STRESS IN COLLEGE STUDENTS: ASSOCIATIONS WITH ANXIETY AND PERFECTIONISM

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ABSTRACT

Psychosocial stressors are prevalent in the workplace and academic environment largely due to emotional responses from rising conflict, unattainable demands, or a decreased sense of control. An individual’s perception of stress is interrelated to the characteristic of perfectionism and the level of anxiety one possesses. Stress is commonly associated with adverse circumstances, and perfectionism is characterized by the setting of unrealistically high standards accompanied by a personal and social standard, attitude, or philosophy. Anxiety is characterized by increased physiological arousal, inhibition of ongoing activities, and a change in individual priorities. Previous studies have examined anxiety’s relation to stress-invoking stimuli, but none to date have studied perfectionism as the potential mediator between these constructs. The primary objective of the study is to assess whether perfectionism mediates the relationship between stress and anxiety.

Participants included 150 undergraduate students from the University of Mississippi campus (77.33% Caucasian, 72.67% female, SD=1.523, M=20) with age ranging from 18 to 23, who were predominantly unemployed (60.67%). Upon arrival to the lab, participants reviewed an information sheet explaining the proposed study and completed a demographics form. Subjects then completed self-report measures, including the Perceived Stress Scale (PSS; Cohen et al., 1983); Depression, Anxiety, and Stress Scale-21 (DASS-21; Lovibond et al., 1995); and the Multidimensional Perfectionism Scale (MPS; Hewitt, P.L., & Flett, G.L., 1990).

As hypothesized, results indicated a significant positive correlation between the three constructs of interest (stress, anxiety, and perfectionism). Also in line with the hypotheses, findings from the primary analysis demonstrated perfectionism to mediate the relationship between stress and anxiety in college students.

Overall, this study contributes to the literature replicating a significant association between stress and anxiety symptoms but is unique in that the trait of perfectionism moderates said relationship. Further research is needed to determine other possible predictors of stress so that its potentially negative effects can be controlled and minimized among the college population.
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I. INTRODUCTION

Stress

In the words of Epictetus, an ancient Greek philosopher, “People are disturbed not by a thing, but by their perception of a thing” (“Daily Life Stress,” 2017). Stress is defined as the psychological and physical reaction to certain life events or situations (Aamodt, 2013). Psychologists cannot agree on a single, universal definition for the term stress (Aamodt, 2013). Similarly, the notion of stress is unique in that individuals both perceive and respond to stress differently, whether due to pleasant or unpleasant stimuli, due to environmental factors, personality type, and dispositional affect (“Daily Life Stress,” 2017).

Stress in the workplace and collegiate setting is a growing psychosocial issue affecting individual performance and one’s psychological and physiological wellbeing (“Daily Life Stress,” 2017). A study administered by the Cooperative Institutional Research Program (CIRP) to approximately 300,000 students across 600 institutions shows a national surge in college students’ stress. Researchers surveyed freshmen university students each fall for ten consecutive years, and the results indicated that the percentage of students who frequently felt overwhelmed by stress had increased steadily from 16% in 1985 to 25.3% in 1995. It is suggested that this percentage has continued to rise since 1995 (Misra & Castillo, 2004). A more recent longitudinal follow-up study revealed that during college, the experience of symptoms of depression and stress increase while emotional and physical health decline (Misra & Castillo, 2004). The stress of college is very real and has a negative impact on students across the country. Today it
is of utmost necessity to research the causes, symptoms, and effects stress imposes on individuals in order to better one’s quality of life and reduce harmful physical and emotional responses to factors such as approaching deadlines, personal problems, conflicts, unforeseen circumstances, and perceived lack of control (“Daily Life Stress,” 2017).

**Distress**

The more common understanding of stress is referred to as distress, or hindrance-related stress (Aamodt, 2013). Distress is defined as a type of stress that results in bad or negative energy and occurs when too much stress is present and when nothing is done to eliminate, reduce, or counteract its effects (Aamodt, 2013). Distress is often divided into three manifestations: psychological distress, physical distress, and emotional distress. Psychological distress can manifest as symptoms of anxiety, depression, or other types of somatic discomfort like insomnia, nightmares, dysphoria, difficulty concentrating, hopelessness, and fear of being alone (Leveto, 2018). Distress is reported especially among individuals who fail to succeed in their academic endeavors (Misra & Castillo, 2004). Physical distress is reflected in pain, fatigue, headaches, blurred vision, muscle spasms, and gastrointestinal complaints (Leveto, 2018). Finally, emotional distress can be seen as a loss of confidence, irritability, alienation, and anger (Leveto, 2018). With the myriad of symptoms previously noted, distress can be chronic and debilitating (Aamodt, 2013).

A stressor is any physical or psychological force, activity, or event that causes a sensation of stress. It is the stimulus that evokes stress responses, either positive or
negative (Misra & Castillo, 2004). Since students can experience bodily and psychosomatic responses to stressors when they feel excessive or negative stress, it is not unusual that students are often stricken with loss of appetite, headaches, digestive problems, or persistent lack of energy (Misra & Castillo, 2004). Stress inducing situations can occur from any number of dimensions of events including family issues, environmental, interpersonal, and health factors. Examples include not getting accepted into the college of one’s choice, career indecision, experiencing a traumatic event, losing a job, going through a breakup, or having financial difficulties (Aamodt, 2013). In both a collegiate and occupational sense, distress can stem from failing to meet or falling short of one’s personal goals (Aamodt, 2013). A British study found that students with greater financial strains and more hours spent working a job had poorer mental health, supporting the probable psychological affects of distress (Eisenberg et al., 2007). In a 2015 study, researchers evaluated the health profile of students with elevated levels of psychological distress compared to those with low distress levels. Through the use of an online survey, health and wellbeing characteristics were assessed (Mulder & Cashin, 2015). Of the 609 participants, 16.5% of the students reported levels of very high psychological distress. Over the course of thirty days, university students with elevated distress levels reported being unable to work or study for ten days and having to cut down on work for twelve additional days because of academic stressors. Ninety-six percent of the distressed students reported low mental wellbeing. The items from Kessler Psychological Distress Scale (K10) that contributed most to distress were related to feeling tired, nervous, and “everything being an effort.” This regional Australian study further supports the negative
impact of distress on students (Mulder & Cashin, 2015).

