“Adopting the right attitude can convert a negative stress into a positive one.”

- Hans Selye

People today face various kinds of challenges in their day to day life. These challenges pertain to wide issues ranging from hassles of daily life to future goals or achievement targets and demand some reactions from the individuals. Stress can be one response to the situations that is considered by people as intimidating and demanding. There are various symptoms of stress. Physical symptoms can be tiredness, insomnia or oversleeping, odd colds, chest pain, nausea etc. Behavioral symptoms include overeating, weeping over small thing, moving around too much, showing violent behavior towards others. Emotional symptoms comprise feeling anxious, depressed, irritable, angry, frustrated, and fearful whereas cognitive symptoms include problems in staying focused, remembering things and making decisions.

Stress can be harmful as well as helpful, depending on the amount of stress that an individual faces. The stressors can be divided in two categories viz. distress and eustress. Distress can be defined as stressors that occur when the individual faces uncomfortable situations. Eustress defined as stressors that occur from a constructive situation, requiring an individual to adjust and modify. In other words eustress enhance an individual’s performance. For example, the stress that student’s face regarding their studies is necessary to keep them motivated to study. But during
the exam when students feel that they are forgetting what they had prepared indicates elevated level of stress for the coming exam. Thus it affects their ability to recall what they had prepared for the exam, results in distress. Difference between distress and eustress starts with the level of anxiety along with amount of stress and how the person interprets the exam situation. Stress can be dangerous when it becomes irrational. There after it starts affecting the individuals’ wellbeing and health thereby becoming a reason of worry. In a study by Gaur and Upadhyay (1988) it was found that performance of subjects improved with stress up to a moderate level. However under severe stress deterioration in performance was observed.

With the increase in competition and rapid growth in the information and technology, people have become more occupied in their lives. This has resulted in increased amount of stress. Now a day in educational settings stress has become a major topic of discussion as well as research. A lot of research on stress and its effect concluded that the topic still needs more importance. Stress in educational institutes can have both positive and negative results depending upon how it is dealt (Stevenson & Harper, 2006). As every educational institute is very different from non-educational institutes, so the reasons, problems, effects and results of stress will also vary (Chang & Lu, 2007).

**Theoretical Background**

According to Lazarus (1987), the psychological stress theory has two central concepts: appraisal and coping. Appraisal can be explained as individuals understanding of significance of what is going on for their wellbeing. Coping is person’s effort in action along with thinking to manage their particular requirements.
Recently stress is considered as a relational concept i.e., stress is not a definite kind of external stimulation or an exact form of physiological, behavioral, or subjective reactions but is taken as a interaction of individuals with their environment. “Psychological stress refers to a relationship with the environment that the person appraises as significant for his or her well being and in which the demands tax or exceed available coping resources (Lazarus and Folkman 1986, p. 63).”

Arnold (1960) introduced and elaborated into his research the concept of *appraisal*, that it is an important factor in understanding transactions that are stress-relevant. The basic idea of this concept is that the individual’s manifestation of real expectancies in relation to the importance and result of a particular situation generally affects the emotional processes. Lazarus further distinguishes appraisal into two categories: primary and secondary appraisal.

Coping is connected to the appraisal and also to the transactions that are stress relevant. According to Folkman and Lazarus coping is defined as “the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them.”

Person environmental model found to be helpful in gaining perspective about stress in students. According to this model individual’s appraise stressful situations as challenging and threatening. When students appraise study as a challenge, than stress may develop a feeling of competence that can increase their ability. When students consider study as a threat than stress may develop a feeling of helplessness. According to Yerkes-Dodson Low (1908) students with either too high or too low stress learns the minimum. The laboratory tests also suggest that too much of stress
hampers students’ progress. So it is society’s responsibility to train and acquaint students with the skill that are necessary to deal with stress.

**Academic Stress**

According to Gupta and Khan (1987) academic stress is a mental distress which results from any anticipated dissatisfaction that is related to academic failure or even with chances of such failure in future. In the school setting, academic stress can be defined as pressure to learn things that are mentioned in school syllabus (Shah, 1988). In recent times, among various types of stress faced by adolescents, academic stress has become a significant mental health problem (Rangaswami, 1995). For Approximately 10% to 30% students, academic performance is affected by academic stress along with psychological adjustment, emotional and physical health. Researcher have identified various types of stressors like load of homework, too much of competition, weak relation of students with teachers (Fairbrother & Warn, 2003). Over expectations, burden of studies, unrealistic targets, lack of opportunity and over competition are also some of the significant sources of stress that can enhance anxiety and tension among students. Students suffering from academic stress face problems such as weak academic performance, depression, sleep disorder, somatic complaints, lack of concentration.

