

CHAPTER-II

REVIEW OF THE RELATED LITERATURE

In this chapter an attempt has been made to present the review of the literature on the variables under study. For convenience, the literature has been compiled in broad categories. Studies on the relationship of one variable to other have also been given.

The review equipped the researcher with the insight of proper selection and formulation of hypothesis, design, tools and decisions regarding the statistical procedure. As stated by C.V. Good (1966) "the keys to the vast storehouse of published literature may open doors to sources of significant problems and explanatory hypothesis, and provide helpful orientation for definition of problem, background for the selection of procedure and comparative data for interpretation of results".

Review of the related literature is the spectrum of the researches that have been conducted till date. It not only opens doors to the sources of significant problems, but also provides an opportunity to the investigator to ascertain the general tend in the field of investigation. "Since effective research is based upon past knowledge, this step helps

to eliminate the duplication of what has been done and provides useful hypothesis and helpful suggestions for significant investigation. Citing studies that show substantial agreement and those that seem to present conflicting conclusions help to sharpen and define understanding of existing knowledge in the problem area, provides a background for the research project, and make the investigator aware of the status of the issue. Thus the review of the related studies provides a basis for designing the study and qualifying the variables involved. The review is also concerned with questions, such as: what has been done in the field of curriculum, what are the limitations of the work accomplished, what are the directions along which further efforts should be made.

Studies Related to Depression

Studies have shown that accumulation of stressful events can lead to psychopathology (DOHRENWEND and DOHRENWEND) 1978; DHOSENSEND and SHROUT), 1985). It has also been reported that in addition to physiological responses, work related stress also causes severe psychological reactions in employees which includes depression and aggression.

Among the multiple physiological pathways linking social support to health outcomes & progression of illness the focus has been on the cardiovascular, immune & neuron-endocrine system. Loss &

bereavement, far, instance, are followed by immune depression, which may compromise natural killer cell activity & cellular immunity (Herbert & Cohen 1993).

The findings of Diez Roux et al., (2001) suggest an important target for intervention of the neighbourhood. This finding is exactly what would be expected from a community perspective to health psychology.

It is widely accepted that genetic transmission of some as yet unknown biological defect plays a role in increasing the risk for the kind of problems that we have just reviewed in children of depressed parents (Tsuang, Faraone, 1990). Twin studies show a higher concordance rate for depression (Unipolar & bipolar) for monozygotic (MZ) twins (ranging from 33 to 93%) than for dizygotic (DZ) twins (ranging from 0 to 24%) similar support comes from adoption studies.

Consistent with past research is that girls experience depression more often than boys do, whether depression is induced by levels of depressive symptoms or by diagnosed depressive disorders (Weisman & Olfson (1995) have concluded that, over the course of a lifetime depression occurs in approximately 20% of women compared with 10% of men. According to the review article by Sprock & Yoder (1997), compared to men women receive 2 to 4 times more diagnoses of

major depression. This gender difference is widening from junior to senior high school.

Such a trend is also seen in India. In a landmark study, Nandi Banerjee, Mukerjee et al. (2000) carried out a 20 year follow up of a rural sample that they had first examined in 1972. The authors found that the prevalence of anxiety had increased from 5.0% to prevalence of depression had increased from 5.0% to 7.4%. In particular, the authors noted that the reporting of depressive symptoms & feelings of guilt had increased.

Although the exact reason for the gender difference in depressive symptomatology is not known (Nolen-Hoeksema, 1995), the higher prevalence of depression in women is most likely due to a combination of gender related difference in cognitive styles, certain biological factors and a higher incidence of psychosocial and economic stresses in women (Kornstein 1997).

In spite of the emphasis on positivism, positive psychology does not de-emphasize the importance of human suffering. In fact, the focus is on building strengths to help people to deal with suffering. This has led to the delineation of strengths such as courage, future mindedness, optimism, faith, work ethics, hope, honesty, perseverance, flow experience etc, which can act as buffers against mental or physical

illness. Research has indicated that increase in happiness leads to alleviation of symptoms of depression (Seligman, Steen, Park & Peterson 2005).