**Eustress**

On the other hand, eustress, or challenge-related stress, is defined as the perceived positive energy from stressors that can increase productivity levels and overall performance (Aamodt, 2013). Eustress is a desirable outcome of stress. Job applications that include requirements such as “works well under pressure” are referencing this phenomenon. Possible results of eustress would be feelings associated with accomplishing a challenging assignment, receiving a promotion, or graduating. Furthermore, eustress is the anxiety one may feel before taking a test because if one experiences no anxiety whatsoever, the necessary motivation to study for the exam ceases to exist (Aamodt, 2013).

A 2016 study examined the relation between eustress and academic engagement in a collegiate setting. Participants were 177 Filipino students and 171 Argentinean students. Academic engagement was assessed with the 17-item Utrecht Student Engagement Scale (UWES) and reflected the following three underlying dimensions of engagement: vigor, dedication, and absorption. Engagement was conceptualized as “a positive, fulfilling, work-related state of mind” (Mesurado et al., 2016). The levels of engagement and of eustress were rated on a 7-point scale ranging from 0 (never) to 6 (always) per item, where higher scores indicated higher levels. According to O’Sullivan (2011), people who experience some levels of stress can actually be more productive and produce more effectively than if stress was eliminated (Mesurado et al., 2016). This proposed statement supports the basic concept of the inverted-U theory, which deciphers
the difference between reactions of eustress and distress. The theory suggests small amounts of stress can be helpful in regards to motivation and arousal, which in turn improves productivity and performance. The optimal level of pressure that leads to an increase in performance depends on the individual. Following the optimal point, further increases in arousal lead to poorer performance (Aamodt, 2013). Yet, results revealed that a positive perception of a stressor is not necessary for students to feel engaged in academic activities (Mesurado et al., 2016). The current findings suggested that eustress is not directly related to engagement because engagement is considered a more stable state than that of eustress, a momentary state of arousal (Mesurado et al., 2016). Since Filipino students showed higher levels of stress than Argentinean students in the study, they were considered to have a more positive psychological response to academic stressors than their counterparts. The study’s overall results provided support for the initial hypothesis that engagement and eustress are correlated. (Mesurado et al., 2016).

The relationship between eustress and distress is best visualized with the inverted-U theory, which shows the optimal level of arousal. Performance is recorded on the y-axis while the amount of stress is determined on the x-axis. The difference is graphed by a symmetrical bell-shaped curve. The values distributed in the downward slopes consist of calm or distress sensations, while the middle segment corresponds to eustress. Essentially, small levels of arousal or intense levels of arousal both result in poor performance. Moderate arousal tends to produce the highest performance levels (Aamodt, 2013). Considering each individual’s perception and response to stress as unique to their personality, the optimal level of arousal will differ among people (Aamodt, 2013).
**Acute Stress**

An additional type of stress is acute stress, which aligns with one’s adrenalin secretion in the fight or flight response. The sensation of acute stress is short-term, and metabolism returns to normal after approximately ninety minutes when one’s stimulation of the sympathetic nervous system and the hypothalamic pituitary adrenal axis subsides. Acute stress can result from an argument, a traffic jam, crowds, and other sudden stressors. If a stressful situation is ongoing it is considered chronic, meaning one’s body and psyche can be affected if left uncontrolled. Chronic stress can involve factors such as school, illness, relationships, jobs, and the cost of daily living (“Daily Life Stress,” 2017).

**Stress and Students**

Academic stressors involve the relationship between the students’ perception of the knowledge base required for coursework and the perception of their inability to develop it as quickly as expected of them (Misra & Castillo, 2004). Given the average students’ amount of curricula, extracurricular activities, and social obligations, it is no surprise academic stress can be perceived as overwhelming or insurmountable (Yoo, 2017). The five categories of academic stressors according to the Student-Life Stress Inventory (SSI) are frustrations, conflicts, pressures, changes, and self-imposed (Misra & Castillo, 2004). The four categories describing reactions to these stressors include physiological, emotional, behavioral, and cognitive (Misra & Castillo, 2004). In a sample of 392 international and American students from two Midwestern universities, the two sets of categories were examined. The results indicated that both American and international students share common academic stressors like scholarship requirements,
family-related pressures, financial burdens, competition in class, and course-related stress, but the findings suggest participants’ stress perceptions and reactions significantly differ (Misra & Castillo, 2004). For example, using Gadzella’s Student-Life Stress Inventory, American students conveyed higher levels of self-imposed stressors and higher behavioral responses to stressors than international students (Misra & Castillo, 2004). When compared by gender, the study found male participants experienced more stress due to internal conflict while female participants displayed greater behavioral and physiological responses to academic stressors. This supports the literature’s findings that women exhibit stress more overtly than males (Misra & Castillo, 2004).

Stress in the U.S. student population can be related to workload, student debt, new environments, outsider expectations, homesickness, social pressures, and underlying psychological issues (Yoo, 2017). Other sources of stress in college students can include the thought of accruing debt in college in order to get their degree and the common perception of examinations as high-risk endeavors. Academic stress may affect student performance, prevent students from graduating, fuel stimulant abuse, and foster academic dishonesty. A primary adverse effect of stress is its ability to impair the cognitive system, or working short-term memory storage (Yoo, 2017). Stress related to academia is prevalent among both high and low achievers. Students struggling to graduate or pass their courses often experience stress. High achieving students experience stress too, but through perfecting grade-point averages. The perfectionistic tendencies are a means of gaining social acceptance and attempt to surpass expectations, much to the individual’s mental and emotional detriment (Yoo, 2017). At the college or university level, stress can
sprout from the necessity to perform well enough to maintain academic scholarships, be accepted into selective graduate programs, or be offered a job upon graduation. The perception of stress does not cease in college, but it often carries over from student to employed worker (Yoo, 2017).