For a lot of students, academic stress is a major source of stress (Hashim & Ziling, 2003) which apart from exams also includes stressors like fear of lagging in home assignment, projects completion, improper time management, finances, lack of motivation (Tyrrel, 1992). Academic stress basically results when academic demands supersede the resources available to meet them. When students are not able to deal
with academic stress they may face psycho-social, emotional and health consequences (Scott, 2008).

Certain amount of academic stress is normal in students. Students face different stressor when they come across new concepts or while trying to adjust with new social environment and involving in bigger work load. Excess of Academic stress may result in physical ailments, depression and anxiety which may hamper their academic performance (Dedeyn, 2008). Stress reduction methods that are often used by students are managing time efficiently, social support, and involvement in other entertaining activities and positive reevaluation (Murphy & Archer, 1996).

According to Erkuttu and Chafea, (2006) the time allocation and the continuous demand to achieve well in exam makes the educational environment more stressful. According to Kolko (1980) fear of not having success in their academics is surely a stressor. Having the knowledge, about the major reasons of stress among students helps education professional to keep a check and control on the components that are accountable for stress among students. Lack of socializing skills can be a reason of stress among students. During graduation due to less availability of time and chance students face problems in developing interpersonal relations (Hartshorn, 1976).

According to Goodman, (1993) the various types of stressor that affects students can be related to self-imposed educational finance, health issue and time. Education related stressors generally comprise students’ understanding of the wide knowledge that they are supposed to acquire and the perception of the adequate time
required to do so (Carveth, Gesse, & Moss, 1996). Other stressors like managing time and other social activity can affect students’ academic performance negatively.

Individuals’ academic growth and ability depends on factors within students as well as factors outside like effective study habits, intelligence, academic expectations of parents and self language of instructions etc. If these conditions are not favourable for studying then this might trigger academic stress. Zeidner (1992) reported that students appeared to be under high pressure originating from course overload and academic evaluation procedure are least stressed by personal, family and social problems. Clift and Thomas (1983) reported that course work assignment and continual examination are the major source of stress among students. Kahlon’s (1993) study revealed that lack of parental help, congenial examination system, living up to parental expectations, attitude of teachers and fear of examinations were stress causing factors. Berg and Keinan (1986) also found that imposing excessively high self expectations was the most trouble stressor leading to academic stress. Shirom’s (1986) study revealed that examination related stress and classroom assignment overload were found to be causing stress.

Banerjee’s report (2001) pointed out that approximately 25,000 students between the ages of 18 to 20 years commit suicide in the exam months (i.e. March to June) every year.

As a temporary expedient, academic stress is crucial for task completion, but if it is not terminated in time, the effects can be disastrous (Chopra, 1993). According to Raina (1983) the physical effect of academic stress are pale faces, sunken cheeks and disheveled hair. Psychological effects are still more serious in nature. They may
include anxiety, aggression, apathy, boredom, depression, fatigue, frustration, guilt, shame, low self esteem, nervousness, and loneliness. Cognitive effects lead to inability to make decisions, concentrate, cause forgetfulness and mental blocks. Academic stress leaves the over burdened student restless and often feeling suicidal. In a study by Conner, Pope, and Galloway (2010), it was found that nearly 24 percent students indicated that they frequently felt depressed in the last months of the session, these numbers match with other samples as well (Ross & Heath, 2002). Few students even develop a habit of stimulants to enhance their performance.

In the present times, academic stress has become conspicuous largely because it is an era of rapid changes, rather individualistic values, alienation, competition, and achievement. While analyzing students' responses to the open-ended question, Right now in your life, what cause you the most stress? Conner et al. (2010) verified that youngsters face maximum stress due to education and school work. Other stressors that were pointed out were admission procedure in colleges, homework and projects. Students have indicated that academic stress creates more stress in their lives rather than other social and personnel issues. Responses like family ‘pressure’, ‘divorce’ and ‘parent sibling illness’ not even fall in the top 10 responses at any school. A growing number of policy makers believe that students' achievements will not increase markedly until high standards are set and quality work by all students is expected and rewarded. Now a day's children are increasingly judged by their accomplishments rather than by their human qualities (O’Neil, 1991).

As a result, children of today are under more pressure (than those who studied a few decades back) to take in and be aware of the information that is
imparted to them through education (Shah, 1988). Things which were once taught at higher grades are now introduced at lower grades. Our system of grading, promotion and perfection all blame the child for a lack of performance. There is a formula for producing stress in students in our schools:

Create a climate in which

- Academic achievement is more valued than individual’s worth.
- Blame is more common than praise.
- Opinions of others are always more important than one's own.

