CHAPTER I

INTRODUCTION
CHAPTER I

INTRODUCTION

1.1 Stress: Its Theoretical Shades

1.2 Stress: Its Empirical Status

1.3 Stress: The Coping Strategies

1.4 The Present Study: Its Rationale
CHAPTER - I

INTRODUCTION

1.1 STRESS : ITS THEORITICAL SHADES

The concept of stress was first introduced by Hans Selye in 1936 (in Pestonjee 1987). Pestonjee (1987) stated that during 18th and 19th centuries stress was equated with force exerted upon the material object which resist these forces and attempts to maintain its original state. According to Leftone and Valvatne (1986) a stressor is an environmental stimulus that acts on an individual or organism in physically or psychologically injurious ways. Stressors usually produce anxiety, tension and especially physiological arousal. Stress is a non-specific response by an organism to demands made on it. In 1950s Selye (in Pestonjee, 1987) investigated the physical and behavioral changes in individuals experiencing various amounts of stress. Selye (1956,1976) conceptualized their responses to stress in terms of general adaptation syndrome. In case of stress a syndrome is a set of
behaviourally defined physical symptoms. According to Selye (1950) responses to a stressor can be divided into three stages.

Alarm Stage: The first stage includes an initial shock phase in which resistance is lowered and counter shock in which defensive mechanisms become active, alarm reaction is characterized by autonomous excitability.

Stage of resistance: Maximum adaptation occurs during this stage. Resistance to the levels above normal. But if the stressor persists, defensive reaction becomes ineffective and deterioration of organism occurs.

Stage of exhaustion: Stress involves so much energy, it affects both physical and emotional health and under conditions of extreme stress, people show disorganized behaviour. If stress is not relieved they become too exhausted to adapt. The result is mal-adjustment and withdrawal, and even death.

Kegan and Haveman (1968-72) investigated that, abnormal behaviour is closely related to all the forces that are lumped together under the concept of stress. Human beings and animals can certain amount of frustration, conflict, and resultant anxiety. But if the burden becomes great and
exceeds the threshold, they may lapse to is abnormality ranging from mild to severe.

Agarwal, Malhan and Singh (1979) reviewed literature on stress and concluded that the term stress has been used variously to refer to a stimulus i.e. external force acting upon the individual or organism (b) response changes in the physiological functions, (c) interaction between external force and resistance opposed to it and, (d) more comprehensive combinations of these. They believe that confusion in term is due to the fact that the same term is used by scholars of different disciplines. In physics stress is a force which acts on a body to produce strain. In physiology, the various changes in the physiological functions in response to evocative agents. In psychology, stress refers to a state of the organism resulting from some interaction with the environment. Asthana (1983) says that there is a bad neglect of a phenomenological analysis of concept which appears crucial to an understanding of the stress phenomena. According to Selye (1956) any external event or any internal drive which threatens to upset organismic equilibrium is stress.

Bourne and Ekstrand (1973-76) concluded that people are diagnosed as abnormal at a particularly stressful time in
their lives when they experienced major life changes. Not all stress is generated by external factors.

1.2 **Stress: Its Empirical Status:**

Katz et al. (1970) investigated by intensive interviews, the adequacy of defenses of 30 women awaiting breast tumor biopsy. Criteria for adequacy were affective state, functional intactness, and defensive, "Reserve". Results showed that the majority of Ss did not show significant defensive breakdown; however, 6 defense patterns were noted: displacement, projection, denial, hope and prayer, stoicism-fatalism, and a combination of these. It was found that stress situations are not equally distressful to all individuals, as the latter depends on how the stress situation is understood, defined against, and perceived.

Michael (1969) studied the trauma theory. This theory conceives that traumas usually occur in early childhood, are connected with a person intimately related to S, and are usually his oedipal objects or their substitutes (nurses, tutors etc). Trauma is theorized as 3-phased: immature child is dependent on adult and trust him; adult does something unexpectedly exciting (for the child), and
child reapproaches adult to continue the exciting game and is ignored or refused. Jones and Schuster (1970) developed an auditory distractive stressor that automatically adjusts its rate of presenting random digits to human Ss. The auditory pattern recognition of the device was evaluated under several speaking conditions and for a variety of human speakers. The distractive stressor has a satisfactory digit recognition accuracy and adapts its digit presentation rate quickly according to how well the S repeats its given number.

Ott (1968) investigated the possibility of harmful radiation being emitted from TV sets, the tired child syndrome, and other aspects of man-made radiations.

Rosenberg (1970) studied the relationship between stress, fore-arm blood flow and subjective anxiety. It was found that changes in forearm blood flow observed during stress can only increase in anxiety. The response seems to depend also on the significance of stimulus to S, his psychiatric status, and his level of motivation. Street, Singh, & Hill (1970) investigated the utilization of the 17-hydrokycorticosteroid (17-OHCS) level in the parotid fluid as a measure of mental or emotional stress. The parotid fluid indicates a definite relationship between mental or emotional stress and the 17-OHCS level.
Rubin et al (1970) measured serum cortisol levels in 9 navy pilots and their flight officers during aircraft carrier landing practice in the 2-man F-4B jet aircraft. Pilots showed an unequivocal adreno-cortical stress response; the flight officers did not. The complex and hazardous task of carrier landing appears to be of greater stress on the pilot in control of the aircraft than on his passive partner, although both are exposed to same dangers.

Geer, Davison & Gatchel (1970) in a RT task, told 40 male undergraduates to react to the onset of a 6-sec shock following 10 trials. Half of the Ss were told that by decreasing this RT they would reduce shock duration. Remaining Ss were simply told that shock duration would be reduced. All Ss received 3-sec shock in the 2nd half of the study regardless of group assignment or RT. Result indicated that perception of effective control, even if not veridical, can affect autonomic responding.

Herkovic (1971) examined the characteristics of stress evoking stimuli: (a) the definition of stress; (b) its cortical, subcortical and endocrine mechanisms; and (c) its pathological, somatic and mental consequences.

Kocowshi (1971) described a study designed to identify people resistance to stress. Stress was produced by
threatening social situations, and S experienced emotions of fear and anxiety. Among 65 Ss, 32% of the Ss revealed resistance to stress as a lasting psychological characteristic; 35% revealed of any resistance and 33% revealed no resistance to stress as a lasting personality trait. A comparison of "resistant" and "nonresistant" groups was found to enable the investigator to isolate distinct and statistically significant differences in several personality traits.

Drabex and Hass (1969) investigated organizational stress, possibly precipitated by disaster through realistic simulation. Three teams of police communication room personnel participated in each of the 3 simulations with normal system demands. The teams than confronted system stress through a simulated disaster. Changes in team performance patterns under stress appeared related to strains existent in the system prior to stress and to incompatibilities between system structure and emergent system demands.

Martins and Landers (1970) investigated whether the relationship between arousal and motor performance among junior high school males supports the inverted U hypothesis based on CNA scale, Ss were either low, medium or high in trait anxiety and were subjected to 1 of 3 levels of
psychological stress. Results supported the inverted U hypothesis for stress factor and the anxiety factor separately. These 2 factors did not interact to affect motor performance.

Snyder (1969) reported demographic and personality characteristics of student users and nonusers of a college psychiatric service and described the techniques used to clarify the importance of social structure of the college environment in stressing, shaping or retarding the intellectual and emotional development of its students.

Horrock and Mussman (1970) tested hypothesis of age related stress periods in normal adulthood by the mailing of a 7-concept, 21-item semantic differential scale to 3000 public school employees. The 41% return from teachers permitted computer analysis of attitude intensity decreases between successive pairs of 5-yr interval age groups from 20-70 yr. Support for age related stress periods was found for female teachers in their late 20s, female married teachers in their early 40 and female married non-teachers and male married teachers in their early 50s.

Parther, Berry, Bermudez (1973) randomly placed 40 Ss in 1 of 2 groups in which Ss learned a perceptual skill (a)
by a trial-and-error (T and E) method using feedback, and (b) by a method that used a cue and feedback (CUE). After training both groups were tested under stressful and transfer conditions and no significant differences were found. Results are discussed in relation to the possible detrimental effects of prompting on learning and the necessity of feedback for maximum transfer.

Hoag, Hancock and Chaffin (1971) used 20 volunteers from difficult production jobs to test 2 hypotheses: (a) the physiological strain resulting from production floor is high stress and (b) individual production floor strain and performance can be predicted from tests administered in a laboratory. They observed that the physiological strain on the job was low for experienced production workers, consequently the apparatus test failed to predict production floor strain and there was evidence that stress does affect performance.

Levi (1972) found that stress generated various emotional states are accompanied by measurable changes in endocrine function, which in turn affect a variety of organs and organ systems.
Berkhout, Waltr and Adey (1969) studied human EEG induced by stressful verbal activity.

Praczek and Lidia (1971) studied the effect of psychological stress on simple intellectual processes and psychological reactions in schizophrenics. Disturbances in performance occurred more often in schizophrenics than in normal Ss though the actual level of performance was the same in both groups. More alpha blocking in the EEG record during non-active phases of the experiment was noted in schizophrenics than in normals.

Savishinsky, (1971) identified persistent environmental sources of stress in contemporary subarctic communities and found mobility as an aspect of stress.

Smith (1972) studied the stress in private-pilot training, used the State-Trait anxiety inventory to assess anxiety experienced by private-pilots in flight training. A-state was higher before solo flights than before flights with an instructor. Both A-state and A-Trait scores showed no tendency to diminish across repeated administration.
Ishikawa (1971) found that some anginal attacks are induced by emotional stress; however the majority of attacks are also induced by physical stress and only a few by emotional stress. In Ss reacting to emotional stress, heart rate and blood pressure become unstable and get elevated. As a result myocardial energy expenditure increases producing changes in ECG followed by anginal attack.

Caspari (1976) examined the stresses that school place on teachers, children and their parents, and the extent to which these stresses prevent growth and development.

Garberine's (1976) data suggested that the degree to which mothers in a particular country are subjected to socioeconomic stress without adequate support systems accounts for a substantial proportion (36%) of the variance in rates of child abuse, maltreatment across New York countries, while economic conditions more generally affecting the family account for 16% of the variance.

Dimarco (1974) explored the possible association between various stages in the cross cultural adaptation process, different degrees of stress, and levels of human and skill resources, the Activities Index, Organizational climate. Index, personal orientation Inventory and an
adjustment questionnaire were administered to 40 Peace Corps trainees. Significant differences between the defensive retreat, acknowledgement, and adaptation and change stages on the stress and personal and skill resource areas were found.

Nordlicht (1975) discussed the social, physical, and cultural aspects of aging which result in a lessened ability to adapt in a stressful situation.

Vince and William (1976) studied activity stress ulcer in the rat, hamster, gerbil, and guinea pig. Ss were housed in activity cages and fed 1 hr/day. By the end of the 21-day period most of them developed lesions in glandular stomach.

Zwelg and Csank (1976) studied mortality fluctuation among chronically ill medical geriatric patients as an indicator of stress before and after relocation. An attempt was made to link stress inducing events before, during, and after relocation with the ensuing mortality.

Selye (1975) discovered the parameters of maladaptive and normal stress. It is suggested that work is a biological necessity, and that the individual's natural stress level
should help determine the quantity and nature of the work which he or she is engaged. It is argued that the study of stress and the laws of nature can help humans to live fully and richly.

Mechanic (1976) investigated stress illness and illness behaviour. Many difficulties in understanding stress processes in illness result from confusion between illness and illness behaviour. It is argued that the medical record is as much a history of the individual's behaviour and social selection processes as it is a reflection of levels of physical health. Various examples illustrate that how medical records are misleading in research examining the relationship between stress and illness, and how the influences attributed to stress may be the result of illness behaviour.

Kanekar Neelakanten and Lalkaka (1975) studied the nominal and real group performance in relation to manifest anxiety and induced stress. Results indicated that increased anxiety and stress were relatively more detrimental to the performance of real groups.