College freshmen are especially prone to stress because of the major transition from high school to college life. In a study involving 100 undergraduate students, researchers Ross, Niebling, and Heckert (1991) discovered the top two causes of academic stress were increased workload and receiving a lower grade than anticipated. Research also showed academic stress to be magnified by interpersonal, intrapersonal, and environmental pressures, as well as high expectations from peers and family members (Yoo, 2017).

According to a 2006 survey conducted by the American College Health Association, collegiate careers are often adversely affected by stress. From a sample of 97,357 college students, stress was ranked above depression and alcohol abuse as impediment to academic performance (Yoo, 2017). One-third of this sample reported stress had caused their withdrawal, incompleteness, or low grade from a course, hindering their future. Academic stress can be created by an emphasis on grades rather than attainment of knowledge. Since many individuals value numbers over actual education, students often cheat themselves out of the preparatory nature college is meant to provide toward their careers (Yoo, 2017).

In a 2009 public agenda report for the Bill & Melinda Gates Foundation, researchers were interested in why adults aged 22 to 30 were unable to complete their
postsecondary education. Results indicated that of the 600 surveyed, 54% responded that the reason was “I needed a break from school.” Researchers interpreted the reason was due to burnout, a physical or mental collapse caused by overwork or stress. In a 2014 survey, the Partnership for Drug-Free Kids sampled 1,621 participants ages 18 to 25 to determine drug use in college students for the purpose of academic improvement. Alarmingly, 50% of the participants reported they abused prescription stimulants to study. From this high percentage, researchers concluded that students perceived drug misuse as less risky than trying to manage coursework without stimulants. The researchers further suggested that students are weighing academic achievement higher than potentially long-term bodily harm because of the pressure associated with college (Yoo, 2017).

Although the majority of college students treat school as their job, some individuals are employed while being full-time students. The American Institute of Stress in New York researched the impact of stress on workers in the United States, where 48% self-reported that stress negatively interfered with their personal and professional life (“Workplace Stress,” 2017). The National Institute for Occupational Safety and Health (NIOSH) Report revealed that three fourths of people in the U.S. believe that employees experience more occupational stress than a generation ago, and virtually half suggest they need assistance in stress management techniques (Donaldson & Harris, 2016).

Harris, 2016). From the demanding expectations and fears of work and home life, it is no surprise that statistics show over 70% of workers in the United States to experience stress on a daily basis and 48% feel as if their stress has increased over the past five years. According to the American Psychological Association website, the leading factors of stress in the United States consist of job pressure, money, health, relationships, poor nutrition, media overload, and sleep deprivation (“Daily Life Stress,” 2017). An overwhelming 76% of people in the United States cited money and work as the primary reason for their stress and stress-related symptoms. These top two causes emanated from factors such as coworker tension, bosses, work overload, loss of job, and medical expenses. Ironically, health maintained the third ranking for causes of stress, since stress in and of itself can lead to or increase health-related issues. Bodies react to stress as it distracts the mind and affects health for the worse (“Daily Life Stress,” 2017). Many of these stressors go hand-in-hand with challenges faced in the collegiate setting that lead to a rise in perceived stress and its potential symptoms. The previous studies show stress often coincides with adjustment, which is apparent across college campuses and work places alike (“Daily Life Stress,” 2017).

**Stress Response**

Responses to stress can be experienced or observed through a biopsychosocial model, distinguishing internal, external, and interrelated elements. The internal component of stress consists of physiological and biochemical responses in the body. The external component is made up of elements in the external environment evoking stress. Lastly, the interaction between internal and external elements involves cognitive
processes. Hans Selye hypothesized a General Adaptation Syndrome (GAS) that affects the entire body and results from a sum of these changes (“Daily Life Stress,” 2017).

Stress, particularly chronic, can physically present itself as hypertension, headaches, skin complaints, gastrointestinal complications, and other potentially dangerous symptoms. Therefore, chronically induced stress lowers the body’s resistance defense to stressors by emitting fewer antibodies and dwindling inflammatory responses (“Daily Life Stress,” 2017).

**Anxiety**

From a biopsychosocial model of stress, one’s physiological, psychological, and social makeup determines the attitude associated with stress. Anxiety prevalence is one factor that accounts for individual differences in the psychological states of people (Aamodt, 2013). Although stress and anxiety are often used interchangeably, there is one differentiating factor. Stress can be a response to a threat in a situation, and anxiety can be a reaction to the stress (“Understanding the Facts of Anxiety Disorders and Depression is the First Step,” 2016). Stress often derives from external influences whereas anxiety is an internal response, making it more difficult to control. An individual responds to stress with a combination of psychic and physiological defenses, which can take place in the form of anxiety, often a response to situations evoking apprehension (Gwinn et al., 1990). Anxiety is defined as an emotion characterized by feelings of tension, worried thoughts, and physical changes such as increased blood pressure (Kazdin, 2000). It is characterized by increased physiological arousal, inhibition of ongoing activities, and a change in individual priorities (Aue, 2016). Anxiety can be evoked from family, interpersonal,
career, and academic stressors ("Understanding the Facts of Anxiety Disorders and Depression is the First Step," 2016). Some causes are due to increasingly impaired social interactions from technology, an increased sense of isolation, sleep disturbances, and academic pressures (Rosenberg, 2018).