According to Barnes (1983) there was a time when children said good night to their parents and went to bed. Now a days, often enough, the parents may say good night to the children and go to bed leaving the young scholars to finish their endless home work or prepare for an examination sometimes before dawn. Recently greater amounts of information must be processed in shorter periods of time. Competition is employed in all activities. The pace of life in this time is fast. Along with higher standard, increasing pressure on intellectual content and high expectations of family and teachers, number of stress suffering youth is increasing day by day. The sacrifice of childhood at the altar of pedagogical rigors begins sometimes even before the age of three. Even two year old children are sent to preparatory schools which are mushrooming everywhere. Children are also sent to private tutors for getting trained for admission interviews and tests to nursery class. This is not the end of the story. At home the over enthusiastic parents make the little toddlers learn counting, names of vegetables, fruits, colors etc. to ensure their entry to the prestigious schools of their towns (Badhwar and Pratap, 1987). Right from a tender age, children enter
school with a pre-concept which is more frightening than pleasant. Long hours of pathetic listening to teacher and the incessant probing to live up to expectations make education more of a confinement than experience (Vasudev, 1994).

Academic stress which starts at a childhood reaches its peak in XII standard which is a crucial year for adolescents, as thereafter, they have to compete fiercely for general or professional college admissions. It is a known fact that adolescence is a time of great stress and pressure, storm and strife’s. The social and cognitive skills developed until puberty may not equip the adolescents to cope with the demands of a highly achievement oriented society. Poor parental models, wrong disciplinary practices, negative attitude towards school, unsupportive parents, and teachers, some negative personality characteristics, sudden environmental, and cultural changes can all act as adverse stressors which increases the susceptibility of adolescents, pushing them to drive through a path riddled with milestones after milestones of emotional problems and mental disorders (Master, 1987). That’s why probably suicidal rate is high among adolescents (Manickam & Kunivilla, 1986; Gupta, Singh & Godiyal 1987; Vasudev, 1994). Studies shows that poor academic performance, strained family relationship, unhealthy personality pattern, repeated comparisons and multiplied expectations were important contributory factors for suicides among adolescents.

Burdened with too much of guilt, youth these days are struggling with excessive competition. Only handful of researches is available on this vital issue. Since academic stress among adolescents is taking its toll in the form of various physical and mental health problems, one has to concede the fact that academic
stressed does not grow in vacuum. There are large numbers of internal and external variables which can account for the academic stress amongst adolescents. A lot of researchers in the area of behavioral sciences have conducted various researches in stress and its effect and pointed out that this area needs more attention.

The major variables used in this study include optimism, resilience, self efficacy and attachment. These variables merit some description to understand them:

**OPTIMISM**

Everyday wisdom suggests that the fundamental difference between an optimist and a pessimist is captured in the answer to the question, “Is the glass half empty or is it half full?” Looking at the exactly same reality, a pessimists focuses more on negative view i.e. what is not available whereas optimists sees what is available. Psychologist considers optimism and pessimism as variable which differ from person to person focusing on individual’s positive and negative expectations from the future. Generally individual differ in their level of optimism and pessimism and such variations are partially significant to variety of life events.

Certainly, individual’s belief can affect the particulars of a situation. However researches have indicated that individuals differ in their degree of optimism and pessimism. Studies indicate that positive and negative nature of future expectation follow a pattern that is related to the measure of wellbeing.

As a basic hope, applied to various parts of life, optimists are more positive towards the achievement of their targets, whereas pessimists are unsure about the abilities. Optimism can be best regarded as an individual’s own source that reduces the distress. Researches focusing on individuals dealing with a variety of difficult
situations, found that optimists have low degree of distress while pessimists have high range of distress.

Physical and emotional health: many studies found that optimistic individuals have better mental and physical health (Affleck, Tennen & Apter, 2002; Carver & Scheier, 2002; Peterson & Bosio, 2002; Scheier, Carver & Bridges 2002). Optimistic are less likely than pessimists to suffer from depression. They experience less anxiety in adjusting to new life. And they take better care of themselves by not involving in smoking, drugs or alcohol, and by maintaining a healthy diet, exercising regularly, and follow their doctors advice in screening for and treating illness. Studies suggest that the cumulative effects of an optimistic attitude toward life may increase longevity.

Expectancy – Value models of motivation: the expectancy-value approach to shows that the dynamics one trust, lie under the effect of optimism and pessimism. The theory’s basic assumption is, behavior is influenced by the pursuit of goals. Various theorists have given variety of meaning to goals. Goals can be defined as action or event that individual considers as desirable or undesirable. Individuals always try to behave or adjust themselves according to what they consider as desirable and try to avoid the undesirable (one can say undesirable as “antigoal”). The importance of goal in an individual’s motivation depends upon how significant a goal is. If a goal does not matter than individuals will not take any action.

