CHAPTER - 2

REVIEW OF LITERATURE

In this chapter, studies related to the variables are reviewed. In addition, to books, journals and abstracts subscribed in Vivekananda library of Maharishi Dayanand University, the investigator got the abstract of last few years retrieved through retrieval modes, e.g., google, pubmed, meddler, psychology for all, Wikipedia and jostor etc. While searching the literature pertaining to the variables, it was noted that there was a relative paucity of studies related to religions, in this area. The studies are reviewed in following sections viz. satisfaction with life, depression, physical adjustment (PILL), coping, mediating role, cross-cultural studies, religion, appraisals, and optimism.

Satisfaction with life

Life satisfaction is a cognitive estimation of an individual’s life as whole and/or definite life domains (Huebner, Valois, Paxton and Drane, 2005).

Heckman, (2003), “The chronic illness quality of life model theorizes that satisfaction with life in individuals, living with a chronic illness such as HIV, is a function of illness-related discrimination, physical well-being, barriers to health care and social services, social support, and coping.”

Females those who are at maximum risk for HIV has been reported with low optimism, personal fatalism relating to the future, and greater life dissatisfaction. (Somlai and Heckman, 2000).

Simons, Aysan, Thompson, et al., (2002) studied the availability of coping resources and effects of perceived stress in a group of college students in Turkey, to predict satisfaction with life, with age ranging from 19 to 35. Results showed that scores obtained on satisfaction with life is significantly negatively correlated with scores on the perceived stress. High scores on both PSS and SWLS indicating the prominent stress levels and high satisfaction with life. Therefore, with the increased
level of stress perceived, the life satisfaction among the students of college decreased. Significant positive correlation was found between CRE and SWLS. Thus, with increase in satisfaction with life, coping resource availability also increases. Results also revealed that stress perceived among students and coping resource effectiveness are significantly negatively correlated. Both coping resource availability and stress perceived predict the level of satisfaction with life and significant correlations between life satisfaction with perceived economic well being, social support and stress monitoring was also found.

Coffman, Donna, Gilligan and Tammy, (2003) examined, “the relationship between self- efficacy, social support, perceived stress and life satisfaction among the college students. Results indicated that students with greater levels of self-efficacy, social support and lower levels of perceived stress reported higher levels of life satisfaction. Stress and social support together accounted a variance of 41 percent in life satisfaction ratings.”

Gombor and Vas, (2008) studied motives for Internet use and life satisfaction. For this purpose a sample of 300 medical students were taken and questionnaires related to Internet motives and Satisfaction with Life Scale were administered. A sample of 150 Hungarian and 150 Israeli (both with equal number of female and male) students. Results showed that the students from Israeli scored high on the life satisfaction scale. Gender difference showed that females of Israeli had higher satisfaction of life whereas in the Hungarian sample it was higher for the male participants.

Tamini and Mohammady, (2009) study mental health and life satisfaction of students of Iranian and Indian Universities. 100 students were selected from Sistan and Baluchestan University (SBU) of Iran (n = 50) and Aligarh Muslim University (AMU) students’ of India (n=50). General Health Questionnaire of 12 items and life satisfaction scale were administered. Data were analyzed using t- test. Significant difference was found between the two groups when measured on life satisfaction scale and general health questionnaire. The results also revealed that students of A.M.U. scored less on mental health questionnaire than S.B.U. and also their mental health
situation was better than S.B.U. students. A.M.U. students’ scores of life satisfaction scale were more than S.B.U. students, which means that A.M.U. students were more satisfied from their life than S.B.U. students.

Zora, Andreja, Marija and Zagreb, (2008) determine from their research, the extent of socio-demographic variables, subjective material well-being, personal resources and aspects of social relationships predict adolescent’s satisfaction of life. For this purpose a sample of 2823 Croatian high school of two types (gymnasiums and vocational schools) students were included in the study with mean age 16.86 years. 59.1% of the students were found to be satisfied with their life, one-fourth were "neither satisfied nor dissatisfied" and about 15.2% of the students showed a lower level of life satisfaction. Boys reported significantly higher life satisfaction as compared to girls. On the contrary, study by Huebner, Drane and Valois, (2000) did not found any significant gender differences in life satisfaction among adolescent.

Some researchers e.g., Suldo and Huebner, (2004) reported that “high life satisfaction act as a buffer against the impact of stressful life events on developing psychopathology.”

Oladipo, Olapegba and Adenaike, (2012) examined satisfaction with life among 1429 undergraduates from South-western Nigeria with their ages ranging between 16 to 27 years. They were administered satisfaction with life scale. It was revealed from the results that students have low satisfaction with life with no significant difference between males and females when considering satisfaction with life.

Iqbal, khan and Fatima, (2013) designed a correlation study to find the relation between optimism, maladjustment and life satisfaction. A sample of 24 students from the University of Karachi was selected with equal number of males and females. Results revealed that there was no negative correlation between life satisfaction and maladjustment whereas positive correlation between optimism and life satisfaction and a negative correlation was found between optimism and maladjustment. Stanley, Sethuramalingam and Sathia, (2013) conducted research on HIV positive people.
Total number of sample involved 309 participants from Tamil Nadu, India. Results revealed that female respondents showed significantly lower on life satisfaction as compared to male respondents. Whereas married respondents was significantly higher life satisfaction as compared to singles. In addition, the scores on life satisfaction were highly significant negatively correlated with the overall hopelessness score and its sub-dimensions.