In depression there can be sense of powerlessness, hopelessness & an all-pervasive gloom. The most important thing to understand is that when a person is depressed it becomes a rotating circle. The more depression a person feels, the less stress they can tolerate, as a result, he rapidly grows his level of depression like stress, depression can be mild, moderate, or extreme. It can also be ongoing or it can appear & disappear. Researcher have proved that occurrence of depressive symptoms are more likely in female than males. Kumar & Singh (2006), conducted a study on students & found that psychological stressors significantly influence the academic performance & decreased in performance may be a causes of depressive symptoms. The internalizing domains is comprised of a wide range of symptoms & syndromes that includes anxiety, fear, somatic complaints, shyness, social withdrawal, low self esteem, sadness & depression (A Chenbach 1991, Ollendick & King 1994). Given the substantial correlation between the syndrome of anxiety & depression in childhood (A Chenbach 1991, Brady & Kendall 1992) one might expect their respective literature to share much in common surprisingly they are

largely distinct especially with regard to developmental issues. Such issues are now commonly considered in increasingly complex models by childhood depression researchers (Eiccheli, Rogasch, Toth 1994, Weisz, Rudolph, Granger & Sweeney (1992).

Other studies indicate that additional symptoms of depression in childhood include school refused, headaches & abdominal pain (Gorber, Zeman, Sullivan, Penick & Diety 1973). Unfortunately despite acknowledge of developmental symptoms variation, only irritability is specifically included as a diagnostic criterion for childhood depression in DSM IV.

In a cross-sectional study of a 8 to 12 yrs old, Goodman, Gravitt, & Kaslow (1995) found that the correlation between negative life events & depression varied depending on the effectiveness of children's problem solving such that average & effective of children's problem solving such that average and effective problem solvers showed little depression regardless of negative life events but ineffective problem solvers reported dramatically more symptoms of depression as the impact of their negative life events increased.

Studies Related to Coping Behaviour

Pearlin & Schooler (1978) found that this is not a commonly used mode of coping. Before the onset of action which is directed at

the modification of stressful environment the person must recognize the problem. The action intended to modify a situation may at times lead to other unwanted outcomes. Thus at times a person is rendered helpless in dealing with action oriented coping. According to them coping refers to behaviour that protects people from being psychologically harmed by problematic experiences. They have indentified three protective function of coping behavior i.e. by eliminating or modifying the condition that give rise to the problematic situation, by perceiving the meaning of experience in such a manner that it neutralizes its problematic character & by keeping the emotional consequences under control.

Several studies indicates that children's coping strategies also are linked to their adjustment after their parents divorce. Children who engage in "active" coping, which involves the use of cognitive or behavioural strategies to understand and address to understand and address a problem (e.g. talking to a parent about their fears) tend to be more well-adjusted than children who use avoidance (trying not to think about a problem) as a primary coping strategies (Kilewar & Sandler 1993, Krantz, Clark, Pruyn, & Usher, 1985, Sandler et al., 1994). Although the moderating effect of coping strategy has not yet

been demonstrated consistently coping resources become increasingly important as the level of risk or stress increases.

The efficacy of various coping strategies depends on the type of events or situation that requires a coping response. In cases in which the child has some control active problem-focused coping (Folkman & Lazarus 1980) is likely to be most effective because it can change the nature of the situation. In contrast (e.g. over whether parents remarry). Strategies that focus on regularity the child's emotional response may be most useful. Children's use of these two broad categories of coping strategies changes with age (Compas 1987).

Emotion focused coping strategies often depend on the child's ability to reframe the situation or see it from a different perspective cognitive abilities that tend to develop in middle & late childhood. For example 8th graders tend to generate more emotion-focused strategies for coping with stressful events than 6th or 7th grades (Compas, Malearne & Fandacaro (1988), Sandler & Colleagues (1994) found that children as young as 8 used distraction as a coping strategy (engaging in other activities rather than thinking problem), which in turn correlated with lower levels of depression and anxiety.