Another conceptual component in expectancy value theories is expectancy – an understanding towards the attainability of the goal value. The individual who is not confident will also not act; this lack of confidence is at times called as “crippling
doubt”. Doubt may harm the attempt before it starts or while it was in action. Individual who are confident will start the action and keep going with the attempt. If individuals have confidence about the result of the action then they will continue with the effort during the difficult times.

Expectancies are essential in theories of optimism, but there are at least two approaches to think about expectancies and how to measure them. One approach measures expectancies directly, asking people to indicate the extent to which they believe that their future outcomes will be good or bad (Scheier & Craver, 1992). Expectancies that are generalized – expectancies that pertain more or less to the person’s entire life space- are what we mean when we use the terms optimism and pessimism. Generally optimists and pessimists are considered as two different groups but this was just conscience. In the range from very high optimism to very high pessimism most of the individuals fall in the middle.

According to a different approach given by Peterson and Seligman (1984) optimism depend on assumption that the individual’s future expectation lies on how they see the reason of event in the past. If the reason for previous failure are considered as constant or stable than the individual future expectation for a similar domain will be of negative result as the reason were seen constant and therefore probably will remain in action. If the reasons for previous failure are considered more unstable than the expectation for the future can be positive because the reason may not be in action.

Though there are lots of differences between the two approaches of conceptualizing optimism but one must focus on the similarity between the two i.e.
the basic theme that the expectancies determine people’s action and experience. In
the above mentioned approaches optimism focuses on positive expectancy about
future where as pessimism focuses on negative expectancy about future. Optimism
and pessimism are fundamental characteristics of personality. This affects how
individuals adjust in the event of their life, individuals experience when they come
across difficulties and also the actions that individual use to handle these problems.

Reason why optimists do better involves how they explain why bad things
happen. Certain types of explanations soften the blow of disappointments and
protect self image and positive view of life. Seligman and his colleagues have
conceptualized optimism and pessimism in terms of explanatory style, explained as
people’s characteristics way of defining negative events (Peterson, 2000; Reivich &
Gillham, 2003; Seligman, 1990). Basically focused on the thinking patterns of
depressed individuals (Abramson, Seligman, & Teasdale, 1978), studies of explanatory
style evolved to describe the difference between optimistic and pessimistic
interpretations of bad life events (Peterson & Villanova, 1988). The pessimist’s
explanation of difficult or unfortunate incidents indicates causes as stable, global,
and internal. Stable causes can be defined as permanent causes that will not change
in future. Global can be defined as basic causes that affect most of things in an
individuals’ life, and internal causes are those developing from the traits and beliefs
of a person instead of outside conditions.

A pessimistic explanatory style is exemplified by a college student who fails
a big math exam and says, “I'm just no good at math” or “I’m a bad test-taker.” Each
of these 2 explanations refers to stable causes; global causes; and internal causes. In
contrast, an optimist views disappointment as a cause more unstable, specific and external. An optimist might offer the following explanations for a failed exam.

“I failed the examination because instructor didn’t make clear what material would be covered.” “The exam was ambiguous and unrelated to what we studied in class.” “I had to work late and didn’t have much time to study.” These interpretations of failure point to unstable causes, specific causes and external causes.

Optimism promotes motivation. It becomes convenient to take action if we know that the result will be positive. This is specifically significant at time when one faces difficulty which might test our persistence. Optimistic people protect themselves from highly negative emotional reaction which may affect their confidence and effective coping skills by analyzing negative events as non-permanent and restrict to particular situation (Carver & Scheier, 2002).

The connection of optimism to more effective coping is another way in which optimism works. Optimistic deals with stress in more effective way (Aspinwall, Richter, & Hoffman, 2002; Solberg Nes & Segerstrom, 2006). They use active coping strategies focused on confronting and solving problems then pessimists. Another advantage of optimism is flexibility in the use of different coping approaches. Based on the review of dispositional optimism and coping research, (Solberg Ness & Segerstrom, 2006) it was suggested that optimist differentiate between controllable and uncontrollable life stressors and use their coping strategies accordingly. Faced with less comfortable threats, such as life threatening illness, optimist disengaged from what may be fruitless efforts, at least in short term, to solve an unsolvable problem. Instead, they shift their coping orientation from active
problem solving to more emotion focused coping based in acceptance of a reality that cannot be changed. Emotional coping basically focuses on reducing and managing the emotional consequences of a stressful situation like involving in recreation activity, sharing feeling with others or looking ahead of the difficult current event to more positive future. Understanding what you can and cannot alter an important aspect of coping.