Suldo, Savage and Mercer, (2014) conducted a study on middle school students who were less than happy with their lives, and attempted to improve these student's mental health using a 10-week group wellness-promotion intervention. Sample consists of 55 students of sixth grade who were assigned randomly to the control group and experimental group. Data were collected at baseline, post-intervention, and 6-month follow-up. It was observed that, “there was significant enhancement in life satisfaction of students in the intervention group, while the scores of control group declined (although this change was not statistically significant) during the same period. The gains of intervention group were maintained at follow-up, but matched by similar gains for students in the control group. During the first semester the improvements in the scores of life satisfaction among the students in the intervention group are important because the adjustment difficulties that often emerge during this sensitive developmental period marked by educational and biological changes.”

**Depression**

Epping-Jordan et al., (1999) found from their study that, “poor psychological adjustment is associated with less formal education, counting attempts to cope with the stress of breast cancer by avoiding thoughts, emotions or information related to the disease.”

Stanton, Burg, Cameron and Bishop et al., (2000) found that, “distress is inversely related to age, such that older women reported fewer symptoms of anxiety and depression than younger women.”
Blalock and Joiner, (2000) assessed the moderating role of gender and avoidant coping on the negative life events, and their effect on depressive symptoms among students. Results revealed that, “among females, as there was increase in number of negative life events, the scores of depressive symptoms was significantly increased. It was also revealed that behavioural and cognitive avoidance subscale emerged as lower level categories of avoidant coping. Out of which cognitive avoidant coping were found to be the significant predictors of depression and anxiety scores in females but not in males, whereas behavioural avoidance coping was not found to be related to any of these symptoms. The results of this study recommended that, for significant predictors of psychological well-being, particularly, depression and anxiety, coping strategies alone were not enough.”

Kraaij, Garnefski and Maes, (2002) examined the combined effects of coping, coping resources and stress in predicting depressive symptoms. A sample of 194 people (65 years and older) were involved in the study. “Depressive symptoms were found to be directly related to both task-oriented coping and emotion-oriented coping. In addition, depending on the amount of stress experienced, emotion-oriented coping moderated the impact of stress to varying degrees. Coping resources (coping self-efficacy and social support) were also directly related to depressive symptoms. Coping self-efficacy appeared to be related to the type of coping strategies used. Respondents with higher coping self-efficacy used task-oriented coping more and less emotion-oriented coping.”

Yang, Liu, Wang, Wang and Wang, (2011) found the prevalence of depression/anxiety and examined the integrative effects of optimism, hope and general self-efficacy on depression/anxiety among cervical cancer patients. It was found that the prevalence of anxiety and depression was 65.6% and 52.2% among patients. 4-6 months after diagnosis at cancer stage II, it was observed that score on anxiety was significantly higher in patients. Results also revealed that optimism, hope and general self-efficacy entirely accounted for 35.6% variance of anxiety and 31.3% variance of depression. Thus, optimism, hope and general self-efficacy significantly associated with depression.
Hamid, Ahmad and Tasleema, (2011) examined the level of depression among adolescents in relation to sex and rural/urban dichotomy. Random sampling technique was used to select the sample of 600 adolescents from Kashmir. Results revealed that adolescents from rural and urban do not differ significantly on depression. But gender differences showed significant differences among adolescents on depression with females score higher than that of males.

Vögele, Christ and Spaderna, (2012) investigated cardiac threat appraisal and its association with depression after first myocardial infarction (MI). 36 patients after first MI were administered with a semi-structured interview. Patients finished self-report 5–15 days after the first MI, then second after 6–8 weeks later and finally 6 months later. It was found that, “cardiac threat appraisal was significantly correlated with depression at first time, but was not related to depression scores at second and third time. Furthermore, there was a significant inverse relationship between cardiac threat appraisal and the subscales “search for affiliation” and “threat minimization” of the coping questionnaire. In addition, “search for affiliation” correlated negatively with depression scores at first and third time, and “threat minimization” correlated negatively with depression scores at first and second time. Results also showed a significant association between cardiac threat appraisal and depressive symptoms shortly after MI.”

Khatib, (2013) investigated the predictive role of life satisfaction, self-esteem, gender and marital status on depressive symptoms. A sample of 547 (315 female and 232 males) undergraduate students was selected. The findings showed a great ratio of depressive symptoms among students out of which female students reported higher level of depressive symptoms than males. Also single students scored high on depression than married. The findings also showed that lower life satisfaction and lower self-esteem were associated with high levels of depressive symptoms. However, life satisfaction was found to be the most significant predictor of depressive symptoms accounting for 32.6% of the variance, self-esteem, marital status and gender each accounted for an additional 6.5% variance in depressive symptoms.
Sharma, (2014) attempted to find out the prevalence of depression among adolescents. A sample of 300 students was selected from Government model senior secondary schools of Chandigarh by using stratified random sampling technique. Sample was divided into 3 groups (i.e., arts, commerce and science stream students), with having equal number of participants in each group. The result showed that 55% adolescents were depressed and was more prevalent among girls (mean = 18.06, SD = 10.57) than boys (mean = 15.41, SD = 9.86) with t= 2.24. Science students were found to differ significantly from arts students on depression (t = 2.25, p< 0.05 level) but not with the commerce students (t = 0.02). Significant differences were also observed between arts and commerce stream adolescent students on depression (t = 2.30, p<0.05 level). The above results confirmed that arts stream students were more depressed as compared to science and commerce stream adolescents.

