CHAPTER 1
INTRODUCTION

Listening to the word “Psychological Capital” gives an impression something related to Psychology and Capital. “Capital” alone has a number of different meanings depending upon its usage e.g. capital city, capital goods, capital profit, capital punishment and sometimes it is also used to express approval, satisfaction or delight. In whatever manner it is used, the basic and overall meaning suggests “something at higher position or at extreme”. When we combine psychology with capital and speak of “Psychological Capital” it gives us an entirely different meaning that may be defined as positive and developmental state of an individual characterized by high self-efficacy, optimism, hope and resiliency (Luthans and Youssef, 2004). Psychological capital has been emerged from the roots of positive psychology and got its wings through Positive Organisational Behaviour.

Positive psychology has got its start when research psychologist Seligman (1998) challenged the field to change from a preoccupation with what is wrong and dysfunctional with people to what is right and good about them. He focused on the positivism of the individuals rather than on the negativism. It has brought a refreshing and original view over human nature and other human characteristics which have somehow been neglected (Bright, Cameron & Caza 2006; Luthans, 2002a). Specifically, it focuses on strengths rather than weaknesses, health and vitality rather than illness and pathology. In Seligman view, usually people get trapped in their negativity and their personal history (Seligman, 1998). Hence, positive psychology recognized that people are born with lot of characteristics and these are positive in their nature, which permit them to nurture constantly and grow into complete and superior human being, and
have great effect on performance at work (Luthans & Youssef, 2004; Seligman & Csikszentmihalyi, 2000).

In addition to encouraging more work focused on relieving ethnic conflict, Martin Seligman, president of American Psychological Association (APA) in 1998 called for a new science focused on improving the lives of people, to be known as “positive psychology.” The field of psychology, in Seligman’s view, had moved from its original roots in making the lives of people more fulfilling and productive. He called for psychologists to study actions that lead to well-being, to positive individuals, to flourishing communities, and to a just society. Although America had enjoyed much prosperity, the rate of depression had increased more than tenfold in the past 40 years. Seligman called for increasing amounts of research and scholarship with an increased focus on the discovery and development of positive attributes about individuals that increase their level of well-being and also to research about the attributes contributing towards negativity and symptoms of depression among people. He focused on improving the performance of individuals through positivity intervention. Research stream by Luthans (2002b) emphasized on state-like concepts which are logically “measured, developed, and effectively managed for performance improvement in today’s world”. Psychological attributes like optimism (Scheier & Carver, 1985), self-efficacy (Bandura, 1997; Stajkovic & Luthans, 1998), hope (Snyder, 2000), and resilience (Masten, 2001) fulfil these criteria for inclusion.

When combined, these four have been conceptually (Luthans & Youssef, 2004; Luthans, Youssef, et al., 2007) and practically (Luthans, Avolio, et al., 2007) established to present a second-order, main aspect known as psychological capital (PsyCap). Thus, the PsyCap is the core concept of positive psychology. Psychological capital focused on who one are and, most important, on ‘who one are becoming’. Hence, Psychological capital (PsyCap) is a construct describing individual’s positive propensities that
inspire and support successful completion of work (Luthans et al., 2007). Sheldon and King (2001) indicated that “Positive psychology revisits the ‘average person’ and discovered what is appropriate, what works, and where need for improvements is.”

**Psychological Capital**

Psychological capital (PsyCap) is the study on strength and excess of human mental factors that enables the growth of positive behaviours in the daily life as a mean to reach welfare (well-being). Psy-Cap approach is different from the traditional psychology approach, which focuses on mental illness. It has a more preventive approach and altered the orientation of the applications of modern psychology concepts to the environmental field.

Luthans et al. (2007) defined psychological capital as “positive psychological state of development of an individuals which is defined by: (1) having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (2) making a positive attribution (optimism) about succeeding now and in the future; (3) persevering toward goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (resilience) to attain success”.

Csikszentmihalyi (Kersting, 2003) pointed out that psychological capital “emerged through the pattern of investment of psychic assets which lead to attaining experiential rewards from the current moment and at the same time also enhancing the possibility of future advantage. Hence, it includes four components such as efficacy, optimism, hope, and resilience and when they are combined with one's experiences and principals, it makes up the value.”
Earlier researches on hope, optimism, efficacy, and resilience support the idea that they are developable. For example, Bandura (1997) defined many strategies to enhance self-efficacy (Bandura, 2000). Snyder (2000) published the state–hope scale and confirmed that hope is developable. Carver and Scheier (2005) described the techniques for developing optimism and known for their work on dispositional optimism. Seligman (1998) proposed his book “learned optimism” and provides proof which support its development.

In similar line, Masten and Reed (2002) considered successful techniques for resilience-based developmental interventions, and Wagnild and Young (1993) introduced the state-like measure of resilience. In the positive psychology literature, all these contributions confirmed that these four components can be developed. Many researchers (Luthans, Avey, Avolio, Norman, & Combs, 2006) also confirmed that when these four components are combined with higher-order construct, it can be defined state-like and thus might be developable. At last, there is proof that Psychological Capital is open to development in short training interventions (Luthans, Avey, Avolio, Norman, & Combs, 2006).

As a higher-order core capacity, Psychological Capital has underlying shared characteristics within each of the psychological resource capacities (i.e., efficacy, optimism, hope, and resiliency) of positive agentic (intentional) striving toward flourishing and success, no matter what changes and challenges arise. Research has shown that the overall core construct of PsyCap better relates to positive outcomes than the individual constructs that make it up (Luthans, Avolio, et al., 2007; Luthans, Avolio, Walumbwa, & Li, 2005).

Each of the four components has its own considerable importance in theory and research that can contribute to develop an integrative theoretical foundation for Psychological Capital. However, it is expected
that the combined motivational effects of self-efficacy, hope, optimism and resilience will be broader and more impactful rather than any one of the individual construct in particular. For example, optimistic self-efficacy is broader and more impactful than just optimism or self-efficacy. Each construct includes both common and unique motivational and cognitive processes that enable performance of the individual.

For example, if an efficacious individual performs good because he accepts significant challenges and expends the necessary effort to achieve goals (Bandura, 1997), then an efficacious and hopeful individual (who not only accepts challenges and puts out effort to achieve goals, but also identifies sub-goals and pathways to achieve those goals, forecasts obstacles, and has contingency plans to overcome such obstacles by pursuing multiple pathways) should be performing even better and also should have higher satisfaction. In the same manner, the emergent effects of resilience and optimism could be seen when in combination with self-efficacy and hope. For example, if individuals who demonstrate resilience with bounce-back capacity are also efficacious and hopeful, then they should be more confident to persist and put forth the necessary effort, while pursuing alternate pathways to return to their original level.

In other words, it has been proposed that having all the four constructs of PsyCap in combination, individuals may come back above and beyond where they were before the adverse event. Also, the individual with greater capacity for optimism may have a positive perspective but combined with self-efficacy and hope will also have the confidence and persistence to pursue alternative pathways when necessary to actually attain optimistic goals. The more resilience individuals can access and use to bounce back, the more likely they can recover from setbacks. Nevertheless, when combined with hope, resilient individuals will also have determined the pathways of how to bounce back and beyond, while also building levels of self-efficacy by showing they can overcome a significant challenge, and optimism to do so in the future.
Further, it’s been suggested that individuals who possess high levels of overall PsyCap may be stronger performers because of the number and level of positive psychological constructs manifested through their cognitions, motivation, and, ultimately, their behaviour than would those who only exhibit hope, or resilience, or optimism, or self-efficacy in a given situation.

PsyCap is a combination of four positive constructs (Fig. 1): Hope (H), Self-Efficacy (E), Resilience (R), and Optimism (O). Taking together the initial letters of these four constructs gives us an abbreviation ‘HERO’. Hero literally means an individual of distinguished courage or ability, admired for his brave deeds and noble qualities or a person who, in the opinion of others, has heroic qualities and is regarded as a model or ideal. In the light of this opinion, we will discuss all the four constructs below:

**Figure 1 - Four Constructs of Psychological Capital**

**Hope**

Hope represents, “Home of Positive Emotions”. Home, here, means “the person” and positive emotions means “to think and feel positive”, so the person who thinks and feels positive could be hopeful. There is always a hope for the individual who thinks and feels positive. Snyder et al. (1996)
described hope as a “positive motivational state that is based on an interactively derived sense of successful (a) agency (goal directed energy) and (b) pathways (planning to meet goals)”. Thus, hope can be viewed as consisting of three distinct but complementary components: agency (will-power), pathways (way-power), and goals. The agency component of hope can be viewed as being the will to accomplish a specific task or goal (Snyder et al., 1996). Thus, agency includes the motivation or goal-directed energy to be successful at a given task in a specific context. The pathways component is viewed as being the means to accomplish a task or goal. Thus, a pathway is considered to be the way to accomplish a task or goal. Together, they form the will and the way to accomplish a given task or goal. Snyder and colleagues’ theory and research suggest that having one component by itself is not sufficient. To possess hope, as defined and operationalized, one must have both the will to succeed in a given task, as well as a viable means, or way to accomplish that task.

Snyder and associates (2000) have listed some of the characteristics of person with high hope and such a person:

- Is more likely to have a fairly consistent pattern of high-hope thought across time.
- Probably has had a major positive adult role model to look up to as an adult.
- Is certain of his or her goals and challenged by them.
- Is likely to consider relevant external standards set by others, but attends primarily to his or her own standards in setting goals.
- Values progress toward goals as much as the goals themselves.
- Easily establishes friendships in childhood and later.
- Enjoys interacting with people and listening to the perspectives of others.
• Has give-and-take relationship in which both parties gain things from the interchange.

• Is more likely to have higher grades throughout school, is less likely to drop out, and is more likely to graduate from college.

• Is less anxious, especially in evaluative, test-taking circumstances.

