CHAPTER - II

RESUME OF RELATED LITERATURE

A review of related literature is an essential pre-requisite to actual planning and the execution of any research work. Best (1993) says, "A familiarity with the literature in any problem area helps the students to discover what is already known, what others have attempted to find out, what methods have been promising and what problems remained to be solved. It is only by familiarizing oneself thoroughly and critically with the works already accomplished in an area of life that one finds oneself in a position to cut out a problem of research from it and to make a straightforward statement of the need for investigation to be undertaken. The knowledge also acquaints us with the research strategies, techniques and tools used by the earlier investigators and with the merits and limitation of their work." According to Koul (1984), "Review of related literature, besides, to allow the researcher to acquaint himself with current knowledge in the field or area in which he is going to conduct his research, enables the researcher to define the limits of his field." It brings the researcher up to date on the work which others have done and thus state the objectives clearly and concisely. The real purpose of the review of related research is the fitness of a particular project into a broader scheme, enabling one to see its importance and to relate it to other studies.

A review of a reasonable number of studies related directly or
indirectly to the problem undertaken by the investigator is being given under following headings:

2.1 Well being, stress and coping strategies.
2.2 Well being and organizational climate
2.3 Coping strategies
2.4 Well being and socio demographic variables.

2.1 **WELL BEING, STRESS AND COPING STRATEGIES** :

Schwab and Iwanicki (1982) on a sample of teachers found that role conflict caused emotional exhaustion and fatigue. In study of the health consequences of coping strategies, avoidance coping had shown a positive association with psychological distress.

DeLongie (1985) studied the relationship of everyday stress to mental health and well being. He observed that everyday stress was linked with depression, somatic symptoms and health problems. Results indicated that those who received low emotional support from family, friends and co-workers were about twice as likely to develop mental health problems as compared to those who received high emotional support.

Morgan (1985) in a study on social and psychological well being, pain, functional ability and choice of coping strategies in patients with rheumatoid arthritis found that increased use of problem focused coping was significant predictor for decreased pain, depression and anxiety. Increased use of emotion-focused copings was significant predictors of functional ability and increased depression and anxiety.

McCrae and Costa (1986) studied personality, coping and coping effectiveness in adults and found that certain coping behaviours were
perceived as effective coping responses by respondents e.g. rational action, seeking help, drawing strength from adversity and faith. They also found that those who used these forms of coping reported higher subjective well being and this relation persisted even when personality variables were controlled e.g. neurotic coping correlated inversely with life satisfaction (but not significantly with affect) and mature coping correlated with pleasant affect (but not significantly with life satisfaction or negative affect) after controlling for personality variables.

Rim (1987) reported gender differences in style of coping with females scoring high on emotion focused coping and males scoring high on problem focused coping. In another study of 291 adults, Aldwin and Revenson (1987) explored the relationship between coping strategies and psychological symptoms. It was seen that those in poorer mental health and under great stress used less adaptive coping strategies, but coping efforts still affected mental health independence of poor symptom level and degree of stress. Frusher (1987) investigated the relationship between gender, age and the variables of psychological well being and job satisfaction in early and middle adulthood. The result demonstrated that psychological well being and job satisfaction were significantly related to gender and age.

Srivastava and Singh (1988), on a sample of male technical supervisors, investigated the modifying effects of coping strategies on the relation of organizational role stress and mental health. The study showed that approach coping markedly alleviated and avoidance
coping strategies intensified harmful effects of role stress on mental health.

On a sample of 157 teacher trainees, Parkes (1990) found that indirect coping moderated relationship between work stress and mental health outcomes, whereas suppression (a form of emotion focused coping) showed an opposite trend.

Krishna and Sharma (1990) in a study of social support, organizational role stress and well being in medicos explored that medicos with higher social support (both number and satisfaction) perceived less stress in their organizational role as well as less anxious, more job satisfied and better sense of general well being than their counterparts with lower social support. Both the components of social support i.e. perceived availability of number (N) of supportive persons and satisfaction with available support correlated positively and significantly with job satisfaction (on the job and off the job) as well as with general well being.

Mehra and Mishra (1991) found that mental health had moderating effect on the relationship between intrinsic job satisfaction and occupational stress. When the sample (250 blue collared industrial workers) was divided into high and low groups, based upon mental health, significant relationship between two variables were obtained for high mental group as well as low mental group. The moderating effect of mental health was attributed mainly to the effective coping strategies adopted by the mentally healthy workers endowed with high participation, self confidence, self-respect, environmental mastery and appropriate realistic approach.
Sharma and Acharya (1991) examined dominant coping strategy of male married electrical engineers of State Electricity Board vis-à-vis their job hierarchy and job anxiety and found job hierarchy did not significantly determine the nature of dominant modes of coping. Regardless of job hierarchy, engineers with higher job anxiety exhibited a greater proportion of avoidance coping relative to total coping efforts or the avoidance coping group scored significantly higher on job anxiety than their approach coping counterparts. Thus, regardless of job hierarchy, engineers with avoidance mode of coping reported greater anxiety than their counterparts with approach mode of coping.

Srivastava (1991) studied the role stress-mental health relationship as moderated by adopted coping strategy of a sample on 300 employees of supervisory cadre from LIC and indicated employees' role stress and mental ill-health to be positively correlated with each other. It was also noted that the approach group scored higher on the measure of role stress in comparison to avoidance group but their approach group manifested lesser symptoms of mental ill health as compared to the avoidance coping group. The study also revealed that approach coping strategy alleviated the adverse effects of high role stress on psychological well being of the employees.

Gray and Holden (1992) studied psycho-social well-being among the parents of children with autism. A variety of independent variables including socio demographic information, health and treatment status of the child and coping behaviours were assessed in terms of their effects on parental depression, anxiety and anger. The results indicated that fathers and those parents who received more social
support had lower scores of depression, anxiety and anger. The age of symptom onset was positively related to depression but was not significant in terms of anxiety and anger. Parents with older children, females and larger families reported lower scores of anger. The independent variables were not significantly related to depression or anxiety. Neither the type nor the extent of coping behaviours was significantly related to any of the measures of psycho-social well being used in this study.

Kunhi Krishen and Stephen (1992) conducted a study on locus of control and sense of general well being among PG students and found that there was no significant relationship between locus of control and sense of well being in females. There was significant difference in the mean scores of external and internal males in their well being scores whereas in females the difference was statistically insignificant.

Meenan et al. (1993) studied the relationship of social support to perceived control and subjective mental health in adolescents and found that social support was significantly related to positive dimensions of subjective mental health (Happiness, gratification and self-confidence) but not to its negative components (vulnerability, strain and uncertainty. Social support was also related to respondents perceived ability to obtain and savour positive life events but not to their perceived ability to avoid or cope with negative events.

Wu and Lam (1993) in their study on adolescent’s hassles and measures of perceived social support, found that female subjects felt significantly more support both from family and friends than male subjects. It was further observed that social support was correlated
with general health questionnaire; however, social support was not correlated with measures of daily stress and mood. It was suggested that social support buffering influence between stress and health worked at a more general level.

Chun (1994) conducted two studies on alexithymia, coping psychological distress and well being on normal student population. In both study I and 2, an alexithymia composite score and subscales of difficulty identifying and communicating feelings were significantly and positively related to distress and significantly and negatively related to well being. In study I, when subjects reflected on both interpersonal and academic stressors, and alexithymia composite score positively predicted coping strategies of avoidance, wishful thinking and blaming self and negatively predicted problem focused and seeking social support coping. Across both stressors, use of problem focused and seeking social support coping was positively related to greater psychological distress and negative emotions.

In study 2, an alexithymia composite score was not significantly related to any coping strategies. However the alexithymia subscale of difficulty communicating feelings was positively related to coping, involving avoidance and negatively related to problem focused coping difficulty day dreaming was positively related to problem focused coping and negatively related to avoidance copings subjects who used problem focused coping reported less psychological distress, fewer somatic symptoms (when coping with an academic stressor) and less negative affect. Subjects who used an avoidant approach to coping
reported more psychological distress, more negative affect and less psychological well being.

Kaur (1994) in a study on depression at adolescent stage, its correlates, attribution and coping strategies, found that body image and social support were unrelated with depressive tendencies in both male and female adolescents. Adolescents emphasized making use of solitary activities like watching TV, listening music, keeping alone, reading and writing for coping with depression.

