimism was associated with greater life satisfaction whereas pessimism was found to be associated with greater depressive symptoms. Scheier, Carver, and Bridges (2001) found that pessimists experienced more negative feelings (anxiety and despair). Chang et al., (1997) further supported the notion that pessimism intensifies the cost associated with high levels of stress on adjustment whereas optimism mitigates such costs in young adults.

It has been observed that positive emotions can help the individual bounce back quickly from stress (Folkman and Mascowitz, 2000). Cultivating positive emotions produces an upward spiral that not only counteracts negative emotions but also broadens habitual modes of thinking and acting and builds personal resources for coping and encourages one to take action (Frederickson, 2000).

Trama and Kaur (2009) found that with the use of positive interventions one can improve one’s psychological health. Thus the resources/strategies that facilitate positive effect would promote life satisfaction.

Dysfunctional career thoughts have been linked to subjective well being or persons self perception of their current status, job-dissatisfaction, job-failure, job-failure, job-avoidance (Judge and Locke,1993; Newman et al.,1989; Saunders et al., 2000 and Serling and Betz,1990).Thus dysfunctional career thoughts have a tendency to decrease the likelihood of overall life satisfaction (Sampson et al.,1996; Sampson et al.,1998). Dysfunctional career thoughts have also been related to distorted and biased career beliefs that generally remain unnoticed and lead to self-defeating experiences.
In the present study an effort has been made to minimize the dysfunctional career thoughts of the subjects through Cognitive Interventions and since dysfunctional career thoughts and life satisfaction appear to be related it was expected that any intervention that will change dysfunctional career thoughts to appropriate and optimistic career thoughts will also enhance the life satisfaction of the subjects.

In view of above, it was hypothesized that:

a) Pre to post and post to follow up increase in life satisfaction scores due to intervention will be evident for both male and female university students at all the four levels of dysfunctional career thinking.

b) For control condition no pre to post and post to follow up changes will be evident in life satisfaction for both male and female university students at any of the four levels of dysfunctional career thinking.

In the present study the interventions have been found to be effective in increasing the life satisfaction of both male and female university students at all levels of dysfunctional career thinking and these changes have been observed from pre to follow up trials for level 1 and 2 and pre to post and pre to follow up for level 3 and 4. No such changes were evident in control group. Thus hypothesis 2 (a) and 2(b) have been confirmed in the present study.

However since direct research evidence pertaining to the relationship between the intervention dealing with dysfunctional career thoughts and life satisfaction is not evident, present finding stands on its own merit. For firm conclusion much future research is required.
5.3 THE EFFECTIVENESS OF THE INTERVENTION ON STATE-TRAIT ANXIETY OF UNIVERSITY STUDENTS

American Psychiatric Association (1975) defined anxiety "as an apprehension, tension or uneasiness which stems from anticipation of danger the source of which is largely unknown and unrecognized". It is difficult to understand anxiety in purely objective terms as a state of the organism. Different individuals use the concept in various different ways and the same individual may use it differently on separate occasions. Anxiety can be viewed as an everyday word in a minor sense, to what in reality a complex relationship occurring through time between the person and the situation one faces.

Hallman (1994) refers to anxiety as behavior and physiological responses directly induced by a situation, as an appraisal of the response and their effects, as a person's intention towards stimuli and as a person's evaluation of the sources available for dealing with it.

The distinction between anxiety as a transient state and as a relatively stable personality disposition came from Cattell and Scheier (1961), and Speilberger (1966). Here whether anxiety is a personality or situationally determined characteristic, Speilberger (1972) puts forth the fact that "an adequate theory of anxiety must distinguish conceptually and operationally between anxiety as a transitory state and as a relatively stable personality trait".

De Cecco and Crawford (1977) explained that as a personality trait anxiety is an acquired disposition for the individual to perceive a wide range of objectively non-dangerous condition as threatening. It is the stimulus condition which causes defenses to be set up to the state; subjectively these are feelings of apprehension and tension.

The anxiety trait and state are related to each other, such that mostly individuals with anxiety trait, experience the reactions typical of the anxiety states. When one refers to anxiety as an arousal, one refers to anxiety as a state and when one distinguishes between
students who tend to be anxious and those who are non-anxious, one is referring to anxiety as a trait.

State anxiety is an emotional state identified in conception of anxiety as a multi-component process whereas trait anxiety merely reflects individual differences in anxiety proneness.

