Perfectionism and Internalizing Disorders as Predictors of Career Indecision Among College Students

Paige Jones
University of Mississippi

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PERFECTIONISM AND INTERNALIZING DISORDERS AS PREDICTORS OF CAREER INDECISION AMONG COLLEGE STUDENTS

By
Paige Jones

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

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Approved by
________________________
Advisor: Professor John Young
________________________
Reader: Professor Danielle Maack
________________________
Reader: Professor Marilyn Mendolia
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ABSTRACT

PAIGE JONES: Perfectionism and internalizing disorders as predictors of career indecision among college students
(Under the direction of Dr. John Young)

Perfectionism has been found to be a significant predictor of career indecision in adults. Perfectionism has also been linked with internalizing disorders, such as depression, anxiety, and obsessive-compulsive disorder in children. The primary aim of this study is to determine if there is a relationship between those internalizing emotions experienced in childhood and career indecision as an adult. There have not been many studies for career indecision based on emotions directly from one’s childhood, so this study aims to provide some basic understanding on that relationship. This study investigated if perfectionism and internalizing disorders (measured retroactively) during childhood were correlated with career indecision as an adult. To test this hypothesis, 426 undergraduate students from the University of Mississippi completed an online Qualtrics survey, with measures for perfectionism, depression, anxiety, obsessive-compulsive disorder, and career indecision. Correlational analysis revealed that there was only a significant association between perfectionism and both anxiety and obsessive-compulsive disorder. Career indecision was also significantly associated with depression and anxiety (but not perfectionism). In a multiple linear regression analysis, however, anxiety and OCD were the only significant predictors of career indecision. However, OCD surprisingly negatively predicted career indecision. Although many of the other expected associations were not shown to be significant in the current study the results nonetheless
contribute to the available literature on these topics by providing a replication of the previously demonstrated association between anxiety and career indecision. The overall implications of the findings are that more research is necessary to clarify the potentially complex relations among the variables studied. This would ideally include longitudinal research measuring childhood symptoms and later career indecision directly, although that method of study presents logistical challenges (the implications of which will be discussed).
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INTRODUCTION

Perfectionism and Depression, Anxiety, and Obsessive-Compulsive Disorder

Perfectionism can be defined as “setting an almost unattainable high standard, valuing only successes and the attainment of all goals set” (Flett et al. 2011). When it comes to pediatric anxiety and depressive disorders, perfectionism has been implicated as a maladaptive process that can frequently lead to distress. This is frequently due to a process of setting impossibly high standards that are in turn left unmet, which facilitates subsequent self-criticism. In the same sense, if the impossibly high standards are met, they can be retroactively viewed as not demanding enough, resulting in further elevation of expectations. The paper that follows attempts to further explicate this construct and examine its association to career indecision, an important issue facing many young adults (particularly those approaching the end of their formal educational experiences).

Perfectionism has often been studied in the context of depression and anxiety disorders, given its aforementioned association with potentially maladaptive cognitive processes (Affrunti & Woodruff-Borden, 2014). For example, Affrunti and Woodruff-Borden (2014) began to study the development of perfectionism in pediatric anxiety disorders and depression. They indicated that there is a link beginning to emerge between a genetic basis for perfectionism and environmental mechanisms of this transmission very similar to those seen in the typical etiology of anxiety and depression. Further, the authors reviewed research showing that the increased use of direct control parenting strategies by mothers was associated with increased child perfectionism, which was itself
associated with depressive symptoms (Benson and Pomerantz, 2009). Cook and Kearney (2009) showed similar results in that mothers’ self-oriented perfectionism was related to maternal obsessive-compulsive symptoms, which in turn were linked to general child internalizing symptoms. Overall, the results of these seminal papers suggest that parental modeling and/or reinforcement of perfectionism, in conjunction with genetic predisposition, may facilitate intergenerational transmission of these traits (Affrunti & Woodruff-Borden, 2014).

Additional context for the impact of perfectionism on development can be seen in Stornelli et. al (2009), where the authors performed a study of children who completed a measure of perfectionism. The results showed no association between educational groups (regular; gifted; arts) and perfectionism and no association between perfectionism and achievement; however, both self-oriented and socially prescribed perfectionism were positively associated with sadness (consistent with the etiological models outlined above). Likewise, McCreary et al. (2004) showed similar results that both self-oriented and socially prescribed perfectionism were correlated with depressive symptoms in a sample of 6th grade African American children. Socially prescribed perfectionism specifically was found to be a robust predictor of internalizing symptoms at a 1-year follow up.

In another study of perfectionism in children, Hewitt et. al (2002) examined anxiety, social stress, socially prescribed perfectionism, and self-oriented perfectionism, finding that both forms of perfectionism were significantly related to anxiety. Results indicated that socially prescribed perfectionism was a direct predictor of anxiety, whereas self-oriented perfectionism interacted with stress in a moderated prediction. Similarly,
Flett et al. (2011) suggest that, theoretically, perfectionistic children might see worry as a process that benefits them because it helps them avoid making mistakes in the future, which leads to poor problem orientation. This suggestion came from studies (Davey 1994; Ladoucer et al. 1998) showing that poor problem orientation is often linked with excessive worry in patients with generalized anxiety disorder. Similarly, Libby et al (2004) examined the link between OCD and different cognitive appraisals (including perfectionism) by splitting adolescents into groups (OCD, other anxiety disorders, and non-disordered controls) for questionnaires. The major finding was that adolescents with OCD scored significantly higher on measures of concern over mistakes than did members of the anxiety group. They also provide an important implication that children with OCD have greater levels of inflated responsibility (in comparison to the other two groups), which was also the only significant predictor of OCD noted in the study.