**Physical adjustment**

Jung, (1993) found that, “avoidance coping was related to higher levels of physical and psychological symptoms, whereas problem solving was associated with fewer psychological symptoms.”

Gilman, (2001) found that, “students who either rated themselves higher in social interest, or as participating in greater numbers of structured extracurricular activities (SEAs), also reported significantly higher global life satisfaction than those who reported less social interest, and/or minimal or no participation in extracurricular activities.” Zullig, Valois, Huebner and Drane, (2005a) also found, “negative associations between life satisfaction and poor self-rated health, poor physical health, poor mental health, and activity limitation among adolescents.”

Tamini and Kahrazei, (2010) showed that life satisfaction is significantly negatively correlated with general health (physical symptoms, anxiety, social dysfunction and depression) of adolescents. Results also indicated a significance difference among gender on physical symptoms, anxiety, depression and total scores of GHQ with females students scored significantly higher than male students.
Benham, (2006) examined the relationship sensory-processing sensitivity, self-perceived stress, and physical symptom reports. Samples of 383 undergraduate students were included in the study. Results indicated that, “sensory-processing sensitivity is positively correlated with symptoms of ill-health and levels of stress. There was non significant difference between sex (t= 1.39). After controlling self-perceived stress and sex, the HSP scale added significantly to a hierarchical regression model predicting self-reported health.”

According to O’Brien, Atchison, Gremillion, Henry, Waxenberg and Robinson, (2008) investigated the relationship between somatic focus, negative affect and pain. A sample of 280 chronic pain patients were included, who completed a battery of somatic focus, pain, coping, negative affect, and dysfunction. Results revealed that, “the PILL shares significant variance with measures of negative affect, mainly with the physiological components of depression and anxiety. Considering sex differences, it was found that some components of negative affect and cognitive factors play a stronger role in predicting somatic focus among males compared to females. Somatic focus explained a minute, but unique amount of variance in female patients’ pain reports, which differed from the relationship among male patients.”

Benedetto, Lindner, Aucote, Churcher, McKenzie, Croning and Jenkins, (2014) assess the, “role of diet, coping resources, depression, and exercise on physical and mental health status. Exercise, Coping resources and depression explained 26% and 52% of the variance in physical and mental health status, respectively. A Few coping resources predicted higher levels of depression and both predicted worse mental health. High levels of depression predicted worse physical health status. There were also significant but indirect effects of coping on physical and mental health status through depression. The development of social, cognitive and emotional coping strategies is vital for managing depression and supporting positive mental health.”

Muhonen and Torkelson, (2011) found from their study on municipal employees that coping, physical and psychological well-being are significantly associated. Also optimism found to be correlated significantly with both psychological and physical well-being.
Coping

Stress not only has its affect on students’ health but also on their academic performance. Coping strategies are specific efforts that students employ to manage stress.

Carver, Charles, Pozo, Christina, Harris, et al; (1993) studied, “optimism among patients who were diagnosed having breast cancer (n= 59). Patients reported on their overall optimism about life; 1 day presurgery and 10 days postsurgery, and at 3rd, 6th, and 12th month’s follow-ups, and also reported their recent coping responses and distress levels. Optimism was found to be related inversely to distress at each point, even controlling for prior distress. Positive reframing, Acceptance and use of religion were the most common coping reactions whereas denial and behavioural disengagement were the least common reactions. Acceptance and use of humor predicted lower distress and denial and disengagement predicted more distress. In conclusion, several coping played significant mediating roles in the effect of optimism on distress.”

Griffith, Dubow and Ippolitio, (2000) examined the use of different coping strategies in early, middle, and late adolescents. They found that as the grade levels increased, students used more coping strategies, specifically in case of family and peer stressors. Difference was also observed in the use of avoidance coping strategies among the different grades i.e., students of ninth class used more avoidance strategies than students of seventh and twelfth class in coping with school stressors. It was also found that, “family stressors were perceived less controllable then school stressors. Adolescents preferred to use approach strategies more frequently than avoidance strategies when they perceived the school stressors as controllable. However, when school stressors were perceived to be uncontrollable there was no significant difference in the use of avoidance and approach strategies. On the contrary, adolescents used more avoidance than approach strategies, when family stressors were perceived as uncontrollable. Thus, coping is influenced by individuals’ external (e.g., environmental demands, social support,) as well as internal resources (e.g., age, sex and personality traits) available to them.”
Tao, Dong, Pratt, Hunsberger and Pancer, (2000) stated that “peer support was significantly positively related to positive coping patterns (approach coping style and problem focused efforts) whereas university teacher support was significantly negatively associated with negative coping styles (emotion-focused coping and avoiding style) of first-year university students. Parental and sibling support were not found to be related to coping styles significantly.”