There are number of researches that highlight the difference in the coping techniques used by optimistic and pessimistic people. In an earlier research conducted by Scheier, Weintraub & Carver (1986), students were instructed to recall some stressful incident that occurred to them during last month and mark answer in the checklist of coping response in relation to that event. Optimistic use problem focused coping when the difficult event can be controlled. Optimism is associated with using positive reframing and with the habit of accepting the reality of the situations, whereas pessimistic were found negatively related to denial and running away from the difficult situation. These findings indicated that optimistic people involved in the problem focused coping more than the pessimistic people. Optimists use certain emotion focused technique. On the basis of such findings it can be stated that optimistic people enjoy better coping than pessimistic even when the event is not changing.

The transition from high school to college is a significant event in the lives of millions of college freshmen each year. Faculty members, counselors, administrators, and many parents know that some students adjust to the increased freedom and academic demands of college more successfully than others. Aspinwall and Taylor (1992) examined 3 individual difference variables as potential predictors of
successful adaptation: self esteem, perceived control, and optimism. Each of these variables has been regarded as an individual resource that helps people cope with challenge and chance. Results showed that, while each of the 3 individual dispositions were related to college adjustment, only optimism had a direct and independent positive effect. The benefits of self esteem and personal control were more in direct and depended on their relation to active rather than avoidant coping with college stress. They also found that optimistic students set to work finding ways to deal directly with the challenges of attending class, preparing for exams, writing papers, and developing new relationships. Studying, preparing for tests, talking with other students, and planned use of time were among the active stress-reducing approaches used by optimistic students.

The relation between optimism and coping strategies were studied in specific situations like work place. Optimistic get involved in problem focused coping more as compared to pessimistic. Pessimist involve more in self-control and directed problem solving (Strutton & Lumpkin, 1992) Pessimist are involved in emotion focused techniques like escapism, use of social support and running away from people etc. In a research on executive women conducted by Fry (1995) it was identified that optimist consider day to day hassles in different manner as compared to pessimists. Women with high optimism anticipated achievement and development from such situations.

Positive emotions enhance creative problems solving, reducing the effect of negative emotions, develops resilience during the difficult times. Finally, the connection between optimism and positive emotions can involve the benefits of positive emotions on physical fitness.
Resilience

Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks. The basic element for resilience is that there should be risk and protective factors available which can get an optimistic result or can decrease negative result. The theory of resilience basically focuses on youth’s exposure to risk on the strength instead of weakness and also on understanding healthy growth even with the presence of risk.

Resilience is defined as a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk. Resilience must be inferred because of two significant conditions are necessary to judge an individual’s fall in this phenomenon. First the individual should have come across threatening situation that can probably bring a negative result. Studies have reported various factors that can threaten a healthy growth. According to various researches children with the difficult or abusive home environment or having parents with some mental illness or substances abuse are at the risk of suffering from various issues. An identification of resilience needs that the individual should have come across to a risk or threat to his / her development without a demonstrated threat, there is no resilience.

Another part of resilience requires an assessment of positive result. The level for assessing the result can be defined by the normative expectations of society for the age and situation of the individuals (Masten, 2001). For example a reading ability test indicate that 90% of the III grade student in USA gets a particular score, then this can be helpful in defining the “III grade reading standard”. An III standard
student who gets low score than the standard is not reading up to the expected level of his/her grade. A student getting above the standard marks is exceeding the level. The same kind of logic is used to develop standard for the assessment of the mental health, social behavior and intelligence. Masten (2001) has pointed out that according to some researches, resilience is lack of problematic behavior after a difficult situation.

The protective factors that enable adolescents to reduce or eliminate the harmful effect of risk can be called as either asset or resources. Assets can be those helpful factors that are present inside an individual like competency, stress dealing skills and self efficacy. The other category is of resources, those helpful factors that are available in outer environment like resilience by parents, parental support, and community role in developing adolescent in a positive way. Resources focus on the social environmental influences on individual’s health and growth, that places resilience theory in a more ecological context and moves away from conceptualizations of resilience as a static, individual trait. It also states that resources can be a focus of change to enable youth deal with the risk and discourage harmful results. For e.g. individuals developing in financial deficiency may be at a risk of having variety of negative result. Various professionals in the field of resilience have stated that along with these issues many individuals growing in financial deficit show positive result. They may have variety of protective factors like good self-esteem or the availability of an adult guide that enables them to eliminate the harmful result related to poverty.

Assets or resources to get over the risk indicated resilience as a process. Research professionals have also stated resilience as a result when they indicate a person as resilient when he/she has came out of the risk successfully.
The base of resilience covers the psychological resources like flexible self-concept that allow individuals to alter the fundamental of their self-definition as per the changing conditions, a sense of autonomy, self direction, environmental mastery and competency. Ann Masten (2001) review of relevant research suggests that resilience is best characterized as ordinary magic. She concludes that resilience in the face of challenge is quite common and does not arise from superhuman effort and abilities.