Further research on interventions for these disorders show that perfectionism mediates treatment improvements for both anxiety and depression symptoms (Barrett and Turner, 2001). Research has also shown a link between perfectionism and intolerance of uncertainty as a factor of OCD in adults (Buhr and Dugas, 2006), while posing a research question for pediatric samples. The intolerance of uncertainty and ambiguity aversion tend to continuously appear in the context of perfectionism and internalizing symptoms and suggest important implications. In the review mentioned earlier (Affrunti & Woodruff-Borden, 2014), however, it was pointed out that the field has typically examined these disorders as a unit. The authors thus proposed that it was necessary to look at the individual links between perfectionism, depression, and anxiety disorders in
order to gain a deeper understanding of differential association and implications for etiology, maintenance, and treatment of these conditions.

**Negative Affect**

Negative affect can be defined as a temperament factor characterized by “fear, anxiety, sadness, frustration, guilt, and discomfort paired with difficulty in being soothed” (Affrunti & Woodruff-Borden, 2015). It has been shown in several studies to predict internalizing symptoms and be a shared factor across depressive and anxiety disorders in children and adults (Affrunti & Woodruff-Borden, 2015). In a previous study (McCreary et al. 2004), perfectionism was also shown to be related to both negative affect and internalizing symptoms in children, while simultaneously predicting increased anxiety and depressive symptoms in children over time in a longitudinal study of perfectionism in economically disadvantaged African American children (McCreary et al., 2004). It was one of the first studies to directly examine these correlations, and the results provided a strong basis for further research associating perfectionism with these other constructs.

Affrunti and Woodruff-Borden (2015) later aimed to address these gaps in research examining the mediating role of both self-oriented and socially prescribed perfectionism in the relationship between negative affect and internalizing symptoms in children. They also provided previous research linking negative affect and perfectionism with internalizing disorders in children, and studies that showed perfectionism (and temperament) as influential in the development of internalizing symptoms. Participants in this study consisted of 61 parent-child dyads from moderately sized urban areas, most of
whom were white and between 7 - 13 years old. The Temperament in Middle Childhood Questionnaire (TMCQ) was used to assess negative affect in children, the Child and Adolescent Perfectionism Scale (CAPS) was used for perfectionism, the Beck Anxiety Inventory for Youths (BAI-Y) for anxiety, the Beck Depression Inventory for Youths (BDI-Y) for depressive symptoms, and the Penn State Worry Questionnaire (PSWQ-C) for worry. Path analysis was used to establish correlations and bootstrapping was used for mediation effects.

The study’s results indicated moderate to high, statistically significant correlations among child worry, depression, and anxiety. They also showed significant positive association between negative affect and perfectionism, anxiety, worry, and depression in children and indicated that negative affect can predispose children to developing high standards as a coping mechanism for distress. The authors (Affrunti & Woodruff-Borden, 2015) further suggest that understanding how perfectionism has influenced these related constructs provided important information on the prevention and treatment for these depressive and anxiety disorders. They particularly emphasized the importance of identifying the links between perfectionism and other similar thoughts and disorders that are related to depression and anxiety in order to get a true grasp of how to treat them.

One of these disorders that is essential to also consider is OCD. In this next study, Soreni et al. (2014) measured the association between obsessive-compulsive and depressive symptoms in children with OCD. They summarized background literature suggesting that OCD has a typical onset during childhood, and that youth with OCD often have impairments at home, school, and/or in a social setting. They also established that perfectionism can impede cognitive behavioral therapy for OCD, which has been
notable as the most effective form of treatment (Pediatric OCD Treatment Team, 2004). Participants were 94 youth, 9 - 17 years old, with an OCD diagnosis. Perfectionism was measured using CAPS-14 and the AMPS self-report measures. The severity of OCD was measured by the Children’s Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) while the Children’s Depression Inventory (CDI) measured severity of depressive symptoms. The severity of OCD was positively and significantly associated with all of the CAPS-14 scale and AMPS subscales, with an exception for the need-for-admiration subscale of the AMPS. When age, sex, and depressive symptoms were controlled for, positive and significant correlations were still observed between self-oriented perfectionism scales of the CAPS-14 and the compulsiveness subscale of the AMPS. The regression analyses show that both the CAPS-14 and AMPS scores were able to account for significant variation in OCD symptoms and that the self-orienting perfectionism scale of the CAPS-14 and compulsiveness scale of the AMPS were positively associated with severity of OCD symptoms. Soreni et al. (2014) show that given the potential for perfectionism to impede on CBT, youth who struggle with depression and OCD present unique clinical challenges for treatment. They acknowledge that their study was relatively small and did not have a control group; however, they also demonstrated the importance of perfectionism in the growing research area examining this as a transdiagnostic process. They propose future studies that would include a larger sample size, use a longitudinal design, and that are able to make comparisons between other diagnostic groups and OCD.

**Career Indecision**

Career indecision can be defined as a construct that refers to emergence of problems during the career decision-making process (Di Fabio et al., 2013). Career
decisions require many different factors that need to be considered, such as abilities, goals and preferences, social expectations, uncertainty, and the frequent necessity of compromise. They are one of the most complex decisions one has to make about life, making it unsurprising that difficulties in the career decision-making process are more so the rule than the exception (Di Fabio, Palazzeschi, Asulin-Peretz, & Gati, 2013; Fuqua, Newman, & Seaworth, 1988; Gati, 1986; Osipow, 1999). Understanding the underlying sources of career indecision is important in identifying potentially effective interventions.