Cunningham, Brandon and Frydenberg, (2002) developed a school-based program for development of coping resources where the researchers found that, “children who participated in the program, reported significant progress in coping efficacy. Students in the experimental group gained a better sense of control over their internal states than the students in control groups. It was also observed that use of the non-productive coping strategies (i.e., worry, ignoring the problem and wishful thinking) and depressive attributions decreased in the experimental group.”

Frydenberg Lewis, Bugalski, et al., (2004), “Due to plentiful pressures of the 21st century, adolescents are facing difficulty in coping, and thus requesting for some educational programs in schools so that they get help about how to cope with stressors.”

Tamres, Janicki, and Helgeson, (2002) conducted a meta-analysis study, to examine the sex differences in coping by analyzing 50 studies reported between 1990 and 2000. Results indicated, “that women were more likely to use various types of coping strategies including both problem- and emotion-focused domains than were men. The results regarding sex differences in coping indicated no sex difference in terms of problem-focused and avoidant coping. However, the researchers speculated that men as compared to women might engage in more avoidant or withdrawal behaviour for some stressors such as, situations related to other people (relationships and other’s health). The researchers also mentioned that most of the sex differences in coping were small. The major differences were in the contemplation or expression of feelings to others (seeking emotional support) and self (rumination, positive self-talk). Only seeking emotional support was found to be different across sexes in that women
were more likely than men to seek emotional support across a wide range of stressors.”

Sheikh, Kahloun, and Kazmi, et al., (2004), conducted a study in Pakistan in a medical school and found that, “sports, music, hanging out with friends, sleeping, or going into isolation were employed in coping with stress.”

Crockett et al. (2007) found that, “students who are experiencing high levels of stress, seeking social support as an effective coping strategy, as students who reported fewer depression and anxiety when they received social support, as opposed to students who did not receive social support.” The negative association between seeking social support and psychological distress has further been supported by Bouteyre, Maurel and Bernaud, (2007); Penland, Masten, Zelhart, et al. (2000).

“Increased depressive symptoms in cardiac patients are associated with low coping resources” (Di Benedetto, Lindner, Hare, and Kent, 2007).

Sreeramareddy, Shankar, Binu, Mukhopadhyay and Menezes, (2007) conducted study in Nepal and found that, “students adopted active coping strategies (acceptance, positive reframing, planning, and active coping) rather than avoidant strategies (alcohol/drug use, denial and behavioural disengagement).”

Redhwan, Sami, Karim, Chan and Zaleha, (2009) found from their study which was conducted in Malaysia on students, that common coping strategies adopted by students were watching cartoons or comedies, listening to soft music, regular exercise, practising meditation including yoga and tai chi, praying, and counselling.

Kennedy, Matthew and Sandhu, (2009) tried to find out the degree to which cognitions, in terms of appraisals and hope, are connected with psychological adjustment and the use of coping strategies to spinal cord injury (SCI). A sample of 54 newly injured people with SCI was taken. It was found that, “primary appraisals of threat and hope were significantly correlated with the coping strategy of fighting spirit. Hope was found to be a superior predictor of coping as compared to appraisals. Appraisals were found to be strongly association with adjustment then other variables, accounting for 34 per cent of the variance in depression and 12 per cent of the
variance in anxiety. Coping did not describe much variance in depression than challenge and threat appraisals. Cognitions, especially primary appraisals of threat, are essential in the process of psychological adjustment.”

Ramya and Parthasarathy, (2009) examined the coping patterns of junior college students of Bangalore city. Students of first and second-year were selected who were studying in either of the streams of education (i.e. Arts, Commerce and Science). A sample of 120 students of both sexes were selected on the basis of random sampling method with equal number of students (n=40) in every stream of education. Results revealed that majority of the students adopted problem and emotion-focused coping strategies. With males tend to adopt problem focused coping strategies more whereas female students adopted emotion-focused coping strategies more often.

Al-dubai, Al-Nagger, Alshagga and Rampal, (2011) aimed to assess the coping strategies used by the medical students and their perception towards stress. Study was conducted on 376 students of medical and medical sciences in Management and Science University in Malaysia. Results indicated that the most recurrent stressor was worries of the future followed by financial difficulties. Significant predictors of stress were worries of the future, self-blame, smoking, lack of acceptance and lack of emotional support were the significant predictors of stress. Coping strategies such as reframing, religious coping, active coping, acceptance and planning were used by the students to cope effectively with stress.

Kumar and Bhukar, (2012) investigated coping strategies and the stress levels of students of Engineering and Physical Education professions. A sample of 60 subjects was selected randomly from the Engineering Institute and Physical Education, India. Each profession group had 30 subjects with 15 boys and 15 girls, age ranging between 21±3 years. Results showed that, “stress due to all the stimuli was significantly higher among females in comparison to males of their profession. Coping strategy was found to be higher among males than females of their respective profession, but in Physical Education females had higher coping strategy than males.
and females of engineering. Therefore, it can be concluded that students of physical education use more coping strategy than students of engineering.”

Thaker and Verma, (2014) studied the level of stress and the preferred method of coping style. Sample was selected from two different schools, one of central board (private) and another of state board (government) from Ahmadabad. Total 72 students from each school with age range from 14-16 were selected randomly through physical examination. Results revealed that all students score high on PSS, with no significant difference between the two schools. Students of state board (government) school, adopting negative coping styles whereas Central board (private) school students, adopting positive coping methods. Males scored high on stress than females and later having positive coping strategies while former peruses negative.