Wingate (1994) used quantitative and qualitative methods to explore coping resources, commitment and psychological well being among 102 Karate participants (25 F, 77M) and found that high scores on the coping resource inventory were associated with low scores on perceived stress mood disturbance and deprivation sensations and with greater life satisfaction. The participants with fewer resources rely more on training as a coping strategy and said that training helps them cope with stress in three ways i.e. released tension, provided distraction and allowed participants to meet stressful situations calmly. They cited many benefits of training i.e. physical health, staying young, challenge, discipline, confidence, identity and stress release. Thus, participants perceived training as a coping response and coping resource. As a resource, training affects both primary and secondary appraisals of stress. The results also suggested that access to variety of coping strategies fostered psychological well being.

Grover and Sen (1994) found that managers and supervisors differed significantly on four variables of subjective mental health
scale, i.e. unhappiness, lack of gratification, confidence and feeling of uncertainty. Managers had higher self-confidence as compared to supervisors as they possess decision making capacity more than the other groups. The result also revealed that two groups experienced different degrees of happiness depending upon the situation i.e. some were happier in the past, some might be in present or future. They showed evaluation of positive experience in general satisfaction, lack of gratification, depression, low self-esteem, feelings of anomie and lack of self-acceptance (lack of confidence, anxiety, sense of worrying and doubt) about oneself and one's life (lack of uncertainty). There was no significant difference in managers and supervisors on items of strain i.e. capacity of drug taking, alcohol abuse and vulnerability characterized by frequent feeling of overwhelmed, feeling of nervous breakdown and perception that bad things frequently occur.

Halverson and Teri (1995) investigated into the relationship between psychological distress, coping and health outcomes in college students with medical disorders. The results indicated that several coping strategies were significantly related to level of psychological distress. Problem focused and seeking social support coping were negatively correlated with depression. Seeking social support was also negatively related to anxiety and to the overall rating of psychological distress.

Posner (1995) examined the relationship between perceived social support (i.e. work support and spouse support) and choice of coping strategies on three adaptational outcomes i.e. job satisfaction, family satisfaction and psychological well being among men and
women who are partners in a two-career relationship. Main effects were found for perceived social support on both family and job satisfaction. Perceived social support had non-significant effects on psychological well being for both genders. Gender differences were identified in both similarities and differences in choice of problem focused and emotion focused strategies utilized. For career women, spouse support had non-significant effects on coping strategies used at home. Coping strategies were found to mediate the relationship between both work support and spouse support on family satisfaction for two-career men and spouse support on both family and job satisfaction of two-career women.

Sitko (1995) conducted a study on coping, depression and anxiety is asymptomatic HIV infected male and found that avoidance coping was positively associated with anxiety. Anxiety in HIV positive persons was functional because it motivated the subjects to utilize problem solving coping strategies.

Friedland, Renwick and Mccole (1996) examined coping and social support as determinants of quality of life in HIV/AIDS. Respondents had good levels of social support and used a variety of coping strategies. Their scores on the behavioural and subjective measures of quality of life were somewhat below average. Income, emotional social support, problem oriented and perception-oriented coping were positively and tangible social support and emotion-oriented coping were negatively related to quality of life. Close friends provided most type of support. Although respondents indicated high
levels of satisfaction with support, generally, they expressed a need for more emotional support.

Wedrich (1995) studied the independent variables of locus of control, social support, well being and dependent variables stress and strain and established that subjects with higher well being and internal locus of control experienced less stress and strain than subjects with lower well being and external locus of control. Satisfaction with social support had main effects on stress not on strain. There were no interactions between the independent and dependent variables.

Mcqueeny, Stanton and Sigmon (1997) studied 20 infertile women who on average had been attempting conception for almost 4 years were assigned to six sessions of training in problem or emotion-focused coping or to a no-treatment control condition. Problem-focused training produced improvements in general distress and infertility specific well being at treatment termination. However, emotion-focused training resulted in greater improvement at a 1-month follow up. Emotion focused participants reported less depression and more infertility specific well-being at 1 month than did control. At 18 months, problem focused group members were more likely to have a child than were other participants.

Wilson and Susan (1997) examined the use of cognitive coping strategies in the home and work domains in relation to measures of psychological well being and physical symptoms and suggested a positive correlation between the psychological well being and the use of cognitive coping. No significant correlation between the frequencies
of stress related symptoms and use of cognitive coping was shown at work.

Lindvist and Sjoden (1998) studied coping strategies and quality of life among patients on continuous ambulatory peritoneal dialysis (CAPD). The results showed that an optimistic coping style was the most widely used by men and women and this style was also considered to be the most effective in terms of dealing with stressful treatment aspects. Significantly, more men than women found emotive coping to be less effective and in general women evidenced a more negative perception of their health than did men.

Monnier (1998) studied the influence of extreme stress and communal coping on psychological distress and their relationship with well being and found that prosocial forms of coping proved to be more beneficial than antisocial coping for both Fire/Medics individual and relationship well being. Contrary to predictions, Fire/Medics coping did not have an impact on partner's well being. However, Fire/Medics resource loss and critical incident stress had important implication for both Fire/Medics and their partners well being. In addition, Fire/Medics resource loss appeared to mediate the impact of critical incident stress on well being.

Aryee, Luk, Leung and Lo (1999) examined the relationship between role stressors, interrole conflict and well being and the moderating influences of spousal support and coping behaviour among a sample of Hongkong Chinese employed parents in dual-earner families. The results revealed that while parental overload was related to family-work conflict (FWC), work overload was related to
both work family conflict (WFC) and family work conflict (FWC). Spousal support moderated the effect of parental overload on FWC. The findings further revealed that FWC was negatively related to job and life satisfaction but neither WFC nor FWC was related to family satisfaction. Emotion and problem-focused coping was related to job and family satisfaction but only emotion-focused coping were related to life satisfaction. However, with the exception of the moderating influence of emotion-focused coping on the relationship between FWC and job satisfaction, the coping behaviours were largely ineffective.

Daniels (1999) explored by using coping and the job demands-control-support model on heterogenous sample of 272 full time workers that job control and social support enhanced coping with job demands. The results indicated a series of complex interactions among demands, control, support and coping on psychological well being. Overall, control and support appeared to increase the effectiveness of problem focused coping and emotion-focused coping upto a threshold depending upon job demands and beyond this threshold, these forms of coping became less effective. Control appeared to enhance moderate levels of appraisal and cognitive escape focused coping but not high levels of appraisal or cognitive escape-focused coping. Social support appeared to enhance high levels of appraisal focused coping.

Gray (1999) studied psychological well being and coping in the partners of Gay men with HIV-related disease and found that coping strategies were significantly correlated with psychological distress and
well being. These strategies were - acceptance, behavioural disengagement, mental disengagement, focusing on emotions and suppression of competing activities. Regression analysis showed that significant amount of the variance in psychological distress were explained by some of these strategies.

Hughes, Budd and Greenway (1999) explored the coping styles that agoraphobia suffers adopt when attempting to cope with symptoms of anxiety and panic and identified three coping styles viz. effective coping, avoidant coping and self-vigilance. The latter two coping styles were found to be correlated with increased levels of agoraphobic symptomatology and with higher levels of anxiety.

Mcelroy (1999) examined the unique and combined impact of three different God images (loving, controlling and distant) and three different styles of religious problem solving (collaborative, deferring and self-directing) on depression, well being, alcohol use and self esteem in a college population. Important sex difference emerged to suggest that different combinations of God image and religious problem solving styles were associated with adjustment or distress among men and women in distinct ways. In general, however, those with controlling or distant images of God benefited from more self-directed styles of coping with life's problems while those with very loving images of God were not harmed and were, sometimes, helped by adopting a more passive and deferring coping style.

Miller (1999) explored the relationship between stress, social support, coping behaviour and the psychological and physical functioning of 91 female substance abusers in an outpatient clinic.
The findings suggested that active, social coping strategies and support satisfaction made a significant contribution to the psychological well being of female substance abusers. Those female addicts who utilized more active, social types of coping behaviour and were more satisfied with their social support had more psychological well being. Those female addicts who utilized more anti-social coping had less psychological well being.

Lee (1999) conducted a study on the relationship between stress approval, coping behaviour and subjective well being in Chinese elderly with a diagnosis of congestive heart failure and found that those Chinese elderly patients who perceived congestive heart failure as a challenge used more problem focused coping and less emotional focused coping. When congestive heart failure is viewed as a threat or harm, they used more emotional focused coping. The predictors of subjective well being were identified as higher income, less threat and harm appraisals, less avoidance coping behaviour and higher health perception. Demographics (age, gender, education and income), severity of illness and comorbidity variables together explained a significant amount of the variance (11%) in subjective well being but only income was an individually significant predictor. Stress appraisal, coping behaviour, physical functioning and health perception contributed an additional statistically significant amount of variance (46%) of subjective well being after controlling for demographic variables, severity of illness and comorbidity. Additional findings indicated that men had significantly higher physical functioning and subjective well
being than woman. In addition, men used more problem focused copying.