It has been observed that role ambiguity is positively associated with anxiety. Gavin and Exelard (1977) found that underutilization of skills, job-insecurity and job-dissatisfaction had moderate to high relationship with anxiety. Role efficacy has been found to have negative relationship with general and job anxiety (Sharma and Sharma, 1984).

Anxiety (Fuqua et al., 1988 and Gibb, 1991) has also been implicated in dysfunctional career thoughts and has been found to be directly correlated with dysfunctional career thoughts, decision making confusion, commitment anxiety and external conflict as measured by CTI (Sampson et al., 1996). Relationship of state trait anxiety inventory has also been studied with dysfunctional career thought (Saunders, 1997).

Thus in view of above it was expected that any intervention that will be used to deal with dysfunctional career thoughts will also have positive effects on the state-trait anxiety experienced by the individual. In view of above, it was hypothesized that:

a) Pre to post and post to follow up decrease in state-trait anxiety scores due to intervention will be evident for both male and female university students at all the four levels of dysfunctional career thinking.

b) For control condition no pre to post and post to follow up changes will be evident in state-trait anxiety for both male and female university students at any of the four levels of dysfunctional career thinking.
Both the above hypothesis have been met with regard to the state-trait anxiety.

In the present study the interventions have been found to be effective in the reduction of state-trait anxiety of both male and female university students at all the levels of dysfunctional career thinking and these changes have been observed from pre to post and pre to follow-up trials and no such changes were evident in control group. Thus hypothesis 3(a) and 3(b) have been confirmed in the present study.

However since direct research evidence pertaining to the relationship between the intervention dealing with dysfunctional career thoughts and state-trait anxiety is not evident, present findings stand on its own merit. While cognitive therapies in the form of Cognitive restructuring and Self-instructional training programs have been widely used to deal with anxiety (both state and trait) and the efficacy of cognitive interventions have been seen in the reduction of anxiety disorders (McDermott, 2004, 2005 in Aradhana, 2010; Howard, 1999; Alexan and Birmaher, 2001; Arntz, 2003; Aradhana, 2010) as well as in the reduction of state-trait anxiety (Spielberger and Vag, 1995 in Aradhana, 2010; Fletcher and Spielberger, 1995 in Aradhana, 2010; Algaze, 1980; Holroyd, 1976), much future research is recommended to study as related constructs the effect of cognitive interventions where state-trait anxiety has been taken as a related construct to dysfunctional career thoughts.

5.4 THE EFFECTIVENESS OF THE INTERVENTION ON SELF-EFFICACY OF UNIVERSITY STUDENTS

Self-efficacy, defined as the degree to which individuals consider themselves capable of performing a particular activity (Bandura, 1977, 1982, 1986a, 1988, 1989, 1990, 1991a, 1991b, 1993), has attracted enormous attention across diverse domains (e.g., Lent, Brown and Hackett, 1994). Self-efficacy is a generative mechanism through which people integrate and apply their existing cognitive, behavioral and
social skills to a task. Self-efficacy partly determines people’s actions; their decisions to engage in a task, to put forth effort and to preserve under failure (see Bandura, 1986a). Self-efficacy also affects thought patterns and how much stress people experience in the environment (e.g., Bandura, 1989).

Self-efficacy beliefs are hypothesized to affect the amount of anxiety people experience i.e., whether their thoughts are self aiding or self hindering. Self-efficacy may also affect whether people will persist and expend effort in learning challenging and complex actions required in a particular situations (Larson and Daniels, 1998).

Self-efficacy beliefs are expected to affect action through the mediating influences of other self-generated processes, namely affective processes, motivational processes and other cognitive processes. Persons with high self-efficacy would be more likely to view their anxiety as challenging, set realistic moderately challenging goals and to have thoughts that are self aiding (Larson and Daniels, 1998).

Bandura 1977, 1982) also proposed that the concept of self-efficacy is expectancy that one can perform anything successfully. Those with greater self-efficacy tend to achieve and perform better. Self-efficacy increases with personal accomplishment and may increase or decrease on seeing individual similar to us failing or succeeding in a task. The perception that one is capable of performing the task but seeking failure may breakdown person’s notion and emotional arousals and thus affects their feelings of self-efficacy.