• Exhibits more positive affectivity and is higher in well-being, perceived self-worth, self-esteem and confidence (in several arenas).

• Exhibits better recovery from physical injuries.

• Is less likely to have thought about suicide.

Snyder’s (Snyder et al., 1991) cognitive theory presents hope as a dispositional construct that examines the degree to which individuals believe that they can achieve their goals for the future. According to Snyder (2000), people with higher levels of hope remember more positive comments and events about themselves, whereas people with lower levels of hope remember more negative comments and events. People with higher levels of hope feel challenged by goals, whereas people with lower levels of hope feel demoralised by goals. People with higher levels of hope have higher feelings of self-worth. People who are high in hope possess the uncanny ability to generate multiple pathways to accomplishing their goals. This psychological resource continuously provides hope that the goal will be accomplished. Furthermore, those with high hope can frame tasks in such a way that keeps them highly motivated to attain success in the task at hand.

Snyder (2002) noted that agency thinking in hope “takes on special significance when people encounter impediments. During such instances of blockage, agency helps the person to apply the requisite motivation to the best alternative pathway”. Therefore, both agency and pathways thinking are necessary and complementary components of hope. Sustaining hope
during times of crises and change seems imperative for the well-being of individuals and a necessary ingredient of positive change. In particular, the capacity for generating new pathways seems essential to navigating discontinuous and unpredictable change processes (Weick & Quinn, 1999).

In this way, as a psychological construct, hope consists of three major conceptual foundations: agency, pathways, and goals. The agency component of hope can be thought of as having the will to accomplish the intended or desired effect (Snyder, 2000, 2002; Snyder et al., 1996). Therefore, hope involves the agency or motivational energy to pursue a goal, which, like efficacy, is a state. In addition, hope also involves the pathways that include not only identifying goals and sub-goals, but also alternative ways to reach those goals. Those high in hope utilize contingency planning as they forecast obstacles to achieving goals or sub-goals and proactively identify multiple pathways to attain the targeted goal. It constitutes the will to succeed and the ability to identify, clarify, and pursue the way to success (Snyder, 2000).

Snyder and colleagues’ (1996) hope theory is widely recognized in clinical and positive psychology and has considerable research support. Adams and associates (2002) in a survey found that organizations with respondents reporting higher levels of hope tended to be more successful than those with lower levels of hope. Peterson and Luthans (2003) found fast-food store managers’ level of hope correlated with financial performance of their unit and employee retention and job satisfaction. In a large cross-sectional sample of employees, hope was related to their satisfaction, organizational commitment, and work happiness (Youssef & Luthans, 2007).

Snyder and colleagues (1991) investigated the relationship between hope and academic achievement of college students. Results of the study showed that academic achievement appeared to be related with higher hope. This
implies that college students with higher hope showed better academic performance when compared with the lower hope students.

Peterson (2000) suggested that hope is a particularly interesting attribute that can serve as a motivational factor to help initiate and sustain action toward goals and has also been linked to happiness, perseverance, achievement, and health. In an article in 2008, “You've got to have hope: studies show 'hope therapy' fights depression”, a growing body of research suggests that there is an effective way to fight symptoms of depression that doesn't involve getting a prescription. This powerful and effective weapon is ‘Hope’. It has been found that hope is consistently associated with fewer symptoms of depression. Numerous empirical studies have found hope to be related to both physical and psychological adjustment. Snyder and colleagues (1991) explored that college students who are high in hope utilized more active, approach-related coping strategies, even after controlling for negative affectivity.

Elliott, Witty, Herrick, and Hoffman (1991) examined the impact of hope on depression and psychosocial adjustment in a group of adults with traumatic spinal cord injuries. They found in a research study that higher hope was associated with less depression and greater overall psychosocial adjustment, even after controlling for the amount of time since injury.

Lazarus and Averill (1972) examined the relationship between hope and anxiety. They asserted that hope and anxiety had similarities. That is both a) are cognitive and symbolic emotions, b) both involve anticipation for future and c) both have the element of subjective uncertainty. Further, research by Onwuegbuzie (1998) showed an inverse relationship between hope and statistics anxiety.

Elliot and colleagues (2000) consider that their findings parallel those in reality negotiation literature by confirming, “Subjective perceptions of the self and one’s future are often associated with subjective experiences of
adjustment and distress”. A healthy (well adjusted) self is suggested to be characterized by optimistic views of the self and strong personal goals. As indicated by Linveh (2001) that active problem solving coping was negatively and significantly associated with anxiety and depression as well as positively associated with adjustment.

In clinical and positive psychology, hope has been clearly linked to academic and athletic success (Snyder, 2000, 2002). Individuals are hopeful on different occasions in our daily lives. As one experience an elevating feeling when he see a path to a better future in own mind's eye. Hope gives us the courage to face up to our situation and the ability to overcome them.

**Self-efficacy**

The second capacity of PsyCap is Self-efficacy that may be defined as “a person's belief in his or her ability to perform competently in whatever is attempted” (Wood et al., 1996). The comprehensive theory and extensive research of Bandura (1997) is the basis of this positive construct. Drawn from his theory and research of Bandura (1997), Stajkovic and Luthans, (1998) defined self-efficacy as “the individual's conviction or confidence about his or her abilities to mobilize the motivation, cognitive resources, or courses of action needed to successfully execute a specific task within a given context” (Stajkovic & Luthans, 1998). In relationship to hope, efficacy can be interpreted as the conviction and belief in one’s ability to (a) generate multiple pathways, (b) take actions toward the goal, and (c) ultimately be successful in goal attainment. Efficacy has shown very strong relationships with performance (Stajkovic & Luthans, 1998) and is generated from four generally recognized sources that are all relevant to positive change.

Bandura (1997) has conceptually and empirically demonstrated that task mastery, or successfully accomplishing a task, is a primary source of
efficacy. When individuals successfully accomplish a task or cope with change, they are more likely to believe they can do it again. Other major sources of efficacy include watching someone considered similar to oneself successfully accomplish a task or cope with change (vicarious learning or modelling), being assured by a respected role model (e.g., a coach or mentor) that one will be successful in a new task or in the change process (social persuasion), and being emotionally and physically motivated to complete the task or cope with the change (arousal). Individuals that are highly efficacious are characterized by tenacious pursuit and persistent efforts toward accomplishment and are driven by beliefs in their own successes.

Bandura’s (1986) self-efficacy theory, also illustrated how efficacy beliefs are developed, maintained, and related to social support. The theory assumes four major bases of self-efficacy beliefs including, performance attainment, physiological state, vicarious learning, and verbal persuasion. Both vicarious learning (modelling) and verbal persuasion occur in social settings and are provided by social supports. Social situations provide mothers opportunities to observe and learn parenting tasks from other mothers. Learning through observation may help a mother to feel more knowledgeable and efficacious about her own ability to parent her child. The observation of the successful completion of parenting tasks by another mother may help a mother to feel more assured about her own parenting ability and future parenting success.

People high in self-efficacy approach new situations confidently and persist in their efforts because they believe success is likely, whereas people with low self-efficacy expect failure and avoid challenges. Self-efficacy includes the confidence in one’s ability to think, learn, make appropriate decisions, and respond effectively to change. Research suggests that self-efficacy is related to task effort and performance, persistence, resilience in the face of failure, effective problem solving, and self-control (Judge et al. 1998).
Self-efficacy relates to students' self-perceptions of their ability to perform a task (Bandura, 1986). The premise of self-efficacy research pertains to its influence over an individual's choice of activities, the amount of effort exerted to accomplish or undertake these activities and the persistence to finish the chosen tasks (Schunk & Zimmerman, 1994). Self-efficacy is said to develop from one's own experiences, biological reactions to these experiences, and the feedback that they receive from other people regarding their skills and performance on certain activities (Schunk, 1989).

Self-efficacy is a proximal and direct predictor of intention and of behaviour. It influences the challenges that people take on as well as how high they set their goals (e.g., “I intend to reduce my smoking,” or “I intend to quit smoking altogether”). Individuals with strong self-efficacy select more challenging goals (DeVellis & DeVellis, 2000). They focus on opportunities, not on obstacles because self-efficacy influences the processes of planning, taking initiative, maintaining behaviour change, and managing relapses (Luszczynska & Schwarzer, 2003; Marlatt, Baer, & Quigley, 1995).

In general, self-efficacy is a construct that refers to one’s judgment and ability to execute thoughts, feelings, and actions in order to produce a certain outcome (Bandura, 1986). A person who is able to produce desired outcomes is able to live a more self-influenced path through life. Coping with stress in positive ways tends to increase self-efficacy. This can lead to greater motivation and success, resulting in positive health outcomes such as better quality of life and both mental and physical well-being (Torres & Solberg, 2001). Self-efficacy is particularly important in college students, as self-efficacy is goal oriented and can enhance academic performance, as academic self-efficacy promotes confidence in reading textbooks, asking questions in class, and studying for exams (Torres & Solberg, 2001).

Self-efficacy can also make it easier for students to engage in social activities, fit in, and adapt to the college environment. Individuals with
high self-confidence typically result in better academic outcomes, but even perceive failure as a motivational challenge to improve as opposed to giving up or quitting. Students having high level of self-efficacy tend to feel more connected with their environment (through family, peers, and faculty), particularly during stressful situations as they feel a sense of belonging. Self-efficacy allows a student to use all of the resources available in order to manage stress during the college experience (Torres & Solberg, 2001).

The interaction and synergies with hope, optimism, and self-efficacy may take the level of resilience beyond that of homeostasis (Richardson, 2002). For example, in discussing the positive impact of efficacy, Bandura (1998) notes, “Success usually comes through renewed effort after failed attempts. It is resiliency of personal efficacy that counts.”

