INTRODUCTION

Modern Thinkers have characterized our times as an "age of stress." However, the expression "stress" in fact is defined mostly in vague terms. It has become more and more a vogue word used to describe either the boundary area between the individual and his experience of incommodious circumstances on the one hand, or an entire medley of harmful influences on the other. Further confusion has arisen from the fact that some observers consider stress to have a beneficial character in helping use to get along, whereas others claim that the inherent dangers in certain activities can be said to release what is called 'constructive' or 'positive' stress. On the other hand, stress is seen to be a risk factor. Whether something is felt to be stress or not, also depends on the point of view of the observer concerned. It is a mistaken impression that stress is only a modern phenomenon, unknown or non-existent in the past. This actually is not true. We get enough evidence dating back to a couple of thousand years in Eastern scriptures wherein systems to cope with stresses have been highlighted. Yogic literature, meditational techniques and respiratory controls are some of the better known evidences. Religion, originally, must have been a method to overcome, control, moderate or eliminate the negative feelings that cause stress such as greed, envy, anger, pugnacity and similar problems. These issues give rise to the contention that stress has been a subject of exploration and study for a very long time.

The concept of stress was first introduced in the life sciences by Hans Selye in 1936. It is a concept borrowed from the natural sciences. In common parlance, the terms "stress" and "strain" are used synonymously in a non-scientific manner. The popularity of this concept has dwindled in the physiological field where it was first introduced, and the uses of stress terminology flourish in the psychological and social
During the last two decades the term stress has come to be widely used in relation to work organisations (Agarwala, Malhan and Singh, 1979), and empirical researches on the themes of stress have increased many folds. One of the major areas of research in India appears to be organisational stress in general and role stresses in particular. However, there is still a great deal not known about stress in different organisations or occupational groups (i.e., Beehr & Newman, 1978, Cooper & Marshall, 1976). Beehr and Newman (1978) reviewed Western literature and showed consistent replication of findings that perceived stress on job is related to employee's health and Well-Being.

A major portion of the medical and health sciences research examines hypertension, cardiovascular diseases, and catecholamine production, but these are not only symptoms of stress examined, particularly in the limited stress research done in organisational and industrial psychology. In addition, a large number of other symptoms have been hypothesized to be stress-related. All these symptoms have been classified into three main categories, that is, physiological, psychological (cognitive & affective), and behavioral responses (individual consequences and organisational consequences) (Beehr & Newman, 1978, Schuler, 1980, Motowidlo, Packard & Manning, 1986). French, Caplan and associates studied work-load, role-conflict, poor relationships among workers and their peers, supervisors and subordinates, and lack of subjective fit between person and environment, in a number of occupations. They found that these stressors predicted job dissatisfaction, psychological symptoms such as depression and anxiety, and somatic symptoms such as headaches and various risk factors in Coronary Heart Disease (CHD) (Cooper & Marshall, 1978, French & Caplan, 1972).

Role conflict, ambiguity and overload have also been studied as antecedents of occupational or role stress (e.g., Brief & Aldog, 1976, Bedian, Armenakis & Curran, 1981, Ivancevich, Matteson & Preston, 1982, Manning, Ismael & Sherwood, 1981, Rosse & Rosse, 1981, Orpen & Bernath, 1987). The results of the research using such role characteristics are that role conflict, role ambiguity and role overload are positively related to individual tension, anxiety, depression, low self-esteem and dissatisfaction. Despite disagreement regarding definitional and conceptual issues in
stress results, there is consensus on the importance of individual differences. The individual characteristics that have been found to be related to stress and health include *Type-A behavior pattern* (e.g., Evans, Palsane & Carrere, 1987; Ivancevich & Matteson, 1984, Friedman, Hall & Harris, 1985, *self esteem* (Hogan & Hogan, 1982; Leavy, 1983, Motowidlo et al., 1986); *hardiness* (Kobasa, 1979, 1983); *locus of control* (Anderson, 1977; Houston, 1972, Marino & White, 1985). Diamond (1982) presented a critical review of the literature pertaining to the role of anger and hostility in essential hypertension and Coronary Heart Disease (CHD). Hypertensives have been reported to be more anger prone and hostile than their normal controls (e.g., Ploeg et al., 1985, Williams et al., 1985; Spielberger et al., 1985). Suppressed anger has been deserved to be related to elevated blood pressure (e.g., Gentry et al., 1982; Spielberger et al., 1985). The studies on the relationship of stress (life or role) and anger expression is notable by their absence both in the West as well as in India.

Interest in the processes by which people cope with stress has grown dramatically over the past two decades (Moos, 1986) The starting point for much of this research is the conceptual analysis of stress and coping offered by Lazarus in 1966 (see also Lazarus & Folkman, 1984) The research regarding individuals coping with stress has been spurred by the recognition that the correlation between measures of stressful life events and mental and physical health, though consistent, is modest at best (Holmes, 1979, Johnson & Sarason, 1978; Rabkin & Streuning, 1976, Thoits, 1983). This suggests that the existence of stress, as measured through life change or stressful life events, may be less important to well being than how an individual appraises and copes with stress (Antonovsky, 1979, Lazarus, 1981) Although initial results are encouraging (e.g., Caplan, Naidu & Tripathi, 1984, Menaghan & Merves, 1984; Vitalians, Russo, Carr, Maiuro & Becker, 1985), there are still many unresolved issues concerning the conceptualization and measurement of coping and its relation to mental health.