Fuqua, Newman, and Seaworth (1988) correlated scores from the Career Decision Scale (CDS) with two measures of anxiety. Early research on this topic (Goodstein, 1965) suggested that anxiety related to career indecision came from two factors: 1) the failure to develop the skills needed to make career decisions, or 2) broader experience of more generalized anxiety itself, which becomes directed toward these decisions. Early attempts to study this, however, employed a dichotomous coding of career decision-making status (i.e., decided or undecided) that made results confusing. Fuqua et al.’s (1988) study, therefore, used continuous measures of career indecision correlated with different types of anxiety in order to show a clearer picture of the relationship. The sample for this study included 349 students enrolled in undergraduate psychology classes at a mid-western university. Participants were given a brief explanation of this study before being asked to complete a brief demographic questionnaire and a career indecision and state/trait anxiety measure. The Career Decision Scale (CDS) was used to measure career indecision on multiple facets. State anxiety was also measured using the State-Trait Anxiety Inventory (STAI; Spielberger, 1972).
Using these data as a basis, the authors conducted a factor analysis. Their findings indicated a 4-factor structure, where factor 1 represented a need for information about oneself and careers while also having the tendency to avoid/delay career decision-making if this information was not present. Factor 2 represented the need for information about different career options but emphasized concerns about appropriateness of the career relative to interests, needs, and abilities. Factor 3 represented multiple interests and actor 4 represented barriers to career choice. All factors except for Factor 3 (multiple interests) had significant correlations with state and trait anxiety. Factor 2 (career fit) and Factor 4 (barriers) were also determined to be the most readily available explanations of career indecision (and therefore the most treatable). The highest correlation came from Factor 1 (lack of information), which heavily related to uncertainty and ambiguity aversion, the intolerance of which has previously been discussed as problematic (Affrunti & Woodruff-Borden, 2014; Xu and Adams, 2020). The authors suggest further research in this realm, indicating that lack of information about possible person environment fit may be among the hardest aspects of career indecision to address through formal intervention.

In this next study, Xu and Adams (2020) examined how ambiguity aversion predicts career decision making outcome in several different domains. They explained that career decision-making is important because it largely dictates future outcomes of financial and time investments, while also crystallizing career identity as an important part of self-concept (Lipshits-Braziler, Gati, & Tatar, 2016; Savickas, 2015). It is challenging to students because it is asking them to make a consequential decision (Osipow, 1999; Xu & Bhang, 2019) about their future while they still likely have an ambiguous understanding of themselves and of the career world (Arnett, 2000; Koepke &
Denissen, 2012). Therefore, how students deal with this ambiguity is essential for career decision making. Previous research has also shown that ambiguity aversion negatively predicts career indecision (Storme, Celik, & Myszkowski, 2019; Xiao, Hou, Wang, & Zhu, 2017; Xu & Tracey, 2015, 2017c), thus the position that reduction in ambiguity might facilitate better decision-making.

Xu and Adams (2020) explored this idea by focusing on three career-decision making outcomes (academic major satisfaction, life satisfaction, and job search self-efficacy) due to their relevance in career theories and importance in college students’ developmental needs. In a previous study, Xu (2019) showed that people who have good ambiguity management often yield functional integration of the self and of vocational attributes, while ambiguity aversion was negatively associated with a rational style of making decisions and perceived fit for a job. They further posited that ambiguity aversion negatively predicts major and life satisfaction and job search self-efficacy through commitment anxiety by looking at the career construction theory (Savickas, 2013; Savickas et al., 2009) and Arnett’s (2000) emerging adulthood model. Xu and Adams (2020) suggested that ambiguity aversion predicts this commitment anxiety because students less comfortable with ambiguity are likely to have issues choosing a specific path, which will then cause anxiety about committing to that path. This is especially harmful as the commitment anxiety may limit students’ engagement in preparation for a career.

The study (Xu & Adams, 2020) tracked 371 undergraduate students at a southwestern university, of which 75.5% were in an undeclared/career exploratory pathway. Ambiguity aversion was measured with the Career Decision Ambiguity
Tolerance Scale (CDAT) at time 1. Commitment anxiety was measured with the Career Decision Profile-Short (CIP-Short) at Times 1 and 2. Major satisfaction was measured with the Academic Major Satisfaction Scale (AMSS) at Time 3. Life satisfaction was measured with the Satisfaction With Life Scale (SWLS) at Time 3. Job search self-efficacy was measured with the Job Search Self-Efficacy-Outcome Scale (JSSE-O).

Students who participated in a previous study (Xu and Tracey, 2017) 3 years prior were asked to complete a follow up survey. At Time 1 (n = 371), their freshman year, they were asked questions about ambiguity aversion and auxiliary information. At Time 2 (n = 210) they were asked about commitment anxiety at the end of their first semester. At Time 3 (n = 82), students were in their 2nd semester of senior year and were asked questions about their major and life satisfaction and job search self-efficacy. The authors used latent variable structural equation modeling to examine the results as well as accounting for missing data due to attrition. Ambiguity aversion at Time 1 was found to positively predict commitment anxiety at Time 2, which also then negatively predicted major and life satisfaction and job search self-efficacy at Time 3. Commitment anxiety was also found to mediate ambiguity aversion related to major satisfaction, life satisfaction, and job search self-efficacy. This mediation suggests that students’ ambiguity aversion likely leads to worse career outcomes due to poor commitment to a certain career path, which further suggests that an obsessive contemplation about this goodness or fit of a career path may be bad for future outcomes. This study further solidifies the importance of treating ambiguity aversion in regard to career decision making, while suggesting further research with larger sample sizes and figuring out potential antecedents that may cause ambiguity aversion.
Studies Demonstrating a Connection Between Perfectionism and Career Indecision

Andrews et al. (2014) examined whether perfectionism was another factor that could influence career decision-making self-efficacy. They reported that there was little information at the time about how the components of perfectionism may be related to negative thoughts in the realm of careers. They defined career decision-making self-efficacy as “an individual’s beliefs about his or her capability to perform tasks related to the career decision-making process” (Taylor & Betz, 1983), and indicated that negative career thoughts and certain personality variables explained some aspects of career decision-making self-efficacy (Ganske & Ashby, 2007). Additionally, perfectionism overall had been linked to both career decision-making self-efficacy and negative thinking.