Self-efficacy has important role in human functioning because it directly affects behaviour and also have impact on other factors like desires and targets, affective proclivities, outcome expectations, opportunities in the social environment and perception of impediments. Self-efficacy beliefs influence whether people think erratically or strategically, optimistically or pessimistically; what courses of action they choose to pursue; the goals they set for themselves and their commitment to them; how much effort they put forth in given endeavours; the outcomes they expect their efforts to produce; how long they persevere in the face of obstacles; their resilience to adversity; how much stress and depression they experience in coping with taxing environmental demands; and the accomplishments they realise (Bandura, 2000).

Akin (2008) conducted a study on 646 university students to examine the relationship between self-efficacy, achievement goals and depression, anxiety, and stress. Findings suggested that learning-approach goals were predicted positively and learning-avoidance, performance-approach/
avoidance goals, depression, anxiety, and stress negatively by self-efficacy. Endler, Speer, Johnson, and Flett (2001) found individuals’ ratings of self-efficacy, their perception of their own ability to affect change, was a better predictor of felt-anxiety than their perception of control over the stressful situation.

Many researches done by Bandura (1997); Maddux and Meier (1995) explored that self-efficacy motivate individual for health-promotion, achievement, and better adjustment and, also helps in dealing traumatic and challenging situations. Further, findings revealed that low level of self-efficacy enhances different symptoms of psychological problems like anxiety, distress, depression, alcohol abuse and eating disorders.

In conclusion, it can be said that efficacy can be acquired, enhanced, or decreased through: personal experiences of success (success raises efficacy while repeated failure lowers efficacy); social modelling (observing others and noting the consequences of their actions); social persuasion (feedback from credible others); and a person's physical and emotional states (strong emotions, intense fear, high stress levels, or acute anxiety, are likely to lower efficacy and performance) (Bandura, 1997; Nelson-Jones, 1982; Feist, 2002; Luthans et al., 2007). The failure to achieve work related goals, criticism from colleagues, and excessively high stress levels are likely to damage a person's self-efficacy.

**Resilience**

The third positive capacity making up PsyCap is resilience. The term resilience stems from Latin (resiliens) and was originally used to refer to the pliant or elastic quality of a substance (Joseph, 1994). Although resilience remains a familiar word in everyday English language, the term resilience carries different meanings across different contexts. Resilience has been commonly explained and studied in context of a two dimensional construct concerning the exposure of adversity and the positive
adjustment outcomes of that adversity (Luther & Cicchetti, 2000). Luthans (2002a) describes resilience as a “positive psychological capacity to rebound, to ‘bounce back’ from adversity, uncertainty, conflict, failure, or even positive change, progress and increased responsibility”. At the core of resilience is the bouncing back from setbacks and positively coping and adapting to significant changes. Masten and Reed (2002) assert resilience “a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk”. Thus, resilient people are those who have the ability to positively adapt and thrive in most challenging circumstances.

Resilience is tied to the ability to learn to live with ongoing fear and uncertainty, namely, the ability to show positive adaptation in spite of significant life adversities and the ability to adapt to difficult and challenging life experiences. As Ernest Hemingway once wrote, “The world breaks everyone and afterwards many are strong at the broken places”. In short, resilience turns victims into survivors and allows survivors to thrive. Resilient individuals can get distressed, but they are able to manage the negative behavioural outcomes in the face of risks without becoming debilitated. Such resilience should be viewed as a relational concept conveying connectedness to family, schools, and community.

Resilience is sometimes defined as a psychological process developed in response to intense life stressors that facilitate healthy functioning (Johnson et al., 2011). It has been noted as a multidimensional characteristic that varies in terms of context, time, age, gender, and cultural origin, further, it is indicated that it varies within an individual subjected to different life circumstances (Ballenger-Browning & Johnson, 2010).

Many researches show that in the face of negative events positive emotions increase resilience, which reflect its state-like quality (Tugade,
Fredrickson, & Barrett, 2004). Clinical psychologists indicated that resilience can enhance and even nurture when the individual returns to levels above homeostasis after an adverse event (Richardson, 2002). Actually, human beings become more resilient when they face adverse situation and they successfully bounce back from their past setback. Such positive reactions have been found in studies of emotions to have upward spiralling effects (Fredrickson & Joiner, 2002).

According to Zimmerman and Kumar (1994), resilience refers to those factors and processes that interrupt the trajectory from risk to problem behaviour or psychopathy. A resilience perspective contributes to the understanding of the development of competencies, assets, and strengths in youth’s lives. It may also refer to both maintenance of healthy development despite the presence of a threat, or to recovery from trauma (Garmezy & Masten, 1991; Staudinger, Marsiske & Baltes, 1993).

At first, resilience was thought to be quite rare in people, but then, Masten (2001) indicated that there is evidence that it can come “from the everyday magic of ordinary, normative human resources” and “has profound implications for promoting competence and human capital in individuals and society.” According to Coutu (2002), the common themes/profiles of resilient people are now recognized to be (a) a staunch acceptance of reality, (b) a deep belief, often buttressed by strongly held values, that life is meaningful, and (c) an uncanny ability to improvise and adapt to significant change. Except for its application to stress resistance, only surface attempts have been made to use resilience to advocate how leaders, associates, and overall organizations can bounce back from hard times. However, the rich theory and extensive research from clinical and positive psychology suggest that it too, like its three counterparts, can contribute to positive psychological capital with a return of desired performance outcomes.
Youssef and Luthans (2007) correlate resiliency with work attitudes of satisfaction, happiness, and commitment. One critical aspect of resilience that has been emphasized in recent literature at the individual level is its improvisational nature, the willingness to pursue action experimentally (Barrett, 2004). Resilient people are said to improvise solutions from thin air (Coutu, 2002), regain balance and keep going despite adversity and misfortune and find meaning amidst confusion and tumult. They are self-confident and understand their own strengths and abilities. They do not feel a pressure to conform but take pleasure in being unique and will go it alone, if necessary. Resilient individuals have confidence in their ability to persevere because they have done so before and anticipate rather than fear change and challenges. They experience the same difficulties and stressors as everyone else; they are not immune or hardened to stress, but they have learned how to deal with life’s inevitable difficulties and re-establish the equilibrium and this ability sets them apart (Coutu, 2002).

Research on resilience has found several global factors within the individual that seem to promote positive development generally and different ways in which individuals adapt to all challenges of their environment (Waaktaar & Torgersen, 2010). Masten (2001) has examined converging findings from variable-focused to person-focused investigation on children growing up in disadvantaged or adverse conditions and suggested that resilience is common, it arises from the normative functions of human adaptation systems, and it’s made of ordinary rather than extraordinary processes. Similarly, Bonanno (2004) has challenged the assumption that resilience is rare by reviewing evidence that resilience represents a distinct trajectory from the process of recovery, is common, and that there are multiple and sometimes unexpected pathways to resilience.

Flach (2003) has spent years studying how people cope with major catastrophes and terrible hardships, as well as potentially dangerous
major turning points in their lives. He has discovered that three the most common traits of resilient people are (a) creativity, (b) the ability to tolerate emotional or physical pain, and (c) the ability to discover new ways to approach life. Flach also reports that resilient people tend to develop new perspectives on interpreting the negative events and giving them meaning. To maintain a state of coherence is part of the adaptive mechanisms to restore homeostasis in times of stress and disruptions. The ability of a child or adult to mentally represent himself and others without distortion is thought to be a major factor in understanding the nature of resilience. Therefore, a positive view of the self can help the individual to develop a range of personal strengths to cope with life’s adversities, including the trauma associated with death in the family.

Although, previously, stress has been linked to increased depressive symptoms, other researchers have suggested that adverse life events can protect individuals from the development or recurrence of depression. For example, Farmer and McGuffin (2003) found that exposure to non-severe levels of stress over time confers resilience to more severe or threatening stressors and can reduce a person’s vulnerability to depression.

Specifically, distraction, rumination, and negative biases in attention are associated with vulnerabilities to negative outcomes over time. In addition, the findings reviewed above could have important implications in the context of stress and resilience – if an individual cannot effectively disengage attention away from negative aspects of themselves or the situation, the appraisals of a stressor could become much more threatening, the resulting negative emotions could become more intense and long lasting, and resilience will become more difficult to attain. At the other extreme, however, those who completely distract themselves away from negative information enjoy short-term benefits but appear ill-equipped to effectively cope with further exposure to stressors later on (Troy & Mauss, 2011)
Resilience may be viewed as a coping strategy and could be an important target when treating anxiety and depression, and attempting to reduce stress reactions (Conner & Davidson, 2003). Studies have shown that resilience and social support may protect against the development of traumatic stress and depressive symptoms (Charuvastra & Cloitre, 2008; Southwick et al., 2005).

Resilience is not just the flip side of vulnerability (Rutter, 1987). In this context, it has been found that the level of trait anxiety might be one of the most significant predictor of low resilience in patients with depression and/or anxiety disorders (Min et al., 2011). Indeed, trait anxiety has been implicated as one of the vulnerability characteristics associated with the development of stress-induced depression (Sandi & Richter-Levin, 2009).

Researches have shown effect of resilience in adjustment. Emotional complexity aiding resilience is more likely in adults (Ong, Bergeman & Boker, 2009) and self-esteem, quicker recovery from daily stressors, and positive emotions also support resilience in adulthood (Beutel et al., 2010; Ong et al., 2009). Other research reports that sustained trauma erodes psychosocial resources, resulting in higher PTSD and depression, with minimal or no healthy resilient trajectories (Hobfoll et al., 2011).

**Optimism**

A fourth criteria meeting positive resource of PsyCap is optimism. Optimism is the belief that future actions will lead to positive results. The positive effects of optimism and coping skills lead to increase ability to cope with stress and depression (Gillham & Seligman, 1999). In similar line, Scheier and Carver (1985) described that optimistic people successfully deal with stressful actions and occupied in more health increasing behaviours as compare to pessimists. Seligman (1998) studied that those who are optimistic enjoy more social interaction and have less depression. This is because of their expectation of positive future
outcomes which are depend on positive past experiences. There is positive relationship among optimism, hope, and health (Scioli et al., 1997). Like hope, optimism is commonly used in everyday language, but also like hope, in positive psychology it has a very specific meaning with theory and research addressing this positive construct.

