The present chapter reviews the research related to purpose of the study which is to examine the moderating effect of psychological capital on reactions to stress. Usually when we feel stress, we have too much to do and too much on our minds. When people reach out for help, they are often dealing with circumstances, situations, and stressors in their lives that leave them feeling emotionally and physically overwhelmed. Many people feel that they have very little resources or skills to deal with the high levels of stress they are experiencing. This chapter will highlight literature reviewed related to stress, daily hassles, reactions to stress and related phenomenon. It further leads to the literature showing moderating effects of Psychological Capital (PsyCap). Review was collected through various sources i.e., KUK library, Glasgow library, ICSSR library, GJU library, online journal etc. Review presented in the chapter is not claimed as complete but attempts have been made strictly to include the studies directly or indirectly related to the present study. The review of literature includes research studies related to:

1. Stress, Daily Hassles and Reactions to Stress (i.e., Depression, Anxiety, Adjustment and Anger).

2. Psychological Capital, Stress and Daily Hassles

3. Psychological Capital and Reactions to Stress (i.e., Depression, Anxiety, Adjustment and Anger).

1. **STRESS, DAILY HASSLES AND REACTIONS TO STRESS**

Several researches have been conducted in the area of stress and focussed on varied combination of related variables. Some of the researchers devote their attention to the state of stress and its antecedent factors or sources from which it generates, some of them keep on working on the reactions to
and consequences of stress for an individual facing it, and others focus their researches on the ways people cope with varying nature of stress. Accordingly, reviewed researches in this section would focus on sources of stress, consequent reactions to stress and coping with stress.

Al Gelban (2007) determined the prevalence rates and severity of depression, anxiety and stress among Saudi adolescent boys. The study was conducted on 1723 secondary school boys using the Arabic version of Depression, Anxiety and Stress Scale (DASS). Results indicated that 59.4% of the boys had at least one of the three disorders, 40.7% had at least two and 22.6% had all the three disorders. Moreover, more than one third of the participants (38.2%) had depression, while 48.9% had anxiety and 35.5% had stress. Depression, anxiety and stress were strongly, positively, and significantly correlated.

In Indian context, Balasubramanian and Chokalingam (2009) explored the influence of age and experience on stress and depression and the relationship between stress and depression among women information technology (IT) professionals in Chennai, India. The objectives of the study were (1) to find out the level of stress and depression experienced by women IT professionals, (2) to understand the impact of age and experience on stress and depression, and (3) to study the relationship between stress and depression. The study was conducted in Chennai, India with a sample of 500 women IT professionals. Results showed that the women IT professionals experience moderate level of overall stress and stress dimensions. This study also reveals that 84% of the respondents experience medium level of depression and also suggest that age and experience significantly influence the overall stress and depression experienced by the employees. The authors suggested a strong relationship between overall stress and depression.

Brennan, Christopher and Karen (2004) examined the influence of congruence between partners perceived infertility related stress, and its
impacts on depression and marital adjustment in infertile men and women. Couples belong to infertility treatments at a University affiliated teaching hospital. Fertility Problem Inventory FPI, the Beck Depression Inventory BDI, and the Dyadic Adjustment Scale DAS have been completed by couples. Results of study provided that the couples who understanding equal levels of social infertility stress reported higher levels of marital adjustment compared with couples who perceived the stress differently. Whereas, women in couples who felt a similar need for parenthood reported significantly higher levels of marital satisfaction, compared with women in couples where the males reported a greater need for parenthood. Moreover, there is no related between couple incongruence and depression in males. In addition, there is related between incongruence over relationship concerns and need for parenthood in favour of female depression.

Bunevicius, Katkute and Bunevicius (2008) conducted a study to i) evaluate the, prevalence of anxiety and depression in medical and humanities students, and ii) assess the relationship between symptoms of anxiety, symptoms of depression and Big-Five personality dimensions and vulnerability to stress in medical students. Randomly selected 338 medical students and 73 humanities students were evaluated for symptoms of anxiety and depression using the Hospital Anxiety and Depression Scale (HADS), for Big-Five personality dimensions using the Ten-Item Personality Inventory (TIPI), and for vulnerability to stress using the Stress Vulnerability Scale (SVS). Results indicated that symptoms of anxiety and symptoms of depression were prevalent in medical students (43% and 14%, respectively) and in humanities students (52% and 12%, respectively). In medical students the score on the HADS anxiety subscale and the score on the HADS depression subscale correlated negatively with the score on the TIPI Emotional Stability scale ($r = -0.39$, $p<0.01$ and $r = -0.2$, $p<0.01$, respectively) and correlated positively with the score on the
SVS ($r = 0.38$, $p<0.01$ and $r = 0.44$, $p<0.01$, respectively). It was concluded that severity of symptoms of anxiety and depression is negatively related to emotional stability and positively related to stress vulnerability.

Crockett, Iturbide, Torres, McGinley, Raffaelli and Carlo (2007) explored the relations between acculturative stress and psychological functioning (level of anxiety, depressive symptoms and adjustment), as well as the protective role of social support and coping style, in a sample of 148 Mexican American college students (67% female, 33% male; mean age = 23.05 years, SD = 3.33). In vicariate analyses, acculturative stress was associated with higher levels of anxiety and depressive symptoms. Moreover, active coping was associated with better adjustment (lower depression), whereas avoidant coping predicted poorer adjustment (higher levels of depression and anxiety). Tests of interaction effects indicated that parental support and active coping buffered the effects of high acculturative stress on anxiety symptoms and depressive symptoms. In addition, peer support moderated the relation between acculturative stress and anxiety symptoms.

Dyrbye, Thomas and Shanafelt (2006) stated that anxiety and depression among university students can adversely affect their academic performance and contribute to learning difficulties, thereby compounding the stress experienced.

Ferrara, Langiano, Di Brango, De Vito, Di Cioccio, and Bauco (2008) examined the prevalence of stress, anxiety and depression in the caregivers of the alzheimer patients since the caregivers are continuously subjected to risk of stress. Data on 200 caregivers and their patients were collected using a specific form to assess cognitive, behavioural, functional patient and caregiver stress. The relationship between stress, depression and disease was assessed by means of a linear regression, logistic analysis which reveals the relationship between anxiety, stress and depression and
cognitive problems, age, the patient’s income. The caregivers are usually female (64%), mean age of 56.1 years, daughters (70.5%), pensioners and housewives (30%). Of these, 53% had little time for themselves, 55% observed worsening of health, 56% are tired, 51% are not getting enough sleep. Overall, 55% have problems with the patient’s family and/or their own family, 57% at work. All these facts contribute to their stress continuously. Furthermore, 29% feel they are failing to cope with the situation as they wish to move away from home. The increase in the degree of anxiety and depression is directly proportional to the severity of the illness, affecting the patient. The memory disorders, engine problems, perception disorders and sickness of the patient with Alzheimer’s disease are predictive of caregiver stress, and depression which is associated with the presence of other disorders, mainly behavioural. The quality of life of caregivers is correlated with the severity of behavioural disorders and duration of the Alzheimer’s disease.

Friedlander, Reid, Shupak and Cribbie (2007) explored the joint effects of stress, social support, and self-esteem on adjustment to university students on a sample of 115 First-year undergraduate students. Multiple regressions analysis were conducted predicting adjustment to university from perceived family social support, stress, and self-esteem. From the fall to winter semesters, increased social support from friends, but not from family, predicted improved adjustment. Decreased stress predicted improved overall, academic, personal-emotional, and social adjustment. Increased global, academic, and social self-esteem predicted decreased depression and increased academic and social adjustment.