Tennant and Andrews (1976) constructed a comprehensive 67-item life event inventory. Hough, Fairbank and Garcia (1976) examined the development and use of Holmes and Rahe's
social Readjustment Rating scale. The scale is regarded as a laudable attempt at ratio measurement and as deserving more attention and emulation in sociology. However there are problems with the scale: in particular, the relative lack of concern with careful instrument construction and administration, the glossing over of the problem of cultural variance, and the use of analytic procedures that do not fully exploit the potential of their measurement technique.

Beiman (1979) measured changes in heart rate, muscle tension, and respiration to stressful visual imagery in 48 anxiety female Ss randomly assigned to 4 training groups. For 2 groups training included an instruction that the training would decrease stress response; the other 2 groups were told that their training would increase stress response. Hypothesis that these expectancies would heighten physiological reactions to stress was confirmed.

Cohen (1976) explored the effects of war related stress on communication patterns in the family. During the war there was considerably more stress in the family and also more interpersonal communication and consumption of the mass media compared with peace time. In war no differences in stress and communication were found between the families whose adult male was drafted or was not drafted; however, even though almost no
differences in stress existed between the two socio-economic groups, the middle class respondents were generally greater consumers of communication compared to the lower class respondents.

Oselin and Mikla (1974) discussed the relationship between stress and mental disorders pointing out the major theories of stress from that of H. Selye (1950) to the present and analysed the connections between the biological of the organism and mental stress agents, especially those caused by society.

Sosteck, Anders, Sosteck (1976) studied the organization of sleep-waking sleep waking states in 2- and 8-wk-infants at different times of the day both preceding and following adaptation to laboratory procedures previously shown to be stressful. 12 normal infants residing in a foundling home were videotaped for 4-4-hr interfering sessions at each age: Ss were either adapted or not adapted to observational techniques and polygraphic techniques. Behavioural state organization during the morning afternoon and night was compared with the nonadapted and adapted conditions. No diurnal variations occurred within the nonadapted (stressful) conditions. Under the adapted (nonstressful) conditions, diurnal patterning was evident for
total sleep, total awake, active sleep, quiet sleep, alertness and fussy-Crying. In most cases, the rhythmicity was more marked at 8 than 2 WKS.

Van, Liessel and Lauwers (1974) discussed the of stress on nervous system, endocrine system and the various organ systems. On the EEG, alpha rhythms increased in amplitude and decreased in frequency with the reverse occurring in beta rhythms. Pituitary hormones increased during stress include ACTH, growth hormone and thyrotropine, stress causes EEG changes tachycardia and increases in cardiac output and blood pressure, other effects of stress are pupillary dilation, muscular trembling, increase in respiratory frequency and volume secretion of HCl acid and pepsin by stomach, urinary output and GSR.

Masterpasqua, Chapman and Lore (1976) studied 41 male offsprings of 8 prenatally stressed rats and observed low levels of copulatory behaviour during a series of brief tests with estrous females, but successfully impregnated female cagemates during long term tests of breeding effectiveness, and inferred that prenatal stress influences both the sexual behaviour and emotional reactivity of male offsprings.

Barker, Wadsworth and Wilson (1976) administered state-trait Anxiety Inventory on 3 occasions to 134 college
sophomores under nonstressful conditions. Data were then subjected to a principal-axis factor analysis. Only 1 factor was retained, an indication that the A-State and A-Trait scales tapped a common factor that accounted for the preponderance of the variance.

Sarris, Heineken and Peters (1976) from their study concluded that stress has a reliable influence on field dependency and discussed their results within the methodological framework of the theory of perception and personality espoused by Witken et al (1962).

Torda's (1976) results showed that recurrent exposure to stressful events during the early postnatal period, may delay the ability of the infant to use visual perception to register exogenous and may create memory bank of auditory engrams with unusual contents (including memory traces of stresses), a potential basis for future auditory hallucinations.

Aneh, Orr and Karakan (1976), presented an overview of the relationship between cardiovascular activity and sleep, emphasizing the interrelations between stage of sleep and cardiovascular dysfunction. It is pointed out that changes in sleep patterns produced by changes in biological rhythms may occur due to disruption of normal physiological functioning.
and/or normal environmental stimuli that contribute to increased vulnerability to cardiovascular complications. The interaction between stress factors and drugs used in the treatment of cardiac disease is discussed.

Vinokur and Selzer (1975) showed that life events and stress are related to the onset of physical illness and to the psychological domain. It was found that an accumulation of life events was correlated with self reported tension and distress, with emotional disturbances manifested by depression, paranoid thinking, suicidal proclivity and anxiety as well as with behavioural indications of stress such as, drinking and traffic accidents. These relationships did not hold for desirable life events but did for undesirable life events. It is suggested that the desirability of events is the crucial determinant of stress.

Yamamoto and Kinney (1976) studied pregnant women's ratings of different factors influencing psychological stress during pregnancy. Results indicated that making life event scales more sensitive as measures of stress will require specifying the emotional significance that life events have for a person, either by obtaining the person's own ratings or by using mean life adjustment ratings from appropriate samples. Ss who were more candid (Lie scale scores) reported
significantly more stressful life events and had higher Manifest Anxiety Scale scores, indicating the need to control for S denial in stress research. However, the amount of stressful life change and the resources of coping with such change also made significant independent contribution to the variance in anxiety scores, suggesting the feasibility of measuring different factors influencing psychological stress in pregnant women.

Steven Dramwell (1975) found that athletes with high life stress scores had twice the percentage of injuries as did athletes with low stress scores. Pestonjee (1987 a) conceived that some set of stressors can be differently perceived depending on (a) the nature and magnitude of strategy; (b) the importance of the stressor to the individual; (c) the perception of threat element as a component of the stressor; (d) the personal and social support systems available to the individual; (e) the willingness of the to do something about of stress. Pestonjee (1987) further noted that it is natural and healthy to
maintain optimal levels of stress. When stresses are left unchecked and unmanaged, they can create problems in performance and affect health and well-being of the organism. Pestonjee has indentified three important sectors of life in which stress originates, (a) jobs and organisations, (b) social sector and (c) intrapsychic sector.

A new perspective of stress has been presented by Kets de Vries (1979) that each individual needs a moderate amount of stress to be alert and capable of functioning effectively in an organisation. According to Mathew (1985) particular types of stresses are essential for being a creative manager. However, no empirical work has been done on these lines. Pestonjee and Singh (1987) noted that managers and system analysts in private organisations scored higher on both stress and satisfaction as compared to their counterparts in public organisations. Pestonjee (1987) reviewed some relevant studies focusing on the traits of a creative person conducted by Torrance (1965) and Petrosko (1983) and speculated on the type of potential stressor a creative person may encounter in an organisational situation.

Most of the studies have shown a positive psycho-social history of stress in patients before development of cancer. Khatri et al. (1977) studies the psychological aspects of
stress in cancer patients and performed biochemical analysis of blood and diseased tissues. These biochemical alterations suggest that in addition to other factors, psycho-social stress can contribute to malignancies. Psycho-sexual maladjustment are also manifested due to stress.

Chaudhari (1977) studied patients who complained of amenorrhoea and found that psychic stress such as overwork, anxiety, change in occupation were prime factors responsible for such a disorder. Kobayashi and Yaginuma (1977) in their study on women with stress induced amenorrhoea found that it is caused by LH-RH release in cyclic centre of the hypothalamus. Clinical observations and experimental evidence have indicated that stress produces gastric ulcers. Ahmed and Rao (1977) conducted a study on albino rats. And found that starvation stress in rats enhances the initiation and formation of gastric ulcers.

Gupta et al (1977) in a study of colitis patients found that colitis has a spectrum of etiology ranging from infection to psychosomatic and stress factors.

Jha et al (1977) studied that stress precipitates asthma. Rai, Sing and Udupa (1977) studied the possible involvement of histamine and its enzyme histaminase in various acute and chronic stressful events. Similarly Kumar
et al (1977) studied stress caused diseases such as hypertension, peptic ulcer, colitis, bronchial asthma, etc. Endocrine glands are also affected by stress. Sharma and Dubey (1977) investigated the socio-cultural background of hypertensive patients and found that several social factors that can cause stress are related with the incidence of hypertension. Dubey and Sharma (1977) found more ischaemic heart disease in urban than in rural areas.

Indian drugs have curative effect on stress related psychological as well as psychosomatic and hormonal disorders. Singh, et al. (1977) found that Ayurvedic drugs are also useful for the treatment of various anxiety, neuroticism, and mental fatigue.

Alban and groman (1976) examined the effects of stress and neurotic anxiety on pronounus age. Responses showed that negative stress interaction with medium level anxiety neurotics significantly increased psychological distanceiation above baseline levels.

Gove and Herb's (1974), review of the sociological and psychological literature almost suggested that young experience more stress than young females in part because of social expectations and in part because of different rates of
biological development and other physiological factors. It also suggests that with advancing age the sex difference in experienced stress tends to disappear and by late adolescence the situation of females appears to be at least as stressful if not more so than that of males. Data showed preadolescent males to have higher rates of mental illness while by late adolescence females appear to have as high if not higher rates of mental illness than males.

Phillips (1978) discussed the theory and measurement of stress and anxiety, including an analysis of school situations which cause stress in children; and examined the differential stress impact on minority children and the behavioural and educational consequences of stress.

Mechanic (1978) suggested from the study that the source of stress and failure at adaptation may be dependent on the abilities and capabilities of the person, the tools and techniques the group provides, and on the exigencies the situation presents.

Woodman, Hinton and O'Neill (1978) studied cortisol secretion and stress in maximum security hospital patients. Stress has been shown to elicit predictable stereotyped biochemical and physiological response in normal human Ss.
The authors described abnormal adrenomedullary and physiological responses to stress in approximately 25% of male admissions to a maximum security hospital, principally increased excretion of non-adrenaline vs. increased excretion of adrenaline in the remainder of the sample, and control Ss faced with same stress; reduced cardiovascular and EMG reactivity were also observed. Examination of cortisol secretion in these Ss revealed further anomalies.

Razumov, Krasnovskaya and Polenov (1978) used daily fights to kindle to study emotional stress in roosters. It is concluded that the normalization of the hypothesis is probably due to the adaptation of roosters to the stressful situation.

Rawlings & Carter (1979) found that loneliness, financial hardship, and autonomy are major problems for divorced women. Many divorced women also suffer from the stress associated with being a single parent. Emotional stresses suffered in the aftermath of a divorce are described and compared with those encountered by men.

Volicer (1978) used the Hospital stress Rating Scale to measure stress due to the experience of hospitalization for 535 medical and surgical patients in a community hospital. Ss
were also asked to rate the pain they experienced on a pain thermomètre, to complete the Social Readjustment Rating Scale and Seriousness of Illness Rating Scale, and the Recovery Inventer was used to score patients self report of their physical status and compared with control Ss for characteristics correlated with self reports of pain and physical status. Associations between hospital stress and these variable were observed. Ss scoring high in hospital stress tended to report more pain, lower physical status during hospitalization and less improvement after discharge than Ss scoring low in hospital stress.

Redfield and Stone (1979) studied the large sample average rating of the amount of life charge caused by experiencing selected events (Marriage, loss of job and change of residence) that have become a popular means for indexing levels of stress in studies relating social factors to physical disease and psychiatric disability and assessed whether change alone provides an adequate representation of the salient qualities of life events and whether individuals differ systematically in their perceptions of qualitative features of events. It is concluded that important characteristics of events may vary widely among individuals and that future assessment of the properties of life stress be both multidimensional and specific for individuals.
Bloom, Shirley and White (1978) described some of the major demographic trends in the field of marital disruption and provided an analysis of the evidence linking separation and divorce with a wide variety of physical and emotional disorders. Separation and divorce appear to be profoundly stressful life events.

Liem and Liem (1978) studied social class and mental illness and the role of economic stress and social support. It is argued that stress and support factors are systematically organized within classes at several levels of analysis and constitute critical conditions of class membership related to psychological functioning.

Stillner, Popkin and Pierce (1978) reported an account of caffeine induced delirium during competitive stress. The S experienced tremor, impaired memory, altered levels of consciousness, vertigo pronounced anxiety and sensory disturbances.