Optimism is a mental attitude or world view. A common idiom used to illustrate optimism versus pessimism is a glass with water at the halfway point, where the optimist is said to see the glass as half full, however the pessimist sees the glass as half empty. The term is originally derived from the Latin ‘optimum’, meaning "best". Being optimistic, in the typical sense of the word, is defined as expecting the best possible outcome from any given situation. This is usually referred to in psychology as dispositional optimism. It thus reflects a belief that future conditions will unfold as optimal. The literature abounds in studies on optimism as a dispositional characteristic (Lightsey, 1996).

Various researches revealed that optimistic attitude in life leads to few occurrences of distress and postpartum depression, and better life satisfaction and subjective well-being. It has positive relation with achievement and goal setting and has negative relation with resignation to fate and goal abandonment. The personality disposition of optimism helps one in dealing with stress in positive way, influence one in goal-directed behaviours (Scheier & Carver, 1985) and enhance healthy states. Hence, it has positive and beneficiary effects on physical well-being. Scheier and Carver (1992) refer it as the disposition to have faith in favourable instead of unfavourable results to troubles. Optimistic people entertain greater satisfaction from their interpersonal relationships, deal with low stress, less depressed, more socially supported and have better coping ability as compared to pessimistic.

Seligman (1998) describes three P’s of optimism and consider them as main factors which determine the individual’s explanatory style and these are: permanence, pervasiveness, and personalisation. Pervasiveness means
optimistic people are optimistic in mostly all conditions which they come across and believe that best events take place for global motives (“I'm smart” or “I'm good” as opposed to “I'm good at this one thing”). Permanence: Optimists believe that good events happen due to permanent causes (“I did well because I am a hard worker”) and bad events due to temporary causes (“the boss yelled at me because he’s in a bad mood today”). Pessimists think the opposite, good events happen for temporary causes and bad events happen due to permanent causes (“the boss yelled at me because I always make mistakes”). Personalisation: Optimists don’t take things personally. They tend to attribute difficulties to outside causes as opposed to personal failings. They realize “it’s not all about me.”

Optimism is not just an unchecked process without realistic evaluation (Schneider, 2001). Realistic optimism includes an evaluation of what an individual can and cannot accomplish in a particular situation and therefore adds to one’s efficacy and hope. This realistic optimism as a state (as opposed to a dispositional trait), includes an objective assessment of what one can accomplish in a specific situation, given the available resources at that time, and therefore can vary (Peterson, 2000).

Bandura (1998), in relation to self-efficacy, indicated that “evidence shows that human accomplishments and positive well-being require an optimistic sense of personal efficacy so that it can override the numerous impediments to success.” In assessing the similarities and differences between hope and optimism, Snyder (2002) notes that, similar to hope, “optimism is a goal- based cognitive process that operates whenever an outcome is perceived as having substantial value.”

Those who are optimistic expect positive results for themselves in spite of personal capability. Further, Seligman (1998) proposed a complementary optimistic frame-work which is depending on attribution or what he describe descriptive mode. Optimistic people are expected to make inner,
constant, and global attributions for achievement and exterior, unbalanced, and particular attributions for failures. Hence, if negative result take place at the time of the procedure of change, optimistic person remain encouraged toward success and achievement because they believed that failure is not occur due to something inherent in them but it is depend on the specific situation and a next effort will not lead to failure again. However, optimists continue their journey with positive expectations rather than past troubles or setbacks.

Carver and Scheier (2002) note quite simply that “optimists are the people who expect good things to happen to them and pessimists are the people who expect bad things to happen to them”. Under this perspective, those high in optimism characteristically expect success when faced with change. It is important to note that optimistic expectations in this case are an individual-level attribution. It is not likely that optimists expect any change efforts to be successful because of their optimism. Rather, optimists tend to maintain positive expectations about what will happen to them personally throughout the change process. This optimism is in contrast with efficacious people who believe positive outcomes will occur as they believe that their personal ability will lead to success by making a change.

Seligman (1998) described positive relationship of optimism with performance of insurance sales agents. Further, Luthans et al. (2005) studied on the Chinese factory workers and found significant relationship of optimism with their rated performance. Lai (1995) studied on college students who are suffering from high stress and have low optimism, had more somatic complaints than those who have high optimism but also experience high stress.

A meta-analysis by Scheier and colleagues (2001) has confirmed the assumption that optimism is related to psychological well-being: “simply put, optimists emerge from difficult circumstances with less distress than
do pessimists.” Furthermore, the correlation appears to be attributable to coping style: “That is, optimists seem intent on facing problems head-on, taking active and constructive steps to solve their problems; pessimists are more likely to abandon their effort to attain their goals”.

Optimists may respond better to stress: pessimists have shown higher levels of cortisol (the “stress hormone”) and trouble regulating cortisol in response to stressors (Christopher, 2013). In another study by Scheier and Carver (1992) examined the recovery process for a number of patients that had undergone surgery. The study showed that optimism was a strong predictor of the rate of recovery. Optimists achieved faster results in “behavioural milestones” such as sitting in bed, walking around, etc. They also were rated by staff as having a more favourable physical recovery. In a 6-month later follow-up, it was found that optimists were quicker to resume normal activities (Scheier & Carver 1992). Optimism can be mixed in every aspect of our life. It has been wisely said that every ray of hope gives life to optimism in our soul.

**Daily hassles**

Daily hassles are minute events that call for acute behavioural readjustments throughout the day (e.g. traffic jams and unexpected visitors) (Thoits, 1995). Lazarus and his colleagues (1985) reported that the correlations between psychological symptoms and each group of hassles were remarkably similar. Daily stressors are the routine challenges of day-to-day living, and although they may be relatively minor, they are tangible events that can have immediate negative impacts on physical and psychological well-being (Almeida, 2005; Almeida, Wethington, & Kessler, 2002).

Daily hassles have been defined as the irritating, frustrating, distressing demands that to some degree characterize everyday transactions with the environment (Kanner et al., 1981). Hassles include annoying events such
as losing things, traffic jams, inclement weather, arguments,
disappointments, and family and financial concerns. They also denote to
more unpredicted small events like disputes with wives and children,
sudden work deadlines, and malfunctioning computers which interrupt
daily livings.

Also, these are experiences and conditions of daily living that have been
appraised as salient and harmful or threatening to the endorser’s well-
being (Lazarus, 1984). Although hassles in general have been little studied,
research has been done on what could be called hassles in particular life
contexts. Examples in the social sphere include status incongruity between
spouses (e.g., Pearlin, 1975), sex role conflicts (Pearlin, 1975), demands of
children and aged parents (Levine and Scotch, 1970), work overload and
underload (Frankenhaeuser & Gardell, 1976), and role ambiguity (Caplan
& Jones, 1975).

Stress has typically been measured by assessing the number of major life
changes and events in the life of a person (Dohrenwend & Dohrenwend,
minor stressors—daily hassles and found evidence that daily hassles,
rather than major life events, were more strongly related to physical and

Anton Chekov says, “Any idiot can handle a crisis—it’s this day-to-day
living that wears you out”. One who recently suffers with crisis like loss of
job, disruption in marital life, and the death of a dear one will be definitely
differ with Chekhov’s argument. In reality, these major life stressors have
adverse impact on physical and psychological health and need proper
adjustment on the part of the human beings (Brown & Harris, 1989).
Hence, major life events are comparatively rare, but their cumulative effect
on well-being and health might not be as much as that of minor regular
stressors (for e.g. family disturbances and unexpected work time limit
(Zautra, 2003).
As compare to major life events, albeit minor, disruptions and touchable events immediately affect the well-being of individual. Major life events are related with enduring physiological arousal, but daily hassles linked with spikes in arousal and psychological distress which are confined to a single day. However, minor daily stressors not only have separate, direct and instant impact on emotional and physical functioning, but also generate constant impatience, frustrations, anger and overburden due to piling up over a series of days which lead to harmful stress reactions like depression and anxiety (Lazarus, 1999).

Daily hassles are minor irritants and sources of stress that individuals commonly encounter in everyday life (Kanner, Coyne, Schaefer, & Lazarus, 1981). Hassles may be perceived as harmful or threatening because they involve demands that tax a person’s resources (Lazarus, 1984). Situations over which a person has little control tend to create greater distress. There is a positive relationship between low control, high demand tasks or hassles, and distress (Barnett & Rivers, 1996). Stressful life events have long been recognised as a contributing factor in the development of many physical and psychological disorders (Selye, 1976). Stressful life events have been implicated in the etiology of an impressive number of disorders such as depression (Benjaminsen, 1981).

DeLongis and colleagues (1982) reported that self-reported hassles contributed significantly to the prediction of health. They argued that perceived hassles are not only better predictors of somatic health than major life events, but that they also may serve as a mediating variable through which major life events affect somatic health. Despite a correlation between stress and major life events, researchers are finding that cumulative minor daily parenting stressors, such repetitive parenting duties and time consuming parenting responsibilities, may also lead to perceptions of inadequacy of resources and inability to cope (Lazarus, DeLongis, Folkman, & Gruen, 1985). Similar to stress from major life
events, numerous trifling, recurring, and sometimes irritating daily parenting chores and obligations are a salient cause of parental stress (Kanner et al., 1981).