Demello and Imms (1999) on a sample of 146 male and female adolescent students (age from 14-18 years) reported significant correlation between self-esteem, locus of control and coping style. Those with high self-esteem, internal locus of control and high users of the productive problem solving coping style showed significantly more positive attitude towards school and positive perceptions of their academic performance. There was a significant negative correlation between self-esteem and the non-productive coping style. i.e. higher the self esteem, the lower the use of non-productive coping style. There was a significant positive correlation between external locus of control and the use of non-productive coping style and a significant negative relationship between external locus of control and use of the productive problem solving. A significant positive relationship between "reference to others" and non-productive coping styles indicated that those who use the non-productive coping styles also tended to use the productive coping style "reference to others." No significant gender differences were found for self-esteem, locus of control or the use of any of the three coping styles.

Bowker et al. (2000) conducted a study on coping with daily hassles in the peer group during adolescence: variation as a function of peer experience. The findings showed that withdrawn adolescents, particularly girls were more likely to use coping strategies aimed at minimizing the emotions impact of the event (e.g. avoidance) versus active problem-focused (e.g. negotiation to reach agreement) or
negative coping (i.e. negative actions towards others). Aggressive and unpopular adolescents were more likely to use negative coping strategy. Interestingly for girls, higher levels of aggression were associated with greater use of active /problem focused coping and this relationship was stronger at high levels of popularity. Greater perceived control in aggressive subjects were related to more frequent use of negative coping.

Cohen and Dekel (2000) studied sense of coherence, ways of coping and well being of married and divorced mothers. The findings show that although mothers from two parent families enjoy a higher sense of well being than divorced mother, the well being of both groups was predicted by sense of coherence. Mothers with higher sense of coherence used more effective coping strategies and derived more benefit from the strategies they used.

Coulter (2000) studied optimism, coping and psychological well being among people with advanced lung cancer and found that the most frequently used coping strategy was seeking social support and the least used coping strategies were escape avoidance and accepting responsibility. Using Multiple regression analysis, 41% of the variance in psychological well being was explained by the coping strategy escape avoidance (17%), the degree of stress (12%), optimism (8%) and the coping strategy distancing (4%). This study was expanded on previous research that indicated that the use of optimism and avoidance coping strategies were significant factors in psychological well being with people with advanced or inoperable lung cancer.
Green and Pomeroy (2000) investigated the causal influences of well being from an integrated theoretical perspective. Variables such as appraisal, social support, levels of distress. Coping strategies and well being were analyzed using structural equation model. One hundred seventy five victims of violent and non-violent crime were personally interviewed and found that victims who utilized emotion focused strategies reported higher levels of well being than those victims who utilized problem focused coping or avoidance oriented coping. It was also found that the majority of demographic characteristics did not have a significant relationship with levels of distress experienced.

Kaur (2000) studied occupational stress of high and higher secondary school teachers in relation to mental health and coping resources and reported that males and females teachers took care of their personal well being equally. Males are less anxious and have less disabling symptoms as compared to female teachers. Female have capacity to cope with ordinary demands and stress of life and could easily establish constructive relations. Male and female teachers took care of their diet, enjoy good sleep and exercise regularly and use cognitive skills as coping resource. Female showed more concern for recreational activities and sought support from friends, family and spouse. Vocational teachers were more concerned about their personal well being than science teachers and science teachers also made efforts to keep their well being as compared to arts teachers. Arts, science and vocational teachers use recreational activities like T.V., sports, painting, sewing etc and sought social support to reduce
stress. Teachers with less and more years of teaching experience were mentally healthy and were more concerned about their personal well being. Teachers with less and more years of teaching experience used coping techniques to avoid stress at work and also sought social support. Both rural and urban school teachers took care of their personal well being and had capacity to cope with stress of life and were mentally healthy. Rural school teachers used more social support and coping resources than urban school teachers. Rural and urban school teachers used recreational activities, social support and were interested in self care activities equally.

Washburn (2000) investigated the influence of sex role orientation and self esteem on adolescents' self reported use of coping strategies in response to a peer-related stressful situation. A significant gender difference was observed on coping styles with females using more emotion focused coping than males. Sex role orientation also influenced adolescents' use of active coping, acceptance coping and emotion focused coping. Gender was found to be a significant predictor of emotion-focused coping. Sex role orientation was found to be predictors of active coping and acceptance coping. Additionally, acceptance coping predicted self-esteem of adolescents.

Seiffge and Klessinger (2000) studied the impact of different types of coping styles on adolescents' depressive symptoms in 4 annual assessments. Longitudinal analysis revealed long term differences in depressive symptoms depending upon coping style. Adolescents with an approach-oriented coping style reported the
fewest depressive symptoms at time 3 and time 4, whereas avoidant copers reported the most at both times. Two years later, higher levels of depressive symptoms, were found in all adolescents who used avoidant coping irrespective of whether they used avoidant coping consistently at time 1 and time 2 or changed from approach oriented coping to avoidant coping at time 2. This effect was independent of gender and time. The results suggested that most adolescents showed an overall adaptive way of coping but a small sub group showed a fairly rigid use of avoidant. It was further suggested that all forms of avoidant coping, whether stable or not, were linked with high levels of depressive symptoms even 2 years later.

Stake (2000) examined association among resource appraisals, gender role, coping strategy choices and adjustment on a sample of 70 male and 124 female undergraduates. Androgynous coping had higher social support appraisals than instrumental or indeterminate copers and higher self-appraisals than indeterminate copers. Androgynous coping was positively related to well being at all levels of resource appraisals and negatively related to stress at moderate and low levels of social support and all levels of self esteem.

Hamarat et al. (2001) studied perceived stress and coping resources availability as predictors of life satisfaction in young, middle aged and older adults. The results indicated that self appraisal measures of perceived stress and coping resource effectiveness served as moderate global predictors of global life satisfaction and that for the total sample. The combined effects of perceived stress and coping resources effectiveness were better predictors of life satisfaction than
either variable considered separately. Perceived stress was found to be a better predictor of life satisfaction with life for middle aged and older adults. Significant age differences in life satisfaction, perceived stress and coping resources were found.

Johnson (2001) assessed the appraisal styles (fighting spirit and helplessness/hopelessness) and coping (planful problem solving and cognitive reappraisal) as predictors of treatment adherence and psychological well being in person with HIV (immune deficiency) The results indicated that one coping strategy (cognitive reappraisal) and one appraisal style (helplessness/hopelessness) were significant independent predictors of psychological well being. The prediction of psychological well being was significantly improved by using cognitive reappraisal and one appraisal style (helplessness/hopelessness).

Malterud et al. (2001) explored gender and coping in primary health care patients by comparing self- assessed health resources in men and women. The analysis indicated notable differences in spite of apparent similarities in self- assessed personal health resources in men and women. In men, personal strength was part of proud identity while women reported that they were able to manage because they just had to. Work was often mentioned as a health resource but while men emphasized their being at work and capacity to relax at home, women handled stressful tensions by diving into household activities while men spoke of gaining health from being with others, women talked about social relations as contexts for gaining as well as giving health.
Moreno (2001) studied the relationship between the coping strategies utilized and depression among Hispanic older adults through individual interviews. The findings suggested that increased usage of problem solving and seeking social support types of coping were associated with lower levels of depression. On the other hand, no significant relationship was found between avoidance type of coping and depression. Additionally, the only demographic characteristic found to have an influence on depression was income. The results further suggested that the evaluation of the coping strategies utilized along with depression were important assessment tools when evaluating the well being of Hispanic older adults.

Pargament et al. (2001) examined the relationship between religious coping and well being among clergy, elders and members. Clergy reported higher levels of positive religions coping than elders, who, in turn, indicated more positive religious coping than members. Positive and negative religious coping were associated with higher and lower levels of well-being respectively. Positive and negative religious coping were more strongly related to well being for clergy than members.