Vossel and Laux (1978) studied the impact of prior stress experience on heart rate and task performance, in the presence of a novel stressor. Training in the presence of stress resulted in decreased heart rate and better performance in the testing phase. Data were diinterpreted as
supporting the hypothesis that training under stress inducing conditions increases stress resistance which generalizes to a novel stressor and which leads Ss to experience the novel stressor as being less stressful.

Tomoshok, Reiss et al (1978) proposed to develop and evaluate a training and education model designed to address the particular stresses of young people.

Looney, Harding et al (1980) results are presented from a survey research study of 263 recently graduated from a wide variety of training programmes. The psychiatrists reported alarming symptoms of stress during this period, yet they used effective coping mechanisms and perceived themselves as increasing in growth mastery and confidence. The most effective coping mechanisms were those involving the establishment of support systems and loved ones.

Kenner, Kafry and Pines" (1978) stress research has concentrated on the pressure of negative conditions as a source of stress and largely ignored stress reactions that results from a lack of positive conditions. Results highlighted the need in stress research to consider lack of positive conditions as a source of stress.
Duncan (1978) tested the hypothesis that drug abuse may be initiated following a period heavily loaded with disruptive events in family. The most frequently reported events were increased arguments with parents (22), change in financial status (18) and increased arguments between parents (13). These findings support the hypothesis and are consistent with the theory that drug dependence results from the use of drugs to cope with excessive stress in the abusers' familial and social environment.

Johnson and Sarason (1978) examined the relationship between indices of life change and measures of depression and anxiety as a function of Ss locus of control orientation. Based on the assumption that life changes may have their most adverse effect on individuals who perceive themselves as having little control over environmental events, it was predicted that significant correlation between life change and depression and anxiety would be found only with Ss external in their locus of control orientation. Results were in line with the hypothesis. The findings provide support for conceptualizing life stress primarily in terms of negative life change rather than in terms of change per se.

Moyer (1978) found that male offspring of rates subjected to stress during pregnancy have shown
demasculinage and feminized behaviour. It is found that male offspring of the stressed group has lower norepinephrine levels in the medial preoptic nucleus and the median eminence that normal males; the levels were similar to those of normal females. This may reflect permanent, hormonally induced change which are responsible for the feminization of males. It is concluded that prenatal stress induced changes in catecholamine (CA), concentration in regions known to be involved with sexual behaviour and gonadotropin secretion reflect an alteration of the CA within nerve terminals in discrete areas rather than changes in areas innervated by an entire monoaminergic system. In this manner CA changes act as a convenient "marker" for regions that have been affected by prenatal stress.

Almy (1978) called for the revival of the stress interview incorporating modern instrumentation, current methods of refinement of subjective judgements now conventional ethical safeguards. A range of applications to current needs in gastrointestinal research is presented and the ethical justification for such studies is reviewed.

Kets de Vries (1978) reviewed the stress symptoms associated with midlife transition and proposes a conceptual framework indicating 4 possible reactions of managers to
transition period: Constructive, underachieving, defensive and depressed. Suggestions are made of ways individuals, organizations and society can prevent or limit the dysfunctional effects of the midlife mid-career passage. Companies are beginning to use part-time psychiatrists, psychologists, social workers, Commercial counsellors and mental health consultants to help managers cope with everyday work problem and related family difficulties. The focus of such programs has shifted from treatment to prevention managerial obsolescence can be circumvented by using continuing education, grants, and sabbaticals. The needs for a less rigid career orientation and for continuing reassessment of the satisfactions and pleasures derived from career and personal life are noted.

Leffingwell (1979) discussed the sources and consequences of stress among teachers. School counsellors can and should introduce remedial measures using both individual and group techniques. The counsellors, genuineness, warmth, and empathetic understanding is more important than the specific counselling method.

Budzynski (1978) discussed maladaptive stress autonomic balance, physiological and general stress models, training, home practice, transference of stress-coping skills, and
preventive stress management. The latter includes developing awareness of maladaptive indications, employing biofeedback skills, and scheduling daily relaxation periods.

Rabkin (1980) assessed published studies of the frequency and nature of stressful life events reported by members of control groups and schizophrenic patients, diagnosed according to specified criteria, in comparison with those reported by members of control groups. Findings are inconsistent regarding event frequencies reported by schizophrenics and normals. More events were reported by relapsed than by nonrelapsed schizophrenics. Overall the research evidence indicated a weaker relationship between life events and schizophrenia onset than the clinical literature suggests.

Andrews et al (1978) reviewed evidence that life stress can contribute to psychiatric illness. Associations between life stress and symptom intensity, anxiety, depression, somatic concerns and schizophrenic symptoms have been found but the size of the associations is generally small. Factors that may mediated between life stress and illness are noted; Current employment has been found to be a protective factor.

Veno & Marilyn (1978) presented a model of stress and adaptation. The model is comprised of 5 levels: (a) the
internal mediating processing center (b) the perceptual/Cognitive factor (c) relationships (d) behavioral interaction with environmental stimuli that form the bases of relationships and (e) environments around which relationships can be grouped. This model accounts for 3 properties of stress which previous models have left largely unsolved, (1) an individual's different response to the same stressor at different points in time i.e. adaptation or stress (2) a single stressor being perceived as a potentially positive or negative event and (3) different perceptions of the same stressor by different individuals. The model allows for the generation of multi-disciplinary research with the aim of promoting an integrated theory of stress.

Blasić, Hollt et.al. (1978) found that when male sprague Dawley rats were confronted with the experience of a new environment and a stressful handling procedure, their body temperature increased within minutes. At the same time Beta endorphine like immunoreactivity in the plasma increased dramatically. The stress induced hyperthermia could be antagonized or reversed by the active but not by the inactive enantiomer of naloxone. The data provide evidence for a physiological role of endorphins.

Cohen and Spaeapan (1978), in two studies tested the hypothesis that the after effects of stress on performance
and social behaviour are attributable to a depletion of attentional capacity. This depletion or "cognitive fatigue" was predicted to increase with both the attentional load and duration of an activity. Deficits on an after effects task increased as principal task-demand and task-duration increased. Results of Exp. II, which was conducted in a field setting with 40 female undergraduates, showed that after performing a high-load task Ss were less likely to help a woman search for a contact lens than were their counterparts who performed a low-load task. Similarly, Ss who had been crowded were less likely to help than were those who have not been crowded. Results are interpreted as supporting the "cognitive fatigue" explanation of the after effects of stress.

Neufeld (1978), examined the veracity of judgement through questionnaire data regarding the effects of confronting a stressor in various context. Judgements based on the imagined consequences of these encounters were scaled for 25 male and 25 female undergraduates using individuals differences multidimensional scaling analysis. A second group of undergraduates (90 males and 90 females) were directly exposed to the spectrum of stressor context combinations previously judged. While there were no apparent sex differences in the configuration of judgement responses,
there were appreciable sex differences in response to the direct stress. Other effects were predicted according to the judgements scaling results but were not obtained upon direct stressor exposure. Discussion also focused on the configuration of sex differences over the measures of response to the direct stressor. It is suggested that the stressor was more potent for females, leading to increased cognitive coping effects on their part. The effect of these efforts was the eventual reduction of their subjective stress to the level of that displayed by males.

Nezu and Ronan (1985) presented an integrative model for life stress, current problems, problem solving and depressive symptoms. Results from a path analysis generally support the model that negative life stress was associated with depressive symptoms in both a direct and an indirect manner via level of current problems. Current problems had a significant direct impact on depressive symptoms. It is suggested, however, that because the measures were self report, social desirability factors cannot be ruled out.

Cook (1985) compared 2 related personality dimensions, repression-sensitization (R-S) and approach-avoidance (A-A) as predictors of reactions to a laboratory stressor. Information relevant Vs. irrelevant to the situation was
presented, and recognition memory of the information was assessed. Skin condition and self reported anxiety were continuously monitored, and reported consistency of coping styles across situations was measured. Skin conduction was predicted by both measures, with repressors and avoiders evidencing larger reactions than sensitizers and approachers respectively. Repressors reported less distress than sensitizers overall. Type of information interacted with the measures of coping style, with sensitizers and approachers more reactive after relevant information as predicted.

Long (1985), presented findings from a follow-up of a study that compared the effectiveness of aerobic conditioning (i.e. jogging) and stress inoculation training in the reduction of anxiety for 61 chronically stressed community residents. The superior treatment effects of stress inoculation in modifying inner dialog, increasing positive self statements, and decreasing negative self statements were maintained. Ss experiencing stress predominantly as cognitive anxiety either maintained or increased their anxiety from postconditioning to follow up, while somatic Ss continued to reduce their anxiety level.

Lefebvre and Sandford (1985), presented data on the strain questionnaire (SQ), a 48-item SQ designed to measure
self-reported levels of behavioral, cognitive, and physical stress complaints. Results suggested that the items reflect a wide range of content that shows high internal consistency on each of the 3 subscales and the total SQ. Test-retest reliability demonstrated satisfactory temporal stability of scales. Factor analysis produced 11 orthogonal factors, with the most salient factor being cognitive/behavioral strain.

Miller (1985) reviewed the effect of emotional stress on immune system. He studied the effects of shock on laboratory mice and the effects of no sleep and loud noises on human Ss. The effects of corticosteroids and epinephrine as mediators of stress on the immune system are reviewed. Time response and dose response effects are also considered.

Hammen, Marks et al (1985) tested vulnerability model of depression by hypothesizing that depressogenic self schemas that interact schema-congruent negative life events will be associated with depression.

Monroe and Steiner's (1986) social support represents an integral part of theory on stress and psychopathology but little attention has been paid towards understanding social support within the context of other predictors of disorders. Three alternative predictors are discussed, preexisting disorder, stress and personality.
Egeland et al. (1981) investigated differences between mothers who mistreated their children and those who provided adequate care. A modified version of life events inventory was administered to 267 primiparous women at risk of abusing their children. Using results from a newly developed scoring system, the scale was given 12 months after the birth of infant, and it was found that it differentiated between subsamples of 32 Ss who mistreated their children and 33 who provided adequate care. Discriminant function analysis was used to determine the relative importance of changing life events compared with mother, infant and interaction variables in predicting membership in the mistreatment and adequate care groups. Since the majority of stressed Ss did not abuse their children, a major question is why some stressed Ss abused their children while others did not. Ss with high life stress scores who mistreated their children and had higher scores on anxiety, aggression, and "defendence" and lower scores on succorance compared with those who did not mistreat their children. The high stress Ss who mistreated their children had poorer patterns of interaction with their infants and less understanding and awareness of the difficulties and demands involved in being a parent.

Novy and Donohue (1985) administered an adolescent life change event scale (ALCES) to 55, 12-16 yr. olds who were on
probation. Results suggested that there is no relationship between total amount of stress experienced and total offences committed. However, some patterns were found in runway behaviour and truancy that were related to several of stress events. 87.5% of the runway Ss had experienced hassling with parents and 43.8% had experienced a family member other than themselves who had trouble with alcohol; 94.1% truancy Ss had failed one or more subjects in school, and 64.7% had experienced drugs or alcohol.

Berkowitz (1985) examined the relationship between self reported psychosomatic stress symptoms and dimensions of family and farm functioning among 126 wives of dairy farmers. Findings suggested the importance of family relationship in preventing or buffering stress in comparison with simple role related task expectation of farm systems.

Powers and Kutash (1985) discussed the role of alcohol in reducing stress. Stress relief drinking is concluded to be one of several prominent factors in the etiology of alcohol abuse and dependency.

Riger (1985) proposed the model of crime as an environmental stressor and Merycz (1985) investigated the care giving strain associated with Alzheimer's disease.
Intensity of family strain (or felt stress) could be best predicted by the availability of social support to the cared giver. Less support causes more strain. However, for male care giving groups and for all Black care givers strain did not play a significant role in predicting the desire to institutionalize.

Buceta (1985) investigated the prevention from excessive stress in athletes. Impairment due to stress and factors accounting for the stress reaction are reviewed, the place of sports psychologist in stress prevention in athletes is also addressed.

Cornell et al (1985) found that stressful life events are associated with endogenous depression.