Lazarus and DeLongis (1983) have argued that the strategy of measuring hassles is "more useful than that of life events in predicting adaptational outcomes such as morale, psychological symptoms and somatic illness". At least seven studies provide data supporting Lazarus and DeLongis' assertion (DeLongis, Folkman, & Lazarus, 1988; Holahan, Holahan, & Belk, 1984; Holm, Holroyd, Hursey, & Penzien, 1986; Reich, Parrella, & Filstead, 1988; Rowlison & Felner, 1988; Weinberger, Hiner, & Tierney, 1987; Zarski, 1984). Lazarus and associates (1985) also reported that the correlations between psychological symptoms and each group of hassles were remarkably similar.

Kanner, Coyne, Schaefer, and Lazarus (1980) discerned different patterns of hassle themes for each group, themes roughly consistent with their age and station in life by comparing three samples with respect to their most frequent hassles--a middle-aged group, a group of local college students, and a group of Canadian health professionals. For example, while the middle-aged group reported being frequently hassled by economic concerns, a theme consistent with their nearness to retirement, the students were struggling with the academic and social demands of campus life, and the health professionals were preoccupied with the responsibilities and pressures of their work and home life. They found that hassles are more strongly associated with adaptational outcomes than are life events.

Previous stress research has concentrated on two categories of the stressors in families (i.e., Hill's “A” component): (a) major life events such as the death of a relative, divorce, or family relocation and (b) chronic stressors such as poverty, unemployment, or discrimination (Blonna,
Dohrenwend and Dohrenwend (1974) stated that it was believed for some time that major life changes are associated with stress in individuals.

Holmes and Rahe (1967) mentioned major negative life events like the death of a loved one, divorce, or loss of a job as well as positive life events like marriage, the birth of a child, or winning the lottery cause imbalance in the organism and require readjustment, thus producing stress.

Several researchers have examined daily stressors, but they have typically limited themselves to a particular stressor such as noise (Glass & Singer, 1972), commuting in rush hour traffic (Novaco, Stokols, Campbell, & Stokols, 1979), sex role conflicts (Pearlin, 1975), or work overload and underload (Frankenhaeuser & Gardell, 1976). Fewer studies have attempted to examine a broad spectrum of everyday stressors that characterize a person's everyday interactions with his or her environment (Kanner et al., 1981; Lewinsohn & Talkington, 1979). U.S. families today are experiencing unprecedented change and immense pressure from the environment. Technological advances have improved the quality of family life; however, at the same time family daily life has become more complicated and more stressful. Families are challenged to cope with stress and manage their lives, and family scientists are challenged to examine how families remain resilient despite stress (Boss, 2002; McKenry & Price, 2000).

With the increasing number of married women working outside the home, contemporary families are facing novel challenges (Lin & Wang, 1988). Although dual career and two-pay check marriages tend to be more egalitarian, women still hold major responsibility for childcare and housework (Weitzman, 1985). Whether due to the expansion or integration of women's traditional family and emerging career roles (Lin & Moore, 1985) stress has become inevitable for women and their families.
Clinical and research data indicate that these "micro-stressors," acting cumulatively, and in the relative absence of compensatory positive experience, can be potent sources of stress. Moreover, as the above reference to compensatory experience implies, it may be of great importance also to examine concurrent positive experiences in evaluating the ultimate impact of stressful events (Lazarus et al., 1980).

**Stress**

The world health organisation has declared stress to be a worldwide epidemic. A decade ago, Riga (2006) analysed that 20% of payroll of company deal with stress related difficulties. Varied environmental and personal life situations place adjustive demands on individual and can lead to stress. The term stress has typically been used to refer both to adjustive demands placed on an organism and to organism's internal biological and psychological response to such demands. Adjustive demands are the stressors and the effect that they create within an organism is stress or in other words, stress occurs when an individual strives to adjust or adapt to these demands (Coon, 1998). Stress is a situation in which environmental factors causes a person to feel threatened or challenged in some way (Sternberg, 1994).

Taken together the ideas from different sources (e.g., Cox, 1978; Lazarus & Folkman, 1984; Singer & Davidson, 1986; Stotland, 1987; Trumbull & Appley, 1986), stress can be conceptualized as the condition that results when person/environment transactions lead the individual to perceive a discrepancy whether real or not- between the demands of a situation and the resources of a person’s biological, physiological and social systems. The conceptualization can further be elaborated by saying i) stress taxes the person’s biopsychosocial resources for coping with difficult events or circumstances; ii) the phrase ‘demands of a situation’ refers to the amount of our resources the stressors appears to require; iii) when there is a poor
fit or a mismatch, between the demands of the situation and resources of the person, a discrepancy exists; and, iv) our assessments of discrepancies between demands and resources occur through our transaction with the environment. These transactions are affected by many factors, including our prior history and aspects of the current situation.

**Approaches to define stress**

A stimulus-oriented approach to stress focuses on external stressors and view humans and animals as reactive to stimulation. Events or circumstances that we perceive as threatening or harmful are called stressors, thereby producing feelings of tension. Generally, stimulus-oriented models view stress as potential existing with an external stimulus provided by the organism’s environment. Also, from the stimulus-oriented perspective of stress, an event is identified as a stressor if it leads to psychological stress (Derogatis & Coons, 1993).

The response-oriented approach of stress is guided by the state of stress and treats stress as a response, focusing on people’s reaction to stressors. Response-oriented theories view stress in terms of response variables and assert that a specific response pattern is related to the development of distress and disease. The response has two interrelated components: the psychological component and the physiological component. The psychological component involves behaviour, thought pattern and emotions. The physiological component involves heightened bodily arousal (e.g., heart pounds, mouth goes dry, stomach feels tight, perspiration). Examples of response-oriented models of stress include Cannon’s investigation of the responses of organisms to extreme changes in physical environment and Seyle’s work in development the general adaptation syndrome (Derogatis & Coons, 1993).

Each stressor produces reactions specific to the stressor as well as non-specific adaptations and changes in physiological arousal that occur as a
result of all stressors (Singer & Davidson, 1986). Selye's view of stress emphasizes external forces impacting the internal state of the organism. According to Selye (1991), no single causal factor produces stress; rather, stress is produced by a variety of dissimilar situations. Selye (1975) considered stress to be physiological reaction that is entirely determined by stimuli intensity.

The person-environment transaction approach describes stress as a process that includes stressors and strains, but adds an important dimension of the relationship between the person and the environment (Cox, 1978; Lazarus & Launier, 1978; Lazarus & Folkman, 1984; Strealu, 2001). Transactional or interactional theories emphasise reciprocal interactions between the environment and cognitive, emotional and perceptual functions (Derogatis & Coons, 1993). This process involves continuous interactions and adjustments called transaction between the person and the environment, with each affecting and being affected by the other.

Transactional approach considers that stress is just not a stimulus or a response, rather it is a process in which the person is an active agent who can influence the impact of a stressor through behavioural, cognitive and emotional strategies, due to this unique active involvement, people differ in the amount of stress, they experience from a same stressor. Ivancevich and Matteson (1987) define stress simply as the interaction of the individual with the environment as an adaptive response, mediated by individual differences and/or psychological process that are consequence of any external (environmental) action, situation, or event that places excessive psychological and physical demands upon a person. Lazarus (1966) included cognitive and psychological factors in interaction with the individual to elaborate upon the concept of stress. In its expansion, Lazarus asserted that any stimulus, whether pleasant or unpleasant can be considered as a sources of stress depending on how the stimulus is
appraised by the individual. Lazarus divided stress into three types: harm/loss, threat, and challenge. Each of these types of stress is associated with different appraisals (Lazarus, 1966). Events that are appraised as harmful, unpleasant, threatening, or challenging may be appraised as stressors whereas, events appraised as desired, interesting, harmless, not threatening, or not challenging are not appraised as stressors (Lazarus, 1966).

Types of stress

In modern society stress has become important part of life. Though, opposed to well-liked belief, stress is not always terrible. For stimulation, stress is necessary. Some level of stress is helpful. It facilitates one to set and attain targets, as well as performs at a higher level, on the other hand, when stress becomes overpowering, it paralyzed rather than stimulation. Stress has negative impact on health and well-being. Boone and Christnsen (1997) identified that in Canada stress has been related to 11 of the top 15 reason of death. It has been assumed that 70% individuals visit to physicians due to stress. So, for healthy living, one should learn to deal with stress for their beneficial levels.

Eustress Vs Distress

Selye (1976) has differentiated between two types of stress- eustress and distress. The term Eustress was coined by the pioneers of stress research from the Greek ‘eu’, which means good, so eustress is positive and pleasant side of stress caused by good things. He regarded stress as positive when it energized people and brought them to heightened awareness performance capabilities. Selye considered positive stress or “eustress” as a necessary part of life that could bring about planned change, increased productivity, and personal growth. Eustress is a constructive type of stress that has positive benefits for community and individual health (Selye, 1976).
Distress is thought to be caused by something bad. Negative stress or “distress” occurs when a person’s capacity to handle stress is overwhelmed. Distress refers to a descriptive type of stress that damages health. Selye viewed distress as negative because it depleted one’s energy reserves and taxed the maintenance and defence of the bodily systems potentially causing harm to both physical and psychological health. Selye pointed out that complete freedom from stress is death. It is the extreme disorganising stress that we want to avoid. Both type of stress tax a person’s resources and coping skills, though the stress typically has the potential to do more damage. The core of psychological experience of stress is negative and painful which is something to be avoided.

**External Vs Internal stress**

Stress can also be distinguished on the basis of the sources of stressors. The stressors that people experience can be either external or internal (Kumar, 2005). External stressors include adverse physical conditions (such as extreme environments, natural calamities etc.) or the stressful psychological environments (e.g., abusive relationships or poor working conditions). It is obvious that just like animals, human can also experience pressures from external stressors which are beyond his control. Similar to the external stressors, internal stressors can also be physical (e.g., some infections or body organ malfunction) as well as psychological (e.g., certain apprehensiveness, worry or mental deadlines, striving for success) in nature. The feelings of stress rise within human control and are very rare or probably absent in most other animals (Kumar, 2005).