The authors’ study (Andrews et al., 2014) explored relationships with career decision-making self-efficacy, perfectionism, and negative career thoughts. All three are relevant in the realm of career development but had not been specifically connected in previous research. They posited that perfectionists are likely to have high standards for performance and perceive their outcomes as not good enough, with ideal goals unreachable. Therefore, they are typically plagued with negative thoughts and negative expectations about their own abilities. For the study, 300 psychology students from a midsized southeastern university completed a survey containing a demographic form, The Career Thoughts Inventory (CTI), Frost Multidimensional Perfectionism Scale (MPS-F), and Career Decision Self-Efficacy Scale- Short For (CDSE-SF). They were then divided into groups based on perfectionism: adaptive, maladaptive, or non-perfectionist.
Andrews et al. (2014) then looked at the distinct groups to form based on the MPS-F scale and scores on the CM concern over mistakes subscale. Maladaptive perfectionists varied significantly differently on the CM compared to the other groups. There were no significant differences between adaptive perfectionists or non-perfectionists on the CM scale. All groups varied significantly on the whole MPS-F scale. A multivariate analysis and one-way ANOVA were also run for the variables of interest. Negative career thinking was positively correlated with perfectionism as a whole and was negatively correlated with career decision-making self-efficacy. Maladaptive perfectionists showed higher endorsements of negative career thoughts and lower levels of career-decision self-efficacy. Finally, a hierarchical multiple regression showed that perfectionism and negative career thinking predicted significant variance in career decision-making self-efficacy. Perfectionism also predicted unique variance above contribution of negative career thoughts. The authors recommended further longitudinal studies and emphasized the importance of how perfectionism and negative thinking can play an important role in a person’s confidence about career decision-making.

A person’s progression through career development can be affected by many different factors, including perfectionism, negative affect, self-efficacy, ambiguity aversion, anxiety, etc. Research has begun to show a connection between these factors in relation to their effect on career development (Andrews et al., 2014). The findings from this study suggest that interventions addressing perfectionism and dysfunctional career thinking may increase a person’s confidence in decision-making. Stoeber, Mutinelli, and Corr (2016) provide some more insight on these aspects of decision-making by also addressing the currently uncertain job market that students face directly after college. By
examining attitudes about career planning and perfectionism, they showed that perfectionism is capable of undermining students’ positive attitudes towards career planning.

**Current Study**

Perfectionism has been previously linked to depression, anxiety, and obsessive-compulsive disorder in children, with overarching themes of the intolerance of uncertainty and ambiguity aversion connecting them. Perfectionism has also been linked with career decision-making problems in college students and adults, often largely implicating ambiguity aversion. The ambiguity aversion present in both scenarios has been implicated as a major factor of career indecision repeatedly, prompting more research into concurrently examining these constructs in order to better determine their relationship. The goal of the present study is to determine if there is a relationship between perfectionism, internalizing emotions experienced in childhood (measured retrospectively), and career indecision as an adult. There have not been many studies for career indecision based on emotions directly from one’s childhood, so this study may provide some basic understanding about that relationship. This is important because it may provide more insight on predictors of career indecision and help with research on interventions for career indecision. It was hypothesized that: 1) Perfectionism will be significantly correlated with both career indecision and each internalizing disorder measure, and 2) Career indecision will be predicted by perfectionism, depression, anxiety, and obsessive-compulsive disorder.
Methods

Participants

The present study included 426 undergraduate students at the University of Mississippi (23.5% male, 76.5% female, 60.7% freshmen, 12.8% sophomores, 12.8% juniors, 13.7% seniors). See Table 1 for a demographics chart. Advisors for students with undeclared majors and the Sally McDonnell Barksdale Honors College were contacted via email and asked to distribute a survey link to their students. The survey was also posted on SONA, a website for psychological research collection at the University of Mississippi. Students participating through SONA received research credit for their time.

Measures

An information sheet explaining the purpose, procedures, benefits, and risks associated with the study was given before participants took the survey. Five variables (all interval level) were measured from four scales, all with existing evidence to support validity and reliability. Each scale employs a Likert like choice selection in order to give a final score, indicating what level of each the participant was at. Appropriate permission was granted before utilizing or replicating any of the scales.

The Perfectionism Inventory. The Perfectionism Inventory (Hill et al., 2004) is an 8-scale, self-report questionnaire that assesses symptoms of perfectionism. The inventory looks at perfectionism through concern over mistakes, high standards for others, need for approval, organization, parental pressure, planfulness, rumination, and
striving for excellence, in order to give a composite score, indicating levels of perfectionism. It is set up similar to a Likert-scale, with higher scores indicating higher levels of perfectionism. Hill et al. (2004) found strong unidimensional structure for each scale, with the Cronbach alpha ranging from .83 to .91. It was also found to correlate with the Multidimensional Perfection Scale (MPS), demonstrating some convergent validity with an existing measure. This measure was reproduced with the permission of its author, Robert Hill. See Appendix A. In the Qualtrics survey, the first question was accidentally deleted, which was not detected until after data collection was completed. As such, scoring of the measure was altered to account for this omitted item. The total score was unlikely to have been affected substantially, as it entails averaging the subscales, which could be completed on the basis of the other 58 items.

**The Depression Anxiety Stress Scales – 21 (DASS-21).** The DASS-21 (Coker et al., 2018) is a 21-item, self-report instrument, with subscales that measure depression, anxiety, and stress. The stress subscale was excluded from this study. Response scores range 0-3, with higher scores indicating worse symptoms. Coker et al. (2018) found strong support for the convergent and divergent validity of the depression and anxiety subscales, as well as the reliability. It was demonstrated to be able to distinguish between depression and anxiety despite positive correlation, with strong internal consistency. Reliability was shown to be strong, with the Cronbach alpha being 0.81 and 0.89 for depression and anxiety respectively. These results are similar to findings in other studies, as well as other countries, in support of the ease of use and reliability of the DASS-21. See Appendix B.
The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The Y-BOCS (Goodman et al., 1989) is a 10-item, self-report instrument that measures obsessions and related compulsions in adults. Response scores range from 0-4, with higher scores equating to more severity in symptoms. Goodman et al., (1989) found support for a unitary-factor structure, with strong convergent and divergent validity. The internal consistency was also demonstrated to be adequate with the Cronbach alpha being 0.89. The Y-BOCS is commonly used in detecting obsessive compulsive symptoms and is often considered the gold standard for such in children and adolescents. See Appendix C.