The individuals sense of self worth and purpose in life, the way person can cope and survive reflect the measure of the strength of the self. The appraisal of one’s competence is decisive for the way a person tackles demanding situations. Given high self-efficacy a low degree of stress is to be expected whereas high stress will result from a low degree of self esteem (Zeidner and Schwarzer, 1996).
Individuals with stronger sense of perceived self-efficacy experience low stress in threatening or taxing situations and experience situations as less stressful owing to their belief in their ability to cope (Bandura, 1997).

Bulger and Mellor (1997) observed that emotional arousal is negatively associated with self-efficacy especially when efforts to achieve task success are associated with distress and anxiety. They also mentioned that providing workshops in stress management and affective coping skills before and after taking on activities may be helpful in offsetting the influence of distress.

In the present study dysfunctional career thought and belief have been characterized by career theorists as dysfunctional cognitions, dysfunctional self beliefs, self-defeating assumptions and faulty self-efficacy beliefs (Corbishley and Yost, 1989; Borders and Archadel, 1987; Dryden, 1999; Brown and Lent, 1996). It has been proposed that career indecision due to limited opportunity may affect the career decision making self-efficacy of the individuals.

Low levels of career decision making self-efficacy have been found to be related to pessimistic career decision making attributional styles. Cognitive information processing theory suggests that effective career problem solving and decision making is based on effective processing of information related to self knowledge. Self knowledge is conceptualized as an individual's perception of his/her values, interests and skills (Holland and Holland, 1977).

When individual experiences career indecision and develop dysfunctional career thoughts then he/she can solve career problems through cognitive interventions such as self talk, self awareness, control and monitoring.

Zeidener and Schwarzer (1996) explained that an appraisal of one's competence is decisive for the way a person tackles demanding situations. Given high self-efficacy, low degree of stress is to be
expected, whereas high stress will result from a low degree of self-efficacy. In view of this, any effort to reduce stress should be able to enhance the self-efficacy of the subjects.

In the present study effort has been made to deal with dysfunctional career thoughts through cognitive interventions which were given to the subjects according to their respective levels of dysfunctional career thoughts and since self-efficacy has been found to be related to dysfunctional career thoughts it was expected that any intervention that would reduce the dysfunctional career thoughts would also enhance the self-efficacy of these subjects.

In view of above, it was hypothesized that:

a) Pre to post and post to follow up enhancement in the self-efficacy scores due to intervention will be evident for both male and female university students at all the four levels of dysfunctional career thinking.

b) For control condition no pre to post and post to follow up changes will be evident in self-efficacy for both male and female university students at any of the four levels of dysfunctional career thinking.

In the present study the interventions have been found to be effective in increasing the self-efficacy of both male and female university students at all the levels of dysfunctional career thinking and these changes have been observed from pre to post and pre to follow-up trials and no such changed were evident in control group. Thus hypothesis 4(a) and 4(b) have been confirmed in the present study.

However since direct research evidence pertaining to the relationship between the intervention dealing with dysfunctional career thoughts and self-efficacy is not evident, present findings stand on its own merit and much future research is recommended in this regard.
5.5 THE EFFECTIVENESS OF THE INTERVENTION ON SELF ESTEEM OF UNIVERSITY STUDENTS

Self esteem comprises of the evaluation an individual makes about him/her self (Harter, Marold and Whitecell, 1992). Self esteem involves the values that an individual places in him/her self and is a judgment about whether his/her abilities and qualities meet or fall short of the standards that one believes to be ideal (Pope, Mc Hale and Carighead, 1998). Low achievement and feeling of hopelessness can easily thwart the self-esteem of adolescents (Sud, Bhalla and Sethi, 2010).

The need for self esteem is regarded as the core concern of human beings and is supposed to benefit people in many ways (Baumeister, 1998). Self esteem changes over childhood and adolescent years. The self-esteem gradually rises in adolescence especially for those who perform well in school and other activities.

Positive self esteem is a result of how an individual values him/her self. This self value depends on the achievements that the person has made especially in academic and other tasks during his youth. One’s cognitions towards personality, attitudes, social relations and performance contribute to his/her high self-esteem. Achievements which are rewarding and satisfying often lead to positive self esteem.

Lindgren (1993) observed that distortions in self-perception occur when people realize that others know them better than they do. The perception that they are wrong in their self appraisal may lead to degree of defensiveness among these individuals. In turn this threatens their feeling of security.