**Researches related to Mediating role of coping and appraisals**

Carver et al., (1993) and Epping-Jordan et al., (1999) “Coping responses function as both moderators and mediators of other factors on adjustment. Researchers have found that coping mediates the relationship between optimism and distress. Optimism was found to be associated with greater humor and acceptance, and wishful thinking and avoidance was associated with pessimism and these differences in using coping style are in turn related with different levels of distress.” Osowiecki and Compas, (1999) stated that, “Coping also moderates the relationship between perceptions of personal control and distress in adjustment to breast cancer. Patients having sense of personal control over their cancer cope by using active, problem-oriented methods of coping were found to be low on distress.”

Nicholls, Polman, Levy and Borkoles, (2010) examined the relationship between coping, global coping self-efficacy and coping effectiveness among athletes. 353 athletes (18 to 29 years) were selected for the purpose. Participants completed coping self-efficacy measure before the night, and were administered a measure of coping strategies used and their perceived coping effectiveness, which was completed instantly after the competitive event. Results revealed that coping effectiveness were significantly related to higher global coping self-efficacy. In addition, task- oriented
and disengagement-oriented coping partially mediated global coping self-efficacy and coping effectiveness, but distraction-oriented coping was not a significant partial mediator between the relationships.

Howell, (2012) examined the mediating role of appraisals and coping strategies between depressive symptoms and negative emotional state (anxiety). And it was found that, “threat appraisal and emotion-focused coping strategies play significant mediating role between anxiety and depressive symptoms.”

Thiruchelvi and Mangatvadakkeveetil, (2012) studied the relationship between locus of control, coping strategies and workplace wellbeing among software professionals. Results revealed that, “coping strategies play significant mediating role between locus of control and workplace wellbeing. The path between locus of control and wellbeing is significant, but relation between coping distraction and wellbeing was not significant.”

Dardas and Ahmad, (2013) examined coping strategies as moderator and mediators between stress and quality of life among the parents of children with autistic disorder. The study consisted of 184 parents of children with autistic disorder. Results revealed that ‘accepting responsibility’ was found to be the mediator between stress and quality of life whereas ‘escape avoidance’ and ‘seeking social support’ were moderator between the two.

**Cross-cultural studies**

Jerusalem and Schwarzer, (1989) compared coping and coping resources between Germans and Turks living in Germany. Results revealed that, “Germans scored higher on instrumental coping, whereas Turks scored higher on emotional coping. In addition, Germans had better coping resources (higher self efficacy and self-esteem) in their own culture and they used more problem-focused coping.”

Olah, (1995) tried to investigate that how culture influence the coping behaviours of adolescents (17-18 years old) living in India, Italy, Hungary, Sweden, and Yemen. Results indicated that, “adolescents of European countries reported significantly frequent use of assimilative coping strategies (i.e., constructive,
confrontative, problem-focused, information-seeking, seeking social support for instrumental reason) than boys and girls in Yemen and India, the latter generally preferring emotion-focused solutions.”

Essau and Trommsdorff’s, (1996) found that, “Malaysian students as compared to North Americans and Germans used substantially more emotion-focused coping in dealing with their school-related problems. North Americans and Germans who used emotion-focused coping experienced fewer physical symptoms, whereas Malaysians experienced more symptoms. In contrast, Gerdes and Ping, (1994) found that American students reported using less problem focused coping strategies than Chinese students.”

Puente-diaz and Anshel, (2005) examined cognitive appraisal, coping strategies and stress among skilled U.S. and Mexican competitive tennis players. Their results revealed that culture do significantly predicted both perceived controllability and the use of coping strategies.

Sinha, Willson and Watson, (2000) studied the coping strategies used by the Indian and Canadians. It was found that, “students in India use emotion-focused coping (e.g., seeking social support, confrontive, positive reappraisal, distancing) more than students in Canada. The maximum difference between the Indian and Canadian samples was in positive reappraisal strategy. The two cultures do not differ significantly in the use of problem-focused coping” Olah, (1995) and Sinha, Willson and Watson, (2000) concluded that, ”there seems to be a tendency among people in collectivistic cultures to use emotion-focused coping, whereas those in individualistic cultures are more likely to prefer problem-focused coping.”

Vandervoort, (2001) investigated the differences in ways of coping with sadness among diverse cultures. Results revealed that, “Caucasians and Asians were less likely to use confrontive (i.e., aggressive efforts to alter the situation, risk-taking and hostility) and positive reappraisal coping strategies in dealing with sadness than multiethnic individuals. In addition, Asians scored less in distancing coping strategies (i.e., denial, escaping).”
Wong, Lee, Oei, Ang and Ng, (2009) studied differences in health, personality, and coping among the students living in Singapore and Australia. It was found that students in Australia were more satisfied, agreeable, optimistic and conscientious while students in Singapore tended to be more neurotic and pessimistic and utilize less frequent adaptive and maladaptive coping strategies.

You, Fung and Isaacowitz, (2009) aimed to investigate dispositional optimism among the two different cultures i.e. Hong Kong Chinese and Americans. There were 84 younger adults and 55 older adults with equally distributed across the two cultures. Results revealed that, “older Americans displayed a higher level of dispositional optimism than did younger Americans; whereas in Chinese older people showed a lower level of dispositional optimism than did their younger ones.”