Segal, Hook and Coolidge (2001) examined age-related differences in personality disorders, dispositional coping strategies and clinical symptoms in younger (age range 18-29 years) and older (age-range 55-89 years) adults. Older adults reported lower levels of dysfunctional coping strategies than younger adults. Specifically older persons were less likely to use mental disengagement, venting of emotions and alcohol/drugs to cope up with problem. The Brief
Symptom Inventory results for clinical symptoms revealed that younger adults were significantly higher on anxiety, depression and hostility. Results also suggested that younger adults experienced higher levels of personality and clinical symptoms and used more dysfunctional coping strategies than older adults.

Broderick and Korteland (2002) investigated inter-relationships among coping styles, gender roles and level of depression for early adolescents. Girls displayed more depression than boys and more highly depressed girls demonstrated coping patterns similar to those of depressed adolescents and adult women. Individuals who identified with the feminine gender role showed increase in depression with age. Participants implicit belief about what constituted appropriate coping behaviour were also linked to gender. Both genders believed that men should not ruminate but they should distract themselves from problems.

Kaur (2002) studied psychological well being among adolescents in relation to coping strategies. The results indicated that there was significant difference in physical, social and emotional well being of boys and girls. Boys enjoyed good sense of physical, mental, social and emotional well being. Urban adolescents had good sense of emotional well being whereas rural adolescents had good sense of mental and social well being. Adolescents boys adopting withdrawal and emotional diffusing as coping strategy had good sense of mental, social and emotional well being. Adolescents boys adopting cognitive appraisal as coping strategy had good sense of mental and emotional well being and the difference was significant and adolescents boys
adopting seeking help as coping strategy enjoyed good sense of mental being.

Letvak (2002) found social support to have a direct effect on the well being of families and individuals. Specific strategies were presented which assisted rural health nurses in providing the support system necessary to help rural residents in managing and coping with stress and mental health problems.

Nou (2002) studied stress, social support, coping and psychosocial adjustment of Khmer university, college and technical students in modern day Cambodia. The findings indicated that both negative life events and "daily harsles" were significant predictors of higher mental health symptoms, higher psychological and somatic symptoms and lower life satisfaction. The buffering effect of social support played an essential role in providing khmer students with necessary resources needed to overcome life adversities. The use of emotion focused coping style correlated significantly with higher mental health symptoms, higher psychological and somatic symptoms and lower quality of life on contrary the use of problem focused coping styles did not appear beneficial for the students because it correlated significantly with greater mental health symptoms but no differences were found in psychological and somatic symptoms and life satisfaction.

Drageset and Lindstrom (2003) studied relationship between anxiety, social support, coping and defence in connection to mental health among patients with suspected breast cancer awaiting diagnosis. The results showed that patients reported elevated levels of
anxiety and high levels of social support. Yet, anxiety was strongest and negatively related to “instrumental coping” followed by ‘cognitive defence’. Defensive hostility was unrelated to anxiety. Unexpectedly, ‘emotion focused coping’ and “social provisions” were unrelated to anxiety. Social provision were somewhat related to “instrumental coping” but sparsely related to ‘emotion focused coping’, but it did not in themselves repress anxiety, "Instrumental coping” did even in a situation where nothing could be done. Social support was suggested to be the product of an “instrumental coping style”, but not necessarily contributing to it.

Dukes, Holland and Holahan (2003) examined the relation of perceived social support and coping to positive adaptation among breast cancer women. The results showed that perceived social support and approach coping strategies were associated with positive adjustment. Avoidance coping strategies were negatively related to psychological well being but were unrelated to positive health behaviours.

Garnefski, Boon and Kraaij (2003) examined the relationship between cognitive strategies of adolescents and depressive symptomatology across different types of life event. The results showed significant relationships between type of negative life event and the cognitive strategies self - blame and other blame. Adolescents with a health threat experience scored higher on self-blame, while adolescents with a relational stress event scored higher on other blame than the other groups. Significant relationships were also found between depressive symptomatology and the cognitive strategies self
blame, rumination, positive reappraisal, putting into perspective and catastrophizing. No interaction effects were found between type of negative life event and cognitive strategies suggesting that relationship between cognition, emotion regulation strategies and depressive symptomatology were consistent across different types of life event.

Griva and Joekes (2003) investigated the relationship between burn out, somatic complaints and job satisfaction in U.K. teachers. The results revealed that job demand was the most consistent predictor for the study outcomes whereas control and social support, appeared to have less predictive power. The addition of coping strategies marginally added variance to overall burn out components. The teachers were considerably worse off than their European colleagues on all outcome measures and on the majority of the predictor variables. They appeared to use different coping strategies, work under worse conditions and report lower levels of psychological and physical well being.

Iwasaki (2003) conducted a study to examine the effects of leisure coping on various stress coping outcomes including immediate outcomes (perceived coping effectiveness, perceived satisfaction with coping outcomes and perceived stress reduction) and distal or long term outcomes (physical and mental ill health and psychological well-being), above and beyond the contributions of general coping (coping not directly associated with leisure) among university students. The study found that leisure coping beliefs (leisure generated dispositional coping resources) significantly predicted lower levels of mental and physical ill health and greater levels of psychological well being above
and beyond the effects of general coping. Also, the use of leisure coping strategies (situation, specific stress coping strategies through leisure) was significantly associated with higher levels of perceived coping effectiveness and stress reduction when the effect of general coping were taken into account.

Jason, Witter and Torres (2003) studied relationship between chronic fatigue syndrome, coping, optimism and social support and found that behavioural disengagement was related to worse mental composite scores while maintaining activities and optimism was related to more positive mental composite scores. It was concluded that psychological factors such as coping styles, optimism and perceived social support were correlated with important mental and physical health outcomes of functionality.

Kim et al. (2003) investigated the role of coping in maintaining the psychological well being of mothers of adults with intellectual disability and mental illness. The results showed considerable variability at the individual level in the degree to which mothers changes over time in their use of problem focused and emotion focused coping strategies. For both groups, an increase in their use of emotion focused coping led to declining levels of well being. For the parents of adults with intellectual disability, an increase in their use of problem focused coping resulted in a reduction in distress and an improvement in the quality of the relationship with their adult child. For the parents of adults with mental illness, an increase in the use of problem focused coping had no effect on levels of distress but led to an improved relationship with their adult child.
Kitaoka (2003) conducted a study to ascertain the role of social support and individual styles of coping on employee well being in the Japanese work place. The results showed that each coping style had a direct effect on depression. Emotion oriented coping had a negative effect. On the other hand, tasks oriented coping and avoidance oriented coping had a positive effect. Moreover, there was an indirect effect that coping styles precede and determine the perception of social support as well as job demand and control. Social support showed a direct positive effect on depression. However, the overall impact on employee's well being was greater for individual coping styles as compared to social support from either supervisors or co-workers.

Morano (2003) focused on the study whether emotion - focused coping or problem focused coping mediate or moderate the effects of caregiving stress on caregiver psychological well being. It was found that emotion focused coping demonstrated moderating effects on depression and life satisfaction, although not in the predicted directions, problem focused coping did not demonstrate any mediating or moderating effects. The findings indicated that development of interventions that focus on the caregivers coping skills could help improve their psychological well being.

Schmeelk-Cone and Zimmerman (2003) assessed longitudinally perceived stress, psychological well being, support antisocial behaviour and academic success in African-American youth. Adolescents with chronic level of stress reported more anxiety and depression, engaged in anti social behaviours and reported less active
coping than youth in other trajectories. Adolescents with low levels of stress over time reported fewer psychological problems perceived more social support and were more likely to graduate from high school than those with higher stress levels overtime.

Shimazu and Kasugi (2003) examined the role and the combined effects of active and non-active forms of coping on psychological distress across various kinds of job stressors among Japanese employees. The results showed that although active coping was effective in decreasing psychological distress regardless of the type of job stressor, the effectiveness was weaker in situations that require effortful coping such as role ambiguity and in sufficient authority. Furthermore, the effectiveness of active coping was influenced by the other strategies especially in effortful coping situations. While distancing or seeking social support improved the effectiveness, restraint coping reduced it. These results suggested that the type of non-active coping that individuals combined with active coping could be critical in determining health outcomes in more complex and effortful coping situations.

Rasku and Kinnunen (2003) compared the work situation of Finish upper secondary school teachers to that of average European teachers and examined to what extent various job conditions and coping strategies explained their well-being. The Finish upper secondary school teachers assessed, in particular, their job conditions (e.g. lower job demands and higher job control) but also their well-being (higher level of job satisfaction and lower level of depersonalization and somatic components) as better than their European
colleagues. Job demands and control had only main effects on well being: high demands explained low job satisfaction; high emotional exhaustion and high depersonalisation and high control explained high job satisfaction and high personal accomplishment. The additional job conditions and coping strategies increased the explained variance of somatic complaints, emotional exhaustion and personal accomplishment.