However, studies of short term threats may have underestimated that how have unsuccessful avoidant coping strategies are. In a one

year study of negative life event and emotional and physical distress in 400 adults and their children (Hotahen & Moos 1986) the use of avoidant coping led to higher levels of distress even when initial levels of distress were controlled for Holohen & Moos concluded that the chronic use of avoidance as a coping style constitutes a psychological risk factor for adverse responses to stressful life circumstances. Moreover even when avoidant (or repressive) copers report less stress, they may nonetheless show strong physiological responses to stressful events. (Nyklicck, Vingerhoets, Van Heck & Van Cimpt 1988).

In a study with twins intended to identify what factors contribute to coping (KS. Kendler Kessler, Heath, Neale & Eaves 1991) three general coping strategies were identified problem-solving, turning to others & using denial. Based on traditional methodologies of twin studies, the coping strategies of turning to others & problem solving in response to stress could be explained substantially by genetic factor. In contrast denial did not appear to have a genetic component but did appear to be explained by early family environment such as parental child rearing style, social style & exposure to childhood stressors. It appears, than that genetic predispositions may predispositions may predispose people to cope with stressful events by solving problems directly or turning to others, which in turn, produces better or worse

psychology adjustment, early environment contribute to how people learn to cope as well (Busjahn, Faulhaber, Freier & Luft (1999).

The study of coping with stress has also received attention of researchers in the field of organization behaviour. In these studies, however coping strategies are viewed as attempts of an individual to respond to the feeling of discomfort with the aim of its reduction (Dewe), Guest and Williams (1979). Some attempts have been made to identify coping strategies among industrial workers. Kahn et al., (1964), identified four types of coping strategies viz worth addiction, cynicism, idealization of other's and dependent behaviour, and contrived conflict. Singh & Sinha (1986) have reported seven dimensions of coping viz cheerful and optimistic work orientation, yogic resource, rash reactions, temporary relaxation and quick decision, anger-expression to subordinates and superiors, anger expression to family member, drug addiction and smoking and independent problem solving. They noted that the first two strategies were inversely related to strain.

Sinha and Misra (1983) have studied the coping strategies of under privileged university entrants. They noted that the disadvantaged students used conformity, feeling of inadequacy, withdrawal and ignoring the situation as coping strategies more than

the advantaged students. They also noted that there were some ecological differences in the use of coping strategies. It was found that the urban students adopted affirmation all boundaries. The psychological cost is so great today there is more talk about coping and management of stress than any other topic in psychology. Though stress is a university experienced phenomenon, there are sociocultural variation in its perception, causation & forms of coping strategies that are adopted.

Another important study of coping has been reported by Singh (1990) in relation to the stresses of executives. This study employed & measure of coping strategies involving four factors; namely, active problems solving, non-directional work approach, constructive deferred problem solving, and information seeking. He found that the high level executives experienced lesser stress and strain, utilized better coping strategies, and enjoyed more positive outcomes. Also a combination of coping strategies forming a condition of passive coping strategy was related to high stress condition.

The present investigation adopted an unconventional approach to the study of stress phenomenon. Following an intensive strategy an attempt was made to unravel the nature and extent of stressful

experiences encountered in work and family domains and to examine the ways in which people cope with them.

In order to measure coping strategies a variety of approaches have been put forward and several measures have been developed. A close perusal of studies revealed that the coping efforts to manage stressful experiences were characterized by multiplicity and indicated certain cultural differences. This led to development of a new measures of coping. For this purpose existing measures (Billings and Moos, 1984 Folkman & Lazarus 1980, Latack 1986, Lazarus & Folkman 1984, MC Care 1984, Larke 1987 Stone and Neal 1984) were screened and many new items were prepared. These items had to be rated on 5 point scales ranging from never (1) to mostly (5) & 9 pool of 63 items was created. They included a wide range of cognitive & behavioural strategies people use to manage the internal external demands in specific stressful experiences encountered as a part of everyday life.