Coopersmith (1975) believes that positive feeling of oneself increases involvement and successful performance. Self esteem is a set of attitude that one brings with him/her on facing the world. Positive self esteem involves factors such as acceptance, approval, confidence and positive emotions.
Lack of self esteem, self acceptance, positive identity and self evaluation may lead to feelings of distress (Rao, 1999). Those having a negative self-view have high negative affect and typically low esteem persons have low negative affectivity (Watson and Clark, 1984).

Negative self esteem or the feelings of self-deprecation are feelings of misery, which leads to self and social discontent. Archibald (1978) mentioned that in order to develop and maintain a healthy self a person must be able to feel that he/she can exert a reasonable degree of control over the immediate environment.” In psychological terms self esteem provides a mental set that prepares the person to respond according to expectations of success, acceptance and personal strength” (Coopersmith, 1975). Low self esteem may be the result of too much criticism, shame, failure and guilt and may lead to the feeling of withdrawal, tension, helplessness, hopelessness, conflict and inhibitions the in congruity between individual self and his/her experience may lead to problems in adjustment further leading to anxiety and stress..

The factors associated to the individuals own self in enhancing his/her self esteem includes his/her efforts in developing a positive mental attitude. On examining their self and the environment thoroughly, the people can achieve a grasp over the alternatives and takes action to build their self esteem (Stewart, 2003).

They may also enhance their self esteem by learning to think independently. Positive self talk and taking responsibility for one’s own behavior may help one to analyze oneself better.

Cognitive therapy of beck suggests that thought and negative images contribute to person’s emotional distress. A deliberate problem solving sequence that includes cognitive restructuring, self instructional training programs can be successful in this regard (Avery, 1999).
Research has indicated an inverse relationship between stressful events and self-esteem (Kliewer and Sandler, 1992) and negative affect individuals are more reactive to stressful circumstances than are low negative affect individuals (Bolger and Zuckervuan, 1995). It has been shown that low self-esteem people respond with greater emotional distress to failure than high self-esteem individuals (Brown and Dutton, 1995). Because individuals with poor coping mechanism are more vulnerable to environmental stressors (Simonds, Mc Mahon and Armstrong, 1991), it has been reported that positive self-esteem enhances one's ability to cope effectively with stress (Sethi, 2006).

Lack of self-esteem, self-acceptance, positive identity and self evaluation may lead to feelings of distress (Rao, 1999). Those having negative-self view have high negative affect (Watson and Clark, 1984): low self-esteem people are primarily concerned about protecting their self image as they are highly negative affectively (Lennox and Cutler, 1986). Negative self-esteem or feelings of self-deprecation are feelings of misery, which leads to self and social discontent.

Researchers have noted the importance of reducing stress by helping youth to develop positive perceptions of self in order to avoid catastrophic socio-emotional outcomes such as suicidal behavior (Ferrer- Wreder, Lorente, Kurtires, Briones,Russell, Berman and Arrufat, 2002). Thus shows that not only the interrelation between self-esteem and stress has causal implication, but reduction in one may enhance other (Sethi, 2006).

Self-esteem has been linked to self and self-well, and has emerged as an important tool for understanding human behavior and for treating negative thoughts, inner feelings of incompleteness and self-doubt (Adler,
Poor self esteem has been implicated in the development of dysfunctional career thoughts (Betz and Hackett, 1981; Herr and Crammer, 1996). Since the dysfunctional career thoughts revolve around the issues of worth (Sampson et al., 1996) it was expected that any effort to deal with distorted career beliefs and person's self perceptions of their current status, job-dissatisfaction, job-failure, avoidance etc (Judge and Locke, 1993; Newman et al., 1989; Saunders et al., 2000; Serling and Betz, 1990) would also as negatively affect the self esteem of the people.

So in view of this it was also expected that any intervention that will be used to deal with dysfunctional career thoughts will also have positive effects on the self esteem experienced by the individual.

In view of above, it was hypothesized that:

a) Pre to post and post to follow up changes in self esteem scores due to intervention will be evident for both male and female university students at all the four levels of dysfunctional career thinking.

b) For control condition no pre to post and post to follow up changes will be evident in self esteem for both male and female university students at any of the four levels of dysfunctional career thinking.

Both the above hypotheses have been met with regard to the self-esteem of the subjects.