The Career Decision-making Difficulties Questionnaire (CDDQ). The CDDQ (Gati & Osipow, 1998) is a 44-item self-report instrument, with subscales that measure factors of career decision-making difficulties. Responses are ranked on a scale from 1-9, with higher scores equating to more difficulties. Gati and Osipow (1998) found support for a three-factor structure, construct validity, and concurrent validity within the CDDQ. The CDDQ was also demonstrated to have high reliability, with a Cronbach alpha score of 0.95. This measure has been reproduced with the permission of its author Itamar Gati. See Appendix D. Similar to the perfectionism inventory above, this questionnaire also had an item deleted when constructing the survey. The total score was thus calculated on the basis of averaging the other 43 questions (also similar to the strategy employed with the measure of perfectionism).

Procedure

Participants received a link to the survey on Qualtrics, where they were given an information sheet explaining the nature of the study, informing them they were free to
stop at any time, and giving them contact information if they had any questions or concerns. The survey went in order of perfectionism, depression and anxiety, obsessive-compulsive disorder, and career indecision. In general, the entire time of participation rarely exceeded 15 minutes.

**Statistical Analysis**

Data analysis involved correlation and regression analyses. A correlation analysis was run for all of the variables together to check for significant association and collinearity. A multiple linear regression analysis was then run to determine whether or not perfectionism, depression, anxiety, and/or obsessive-compulsive symptoms were significant predictors of career indecision.

**Results**

**Score Results**

As mentioned earlier, the scores for perfectionism and career indecision may be slightly biased due to each measure missing a question, although the impact of this bias is likely minimal given the instruments’ lengths (i.e., a single question would be unlikely to greatly alter the overall score even if endorsed at the most extreme level). Keeping in mind this slightly restricted range, the central tendencies of the sample for each measure were as follows: Perfectionism – 28.21 (SD = 4.95); Depression – 5.77 (SD = 5.82); Anxiety – 5.14 (SD = 5.21); OCD – 12.25 (SD = 6.77); Career Indecision – 3.80 (SD = 1.63).
Correlational Analysis

Correlational analysis was used to test associations between perfectionism, depression, anxiety, obsessive-compulsive disorder, and career indecision. As hypothesized, perfectionism was significantly positively associated with anxiety (r = 0.22; p = .008) and obsessive-compulsive symptoms (r = 0.27; p = .001). Contrary to the hypothesis, there was no significant association between perfectionism and depression, or perfectionism and career indecision. Career indecision was also found to have a significant positive association with depression (r = 0.26; p = .001) and anxiety (r = 0.23; p = .005). Correlational analyses are provided in Table 2.

Regression Analysis

A multiple linear regression analysis was used to test for significant predictors of career indecision. A collinearity diagnostic was run beforehand, which did not indicate potential issues in terms of tolerance or variance inflation. Perfectionism was entered in block 1, with depression, anxiety, and obsessive-compulsive disorder entered in block 2. Contrary to the a priori hypothesis, but consistent with the lack of correlation noted above, block 1 showed no significant positive prediction of career indecision (β = -.019; t = -0.207; p = 0.264; ΔR2 < 0.0001. In block 2, as hypothesized, anxiety was a significant predictor of career indecision (β = 0.237; t = 2.464; p = 0.015; ΔR2 = 0.075), and OCD was a significant negative predictor of career indecision (β = -.250; t = -2.570; p = 0.011; ΔR2 = 0.075). Contrary to the hypothesis, however, depression was not a significant predictor of career indecision. Regression Analyses are provided in Table 3.
Discussion

The general aim of this study was to determine whether or not perfectionism and symptoms of internalizing disorders experienced during childhood (measured retroactively) would predict career indecision during adulthood. The results of the study indicated that anxiety and OCD were significant predictors of career indecision. However, OCD negatively predicted career indecision, which was unexpected. Anxiety positively predicted career indecision, which is consistent with an established history of results from other studies in this general area. Contrary to hypotheses, however, perfectionism was not positively correlated with depression or career indecision, and depression did not emerge as a significant predictor of career indecision when examined in the context of the overall regression model (despite significant individual correlations). Despite this unexpected outcome, the convergence of the current results concerning anxiety and career indecision further supports the connection between these variables noted in the literature. In fact, in the current sample, anxiety comprised the sole positive predictive factor in the variance of career indecision.

The prediction for anxiety may be at least somewhat explained by the role of ambiguity tolerance in career decision. Xu and Tracey (2014), for example, determined that ambiguity tolerance directly predicted multiple factors of career indecision. Similarly, Xu and Adams (2020) determined that ambiguity aversion in students likely leads to worse career outcomes due to anxiety regarding commitment. With consideration to the current study’s hypotheses, the ambiguity aversion often present in perfectionism and anxiety may have been roughly analogous to ambiguity aversion often found in career indecision. Similarly, in terms of typical depressive symptoms, decision-making
confusion has also been identified as a significant predictor of career indecision (Walker and Peterson, 2012), which could contribute to the current study’s significant bivariate correlations between these variables. The negative prediction for OCD makes the most sense for any of the factors, but it was still unexpected. Though it is typically associated with the other internalizing disorders, it has yet to be studied by itself in the context of career indecision. Depression and anxiety are also typically found in a higher percentage of people, so the lower number of high OCD scores could have had a skewing effect on the prediction (Kessler, 2008). It would be of interest to further study the association between more internalizing disorders or conditions to have a better understanding of how to help people overcome their career indecision, especially given the relative dearth of research currently available.