White and Herby (1984) studied effect of culture on managing organizational conflict and Milgram and Zucker (1985) reached the conclusion on the strength of their study that the level of state anxiety in the individual may be regarded as an index of the effectiveness of the various stress preventing factors operating in the situation and as a stress preventing factor that directly affect problem-solving behaviour and outcomes.
Robinson et al (1985) studied the effect of immobilization stress on amphetamine (AM) induced relational behaviour. It was suggested that stress may induce enduring changes in brain and behaviour similar to those produced by psychomotor stimulant drugs.

Milakofsky et al (1985) found that amino acids are important markers for stress related pathologies and Frider et al (1985) noticed that prenatal stress impairs maternal behaviour in a conflict situation and reduces hippocampal benzodiazepine receptors.

Armario et al (1985) investigated the effect on emotional reactivity produced by a model for chronic stress in which different types of acute stresses were randomly combined for 29 days. Results showed that chronically stressed Ss showed a slight decrease in body weight gain and increase in relative adrenal weight. Neither basal nor acute stress induced levels of adreno-corticotropin (ACTH) were modified by previous chronic stress. Corticosterone response to acute restraint stress was higher in chronically stressed than in control Ss.

Roth and Holmes (1985) found that a high level of life stress during the preceding year was related to poorer
subsequent physical health for Ss with a low level of fitness. Life stress had little impact on the subsequent physical health of fit Ss. Similar results were found for depression. Results indicated that fitness does moderate the stress illness relationship and suggest that increasing fitness may be a way of diminishing the effects of unavoidable stress.

Archer and Lamnin (1985) investigated the academic stressors and Cox (1985) suggested that there are no direct physiological measures of stress, but are only physiological correlates of stress. The measurement of stress must focus on the individual psychological state as related to his/her perception of the environment and emotional reaction to it (mood), while Heimberg (1985) studied that what makes traumatic stress traumatic and Sterling (1985) investigated the recent stressful life events and young children's school adjustment.

Hollin et al (1985) investigated neuroticism, life stress and concern about eating, body weight and appearance in a non-clinical population. It is proposed that neuroticism is one mediating psychological factor in a triadic relationship between personal environmental contingencies,
sociocultural pressures for thinness and psychological variables.

Berger et al (1988) examined the relationship between objective and subjective measures of economic well-being, amount of and satisfaction with control and perceived stress level. Both males and females indicated more stress if their financial condition was worse following the move than before, their employment status was not satisfying and they had little control over their lives and were not satisfied with their level of control. Stress was negatively related to satisfaction with the specific aspects of economic situation studied for both males and females with limited expectation.

Krause (1987) studied the stress process by linking social support with locus of control. Nonlinear relationship was observed with emotional support and integration (i.e. support provided to others) but not with informational or tangible support.

Dunkle and Neuin (1987) studied stress of caregiver. Management problems
Dunkle and Neuin (1987) studied stress of caregiver. Management problems of dementia patients were studied. Findings indicated that professional assessment facilitates home caregiving but had little bearing on successful coping by the caregiver.

Peterson et al (1988) perceived effectiveness of children's preparation for a stressful medical event and Long (1988) evaluated the effectiveness of stress inoculation training (SIT) with or without an exercise component and a minimal exercise treatment (MIN) on trait anxiety, teacher stress and coping strategies. Findings indicated that the 8-wk SIT with exercise component was more effective than MIN in reducing anxiety and teacher stress. Changes in teacher stress and coping strategies occurred mainly for those who were below the median of the sample on physical fitness and anxiety prior to beginning the program. While Smallegen (1989) examined the relationship between depressive symptoms and life stress.

Bertoeh & Nielson (1989) selected the middle and high school teachers for high stress levels and assigned to treatment and control groups and found that the treatment group Ss demonstrated lower stress levels than the control group after the treatment with substantial decrease from their pretreatment stress levels.
Winefield and Tiggeman (1989) investigated the job loss and failure to find work as psychological stressors in the young unemployed. It was concluded that job loss, as opposed to failure to find a job, is not in itself a traumatic experience for the young person.

Goreczny et al (1988) on the basis of their study indicated that although there were differences between high and low stress days for both groups, there were no differences between groups on symptom severity or between high and low anxiety days. The number and impact of daily stressors were found to be directly associated with the severity of asthma symptoms but anxiety does not appear to have a direct role in the exacerbation of asthma.

Cole and Sapp (1988) studied the stress, locus of control and achievement of high school seniors. Results indicated that internally oriented Ss showed lower tension stress (TS) than externally oriented Ss. Number of life changes was associated with TS, girls scored higher than boys and school related stress deemed to be an important factor in the lives of these Ss.

Cattanach et al (1988) in the height of their study suggested that increased desire to binge in response to
stressors reported by Ss higher in disordered eating compared with Ss low in disordered eating cannot be accounted for by differences in cardiovascular reactivity or negative hedonic state.

Greene (1988) investigated the early adolescents' perception of stress. Death of a pet was the most frequently mentioned stressor (69%), followed by death of a relative (60%), grades (32%), and illness/injury (32%), while self concerns, such as physical appearance, and moving to a new home produced the most wide ranging impacts associated with individual stressors, and the school emerged as the most stressful of the domains considered.

Kamal and Jain (1988), indicated that the perceived stress and less perceived social support were obtained more in single families as compared with joint families.

Palsane et al (1986) investigated the concept of stress in Indian tradition, and opined that stress in the modern sense is not easily found in the traditional texts though there are extensive treatments of the problems of misery and suffering. The body-mind relationship, characteristics of modern stress studies, are emphasized in the Ayurvedic (Indian) system of medicine. There are some parallels in
ancient Indian traditional thought and modern Western psychological literature.

In a study, Helode and Palnitkar (1987) investigated the 'variance' of occupational stress in the light of field dependence - independence, and job level in the case of bank employees. The analysis revealed that (a) FI-FD and occupational stress were normally distributed among middle and lower level managers (b) FI-FD had a positive and significant association with occupational stress (c) Occupational stress was significantly higher among officers than among clerks, and (d) Field independent officers were found to experience more occupational stress than field dependent clerks, whereas field independent clerks experienced more occupational stress as compared to field dependent officers. On the basis of their findings, the authors emphasized the need for a synthetic theoretical frame comprising organisational hierarchy perceptual differentiation and work motivation. Training programmes, they argued, is the best tool for reducing the level of stress perceived by bank employees.

In another study, Palnitkar and Helode (1987) attempted to explain occupational stresses in light of field independence - dependence, locus of control, job level and
length of service. They used Shrivastava and Singh's (1981) occupational stress Index, and Palnitkar and Helode's (1984) Hindi Research form of Witkin et al's (1960) HFT. The authors concluded that a synthetic theoretical frame comprising organisational hierarchy, perceptual differentiations, life orientation and work motivation may be more promising in explaining the variance in occupational stresses experienced and expressed by the role incumbents.

Goregaonkar & Helode (1992) investigated the phenomenon of occupational stress (O>S>) among 300 bank managers & 300 bank clerks in the light of four need motivations (e.g. n-Ach., n-Pow., n-Aff. & n-App.) and found that (i) n-power is positively & significantly reported to O.S., (ii) n-affiliation has shown its significantly negative association with O.S. in the clerks, but significantly positive relationship with O.S. in the officers, (iii) bank officers with low n-affiliation showed significantly more O.S. than the bank clerks with high n-affiliation, and bank officers with high n-affiliation also showed significantly more O.S. than the bank clerks with low n-affiliation; and argued in favour of a need for a comprehensive work motivation model that incorporate both organizational factors & need motivations to account for the "individual differences" in the O.S. experienced by bank personal.
A person or organization cannot remain in a continuous state of tension. Several strategies are used to deal with tension. The word coping can be explained in two ways. The term has been used to denote the way of dealing with stress, or the efforts to "master" conditions of harm, threat or challenge when a routine or automatic response is not readily available (Lazarus 1974a). Two different approaches have been given for the study of coping. Some researchers have emphasized general coping traits, styles or dispositions. On the other hand, some investigators have preferred to study active ongoing strategies in a particular stress situation. Trait and style are fundamentally similar ideas. A person's coping style is typically assessed by personality tests, not by actual observation of what the person says or does in a particular stress situation. Psychologists have mentioned two ways in which people cope with stress. In the first, person will decide to suffer or deny the experienced stress, the passive approach. In other, the person will decide to face the realities of experienced stress and solve the problem by negotiations with other members i.e. the active approach.

Coping refers to efforts to master conditions that tax or exceed adaptive resources (Monat and Lazarus, 1977). As
previously mentioned it is a way to deal with stress. Lazarus (1974b) has emphasized important role of cognitive processes in coping activity and importance of coping in determining the quality and intensity of emotional reactions to stress.

Most of the approaches distinguish between coping strategies that are active in nature and oriented towards confronting the problem, and strategies that try to reduce tension by avoiding to deal with problem. Pareek (1983 b) has proposed two types of coping strategies, one is dysfunctional and another is functional. Lazarus (1975) has given two major categories of coping processes. Direct action includes behaviours which when performed by the organism in the face of a stressful situation is expected to bring about a change in stress causing environment. The form of avoiding the situation is dysfunctional style or reactive strategy or confronting or approaching the problem is functional style or proactive strategy. The dysfunctional styles are: Impunitive (M), Intropunitive (I), Extrapunitive (E) and Defensive (D), and the four functional styles are: Impersistive (M), Intropersistive (I), Extrapersistive (E) and Interpersistive (N). Thus there are two coping strategies - avoidance and approach.

Pareek (1983 d) has developed Projective Instrument for measuring coping (PICS). It obtains profiles of coping styles adopted by a person when dealing with role stress situation. This instrument shows 8 types of role stress and 24 situations, 3, for each. These 8 styles of coping are grouped into Approach and Avoidance types of coping. The responses are measured in a system of 2x2 cube, having 3 dimensions, given below

1. Externality: Blame and aggression on external factors for role stress.
2. Internality: Feeling that respondent himself is responsible for stress.
3. Mode of Coping: There are two forms either avoiding (reactive strategy) or confronting the problem (Proactive strategy).

These 3 dimensions have eight possible strategies to cope with stress which role PICS measures. There are:
1. Impunitive: Statement showing either simple admission of stress or that stress is unavoidable.

2. Intropunitive: Statements indicating self blame or aggression towards self.

3. Extrapunitive: Statement indicating aggression towards others.


5. Impersitiive: Statement that shows that respondent is optimistic and hopeful.

6. Intropersitite: Statement indicating that stress is managed adequately by role occupant.

7. Intrapersitite: Statement indicating that someone contributes to the solution of stress.

8. Interpersitite: Statement indicating that solution can be obtained by joint efforts of role occupant and others.

First four show avoidance oriented behaviour i.e. dysfunctional type. The remaining four are approach oriented and functional type.

In PICS developed by Pareek (1983 a) coping styles of professional women are studied. It was found that all professional women mostly use defensive style to cope with
stress and that dysfunctional and avoidance styles are used twice as often to cope with stress than functional or approach oriented styles. Women entrepreneurs use approach oriented style more. Gupta & Murthy (1984) studied role conflict and coping strategies among Indian women. Stress and coping strategies among executive technocrats was studied by Ahmad, Bhatt and Ahmad (1990). Difference between male and female technocrats in the coping styles was also studied. The executive technocrats used intropersistive style as dominant style for coping followed by defensive and extrapersistive styles. Male technocrats used a defensive style more often than women, females largely used the approach style for coping. Other demographic variables has no significant impact on coping strategies used to deal with stress.

Kaur and Murthy (1986) studied coping strategies of managerial personnel at different organizational levels in a public sector. The result indicated significant difference in the coping strategies of individuals working at different organizational levels. At junior levels avoidance strategies are predominant and at senior level approach strategies are predominant. The defensive style was used to maximum by the junior management personnel, impunitive by middle management and intropersistive by senior top management personnel.
Positive and significant relationship between role stress & avoidance strategies; between role stress and externality, and between externality and avoidance strategies was observed.