Hashemian and khani (2012) examined the relationship between coping styles with mental health and social adjustment of undergraduate students (A Case Study, Ilam Branch, Islamic Azad University, Iran), the total sample were 360 students of Islamic Azad University of Ilam city. Result of this study indicated that the social adjustment can be used as a mediator in the
relationship between coping styles and mental health in students. While, there was a positive relation between problem solving coping style with mental health and social adjustment and a negative one between emotional coping styles with mental health and social adjustment. In addition, the use of problem solving coping styles will improve mental health and social adjustment in students but the use of emotional coping styles leads to social adjustment and mental health problems among students.

Jeon and Dunkle (2009) conducted a study aimed to examine three research questions: (1) what are the trajectories of depression and its associated factors such as types of stress and psychosocial resources (2) What are the longitudinal relationships among the changes in stress, psychosocial resources, and depressive symptoms? (3) Are the effects of the changes in stress on depression trajectory mediated by changes in psychosocial resources? Using multilevel modelling analyses, longitudinal results showed that changes in positive life events, daily hassles (worries), and mastery were significantly associated with changes in late-life depression among the oldest-old.

Kaye, Morton, Bowcutt and Maupin (2000) put forth that stress is a frequent phenomenon most people encounter nearly every day. However, stress can ultimately lead to clinical depression and may also effectively suppress numerous aspects of the immune system. Stressful life events put people at higher risks for depression, and life stressors or psychosocial events play a significant role in precipitating a first or second episode of major depression.

Love, Themistocleous and Irani (2004) examined whether coping and affect both negative and positive influence adjustment anxiety, depression and stress among Information Technology students. Total sample was 100 Information Technology students from Australia completed questionnaires which contained measures for adjustment, affect state, and coping
strategies. The use of hierarchical regression analyses demonstrated that specific individual characteristics influenced the adjustment of the Information Technology students. Information technology students who engaged in a more problem focused style of coping, such as active coping were found to be better adjusted than those who engaged in a more emotion focused styles of coping, such as cognitive avoidance coping, social coping, accepting responsibility, and self-controlling coping. This study find out that the adjustment of Information Technology students is influenced by the types of coping strategies they use, specific individual demographics, and their Affect state.

In a study by the Institute of Psychiatry, Melchior and colleagues (2007) found that people with high-stress jobs have twice the risk of developing serious depression or anxiety compared with others in less stressful occupations.

Mirescu (2006) indicated that one of the strongest predictors of anxiety and depression is stress which may take the form of demanding work challenges across a variety of areas.

Research study conducted by Nerdrum, Rustoen and Ronnestad (2006) suggested that there are high rates of psychological distress, especially depression and anxiety, among university students all over the world. It has also been found that due to stressful events it becomes difficult for individuals to adjust in particular circumstances leading to frustration and anger.

S Schroovers, Kraaij and Garnefski (2007) investigated the goal disturbance, cognitive coping strategies, and adjustment to deferent types of stressful life event, and focused on (a) the relationships among goal disturbance, cognitive coping strategies, and depressive symptoms; (b) deference’s across events in the relationships between cognitive coping strategies and depressive symptoms, and (c) divergences in goal
disturbance, cognitive coping strategies, and depressive symptoms across different types of stressful event. Results revealed that there is significant difference across events in the use of certain cognitive coping strategies. Regression analyses pointed that there is significant relationships between cognitive coping strategies and depressive symptoms. These relationships between cognitive coping strategies and depressive symptoms were rather consistent across the four types of event.

Taylor, Markham, Reis, Padilla, Potterat, Drummond and Mujica-Parodi (2008) examined the relationship of anger experience and expression to psychophysiological stress indices during daily living and in response to military survival training in forty-five men. Prior to participation in survival training, participants completed self-report measures of perceived stress and anger. Also, salivary cortisol and dehydroepiandrosterone sulfate (DHEAS) were assessed over two consecutive days. During survival training, cortisol and DHEAS were measured during a stressful mock-captivity scenario. Finally, the Impact of Events scale was administered 24 hours after the conclusion of survival training. Results showed that outward anger expression was positively associated with perceived stress during free living. Anger characteristics did not relate to the DHEAS/cortisol ratio during free living. However, substantial relationships were observed between outward anger expression and DHEAS/cortisol during mock captivity. Outward anger expression, inward anger expression and anger temperament were all positively associated with psychological impact of a stressful mock captivity challenge. The authors concluded that anger expression is associated with human stress endpoints both during daily living and in response to an ecologically valid stressor.

Tuna (2003) investigated the differences in the effects of different coping strategies on four dimensions of university adjustment, namely, academic adjustment, social adjustment, personal/emotional adjustment, and goal
commitment/institutional attachment of the first-year students in Turkey and in the United States. Results showed that there were cross-cultural differences in the effects of behavioural disengagement on social adjustment, goal commitment/institutional attachment, and overall adjustment. Whereas, there are differences in effects of religion and positive reframing on personal/emotional and overall adjustment, and effect of active coping was point out to be significantly different on academic adjustment of first year students from Turkey and the United States of America, Turkey and in the United States.

2. PSYCHOLOGICAL CAPITAL, STRESS AND DAILY HASSLES

Today, in response to the increasingly competitive global economy pressures and technological developments, people are confronted with much more high-level or lasting stress than ever before. Lazarus and Folkman (1984), in the transactional model, suggested that events themselves do not actually create stress until they are appraised as threatening. Stress results from the appraisal when environmental or internal demands exceed the coping resources of the individual. Stress does not exist in the “event” but rather is a result of appraisal of the event that is producing stress. They emphasised that the primary mediator of person environment transaction was appraisal. Stress itself is not important, but the intensity of stress depends on the meaning we give to the stressful situation. They asserted the notion that positive thinkers appraise the stressful situation as less threatening and cope with it effectively compared to negative thinkers. Moreover, Lazarus reasoned that psychological stress requires one to perceive one’s ability to cope with the demand as insufficient.

In an earlier study, Scheier and Cairver (1985) also found that optimism helped students cope more effectively with stress. Some researchers have shown that the negative effects of stress on an individual may vary
considerably based on their previous encounter with situations and psychological capital. More directly related to stress, self-efficacy has been incorporated into models of resilience (Rutter, 1985), which has been supported by subsequent research conducted by Bandura, Cioffi, Taylor, and Brouillard (1988) showing that individuals higher in self-efficacy experience less stress and autonomic arousal when attempting to solve challenging problems.

Affleck and Tennen (1996) found that hope is a useful component in helping individual to enhance the positive appraisals of stressful situations. They also postulated that hope may act a “unique role in shaping positive appraisals of adversity”. Horton and Wallander (2001); Lewis and Kliewer (1996) have theorized that individuals higher in hope are better able to envision and undertake adaptive coping strategies when faced with significant life stress.

Bandura (2007) stated that efficacy beliefs impact how events are viewed. He found that people with low efficacy are easily convinced that efforts to address difficult challenges are vain, while those with higher levels of self-efficacy are more likely to perceive challenges as attainable provided sufficient competencies and effort. He asserts that our daily realities are fraught with difficulties (i.e., stressors) and an optimistic, hopeful, and resilient sense of efficacy is needed for well-being. These are the multidimensional constructs that are proposed to fit the description of positive psychological capital.