To speculate on the reasons for the lack of significant results in terms of perfectionism, depression, and obsessive-compulsive symptoms, it is possible that the methods of measurement played some role. Although there are established links between constructs, most previous studies have implemented somewhat older measurement scales, many of which measure self-oriented or socially-prescribed perfectionism. These opposing views of perfectionism, however, have been shown to predict career indecision in opposite directions (Leong and Chervinko, 1996), potentially contributing to confounds in understanding the previous literature as a whole. The scale used in the current study attempts to create a broader measure of perfectionism that encompasses attention to both self- and environmentally-imposed causes, which potentially makes the results non-uniform with those from previous studies. Similarly, there has not been a career indecision study examining the link to perfectionism using the CDDQ. Most career
indecision studies use the Career Decision Scale (Osipow, 1999); however, it was not accessible for this study as a proprietary instrument with a cost to use. Alternatively, the sample of students may have also had a skewing effect. This could be for several reasons. First, it was a non-clinical convenience sample with fairly standard, “normal” scores on the measures of interest. The relative lack of extreme scores that would be considered “high” contributes to less variation than might otherwise be typical and thus less opportunity for statistical significance. Secondly, the sample was not uniform in terms of age, as the distribution was heavily skewed with an over-representation of college freshmen whose attitudes and thoughts about their careers may have been different from people in other classes. Having a more uniform distribution among college year may provide a bit more insight about what types of career problems affect people in different parts of finding their future career.

Limitations

Despite the additional information about career indecision that is provided by this study, some limitations must be addressed. First, in the process of creating the survey, a question got dropped from both the Perfectionism Inventory and CDDQ (questions 1 and 5 from the respective measures). Although this likely had limited effect on the overall scores given the number of items and method of scoring using a sum of subscale averages, it still has the potential to impact results and psychometric application of the measures.

Second, aside from college year and gender, demographics of the sample were not measured directly for this study. The overwhelming majority of the participants were
female college freshmen, all of whom attended the University of Mississippi. Studies with a wider range of ages in adults or college students may be able to provide better insight on mechanisms of career indecision during specific times. Selection bias also should be considered because many of the participants completed the study in exchange for a credit in a psychology course or volunteered as part of a college honors program or undeclared major status. This was potentially unrepresentative of college students as a whole, or even the University of Mississippi college students given this incentivization.

Third, the data came directly from a non-clinical, convenience sample. Although some of these students may have experienced some of the symptoms or disorders measured in a functionally impairing sense, they were ascertained from an online self-report survey without use of more intensive structured interviewing to confirm. Future studies could utilize samples in which students have clinical diagnoses of their symptoms, which may provide more detailed information about their difficulties and the potential association with career indecision.

Finally, this study measured symptoms of internalizing disorders retroactively, which could have contributed to a bias in the reliability of symptom reporting, especially if the symptoms were previously inconsistent. Future studies could employ a longitudinal model of study, use methods that specifically measure childhood emotions, or ask participants with childhood clinical diagnoses. Although these methods present logistical challenges given the time frame involved (i.e., 10 or more years) accurate assessment of within-person changes over time will be necessary to advance understanding of the relationship between these variables.
Conclusions

Despite the limitations present, this study is one of the first to examine the relationship between emotions experienced during childhood and career indecision during adulthood. Specifically, it investigated the association between perfectionism and depression, anxiety, obsessive-compulsive disorder, and career indecision. It was hypothesized that perfectionism would be significantly correlated with each internalizing disorder, as well as with career indecision, and that each variable would predict career indecision in a regression model. There was a significant correlation between anxiety, depression, and career indecision, and but only anxiety arose as a significant predictor of career indecision in the regression analysis performed. These findings provide further support associating anxiety and depression with career indecision, which is consistent with a substantial amount of previous research. The study also contributes information regarding the need to expand assessment and monitoring of these conditions beginning in childhood. In future studies, it may be beneficial to consider more factors and demographics in determining a more representative sample. Likewise, it may be beneficial to consider more conditions that can begin during childhood that might predict career indecision during adulthood. Finally, to the degree possible, longitudinal study tracking individuals from a young age to the point of career determination would be useful to advancing findings in this area of research.
References


https://doi.org/10.1037/cou0000220
Table 1

Frequencies and Demographics

<table>
<thead>
<tr>
<th>Total students</th>
<th>Gender</th>
<th>Year</th>
<th>Freshman</th>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
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<tbody>
<tr>
<td>426</td>
<td>76.5% female, 23.5% male</td>
<td>60.7%</td>
<td>12.8%</td>
<td>12.8%</td>
<td>17.7%</td>
<td></td>
</tr>
</tbody>
</table>
Table 2

Correlations

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Anxiety</th>
<th>OCD</th>
<th>Perfectionism</th>
<th>Career Indecision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>1</td>
<td>.36**</td>
<td>.23**</td>
<td>.13</td>
<td>.14*</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.36**</td>
<td>1</td>
<td>.37**</td>
<td>.22**</td>
<td>.13*</td>
</tr>
<tr>
<td>OCD</td>
<td>.23**</td>
<td>.37**</td>
<td>1</td>
<td>.27**</td>
<td>.03</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>.13</td>
<td>.22**</td>
<td>.27**</td>
<td>1</td>
<td>-.02</td>
</tr>
<tr>
<td>Career Indecision</td>
<td>.14*</td>
<td>.13*</td>
<td>.03</td>
<td>-.02</td>
<td>1</td>
</tr>
</tbody>
</table>

**Correlation is significant at the .01 level (2-tailed).
*Correlation is significant at the .05 level (2-tailed).

Table 3

Regression

Regression predicting career indecision from independent variables
<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
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</thead>
<tbody>
<tr>
<td>Block 1</td>
<td>-.013</td>
<td>.063</td>
<td>-.019</td>
<td>-.207</td>
<td>.264</td>
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<tr>
<td>Block 2</td>
<td>-.004</td>
<td>.065</td>
<td>-.006</td>
<td>-.061</td>
<td>.951</td>
</tr>
<tr>
<td>Depression</td>
<td>.017</td>
<td>.049</td>
<td>.031</td>
<td>.348</td>
<td>.729</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.119</td>
<td>.048</td>
<td>.237</td>
<td>2.464</td>
<td>.015</td>
</tr>
<tr>
<td>OCD</td>
<td>-.114</td>
<td>.044</td>
<td>-.250</td>
<td>-2.570</td>
<td>.011</td>
</tr>
</tbody>
</table>