Ritsner et al. (2003) studied whether different coping styles mediate the relationship between psychopathology and related distress and the quality of life among patients with schizophrenia. Life quality correlated positively with task and avoidance oriented coping styles and slightly negatively with emotion oriented coping. Emotion-oriented coping mediated the relationships between the severity of activation, anxiety/ depression symptoms and quality of life, while avoidance oriented (distraction) coping was mediated between quality of life and paranoid symptoms. Coping styles accounted for 25% of the variance in subjective quality of life scores compared with 15% for psychological distress and only 3% for clinical variables. The ability to cope with symptoms and associated distress substantially contributes to quality of life appraisal in schizophrenia. Thus, different coping strategies reduced the negative influence of specific symptoms and related distress on the subjective quality of life of schizophrenia patients.

Meiselman (2003) studied the relationship between coping processes and adaptational outcomes of 43 older adults who had recently relocated to a residential care facility for the elderly (RCFE). The study illustrated that there is a significant relationship between
some coping styles and adjustment following relocation. The five coping styles that were found to significantly impact adaptation were humor, mental disengagement, behaviour disengagement, seeking out emotional and social support and focusing on and venting of emotions. In addition, several socio-demographic variables, particularly the reasons for the relocation and visiting the community prior to moving significantly impaired adaptation (moral, life satisfaction and depression).

Haley et al. (2004) compared well being, appraisal and coping in African American and Caucasian dementia caregivers. African-American caregivers reported lower anxiety, better well being, more benign appraisals of stress and greater religious coping and participation than Caucasian caregivers.

Karlsen et al. (2004) assessed perceptions of support, diabetes related coping styles and psychological well being in adults with type 1 & type 2 diabetes. The results suggested that association between perceptions of support and psychological well being was mainly mediated by coping. Only associations of emotion focused coping and self-blame with psychological well being were detected.

Molassiotis and Maneesakorn (2004) studied quality of life, coping and psychological status of Thai people living with AIDS and found that subjects used emotion focused coping strategies more often, with most frequent one that of positive reappraisals. Quality of life was moderate with lowest scores in the emotional well being subscale. Meditation (an emotion focused coping method) was related with better quality of life. Results indicated that emotional and family
support could benefit people living with AIDS in Thailand and improve their quality of life.

Pattankar (2004) studied competitive anxiety and coping strategies relations on intensity directional relationships. The results showed that perceptions of facilitative cognitive anxiety were more related to the use of problem focused coping and avoidance coping. High levels of cognitive anxiety intensity were related to the coping strategy of behavioural disengagement and venting and low levels of cognitive anxiety intensity were associated with coping strategy of distancing. From a practical point of view, the results concluded that athletes with positive perceptions of their anxiety level were able to use effective coping strategies.

Torkelson and Muhonen (2004) examined the relationship between coping and health problems in the context of gender and level in the organization. The results showed that when level and gender were controlled for, no relation between problem focused strategies and health was obtained. Instead the emotion focused strategy of seeking emotional support was associated with fewer health problems whereas focus on emotions and alcohol/drug disengagement were associated with more symptoms. At a managerial level, the men and women used basically the same strategies.

Bedi and Brown (2005) examined the relationship between dispositional and relative optimism, threat avoidance and emotional well being in 85 cardiac patients. Blunting, a measure of threat avoidance was found to be associated with both optimism and emotional well being and the common variance was predictive of
positive affect. As expected, this link was stronger and more pronounced in people with low self efficacy for problem focused coping.

Burker et al. (2005) studied coping and depression in the spouses of heart transplant candidates. Spouses reported using adaptive strategies more than the less adaptive strategies. Increased level of depression were positively correlated with behavioural disengagement and negatively correlated with planning coping strategies. Kozora et al. (2005) examined psychological processes in systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA) patients in relation to measures of life stress, coping styles, social support and cognitive ability. Increased depressive symptoms and distressed mood state in SLE patients were related to use of disengaging and emotional coping styles.

Derks et al. (2005) analysed whether older and younger patients with cancer of head and neck made use of different coping styles and locus of control mechanisms and how these mechanisms were related to quality of life (QOL) and depressive symptoms. Before treatment and at 12 months, the number of depressive symptoms and QOL scores, apart from physical functioning, did not differ between the two groups. Before treatment and at 6 months, younger patients used active coping strategies significantly more often and they perceived more internal control over the cause of their disease. Older patients used religious coping and religious control more frequently at all assessments. In both groups, avoidance coping was associated with more depressive symptoms and a worse quality of life. It was
concluded that although older and younger patients used different coping and locus of control strategies, this did not give rise to differences in quality of life and depressive symptoms after treatment.

Farley et al. (2005) compared relationship among perceived stress, stress coping strategies and health related quality of life (HRQL) in a rural sample of Mexican citizens living in the United states, Mexican Americans and non-Hispanic whites. Mexican citizens reported significantly better physical functioning than did non-Hispanic whites or Mexican Americans. Mexican Americans reported significantly better mental health functioning than did non Hispanic whites. Mexican citizens were more likely to use positive reframing, denial and religion and less likely to use substance abuse and self distraction as stress - coping strategies. Stress coping style was potentially modifiable predictor of physical and mental HRQL and accounted for part of the Hispanic health paradox.

Murberg and Bru (2005) prospectively explored the main and interactive effect of approach and avoidant like coping styles as well as school related stress on depressive symptoms in a sample of 327 (167 females, 160 male) students in two Norwegian secondary schools. The results showed that seeking parental support as a coping style served as a negative predictor of later depression and results gave some support for aggressive coping styles being a risk factor for depressive symptoms. A significant interaction between aggressive coping style and stress in relation to depressive symptoms was found.

Tanaka and Kazuma (2005) conducted s study to elucidate factors that influence perception of difficulties of life and psychological
well being of patients with ulcerative colitis in remission. The results revealed no outstanding aspect of psychological well being but a relatively large number of patients perceived a 'decline of vitality or vigour' despite being in the remission phase. Scores for decline of 'vitality or vigour' were high when the emotive coping scores were high, social support was lower, disease durations were short, relapses occurred more than once. When the emotive coping scores were high, psychological well being was not fine.

Tomberg et al. (2005) studied coping strategies, social support and life orientation in patients following moderate and severe traumatic brain injury (TBI) in relation to health related quality life. The results indicated that persons with TBI used task- oriented and social/emotional support strategies less often and avoidance oriented strategies more often than control persons. The social support network, satisfaction with it and optimism as life orientation were lower in the patient group. Task oriented coping styles, satisfaction with social support and optimistic life orientation were associated with the majority of the domains of health related quality of life and resuming work after TBI.

Wong et al. (2005), examined psychological morbidity (depression, anxiety and stress) in Hong Kong medical students as well as their concerns, coping mechanisms and their help-seeking. Medical students in Hong Kong reported a higher level of psychological morbidity as compared with other tertiary education students. Their main concern include examinations, stress, career adjustment to the new medical curriculum and commitment to the course. The coping
skills adopted were largely adaptive. Maladaptive coping skills like denial, self blame and behavioural disengagement were highly correlated with depression, anxiety and stress scores.

The focus of researchers on well being, mental health, wellness vis-à-vis other psychological variables has been more on negativity i.e. depression, anxiety, burn out etc. and lesser on happiness and satisfaction. Most of studies look at well being either as subjective well being in terms of its negative aspects. The population group include adolescents, patients, elder persons, professionals and to some extent teachers.

2.2 WELL BEING AND ORGANISATIONAL CLIMATE:

Aggarwal (1986) examined 1100 male teachers (Professors, Readers and Lecturers) from technical and non-technical organizations and reported that teachers who were high scorers on the climate measures were also satisfied with their jobs and vice-versa. It may also be said that those who were more satisfied with their jobs scored high on the component of climate, viz. pride, authority, hindrance, fairness and administration. Hindrance and pride were more related to job satisfaction in comparison to administration and fairness. There was positive correlation between authority, hindrance and job satisfaction, Pride and job satisfaction were also correlated positively showing that the more satisfied a worker was, the more he felt pride in his job and vice-versa. The perception of organizational climate and job satisfaction were positively related to each other.
Blasé (1986) in a study on supplementary, middle and junior high school teachers using Teacher stress Inventory (TSI) indicated that job related factors were considered stressful because they were perceived as interfering primarily with time resources, thereby, overloading teachers in qualitative and quantitative senses. Inadequate disciplinary policy to admonish or reprimand disruptive pupils was a constant stressor. Not only the lack of support but unrealistic expectations by community members and job status problems were identified as stressor.