**Acute Vs Chronic Stress**

Another distinction between types of stress is based on the intensity and duration of the stress felt. A distress of high intensity but short duration is referred to as acute stress whereas the long-term distress of moderate intensity may be called as chronic stress. Acute stress is generally the
reaction to an immediate provocative threat and it is commonly observed in the form of fight or flight response. The threat can be any situation that is experienced as a danger even subconsciously or falsely. Sudden noise, crowding, hunger, physical harm or remembrance of a dangerous event are some of the examples of acute stressors.

Mostly the sudden threat generates anger or the immediate coping or defensive response. Once the threat has passed under most circumstances, the response of the individual becomes inactivated and levels of stress hormones return to normal, a condition called as relaxation response. In contrast to acute stressors, modern life frequently poses the long-lasting stressful situations and individuals' immediate urge to fight or flight gradually yet suppressed (Kumar, 2005). Such a kind of long-lasting moderate stress is called as chronic stress. Common chronic stressors include- high pressured continuous work, long-term relationships problems, long-term loneliness and isolation, persistent financial worries or certain incurable physiological problems. Prolonged exposure to stressors and the efforts to deal with them ultimately exhaust the human potential and hence this chronic stress ultimately becomes the cause of numerous physiological and psychological problems. Anxiety, frustration, hopelessness, and depression, are the most prevalent outcome of chronic stress (e.g., Broman, 2005; Craig, 2007; Hudd et al., 2000; Lazarus, 1999).

Stress in itself is not a medical condition but many researches reveal that chronic experiences of stress are related to psychological situations like depression, anxiety and also physical effects for example back pain, stomach ache, headaches and heart disease. Individual’s perceptions, interpretations and their cognitive appraisal provide meaning to their own actions and perceived these actions as threatening or positive (Lazarus & Folkman, 1984).

Tepas and Price (2001) explored that generally stress is associated with some subsequent concepts i.e. anxiety, adaptation, arousal, burnout, exertion, coping, exhaustion, fatigue, exposure, hardiness, repetitiveness,
mental load, stressor, tension and strain. Further, it has also been recommended that individuals have capacity to tolerate certain amount of stress. Low amount of stress (eustress) energized people toward their goal and have positive impact and on the other hand extreme stress have negative and serious effect on individuals health and performances (Sharma, 2005). Most individuals experience stress on a day to day basis as a normal part of their personal lives. All employment generates stress and strain to some extent (Koekse, Kirk & Koekse, 1993) but some individuals experience stress more severely than others, sometimes to a point where they may need time off from work, which lead to detrimental consequences for both individual as well as organisation. It has been shown that the level of stress that students experience is equivalent to the same level of stress that adults experience when attaining a new job, particularly in a working mom who is accustomed to being at home with her family (Larson, 2006).

Many studies found relationship between stress and depression among (Jayanthi, Thirunavkarasu & Rajkumar, 2014). Many studies showed positive relationship between academic stress and depression (Moreira & Furegato, 2013; Skipworth, 2011; Bhasin, Sharma & Saini, 2010). Contrarily, Nash (1994) indicated no relationship between stress and depression. Stress develops during the transition as the student tries to adjust to the new situations and adapt to a new college environment (Hall et al., 2006). Further, stress has also been found to be positively correlated with anger (Dey, Rahman, Bairagi, & Roy, 2014).

Various researches investigated work stress among health care personnel in many countries. Researchers studied work stress among medical technicians (Blau & Tatum, 2003), radiation therapists (French, 2005), social workers (Gellis, 2002), occupational therapists (Painter et al., 2003), physicians (Carr et al., 2003) and collections of health care staff across disciplines (Park et al., 2004).
Halvorsen (1998) analyse the findings of different studies and found that psychological health to be dependent on the quality and security of the employment. According to him, an unsatisfying or insecure job after an unemployment spell is associated with psychological distress, and unsatisfying work or insecurity can be a more important source of health disorders than being unemployed. Unemployed women and men suffer from a mental disorder compared to women and men who are full time employed (Flatau et al., 2000).

Recently, Wattoo and colleagues (2011) conducted a study on nurse and housewives. After calculations of environmental, psychological and physiological stresses, it was observed that the levels of stress in housewives were significantly higher than those of nurses. Continuous dealing with stress reaction has harmful effect on mental health. Stress can be considered as an originator of general mental health problems (e.g., anxiety, depression or a combination of the two). Stress lead to particular mental health problems such as it affect an individual state of mind through decreased ability of concentration, poor memory, feeling nervous and stressed, low self-esteem, short-temperedness and feeling defenceless or crying. Stress also affected one’s capability to intermingle with other human beings due to enhanced moodiness, decreased self-esteem and affect the interpersonal skills. Friedland, Keinan and Regev (1992) asserted that stress results in an internal focus to endogenous cognitive processes (i.e., anxiety-related thoughts). They found that the perception of control over such stressors helped to regulate their subject’s emotional responses.

**Reactions to Stress**

Reactions to stress covers a wide variety of conditions marked by general distress or a mixture of symptoms from mild emotional upset to high distress. Interest in individual differences and responses to stress grew, along with an acceptance that individuals reacted differently to stress, with
motivation and coping playing important roles (Lazarus, Deese & Osler, 1952).

**Physiological reactions to stress**

The normal and steady state of the human body’s organ and tissue function is called as homeostasis, and stress is a significant factor that may cause an upset to this normal state of functioning. Hence, stress is the absence of homeostatic (Wisneski & Anderson, 2005). Cannon (1932) was the first person to use the term stress to refer to the physiological reaction caused by the perception of aversive or threatening situations. On perceiving that a given situation is going to be stressful brain sends alarm messages via nerves and hormones to prepare the body for “fight-or-flight”.

**Psychological and emotional reactions to stress**

Emotions are important part of human life. Emotional processes have been identified as one of the possible mediator between psychosocial variables and health outcomes. For example, negative affectivity (NA) has been associated with negative health outcomes (Denollet, 1998; Denollet, Vaes, & Brutsaert, 2000). In addition, it has been found that stressors without a negative affective component do not produce the basic stress response (Baum et al., 1987; Mason, 1975). Stressful events cause negative reactions (e.g. feelings of anxiety and depression), which then may result in harmful effects on biological or behavioural processes that influence disease (Cohen et al., 2007).

Research suggests that people feel more negative when stressed; symptom reporting increases, a negative emotional tone is reported more frequently, and general mood suffers. In addition, anxiety and depression are common forms affective experience (Baum et al., 1987). Lazarus (1999) has identified, envy, jealousy, anxiety, fright, guilt, shame, and sadness, among others as stress emotions. Indeed, Watson and Clark (1984) have suggested that emotional and stress reactivity can most
appropriately be measured by the increase in distress that occurs as the subject moves from normal situation to a stressful situation. Emotions can be structured in terms of basic distinct emotions, such as anger, fear, and happiness.

Wofford and Daly (1997) reported human stress response as constituting of three domains: physiological arousal (i.e., heart rate, blood pressure, temperature, etc.), psychological responses (i.e., dissatisfaction, anxiety, sleep problems, depression, irritation, etc.), and behavioural responses (i.e., job performance, drug abuse, eating disorders, aggression, poor relations, etc.). For the present research study, we have chosen four reactions to stress to focus on which are: Depression, Anxiety, Adjustment and Anger. A brief description of these reactions is as under:

**Depression**

Depression is one of the most prevalent forms of psychopathology, afflicting approximately 20 to 25% of women and 10 to 17% of men within their lifetime (Levinson, 2006). Rojo-Moreno and colleagues (2002) found equal predictability of depression from acute stressors and ongoing difficulties. Stressors of all sorts are a major source of negative outcomes pertaining to morbidity and even mortality. Depression mimics some of the symptoms of stress including change in appetite, sleep patterns, and concentration. Depression can be disabling condition and like anxiety disorders may result from untreated chronic stress (Kumar, 2005).

An exceptional review analysis written by Cohen and colleagues (2007) focused on a majority of the associations between psychological stress and disease. The review showed that high correlations between stress and disease have been demonstrated, particularly for depression. Evidence also indicates that the negative effects of anger are not confined to physical health. Riley, Treiber, and woods (1989) found that among a group of patients suffering from post-traumatic stress disorder, those experiencing
higher levels of anger also showed more serious depressive symptoms. Depression and anxiety have also been found to co-exist with drug use, sleep disturbances and aggression in the population (Ridner, 2005; Moo-Estrella et al., 2005).

A dramatic increase in student stress is an alarming trend in college student health nationwide, as nearly 80% of students report being moderately stressed or burned out (Larson, 2006; Misra et al., 2000). Since stress is known to have detrimental effects on the physical and mental well-being of students (Hall et al., 2006; Andrews & Wilding, 2004), intervention is needed by assessing perceived stress in college students and determining its effect on depression in order to establish ways to decrease the risk and rate of depression.

There is wide consensus and support from pre-clinical and clinical data that stress exposure conceivably plays a causal role in the aetiology of depression and other depression-like disorders (deKloet, Joels, & Holsboer, 2005). The link between stress and depression is not novel, and several authors have aimed at identifying new subtypes of depression based on their function link with stress exposure (van Praag, 2004). The notion that stress may cause depression has been an underlying concept in many researches a potentially common depression subtype, named tentatively “stress-induced depression” (Bartolomucci & Leopardi, 2009). Depressed students may experience a lack of coping skills, increased pressure from peers, difficulty making friends and decreased acceptance, feel unloved and rejected, low levels of family support, lack of motivation, and difficulty adjusting to the independence of being away from home (Dyson & Renk, 2006). Other contributing causes are known to be hopelessness, parental problems, and legal problems (Furr et al., 2001). As students adjust to university life, depression may be more prominent. They are more likely to experience feelings of sadness during the university transition as well as
when they are having difficulty coping with stress properly (Dyson & Renk, 2006).