Aspinwall and Brunhart (1996) in their research have demonstrated that optimistic individuals remember potentially threatening health relevant information more than pessimists.

Aspinwall and Taylor (1992) found that optimism exerted a direct and positive effect on an individual’s level of adjustment to life’s stressful events. Students who are optimistic were better able to cope with school-
related stress than students who are pessimistic. They also showed that the psychological strength of optimism was positively associated with lower stress in American undergraduates. Higher optimism predicted greater use of social support and active coping, which predicted better psychological adjustment.

In an empirical study, Avey et al., (2009) suggested that PsyCap may be used to effectively cope with stress, which is one of the powerful predictors of psychological health problems. Schulz, Vögele, and Meyer (2009) suggested that optimism may protect from the negative influence of stress. In a meta-analysis, Avey and colleagues (2011) examined the relationship between PsyCap and stress. They found the correlation between PsyCap and stress was negative and moderately strong.

Bandura (2008) claimed that individuals with lower efficacy are easily surrendered in difficult position and more likely to experience negative stress symptoms, while people with higher level of efficacy may struggle in dealing with challenges and adversities with their sufficient competencies and effort.

Two studies examined the role of optimism in African-American students’ perception of stress. Baldwin, Chambliss and Towler (2003) and Ben-Zur (2003) found that students’ perception of stress was influenced by their level of optimism. Optimism was found to be negatively correlated to levels of perceived stress. Moreover, optimism buffered the effects of stress. Students who were more optimistic about their future tended to report less perceived stress than did their pessimistic counterparts.

Binapani, Mukherjee and Das (2013) attempted to find out the key questions whether the tribal dual career married women experience more daily hassles, perceive more social supports and sense of subjective well-being of tribal dual career married women is greater than that of the tribal single career married women. The results of the study revealed that dual
career married women experiences more daily hassles, perceives more social support and the sense of subjective well-being is greater than the single career married women.

Similarly, another study conducted by Boland and Cappeliez (1997) looked at how optimism in older women affects perceived daily hassles, coping, emotional distress and life satisfaction. The study controlled for influences of related variables, specifically neuroticism, to see if they would reduce the effects of optimism. Results of the study found that participants who scored higher on the optimism scale scored lower on measures of neuroticism, daily stress, and psychological stress, and higher on measures of social support, perceived health, and life satisfaction. As shown in these examples, the amount of optimism an individual holds can have a great effect on their health. Buffering affects against stress suggest better mental health which in turn may promise an overall healthier life. Similarly, the more optimism an individual holds the more preventive actions they will take to maintain a healthy life. Taking preventive measures for one's health can have great benefits compared to individuals who react to health threats. Overall, as shown through the mentioned studies, a propensity for optimism affects the health of individuals in positive ways.

In a sample of college students, Campbell-Sills and colleagues (2006) found that resilience was positively related to task-oriented coping, or employing active, problem-focused to address stressors. Optimistic students were intended to adjust and cope better with school-related stress than students, who were pessimistic.

Carver, Pozo, Harris, Noriega, Scheier, Robinson, Ketcham, Moffat, and Clark (1993) revealed that optimistic people use humour and positive reframing instead of denial when coping with highly stressful events. Further, Lazarus (1993) stated that the individual evaluates events in terms of their significance for well-being. Stressful situations are appraised
to involve harm/loss, threat, or challenge. According to the transactional model, if the individual determines an event to be significant then he will engage in coping to deal with the perceived threat, loss or challenge.

Chemers, Hu, and Garcia (2001) found that self-efficacy and optimism were strong predictors of adjusting to university amongst first year American undergraduates. Confident and optimistic students were more likely to perceive the transition as a challenge rather than a threat, and reported better adjustment, and less stress. They also examined the effects of optimism on students’ academic stress and found a strong negative association between optimism and perception of academic stress.

Coffman and Gilligan’s (2003) research yielded further results to seek relation of self-efficacy with stress. The negative impact of perceived stress was found lower among those first-year college students who reported higher self-efficacy.

Dougall, Hyman, Hayward, McFeeley and Baum (2001) indicated that across various events and situations, dispositional optimism is found to be associated with better psychological adjustment to stress factors, ranging from normal events like entering college to extremely traumatic events such as working at the site of an airplane crash.

Folkman and Moskowitz (2000) presented strategies for maintaining positive emotions and positive thinking help buffer against stress. They also advised that moreover, positive emotions experienced after the attack completely mediated the relationship between resilience and coping variables. These moments of positive emotions may be viewed as opportunities to replenish ones system, which has been depleted by grief.

Fredrickson, Tugade, Waugh, and Larkin (2003) conducted a study of coping with stress following the September 11, 2001, attacks in the United States. They found that resilient individuals were less likely to experience depression and more likely to report increase in psychological growth after the attacks.
A Study conducted by Grasso, Cohen, Moser, Hajcak, Foa and Simons (2012) found that active coping promotes resilience such as lower rates of PTSD in trauma-exposed college students and lower levels of distress in physicians.

Horton and Wallander (2001) demonstrated that high levels of hope served as a buffer for women facing stress caused by caring for a chronically ill child. McKenzie and Schweitzer (2001) also indicated that academic performance is significantly affected by academic stress while academic performance is also affected by psychological factors. Therefore, the applicable means to combat psychological distress may rely on psychological resource.

Similarly, Huan, Lee, Ang, and Wan (2006) conducted a study on 430 secondary school students (13 to 16 years of age) in Singapore, dispositional optimism was found to be a significant predictor of overall academic stress, academic stress that arose from self- and other expectations. Moreover, gender was not a predictor of academic stress, overall, self or other. This indicated that adolescents who are optimistic tended to report less academic stress while pessimistic adolescents reported greater academic stress.

Ko, Yu, and Kim (2003) stated that individual perceive a situation as stressful while particular event threatens or surpasses one’s internal or external resources. Therefore, stress is the relationship and interaction result between environment and individual. It may cause one's physical and emotional problems such as dissatisfaction, sense of failure, anxiety, tension, frustration, and depression.

Lai (2009) tested the buffering hypothesis amongst Chinese adolescents. The buffering hypothesis states that the more optimistic a person is, the less they will be affected by negative health consequences relating to stress. The results of this study supported the buffering hypothesis theory.
One finding showed that an increased score in hassles predicted a higher distress score, whereas higher optimism scores predicted lower distress or better mental health. Overall, optimists did better with increasing levels of stress.

Research by Lepine, Podsakoff, and Lepine (2005) suggests that people can be particularly adaptive to demands they find challenging. More optimistic personalities tend to see the positive aspects associated with new demands. Similarly, hope is associated with the salience of personal goals (hope-path) and with confidence that goal accomplishment will enable one to improve one's life (hope-agency). Together, these factors suggest that persons high in PsyCap will more readily withstand stress and maintain physical and psychological well-being and happiness in the face of academic stress. These types of resilient adaptive personality and cognitive differences have been proposed to mediate the effects of stress on well-being for college students. Thus, if PsyCap actually enhances adaptation to stressors, we should expect to find that among students who are exposed to the same stressful circumstances, those with higher PsyCap will have better health and well-being.