There is no clear consensus as to which coping strategies or modes of coping are most effective, that is, how well a coping strategy serves to resolve problems, prevent future difficulties, or relieve emotional distress. The few studies that examined the relation of coping to some outcome measure have produced inconsistent results.
For example, some studies have found that problem-focused coping (paradoxically) increases it (Felton & Revenson, 1984, Mitchell, Cronkite & Moos, 1983; Mitchell & Hodson, 1983). Others, however, have reported the opposite pattern (Baun, Fleming, & Singer, 1983; Marrero, 1982). In yet another study, problem focused coping had little effect on emotional distress but decrease subsequent problems (Menaghan, 1982). Thus, we are far from describing a “magic bullet” coping strategy that can instantly solve problems and restore emotional equilibrium.

In recent years there has been increasing interest in the types of coping behavior adopted to manage life or work stress. A mounting conviction among research and clinical workers was observed when they stated that how people cope with stress may be even more important to overall morale, social functioning and somatic health than the frequency and severity of the stress episodes themselves (Murphy & Mioriatry, 1976). Considerable amount of research efforts has been done towards the construct of coping behaviour in the West. Lazarus et al., (1980), speculate that ineffective coping can add to the risk of illness or death. However, effective coping, in contrast, can decrease the risk of illness. Coping has long been ascribed central role in human adaptation. The person who copes with job stress or marital dissatisfaction by drinking, smoking, overeating, or reckless driving, may not only further damage his social relationships and functioning but is also increasing general or specific vulnerability to disease. Links between style of living, coping and somatic illness has been suggested by Friedman of Rosenman (1974), who argued that a primary cause of heart disease is distinctive pattern of behaviour called Type-A (see also Evans et al., 1987) Weisman and Worden(1975) focused on the difference in coping strategies between those patients who survived longer than expected on the basis of disease and those whose outcomes were expectedly poor. On the basis of his research findings, Schmale (1972) suggested that those who are unable to cope may increase their susceptibility to disease. Cohen and Lazarus (1973) found that the patient who knew the most about their operations and had sought out information had the slowest and most complicated recovery.

Systematic research on occupational/organisational stress in India is a recent phenomenon (see Singh, Malhan, & Agarwala, 1979, Agarwala, Malhan & Singh,


On the basis of a review of some western studies on the concept, correlates and moderators of well-being and organisational stress, Sharma (1983) concluded that culture is an important factor in the study of psychological Well-Being and organisational stress as well as in the study of mediators of organisational stress—psychological Well-Being relationship. He noted that the findings based on western samples were not only inconclusive but also restrictive. It is necessary to verify the
generalizability of such research across cultures (Sharma, 1985) The time has come when all must recognize the necessity of examining the interrelationship between social, psychological and physiological determinants of disease and illness.

In recent years, both in the scientific as well as in popular literature, there is an increased interest in the quality of life, the attributes that describe quality of life, and events that effect quality of life. Most often, quality of life is conceptualized as a composite of physical, psychological and social Well-Being of an individual, as perceived by the person or the group. A very important aspect of quality of life is the happiness, satisfaction or gratification subjectively experienced which is often called Subjective Well-Being (SWB) or Psychological Well-Being (PWB). Now psychological Well-Being, people’s cognitive and affective evaluations of their lives, is a flourishing research area in the social science Reviews of this field are available from Argyle (1987), Diener (1984), Diener and Larsen (1983), Myers and Diener (1985), and Veenhoven (1984), and a discussion of the definition and measurement of Psychological Well Being can be obtained from Andrews and Robinson (1992), Diener (1994), and Diener and Fujita (1994) Psychological or Subjective well being comprises of a person’s cognitive evaluation of his or her life (life satisfaction), as well as affective reactions to life (positive affect and low negative affect). Research in this area has focused on individual differences in Psychological Well Being, for example variations in life satisfaction that correlates with personality and with demographic factors (Diener, 1984, Diener & Larsen, 1983).
OBJECTIVE OF THE STUDY

The present study addressed itself to the following research questions:

1. What is the nature of relationship between Organisational Role Stress and various indicators of Psychological Well-Being?

2. What is the nature of relationship between Type-A behavior pattern and various indicators of Psychological Well-Being?

3. What is the relationship between Coping Strategies and various indicators of Psychological Well-Being?

4. Does the relationship of Organisational Role Stress with various indicators of Psychological Well-Being vary in nature or magnitude with Type-A/B classification?

5. Does the relation of Organisational Role Stress with various indicators of Psychological Well-Being vary in nature or magnitude with Coping styles adopted?

6. Does the relationship between Type-A behavior pattern and various indicators of Psychological Well-Being vary in nature of magnitude with coping strategies adopted?