Chronic stress, defined as absence of social support, was also found to be associated with depression (Paykel & Cooper, 1992). Similar results were found in a study of single and married mothers: Life events were stronger predictors of major depression in married mothers compared to single mothers (who had higher levels of chronic stress) (Cairney et al., 2003).

**Anxiety**

The second half of the 20th Century has been variously designated as the “age of stress”, and “age of anxiety”. Stress also exhibits itself through emotional and cognitive disorders such as depression and anxiety and is evidenced through behavioural disorders such as impaired performance in life areas, aberrant, anti-social behaviours, or overuse of medical resources (Hemmingway & Marmot, 1999; MacLeod & Davey Smith, 2002; Brunner, 2002). In addition to, Baum and his colleagues (1987) also asserts that anxiety and depression are common forms of affective experience in stressful settings.

Although, it is hard to define anxiety and many researchers have found that anxiety is still unclear and not easy to define in simple sentences (Brown, 2007). But it is common phenomenon in all kinds of anxiety that it involves a pattern of physiological and psychological reactions like feeling of stress and emotions. Anxiety is defined as “a state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation, often to a degree that normal physical and psychological functioning is disrupted” (American Heritage Medical, 2007).

Anxiety can be considered as an unpleasant and negative condition of inner confusion and often accustomed by nervous behaviors (for e.g. rumination, somatic complaint and pacing back and forth (Seligman, Walker and Rosenhan, 2010). Many of the symptoms and characteristics of
anxiety are the resultants of the impact of stress on an individual (Kumar, 2005). According to the national institute of mental health, anxiety disorders affect approximately 19 million people each year and are often due to various types of stressors. A report from Mental Health Foundation in 2014 suggests that anxiety is a familiar emotion because it is part of everyone’s experience. Its natural function is to alert us to potential threats, allowing us to evaluate and respond to them in appropriate ways. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder (APA, 2013).

When anxiety, is mild, it can be normal and helps to revitalize human beings, cognitively, behaviorally and physically prepares the body to notice and handle with fears for survival, but extreme anxiety have serious effect on daily lives and routines (Onyekuru & Ibegbunam, 2014). While mild anxiety is typically provoked by some stressful event, anxiety disorders are chronic and can become worse if they are not treated (Kjernisted & Bleau, 2004). Anxiety disorders have shown a similar burden pattern to society as depressive disorders (Stewart et al., 2003). Since stress is a major contributing factor to the development of anxiety disorders. When it becomes excessive, uncontrollable and often irrational worry about everyday things that is disproportionate to the actual source of worry then it becomes a disorder which is called generalized anxiety disorder (GAD). It is called generalized because the remorseless worries are not focussed on any specific threat (Schacter et al., 2011); they are, in fact, often exaggerated and irrational.

Dorney (2005) concluded that anxiety does not only hinder achievement but in some cases improves and develops it. Stress is considered as the cognitive part of anxiety and can have a negative effect on performance.

**Adjustment**

Adjustment starts from childhood and lasts for as long as you live. Even before the birth of a child, when he is in mother’s womb, he starts making
adjustments to remain in the womb—adjusting him with the internal environment, depending on the mother’s food and so on. However, adjustment in the external world is far more different and difficult but everyone has to go through different stages and processes of life and make necessary adjustments to live. From a child you become a student, complete the college and university, then start working, get married, reach to middle age and retire. Going through all of these transitions, one has to face lots of challenges and adjust himself to various circumstances. When we are not able to adjust to our life’s demands then it becomes maladjustment. Going by the dictionary, Maladjustment means ‘Inability to adjust to the demands of interpersonal relationships and the stresses of daily living.’

Failing to achieve or maintain these demands may result in poor grades, financial problems, social and family disputes, illness, and possibly dropping out of school (Arnett, 2004). When observing students who transition from living at home and being taken care of to being on their own with newfound responsibilities, the difference seems extreme. Therefore it is no surprise that college students have difficulty adjusting to university life and they experience constant stress on a daily basis (Dyson & Renk, 2006). Even then individuals are settling in their daily routines but their Life’s demands regularly add stressors in their daily lives (Larson, 2006).

Florence (1996) stated that low income urban women in Nicaragua were constantly making adjustment to their paid work as well as unpaid work in the home to absorb the pressure of neo-liberal policies. Hashmi, Khurshid and Hassan (2007) conducted a study on 150 working and non-working married women and found significant association between marital adjustment, depression and stress. The findings of the study also revealed that working married women faced more difficulties in their married life than non-working married women.
Marital adjustment are complex because, two persons accommodate to each other's motor, sensory, intellectual and emotional capacities. On the personality level, both together adjust to their whole environment and surrounding, involving such matters (for e.g. new domestic responsibilities, friends, relatives, children, provision and food preparation and work (Fonseca, 1966).

According to Reddy (1986), adjustment means to move in the direction of what is suitable and important for two parties. It happens when two personalities blend, accommodates and fit together on every level by sharing the emotions and dreams to the practicalities of life. Nathawat and Mathur (1993) compared working women and housewives and found that working women have great general health, better marital adjustment, life satisfaction, self-esteem and subjective wellbeing than housewives. In contrast to earlier findings, Ramesh (2009) concluded that as compare to working women, non-working women are most adjustable in emotional, social and health areas and also have more life satisfaction. In Similar line, Hashmi, Khurshid, and Hassan (2007) found in the area of marital adjustment no similarities between working and non-working women (Pishghadam, Bakhshipour, & Ebrahim, 2013; Jamabo & Ordu, 2012).

At different phases of life, person feels different stressors which are unique to that phase. The period of middle age is typically marked with physical changes; as, well as new responsibilities of caring for younger children and grandchildren, and also older parents. At this stage, life pattern are revised in several ways to adapt to the new lifestyle. It is an especially difficult time in one's life; adjustment to it is greatly dependent on the foundation laid earlier. It is important to adjust naturally with the transitions that occur both physically and mentally (Nema, 2013).

In human life, retirement has been identified as a significant stressful event and generally conceptualized as a major life crisis (Lo & Brown,
suggestions that retirement is a personal experience; some find adjusting to it easier than others. Making a smooth transition to retirement depends on financial circumstances, health, and attitude, as well as the reaction and behaviour of loved ones and friends. A large part of adjusting to retirement is allowing new roles to develop and then giving meaning and importance to them. Retirement affects the way elders spend their time, their income, social interaction, and can affect physical and mental health, self-esteem, and life satisfaction (Agarwal, 1998). According to McLaughlin (1981), adjustment to retirement is a difficult experience for all retirees and triggers varying degrees of emotional stress.

Individuals with an internal locus of control tend to report less depression and anxiety (Hale, Hedgepeth, & Taylor, 1985), greater happiness and life satisfaction (Cohen-Mansfield, 1990) and more retirement satisfaction (O'Brien, 1981). Ogilvie and Howe (1982) suggested that each individual faces a period of mental adjustment, including denial, anger, resentment, and/or depression, during the transition from athlete to ex-athlete. Successful adjustment to a life event is often characterized by an initial change in life satisfaction followed by a process of adaptation to the former level of well-being (Diener et al., 2006).

Adjustment problems occur when there is an inability to make a normal adjustment to some need or stress in the environment. Thoits (1995) stated another way, when stress level enhance, individuals coping or adjusting ability is no longer adequate. This drains his or her physical or psychological resources, which may lead to a higher occurrence of illness, injury, or disease.

Ano and Vasconcelles (2005) in their study tried to synthesize the situation specific religious coping method and quantify the efficacy for people dealing with stressful situations. They conducted a meta-analysis of
49 relevant studies with a total of 105 effect sizes and found four types of relationships: positive religious coping with positive psychological adjustment, positive religious coping with negative psychological adjustment, negative religious coping with positive psychological adjustment, and negative religious coping with negative psychological adjustment. The results of the study suggested that positive and negative forms of religious coping are related to positive and negative psychological adjustment to stress, respectively.

Positive emotions and appraisals may lead to a lowered impact of stress on health. Three coping mechanisms are capable of generating positive emotion during stress (Folkman & Moskowitz, 2000). Positive reappraisal: Person focuses on the good in what is happening. Problem-focused coping: Thoughts and behaviors that manage or solve an underlying cause of stress. Creating positive events: Creating positive time-out from stress. Research indicates that emotional expressiveness may be good for our psychological health and general adjustment.

**Anger**

Anger is defined as a person’s response to a threat or the perception of a threat against an individual or group (Lazarus, 1991). As has been explained earlier, the initial reactions to stress are typically those of “fight or flight”. In one form, the inclusion of the “fight” element in this classic duality is an obvious recognition of the potential angry response that stress can engender (Craig, 2007). The fight response is a response triggered naturally by the body to protect itself against the instigating situation (Lazarus, 1991). Stress experiences are involved with numerous negative emotions, like fear or anger. Emotions are one possible means by which stress responses may be tailored to specific stressors. Distinct emotions may differentially affect stress responses by eliciting biological processes that facilitate responding to different types of stressors such as
anger-eliciting or fear-eliciting stressors (Moons, Eisenberger & Taylor, 2010).

Anger is an intense, negative emotion based on both cognitive interpretations and previous experiences (Burney, 2001). It is an internal state that includes both feelings and thoughts but as an external state it is expressed verbally and behaviourally (Enright & Fitzgibbons, 2002). Anger can be considered as a negative emotion which is related with evaluations of certainty, low risk, and relative strength (Lerner & Keltner, 2001; Mackie et al., 2000; Smith & Ellsworth, 1985), as well as influenced the tendency to aggress (Harmon-Jones & Sigelman, 2001; Lazarus, 1991). Hence, anger can be defined as motivating confrontational behaviour that everybody experiences from time to time.