Resilience is quite common because human protective systems are part of nearly everyone’s life. Research points again and again to the same number of factors that serve as protective functions. On the basis of the research on children and youth, Masten and Reed (2002) have divided protective factors in 3 groups: those within the child, within the family and within the community.

Protective factors within the child include:

- Good intellect and abilities to solve problem.
- A trouble free temperament and a flexible personality.
- A positive self image and personal effectiveness.
- A positive viewpoint
- Ability to handle emotions and impulses
- Individual talents that is valued by the individual and by his or her culture.
- A good sense of humor.

Protective factors within the family covers:

- Close relationship with parents or other basic care givers.
- Healthy and supportive parenting that states clear demands and rules.
• An emotionally positive family with very less conflict among parents.
• Structured and organized home environment.
• Parents who give time to their child’s education.
• Parents with sufficient finances.

Protective factors within the community covers:

• Attending a decent school.
• Taking part in social organizations in the school and community.
• Living in a neighborhood of involved and care giving people who deals with problems and enhance community spirits.
• Living in a part neighborhood.
• Easy availability of competent and responsive emergency, public health and social service.

Resilience, according to Masten, has more to do with health of these protective systems than with the specific nature of the adversity faced. That is, people with less protective resources may suffer a large number of negative results in the face of even a low level of difficult. An individual who has most or all of these protective resources may be able to deal with significant adversity with a minimum of disturbance.

Self Efficacy

Self efficacy is defined as people’s belief in their capabilities to produce desired effects by their own actions (Bandura 1997). Self efficacy is very significant element of individual’s behavior that they opt to get involved in and the amount which they pursue in their effort during a difficult and challenging situation. The self
efficacy theory states that the mentioned beliefs play a vital role in the psychological adjustment. Self efficacy is not a personality trait. Most concepts of competence and control—like self-esteem, locus of control, optimism, hope, hardiness, and learned resourcefulness—are considered as traits. Self efficacy can be explained as trust in the individual’s capability to coordinate, set of skills and ability to achieve set goal in specific domain and conditions. Self efficacy is not a genetic trait. Self efficacy beliefs grow with time and experience. The growth of these beliefs starts at infancy and continues throughout life. According to such assumptions the growth of self efficacy is basically effected by two related factors, firstly it is affected through the growth of ability for symbolic thought specifically the ability to understand the cause and effect relationship and the ability to observe themselves and self-reflection. As the child starts to understand language more, the ability of symbolic thought also increases and thus their ability of self-awareness and a sense of personal agency also increase (Bandura, 1997).

Secondly growth of efficacy belief is affected by way of environmental response, particularly the social environment. Environment that reacts to the children’s action enhances the growth of efficacy belief, on the other hand non-reactive environment hinder the growth. The maximum responsive area is the child’s social environment particularly parents. Therefore children generally develops efficacy by involving in activities that influences the people around them, which further generalizes to the nonsocial environment (Bandura, 1997). Parents can either enhance or retard this growth. They can enhance it by responses as well as by motivating and helping the kid to discover and master their environment.
Self efficacy belief plays a vital part in variety of psychological problems along with the successful handling of such problems. Less self efficacy expectancy is significant element of depression (Bandura, 1997; Maddux & Meier, 1995). People suffering from depression generally think that they are not as efficient as the other people who are acting efficiently in various significant parts of life. Dysfunctional anxiety and avoidant behavior are mostly the direct outcome of lower self efficacy expectancies for dealing with difficult conditions (Bandura, 1997). Individuals who are confident about their capacity to act and handle adversity will move towards those events in a calm way and will not get too much disturbed by adversities, where as individuals who are not confident enough tend to be apprehensive about these situations and have a less chance of performing effectively. Individuals having low self efficacy react to adversity with high anxiety which then retard their performance and hence reduce their self efficacy further. Self efficacy also plays a vital role in overcoming the problem of substance abuse and eating disorder (Bandura, 1997; DiClemente, Fairhurst & Pioprowski, 1995). For such issues increasing self efficacy to overcome the problem and for applying self-control strategies in particular difficult situations is necessary for the successful application of therapeutic interventions (Bandura 1997; Maddux, 1995). Self efficacy belief affects health in two ways: firstly self efficacy affects the use of healthy behavior i.e. reducing the use of unhealthy behavior and maintaining the behavior change during adversity. The important theories of health behavior like protection motivation theory (Maddux & Rogers, 1983; Rogers & Prentice-Dunn, 1997), the health belief model (Strecher, Champion, & Rosenstock, 1997), and the theory of reasoned action/planned behavior (Ajzen, 1988; Fishbein & Ajzen, 1975;
Maddux & DuCharme, 1997), involves self efficacy as the basic element (Maddux, 1993; Weinstein, 1993). Secondly self efficacy belief affects variety of biological process that affects the health (Bandura, 1997) and the psychological reaction system (Bandura, 1997; O’Leary & Brown, 1995).