This findings implicate that individuals from higher socio-economics groups tend to utilize more adaptive forms of copings than the low socio-economic status individuals. This trend is consonant with the finding reported by Haan (1977), Pearlin and Schooler (1978) & Bellings & Moos (1981). However the role of type of stressful event & psychological and social resources cannot be ignored. It appear that the

experience of control and support lead to the use of active behavioural coping and active cognitive coping while lack of these resources results in adopting avoidance strategies. Finally it is also important to note that at least for the relatively higher income group people type of stress is not significant while using active behavioural coping strategy. The avoidance strategy, on the other hand was importantly related to the type of stress.

Problem focused strategies & Direct Emotion Focused Strategies were combined to form an active coping strategy factor, provided the best fit to the data. The common factor underlying the subscales indicated that each subscale was directly focused on dealing with the stressor. The superiority of this 4-factor model was replicated in a second independent sample. In addition, in both samples the 4 factor structure proved to be invariant across age and gender. Both 2-factor models did not fit adequately. Similar findings of inadequate fits of 2-factor models were reported in a study of Connor-Smith, Compas, Wadsworth, Thomsen & Saltzman (2000).

High self-esteem may moderate the stress-illness relationship. In one study of students facing exams those with high self-esteem were less likely to become upset in response to stress (Shimizu & Pelham 2004). However, self-esteem seems to be more protective at low levels

of stress at higher levels of stress the stressful events themselves can overwhelm differences in self-esteem (Whisman & Kwan 1993). In a study of the elderly, high self esteem was associated with lower levels of cortisol and ACTH in response to a challenge tasks namely an automobile driving simulation task (T.E. Seeman 1995). Suggesting a biopsychosocial route whereby self esteem may affect illness.

Studies Related to Social Skills

Children who lack the social skills to sustain good peer relationship are at risk for later development as suggested by Parker & Asher (1987). It has also been found that rejected children are aggressive, disruptive, dishonest and inconsiderate of other children. (Coie, Dodge and Copp Otelli, 1982; Wasik, 1987).

Children who have learning difficulties, struggle with academics and may face impaired social skills, preventing them from having successful relationships with family members, peers and other adults. The extent and impact on social skills varies from child to child, depending on his temperament and nature of learning problems. It is important to develop social competence.

The present research study followed the model of (Masud Hoghugh (2002) who defined social skills problem, mainly manifested in group settings when group members, close enough are affected.

Individual acquires the knowledge, values and facility that enables him or her to become integrated into and behave adaptively within a society. Social skills deficiencies are found mainly in the following areas viz. presentation skills, interaction skills, conversation skills, assertiveness, sensitivity, attitude to other children, social integration and fellow feeling.

Research evidenced that rejected children continue aggressive behaviour and often have serious adjustment problems later in life. Hatton et al., (2003) found that socially anxious children may not lack social skills but may have nervousness. In line Segrin (1999) also reported the prosocial skills are casually linked in small magnitudes to loneliness and anxiety but less so to depression. Neglected children have higher level of social anxiety and low levels of perceived social competences. Kupersmidt and Patterson (1991) found that neglected girls were twice as likely to report depressive symptoms as their peers often describe them as poor leaders, less co-operative, have lower academic status and are more likely to break school rules. Conger and Conger (2003) supports that both anger and social skills are related to psychological distress.

Studies Related to Grand Parental Proximity

The strength of grandparents and grand children relationship at different ages has been examined in various studies Creasey and Kaliher (1994) studies on third & seventh grade children age (8 to 13yrs) the majority of grand children reported supportive relationship with their grand parents.

In the available literature western as well as India, very few studies focused on the influence of the grandparents on grand children. Kennedy & Keeney (1988) found that grandparent's felt and expressed responsibility towards and experienced strong emotional ties with their grand parent's . Grand parents are likely to have an influence on the beliefs and values held by the GC (Boon & Brussoni), 1998. Kallipuska (1994) interviewed grandparents and found that they gave grandparent care, shelter life experience, company closeness trust aid and support, apart from importing more values to them.

Recent trends have increased the potential salience of the role of grandparents in the lives of their grandchildren. Life expectancy has increased from less than 50 years in 1900 to almost 80 years in 2005 (National center for Health statistics, 2010), meaning the more grandparents are able to enjoy sustained, relationship with their grandchildren as they move into adolescence and adulthood.