Lukow, Godwin, Marwitz, Mills, Hsu and Kreutzer (2015) conducted a study that examined: (1) resilience in a group of patients who were post-acute TBI and (2) the relationship between resilience and psychological health (depression, anxiety, anger, adjustment). Analysis showed that those with higher resilience scores experienced fewer difficulties with adaptability and psychological distress. Lower resilience scores were associated with higher rates of psychological distress.

Luthans, Youssef, Sweetman and Harms (2013) studied the effects of psychological states on mental and physical health. It has been argued that individuals with higher levels of optimism and confidence and a stronger sense of self-worth are likely to devote more attention to their health in
terms of prevention strategies and therefore are less likely to experience health problems. Such individuals are more likely to engage in health-promoting behaviors (e.g., visit doctors regularly, lead a healthier lifestyle, be more knowledgeable of potential risks of certain behaviors and proactively make efforts to reduce such risks), which are likely to contribute to their better psychological health. Finally, the protective role of overall PsyCap against stress has been established empirically.

Lyubomirsky and King (2005) suggested that people experiencing positive emotions seek to attain new goals. Positive thinkers encounter circumstances with optimism and if they encounter stressful situations they appraise it as controllable and use coping strategies that are functional, efficient and problem focused. Positive thinkers feel that life is going well, their goals are being met, and resources are adequate. Occurrence of daily positive emotions serves to moderate stress reactivity. Positive thinking and positive affect have been found to be related with distress reduction and predicting healthy outcomes.

Masten and Coatsworth (1998) emphasised that one major belief of positive psychology is that measurable positive traits can serve as buffers which are helpful in protecting individuals from the adverse effects of risk factors, such as stressful life events.

According to Peterson (2000), individuals who are optimistic experienced less distress when dealing with difficulty or crises in their lives than those who are pessimistic. Specifically in school, optimistic students were found to adjust better and cope better with school-related stress than students who were pessimistic (Aspinwall & Taylor, 1992). College students who rated themselves high on optimism reported less stress, depression, and loneliness. Pessimistic college students, on the other hand, were more stressed, depressed and lonely (Scheier & Carver, 1992). Optimism has been found to be predictive of perceived stress.
Podsakoff, LePine and LePine (2007) asserted that the positive psychological capacities of self-efficacy, optimism, hope, and resilience are also key factors to an enhanced understanding of how people discern, and respond to workplace stress. Lazarus (2003) also specifically identifies self-efficacy, optimism, hope, and resilience as relevant avenues of exploration for enhanced understanding of how humans adapt and cope. He has expressed that the components of psychological capital address those same cognitive capacities which are instrumental in coping with stress. More importantly in terms of human resource development, psychological capital has been demonstrated to be open to further development.

Rabenu, Yaniv and Elizur (2016) examined the relationship between psychological capital, coping with stress, well-being, and performance. It was hypothesized that coping strategies would mediate the relationship between PsyCap and people’s well-being and performance. Questionnaire findings from a five hundred and fifty four employees showed a significant relationship between PsyCap and coping with stress. PsyCap was found to have a strong, positive, and direct correlation with well-being and performance. These findings suggested that the central variable in the model in dealing with stress was PsyCap. PsyCap appears to have a strong, direct, and significant effect on the dependent variables.

Riolli, Savicki and Richards (2012) examined the influence of psychological capital (PsyCap), on the well-being of university undergraduates during an academic semester. Psychological capital was hypothesized to empower students with the necessary mental strength to cope up with adverse circumstances. Results revealed that psychological capital (PsyCap) mediated between stress and indices of psychological and physical well-being. In the case of Psychological Symptoms and Health Problems, PsyCap buffered the impact of stress so that the relationship between stress and negative outcomes was reduced.
Rutter (1990) argued that resilience is a successful outcome of healthy adaptations during stressful life events. Individuals who are highly resilient exhibit adaptive coping skills and often convert stressors into opportunities for learning and development.

Snyder, Brooker, Patrick, Snyder, Schrepferman and Stoolmiller (2003) found that low levels of hope in adults have been associated with depression and externalizing behaviours. Steen, Kachorek and Peterson (2003) also mentioned that psychological strengths represent key foundations of human behaviour, and strength congruent conduct facilitates psychological well-being, such as success, longevity, and happiness.

Tugade, Fredrickson and Barret (2004) observed that high resilient subjects showed faster cardiac recovery as compared to low resilient participants. They disclosed that resilient individuals are better prepared to cope with those stressors caused by the constantly changing workplace environment. They also reported that people with high self-control reported better psychological adjustment.

Valle, Huebner and Suldo (2006) conducted a study to analyse hope as a psychological strength that may serve as a protective factor in the face of adverse life events. This longitudinal study, provided evidence of (1) stability of hope reports of adolescents over a 1-year period, (2) predictive validity of adolescent hope reports, and (3) hope’s functional role as a moderator in the relationship between stressful life events and adolescent wellbeing. Taken together, the results provide support for consideration of hope as a key psychological strength in youth. The findings are consistent with theories of motivation in which individual differences in hopeful thinking are conceptualized to play a functional role in linking life events and psychological well-being. Hope appears be a potentially key cognitive-motivational construct in the development of a positive psychology of
youth. The study provided evidence that hope reflects a psychological strength that can buffer against the effects of acute negative life events.

In another study, Waugh, Wager, Fredrickson, Noll and Taylor (2008) discussed the emotional aspects of resilience, focusing on the flexible use of emotional resources (e.g. high optimism, openness to experience) in adapting to adversity. They found that, when faced with threatening situations, this emotional flexibility enables resilient people to use emotional resources appropriately to meet the demands of the situation and to conserve emotional resources during innocuous events.

**PSYCHOLOGICAL CAPITAL AND REACTIONS TO STRESS**

The review of literature in previous section on stress and daily life hassles suggested that individuals experience stress in his daily life when they feel that they lack certain characteristics which are required to cope with stressful life events. If we look at different characteristics or required resources then we may end up making a list of various qualities which ideally a person should have in him to cope with stressful situations in life. However, if we club together certain characteristics and focus on really important resources to cope with stressful circumstances of daily life and put them into categories, we may identify them as Hope (H), Self- efficacy (E), Resilience (R) and Optimism (O). These characteristics can be combined and pronounced together as an acronym ‘HERO’. A number of research studies suggest that these constructs of Psychological Capital (PsyCap) may enhance a person’s endurance to deal with stressful life events.

Achat, Kawachi, Spiro, Demolles, and Sparrow (2000) conducted research and observed relation of optimism with mental health and depression. Results of the study revealed that optimism has been shown to relate to higher levels of self-reported vitality and mental health and lower levels of depression.
Aliyev and Karakus (2015) conducted a study aimed to determine the effects of psychological capital and negative feelings of students on their violence tendency (anger). A sample of 745 high school students agreed to participate in this study. For each scale, the exploratory factor analysis and the confirmatory factor analysis were performed. Then, the sum of each scale was taken and the data were analyzed using the structural equation approach. The results showed that students’ psychological capital reduces their violence tendency (anger) through their reduced negative feelings such as anxiety, stress and burnout.

Alloy, Abramson, Whitehouse, Hogan, Panzarella and Rose (2006) in a study of the incidence of depression among college students in the USA reported rates of up to 16% for major depression and 45% for minor depression during the first three years of study among students who had no prior history of depression, perhaps explaining the increased incidence of more serious emotional and mental health difficulties noted in students by university counsellors during the last 30 years (DeStefano et al., 2001; Gallagher et al., 2000).