Some findings revealed that the avoidance coping strategies enhanced mental health, whereas the approach coping strategy attenuated the security of mental health. Excessive stress not only adversely affects the well-being of an individual and causes psychosomatic and behavioural illness but it also affects directly or indirectly the organization in terms of man, material and machines. Researches on moderator variables try to release the organization and its role incumbents from the dire consequences of stress manifestations. There are two major types of variables which influence stress-strain/well-being relationship. First is individual differences and second is socio-economic conditions.

In a study by Shrivastava (1985) and Sehgal (1985) needs were considered as moderators of stress-strain relationship. The findings of the study revealed that role stresses (role conflict and role ambiguity) correlate positively and significantly with job anxiety and negatively and significantly with need for achievement, second, role stresses as well as the interaction term of role stress and
need for achievement significantly affect the level of job anxiety, and last need for achievement maturated the relationship of role conflict and role ambiguity with job anxiety.

In another study Shrivastava (1986) found that role stress was associated positively and significantly with job anxiety. Further it was associated negatively and significantly between role stresses and state-trait anger. Findings revealed that type-A behaviour, state and trait anger were correlated positively and most of the coefficients of correlation were statistically significant. No significant differences were reported between role stresses and trait anger for Type-A and Type B managers.

Shrivastava and Jagdish (1983) tested the moderating effect of mental health on the relationship between perceived occupational stress and job satisfaction. The results showed that the perceived occupational stress was correlated negatively with job satisfaction and mental health variables.

Sam Batlivala (1990) says that typical coping strategies adopted by executives to deal with stress are:
1. Critical analysis and recognising problems
2. Yoga
3. Practising good management
5. If under rewarded, slow down the work in protection to output.
6. Go and talk to boss/ union.
7. Improve self image.
8. Unwinding and going on leave.
9. Overvalue outcome of others.
10. Overcome your inputs.
11. Maintaining family relationship
12. Using scientific method
13. Being decisive
15. Avoiding confrontation.
16. Trust in ourself.
17. Acquiring more qualifications.
18. Improving communication.
19. Increasing output when overrewarded with need for self actualization.
20. Decrease your incentives.
22. Undervalue output.
23. Change the person with whom you are comparing.
24. Resign.

There are other two methods also to cope with stress:
(a) drug therapy (b) non-drug method. In drug method, one
can use drugs to cope with stress and related ailments such as headache and backaches. Non-drug methods are walking, exercise and acupuncture. One method of managing harmful and physiologic response to stress is the possibility of regular elicitation of the relaxation response. They tested two hypotheses. First, various role stresses would be negatively and significantly related to different aspects of satisfaction. Second, the relationship between stresses and satisfaction dimensions would be mediated through locus of control. And they reported no significant difference between the stress-strain relationship for low and high scoring groups on locus of control.

Pestonjee and Singh (1988) investigated the moderating effect of type-A pattern behavioural disposition on the relationship. Role stresses as well as the interaction term of role stress and need for self actualization had a significant effect on the level of job anxiety.

Sehgal (1985) studied the moderating effects of 3 needs, n-personal growth, n-achievement, n-self actualization on the relationship between stress and strain in case of supervisors. These 3 needs are treated as moderator variables to test the relationship of two types of role stress with job anxiety and job dissatisfaction. On the basis of findings he
concluded that role stresses arouse job anxiety and reduce job satisfaction.

Pestonje and Singh (1981) investigated the moderating effect of locus of control on stress and job.

Acupuncture does help in tranquillization and psychic elation and allows one to relax. Acupuncture does not depend on drugs, it is safe simple and economical and have no side effects. It can treat so many stress related disorders such as depression, anxiety, backache, insomnia, epigastric pain and discomfort and sexual disfunction.

Physical exercise also helps in keeping body healthy both physically and mentally: regular exercise builds emotional strength and self confidence. Exercise eases nervous tensions and anxiety by providing an outlet for pent up feelings of aggression and hostility. Exercise is a natural sedative. Walking is one of the best exercises, which a person can follow throughout his life. Sufficient walking is important for the circulation of blood as sufficient motion is for a stream of water. Deprived of activity, both become stagnant. Sufficient walking helps to prevent heart attacks, strokes or sudden deaths. Yoga is also a potential method for relaxation during stress. Udupa, Singh and Dwivedi
(1977) studied on Vipassana meditation. Findings suggest that during meditation volunteers are neuro-physiologically more active, and metabolically and physically stable. According to Bhola (1977) meditational postures, relaxative postures, cultural postures or corrective postures give mental relaxation. Singh and Udupa (1977) investigated that practice of meditation and cultural asanas and pranayama induced a feeling of well-being, reduction in body weight and increased vital capacity. Datey (1977) reported that practice of 'asana' in majority of patients have marked improvement in symptoms like headache, insomnia, nervousness. Podder et al (1984) investigated variation of yoga and meditation called 'savasana' in a group of patients of hypertension. The experimental group reported significant reduction in drug dosages and enhanced sense of well-being. They concluded that psychological stress is a major cause of hypertension. Sähasi et al (1989) conducted a study to measure the effectiveness of yogic teachings in the management of anxiety. Pesonjee and Mukherjee (1989) investigated the leisure health stress linkage and Mcleod (1972) studied implosion therapy and its component in stress reduction.

Lynch and Arndt (1973) examined the methods of coping with frustration in handicapped and non-handicapped children at 3 different age levels. Significant differences were found
in the use of secondary coping strategies. Handicapped $s$
used greater intropunitive responses with increasing age. Mor
Edna et al (1973) studied motivation and coping behaviour in
addition to contact lenses i.e. self selected stress. A
significant positive relationship was found between the
tendency to cope actively and success (No of hours wearidng
time per day). General positive motivation for self
realization in relation to people and for constructive
activity was highly correlated with success, whereas
situation specific motivation was not. In this way the
relevance of these findings for a theory of coping behaviour
and its assessment is discussed.

Viney (1974) conducted a study on children coping with
crisis. Analysis of the data showed that (a) a 'crisis'
involving loss of reward from a social rather than a
nonsocial source leads to greater disorganization and more
fixed or rigid response from the children. (b) 'crisis'
requiring social rather than nonsocial responses results in
the trying of more new responses and less frustration in boys,
and less ' giving up' by girls and (c) girls who have
experienced more reliable previous social sources of
supplies, withdraw less after a 'crisis' than those with less
reliable sources. For discussion of these findings
psychoanalytic and learning approaches are used. Henderson
(1975) presented a retrospective account of some aspects of coping behaviour of 7 male survivors of a shipwreck. Subjects floated in rubber raft for 9 days and had been isolated on a rocky beach for 4 days. On 13th day they were rescued. The most prominent coping behaviour is attachment ideation, drive to survive, modeling, prayer and hope. One of the powerful coping behaviour is attachment but it is not adequately recognized. Klein (1975) tried to increase the competency skills of 44 male students in grades 7-9; using (a) socratic teaching of a theory of security and independence (b) the behavioural practice of coping skills (c) or both. It is concluded that the groups receiving dialectic training increased confidence in their problem solving capacities and showed a heightened sense of security and self directedness. Collum et al (1975-76) examined the coping mechanisms of the borderline personality, which is considered as weakened sense of identity. They also studied the life styles of addicts, the drug culture structures and organizes the life of a borderline individual in such a way as to provide a very powerful sense of identity. Any treatment program for the addict who demonstrates borderline personality organization must recognize this problem. This seems particularly important in light of ever increasing number of adolescents who identify themselves not as 'psychiatric patients' but as drug addicts. Many of these young ones are
not addicted physiologically. Their strong ties with drugs lies in psychological area. Chess and Thomas (1976) examined the role of defense mechanisms in helping to produce an equilibrium when a child is unable to cope adaptively with a new developmental task. They presented 3 case studies from the longitudinal study of 136 children from birth to adolescence. In the preschool years symptoms were in the form of overt behaviour, during middle childhood (7-12 yrs) they are more symbolic and ideational. Mekinney (1976) demonstrated free writing as a therapy to cope with real problems, during a nine week period. Responses to an attitude questionnaire indicated that at the end of the project 43% of the Ss were enthusiastic about the free writing technique, 64% of the Ss who had an initial disinclination towards free writing reported that they changed during the project. It is concluded that those who used the technique tended to be more serious minded, reflective and deliberate. Halliday (1976) have studied the coping behaviour associated with rejection of an article. He offered 10 suggestions to cope with feeling of rejection, sadness or anxiety caused by nonacceptance of the article. Morris (1976) studied collective coping to stress i.e. group reactions to fear, anxiety and ambiguity. In an experiment with 70 college students, the prediction that groups spend more time interacting in the service of social comparison needs than would groups facing anxiety and
ambiguity, was supported. In addition, it was found that groups in the fear condition developed a relatively high degree of cohesiveness as measured by intragroup attraction ratings. Miller & Karniol (1976) conducted 2 experiments to examine the relationship between frustration and coping strategies in two delay of gratification situations: Self imposed delay (optional waiting for preferred reward) and externally imposed delay (required waiting for a preferred reward). It was hypothesized that the frustration generated by the two situations would evoke different coping strategies. Grade 3 Ss were found to spend less time attending to reward relevant cues in self imposed delay than in externally imposed delay. The impact of physically present, deferred reward on attentional behaviour was dependent on the delay situation. Ss engrossed themselves more in a reward irrelevant activity in self imposed delay when the reward was physically present than when it was absent, whereas the opposite pattern emerged under externally imposed delay. Rogers and Mewborn (1976) studied effects of the threats, anxiousness, probability of occurrence and the efficacy of coping responses on fear appeals and attitude change. Results showed that increments in the efficacy variable increased intentions to adopt the recommended practices. Interaction effects revealed that when the preventive practices were effective, increments in the
noxiousness and probability variables facilitated attitude change; however, when the coping responses were ineffective, increments in noxiousness and probability had either no effect or a deleterious effect respectively. These interaction effects are discussed in terms of defensive-avoidance hypothesis. Burgers and Holmstrom (1976) studied the women having rape trauma. Most of these women used verbal, physical or cognitive strategies when threatened, although 34 out of 92 women were physically or psychologically paralyzed. The actual rape prompted coping behaviours in all but 1 victim. Manderscheid et al (1976) examined alienation as a method of coping with psychological and physiological stress reactions. They proposed 5 alienation syndromes. The cognitive component of each alienation syndrome feeds back cybernetically to reduce psychological stress, while the affective component operates in equivalent manner to reduce physiobiochemical stress and jointly the 2 components also condition perceptual style. Coddington (1976) described that how a mother struggles to cope with her child's deteriorating illness. The study reported her behaviour during this period, her gradual acceptance of the imminent death, her withdrawal from the dying child and her increasing attention to her other child, home and friends. She dealt with the problem by seeking information about the disease and by controlling the amount
and timing of information she received about the child's condition. Fontana et al (1976) investigated coping with interpersonal conflicts through life events and hospitalization. Questionnaire data showed that resolutions of interpersonal conflicts during the period of hospitalization enhanced the ability to predict these outcome measures substantially when the conflict resolutions were added as predictors to patients' demographic and background characteristics, their hospital behavior and their therapists evaluations. Barinbaum (1976) discussed the reactions of bereaved person who came to nondirective group counseling sessions. During the first session the common defense mechanisms were retreat, denial and attack. Later coping mechanisms are also described. McClenahen (1976) noticed that different occupations differ in the frequency with which their performers must communicate bad news to a serviced public. At one extreme bad news must be communicated several times a day, day after day. In one such occupation the Deputy US Marshal is analyzed in terms of tactics employed to manage the stressful moments of preparing to deliver bad news, delivering it, and shoring up recipients after delivery. The tactics described include distancing, presaging, treating as routine, manipulating the message and displaying certain supportive attitudes in interaction. McCubbin (1976) studied specific coping patterns used by wives
during prolonged separations. Six coping are (a) seeking resolution and expressing feeling (b) maintaining family integrity (c) establishing autonomy and maintaining family ties (d) reducing anxiety (e) establishing independence through self development (f) maintaining the past and dependence on religion. Husband and wife's background, the history of marriage, the development of the family and the stress of separations also determine the family's response to separation. Malaviya (1977) studied reaction to frustration. Reaction patterns were characterized as (a) 'outwardly directed threat-oriented' (ODTO) (b) outwardly directed problem-oriented (ODPO) (c) inwardly directed threat-oriented (IDTO) (d) inwardly directed problem-oriented (IDPO) (e) passively directed threat-oriented (PDTO) and (f) passively directed problem-oriented (PDPO). Results showed that the distributions of all 'actual' reaction patterns except ODPO and all 'ideal' reaction patterns except IDPO are significantly skewed. Adolescents were significantly more aggressive in their reactions to frustration than were adults. Males were significantly more aggressive than were females, and lower status adult males were significantly more aggressive than were higher status adult males. Ss did not differ in aggression as a function of residence or religion. Sourkes (1977) used her experiences on a pediatric oncology unit to describe how to help families cope with childhood
cancer. It is suggested that the therapist act as a family facilitator rather than as a parent surrogate to the child. Four specific types of intervention are described: facilitating communication, being available on an ongoing basis, 'giving permission' to the parents to use that availability and modeling skills for the parents to use with their children. Mathews and Rezin (1977) studied the treatment of dental fears by imaginal flooding and rehearsal of coping behaviour. Coping rehearsal did not influence anxiety but interacted with arousal level of flooding to determine subsequent dental attendance. Results suggested that flooding without coping rehearsal had little effect at high levels of arousal but had good results at low levels. Flooding with coping rehearsal on the other hand had mixed results. At high arousal levels avoidance was reduced but not anxiety, while at low levels anxiety was reduced but not avoidance. Hwang (1977) studied coping behaviour of Chinese society. Ss were first asked to report their frequently used strategies for dealing with daily problems; they then completed a questionnaire which assessed their coping styles. Analysis of Ss' responses resulted in a classification system consisting of 4 broad categories. Factor analysis of the quantitative data resulted in 6 patterns of coping. Yee, and Yaug (1977) conducted 2 experiments with 209 college students to investigate the differences in attributional and
coping responses between an actor and an observer under different cheating situations. Katz (1978) investigated antecedents of coping behaviour in a role conflict situation. Andrews et al. (1978) examined the effects of life events stress, coping style, and social support on psychological impairment in a survey of the representative Australian suburban sample of 863, 20-69 yr old adults psychological impairment was defined as a score of 4 or more on 20-item General Health Questionnaire. Life event stress, coping style, and one of the social support variances - crisis support - were related to impairment, significantly decreasing or increasing the risk of being identified as impaired from the total sample frequency of 24%. There was no evidence that coping style or social support became associated by moderating the relationship between life event stress and impairment, but rather because of their independent relationship with psychological impairment. Girodo and Rochl (1978) investigated the effectiveness of 2 cognitive coping strategies singly and in combination, in 56 undergraduate-females with a reported fear of flying. Ss were assigned to four groups preparatory information training, self statement training, combined and pseudotreatment control and were flown abroad on 11 passenger aircraft for 2 flights. Half of the Ss flew with the door to cockpit open, and other half flew with the door closed. Each
flight encountered a planned unexpected missed landing. Self reports of anxiety were obtained before take off, during the flight and after landing. Even though the cognitive coping strategies were not differentially effective in reducing anxiety, during the ongoing stress of flying, under serious threat with the cockpit door open, self talk and combined Ss coped better than information and control Ss. With the door closed, all groups increased anxiety. At the final landing with the door closed, self statement trained Ss showed increase in their self reported anxiety. Rosel (1978-79) studied social theory of dying. Selected contributions are reviewed in the area of social psychological coping processes; institutional role relationships and societal values and attitudes. Minde in (1978) investigated coping styles of 34 adolescents with cerebral palsy. The children and their families were evaluated through formal and informal interviews and by administering parent and teacher rating scales of the children's behaviour. The development of these children between the ages of 10 and 14 yrs was highlighted by their increased awareness of the permanence of their handicap and their consequent search for personal and, ultimately, occupational identity, and their parents' emotional withdrawal. Stewart (1978) conducted a longitudinal study on 51 female college graduate (average age 31 yrs) Ss. Self definition was measured by freshman year TATs, predicted
several aspects of problem solving and coping behavior 14 yrs later. Those Ss who viewed themselves, their world, and their own personal problems in ways that facilitated effective coping scored higher in self-definition. The Ss who took instrumental as opposed to noninstrumental, actions to solve their problems or who remained passive also scored higher in self-definition. Manuck (1978) examined the effects on systolic and diastolic blood pressure due to availability and difficulty of control over anticipated aversive auditory stimulation. Results indicated that within the task difficult condition, controls evidenced greater systolic blood pressure elevations than no control Ss, whereas control and no control Ss in the task easy condition showed no reliable differences. Diastolic blood pressure did not vary by control or task difficulty. It is concluded that the availability of control responses may induce greater arousal in situations involving threat of aversive stimulation, but that this effect was obtained only when Ss experienced some degree of difficulty in employing available coping strategies. Dimsdale (1978) discussed coping in the following groups: an ancient community/ a military command and among survivors of Nazi concentration camps. It is suggested that coping may have effects that are beneficial in the short run but ominous in the long run.
Robbins and Tanck (1978) have done factor analysis of coping behaviors. Data were obtained on 132 college students. Seven patterns of coping were identified tentatively: seeking social support, dysfunctional behavior, narcotizing anxiety, problem solving, reliance on professionals, bearing with discomfort and escape. Planzer (1978) suggested a family focused approach based on a maslowian hierarchical family need scale as the treatment of choice for helping the dependent and/or deviant family cope and improve their problem solving. Case illustrations showed how this family approach worked when combined with individual and family orientation were provided. Davidson (1978) studied coping styles of women medical students. Jolly (1978) discussed the role of play specialists in helping children cope with hospitalization by (a) reducing stress and meeting needs communicated through play (b) eliciting information from play relevant to medical treatment and (c) making illness an opportunity for positive learning and the hospital environment less threatening. Fuller, Endress et al (1978) investigated the effects of cognitive and behavioral control on coping with an aversive health examination. In a family planning clinic women undergoing routine pelvic examination, cognitive control was represented by sensory or health education information; instruction or no instruction in abdominal relaxation constituted the levels of behavioral
control. Ss who received sensory information prior to examination showed less distress as indicated by overt distress behaviors and pulse rates, than did the Ss who received health education information. Results suggested that cognitive control information, which emphasizes the sensory experiences typically accompanying an aversive event, limits reactivity to typically accompanying an aversive event, limits reactivity aversive stimuli. The reduction in reactivity is thought to result in an increased ability to cope with aversive event.