Park, Huebner, Laughlin, Valois and Gilman, (2004) studied satisfaction with life among students across two different cultures of United States (n=822) and Korean (n=835) (i.e. individualistic vs. collectivistic) in elementary, middle, and high schools. Results demonstrated the cross-cultural similarity of the five-factor model for students' life satisfaction.

Chan, Zhang, Fung and Hagger,(2015) examined the relationships between depression, emotion and affective variability across six developing countries, including India, China, Ghana, Mexico, Russia and South Africa. For this purpose they used a World Health Organization (WHO) multi-national dataset and found that negative emotion predicted depressive symptoms significantly, but the strength of association was smaller in countries with a lower incidence of depression (i.e., China and Ghana). The association between the risk of depression and negative affective variability was lower in Ghana and higher in India. Findings suggested that, “culture not only was associated with the incidence of depression, but it could also moderate the effects of emotion and affective variability on depression or the experience of depressive symptoms.”
Appraisal

Mikulincer and Victor, (1995) found that threat appraisal was positively correlated with distance coping and emotion focused. The results also stated significant correlations between social support coping and challenge appraisal and problem focused coping and secondary appraisal. Similarly, Anshel and Wells, (2000) found that, “the challenge appraisal was associated with approach coping and threat appraisal was associated with avoidance coping in basketball players during stressful events in the game.”

Bjorck, Cuthberston, Thurman and Yung, (2001) found that challenge appraisal predicted more positive reappraisal coping and problem solving.

Portello and Long, (2001) “Stressful primary appraisal i.e. self interest appraisals and upsetting were found to be associated to six disengagement coping strategies which fall into the category of emotion focused coping.”

Portello and Long, (2001) also stated that, “challenge appraisal leads to problem focused coping whereas harm/ loss and threat appraisals lead to emotion focused coping. In this study, where women managers’ psychosomatic distress level was found to be affected by their primary appraisal, particularly, upsetting and self-interest appraisals led to greater distress both directly and indirectly. Both type of appraisals led to boost the use of disengagement strategies and in daily hassles, thus affecting distress both indirectly and directly.”

Pakenham, (2001) examined the relationship between appraisal and coping strategies, social support and adjustment to MS caregiving, and it was found that, “appraisal was the strongest predictor of caregiver’s adjustment. In specifically, higher control and lower threat appraisals were found to be related to better adjustment.”

Bjorck, Cuthberston, Thurman, and Yung, (2001) studied ethnically different groups (Filipino Americans, Korean Americans, Caucasian Americans) on cognitive appraisal, coping and distress. Results indicated that challenge appraisal predicted
more positive reappraisal and problem solving coping for all participants, irrespective of their ethnic background.

One of the example which shows the relationship between appraisals and the coping, which was conducted with depressed people by Folkman and Lazarus, (1986). They found that, “non-depressed and depressed people were found to be dissimilar in their use of appraisals of possibility of change and the subsequent coping. Non-depressed people used less wishful thinking, both problem and emotion-focused coping and seeking emotional support than depressed people.”

Kelsey, Blacovich, Leitten, Schneider, Tomaka and Wiens, (2000); Kelsey, Sodurlund and Arthur, (2004) stated that, “women reported greater primary appraisal then men but lower secondary appraisal or in other words women reported being more stressed then men to the task.”

“Appraisals of the task as threatening have been associated with fewer responses and more errors whereas challenging appraisals have been associated with more attempts and better performance than a neutral appraisal” (Kelsey et al., 2000; Tomaka, Blascovich, Kelsey and Leitten, 1993).

Chung et al. (2001) investigated the changes in the stressful event type, appraisal, coping and psychological outcomes in alcoholic patients in the interval of six and twelve months. 133 alcoholic and 27 patients who were from addiction treatment centres were included in the study. Results of the study showed that, coping responses are not predicted by the type of the stressful event in any of the assessments. At six months assessment, behavioural and cognitive approach coping are predicted by challenge appraisal, and behavioural and cognitive avoidance coping are predicted by threat appraisal. In the same way, “threat appraisal predicted cognitive and behavioural approach coping and, challenge appraisal predicted decrease in cognitive avoidance coping. At 12 months assessment, behavioural approach coping, which included problem focused coping strategies, predicted better psychosocial functioning. Similarly, decrease in cognitive avoidance coping was associated with better psychosocial outcomes.” The results recommend that, with the decrease in threat appraisal, the use of avoidance coping also decreased, and, as the
challenge appraisal increased, the use of approach coping strategies also increases. Thus, “the changes in participants’ appraisal and coping types suggested that cognitive behavioural interventions could be used to change the appraisal and subsequent coping strategies. It was concluded that, appraisals were the most significant predictor of coping.”

**Religion**

Our Indian culture is collectivist by nature. It is very essential to understanding the culture to comprehending the interplay of gender, coping strategies and culture. Quite a few researches have been conducted on collectivist societies in the Middle Eastern region, Arab region, particularly the country of Kuwait (Dwairy, 1998). In collectivist societies “an individual’s self and identity are enmeshed in the collective identity” (Dwairy, 1998).