In the present study the interventions have been found to be effective in increasing the self esteem of both male and female university students and these changes have been observed from pre to post and pre to follow-up at all the levels of dysfunctional career thoughts and no such changed were evident in control group. Thus hypothesis 5(a) and 5(b) have been confirmed in the present study.
However, since direct research evidence pertaining to the relationship between the intervention dealing with dysfunctional career thoughts and self-esteem is not evident, present findings stand on their own merit. Much future research is required for firm conclusions.

5.6 THE EFFECTIVENESS OF THE INTERVENTION ON
ACHIEVEMENT MOTIVATION OF UNIVERSITY STUDENTS

All the students are influenced by achievement motivation. Everyone has a need to achieve and a fear of failure, but these vary from person to person and from situation to situation. Individuals with need to achieve have high attitude towards success and work hard to ensure they are successful (Atkinson, 1974). They participate in the activity either for the sake of learning or improving their ability or with the expectation of reward (Eskeles, Gottfried, Fleming and Gottfried, 1998). They avoid failure at all costs. When students think they have low ability, to avoid failure and protect their self-worth they may actually decrease effort (Alderman, 1999) or choose not to have a goal or even attempt a task (Mc Clelland and Marquis, 1971).

Tracy (1993) observed that whatever we accomplish is determined by the way we think and use our mind. Studies have shown that people with limited self-beliefs (Simon, 1988) and low self-efficacy (Alderman, 1999) often lack confidence, are negative and pessimistic and they expect to fail. While high achievers are generally classified as driven, striving for success, competitive or taking charge. Low achievers are seen as quitters, non-participants and failures (Parker and Johnson, 1981).

Achievement motivation has a multidimensional nature. It involves aspects from an individual's characteristics to that of the society he/she is a part of. Achievement motivation is related to success and failure, involves competence, power and future orientations. Attainment of goals with great efficacy, competition, accurate performance, high aspiration and success are characteristics of high achievers. Stress and anxiety may be inevitable concern for
high achievers as they cannot take failure, loss of power and prestige, low self esteem or efficacy. Those with low achievement motivation may also suffer as they may take failure as a way of life (Sethi, 2006).

Stericker and Johnson (1977) found that achievement motivation was a significant correlate of self-esteem, for both males and females; the relationship was significantly stronger for females than for males.

High stress and anxiety also hinder an individual’s achievement motivation. Khan and Hassan (1983) noted that high anxiety group revealed a sense of despair and fear of failure but the low tension group seemed to be hopeful of striving towards a better future. Self-concept is influential in self-relevant information processing, affect regulation and motivational process (Markus and Cross, 1990). Factors such as success and failures, competence and power, helplessness and hopelessness, which are related to achievement motivation, are likely to show their effect on an individual’s self-esteem and may increase or decrease his/her anxiety and stress levels too.

Kaplan and Sadock (1994) reported that anxiety tends to produce confusion and distortions of perceptions not only of time and space but also for people and meaning of events. One complaint is reduce energy, difficulty in completing task and decreased motivation. When faced with stressful events, those who are able to regain and maintain positive emotional states are less likely to get sick or use medical services (Goldman, Kraemer and Salovey, 1997). In view of above since the present intervention has turned out to be effective in the reduction of dysfunctional career thoughts, state-trait anxiety and in the enhancement of self-efficacy, self esteem, it’s efficacy for the enhancement of achievement motivation is quite expected.

In the present study effort has been made to deal with dysfunctional career thoughts through cognitive interventions which were given to the subjects according to their respective levels of
dysfunctional career thoughts and since achievement motivation has been found to be related to dysfunctional career thoughts it was expected that any intervention that would reduce the dysfunctional career thoughts would also enhance the achievement motivation of these subjects.

In view of above, it was hypothesized that:

a) Pre to post and post to follow up increase in achievement motivation scores due to intervention will be evident for both male and female university students at all the four levels of dysfunctional career thinking.

b) For control condition no pre to post and post to follow up changes will be evident in achievement motivation for both male and female university students at any of the four levels of dysfunctional career thinking.

In the present study the interventions have been found to be effective in increasing the achievement motivation of both male and female university students at all the four levels of dysfunctional career thinking and these changes have been observed from pre to post and pre to follow-up at all the levels of dysfunctional career thoughts specifically 3rd and 4th level and no such changed were evident in control group. Thus hypothesis 6(a) and 6(b) have been confirmed in the present study. However since direct research evidence pertaining to the relationship between the intervention dealing with dysfunctional career thoughts and achievement motivation is not evident, present findings stand on its own merit.