Aspinwall and Taylor (1992) conducted a research on optimism, mood and adjustment. They found that optimism has been shown to alleviate the effects of stressors on psychological functioning. Dispositional optimists (who hold generalized positive outcome expectancies) have shown less mood disturbance in response to a number of different stressors, including adjustment to college.

Bakker, Lyons and Conlon (2017) examined the impact of psychological capital on depressive symptoms among Doctor of Veterinary Medicine (DVM) students (n=84) over their first two semesters of studies. Our results indicated elevated rates of depression in both the first and second semesters relative to published norms. Students were classified as either "adaptive" (i.e., improving depressive symptomatology from semester to
semester) or "struggling" (i.e., worsening depressive symptomatology from semester to semester). All four components of psychological capital (i.e., self-esteem, optimism, hope, and resilience) were positively associated with adaptive response to depression.

Bandura (1986) conducted a study to examine the relationship of perceived self-efficacy with anxiety, depression and adjustment. Results revealed that anxiety has an inverse correlation with an individual's perceived level of self-efficacy. Further, students with high levels of self-efficacy in regards to their ability and personal competence were found to be at lower risk for emotional maladjustment. Therefore, the relationship between self-efficacy beliefs and adjustment was suggested to be positive.

Bandura (1994) reported that highly efficacious individuals perceive much more control over stressful factors and therefore experience less anxiety. Individuals low in self-efficacy experience difficulties controlling their thought processes and generate more disturbing thoughts that lead to anxieties, added stress, and depression.

Further, Bandura (1997) concludes that those high in self-efficacy will be more resilient to adversity, and Snyder (2000) found that those high in hope tend to be more confident on specific tasks (self-efficacy) and are quickly able to bounce back (resilience) after temporary hopelessness. Empirical evidence from the Chinese factory workers study noted previously found that each of their levels of hope, optimism, and resilience related at about the same level to performance outcomes. Researches confirm a negative relationship between PsyCap and stress and anxiety (Avey et al., 2009) and positive relationship between PsyCap and psychological well-being (Avey et al., 2010). High levels of PsyCap leads in positive consequences and this mediating role, sustains the process of optimal psychological functioning i.e. well-being (Avey et al., 2011).

Furthermore, Bandura (2000) conducted research on health and self-efficacy. He found that people judgment about their capabilities (self-
efficacy) is dependent upon their physical state and they are affected by a person emotional status and life quality in all aspects. Negative emotions such as fear, anxiety, tension and depression cause that people underestimate their abilities in their duties and this is low self-efficacy. However, low self-efficacy causes that mental states as fatigue, anger and pain are created and lead into the problem of life quality.

Barry, Lichtman, Spertus, Rumsfeld, Vaccarino, Jones, Plomondon, Parashar, and Krumholz (2007) conducted a study to examine the role of optimism in the adjustment to stressful life events, depression and mod disturbances. Results suggested that greater optimism was associated with fewer mood disturbances in response to a variety of stressors. People with higher scores on dispositional optimism found to score low on depression.

Beal, Stavros and Cole (2013) examined the possible role of resistance (anger, anxiety, fear, sadness) to change as a moderator of the predictive relationship between PsyCap and organisational citizenship behaviour (OCB). The data comprised a cross-sectional survey of 97 employees from a government organisation that provides life-cycle career management support. The quantitative analysis yielded high levels of resistance to change that moderated the positive effect of PsyCap on organisational citizenship behaviour. The thematic analysis revealed that affective, behavioural and cognitive forms of resistance to change were prevalent.

Berendes, Keefe, Somers, Porter and Cheavens (2010) conducted a study to examine the relationship of positive psychological factors (hope, optimism, pain acceptance) with adjustment. Results revealed that positive psychological factors (e.g., pain acceptance, hope, and optimism) were meaningfully related to how individuals adjust to persistent pain.

Bitsika, Sharpley and Peters (2010) conducted a study to explore the ways in which resilience is associated with anxiety and depression within a homogenous sample of 401 Australian University students. They were
assessed on Connor-Davidson Resilience Scale and the Zung Self rating Anxiety and Depression Scales. Factor scores from the resilience scale were regressed against total anxiety and depression scores, combined anxiety-depression scores and the underlying factors of the combined anxiety-depression construct. Results suggested that self-confidence and optimism were most strongly negatively associated with anxiety and depression, followed by being decisive and solution-focused and seeking challenges, having a strong purpose and being persistent, although different combinations of factors predicted anxiety than did depression. Enhancement of resilience, self-confidence and optimism appear to be major potential targets for therapy intervention with this age and occupation group.

Carver and Bridges (2001) suggested that optimism has been related to less psychological maladjustment and pessimism has been related to more psychological maladjustment (Chang, 2001).

Carver, Scheier, and Segerstrom (2010) linked optimism to less psychological maladjustment and pessimism to greater psychological maladjustment. The interaction of optimism-pessimism and future orientation accounted for additional variance in both depressive symptoms and suicidal behaviour above and beyond the two factors alone. In other words, future orientation was found to moderate the relationship of optimism-pessimism and maladjustment.

Chang (1998) conducted a study and the results of the correlation study showed that optimism had an inverse relationship to symptoms of depression and was directly connected with life satisfaction. It also suggested that optimism "has a direct influence on psychological adjustment beyond what can be accounted for by perceived stress and moderates the relation between stress and psychological well-being".

Chang and DeSimone (2001) investigated the relationship between hope and depression in greater detail via a mediational path model. They found
that level of hope had both direct and indirect effects on severity of depressive symptoms, as measured by the Beck Depression Inventory. The indirect effects were mediated via hope’s effect on coping style and secondary appraisals of control and effectiveness in relation to a recent psychology exam. Importantly, however, it was found that hope still had a statistically significant direct relationship with depression after the indirect effects were partialled out.

Cramer and Dyrkacz (1998) conducted study to examine the relationship between hope and maladjustment. They examined the correlations between the Agency and Pathways subscales (hope) and the clinical scales of the Minnesota Multiphasic Personality Inventory–II (MMPI-2). They computed a composite of the MMPI-2 clinical scales as an indicator of general maladjustment and found that it correlated significantly with the Agency subscale than with the Pathways subscale. Results demonstrated that the Agency subscale was a stronger predictor of psychological maladjustment than the Pathways subscale score. Further, results of a three-wave, cross-lagged structural equation model demonstrated a small negative effect of hope on later depression, but this effect was accounted for by the Agency component of hope, with the Pathways component having no statistically significant effect on depression controlling for Agency. Results of the study suggested that hope has been found to be negatively related to general maladjustment and it is also a crucial factor in dealing with major life stressors and traumas.

Ehrenberg, Cox, and Koopman (1991) examined the self-efficacy status of depressed versus non-depressed adolescents. They found self-efficacy was negatively correlated with depression. Their regression analysis result revealed that age-related changes in the dependence of depression scores on general, academic, physical and social self-efficacy status. They concluded that self-efficacy has an important relationship with adolescent depression.
Elisei, Sciarma, Verdolini, Anastasi (2013) conducted a study to examine the relation between resilience and depressive disorders. Results found that resilience has proven to be a protective factor against the development of psychiatric disorders such as depression.