**Anxiety Symptomatology**

When anxious, individuals with elevated levels of anxiety sensitivity tend to fear that the interoceptive sensations experienced may have harmful consequences to their social, physical, and psychological well being (Ebesutani et al., 2014). Anxiety-related signs and symptoms can include, but are not limited to, trembling, hyperventilation, sense of impending danger or panic, nervousness or tension, trouble sleeping, gastrointestinal problems, feeling weak or tired, an increased heart rate, and trouble concentrating about anything other than a present worry ("Anxiety Disorders," 2018). Some common symptoms of anxiety are inability to relax, dizziness, numbness or tingling, nervousness, fear of losing control, hot or cold sweats, and difficulty in breathing (Beck et al., 1999). Health issues that are linked to anxiety include medical illnesses such as diabetes, heart disease, respiratory disorders, thyroid problems, chronic pain, and drug misuse or withdrawal ("Anxiety Disorders," 2018).

Anxiety symptoms can affect not only the wellbeing of college students, but also their academic performance. In a 1960 study on the direction of the effect of anxiety upon academic achievement, the Achievement Anxiety Test (AAT) was administered to introductory psychology students and freshmen at Stanford University. The study’s purpose was to predict performance criteria such as grade-point averages, final
examination grades, midterm examination grades, and course grades (Alpert, 1960). The Facilitating Anxiety Scale and Debilitating Anxiety Scale of the AAT both had significant correlations with one another and with all aforementioned academic performance criteria, suggesting an increase in anxiety drive level can lead to poorer performance in some individuals and improved performance in others (Alpert, 1960). The study’s finding supports previous studies suggesting anxiety can be perceived and experienced differently in each individual, but no conclusion was reached regarding the relationship between anxiety scales and measures of aptitude specifically (Alpert, 1960; Martin et al., 1996). Results indicated anxiety to be predictive of academic performance. Furthermore, findings showed specific anxiety scales (scales having items specific to academic situations) such as the Test Anxiety Scale (1952) to be more predictive of aptitude and overall performance than general anxiety scales like the Manifest Anxiety Scale (1953). An inverse relationship existed between anxiety levels and academic performance criteria because higher levels of debilitating anxiety resulted in lower grade point averages (Alpert, 1960).

One prominent anxiety factor among college students is choosing a career path. Anxiety can be a natural response to stressful life events such as choosing a major, job interviews, and possible job loss (Pisarik, 2017). A phenomenological study from the National Career Development Association explored career anxiety through the experiences of seven college students in various stages of their degree programs, none of who had claimed to be struggling with career decisions. Results revealed that students’ augmented anxiety emerged from seven key themes: general symptoms of anxiety,
existential concerns, pressure, lack of career guidance, cognitive distortions, social comparisons, and economic/occupational uncertainty (Pisarik, 2017). Most researchers describe anxiety experienced in relation to students’ career lives in physical, cognitive, and emotional terms from moderate to extreme. This reinforces the evident pressures, whether it is from family, colleagues, the education system, or culture, to choose the perfect career path (Pisarik, 2017). People have an innate desire to reach some unknown pinnacle of potential, which often leads to anxiety symptoms (Beiter, 2017).

Increased anxiety symptomatology can be debilitating to performance, and if severe enough, it can extend to limit one’s everyday functioning. These significant feelings of anxiety and fear are known as anxiety disorders (Beck et al., 1999). According to the Anxiety and Depression Association of America, the term “anxiety disorder” is defined as “specific psychiatric disorders that involve extreme fear or worry, and includes generalized anxiety disorder (GAD), panic disorder, agoraphobia, social anxiety disorder, selective mutism, separation anxiety, and specific phobias” (“Understanding the Facts of Anxiety Disorders and Depression is the First Step,” 2016). Anxiety disorders are one of the most common and pervasive mental health problems in the United States, particularly among college students (“Understanding the Facts of Anxiety Disorders and Depression is the First Step,” 2016). Furthermore, factors like trauma, personality type, stress buildup, drugs or alcohol, and having other mental disorders may increase one’s risk of developing an anxiety disorder (“Anxiety Disorders,” 2018).

In a 2005 national survey of college counseling center directors, an alarming 86% reported an increase in severe psychological problems among college students (Eisenberg
et al., 2007). In fact, approximately forty-four million American adults suffer from at least one form of an anxiety disorder, whereas only one-third actually receives treatment (“Understanding the Facts of Anxiety Disorders and Depression is the First Step,” 2016). An estimated 11.9% of college students suffer from an anxiety disorder (Pedrelli et al., 2014). In the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), 15% of the 2,188 college students surveyed nationally had been diagnosed with an anxiety disorder (Pedrelli et al., 2014). A 2005 web survey of 263 randomly selected students at a large Midwestern university concluded that, according to the PHQ Anxiety Scale, 15.6% of undergraduates and 13% of graduate students screened as positive for a depressive or anxiety disorder. Females were more than twice as likely to screen positive for anxiety disorders than males (Eisenberg et al., 2007). In the same study, 4.2% of undergraduates and 3.8% of graduate students screened positive for current panic disorder or generalized anxiety disorder (Eisenberg et al., 2007). Moreover, 18.4% of undergraduates and 14.1% of graduate students reported missing academic obligations in the past four weeks because of mental health. According to the survey results, 44.3% of undergraduates and 41.2% of graduate students conveyed that mental or emotional difficulties affected their academic performance during the last four weeks (Eisenberg et al., 2007).