7. Does the Types of personality (Type-A/B), levels of Stress (High or Low) and Coping styles (Avoidance/Approach) adopted determine the Psychological Well-Being of an individual?

8. What is the relative predictive power of Organisational Role Stress, Type-A/B classification (JAS) and Coping Styles in the explanation of the variance in Psychological Well-Being?
OPERATIONAL DEFINITIONS

NEGATIVE AFFECT (NA)

Negative Affect is a general diversion of subjective distress and dissatisfaction. High Negative Affect is composed of several specific negative emotional states, including fear, anger, sadness, guilt, contempt, and disgust.

POSITIVE AFFECT (PA)

Positive Affect dimension reflects important concurrence among positive mood states; in other words an individual who reports feeling joyful will also report feeling interested, excited, confident and alert.

JOB SATISFACTION

Job Satisfaction is a person’s attitudes towards the job. Like any other attitudes, it represents a complex assemblage of cognition’s (beliefs or knowledge), emotions (feeling, sentiments). Job Satisfaction is the result of aspects related to the work (on-the-job) as well as off-the-job environment.

ON-THE-JOB SATISFACTION

On-the-Job Satisfaction is the result of following work related aspects: Supervisory treatment/consideration, equality regarding work load and pay; supportive function, interest in work; rules and regulations; intrinsic satisfaction; regard for the organization; working conditions; cooperation of the coworkers; supervision nurturance of subordinates.

OFF-THE-JOB SATISFACTION

Off-the-Job Satisfaction is the result of following non-work related aspects: Relation with family members; emotionality neuroticism, perception of people in society, anxiety about health; sociability, extraversion, neighborhood, intrapsychic factors; trust, isolation, and living conditions.
TYPE-A BEHAVIOR PATTERN

A temperament characterized by excessive drive and competitiveness, an unrealistic sense of time urgency, inappropriate ambition, a reluctance to provide self-evaluation, a tendency to emphasize quality of output over quality and a need for control. Type-A behavior is believed to be associated with coronary disease.

TYPE-B BEHAVIOR PATTERN

A temperament characterized by a relaxed easy-going approach to life, a focus on quality over quantity, low competitiveness and a tendency for self-reflection. Type-B behavior is essentially the opposite of Type-A.

COPING

The term coping connotes the conscious, rationale ways of dealing with stress, or the effort to "master" conditions of harm, threat, or challenge when a routine or automatic response is not readily available. Coping may either take the form of avoiding the situations (reactive strategy) or confronting and approaching the problem (Productive strategy).

AVOIDANCE COPING

Avoidance mode is characterized by (a) aggression and blame or (b) helplessness and resignation, or (c) minimizing of the significance of the stressful situation by accepting it with a sense of resignation, or (d) denying the presence of stress, or finding an explanation for it.

APPROACH COPING

Approach mode is characterized by (a) hope that things will improve, (b) effort made by the respondent to solve the problem, (c) expectation from others that they will help, or asking for help in relation to stress, and (d) doing jointly with other, something about the problem.
**Trait Anxiety (T-Anxiety)**

Individual differences in anxiety proneness, that is difference between people in the disposition to perceive external events or internal cues (thoughts, memories) as personality dangerous or threatening, and a corresponding tendency to respond to such threats with elevation in State-Anxiety.

**Trait Anger (T-Anger)**

Individual differences in anger proneness, i.e., the tendency to perceive a wide range of situations as annoying or frustrating, and the disposition to respond to such situations with elevations in State-Anger.

**Anger-In (AX-IN).**

Individual differences in the frequency that angry feelings are held in or suppressed.

**Anger-Out (AX-OUT).**

Individual differences in the frequency that State-Anger is expressed in aggressive behavior directed toward other people or objects in the environment.

**Anger-Control (AX-CON).**

Individual differences in the frequency that individual attempts to control the outward expression of angry feelings.

**Anger-Expression (AX-EX).**

Anger expression, (AX-EX) comprise the responses to the 24- items of the AX/In. AX-Out, AX-Con scales, and provides a general index of the frequency that anger is expressed regardless of the direction of expression.

**Psychological Well-Being (PWB)**

Psychological Well-Being is defined as the degree to which an individual judges the overall quality of his or her life as a whole in a favorable way. In other words, Psychological Well-Being/ Subjective Well-Being is how well the person likes the life he or she leads. A person’s well being is determined by the
relative balance of positive and negative affects. Subjective well-being has several major divisions, including global life satisfaction, contentment with particular life domains such as one’s marriage and work, the presence of frequent positive affect (pleasant moods and emotions), and a relative absence of negative affect (unpleasant moods and emotions). Although there is some tendency for these components to occur within the same individuals to form a broad factor of Psychological Well-Being, they sometimes diverge, and therefore it is necessary to separately study each. A complete picture of affective well-being can be gained only if we separately measure both positive and negative factors. Therefore, in the present study Psychological Well-Being is operationalized in terms of both Negative factors (i.e., Negative Affectivity, T-anxiety, T-Anger), and Positive factors (i.e., Positive Affectivity, and Job Satisfaction).