Elliott, Witty, Herrick, and Hoffman (1991) examined the impact of hope on depression and psychosocial adjustment in persons with traumatic spinal cord injuries. Results showed that higher hope was associated with less depression and greater overall psychosocial adjustment, even after controlling for the time post-injury. Hope research has been linked theoretically and empirically related to better mental health.

Endler, Speer, Johnson, and Flett (2001) investigated whether general self-efficacy or perceived control best predicts the criterion variables of state anxiety and performance on a stressful cognitive task (solving anagrams) under conditions of high vs. low control among 80 college students. Their results show that general self-efficacy, relative to perceived control was a better predictor of state anxiety in the high and low control conditions but neither predicted actual performance.

Fariborz, Ahmadreza and Zahra (2013) considered to test a developed model of psychological capital, constructive and destructive emotions, stress, anxiety, and depression as antecedents of wellbeing. 296 nurses took part in the survey, using path analysis method hypotheses were tested, and the proposed model was evaluated. Results indicated that nurses’ high psychological capital increases their constructive emotions, reduces destructive emotions and eventually increase their well-being. Psychological capital is also considered as a positive resource of individual to deal with or manage various reactions or consequences of stress i.e., anxiety and depression.

Francis, Weiss, Senf and Heist (2007) found that individuals with a higher sense of self-efficacy tend to respond more determinedly and positively to
difficulties, demonstrate coherent and active coping behaviors, set higher targets for themselves, and have higher expectations of success. In contrast, individuals with lower self-efficacy levels tend to give up in the face of difficulties and experience high levels of depression and anxiety.

Fredrickson, Tugade, Waugh and Larkin (2003) argued that positive affect helps build resiliency in individuals, allowing them to flourish even when faced with difficult situations. Conversely, if resources are either not built due to the failure to experience sufficient positive affect or if they are depleted by chronic exposure to stress, the likelihood of developing mental health problems such as depression may increase.

Geiger and Kwon (2010) conducted a study to examine the role of hope in rumination and depressive symptoms. Findings reported that moderating effects of hope emerged on rumination and depressive symptoms in undergraduate students. A number of research studies showed that individuals with high hope experienced more favourable adjustment outcomes than their low hope counterparts when stressors were highest. In another study, hope has been found to be negatively correlated to general maladjustment (Cramer & Dyrkacz, 1998), suicidal ideation (Range & Penton, 1994), and symptoms of depression (Chang, 2003).

Ghaderi and Salehi (2011) studied level of self-efficacy, depression and anxiety among 160 students (80 management and 80 accounting students) in Iran. They found management students have more depression, anxiety and stress and lower level of self-efficacy rather than accounting students. They further found that negatively relationship between self-efficacy and depression. Their result showed that the higher level of self-efficacy was reduced the level of anxiety, depression and stress.

Hawkins and Miller (2003) conducted study to examine the role of optimism on depression. Findings from the study suggested that training of individuals to think optimistically can reduce depression.
Hedayatia and Khazaei (2014) conducted a study to examine the relationship between depression, meaning in life and hope. All 215 participants were students. They were asked to complete the Beck Depression Inventory, the Meaning in Life Questionnaire (MLQ) and Adult Hope Scale. The results showed that there is a significant negative correlation between depression with meaning life, Presence meaning in life subscale and Search meaning in life subscale. The statistically significant correlation exists between depression and adult hope.

Hermann and Betz (2004) examined path models of the relationship of instrumentality, expressiveness, and social self-efficacy to shyness and depressive symptoms in college students. Their models indicated strong relationship between social self-efficacy and instrumentality; the relationship of instrumentality to depressive symptoms was mediated by its relationship to social self-efficacy. The relationship of social self-efficacy to depressive symptoms was direct and was also mediated by its relationship to expressiveness.

Hirose, Wada, and Watanbe (1999) examined the effects of self-efficacy on adjustment among 1385 Japanese college students. They found that the students who were high in self-efficacy showed the pattern of well adjustment as compared to low self-efficacy counterparts. The low self-efficacy students showed difficulty in adjustment.

Hirsch and Conner (2006) conducted a study on 284 college students to examine the relationship of optimism with depression, hopelessness, and suicidal ideation. Results suggested that higher dispositional optimism was strongly correlated to lowered degrees of experienced depression and suicidal ideation.

Similarly, Hirsch, Webb and Jeglic (2011) also found significant moderating effect of hope on depressive symptoms in older adult primary care patients coping with functional impairment. They further suggested that pathways are a more robust predictor of adjustment.
Hirsch, Walker, Chang and Lyness (2012) conducted a study to assess the association between medical illness burden and anxiety symptoms, hypothesizing that greater illness burden would be associated with symptoms of anxiety, and that optimism would buffer, while pessimism would exacerbate, this relationship. Findings of the study suggested that greater total optimism was associated with lower levels of anxiety symptoms as well as with lower levels of covariates, including functional impairment and depressive symptoms. Further, higher scores on the optimism subscale were associated with fewer depressive symptoms. However, greater pessimism subscale scores were associated with greater functional impairment, depressive symptoms, illness burden and anxiety.

Hjemdal, Aune, Reinfjell, Stiles and Friborg (2007) conducted research with non-refugee adolescents and found that higher resilience including external protective factors such as family cohesion and support from outside the family, predicted lower levels of depression, anxiety, and obsessive-compulsive symptoms.

Hoge, Austin and Pollack (2007) investigated the association between resilience and anxiety and depression among people experiencing major stressors. Participants with high CD-RISC (resilience) scores had significantly lower anxiety and depression than participants with lower resilience. Those participants who showed clinically significant anxiety or depression also had significantly lower resilience scores than their non-clinically significant anxious and depressed colleagues. Further, they found self-confidence and optimism as a predictor of both anxiety and depression. The total scores revealed optimism as a buffer against anxiety and depression.

Jenkins, Goodness, and Buhrmester (2002) conducted a study to determine the relationship qualities and low perceived social self-efficacy and depressive symptoms among 223 (114 boys, 109 girls) adolescents.
Further they also examined the gender comparisons in the means, and associations with depression symptoms of self-rated intimate support, conflict, intimate support self-efficacy, and conflict management self-efficacy. They found perceived low parental intimate, high conflict with parents and lower perceived self-efficacy were related to depression symptoms. In gender difference they found girls reported greater best friends intimate support and less conflict, greater self-efficacy and stronger conflict-depression associations than did boys. For boys, but not for girls, conflict management self-efficacy contributed unique variance to depression after intimate support and conflict were controlled.

Jerusalem and Mittag (1995) found that individuals high in self-efficacy are more likely to assess a potentially stressful situation as challenging rather than threatening as compared to students low in self-efficacy and subsequently report less anxieties and better physical health as compared to those students low in self-efficacy.

Kennard, Stewart, Hughes, Patel, and Emslie (2006) conducted in which they examined the cross sectional and longitudinal association among cognitive variables and depressive symptoms among African, American, Caucasian, and Hispanic adolescence (N=450) in the United States. They found that self-efficacy, cognitive errors, and hopelessness were associated with concurrent depressive symptoms at baseline. Their findings supported for the cognitive model of depression across ethnic groups.