Nuttall (1979) studied the support system and coping patterns of female Puerto Rican single parent. Many of these people believed that education of an adequate grasp of English language, and a knowledge of birth control techniques were important to make them more capable of dealing with their environment. Warheit (1979) studied the life events, coping stress, and depressive symptomatology, and found that respondents with high life event scores had significantly more depressive symptomatology than those with low scores. Those with personal, familial and interpersonal resources had significantly less depressive symptomatology than those without such resources in both the low and high life event groups. Findings demonstrated the complex interrelatedness of life events, coping resources, and depressive symptomatology.
Gross (1979) observed that a child care worker can play a key role in helping children cope with their grief over a lost peer. The first task is to understand the normal patterns of grief work employed by each age group so that the worker can recognize normal reactions. The workers can apply various techniques (e.g. verbal exercise and play) to guide the group or individual children through the stages of their unique grieving process. Looney et al (1980) studied psychiatrists transition from training to career related stress and mastery. Results are presented from a survey research study of 263 psychiatrists recently graduated from a wide variety of training programs. The psychiatrists reported alarming symptoms of stress during this period, yet they used effective coping mechanisms and perceived themselves as increasing in growth, mastery and confidence. The most effective coping mechanisms were those involving the establishment of support systems with loved ones. Zeitlin (1980) presented an assessment of coping behaviour. He also described the coping inventory, an observation instrument based on Murphy's longitudinal study of children's coping behaviour. The instrument assesses 48 kinds of coping behaviour in order to develop a profile for use in educational and therapeutic planning. Beard (1982) examined the relationship between stressful life events, trust and nervous
habits based on J.B. Rotter's (1954) social learning theory and B.M. Neuman's (1974) health care system model. Findings indicated that with increased age there was a decrease in the level of interpersonal trust, fewer habits of nervous tension, and fewer stressful life events. Implications for nursing are discussed, including social support systems, influence of intrapersonal factors and positive coping styles. Pyszczynski (1982) discussed the cognitive strategies for coping with uncertain outcomes. He tested the hypothesis that (a) when faced with high desirable but uncertain outcomes people may employ cognitive strategies in an attempt to influence their future affective responses to the outcomes in question, (b) when people are faced with a low probability of obtaining a highly desirable outcome they tend to derogate that outcome by perceiving it as less attractive; and (c) when people are faced with uncertainty regarding the occurrence of a highly desirable outcome, they tend to underestimate the likelihood of its occurrence in an attempt to avoid future disappointment. As predicted, Ss viewed the highly attractive prize as less valuable and attractive when they had a low probability of winning than when the probability of winning was moderate or high. Ss also perceived themselves as less likely to win when the prize was high in attractiveness than when its was low in attractiveness. Westerfeld (1982) described coping with long
distance relationship (LDR) and (2) potential ways of dealing with an LDR. The greatest asset of the workshop seems to be the peer support component students learn from active participation that their is not an isolated problem. Kessler and Essex (1982) studied 2300 community residents through their self reports of psychological distress, personal stresses stemming from problems of economic maintenance, occupation, childrearing and marriage; and their use of specific coping strategies and more general coping resources to manage various role related strain. Strain had a significantly less damaging emotional impact on married Ss because of (1) their greater intimacy with spouses and other confident and (2) superiors intrapsychic resources. The intrapsychic resources play a central role and raise the possibility of a selection effect. However this selection effect is called into by the extent to which social resources made available is marriage, such intimacy and integration explain the social competence of married. Krampen and Mory (1982) studied the coping strategies of 100 pupils with reference to the receiving of a bad grade in mathematics. Ss completed a questionnaire that measured 16 cognitive coping strategies. Results showed that Ss mainly used causal attributive strategies (intellectualization, self accusation). Further - more, the stressor and the own stress reactions were
frequently depreciated, alternative reinforcers were frequently sought and defensive and behavioural coping strategies were weakly marked. Grades and subjective indicators of mathematics achievement were weak correlates of some coping strategies. Ingebratesen (1982) studied adaptation and coping among the elderly. The losses and possible stressful situations in old age are often unambiguously used as explanations of pain and problems. The stresses and strains experienced in old age are made up of a complex patterns of losses and gains. The individual's appraisal of situation is of vital importance for the reaction to life stress and both the individual resources (in health, cognitive functions, personal styles and coping method) and the social support system need to be carefully assessed as a mediating process to adaptation. The different criteria of adaption give different results. Clark and Harrell (1982) studied the relationship among type A behaviour, styles used in coping with racism and blood pressure. Findings encourage the inclusion of personality variables as predictors of elevated BP in Black College students. Feldman and Brett (1983) investigated differences in coping strategies used by 80 new hires and job changers. Job changers tried harder to control and change their job situations than did new hires, who sought out more social support and more aid from others. It is suggested that
greater attention should be paid to the relationship between what individual do to cope with unfamiliar situations and what organizations do; to facilitate adjustment.

Doerfler and Richards (1983) investigated college women's coping behaviour with depression. Their investigation did not identify any clear coping differences between successful and unsuccessful copers. Follow-up interviews indicated that many initially unsuccessful Ss eventually became much less depressed. Snyder (1983) said that strategies are available to help the inefficient reader to cope with situations in which reading skill ordinarily would be required. Specifically discussed are strategies for coping in higher education, coping strategies for adult responsibilities, employment opportunities, the tendency to hide the problem and some advantages to being an inefficient reader. Levine and Dastoor (1983) examined coping behaviour of 10 supporters (41-71 yrs) of demented elderly dependents in the context of arising for their relatives at home. Coping skills are described with respect to problems, solutions, and cognitive aspects of motivation and stress tolerance. Observations suggested the hypothesis that tolerance of disability in a demented relative is related not only to the number and type of problems in the dependent but also to the availability and quality of coping skills in the supporter.
This hypothesis was explored through the elaboration of a skills training program designed and employed to improve and expand the coping skills of a stress relationship.