Non availability of control on the environmental requirements enhances the vulnerability to infections and increases the process of disease (Bandura, 1997). Self efficacy belief activates catecholamines, a group of neurotransmitters significant for managing the stress and perceived threat, along with the endogenous painkillers known as endorphins (Bandura, 1997; O’Leary & Brown, 1995).

Research on self efficacy has vastly contributed to the understanding of our direct behavior to gain happiness. Self efficacy works on 3 interacting elements (Bandura, 1986, 1997; Barone, Maddux, & Snyder, 1997) goals or standard of performance, self-evaluative reaction to performance, and self efficacy beliefs.

Goals are important for self-regulation as individuals try to guide their actions, and thinking emotions to attain the results that they desire. The ability to imagine the required future events and situations enable us to develop the incentive that acts as a motivation and guide to our action. Self-evaluative reactions are essential in self-regulation as our trust regarding the growth we achieve (or not achieve) towards our targets are significant determinant of our emotional responses during goal directed activity. These responses can increase or retard self-regulation. Self efficacy belief affects self-regulation in many ways: firstly, self efficacy affects the goals that are set. The high self efficacy in a particular achievement area, the higher will be the goals that have been set in the same domain. Secondly, self efficacy belief affects
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our choices of activities that are goal directed, expenditure of effort, persistence at the time of difficulty (Bandura, 1986; Locke & Latham, 1990) and reaction to perceive difference between goal and the present performance (Bandura, 1986). Thirdly, self efficacy for problem solving and taking decision affects how effectively and efficiently one solves the problem and takes decision. While taking a difficult decision individual are confident about problem solving abilities and make effective use of their cognitive resources as compared to those individual who lack in their confidence about their cognitive resources (Bandura, 1997).

Attachment

Attachment can be defined as lasting bond of emotion between an individual to other through time and space (Ainsworth, 1973; Bowlby, 1969). Attachment does not have to be a give and take relation, an individual may have a feeling of attachment for other but other individual might not have the same feeling. Certain behaviors of children are the basic characteristics of attachment like during a difficult situation children wants to be closer to their attached ones (Bowlby, 1969). Elder’s behavior that indicates attachment for child might cover reacting to child’s requirement in a sensitive and appropriate manner. This kind of behavior is visible universally i.e. in all the cultures. Basically the theory of attachment gives a description about the way parent child relation develops and affects the growth that follows. The fundamental theme of attachment theory is the basic care providers who respond and reacts to child’s requirement; enhance the child’s feeling of security. The child is aware that he/ she can rely on the care provider enables them to develop a safe base to discover the world.
Evolutionary Theory of attachment: (Bowlby, 1969)

This theory stated that children when they take birth they are already programmed to develop attachment with people as this will enable them in living. The new born produce an innate ‘social releaser’ behavior like crying and smiling that generate innate care provide behavior from adults. The basic element of attachment is caring behavior and responsiveness.

According to Bowlby (1969), an infant at the beginning will develop attachment with only one individual and that person will act as safe base for exploring the world. The attachment relationship becomes a prototype for other social relations that is going to develop in further life, so if it gets disturbed it can have harsh results.

This theory states that the most vital phase for the development attachment is about 0-5 years. If for some reason the attachment does not grow in this phase then the children might face some irrevocable developmental issues, like less intelligence or heightened aggression.

The theorists in this field have stated that the development of negative cognitive biases and expectations in relationships is generally seen in children’s early relationship with his/her care provider (Bowlby, 1969). Insecure attachment relations are considered to develop in dyads, in that the mothering reaction to child is insufficient to the child’s requirement (Ainsworth, Blehar, Waters & Wall, 1978). Children learn about relationships and self worth through the mother’s reactions to his/ her sign (Bowlby 1969). Therefore, bad experience in initial relationships can result in believing self as not good or not worthy (Bowlby, 1969). According to
Bowlby (1969) “in most forms of depressive disorder, including that of chronic mourning, the principal issue about which a person feels helpless is his ability to make and to maintain affectionate relationships.”