Mental disorders are estimated to account for almost one half of the total burden of disease for young adults in the United States (Eisenberg et al., 2007). Between 2013 and 2017, the Franciscan University Counseling Center reported a 231% increase in yearly visits due to mental health issues among college students (Beiter, 2017). A study
was conducted to investigate the potential relationship between depression, anxiety, and stress in undergraduates. From a sample of 374 students between ages eighteen and twenty-four, results indicated academic performance, pressure to succeed, and post-graduation plans to be of utmost concern. The three constructs (academic performance, pressure to succeed, and post-graduation plans) were positively correlated, and demographically, individuals who were transfer students, upperclassmen, or resided off-campus showed the most stress, anxiety, and depressive symptoms (Beiter, 2017). This finding supported Eisenberg’s research conducted on university students in 2005. His research suggested that the characteristics associated with fewer mental health problems included being older than twenty-five, living in a campus residence hall, and being married or in a domestic partnership (Eisenberg et al., 2007).

Relative Stress

Anxiety can be a reaction to stress (Aamodt, 2013). More specifically, a common source of anxiety results from the emotional state of distress. Anxiety can stem from distress in having to decide on a college major and profession (Aamodt, 2013). Nearly one in five university students are affected with anxiety or depression (Rosenberg, 2018). A 1977 study among 427 college students at Southern Illinois University was conducted to investigate whether general anxiety or anxiety about choice of a college major or career path were related to educational-vocational decidedness (Hawkins, 1977). The Concept-specific Anxiety Scale (CAS) by Coe and Oetting (1969) was used to measure general anxiety, major choice anxiety, and vocational choice anxiety. It was found that general anxiety was related to making an educational-vocational decision (Hawkins,
1977). Class year accounted for the greatest average percentage of change in variance at 16%, and major choice anxiety accounted for a greater total amount of change in variance in decidedness at 32.4%. The hypothesized relationship between anxiety and career decision-making was supported (Hawkins, 1977). Empirical studies conducted by various investigators provide sufficient evidence that anxiety is related, directly or indirectly, to being indecisive about a vocation. Reasons for anxiety in undecided students can include their value of security, risk avoidance, dependence on others, lack of self-esteem, difficulty concentrating on problems, or being generally more anxious than decided students (Hawkins, 1977).

Since anxiety is a feeling of apprehension toward an unknown future, it is often a natural response to stress-evoking stimuli (Aamodt, 2013). When one’s anxiety is persistent, overwhelming, and seemingly uncontrollable, it can be disabling, but it is experienced differently in different individuals (“Understanding the Facts of Anxiety Disorders and Depression is the First Step,” 2016). Symptoms may be due to general feelings or feelings about a specific place or event (Alpert, 1960). Research for a doctoral dissertation at the University of Connecticut found that the impact of stressors on college student anxiety is more influenced by perceived control about anxiety-related situations than by locus of control broadly (Latif, 2014). As mentioned earlier, perceived control is an emotional response to stress and is an item used to assess stress through the Perceived Stress Scale (“Daily Life Stress,” 2017). Fear, stress, and anxiety are considered “normal experiences,” but these factors can negatively influence individuals’ lives across social situations, academic platforms, physical health spectrums, and psychological wellbeing.
Another construct related to stress that also coincides with anxiety is perfectionism. Broadly, perfectionism is a combination of excessively high personal standards and overly critical self-evaluations. It is a misguided attempt to secure others’ approval and repair beliefs of worthlessness and shame through demonstrations of great success (Curran & Hill, 2017). Perfectionism is defined as a multidimensional personality style that is associated with a large number of psychological, interpersonal, and achievement-related difficulties (Hewitt, 2009). Perfectionism is not a disorder but a vulnerability factor that engenders difficulties for adults, adolescents, and children (Hewitt, 2009). Perfectionists are attuned to being analytical, thorough, and disciplined individuals who are driven to uphold high ideals. Although perfectionists tend to be associated with expertise and considered preferred hires, having a sense of perfectionism can be a positive or negative characteristic (Hewitt, 2009).

Perfectionism was traditionally accepted as a unidimensional construct considered neurotic, dysfunctional, and indicative of psychopathology. Researchers today have recognized that perfectionism is actually a multidimensional construct with two underlying factors, which are perfectionistic strivings and perfectionistic concerns (Yang et al., 2016). Perfectionistic strivings involve exceedingly high performance standards of individuals and their struggle to attain ultimate perfection. Perfectionistic concerns involve the concerns of individuals over their mistakes and fear of negative consequences. The former is associated with positive characteristics such as adaptive
coping, conscientiousness, and positive effect, whereas the latter factor is associated with more negative characteristics such as maladaptive coping, neuroticism, and negative affect (Yang et al., 2016). Perfectionistic strivings are adaptive under low perfectionistic concerns but are maladaptive under high perfectionistic concerns. Both adaptive and maladaptive perfectionists set high standards for themselves (Yang et al., 2016).

The two idealist mindsets are maladaptive, also known as negative perfectionism, or adaptive, also referred to as positive perfectionism (Hewitt, 2009). Adaptive perfectionism is characterized as a mundane, salubrious type of perfectionism and is defined by deriving gratification from achievements made from intense effort but tolerating the imperfections without resorting to the astringent self-reprehension that characterizes maladaptive perfectionism (Sara, 2013). Adaptive perfectionists think they can meet standards, and by contrast, maladaptive perfectionists consistently think that they are unable to do so (Yang et al., 2016).

Maladaptive perfectionism is defined by having inappropriate levels of expectations and intangible goals and is typically associated with both rumination and depressive symptoms (Sara, 2013). Perfectionistic individuals can be influenced and pressured by internal and external forces that may heighten expectations. Family members are a prime example of an external force (Yang et al., 2016). Two aspects of family perfectionism can be categorized into either discrepancy or standards. Discrepancy is merely the difference between two things that ought to be the same, and in this case, the discrepancy is between one’s actual abilities and the expectations of others (Yang et al., 2016). The Short Family Almost Perfect Scale (SFAPS) defines family
standards as having high performance expectations, indicated by the item “My family has high expectations for me,” whereas, family discrepancy is defined as family self-critical performance evaluations, indicated by the item “Doing my best never seems to be enough for my family.” Family standards denote an adaptive aspect under low family discrepancy and a maladaptive aspect under high discrepancy (Yang et al., 2016). Family discrepancy is more often considered a maladaptive source of perfectionism in the work of Frost (1990) and Hewitt and Flett (1991). Family discrepancy is maladaptive in that it makes family members think they are incapable of reaching high standards. Because of the relationship between levels of family discrepancy and perfectionism responses, the study concluded that adaptive perfectionists from adaptive perfectionistic families induce the best psychological outcomes (Yang et al., 2016).