Srivastava (1987) conducted a comparative study on organization climate and job satisfaction of junior and middle level central government officers and revealed that the relationship between job satisfaction and organizational climate is quite significant in junior and middle level officers. The difference was statistically insignificant between the junior and middle level officers in terms of perception of organizational climate and on job satisfaction.

Armsden and Greenberg (1987) studied the relationship of parent and peer attachment and psychological well being in adolescence and found that perceived quality of both parent and peer attachment was significantly related to psychological well being. The results further indicated that adolescents classified as highly securely attached reported greater satisfaction with themselves, a higher likelihood of seeking social support and less symptomatic response to stress life events.

Sharma and Sharma (1989) studied organization climate, job satisfaction and job anxiety on a sample of 50 officers and 50
subordinates and reported that officers and their subordinates did not differ in their perceptions of overall organizational climate as well as on five out of six dimensions. Overall organizational climate was positively related to job satisfaction (overall, on-the-job and off-the-job) and negatively related to job anxiety in both officers as well as their subordinates. Such relationships were found to be stronger and pervasive in case of leadership and communication dimension of the profile organizational characteristics (POC) for subordinates and in case of interaction influenced decision making and goal setting dimensions of the POC for officers. It was concluded that organizational climate, job satisfaction and job anxiety measures were differentially correlated for people in different positions and the magnitude of these relationships varied with the nature of the dimensions of organizational climate and the indices of well being.

Sreepreedasak (1997) found that (i) high well being teachers working in favorable school organizational climate were more satisfied than low well being teachers working in favorable school organizational climate (ii) high well being teachers working in favorable school organizational climate were also more satisfied than high well being teachers working in unfavorable school organizational climate (iii) low well being teachers working in favorable school organizational climate were more satisfied than high well being teachers working in unfavorable school organizational climate and (iv) low well being teachers working in favorable school organizational climate were more satisfied than low well being teachers working in unfavorable school organizational climate.
Sablosky (1999) investigated the relationship between elderly board and care resident's perceptions of the social climate of their environment and psychological well being. Results showed that respondents satisfied with their environment had good psychological well being although these were not significantly associated with each other. Respondents who had been in a facility for longer periods of time reported better psychological well being and respondents with better psychological well being reported better health.

Benight, Flores, and Tashiro (2001) tested the relationship between bereavement coping, self-efficacy and psychological, spiritual and physical health and outcomes in 101 cancer widows. The results reported that bereavement coping self efficacy was a significant predictor of emotional distress, psychological well being, spiritual well being and physical health perceptions after controlling for several other important factors like age (54 years) and time since death (6 months to 1 year).

Martin et al. (2004) investigated the coping styles among families of children with HIV infection. Results indicated that families’ passive coping and spiritual support were among the coping techniques used most often and social support was used least often. Medical variables was unrelated to any coping styles. Families of children with central nervous system impairment endorsed more passive coping techniques than families of children with no apparent deficits.

These studies are a reflection on institutional climate being more facilitator in job satisfaction or well being. Similarly it is reported
that good perceptions of social climate, may be at home or institutions lead to better life conditions and happiness.

Martin et al. (2005) tested a theoretical model of employee adjustment during organizational change based on Lazarus and Folkman's (1984) cognitive phenomenological framework on the sample of 779 public hospital employees and 877 public sector employees by using survey data. The results showed that employees whose perceptions of the organization and environment in which they were working (i.e. psychological climate) were more positive, were more likely to appraise change favourably and report better adjustments in terms of higher job satisfaction, psychological well being and organizational commitment and lower absenteeism and turnover intentions.

2.3 COPING STRATEGIES:

Billing and Moos (1981) studied the use of problem or emotion focused coping of 200 married couples by survey method. The research revealed that both the husbands and wives used more problem focused then emotion focused methods to cope with the stressful event. But the wives reported using more emotion focused approaches than the husbands did. Subjects with higher incomes and educational levels reported greater use of problem focused coping than those with less income and educational level. The subjects used much less problem focused coping when the stress involved a death in the family than when it involved other kinds of problems such as illness or economic difficulties.
Rajagopalan and Khandelwal (1988) studied the role stress and coping styles of public sector managers and found that various role stresses were related significantly with different coping styles. There was a significant difference in the use of coping style by the managers of high and low stress total role stress was significantly and negatively correlated with approach style and significantly and positively related to avoidance style. Every dimension of role stress showed a negative correlation with approach strategy and consequently a positive correlation with avoidance strategy.

Ghadially and Kumar (1989) studied stress, strain and coping styles of female professionals and found females using avoidance as a dominating mode of coping experienced more occupational/organizational stress than their counterparts using approach as a dominant mode of coping.

Haney and Bonita (1989) examined the effects of role stress (role conflict, role ambiguity and role overload) and of two kinds of coping effectiveness (e.g. problems focused coping and emotion focused) on the health concerns of physical education (PE) teachers and non-PE teachers. Emotion focused coping showed a significantly positive relationship with health concerns suggesting that teachers who perceived this kind of coping as more effective had more health concern.

Greenglass et al. (1990) found that male teachers experienced more work stress but they were less likely to use coping strategies. Female teachers were better able to use coping strategies to reduce stress.
In a study of Indian teachers, Abrol (1990) examined the strains experienced and the coping strategies used by 27 male and 27 female teachers (age 25-55 years) with at least 5 years of experience. The findings indicated that these subjects were suffering from interpersonal and psychological strains and they use social support and cognitive coping to deal with the felt stress.

Rao et al. (1990) examined locus of control orientation, stressful life events and coping behaviours in 60 neurotic and normal subjects. The results suggested that locus of control orientation was found to determine use of specific coping behaviour and four coping behaviours significantly differentiated internal from external, but did not play a significant role in determining experience and perception of stressful life events.

Seidman and Zager (1991) found the number of physical and psychological problems (e.g. stomach aches and depression) to be related to teacher burnout factors. They further found maladaptive coping mechanisms to be associated with high teacher burnout while adaptive coping strategies were related to low burnout levels.

Kumar and Kulkarni (1996) studied stress, strain and coping styles among Indian commercial pilots and indicated that pilots used functional coping strategies more frequently than dysfunction coping strategies. Mishra (1996) conducted a study with the intention of examining the nature of motivational climate, role stress and coping strategies among the Air traffic controllers (ATC). Defensive style was the most frequently used coping style. ATC's used avoidance strategies more frequently than approach strategies.
Cronqvist, Klang and Bjorvell (1997) studied the use and efficacy of coping strategies and coping styles in a Swedish sample and found no significant difference between the three age groups, 26-40, 41-55 and 56-70 years or between men and women when comparing the total scores for use and efficacy on the Jalowiec Coping Scale (JCS). No significant gender differences were found within each age-group. The most commonly used coping styles were the confrontational, the optimistic and the self-reliant. The least used style was the fatalistic. Men, as compared with women, used the confrontational and self-reliant coping styles more while women used the supportive coping style more than men. The youngest age-group used the emotive coping style more compared with the other age groups.

Purohit and Mehta (1998) found that confrontive and seeking social support coping among male adolescents did not show any significant relationship with perceived parental behaviour but had shown significant positive relationship between coping styles of distancing, self controlling, accepting responsibilities and perceived loving behaviour of father. It also showed significant negative relationship with escape avoidance and planful problem solving and perceived parental behaviour. In case of female adolescents it was found that confrontive and distancing coping showed significant positive and escape avoidance and planful problem solving coping showed significant positive and escape avoidance and planful problem solving coping showed significant negative relationship with perceived parental behaviour. The relationship of self-controlling, seeking social
support and accepting responsibility with parental behaviour had been found to be non-significant.

Griffith, Steptoe and Cropley (1999) investigated the association of coping strategies with job stress in 780 primary and secondary school teachers. The results were social support at work and the coping responses behavioural disengagement and suppression of competing activities predicted job stress independently of age, gender, class size and occupational grade. High job stress was associated with low social support at work and greater use of coping by disengagement and suppression of competing activities. It was suggested that behavioural disengagement and suppression of competing activities were maladaptive responses in teaching environment and might actually contribute to job stress. Coping and social support not only moderated the impact of stressors on well being but influenced the appraisal of environmental demands as stressful.