**Appendix A**

**Hill’s Perfectionism Inventory**

Please use the following options to rate how much you generally agree with each statement.
1: strongly agree, 21: disagree somewhat, 3: neither agree nor disagree, 4: agree somewhat, 5: strongly agree
1. ___ My work needs to be perfect, in order for me to be satisfied.
2. ___ I am over-sensitive to the comments of others.
3. ___ I usually let people know when their work isn’t up to my standards.
4. ___ I am well-organized.
5. ___ I think through my options carefully before making a decision.
6. ___ If I make mistakes, people might think less of me.
7. ___ I’ve always felt pressure from my parent(s) to be the best.
8. ___ If I do something less than perfectly, I have a hard time getting over it.
9. ___ All my energy is put into achieving a flawless result.
10. ___ I compare my work to others and often feel inadequate.
11. ___ I get upset when other people don’t maintain the same standards I do.
12. ___ I think things should be put away in their place.
13. ___ I find myself planning many of my decisions.
14. ___ I am particularly embarrassed by failure.
15. ___ My parents hold me to high standards.
16. ___ I spend a lot of time worrying about things I’ve done, or things I need to do.
17. ___ I can’t stand to do something halfway.
18. ___ I am sensitive to how others respond to my work.
19. ___ I’m not very patient with people’s excuses for poor work.
20. ___ I would characterize myself as an orderly person.
21. ___ Most of my decisions are made after I have had time to think about them.
22. ___ I over-react to making mistakes.
23. ___ My parent(s) are difficult to please.
24. ___ If I make a mistake, my whole day is ruined.
25. ___ I have to be the best in every assignment I do.
26. ___ I’m concerned with whether or not other people approve of my actions.
27. ___ I’m often critical of others.
28. ___ I like to always be organized and disciplined.
29. ___ I usually need to think things through before I know what I want.
30. ___ If someone points out a mistake I’ve made, I feel like I’ve lost that person’s respect in some way.
31. ___ My parent(s) have high expectations for achievement.
32. ___ If I say or do something dumb I tend to think about it for the rest of the day.
33. ___ I drive myself rigorously to achieve high standards.
34. ___ I often don’t say anything, because I’m scared I might say the wrong thing.
35. ___ I am frequently aggravated by the lazy or sloppy work of others.
36. ___ I clean my home often.
37. ___ I need time to think up a plan before I take action.
38. ___ If I mess up on one thing, people might start questioning everything I do.
39. ___ Growing up, I felt a lot of pressure to do everything right.
40. ___ When I make an error, I generally can’t stop thinking about it.
41. ___ I must achieve excellence in everything I do.
42. ___ I am self-conscious about what others think of me.
43. ___ I have little tolerance for other people’s careless mistakes.
44. ___ I make sure to put things away as soon as I’m done using them.
45. ___ I tend to deliberate before making up my mind.
46. ___ To me, a mistake equals failure.
47. ___ My parent(s) put a lot of pressure on me to succeed.
48. ___ I often obsess over some of the things I have done.
49. ___ I am often concerned that people will take what I say the wrong way.
50. ___ I often get frustrated over other people’s mistakes.
51. ___ My closet is neat and organized.
52. ___ I usually don’t make decisions on the spot.
53. ___ Making mistakes is a sign of stupidity.
54. ___ I always felt that my parent(s) wanted me to be perfect.
55. ___ After I turn a project in, I can’t stop thinking of how it could have been better.
56. ___ My workspace is generally organized.
57. ___ If I make a serious mistake, I feel like I’m less of a person.
58. ___ My parent(s) have expected nothing but my best.
59. ___ I spend a great deal of time worrying about other people’s opinion of me.

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Appendix B
Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

1. Did not apply to me at all
2. Applied to me to some degree, or some of the time
3. Applied to me to a considerable degree, or a good part of time
4. Applied to me very much, or most of the time

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I found it hard to wind down</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>I was aware of dryness of my mouth</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>I couldn't seem to experience any positive feeling at all</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>I found it difficult to work up the initiative to do things</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>I tended to over-react to situations</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>I experienced trembling (eg, in the hands)</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>I felt that I was using a lot of nervous energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>9</td>
<td>I was worried about situations in which I might panic and make a fool of myself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>I felt that I had nothing to look forward to</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>I found myself getting agitated</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>I found it difficult to relax</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>I felt down-hearted and blue</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>I was intolerant of anything that kept me from getting on with what I was doing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>I felt I was close to panic</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>I was unable to become enthusiastic about anything</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>I felt I wasn't worth much as a person</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>I felt that I was rather touchy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>I felt scared without any good reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>I felt that life was meaningless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
## Appendix C

### Obsessive-Compulsive Test - Yale Brown OCD Scale (YBOCS)

<table>
<thead>
<tr>
<th></th>
<th>(0)</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
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</thead>
<tbody>
<tr>
<td><strong>Obsessions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How much time do</td>
<td>None</td>
<td>0-1 hrs/day</td>
<td>1-3 hrs/day</td>
<td>3-8 hrs/day</td>
<td>More than 8 hrs/day</td>
</tr>
<tr>
<td>you spend on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>obsessive thoughts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How much do your</td>
<td>None</td>
<td>Mild</td>
<td>Definite but</td>
<td>Substantial</td>
<td>Severe</td>
</tr>
<tr>
<td>obsessive thoughts</td>
<td></td>
<td></td>
<td>manageable</td>
<td>interference</td>
<td></td>
</tr>
<tr>
<td>interfere with your</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>personal, social, or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>work life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How much do your</td>
<td>None</td>
<td>Little</td>
<td>Moderate but</td>
<td>Severe</td>
<td>Nearly constant, Disabling</td>
</tr>
<tr>
<td>obsessive thoughts</td>
<td></td>
<td></td>
<td>manageable</td>
<td></td>
<td></td>
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<tr>
<td>distress you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>try to resist your</td>
<td>try</td>
<td>the time</td>
<td>the time</td>
<td>Often yield</td>
<td></td>
</tr>
<tr>
<td>obsessions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. How much control</td>
<td>Complete control</td>
<td>Much control</td>
<td>Some control</td>
<td>Little control</td>
<td>No control</td>
</tr>
<tr>
<td>do you have over your</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>obsessive thoughts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Compulsions</strong></td>
<td></td>
<td></td>
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<tr>
<td>6. How much time do</td>
<td>None</td>
<td>0-1 hrs/day</td>
<td>1-3 hrs/day</td>
<td>3-8 hrs/day</td>
<td>More than 8 hrs/day</td>
</tr>
<tr>
<td>you spend performing</td>
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<td>compulsive behaviors?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. How much do your</td>
<td>None</td>
<td>Mild</td>
<td>Definite but</td>
<td>Substantial</td>
<td>Severe</td>
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<tr>
<td>compulsive behaviors</td>
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<td></td>
<td>manageable</td>
<td>interference</td>
<td></td>
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<td>interfere with your</td>
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<tr>
<td>personal, social, or</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>work life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How anxious would</td>
<td>None</td>
<td>Little</td>
<td>Moderate but</td>
<td>Severe</td>
<td>Nearly constant, Disabling</td>
</tr>
<tr>
<td>you feel if you were</td>
<td></td>
<td></td>
<td>manageable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prevented from</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>performing your</td>
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<td>compulsive behaviors?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>try to resist your</td>
<td>try</td>
<td>the time</td>
<td>the time</td>
<td>Often yield</td>
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<td>compulsive behaviors?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. How much control</td>
<td>Complete control</td>
<td>Much control</td>
<td>Some control</td>
<td>Little control</td>
<td>No control</td>
</tr>
<tr>
<td>do you have over your</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>compulsive behaviors?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Appendix D