Positive perfectionism shows associations with higher academic achievement, achievement motivation, study behavior, emotional regulation, and positive personality factors, but negative perfectionism shows associations with depression, anxiety, stress, and negative personality factors (Sara, 2013). A 2004 study conducted on a sample of 150 African American and 150 Caucasian female college students assessed racial variations in how adaptive and maladaptive perfectionism relate to psychological functioning. Correlational results showed that maladaptive perfectionism, but not adaptive perfectionism, was related to stress for both groups. Results also indicated that stress completely or partially mediated the link between maladaptive perfectionism and psychological functioning for both female groups (Chang et al., 2004). Therefore, the trait of maladaptive perfectionism is associated with possible psychological disorders,
symptoms, and syndromes (Curran & Hill, 2017).

**Stress and Anxiety Prevalence**

Perfectionism is an achievement and relational personality trait that is often a chronic source of stress that leaves the individual with a perception of inadequacy (Hewitt, 2009). Stress from negative perfectionism can lead to a loss of productivity because time is wasted ruminating over an assignment rather than actually working to complete it (Peterson, 2016). Research from Dr. Greenspon’s paper “Antidote to Perfectionism” published in *Psychology in the Schools* confirms that the most successful people in any given field are less likely to be perfectionists (Dahl, 2014). Results suggested that anxiety about making mistakes often gets in the way of success.

Furthermore, research supports that the trait of perfectionism can be passed down hereditarily, and the number is increasing (Dahl, 2014). In a sample of 292 young adult female twins from the Michigan State University Twin Registry, researchers sought to explore the genetic and environmental relationships between anxiety symptoms and maladaptive perfectionism. Results from the Frost Multidimensional Perfectionism Scale and the State Trait Anxiety Inventory were consistent in experience of perfectionism and anxiety, which suggested a hereditary link. Moreover, genetic factors were primarily responsible for associations between anxiety and maladaptive perfectionism (Dahl, 2014).

**Other-Oriented**

The three subcategories of perfectionism that an individual may fall into are other-oriented, socially prescribed, and self-oriented perfectionism (Hewitt, 2009). Other-
oriented perfectionism is the requirement that other people should be perfect (Hewitt, 2009). It is the least researched dimension of perfectionism and typically manifests in interpersonal behaviors (Curran & Hill, 2017). When expectations of perfection are directed towards others, individuals critically evaluate others and place unrealistic standards on them. If people do not live up to the other-oriented perfectionists’ expectations, they are often treated with disdain and aggression (Curran & Hill, 2017).

Early studies among college students linked other-oriented perfectionism with vindictiveness, hostility, tendency to place blame others, conflict, lower altruism, low compliance, and low trust. More recent studies validated these findings in other-oriented perfectionists and also showed this trait to be strongly related to a narcissistic desire for others’ admiration (Curran & Hill, 2017).

**Socially Prescribed**

Socially prescribed perfectionism, on the other hand, is the perception that outside sources like teachers, bosses, and parents, require you to be perfect (Hewitt, 2009). This subcategory of perfectionism is the most physically and psychologically debilitating of the three dimensions (Curran & Hill, 2017). When perfection is perceived to be required from the perspective of others, perfectionistic individuals deem their social environment to be excessively demanding, uncontrollable, and unfair, that others judge them strictly, and that they must exhibit flawlessness in order to receive public approval (Curran & Hill, 2017). The debilitating nature of socially prescribed perfectionism was supported in research efforts among college students. Previous replicated research by Hewitt, Flett, and Weber (1994); Martin, Flett, Hewitt, Krames, and Szanto (1996); and Sherry, Hewitt,
Flett, and Harvey (2003) supported socially prescribed perfectionism as being positively correlated to anxiety, depressive symptoms, and suicide ideation (Curran & Hill, 2017).

**Self-Oriented**

Self-oriented perfectionism, the most common type of perfectionistic behavior, is the requirement for the self to be perfect (Hewitt, 2009). When directed towards self, perfectionistic individuals attach irrational importance on being perfect, hold unrealistically high expectations on themselves, and are punitive in their self-evaluations. Studies show this type to be the most complex of the three dimensions of perfectionism (Curran & Hill, 2017). Since self-oriented perfectionism has a prominent motivational component, it is often associated with adaptive achievement-related behaviors. These behaviors derive from attaching one’s self-worth to achievement and the inability to experience lasting satisfaction from reaching one’s accomplishments (Curran & Hill, 2017). Research conducted among college students has found self-oriented perfectionism to be positively related to clinical depression, anorexia nervosa, and early death. This particular type of perfectionism is also associated with ill being such as negative affect and greater physiological reactivity such as elevated blood pressure, all in response to life stress and failure (Curran & Hill, 2007) Because of an increasing focus on hyper-individualism in the United States in recent decades, American college students report higher self-oriented perfectionism than Canadian and British students (Curran & Hill, 2017).