Koller and Hicks (2016) conducted a study to examine the psychological qualities (PsyCap)and experiences of 56 Australian mental health professionals and compare these qualities with those of a general working group sample of 78 respondents, in regard to the similarities and differences demonstrated in psychological capital, positive psychological well-being, coping strategies, and mental health (depression, anxiety and stress) characteristics. Results showed that the Australian mental health
workers in our sample scored significantly higher on positive psychological capital attributes of optimism and goal-directed hope; significantly higher on psychological well-being (especially in valuing personal growth, and environmental mastery); and they scored significantly higher in the ability to use emotional coping effectively. They scored similarly to the general workplace sample on the depression, anxiety and stress scales; and similarly on active coping strategies. They suggested that those mental health workers continuing in the profession generally have high psychological well-being, provide a positive environment for their clients through their “psychological capital” (emphasising optimism and hope) and they deal with their own pressures with less mental health difficulties (anxiety, depression and stress).

Krasikova, Lester, and Harms (2015) studied the effects of Psychological Capital on mental health (anxiety, depression and PTSD) and substance abuse. The results obtained provided the evidence regarding the positive effects of PsyCap on psychological health. Specifically, they found that individuals with higher self-rated levels of PsyCap were less likely to be diagnosed with mental health problems (PTSD, anxiety, and depression) and substance abuse problems (alcohol and drug abuse) than individuals with lower levels of PsyCap.

Kwon (2000) also found that hope was negatively correlated with severity of depressive symptoms and that the relationship was moderated by mature defense styles.

Lazarus et al. (1984) mentioned that holding strong self-beliefs and commitment to those beliefs may be a “buffer” against the development of anxiety and depression when the individual is experiencing major stress.

Leung and Berry (2001) observed that international students enrolled at a Canadian university reported lower self-efficacy as compared to Canadians or even second generation migrants and that lower self-efficacy correlated
with more adjustment problems. The researchers also found that higher self-efficacy beliefs, as self-reported by the students, correlated with better adjustment as evidenced by lower psychological distress. Based on these studies, high self-efficacy appears to be positively related to adjustment.

Liu, Chang, Fu, Wang and Wang (2012) examined the mediating role of psychological capital on the association between occupational stress and depressive symptoms among Chinese physicians. A cross-sectional survey was conducted with self-administered questionnaires on 998 participants. The participants were examined on depressive symptoms assessed by the Center for Epidemiologic Studies Depression Scale, occupational stress assessed by the effort–reward imbalance scale and PsyCap estimated by a 24-item Psychological Capital Questionnaire, together with age, gender, marital status and education. Results revealed that PsyCap significantly mediated the associations of stress and over-commitment with depressive symptoms.

Lopez, Ciarlelli, Coffman, stone and Wyatt (2000) stated that “from a clinician’s perspective, hope is the ‘stuff’ that facilitates change”. That change is the restoration of homeostasis or achieving a high level of adjustment. The body of evidence establishes the relevance of hope to adjustment and supports the contention that perceptions of what could be (hope) may influence present being (current level of adjustment).

Lukow and colleagues (2015) conducted a study that examined: (1) resilience in a group of patients who were post-acute TBI and (2) the relationship between resilience and psychological health. Analysis showed that those with higher resilience scores experienced fewer difficulties with adaptability and psychological distress (depression, anxiety). Lower resilience scores were associated with higher rates of psychological distress and psychological maladjustment.

Maddux and Meier (1995) indicated that low self-efficacy expectancies are an important feature of depression. Depressed people usually believe they
are less capable than other people of behaving effectively in many important areas of life.

A study conducted by Madan and Pakenham (2014) aimed to examine the direct and stress moderating effects of dispositional hope and its components (agency and pathways) on adjustment to multiple sclerosis. Results of regression analyses showed that as predicted, greater hope was associated with better adjustment after controlling for the effects of time 1 adjustment and relevant demographics and illness variables. The role of hope in adjustment to multiple sclerosis showed that higher hope was associated with greater self-esteem and social support and lower depression.

Makaremi (2000) conducted a study to investigate the relationship between depression and self-efficacy among 200 Iranian college students. The results showed that there was a negative correlation between depression and self-efficacy.

McFarlane and colleagues (1995) examined the relationship between self-efficacy and depression. He found that those who score higher on measures of self-efficacy show substantially fewer symptoms of depression.

Mohammad and colleagues (2014) conducted a study to examine the effect of group training optimism on depression, anxiety and stress in women with breast cancer. In this research 30 women who referred to Mahdieh charitable medical diagnostic -therapeutic canter of Hamadan were chosen for study. They were placed randomly into two groups of 15 participants. The experimental group received 12 sessions of group training optimism for 90 minutes. Finally, in the follow up both of them (Two groups) were evaluated after 3 months. Results showed that the experimental group compared with the control group at the post-test and follow-up, had significantly low scores of depression, anxiety and stress. The analysis
showed that the scores of depression, anxiety and stress in optimism group compared with the control group in evaluation in post-test and follow-up decreased, significantly.

Muris (2002) investigated the relationship between self-efficacy and symptoms of affective disorders among 596 normal adolescents (aged 12-19 years). The results showed that low levels of self-efficacy generally were accompanied by high levels of trait anxiety/neuroticism, anxiety disorders symptoms and depressive symptoms. Further, when controlling for trait anxiety/neuroticism, self-efficacy still accounted for a small but significant proportion of the variance of symptoms of anxiety disorders and depression.

Muris, Schmidt, Lambrichs, and Meesters (2001) investigated the role of various protective and vulnerability factors in the development of depressive symptoms among a sample of 373 normal 13-19 yrs. olds adolescents. Depression was accompanied by high levels of parental rejection, negative attributions, and passive coping and by low levels of active coping and self-efficacy. Furthermore a model in which negative parental rearing behaviour and a negative attributional style featured as the primary sources of depression, while coping style and self-efficacy played a mediating role in the formation of depressive symptoms.

Murris (2002) conducted a study and examined the relationship between self-efficacy and anxiety. Results suggested that the individuals with low levels of self-efficacy experience high levels of anxiety.

Myers and Steed (1999) conducted study to observe the relation of optimism with anxiety. Findings revealed that individuals with higher levels of optimism simply experience less anxiety, whereas those with greater pessimism experience more anxiety.

Myhren and colleagues (2010) conducted a study to examine the level and predictors of posttraumatic stress, anxiety and depression symptoms in
medical, surgical and trauma patients during the first year post intensive care unit (ICU) discharge. Logistic regression analyses suggested that Optimism was a strong predictor for less anxiety and depression symptoms after one year.

Norem (2008) conducted a study to examine the role of optimism/pessimism on depression and anxiety. Results indicated that the idea of a less maladaptive pessimism is similar to past studies on defensive pessimism, a strategy of lowering expectations in order to help anxious individuals meet goals. Despite having a negative outlook, this use of pessimism has shown to be adaptive and that those who utilize defensive pessimism tend to be at lower risk for depression.

Peat (2012) conducted a study to examine the relationship between resilience and mental health measures i.e. depression, anxiety, post-traumatic stress disorder (PTSD). The results revealed that mental illness; specifically depression, anxiety and PTSD, predicted resilience. He suggested that the individuals with perceived mental illness, depression, anxiety and PTSD were less likely to be resilient.

Peterson and Seligman (2004) emphasised that hope has an important influence in how people perceive their life. They examined the relationship of hope with adjustment. The literature indicated that establishing a sense of self-efficacy and future direction combined with generation of acceptable alternatives to a problem and problem-solving skills could be a powerful strategy for restoring a sense of homeostasis (i.e. adjustment) in the face of challenging circumstances.