At the same time, it is noteworthy that some studies support role enhancement theory of many grand parents. The grandparents and grand children relationship constitutes an import element of the social support network of the elderly. The role of grandparenthood is an indication of social bonds, which act as a buffer against the negative social and psychological consequences of aging. The linkage between the social relationships of older adults and health has been well documented.

(Berkman, Glass, 2000; Rogers, 1996, Mirowsky & Goldsteen, 1990; Seeman 1996)

Studies Related to Gender

Gender Difference in the use of social support coping have been widely documented in the literature (Tamres, Janicki Helgeson 2002)- Researchers have speculated that both biology & socialization processes help to explain the differential use of this coping strategy by females & males.

Socialization processes also are believed to play a role in explaining the differential use of social support by females & males (Eagly & Crowely 1986). According to this theoretical perspective, females are expected and encouraged to turn to others for help & support when coping with problems.

While the explanation as to why females seek out support more often than males continues to be debated in the literature, it is clear that the use of social support seeking as a coping strategy is associated with a number of positive outcomes. Social support is believed to help individuals evaluate events as being less stressful (Cohen & Wills, 1985) and it has been shown to positively influence health outcomes (Spiegel, Bloom, Kraemer & Gottheil, 1989).

In case of the coping strategies in their twilight year, the study does not bring any significant between the male & the female elderly. Coping style & ability could depend on certain personality characteristics may not be dependent on the gender difference. However in overall analysis, the male elderly are found to better status in coping to various daily living stresses.

There are also evidence that female are more likely than males to engage in ruminative coping responses and that this gender difference may account in part for the preponderance of female depression that emerges during the then years (Garmenzy 2002).

In addition, some studies suggest that girls put more emphasis on warm and intimate friendships than do boys (Fuligni & Eccles, 1993). Although this does not imply that the relationship between parental

factors; social skills & friendships are different for boys & girls, it stresses the importance of looking at possible gender differences.

In addition, boys & girls differ in nature and intensity of peer orientation (e.g., Fuligni & Eccles, 1993). Nonetheless, with respect to the mediating role of social skills and the effects of parenting practices, no gender differences were found. It has already been pointed out that differences were found. It has already been pointed out that differences in the mean level of measured variables does not say much about the pattern of relationship between these variables. The present results suggest that gender differences in peer relations exist, but that the developmental processes involved do not differ for boys and girls.

Studies Related to Age

Holsen et al., (2000). In addition, Holsen & Colleagues showed that “trait” or stable depressed mood was more prevalent during later adolescence while episodic or “state” depressed mood was more characteristic during early adolescence. In sum, these two studies suggest that heterogeneous depressive trajectories can be identified for groups of individuals during adolescence.

Literature suggests that there is a difference in how people cope at different stages in life; furthermore, there are clear indications that

older adolescents cope differently from younger adolescents (Frydenberg & Lewis, 1993). Research found that there was a tendency with growing age to take up fewer support-seeking ways of coping in both sexes. This feature can be viewed as a characteristic of the social interactions of adolescents including a higher need for autonomy. Similarly, Farrell's study found that younger students (12 to 13 years) used more social support, expressed more feelings of not coping, took more social actions, ignored their problems, sought more professional help, and in general used more reference to other's as a coping style than older adolescents (16 to 17 years) did (Farrell, 1993).

The period of adolescence is often marked by struggles in social & emotional development. They are persuaded for an increased pace of life, high flying life-styles, social pressure to succeed, hence, adverse effects are obvious. They are frequently compared with their friends or siblings which might develop a sense of insecurity and the development of personal identity is hampered (Peuskens, De Hert, Cosyns, Pieters, Theys & Vermote 2002) Makri-Batsari (2005) in study of 558 junior and senior high school students found that low self perception of scholastic competence, dissatisfaction with physical appearance, conflicting family; relationships and low social support

from classmates have risk enhancing effects on their social development.

Because of the need for social skills in particular in the transitional period from early adolescence to late adolescence, it was expected that the negative effects of a lack of skills for satisfactory functioning in friendships would become more manifest through the adolescents years (Fullerton & Ursano, 1994)