**Students and Perfectionism**

Perfectionists can be described as individuals who want to be perfect in all
domains of their lives (Stoeber, 2009). A study among 109 university students and 289 Internet users sought to investigate potential relations between perfectionistic tendencies and different domains of life taken from the Perfectionism Questionnaire (PQ) (Stieber, 2009). Participants completed the respective scales of the Multidimensional Perfectionism Scale involving self-oriented perfectionism and socially prescribed perfectionism as well as the twenty-two domains of life from the domains scale of the English version of the Perfectionism Questionnaire. Across samples, the domains of work and studies proved to be most related to perfectionism. Following these two domains were bodily hygiene, spelling, and presentation of documents. Research showed that self-oriented perfectionism specifically, was responsible for the correlations between overall perfectionism scores as well as in individual domains. This finding indicated that being perfectionistic is internally motivated in most domains rather than externally motivated (Stoeber, 2009). Moreover, most perfectionists were shown to be only perfectionistic in selected domains rather than across domains (Stoeber, 2009). With equivocal findings, related to perfectionism (especially across different domains) more research is needed.

II. METHODOLOGY

Present Study

The present study aimed to assess individual factors associated with the experience of anxiety in college students, in particular perfectionism and stress. It was hypothesized that 1) Stress, perfectionism, and anxiety levels will be significantly associated and 2) The relation between stress and anxiety symptoms will be mediated by perfectionism.
Participants

Undergraduates at the University of Mississippi were recruited through script presentations in psychology classes on campus inviting participants to sign up on SONA, a cloud-based subject pool software used at universities. Participants received course credit in exchange for participation. The participants consisted of 150 students (72.67% female) aged 18 to 23 years (M=20, SD=1.523). The ethnic breakdown was as follows: 77.33% Caucasian, 14% African American, 4.67% Asian, and 4% identified as Multiracial. Additionally, the subject pool consisted of 39.33% employed individuals and simultaneously full-time students.

Measures

The Perceived Stress Scale (PSS; Cohen, 1983) is a 10-item self-report measure assessing the degree to which situations in one’s life are appraised as stressful. Total scores range from 0 to 40. Individual items are rated on a scale from 0 to 4 (0 being never and 4 being very often) in regards to events that have occurred to an individual within the last month. Example items include “How often have you felt that you were on top of things?” and “How often have you felt that you were unable to control the important things in your life.” Higher scores indicate more perceived stress. A score of 13 is considered average, and a score of 20 or higher is typically considered high stress (Perera et al., 2017). According to APA’s Stress in America research, the PSS appears to be an efficient assessment of stress and has become one of the most widely used psychological instruments for measuring nonspecific stress (“Stress in America Survey Methodology,” 2013). In this study, the total score on the PSS was used to examine perceived stress in a
college sample.

The *Depression Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995)* is a 21-item self-report measure used to assess symptoms of depression, anxiety, and stress experienced over the past week. The depression subscale includes items of involving a lack of happiness, confidence, or enthusiasm. The anxiety subscale includes items primarily related to symptoms of physiological hyperarousal, panic sensations, and fear. Lastly, for the stress subscale, measured items involve tension or irritability (Antony, 1998). Items are rated on a scale from 0 to 3 (0 being did not apply to me at all and 3 being applied to me very much or most of the time). Example items include: “I couldn’t seem to experience any positive feeling at all,” “I found it difficult to relax,” and “I felt I was close to panic.” The DASS-21 demonstrates good internal consistency and test-retest reliability across all subscales (Dibajnia, 2015). The DASS-21 anxiety subscale was used for anxiety severity in this study.

The *Hewitt-Flett Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1990)* is a 45-item self-report scale measuring three subgroups of perfectionism traits: self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism (Hewitt & Flett, 1990). A number of statements concerning personal characteristics and traits are rated using a Likert scale ranging from 1 to 7, dependent on whether one agrees or disagrees with the statement and to what extent. It is designed to explore the motivational, interpersonal, and cognitive aspects of perfectionistic behavior related to mental and physical health problems, relationship problems, and achievement difficulties. Examples for each subgroup of perfectionism traits include “I seldom
criticize my friends for accepting second best,” “I find it difficult to meet others’
expectations of me,” and “One of my goals is to be perfect in everything I do.” The MPS
is confirmed to have an adequate degree of reliability and validity and is also relatively
free from response biases (Hewitt & Flett, 1990). The measure itself was initially
developed with a college student population (Hewitt & Flett, 1990). The MPS was used
in this study to assess overall levels of perfectionism among university students.

**Procedures**

Following SONA sign up, participants presented to a university classroom to
complete the study. This study was exempt by the International Review Board (IRB);
participants received an information sheet to read explaining the research’s purpose prior
to participation. Participants then completed a packet of paper pencil questionnaires
including a demographic questionnaire, the Perceived Stress Scale, Hewitt-Flett
Multidimensional Perfectionism Scale, and the Depression Anxiety and Stress Scale.
Following packet completion, research credit was awarded to participants.

**III. RESULTS**

**Preliminary Analyses**

All analyses were performed in IBM SPSS for Windows, Version 21.0 to test the
associations between stress, anxiety, and perfectionism. Table 1 provides the mean,
standard deviation, and range of all measures. Preliminary correlational analyses of the
Multidimensional Perfectionism Scale, Perceived Stress Scale, and Depression Anxiety
and Stress Scale of the college sample are presented in Table 2. As hypothesized, all
constructs of interest were positively and significantly correlated.
Table 1. Mean, Standard Deviation, and Range of Construct Scores

<table>
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<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Range</th>
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<tbody>
<tr>
<td>PSS</td>
<td>18.39</td>
<td>7.09</td>
<td>12-36</td>
</tr>
<tr>
<td>DASS-ANX</td>
<td>5.27</td>
<td>5.11</td>
<td>0-19</td>
</tr>
<tr>
<td>MPS</td>
<td>183.88</td>
<td>23.07</td>
<td>85-270</td>
</tr>
</tbody>
</table>

Note: (N=150); PSS= Perceived Stress Scale; DASS-ANX= Depression Anxiety and Stress Scale – Anxiety; MPS= Multidimensional Perfectionism Scale.