Hogman (1983) studied the coping behavior of displaced Jewish children and found that as adults the Ss continue to react to the effects of their earlier experiences by fighting helplessness and trying to integrate their feelings thus continuing the process of active coping. Aberger et al (1983), Rosenbaum and Rolnick (1983) studied self control behaviors and coping with seasickness. 89, 18-23 yr old sailors in the Israeli Navy were divided into 'seasick' and 'not seasick' groups. Each group further divided into high self controllers (HSC) and low self controller (LSC). Results showed that (a) HSC seasick Ss had fewer performance deficits than LSC seasick Ss and (b) HSC seasick Ss reported using self control methods more extensively to cope with seasickness than did LSC seasick Ss. These differences were not observed between HSC and LSC Ss in the not seasick group. Findings highlighted the importance of cognitive skills in the process of coping physically stressful situations. Sinnzato (1985) studied the coping behaviors of sever diabetes. Stone (1985) discussed the validity of methods used by L.I. Pearlin and C.Schooler to assess coping efficacy. It is argued that Pearlin Schooler method of
analysis is the best case, merely, documents the main effects of strain and coping and does not address the issue of coping moderating the strain stress relationship.

Gauthier, Sauard et al (1988) examined the effects of flooding and coping skills training in reducing the fear and avoidance of dental treatment among 14, 17-61 yr old dental phobics. Results showed that flooding and coping skills training were equally effective in increasing approach behaviour, reducing subjective anxiety and increasing level and strength of perceived self efficacy. Dental appointments were more effectively promoted when coping skills training preceded rather than followed exposure to dental stimuli.

Kaloupek and Stoupakis (1985) investigated the coping strategies used by 73 volunteer blood donors. Coping was assessed by process state and trait measures that were then examined in terms of their relationship with subjective, physiological and behavioral indices of anxiety. Results showed that ratings of anxiety made by donors themselves and by attending nurses generally replicated the previous finding of lower distress associated with accident coping. Problem focused coping was also associated with lower distress, including a lower heart rate for time donors. Other evidence suggested that for some individuals the expression of
distress may be part of coping strategy that is associated with reduced physiological responding. Discussion concerned link between coping and anxiety that may have relevance to stressful medical situations, including the possible need for anxiety reduction to allow successful application of avoidant coping. Porporino and Zamble (1984) studied the coping with imprisonment. A systematic analysis of prisoner's coping processes would provide the framework from which to proceed. Improvement is needed in the ability to predict coping failures, paying more careful attention to why prisoners fail to deal with stressful encounters and helping them to turn these situations into concrete learning experiences. Halford and Learner (1984) studied 66 males and 60 females to investigate the correlates of individual differences in coping with unemployment. Adjustment to unemployment was assessed via self reported physical and mental health problems and life satisfaction. Regression analysis indicated that all criterion measures of adjustment were associated significantly with the predictor variable. It is concluded that stress theory provides a useful conceptual framework for analyzing individual differences in the impact of unemployment.

Friedrich et al (1985) assessed four broad dimensions of coping resources (Utilitarian resources, energy/ morale,
general and specific belief and social support) in 140 mothers of mentally retarded children. Measures of the dimension and child variables were administered in study I, 104 of the Ss were assessed on measures of depression, family relations, locus of control, and marital adjustment of 8 months later in study II. Results showed that the dimensions were related to a measure of the adequacy of parental coping. Three of the 4 categories of coping resources were significant contributors in a regression analysis and contributed additional variance beyond that of behavioural and physical problems of the child. Woody et al (1984) examined parental stress and adjustment to divorce in relation to demographic and background data related to stress and symptoms of 87, 24-35 yrs old parents who were divorced. Results showed that crisis level stress was related to recency of divorce and was found in 78% of Ss. Stress for these Ss was unrelated to background factors. Symptoms were not related to the length of time of divorced and did not necessarily decrease with time. Holahan and Moss (1985) investigated factors that buffer the negative health effects of life stress by surveying 267 families. Both husbands (M age 44 yrs) and wives (M age 42 yrs) were tested. Ss were separated into a distress group (high stress, high distress) and a resistant group (high stress low distress) and were assessed on a battery of measures. Findings demonstrated that
Ss who adapted to life stress with little physical or psychological strain were more easy going and less inclined to use avoidance coping than Ss who became ill under stress. In addition, in the stress resistant group men were more self confident and women had better support than their counterparts in the distressed group. Richman and Flaherty (1985) studied coping and depression and contribution of internal and external resources during a life cycle transition. Menos and Christakis (1984) studied coping with cancer. They discussed some of the psychological aspects of cancer such as how the patient feels, reacts and tries to cope with cancer, the involvement of the family in the patient's care and how the physician and nursing, personnel can offer optimal care by considering their own, the patient's and the patient's family psychological response to the disease. The psychological responses of the patient include denial vulnerability, coping strategies, hope, depression, suicide reaction to diagnosis and the management of the family. Coping with cancer whether at somatic or psychological level is based on hope. Olah et al (1984) studied the relationship among coping strategies, anxiety, frequency of stress exposure, and situational frequency. Dowd et al (1985) subjected 134 undergraduates to completion of the State-Trait Anxiety Inventory, Attributional style questionnaire (ASQ), Beck depression Inventory (BDI) and
scales assessing efficacy expectations, outcome expectations, situational perception of danger and situational importance to assess attributional styles and cognitive measures associated with anxiety as distinct from depression. Results showed that bad outcomes global on the ASQ contributed significantly to explain variance on trait anxiety and that efficacy expectation, importance and bad outcomes stable on the ASQ contributed significantly to explain variance on depression. When BDI scores were entered first, no other predictor variables contributed significantly to explain variance on either state or trait anxiety. Krauß (1984) presented a model on the interaction of self concept actualization and coping behaviour by using process related constructs of R.S. Lazarus (1966); the constructs influence the permanent process of appraisal. To describe the connection between stimulus and behavioural reaction, the constructs—stimulus appraisal, vegetative activation and transfer of activation, which are influenced by the stable components— are suggested. Powers (1985) compared the coping strategies of 2 groups of families coping with unusual stresses: 22 families of diabetic adolescents and 35 families of adolescents who were psychiatrically hospitalized in early adolescence. The coping strategies of these 2 groups of families were also compared to the coping strategies of 39 families of nonpatient adolescents. Analysis indicated that
families of ill adolescents had a greater variety of coping strategies than families of nonpatient adolescents and relied more heavily on community resources. Coping in the families of psychiatrically ill adolescents in comparison to the other families was characterized by reliance on active internal and external means of responding to stress. Schill et al (1985) studied relation of expression of hostility to coping with stress. 88 male and 88 female white undergraduates completed the Life Experience Survey and Beck Depression Inventory. 20 females and 12 males who scored high on stress and on depression were identified as inefficient copers (ICs), 27 males and 27 females who scored high on stress and low on depression were classified as efficient copers (ECs); 11 females and 9 males who scored low on stress but high on depression were assigned to a chronic depressive affect group. Results showed that ICs and the chronic affect group had higher total scores and higher scores on the irritability, guilt, resentment and suspiciousness subscales than the ECs and unchallenged group. Females scored higher than males on the irritability subscale and males scored higher than females on the assault subscale. No differences between ECs and ICs were found on the assault or verbal subscales. It is suggested that efficient coping was associated with reacting to stress with a minimum of hostility whether expressed or suppressed. Lipsky (1985)
investigated parental perspective on stress and coping. She examined professional biases in the literature on care of the disabled and considered steps for creating a sounder basis for collaboration between parents and professionals. It is essential that parents and professionals attempt to understand and make others aware that stress is most often not a factor of psychological dysfunction but rather the absence of a sympathetic social or economic support system. Panzarine (1985) studied that nursing research has begun to explore the ways in which patients cope with the deleterious effects of physiological and psychological stressors but the complexity of the construct of coping is viewed as having been understated in such investigations. It is argued that clinical research in this area should reflect on appreciation of the multidimensionality of coping; the change that occurs in coping and its outcomes overtime and across contexts, the salient variables that can affect the coping process including stressor characteristics; and the reciprocal nature of the relationship between coping and its adaptational outcomes. OSt (1985) tested the effects of applied relaxation and stress inoculation, respectively in an A-B design for a 30 yr old females with panic disorder and a 36 yr old males with generalized anxiety disorder. The condition of both Ss was improved to a large extent as assessed by self observation, physiological measures and a
battery of self report scales. Edelman (1985) studied psychiatrists in the 1980s, their societal pressures and coping strategies. Societal pressures experienced by clinicians in the 1980s include public expectations and troubled state of the economy and increased government and third party influence. It is suggested that these pressures may be offset if psychiatrists are willing to become more actively involved in community service, clearly express the limits of their professional expertise and diversify their personal lives. Dewe (1985) studied coping with work stress and presented interview and checklist data on teachers who frequently used coping strategies. Six factors accounting for 33% of the variance were identified. It is emphasized that these factors do not represent a coping skills hierarchy but rather the range of techniques that teachers used to deal with stress or difficult situations. Bagarozzi (1985) examined the validity and reliability of the Family coping strategies (F-COPES). An abbreviated version of the F-COPES scale was administered to 100 couples. Results showed that although the F-COPES scale has only limited reliability and validity, it is an important approach for assessing coping strategies in families. Fuller and Geis (1985) discussed how the physician skilled in facilitating communication can help the family of a terminally ill patients to cope with stress. Lowering the stress levels can reduce the risk of permanent
psychological and physical damage to surviving family members. Appropriate interview techniques were outlined for 5 common stress areas (1) social unacceptibility of presenting symptoms and of death itself (2) helplessness, ager and guilt (3) sexual feelings and expectation (4) specific preparation for death (5) bereavement and grieved after death. It is concluded that the physician's investment of modest amounts of time in direct care and in building ancillary resources can result in a significant service to grieving family.

Scheier and Carver (1985) described a scale measuring dispositional optimism, defined in terms of generalized outcome expectancies. Ben-Sira (1985) studied a representative sample of 1179 Israeli adults to investigate the factors that facilitate maintaining an individual's emotional homeostasis despite occasional failure in initially coping with stressors due to resources inadequacy. Data supported the hypothesis that potency, a feeling of confidence in one's own capacities and in the meaningful orderlines of society fulfils a tension bounding function by weakening the association among the components of the coping-stress-health relationship thus moderating the deleterious effect of occasional failures in coping on homeostasis and health.

Folkman, Lazarus et al (1986) examined the relation between personality factors (mastery and interpersonal trust) primary appraisal (the stakes a person has in a stressful encounter),
secondary appraisal (options for coping), status and psychological symptoms among 75 married couples aged 26-54 yrs. It was assumed that appraisal and coping processes should be characterized by a moderate degree of stability across stressful encounters for them to have an effect on somatic health status and psychological symptoms. Mastery and interpersonal trust, primary appraisal and coping variables (aggregated over 5 occasions) explained a significant amount of the variance in psychological symptoms but not somatic health status. Mooney et al (1985) investigated factors that constitute children's and parent's conceptions of their children's night time (NT) fears and coping techniques. The coping categories consisted of responses related to internal self-control, social support, support from inanimate objects, prayer, and avoidance or escape either by controlling the inanimate environment or by controlling others. Suls (1985) conducted a series of meta-analysis involving relative efficacy of avoidant and nonavoidant coping strategies. Zarski et al (1987) studied relationship to social interest and coping.