Following are the various patterns of attachment:

Secure attachment is seen when the child is kept away from care provider, he/she face distress and are joyful when they came in contact again with their care provider. Such children have the feeling of security and dependence over their care providers, if the care provider goes away the children might feel sad but it is sure their care provider will come back. When such children are scared they feel relaxed with their care provider. They are also confident that their care provider will make them comfortable and will support them, so the child feels comfortable in approaching them when they need.

Ambivalently attached child generally face high stress when his/her care provider goes away. This type of attachment is not very common; normally 7-15% of U.S.A. children are affected by this. According to various researches this type of attachment style is a consequence of less availability of mother. Such children do not rely on their mother or care provider at the time of need.

In Avoidant attachment, children try to stay away from their care provider. During a given situation such children might not indicate any difference between a stranger and care provider. According to various studies this type of attachment can be a consequence of offensive and ignorant care provider. Children who get punishment for trusting their care provider will start avoiding their care provider help.
Under disorganized attachment shows mixture of behavior and might seem disoriented, astonished or puzzled. Children might stay away or oppose the parents. Various investigators consider that deficiency of obvious attachment pattern is usually connected with inconsistent behavior from care providers. In these conditions, parents can act as both, means of comfort as well as means of terror, which leads to disorganized behavior.

Studies indicate that discrepancy in the formation of secure attachment in initial phases of life can result in negative effect on child’s behavior for the life. Children identified with oppositional-defiant disorder, conduct disorder, or post-traumatic stress disorder often shows attachment difficulty, probably because of early abuse, ignorance or shock. Clinical psychologists have stated that children who are adopted post 6 months of age have high chances of facing attachment issues. Difficult attachment relation with the parents and particularly with mother has empirical linkage with internalizing disorder at childhood. For example psychological disorder at 6 years of age is connected to attachment type at the age of 1 year (Lewis, Feiring, McGuffog, & Jaskir, 1984). As the child grows the strategy of attachment continue to be related to the presence of internalizing symptoms. Similarly the studies have pointed out that adolescents who are kept in hospitals due to psychological problems indicate insecure attachment style (Allen, Hauser, & Borman-Spurrell, 1996; Rosenstein & Horowitz, 1996). Children having ambivalent type have more chances of showing anxiety and dysthymia and also have more chances of withdrawing from social interaction (Rosenstein & Horowitz, 1996).
Mary Ainsworth during her research in 1970 extended the work of Bowlby. Her research “strange situation” exposed the deep influence that attachment has on behavior. During the research, investigators observed children of age from 12 months to 18 months. In this, kids were left alone for some time and were sent to their mother after that, the investigators were supposed to observe the way these kids react. On the basis of the reactions that were noticed, Ainsworth stated 3 types of attachment: secure attachment, ambivalent-insecure attachment, and avoidant-insecure attachment. Further one more style of attachment was given, known as disorganized insecure attachment by Main and Solomon (1986). Lot of researches since then have indicated support to Ainsworth description of various styles as well as showed that these styles affect the individual’s later life.

Rudolph Schaffer and Peggy Emerson (1964) mentioned the stages of attachment on the basis of longitudinal study on 60 infants. In their first year the kids were observed in every 4 weeks and again in 18 months. On this basis, 4 stages were identified:

1. *Pre attachment Stage (birth to 3 months)*: The newly born does not indicate any attachments to any care provider. The new born behaves like crying or fusing normally diverts the awareness of the care provider and the positive reaction promotes the care provider to stay close.

2. *Indiscriminate attachment (6 weeks to 7 months)*: The newly born starts showing their liking for primary and secondary care provider. In this period kids’ starts to believe that care provider will react to their requirements. By the time they reach the age of 7 months, new born starts to discriminate
between known and unknown people, though they are still accepting care from other individuals. They react better to their primary care taker.

3. *Discriminate attachment (7 to 11 months)*: Kids start showing their liking towards particular caretaker. They may object to their separation from the person they are personally attached and start showing anxiety in presence of stranger.

4. *Multiple attachments (after 9 months)*: Infants start developing emotional connections with other caretakers as well. This might cover father siblings and grandparents.

Though this procedure is straight but these cover certain elements that can affect the growth of attachment. Firstly, the opportunities for developing attachment, children who are orphan for example might not be able to grow the trust which is necessary for attachment. Secondly, the quality care that is given to children plays a significant role in developing attachment. The care provider consistent and quick reactions enable children to believe that they can rely on individuals, who are there to take care, this is important for attachment.

With rising competition academic stress is increasing day by day. The mental health problems like depression, anxiety disorder associated with academic stress is also increasing which is reducing the performance of the youth. Along with students parents and teachers all are facing problems of academic stress. These findings are scary. Even with so much of problems, the theories of positive psychological variables provide hope to policy makers, teachers and parents to culminate the disastrous effects of academic stress among students.