Kuo, (2010); Bardi and Guerra, (2011) stated that, “Individualists who are inclined to have greater need for independence and control will rely more on the self when it comes to dealing with negative or unpredictable life events. On the other hand, collectivists, who have a greater need for affiliation, and tend to more conformity, seek support from others in their coping strategies.”

“Kuwait is a religious country where Islam plays a critical role in individual’s lives living there. The majority of Kuwaitis (near 100%) is Muslim, and is emotionally involved to the norms, moral standards and values predetermined by Islamic teaching. In a patriarchal society such as Kuwait, males are seen as the main providers for the family, as in economics, whereas females are responsible for raising the children” (Encylopedia Britannica, 2009). The interplay of religion and family unfolds in matters such as decision making, gender roles, individuation or lack of, locus of control, and overall worldviews. There is difference in males and females adolescents’ coping strategies. Females are expected; that they will select seeking social support for emotional reasons and that male will use denial, as a coping strategy due to restrictions of society on personal expression. (Essau and Trommsdorff, 1996) found that, “coping strategies such as, acceptance, religion,
perseverance and projection were used in collectivistic cultures like, Korea, Taiwan and Philippines.”

Gupta, Avasthi and Kumar, (2014) compared “the psychopathology among depressed patients with low and high religiosity and to relates to the level of religiosity with the psychopathology in the psychiatric clinic of a general hospital in Chandigarh, North India. 30 depressed patients with low religiosity and 30 patients with high religiosity were assessed. It was revealed that the patients with depression, hopelessness and suicidal intent correlated negatively with the level of religiosity.”

Yaacob, Aun, Pei and Juhari, (2012) examined the life satisfaction of Malaysian adolescents in metropolitan and urbanized cities. Total 441 school-going adolescents, aged 13 to 17 from selected secondary schools were taken and sampled using multistage cluster sampling with probability proportionate to size sampling (PPS) technique. Results revealed that adolescents reported higher level of life satisfaction. More particularly, younger adolescents were found to differ significantly from older adolescents on satisfaction with life. Taking gender differences, male adolescents reported higher scores on life satisfaction concerning family and lower scores on life satisfaction related to friends than female adolescents. Adolescents differs significantly on religion, with Muslim (mean=13.00) and non-Muslim (mean = 14.47).

Kaur, (2013) in a study found that females of other religion are contributing in the development of the society and Nation, whereas the conditions of Muslim women are still the same. A sample of 60 Muslim females was studied from India to know their health related problems. Results revealed that they face lots of physical problems. Due to their priority towards their children and household work they were unable to take care of their health.

Optimism

Compas et al., (1999) conducted study on cancer patients and revealed from his results that, “Patients’ characteristics have been found to be the predictors of
distress comprise demographic factors (e.g., age, education) and personality characteristics (e.g., optimism).”

Carver et al., (1993) and Epping-Jordan et al., (1999) found, “the diverse personality characteristics studied, such as dispositional optimism has been most consistently linked with lower symptoms of anxiety and depression and higher quality of life.”

Brissette, Scheier and Carver, (2002) found that, “greater optimism was connected to greater increases in social support during the first semester of university. A part from this, it was also reported that optimists had more friendship networks after the first 2 weeks of university.”

Ball, Smolin and Shekhar, (2002) found that, “individuals with optimistic and positive personalities are more likely to appraise a stressful situation more positively and accordingly engage in a pro-active coping style. Whereas individuals who are more pessimistic or fearful, are more likely to appraise a stressful situation as negative and underestimate their capability to deal with the stressor. Thus, leading them to choose a more passive coping style.”

“Stress is not caused exclusively by the situation or by personality characteristics, but by the interaction between both” (Montgomery and Rupp, 2005). Long and Sangster, (2006) found the influence of pessimistic/optimistic on the psychosocial adjustment of patients with rheumatoid arthritis and patients with osteoarthritis. Although, the severity of the disease influences the adjustment of osteoarthritis OA patients. It was revealed that RA patients who were pessimistic are more physically disabled and OA patients reported poorer adjustment. Coping plays significant mediating role for the RA patients but not the OA patients i.e. “pessimism was associated with poor adjustment with greater use of wishful thinking coping. Surprisingly, problem-solving coping was not found to mediate the optimism adjustment relationship.”

Hirsch, Conner and Duberstein, (2007) studied the relation between optimism and suicidal ideation. A multivariate regression analysis indicate that optimism was inversely associated with suicide ideation, even after controlling for age, sex,
hopelessness and depressive symptoms.

Mosher, Prelow, Chen and Yackel (2006) reported that, “students high on optimism were more likely to engage in problem-focused coping and experience decreased depressive symptoms.” Findings also replicated an earlier study by Aspinwall and Taylor, (1992) indicated that, “greater optimism in university students was related with problem-focused coping and better adjustment to college at the three-month follow-up.”

A study by Lai, (2009) who tested optimism, health consequences related to stress among adolescents in China. Results indicated that higher distress score is predicated by an increased score in hassles, whereas higher optimism scores predicted better mental health and lower distress. On the whole, optimists did better with growing levels of stress.

Rashid, Arif and Hussain, (2012) aimed the relationship between optimism and stress, life satisfaction and stress and the relationship between life satisfaction and optimism among college students. A sample of 100 college students between the age ranges between 17-21 years was selected. Strong positive correlation was found between optimism and satisfaction with life.