Blanchard-Fields et al (1988) results of the study showed that older Ss endorsed more problem focused strategies in perceived controllable situations and emotion focused strategies in perceived uncontrollable situations, while
adolescents endorsed emotion focused and defensive coping styles, irrespective of perceived controllability. Singh and Sinha (1987) investigated coping strategies of male industrial managers using 21 item questionnaire. Seven factors explaining a total of 72.4% of variance were obtained including a cheerful and optimistic work orientation, rash reactions, expression of anger toward subordinates and superiors, and expression of anger towards family members. Smith (1987) concluded from his study that stress coping computer programs can provide some relief for situational types of stress. Roberts (1987) described the life management model of burnout and coping with stress through burnout. It is suggested that, like the effects the causes of burnout are not confined to the workplace alone. Burnout is seen as the work life display of characteristic behaviours whose cause may lie in the quality of one's marriage, family and intimate social network. Linn and Husaini (1987) investigated the determinants of psychological depression and coping behaviours of Tennessee farm residents. Finding showed the number of chronic medical problems to be the most important predictor of depressive symptoms for the farmers. Differences with respect to the effects of social support, race, and age on distress are noted for the farm and rural samples. Slater and Rubenstein (1987) investigated trauma in adolescents and family coping. Family adjustment issues are discussed in
dealing with ATPs (Adolescents trauma patients) to common emotional reaction, even with adequate coping strategies include denial and feelings of fear, depression, anger, guilt, alienation and confusion. Other issues are the effect of injury on family roles and subsystems, the establishment of realistic expectations and the role of the social support network in coping with the stress of an ATP. Teichman and Lahav (1987) studied expectant fathers emotional reactions, physical symptoms and coping styles. Expectant fathers reported lower levels of anxiety. The correlations between types of involvement and anxiety or physical symptoms indicated that all types of involvement were negatively correlated with anxiety. Rosenberg and Peterson (1987) investigated the coping behaviours of depressed and nondepressed medical inpatients. Depressed Ss more often reported avoidance strategies to cope with the stressors associated with hospitalization; while non-depressed Ss were more likely to utilize active coping techniques. Kupst and Schulman (1988) assessed the families of children with leukemia in a follow up study of 6-8 years to determine long term coping. Results showed that families showed significant improvement in adjustment over time. Consequent correlates of coping were: levels of family support, quality of the parents marital relationship, good coping of other family members, lack of other concurrent stresses and open
communication within family. Medical status and duration of illness were not significantly related to coping. Cooper et al (1988) proposed the model that alcohol abuse can be predicated from a causal chain that includes alcohol consumption and 'drinking to cope' as proximal determinants and general coping skills and positive alcohol expectancies as more distal determinants. Drinking to cope emerged as the most powerful predictor. The predictive value of coping was moderated by alcohol expectancies such that avoidant styles of coping with emotion were predictive of abuse status only among drinkers expressing greater belief in alcohol's positive reinforcing properties. Findings, both support and refine the social learning perspective on alcohol abuse. Peterson (1989) studied coping by children undergoing stressful medical procedures. Weigel (1988) studied coping with economic stress. Three focal points were identified: helping individuals and families in rural areas to deal with the effects of economic stress, identifying professionals who interact with families facing economic stress, and developing support networks and services. Comps et al (1988) examined the alternative solutions to cope with stressful events and the strategies actually used to cope with interpersonal and academic stressors. Coping with academic stress was not related to emotional/behavioural problems. Self-reported emotional and behavioural problems varied as a function of
the match between perceived control and the generation of problems focused upon alternatives for coping with social stressors but did not vary as a function of the match between perceived control and other coping strategies. Irion and Blanchard Fields (1987) examined the patterns of coping and perceived effectiveness of coping strategies in both threatening and challenging contexts. Findings supported the hypothesis that adaptive coping processes characterize later adulthood. Gass (1987) investigated the relationship between helpful and unhelpful strategies of widows and health dysfunction. Helpful strategies included keeping busy, participating in social groups, learning new skills, reviewing the death, praying, talking with the deceased, and recalling happy memories. Less helpful strategies included self-blame, fantasy, and drug and alcohol use. Subjects with lower psychosocial health dysfunction used fewer coping techniques. Blanchard Fields et al (1988) examined the relation between locus of control and coping as moderated by age and context using Lazarus's ways of coping questionnaire, a situation-specific controllability measure, a defensive coping questionnaire, and Levenson's internality, powerfulness of others, global locus of control scales, for challenging and threatening contexts. Internality was positively related to escape, avoidance, hostile reaction, and self-blame for younger individuals and negatively related
for older adults. A belief in powerfulness of others was positively related to planful problem solving and self controlling in older adults and negatively related for younger individuals. Belief of chance was positively related to distancing and self controlling for older adults and related for younger individuals. Monk (1987) studied coping with the stress of jet lag and discussed the 2 components of jet lag. Stress effects that stem from the particular physical and psychological aspects of the flight itself and those that result from the need to reset the biological clock. Tolor and Fehon (1987) explored the possible relationship between coping strategies and the adjustment levels in stressed high school students. Problem focused strategies such as 'talking position action' and 'seeking information' were the most frequently reported strategies. Comparisons between better and more poorly adjusted Ss produced modest relationships with a trend for the former to rely more on dependent strategies of coping with stress. Gentry and Shulman (1988) examined with the death of a husband and remarriage as a response. They found that women who retrospectively recalled the most concerns immediately after the death of spouse were the ones who eventually remarried. The remarried group believed that
they were experiencing significantly fewer concerns now than they had after the spouse's death, the women who had not considered remarriage believed that they were experiencing same number of concerns now as before; and those women who had considered remarriage believed that they were experiencing significantly more concerns. King et al (1987) studied coping with relocation. Stephens et al (1988) examined the ways in which caregivers cope with stressful caregiving situations and the relations between coping strategies and caregivers psychosocial well-being. Caregivers indentified a recent stressful event in caregiving and indicated strategies used to cope with this event. Analysis indicated that caregivers engaging in more escapeavoidance coping reported greater depression and more conflict in their personal relationship. Those using more positive reappraisal demonstrated greater positive effect. Younger caregivers many of whom were women, used more avoidance strategies. Jones (1987) said that in coping with the young handicapped child (HC) relevant clinical issues stem from 3 different domains within the single parent ecosystem individual child, the family and personal network and the professional network. Stressors associated with the single parent family, and with the care of HC in a single parent families are compounded in the situation of low income or working class, never married, and mother headed families. Handicapped related
reality stressors are influenced by severity of the handicapping condition. Amantea et al (1987) examined professional women's inter role coping by focus and mode. Distinctive patterns of coping response use emerged when the coping response strategy was expanded to include whether the response was problem focused or emotion focused and active or passive. Ss reported greater use of problem focused than emotion focused coping responses across several different types of work role conflict situations. Amundson and Borgen (1987) studied coping with unemployment. Unemployed volunteers were interviewed to isolate factors perceived by unemployed people as being a help. Factors characterized as remedical factors (like finanical pressures and job rejections) that lead to negative emotional shifts and developmental factors that lead to positive shifts in emotion (e.g. support from family and friends) were isolated. These factors suggested interventions that promote problem redefinition, awareness of personal power and growth and constructive action leading to the goal of reemployment. Haggmark (1987) studied the social activity patterns among relatives of cancer patients. Ryan (1988) reviewed the evidence that adult inferences about school age children's sources of stress and methods of coping often differ dramatically from the children's perspective. Recommendations for nursing research and clinical observations were made.
based on the dynamic interactive model of the stress coping process from a developmental perspective. Sahoo et al (1987) examined the relationship between individualism, collectivism and coping style. Results indicated that Ss with a collective orientation adopted denial, repression and turning against the self in dealing with unpleasant stimuli, while individualistic Ss used isolation. Findings suggested that adoption of coping mechanisms is related to the goals an individual sets for personal and social adaptation. Moos (1988) offered a conceptual framework that focuses on life stressors and coping resources. The coping responses inventory organizes coping responses into 10 categories that reflect the appraisal, problem, and emotion focused domains of coping efforts and the connections between life context, coping factors, and health and well-being. Keller (1988) found that chronically ill Ss who were physically dysfunctional tended to respond with palliative coping strategies. Richard et al (1989) used a model of occupational stress, strain and coping in assessing the relationships between male and female university faculty. Regression analysis indicated a significant interaction between sex and rank on predicted strain scores. Results showed that occupational rank is an important variable when discussing the differential effects of stress, strain and coping between men and women in a university setting.
Sparks et al. (1988) studied the individual differences in coping with stressful mass media. Brown et al. (1988) investigated the coping responses used by adolescents in high-risk situations. Findings showed that both abusing and nonabusing Ss reported similar high-risk situations, but differed significantly in the cognitive and behavioral strategies used to cope with drinking pressure. Vitali et al. (1987) studied the coping profiles of chest pain patients with and without psychiatric disorder and coronary heart disease and then compared. According to expectation, chest pain patients without psychiatric disorder scored significantly higher on a problem-focused coping scale than chest pain patients with psychiatric disorders, who scored higher on this scale than psychiatric patients with no medical illness. Scores of chest patients with psychiatric disorder were higher on a measure of avoidance and lower on a measure of seeking of social supports than those without psychiatric disorder. Dingel and Joos (1988) discussed stress, coping and health concepts. This model was chosen on the basis of an assessment of the limited exchange between the research that has focused on NA (native American) health problems and the research that has investigated stress and coping relationships with respect to health outcomes.
1.4 THE PRESENT STUDY : ITS RATIONALE :

It is clear from the above studies that outstanding efforts have been made to study the coping behaviour. Some of the coping strategies are pointed out from these studies. Attempts were made to study the strategies related with disease or chronic illness (Manderscheid 1976; Sourkes 1977, Mathews, 1977; Jolly 1977, Manos and Christakis, 1985, Sorbe and Tellegen 1984, Koch 1985, Powers, 1985, Zarski 1987). Other situations and related coping strategies have also been studied like coping during dental fears (Matthews, 1977, Gautheir and Sauard, 1985). Demographic variables have also been investigated in relation to coping styles such as age (Ingebretsen 1982, Levine 1983, Halford and Learner, 1984, Zeitlin, 1980 Duncan, 1978, Blanchard-Fields et al 1988, Harel, 1988) and sex (Henderson and Bostock 1975, McKinley, 1976, Stewart 1978, Davidson 1978; Doerfler and Richards, 1983, Smith 1987; Amatea et al 1987, Tolor and Fehon 1987). Coping strategies have also been reviewed in the light of women health problems (Fuller et al 1978; Aberger, 1983), and children's health concerns (Lynch and Ardnt 1973, Viney and Clark 1974, Chess and Thomas 1976, Jolly 1978, Hogman, 1983; Ryan 1988, Peterson, 1989). Likewise physically and mentally handicapped children and their coping strategies have also been made the target of study. (Doll 1976, Minde 1978,
disorders (Ost, 1985), type-A&B behaviour (Clark and Harrell, 1982, and imprisonment (Porporino and Zamble 1984). Other populations that have been studied in connection with coping style are adolescents and adults (Compas et al 1988; Slater and Rubenstein 1987, Irion et al 1987; Smith, 1987), Cancer patients (Kupst et al 1988; Haggmark et al 1987), unemployed persons (Annundson and Borgen, 1987), economically deprived persons (Weigel 1988) depression patient (Rohenberg et al. 1987; Linn and Husaini 1987) and employees with work stress (Henderson and Bostock 1975; Girodo and Roehl, 1978, Dewe 1985). And coping style and individualism and collectivism were also studied (Sahoo et al. 1987).

However, in the light of the studies cited above it can be said that studies pertaining to the investigation of coping strategies adopted by entrepreneurs and/or business persons for reducing their stress are scanty. Therefore, an attempt has been made in the present investigation to examine the relative preferences to certain coping strategies of the entrepreneurs/ business owners reducing their stress in the light of certain identifiable demographic variables like sex, family history of business, caste, size of industry and also in the context of certain well-established personality dimensions like intelligence, extraversion, neuroticism, and Psychoticism. In other words an attempt has been made in the
present scientific endeavour to see how far sex, family business history, caste, size of industry, extraversion, neuroticism, psychoticism and intelligence do play their roles in influencing the preference for stress coping strategies in the case of entrepreneurs/business owners managing their stress associated with their industrial life under the caption "Stress coping Mechanisms And Personality Dimensions of the Entrepreneurs", because personality is that which encompasses both biological & psycho-social endowments and permits a prediction of what a person will do in "given situation from the gestalt standpoint (Munn 1961, Cattell, 1950); and the term entrepreneurs, in a broad sense, encompasses all those who run some enterprise of any variety in the interest of both the selves & the society; and hence are popularly known as business owners (Richerd Cantillon, 1755 & Cole, 1959).