The physiological, psychological, and social effects of anger are so severe and destructive (Williams et al., 2000) that it is indeed the need of the hour to come up with effective ways of handling this emotion. The American Heart Association (2000) found that during a six year study, 256 individuals had heart attacks. Individuals who were most prone to anger were 2.69 times more likely to have a heart attack or sudden death than those with lowest anger ratings on a 40-point scale.

Each emotion has an inherently adaptive function, and the unique adaptive function of anger is mobilization of energy to take action (Izard, 1993). Anger has been generally identified as a prominent emotional reaction to stress (Lazarus, 1999). Both environmental and genetic factors may influence exposure to stressful life events (Kendler, 2003). Nevertheless, there a general agreement that stress in early life can lead to violence. In particular, reaction to stress appears to be an important factor in precipitating aggressive episodes (Craig, 2007). With respect to human stress responses in extreme environments the experience and expression of anger may have additional predictive value. There has been a sustained
effort over the past several years to improve the measurement of anger constructs and to better understand their health effects in a variety of contexts (Al’ Absi & Bongord, 2006). Explicitly, current evidence links anger to augmented psychological stress responses (Al’ Absi, Carr, & Bongord, 2007; Gouin et al., 2008). Reduced serotonin level, which is primarily associated with stress, is one of the biologically causal factors of anger (Rossby, 2003).

Depressed patients with anger attacks had higher frequency and severity of hassles. Higher level of perceived stress has been reported to be related to presence of anger attacks, even after adjusting for age, gender and severity of depression (Farabaugh et al., 2004). This association could be bi-directional (anger attacks could lead to hassles or vice-versa) (Painuly et. al., 2007). Anger involves the mind, the body, and the behavioural actions that people have acquired over the years in coping with stressful events. It is a difficult emotion for the vast majority of people. In recent years clinical psychologists have made great strides in helping people manage, understand, and direct this phenomenon (Tavris, 1989). Resilient characteristics in the adolescent can buffer the adverse effects of these stressors and may decrease negative anger expression (Anderson, 2006).

**Coping with stress and its reactions**

Lazarus (1999) stated that stress and coping could be said to be reciprocals of each other. On one hand, psychological stress can be stated as a "specific relationship between the individual and environment that is appraised by the individual as exceeding his resources and endangering his wellbeing." On the other hand, Coping is an essential feature of stress and emotional reactions, and if we do not give major attention to how it works, we will fail to understand the constant struggle to adapt to troubling chronic stressors.

Several researchers have emphasized the importance of understanding the coping process in relation to stress (e.g., Lang & Markowitz, 1986; Lazarus,
1993). For instance, Valentiner, Holahan, and Moos (1994) emphasized that conceptualization of the coping processes is a fundamental component of present theories of stress. Also, the use of coping resources is a central aspect of many definitions of stress (Bishop, 1994). Separating stress and coping is a somewhat arbitrary action as Neufeld (1990) has pointed out that stress is a by-product of poor or inadequate coping. People are generally motivated to make efforts to successfully deal or to reduce their stress since the emotional and physical pain and strained that accompanies stress is uncomfortable.

Some of the researchers assert that coping can be understood as behavioural and cognitive efforts by the person to deal with both environmental and internal demands and conflicts between the two (e.g., Coyne & Holroyd, 1982). Further, coping involves person’s constantly changing cognitive behavioural efforts to manage specific external or/and internal demands that are appraised as taxing or exceeding the person’s resources (Lazarus & Folkman, 1984). Since coping involves ongoing transactions with environment, the coping process is not a single event, and this process is best viewed as a dynamic series of continuous appraisals and reappraisals of the shifting person-environment relationships. Regardless of its source, any shift in the person environment relationship will lead to a re-evaluation of what is happening, its significance and what can be done. The re-evaluation process reappraisal, in turn influences subsequent coping efforts on their outcome (Lazarus & Folkman, 1984).

Researchers have identified that while handling with stress, people use specific types of coping resources and strategies (Lazarus & Folkman, 1984; Lazarus, 1993; Parker & Endler, 1992). These specific types are explained in context of specific ways of understanding coping. Moos and Holahan (2003) defined coping as a reaction to particular stressful situations. Coping can be considered as a dynamic process which varies time to time.
in response to altering demands and assessment of the condition. Further, they indicated coping as a stabilizing aspect which helps in maintaining psychological adjustment during high level of stressors and also concludes that coping efforts are most helpful during stressful situations. Research has revealed two important patterns in the way people cope. First, individuals tend to be consistent in the way they cope with a particular type of stressor that is when faced with the same problem people use the same methods they used in the past (Stone & Neale, 1984). Second, people seldom use just one method to cope with stressor. Their efforts typically involve a combination of strategies. An individual way of coping is influenced by his or her resources that involve social support, health, energy, existential beliefs and material resources (Lazarus & Folkman, 1984; Kim & Duda, 2003). Transactional analysis approaches view coping as a process evolving over time, in which the individual, situation, and coping mutually affect each other (Aldwin, 1994).

FIGURE 2 DIAGRAM OF TRANSACTIONAL MODEL OF STRESS AND COPING.
The Transactional Model of Stress and Coping represents a framework for evaluating the processes of coping with stressful events. Stressful experiences are interpreted as person-environment transactions. These transactions depend on the impact of the external stressor. This is mediated by firstly the person’s appraisal of the stressor and secondly on the social and cultural resources at his or her disposal (Lazarus & Cohen, 1977; Antonovsky & Kats, 1967; Cohen 1984). When faced with a stressor, a person evaluates the potential threat (primary appraisal). Facing a stressor, the second appraisal follows, which is an assessment of people’s coping resources and options (Cohen, 1984). Secondary appraisals address what one can do about the situation. Actual coping efforts aimed at regulation of the problem give rise to outcomes of the coping process.

In conclusion, it can be said that neither the environmental event nor the person's response defines stress, rather the individuals perception of the psychological situation is the critical factor. It has been proposed that the effect of stress on a person is based more on that person’s feelings of threat, vulnerability and ability to cope than on stressful event itself.

**RATIONALE OF THE PRESENT STUDY**

Stress has become an inevitable part of everyone's life (Lazarus, 2003). A great amount of variation exists in stress responses and its consequences as individual differences are important in the study of stress. Several researchers have emphasized on individual differences approach to the study of stress (e.g. Selye, 1975; Lazarus, 1966; Opton & Lazarus, 1967). The level of stress and its consequences partly depend on stressor’s characteristics and partly on a person’s resources. Everyone faces a unique pattern of adjustive demands. It is due to the differences in the way people perceive and interpret the situations. A number of factors determine the level of stress such as person’s perception, tolerance of stress, external resources, social support and the nature of stressors. Additionally, other
factors such as experiences early in life (e.g. gentle handling or maternal separation) are associated with alterations in neuroendocrine responses to stress in adulthood (Steptoe, 2000). However, all the people who are expose to stressful conditions do not feel psychologically distressed to the same degree. The stressful feelings depends not only the effects of stresses but also on how the individual appraises the situation (Lopez & Snyder, 2009).

Positive psychology has already published a considerable research on each of the individual components of psychological capital and has proved that it has many positive impacts. “Treatment is not just fixing what is broken; it is nurturing what is best” (Seligman & Csikszentmihalyi, 2000). Fredrickson (1998) suggested that positive emotions build psychological resources that can be beneficial to successfully coping with negative events.

Researches demonstrated that PsyCap seems promising in the ability to have a performance impact in an organisation and in life in general (Lopez & Snyder, 2009). Education scholars have already suggested that PsyCap can be used to enhance academic performance (Pajares, 2001). A number of scholars have found that the hope, optimism, self-efficacy and resiliency have led increase in academic achievement (Masten & Reed, 2002, Seligman, 2006; Snyder, 2005). However, researchers have yet to fully consider the impact of psychological capital on performance for various professions and people from different walks of life such as health care professionals, teachers, bank employees, housewives as well as people with varied age range i.e. young adults, middle age adults.

Lazarus (2003) recognized these four components (self-efficacy, optimism, hope and resilience) as pertinent opportunity of discovery for increase understanding of humans’ adaptation and coping ability. Considerable attention has been devoted to PsyCap and personality characteristics
among the many determinants of individual differences. Recently, many researchers have devoted their efforts in exploring the relationship of Psychological Capital as a major factor contributing in daily behaviour and particularly in stress and its consequences (Tugade & Fredrickson, 2004; Roddenberry & Renk, 2010; Gustafsson & Skoog, 2012).

In response to these indications and potential importance of individual differences approach in understanding stress and different reactions to stress, the present study is aimed to examine the moderating role of PsyCap in varied reactions to stress. Hence, the problem of the study may be stated as, “A study of Psychological Capital as Moderator of Reactions to Stress”.

**MAIN OBJECTIVES OF THE PRESENT STUDY:**

1. To study the relationship of stress with depression, anxiety, adjustment and anger as reactions to stress.

2. To study the relationship of daily hassles with depression, anxiety, adjustment and anger.

3. To study the relationship of psychological capital with stress.

4. To study the relationship of psychological capital and daily hassles.

5. To explore the relationship of psychological capital with reactions to stress.

6. To study the moderating effect of psychological capital on depression.

7. To study the moderating effect of psychological capital on anxiety.

8. To study the moderating effect of psychological capital on adjustment.

9. To study the moderating effect of psychological capital on anger.
SPECIFIC HYPOTHESIS OF THE PRESENT STUDY:

1. There exist significant positive relationship between stress and its reactions.
2. There exists significant positive relationship between daily hassles and depression, anxiety, adjustment, anger.
3. Psychological capital is likely to correlate negatively with stress.
4. Psychological capital is likely to correlate negatively with daily hassles.
5. There exist negative relationship between psychological capital and reactions to stress.
6. Psychological capital would moderate the effect of stress on depression.
7. Psychological capital would moderate the effect of stress on anxiety.
8. Psychological capital would moderate the effect of stress on adjustment.
9. Psychological capital would moderate the effect of stress on anger.