Phinney and Haas (2003) emphasized that high general self-efficacy beliefs of Hispanic and first-year minority students were also found to be positively correlating with personal adjustment to college various stressful situations related to students life and negatively correlating with psychological distress.
Poyrazli, Arabona, McPherson, Pisecco, and Nora (2002) examined the relationship between perceived self-efficacy and adjustment in a sample of 122 international graduate students. They found that perceived self-efficacy contributed uniquely to the variance in the adjustment.

Further, Ramos-Sanchez and Nichols (2007) conducted a study to examine the relationship between self-efficacy and adjustment on a sample of 192 college students at a private liberal arts university on the West Coast. Results determined that high self-efficacy was related to better overall adjustment. Perceived self-efficacy has also been found to be a predictor of students’ adjustment to college (Kukic, 2008; Lent, Taveira, Sheu, & Singley, 2009).

Robinson-Whelen and colleagues (1997) conducted a study to assess the relation of pessimism with depression. Results of the study revealed that pessimism was found to be significantly associated with depressive symptoms in older adults.

Runkewitz, Kirchmann and strauss (2006) conducted a research to investigate role of resilience in prediction of depression and anxiety. It was found that poor resilience predicted the development of psychological symptoms such as depression and anxiety. In the same vein, Burns, Anstey and Windsor (2011) also found that resilience was a strong predictor of positive affect which in turn predicted depression and, to a lesser extent, anxiety.

Sabaityte (2014) conducted a study to investigate the relationship between Positive psychological capital (PsyCap) and well-being. Results suggested a positive relationship has been found between these variables and that PsyCap correlates negatively with stress, depression, hostility, anxiety and other psychological symptoms.

Sayarpoor and colleagues (2011) in their study suggested that aggression has an important role in the prediction of Psycho-social adjustment. Self-
efficacy, as a cognitive factor, mediates the relationships between individual judgments about the ability of thinking, emotion and action, and determines how people with similar skills and knowledge have a different performance. They investigated the status and relationship between aggression and perceived self-efficacy among high school students. Results showed that only 16.1% of students had high self-efficacy perceptions, and 48% of students were highly aggressive. They found a negative relationship between aggression and perceived-efficacy. High aggressiveness and low self-efficacy in adolescents are important factors in determining the future life, especially in areas of social, emotional and educational.

Scheier and Carver (1992) indicated that in the context of stressors, including chronic illness, optimism is associated with reduced depression, and better psychological adjustment and well-being, whereas pessimism is related to greater anxiety and depression, anger, guilt, despair, and increased physical dysfunction.

Schwartz and colleagues (2002) in a research study observed the correlation among optimism, hope and depression. Results indicated that both coping measures (hope and optimism) found to be negatively correlated with depression levels of the participants.

Segerstrom and colleagues (1998) conducted a study and explored prospectively the effects of dispositional and situational optimism on mood \((N = 90)\) and immune changes \((N = 50)\) among law students in their first semester of study. Results suggested that optimism was associated with better mood. Optimists cope differently with stressors, experience less negative mood, and may have more adaptive health behaviours that leads to better immune system and better adjustment.

Sherer and Adams (1983) examined the relationship between general self-efficacy and students’ adjustment to their college environment. They found
that high scores on general self-efficacy positively correlated with high scores on adjustment.

Singh and Mansi (2009) conducted a study to explore psychological capital as a predictor of psychological well-being on a sample of 250 students. Findings suggested that optimists exhibit improved psychological wellbeing and better adjustment to stressful life events, people with high score on optimism display higher level of contentment, low level of distress, anxiety and depressive symptoms. It further depicted that people with high self-efficacy reported better psychological well-being, manage & cope with their threat experience than people with low-self-efficacy who distress themselves and impair their level of functioning in stressful situations.

Snyder (1999) suggested that people with high-hope experience less general anxiety and less anxiety relating to test-taking situations. Conversely, people with low-hope experience more anxiety and are more likely to be side-tracked by self-deprecatory, goal blocking thoughts when taking tests.

Solberg and Villarreal (1997) found high self-efficacy among hispanic college students which had a positive influence of personal adjustment to college and a negative relationship to psychological distress.

Sweeney, Anderson, and Bailey (1986) studied the two poles of continuum i.e. optimism and pessimism in relation to depression, adjustment and negative events. Result of the meta-analysis has shown that optimists are internally stable (low depression), tend to believe that the events causing failure were specific to the situation and can change (better adjustment). At the other end of the continuum, pessimists are more likely to show that this negative explanatory style is a very good predictor of depression.

Torres and Solberg (2001) conducted a study and found that student with high self-efficacy through strong support systems tend to bond with faculty
and peers easily and has a stronger determination to succeed in college. It implies that student with high self-efficacy tend to adjust well with faculty and peers and also has the willpower to succeed in college.

Tugade and Fredrickson (2004) observed that many young adults encounter psychological distress (problems ranging from concentration difficulty, fatigue, and anxiety, to eating disorders and other illnesses) which often disrupts the completion of normal developmental and educational tasks; others do not suffer such consequences. They suggested that young adults with more stress-resilient personalities suffer less health degradation in response to the same exposure. These individuals have “positive” traits and abilities (e.g., optimism, positive emotionality, hardiness, hope, ego resilience) which correlate negatively with physical and psychological health symptoms.

Urquhart and Pooley (2007) conducted a study to assess the relation of optimism with adjustment. Results suggested that students with optimistic expectations anticipate potential challenges. They acknowledge the importance of their role in the adjustment process, use effective coping strategies and are better adjusted. Similar results have been reported earlier by Aspinwall and Taylor (1992) that optimistic and confident students successfully adjust to the university transition.

Wei, Russell, and Zakalik (2005) investigated whether social self-efficacy and self-disclosure serve as mediators between attachment and feelings of loneliness and subsequent depression among 308 university freshmen. The results indicated that social self-efficacy mediated the association between attachment anxiety and feelings of loneliness and subsequent depression, whereas self-disclosure mediated the association between attachment avoidance and feelings of loneliness and subsequent depression. These relationships were found after controlling for the initial level of depression. A total of 55% of the variance in loneliness was
examined by attachment anxiety, social self-efficacy, and self-disclosure, whereas 42% of the variance in subsequent depression was explained by the initial level of loneliness and depression.

Wiedenfeld, Bandura, Levine, Oleary, Brown, and Raska (1990) reported that perceived inefficacy induces stress, which may result in a poorly functioning immune system, whereas, the process of building efficacy to cope with a stressor enhances the immune system. Further researches conducted by Callan, Terry, and Schweitzer (1994) emphasised that perceived self-efficacy is an important resource when adapting or adjusting to change.

Lewis and Kliewer (1995) conducted a study to examine the relationship of hope with anxiety and coping. Results showed that hope was negatively associated with anxiety, and avoidance coping was positively associated with anxiety. Scioli et al. (1997) stated that “trait hope might function as generalised disposition that facilitates successful adaptation to serious life events”.

Youssef and Luthans (2007) examined the role of resilience and impact on psychological mental health symptoms (depression, anxiety, fear, anger). They found some individuals are unable to curb the psychological impact of stressors and they suffer physical and psychological health symptoms. Other individuals have the capacity to rebound and experience little or no change in their capacity to function. These latter individuals demonstrate psychological resiliency; that is, effective adaptation and coping in the face of adversity.