Career Decision-Making Difficulties Questionnaire

This questionnaire’s aim is to locate possible difficulties and problems related to making career decisions.

Please begin by filling in the following information:

Age: ______

Number of years of education: ______

Sex: Female / Male

Have you considered what field you would like to major in or what occupation you would like to choose?

Yes / No

If so, to what extent are you confident of your choice?

Not confident at all 1 2 3 4 5 6 7 8 9 Very confident

Next, you will be presented with a list of statements concerning the career decision-making process. Please rate the degree to which each statement applies to you on the following scale:

Does not describe me 1 2 3 4 5 6 7 8 9 Describes me well

Circle 1 if the statement does not describe you and 9 if it describes you well. Of course, you may also circle any of the intermediate levels.

Please do not skip any question.

For each statement, please circle the number which best describes you.

1. I know that I have to choose a career, but I don't have the motivation to make the decision now ("I don't feel like it").
2. Work is not the most important thing in one’s life and therefore the issue of choosing a career doesn't worry me much.

3. I believe that I do not have to choose a career now because time will lead me to the "right" career choice.

4. It is usually difficult for me to make decisions.

5. I usually feel that I need confirmation and support for my decisions from a professional person or somebody else I trust.

6. I am usually afraid of failure.

7. I like to do things my own way.

8. I expect that entering the career I choose will also solve my personal problems.

9. I believe there is only one career that suits me.

10. I expect that through the career I choose I will fulfill all my aspirations.

11. I believe that a career choice is a one-time choice and a life-long commitment.

12. **I always** do what I am told to do, even if it goes against my own will.
13. I find it difficult to make a career decision because I do not know what steps I have to take.

   Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

14. I find it difficult to make a career decision because I do not know what factors to take into consideration.

   Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

15. I find it difficult to make a career decision because I don't know how to combine the information I have about myself with the information I have about the different careers.

   Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

16. I find it difficult to make a career decision because I still do not know which occupations interest me.

   Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

17. I find it difficult to make a career decision because I am not sure about my career preferences yet (for example, what kind of a relationship I want with people, which working environment I prefer).

   Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

18. I find it difficult to make a career decision because I do not have enough information about my competencies (for example, numerical ability, verbal skills) and/or about my personality traits (for example, persistence, initiative, patience).

   Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

19. I find it difficult to make a career decision because I do not know what my abilities and/or personality traits will be like in the future.

   Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

20. I find it difficult to make a career decision because I do not have enough information about the variety of occupations or training programs that exist.

   Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

21. I find it difficult to make a career decision because I do not have enough information about the characteristics of the occupations and/or training programs that interest me (for example, the market demand, typical income, possibilities of advancement, or a training program’s perquisites).
22. I find it difficult to make a career decision because I don't know what careers will look like in the future.

23. I find it difficult to make a career decision because I do not know how to obtain additional information about myself (for example, about my abilities or my personality traits).

24. I find it difficult to make a career decision because I do not know how to obtain accurate and updated information about the existing occupations and training programs, or about their characteristics.

25. I find it difficult to make a career decision because I constantly change my career preferences (for example, sometimes I want to be self-employed and sometimes I want to be an employee).

26. I find it difficult to make a career decision because I have contradictory data about my abilities and/or personality traits (for example, I believe I am patient with other people but others say I am impatient).

27. I find it difficult to make a career decision because I have contradictory data about the existence or the characteristics of a particular occupation or training program.

28. I find it difficult to make a career decision because I'm equally attracted by a number of careers and it is difficult for me to choose among them.

29. I find it difficult to make a career decision because I do not like any of the occupation or training programs to which I can be admitted.
30. I find it difficult to make a career decision because the occupation I am interested in involves a certain characteristic that bothers me (for example, I am interested in medicine, but I do not want to study for so many years).

Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

31. I find it difficult to make a career decision because my preferences cannot be combined in one career, and I do not want to give any of them up (e.g., I’d like to work as a free-lancer, but I also wish to have a steady income).

Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

32. I find it difficult to make a career decision because my skills and abilities do not match those required by the occupation I am interested in.

Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

33. I find it difficult to make a career decision because people who are important to me (such as parents or friends) do not agree with the career options I am considering and/or the career characteristics I desire.

Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

34. I find it difficult to make a career decision because there are contradictions between the recommendations made by different people who are important to me about the career that suits me or about what career characteristics should guide my decisions.

Does not describe me 1 2 3 4 5 6 7 8 9  Describes me well

Finally, how would you rate the degree of your difficulty in making a career decision?

Low 1 2 3 4 5 6 7 8 9  High