Michels (1999) investigated the coping strategies of alcoholic women and found alcoholic women were significantly more likely to favour maladaptive styles of coping, while nonalcoholic women employed significantly more problem-solving and emotion-based coping strategies. Neither race nor age differences significantly influenced the types of coping utilized by these women. The profile of coping strategies utilized by the alcoholic group was consistent with a poor quality of life and compounding of problems.

Tattersall, Benett and Pugh (1999) studied the role of coping in the relationship between job stress and well being in hospital doctors,
Psychological distress was associated with both particular work situations and specific coping strategies. Distress increased with greater job constraints, management issues and problems of diagnosis and treatment. Higher levels of distress were associated with coping strategies that involved emotional distancing from stressors in contrast to actively dealing with them.

Belville and Lynne (2000) examined coping strategies and social support among 33 patients with moderate to severe chronic obstructive pulmonary disease (COPD) to assess relationships to psychological and functional status and health care utilization. Subjects were found to use a large number of coping strategies in efforts to adjust to their COPD. Problem focused strategies were used more often than emotion focused or maladaptive strategies. Nevertheless, 50% of subjects used at least one maladaptive coping strategy. Subjects reported a high rate of social support and perceived the quality of their support to be quite good. Instrumental social support was slightly more prevalent than emotional support. Maladaptive coping strategies and pain were the best predictors of psychological well being. Mental disengagement and negative social support significantly predicted respiratory related hospitalizations. The length of hospitalization was best predicted by the number of emotion focused coping strategy used by subjects.

Lindqvist, Carlesson and Sjoden (2000) studied coping strategies and styles used for handling stressful situations by Swedish population. The three most frequently used coping styles were the confrontive, the optimistic and the self-reliant. The three least used
styles were the emotive, the supportive and the palliative. Young (18-29 years) and middle aged (30-59 years) groups used confrontive and emotive styles significantly more than did the elderly (60-80 years) group. Young and middle aged women used significantly more optimistic, evasive, emotive and supportive coping than did elderly women. All subscales except the self reliant showed significant gender differences, with women reporting more frequent use than men. Ethnicity is a major determinant of the use of the emotionally-oriented coping styles, those of Swedish origin used less of these styles than did those of non-Swedish population.

Bishop et al. (2001) investigated the relationship between coping styles and personality among police officers in Singapore. The results indicated that problem solving composed of active coping, suppression of competing activities, planning restraint coping and instrumental social support was positively associated with conscientiousness. Avoidance coping which included behavioural disengagement, mental disengagement, denial and focusing on and venting of emotions was positively related to neuroticism but negatively related to conscientiousness. Finally, positive reappraisal which included emotional social support, turning to religion, positive reinterpretation and growth and acceptance, was positively associated with extroversion, agreeableness and openness.

Lewis and Brown (2002) studied coping strategies of female adolescents with HIV/AIDS. The results revealed that the most often utilized coping strategies by the adolescents were: listening to music, thinking about good things, making own decisions, being close to
someone they care about, sleeping, trying on your own to deal with problems, eating, watching television, day dreaming and praying. The adolescents also reported low utilizations of certain maladaptive coping strategies such as alcohol and illicit drug usage.

Neil (2002) studied coping strategies and stress levels of parents with children with autism. The results revealed that parents who had a child with autism reported higher child related stress than parents without a child with autism. Parents with children with autism also reported more life stress than parents without children with autism. Parents with typically developing children used more task-oriented coping than parents of children with autism. Males also used significantly more task oriented coping than females. The results indicated that parents of children with autism engaged in more emotion oriented coping and than parents without children with autism. Females were engaged in more emotion oriented coping than males. Females also engaged in more avoidance oriented coping and distraction than males. The results also revealed that females used social diversion coping more than males. Parents rated their spouse as their most frequently used resources in coping with their child.

Parkash, Mathur and Aggarwal (2002) studied the effect of coping strategies, sex and teaching experience on perceived role stress of university teachers and found that self care coping strategy was significantly and positively correlated with teaching experience. It showed that as the experience increased, teachers used more and more self care coping strategy for minimizing the effect of different stressors.
Chan (2003) assessed dimensions of emotional intelligence and their relationship with social coping among gifted adolescents in Hong Kong. Students, in coping with their being gifted, endorsed to different degrees their use of six coping strategies which were valuing peer acceptance, involvement in activities, attempting avoidance, denying giftedness, prizing, conformity and discounting popularity. Social skills emerged as the most important component of emotional intelligence predicting the use of strategies of valuing peer acceptance and involvement in activities.

Manhas (2003) investigated various coping strategies used by the Kashmiri migrants children. The results showed that children exhibited a multiplicity of coping mechanisms. The often reported strategies were daydreaming, compensation, withdrawal and aggression and the lesser reported strategies were positive thinking, negativism and identification. All the children largely used emotion focused coping strategy. Parents deliberately facilitated or discouraged different coping strategies in their children. The coping pathways that were counteracted by the parents included daydreaming, withdrawal, aggression, negativism and identification. The parents tried to curb and counteract these behaviours of their children and showed concern whenever children exhibited such behaviours. On the other hand, the parents encouraged the coping modes such as compensation and positive thinking.

Siddiqui and Pandey (2003) conducted a study on coping with poverty by an urban poor minority group. Males reported greater social support than the females. On the other hand the females
reported greater helplessness and fatalism than the males. Females significantly reported more psychological and physical health problems than males. Age was significantly and positively related with helplessness, acceptance and fatalism i.e. the older people reported more helplessness, acceptance and fatalism in confronting their economic reality. Further age had significant positive correlation with psychological and physical health implying that with age people reports more health problems. Education, an important variable determining the socio-economic status of a person, was negatively associated with perceived poverty, helplessness and fatalism on the one hand and positively related to social support on the other. Education was negatively related to psychological and physical health as the respondents who were less educated reported more health related problems.

Ugal (2003) explored the socio-psychological study of coping strategies in Nigerian youth. Results indicated that attempt to try to face a difficult life situation in an ambivalent manner and to withdraw from problem they encounter in their life was most typical responses. The male occasionally withdraw from the problems by taking alcohol, drugs and joining cults and females by praying and hoping for the better. It was also more typical of females to get emotionally upset as compared to males who confronted the problem and tried to solve it. It was more typical of the females to cry, get sad, nervous and anxious. Both males and females tried to analyze the situation and tried again and again till it was solved. Seeking help and advice was very
important at this stage and parents, friends and grand parents and siblings were the people they mostly turned and relied most on.

Vauder (2003) evaluated the efficiency of the coping mechanisms of 82 unemployed African men with dependents. Results revealed significant relationship between perceived stress and stressful life events as well as between perceived stress and four groups of coping mechanisms, the strongest relationships being reported for stressful life events, psychological coping resources and family resources. Only four of the fifteen identified coping mechanisms could reduce the relationship between stressful life events and perceived stress. These were an internal locus of control, extended family social support, mastery and health within the family and the utilization of community resources.

Kaur (2004) conducted a study on coping styles of teacher trainees in relation to emotional maturity and social support. The most preferred coping style of teacher trainees was planful problem solving and the least preferred coping style was accepting responsibility. Highly significant difference was found in confronting coping, distancing, escape avoidance, planful problem solving coping strategies with regard to gender. These coping styles were preferred more by male teacher trainees and the self control, positive reappraisal coping styles were adopted more by female teacher trainees. Confronting coping, distancing, self-control, seeking social support and positive reappraisal was adopted more by emotionally stable teacher trainees and accepting responsibility and escape avoidance coping style by emotionally unstable teacher trainees.
Shaikh et al. (2004) assessed the perception of stress and coping strategies amongst Pakistani medical students. Inability to cope, hopelessness, increased psychological pressure, mental tension and too much work load were ‘stress factors’ for students. A considerable majority (79%) thought that they had been stressed at one time or another. Ninety four percent of males had experienced stress. The senior students of the fourth and final years felt more stressed (95% and 98% respectively). Low moods, inability to concentrate, loss of temper were most common symptoms. Females reported more symptoms. Academics and examinations were the most powerful stressors. Sports, music hanging out with friends, sleeping, or going into isolation were various coping mechanism adopted by students. If needed, students preferred to talk to a peer. They demanded more recreational activities on campus, revised schedule of academics and examinations, better counseling facilities and improvement in student-teacher relationships. It was suggested that the prevalence of perceived stress seemed to be high among medical students which tended to affect not only their academic performances but also all aspects of health. Review of academics and examinations schedules, more leisure time activities better interaction with the faculty and proper guidance, advisory services and peer counseling at the campus could do a lot to reduce the stress.