Table 2. Correlational Analyses

<table>
<thead>
<tr>
<th></th>
<th>PSS</th>
<th>DASS-ANX</th>
<th>MPS</th>
</tr>
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<tbody>
<tr>
<td>PSS</td>
<td>1</td>
<td>.61**</td>
<td>.26**</td>
</tr>
<tr>
<td>DASS-ANX</td>
<td>.61**</td>
<td>1</td>
<td>.28**</td>
</tr>
<tr>
<td>MPS</td>
<td>.26**</td>
<td>.28**</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: (N=150); PSS= Perceived Stress Scale; DASS-ANX= Depression Anxiety and Stress Scale – Anxiety; MPS= Multidimensional Perfectionism Scale; p < .01** (2-tailed).

Primary Analyses

A mediation analysis through PROCESS for SPSS was used to test the relationship between stress (as assessed by the PSS) as the independent variable and anxiety (as measured by the DASS) as the dependent variable via the inclusion of perfectionism as the mediating variable. The trait of perfectionism partially mediated the relationship between stress and anxiety symptoms. As Figure 1 illustrates, the standardized regression coefficient between stress and perfectionism was statistically significant, as was the standardized regression coefficient between perfectionism and
anxiety. A significant indirect effect of stress to anxiety existed through perfectionism $ab = .02$, (95% CI: .002, .094). The mediator could account for roughly 5% of the total effect, $P_m = .05$.

*Figure 1. Summary of Primary Mediation Model for Variables Predicting Stress*

Note: $p < .01**$.

**IV. DISCUSSION**

Although the relationship between stress and anxiety symptoms is well established, there has been little information regarding the role perfectionism may play as a mediator of this relationship. Upon further testing, the findings in the present study provide support for the model that perfectionism mediates the relationship between stress and anxiety, thus supporting the primary hypothesis. This suggests that the perception of stress through the trait of perfectionism leads to anxiety symptoms. The result is consistent with previous findings showing correlation between the constructs of interest, and it underscores the strong influence stress has on the livelihood of students.

Many life changes occur during college. The probability of experiencing stress is extremely high within the college population, and the potential symptoms are diverse.
Since a common response to a stressful life event is a sensation of nervousness, it is obvious why a significant positive correlation existed between stress and anxiety. Furthermore, since individuals perceive and experience stress differently because of characteristic or innate differences, it is no surprise that perfectionism too was shown to be significantly correlated in this sample.

**Limitations**

Although results from this study can contribute to the literature, some limitations need to be noted. First, measures of all the constructs (stress, anxiety and perfectionism) were assessed using self-report measures. Likert-type items used in each scale could be subject to response biases because of their subjective nature. Moreover, since individuals may adopt different standards when evaluating themselves, a multimodal assessment of stress, anxiety, and perfectionism using physiological indices and behavioral tasks would significantly contribute to the validity of self-report measures. Rather than relying solely on self-report data, researchers can provide participants with a task intended to provoke stress, and with this technique, physiological symptoms of stress such as increased heart rate, respiration rate, blood pressure, and galvanic skin response (GSR) can be directly observed and assessed.

Second, selection bias of the college sample is a limitation, as the majority of participants completed the study in exchange for course credit in psychology. Although this is a university student population-based study, the 150 participants obtained may not be representative of college students in the United States as a whole or even the University of Mississippi campus in its entirety. The sample is in line with demographics
at the University of Mississippi, but the use of a more ethnically and demographically diverse sample would be especially beneficial in future studies in order to best reflect the relationship between stress, anxiety, and perfectionism among college students.

A final limitation of the present study comes from the cross-sectional study design. Although this is a snapshot of current functioning of the student, having a longitudinal assessment of students’ stress, anxiety, and perfectionistic tendencies could provide more information and potential for suggesting causality.

**Future Research**

Despite these limitations, the present study is the first to examine the relationship between the constructs of stress and anxiety in college students with perfectionism as its mediator. In future studies, it would be important to consider year in school, hours enrolled, and field of study to better understand which students are more prone to experience stress. Likewise, it is possible that participants had very different definitions of and experiences with stress, so it would be favorable to lessen the variance by use of situational, open-ended questions and by providing the exact definition of stress used for the present study. Exploring the behavior of procrastination and its effect on stress in college students would also be valuable in future studies. An individual who is perfectionistic in nature is likely to fear failure. This fear complex may cause perfectionists to put off tasks until the last minute, thus potentially increasing the stress associated with perfecting a project in a limited timeframe. Approaching deadlines are rampant in a college setting, so students are particularly at risk for procrastinating and then becoming overwhelmed by academic workloads. Additionally, it would be
intriguing and useful to examine the relationship of personality type with the constructs of stress and anxiety. Some mental health professionals think personality constructs may play a significant role in how one perceives stress, dependent on traits associated with Type A or Type B personalities. An individual’s characteristic way of behaving, feeling, and thinking may be a strong predictor of stress experienced and could account for the likelihood of perfectionistic, anxiety, and procrastination tendencies in students. In an effort to pinpoint components of stress in college students, it is essential to continue with research in this field of study by building from current literature.

**Conclusion**

In summary, the purpose of this study was to assess individual factors that may be related to the experience of stress in college students. Specifically, the current study investigated the relationship between stress, perfectionism, and anxiety. It was hypothesized that the three constructs of interest would be significantly associated and that the relationship between stress and anxiety symptoms would be mediated by perfectionism. A significant positive correlation was indeed found between perfectionism and both stress and anxiety symptoms. The mediation model used contributes to previous literature regarding stress among students. Findings further support literature suggesting that stress as a construct plays a unique role in a student’s mental and physical state of arousal. The current study contributes information regarding the need to recognize, inhibit, and ultimately end the potential long-lasting negative effects of stress among college students. Results from the current study indicate future research examining the worldwide epidemic of stress is essential in a college population.