Littman and Nir, (2014) examined optimism and the effect of intervention. Sample was divided into two groups i.e. control group and intervention group which were statistically similar at base line. The intervention group showed, “reduction in negative affect, pessimism, and emotional exhaustion at post-test and one month after intervention, although positive affect, optimism and life satisfaction did not increase. At first, increase in the intervention effect for the optimism group, but not for the control group, by diminishing negative affect and emotional exhaustion, and increasing optimism. Control group participants mentioned 61% of the activities, focused on duties and work, compared to 28% in the optimism condition. It was found that initial optimism or pessimism is not related to the type of activities mentioned.”

Bretherton and McLean, (2014) examined the “mediating role of perceived control in the optimism and adjustment relationship in a sample of parents of children with disabilities. It was found that perceived control partially mediate the optimism
and adjustment relationship. Interventions including practical methods of increasing optimism and perceived control of internal states may boost the adjustment of parents of children with disabilities.”

Chang and Sanna, (2001); Vella and Mohr, (2008) found an inverse correlation between optimism and depressive symptoms. Optimism may be linked to health as Affleck, Tennen and Apter, (2001) studied optimism and health in terms of physical symptoms, negative effect and coping strategies of those suffering from rheumatoid arthritis, fibromyalgia and asthma. Their results revealed significant relationship between optimism and psychological well-being. Coping and high levels of optimism have been found to be associated with better physical and psychological adjustment for adults during stressful situations (Mahler and Kulik, 2000; McIntosh, Stem, and Ferguson, 2004; Scheier and Carver, 1993). Optimism has consistently been shown to be associated to better physical well-being (Brenes, Rapp, Rejeski, and Miller, 2002; Mahler and Kulik, 2000; Scheier and Carver, 1993).

Strassle, McKee and Plant, (1999) reported that optimism is positively correlated with “life satisfaction, positive mental and physical health, lower frequencies of mental disorders, and self-esteem”. Burke, Joyner, Czech and Wilson (2000) found that optimists display better physical health than pessimists. Peterson, (2000) mentioned abundant studies that report positive correlation between good health and optimism.

Studies (mentioned above) have reported that satisfaction with life is positively related to optimism and negatively related to stress, depression and physical symptoms. Studies regarding gender differences showed mixed results i.e. some studies showing females with greater satisfaction with life while others show that males outscored on life satisfaction. Depression, which is another parameter for psychological adjustment in the present research, is found to be more prominent among females (with younger females experiencing more depression then elders females) than males. Appraisals found to be positively related to coping. Specifically, challenge appraisals leads to problem-focused whereas threat appraisals leads to emotion focused coping. Thus, appraisals are strong predictor of adjustment and also
significantly related to coping. Coping alone is not sufficient to predict psychological adjustment, personality (optimism in present research) also plays role in coping. People who are optimistic appraise the situations much better than pessimistic and in turn use the coping strategies effectively and efficiently. Again, coping shows mixed results i.e. some studies showing females tend to use more emotion-focused whereas males tend to use more problem-focused. While certain studies showing no sex differences. With every variable is related to each other directly or indirectly, so the present researcher is keener to find out the sex differences in Indian culture among adolescents after pre-board examination. Also many studies involves religions as demographical variables (showing only the percentage of religions involved in the study) but a very few studies had made comparisons among different religion on variables used in their researches.

Problem, Objectives and Hypotheses

As students come across a variety of daily life stressors that may lead them at high risk of developing negative effect such as depressed mood and adjustment problems. Limited studies have explored the interaction between sex differences, religious differences and coping strategies in Indian culture. There are varieties of religions in country like India and there is need to understand individual within his own religion. The research is been conducted to reduce the gap in the literature and hopes to shed light on the diverse coping strategies utilized by both male and female adolescents living in India, and in turn how such selected strategies effect their adjustment and appraisals. This research may provide good information for the school counselors to develop strategies to assist those student groups who may be facing problems and hampering their performance in school. Also, it is likely that the research will contribute to the area of school students’ well being or mental health. Thus, the study “Optimism as predictor of Adjustment: Mediating role of Appraisals and Coping of a Stressor” was planned.

After a wide literature review, the following problems were proposed.
OBJECTIVES OF THE STUDY

The objective of the study is to:

1. To examine the level of optimism, adjustment, coping and appraisals among students.
2. To examine the variations among students belonging to Hindu, Muslims, Sikh and Christians religion on optimism, adjustment, appraisals and coping of a stressor.
3. To examine the sex differences on optimism, adjustment, appraisals and coping of a stressor.
4. To examine the relationship between optimism and adjustment.
5. To identify the mediating role of primary and secondary appraisal in optimism and adjustment.
6. To identify the mediating role of coping in optimism and adjustment.

HYPOTHESES

1. There would be varied level of optimism, adjustment, coping and appraisals among students.
2. There would be significant variations among students belonging to Hindu, Muslims, Sikh and Christian’s religion on optimism, adjustment, appraisals and coping of a stressor.
3. There would be significant sex differences on optimism, adjustment, appraisals and coping of a stressor.
4. There would be significant relationship between optimism and adjustment.
5. There would be significant mediating role of primary and secondary appraisal between optimism and adjustment.
6. There would be significant mediating role of coping between optimism and adjustment.