Seiffge, Krenke and Beyers (2005) examined the links between coping and attachment and assessed coping behaviour at five points in time during adolescence (starting at the age of 14 years) and early adulthood. In both adolescence and early adulthood, difference in
coping styles were found to be related to differences in attachment. Individuals classified as secure dealt with problems more actively than by using their social network during adolescence and at the age of 21 years. Both secure and dismissing individuals used more internal coping than those with a preoccupied state of mind. Latent growth curve modeling revealed that differences in active and internal coping between secure and insecure individuals applied to the rate of change in these coping styles between 14 and 21 years, with participants in the secure group showing much steeper growth in both coping styles.

Valtonen Sogren and Cameron (2006) examined the types of coping strategies which substance abusers used and learned in response to stressful and problematic life situations, starting with experiences related to childhood and socialization. The coping styles reported were overwhelming in the category of emotion-focused coping to regulate stress in uncontrollable situations in childhood and to cope with the loss of significant others. Only a minority used or were able to use problem focused or social support coping strategies to meet stressful events.

Yi, Smith and Vitaliano (2005) explored stress-resilience, illness and coping among young women athletes. The results revealed that coping profiles of the groups differed significantly, with resilient athletes favouring problem focused coping and seeking social support and non-resilient athletes reporting greater use of avoidance and blaming others. Correlations among problem focused coping, seeking social support and minimize threat were higher in the resilient group.
The resume of studies reveals that coping has been researched in a multi varied approach vis-à-vis stress, well being and other demographic variables on different population groups including teachers, professionals and patients. However, more studies are of clinical nature and a few studies have a focus on teachers. Invariable action oriented and positive coping styles are reported to be effectiveness in reducing stress and enhancing mental health or well being.

2.4 WELL BEING, SOCIO-DEMOGRAPHIC VARIABLES:

Reijo and Kanko (1988) assessed 272 Finish students 3 times between 1965 and 1978 for mental health status. Results showed that the development of mental disorders and occurrence of symptoms increased with age and that men and women differed in many ways in terms of the nature of their mental health.

Verma et al., (1988) examined the correlation between general satisfaction and general well being with selected demographic variables of bank employees. The conclusions revealed that the bank employees have high satisfaction and high general well being level. Both variables were independent of each other and age was not related to these variables though graduates (Vs post graduates), male (Vs female) and unmarried (Vs married) were found to score high.

Shek (1992) examined gender difference in the coping behaviour of Chinese working parents in Hongkong. The results showed that men had higher internal coping scores in the marital, familial and occupational domains and women had a stronger tendency to seek
help from others i.e. external coping when facing stress in all these domains.

Frydenberg and Lewis (1993) reported gender differences in coping style. Males were more likely to be engaged in more risk taking activities and more physical reaction than females. Females were more likely to be engaged in talking to friends, daydreaming and tension reducing activities. Males used the problem solving coping style more than females, while females used "reference to others" more as a way of solving their problems.

Tung and Jagjit (1994) reported sex differences on a measure of coping strategy. Females were socialized to adopt lesser effective and more emotion focused coping patterns while dealing with a stressful situation than males. The males used the coping style of denial (coping pattern in which the individual denies of having any stress) and isolation (a tendency to be less emotional and face the situation more intelligently). The males were adept at denying stress upto some extent and if the stress kept pursuing then tried to find it out with their intellectual skills. Females on the other hand, when faced with the threatening situation, instead of using adequate coping skills started blaming themselves for the situation. They tended to use the skill of turning against self (a pattern in which the individual is fully aware of the stressful events but considers herself incompetent to face it and hold herself responsible for it).

Verma et al. (1995) studied effective coping strategies in college students. The results indicated that the college students tried to face the difficult situation in a mature manner yet they did withdraw from
problems they counter in their life. Gender differences were present wherein the males occasionally withdraw from the problems by taking alcohol or drugs and females by praying and hoping for the better. It was also more typical of males to get emotionally upset as composed to females who confronted the problem and tried to solve it. Taking help and advice was very important and parents, friends, grand parents and siblings were the people they mostly turned to and relied most on.

Messeret and Gupta (1998) found no significant difference between urban Vs suburban, urban Vs sector and suburban Vs sector area adolescents of Addis Ababa (Ethiopia) in respect of well being. There was significant difference between boys and girls from urban area and suburban area irrespective of intelligence and well being. In respect of well being, suburban girls showed satisfactory results than their male counterparts but urban boys showed better well being as compared to urban girls. The results further showed positive correlation among intelligence, locus of control and well being. Higher level of intelligence of adolescents was correlated positively with higher well being of adolescents. The trend of relationship tended to show that well being experienced people worked in positive ways including cognitive and affective reaction and efficiency in problem solving.

Sehgal and Sharma (1998) conducted a study of gender differences in health, well being, stress and coping and reported that no significant gender differences emerged on stress and coping. It also
revealed that men scored higher than women on both emotions focused and problem focused coping and lower on stress.

Singh (1999) in a study of well being of navodaya vidyalaya teachers in relation to their job burnout found that female teachers were rated higher on physical well being and showed higher sense of personal accomplishment and feeling of competence in their work where as male teachers were more depersonalized and having impersonal response towards their pupils. The male art teachers and female art teachers differed significantly on personal accomplishment. Female art teachers depicted higher sense of achievement and competence while working with students.

Kaur (2003) carried out a study of occupational stress of government and private school teachers in relation to their psychological well being. The results showed significant difference in well being of government and private school teachers. Government school teachers were better on well being as compared to private school teachers. No significant difference existed in physical, mental, social, spiritual and total well being scores of male and female teachers of government and private school except in emotional well being. There was significant difference in female teachers of government and private schools but no significant difference in male teachers of government and private schools.

Aggarwal (2004) studied psychological well being of teacher trainees in relation to personality hardiness. The results showed that there was significant differences in mental, emotional and total well being of male and female teacher trainees. Male teacher trainees
enjoyed good sense of well being as compared to female teacher trainees. Urban and rural teacher trainees did not differ significantly in physical, mental, social emotional, spiritual and total well being. Urban teacher trainees enjoyed good sense of well being as compared to rural teacher trainees.

It may be summed up that mental health and well being along with job satisfaction and coping behaviour show some variations across age, gender, income, and other personality variables. However, focus on teachers' well being in relation to demographic variables is scanty.

2.5 OVERVIEW:

The perusal of related literature is indicative of the fact that the focus of researchers, both in psychology and education, has shifted towards well being from adjustment and mental health of individuals may be in social situation or at work place. The concept of well being has been researched mainly in terms of positive and negative affectivity. Moreover, most of the studies are clinical and restricted in scope. Only few studies focus on well being among teachers. Also well being has been studied in relation to a number of psychological, social, and demographic variables along with climate, may be at home or work place or an educational institution. There emerges no consensus with regard to antecedents or consequences of well being and it is move true in case of school teachers. There is paucity of research to look into well being among teachers in relation to their coping pattern and school climate. Hence there is a need to focus on such issues and the present study is an humble endeavour in this direction.
2.6 HYPOTHESES:

Keeping in view the findings of research studies, reviewed in earlier sections depicting active or approach coping and climate to be better predictor of well being and uncertainty of findings with regard to demographic variables following hypotheses were formulated:

1. The senior secondary school teachers perceiving school organizational climate to be either 'open', autonomous' or 'familiar' will exhibit higher levels of well being in comparisons to their counterparts perceiving school climate to be either 'controlled', 'paternal' or closed.

2. The senior secondary school teachers adopting dominant approach coping strategy will exhibit higher levels of well being in comparison to those adopting dominant avoidance coping strategy.

3. The senior secondary school teachers adopting dominant approach coping strategy and perceiving school organizational climate to be either 'open', 'autonomous' or familiar' will exhibit higher levels of well being as compared to their counterparts adopting dominant avoidance strategy and perceiving school organizational climate to be either 'controlled', paternal or 'closed'.

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4. Mean differences in well being among senior secondary school teachers of Punjab in terms of certain demographic variables were tested with the help of following hypotheses:

(i) The male senior secondary school teacher will not differ significantly in their well being as compared to their female counterparts.

(ii) There will be no significant difference in well being of teachers working in rural and urban senior-secondary schools.

(iii) The senior secondary school teachers with teaching experience of ten or more years in comparison to those with a teaching experience of less than ten years will not differ significantly in their well being.

(iv) The senior secondary school teachers teaching in 'arts', 'science' and 'commerce' streams will not differ significantly amongst each other in their well being.