CHAPTER II

STRESS AND COPING AMONG ADOLESCENTS: CONCEPTUAL AND THEORETICAL OVERVIEW

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CHAPTER II

STRESS AND COPING AMONG ADOLESCENTS: CONCEPTUAL AND THEORETICAL OVERVIEW

2.1 Introduction

In the previous chapter, a general introduction about the study on coping with stressors among adolescent students is given. Adolescents demand a capacity for effective coping and adaptation to a number of new challenges and changes, which are precursors of adolescent development (Frydenberg & Edgar 1997). The stress associated with the normal daily tasks and issues arising in the day to day life may be perceived by the adolescents as smooth and positive or stressful and negative. The recognition of development needs and the influence of the interaction between the individual and the environment within social and cultural contexts have led adolescence research to incorporate lifespan and ecological perspectives. The goal of this chapter is to present the concepts and theories related to of adolescence, stress, stressors, coping and proactive coping to facilitate better understanding of the topic under study.

2.2 Adolescence

The adolescence comes from the Latin word *adolescere*, meaning “to grow up” or “to grow to maturity”. Broadly adolescence can be defined as the second decade of life, usually heralded, between the ages of 10 and 12 years, by the onset of the process of puberty (Slee, 1993). Adolescents are children aged 10-19 years (UNICEF, State of World’s Children, 2011). Adolescence encompasses a period of great change or developmental transition. Key features of development involve biological, psychological and socio cultural factors, in which no one factor can be assumed to act alone or take precedence (Lerner & Galambos, 1998).

2.2.1 Developmental Changes that Occur During Adolescence

Adolescence is important for both physical and psychological effects. During adolescence there is slackening of the pace of growth, and there is more marked internal and external development. The completion of the physical growth is
influenced by sex and age of maturing, thus causing many concerns for both boys and girls. Accompanying the rapid and important physical developments, rapid mental developments also occur.

There are certain universal changes that occur during the developmental stage of adolescence. In early adolescence, heightened emotionality is more noticeable than in late adolescence. The rapid physical and psychological changes that accompany sexual maturing make young adolescents unsure of their own capacities and interests. The physical changes, changes in their interests and in the roles the social group expect them to play create new problems for them. For adolescents, the interests, behaviour patterns and values change. The key change in morality during adolescence consists of replacing specific moral concepts with generalised moral concepts of right and wrong. In adolescence, the building of a moral code based on individual moral principles and the control of behaviour through the development of conscience occur. While the adolescents demand for independence, they often dismay the responsibilities that come with independence (Hurlock, 1996).

Adolescence is a time for search of identity. The quality of recognition and support the ego receives from its social environment influences the development and maintenance of sense of ego identity. The achievements enable the individual to find a niche in some part of the society (Erikson, 1968). This position is firmly dependent on the adolescent’s feeling in the areas of values, vocation, religious beliefs, political ideology, sex, gender role, and family life style. The social and cultural context is important in adolescent development, with continual transitions and changes occurring between individuals and their environment (Lerner & Galambos, 1998).

Adolescence is a time of social comparisons within the individual’s immediate environment or reference group (Slee, 1993). The important social change in adolescence is increased peer group influence, more mature patterns of social behaviour, new social groupings, and new values in the selection of friends and leaders and in social acceptance. Adolescent development is influenced by the context of the environment of family and home, peers and school (Bronfenbrenner, 1986). The influence of the environment on the adolescent is mutual, as the individual also has an effect on that setting (Steinberg, 1990). Immaturity in family relationships is especially common in early adolescence. Peers become increasingly important in exploring roles and behaviours and as such there may be conflict with expectations
from parents and teachers (Heaven, 1994). Relationships between adolescents and members of their families tend to deteriorate in adolescence. Teens spend proportionately less time with family and more time with friends, and these peer relationships become more intimate (Larson & Richards, 1991). Adolescence is a period of unrealism. The adolescents see themselves and others as they would like them to be rather than as they are. Adolescents, tend not to explore options, but commit themselves to particular attitudes and acceptable behaviours imposed by family or other significant people in their lives (Marcia, 1980).

Adolescence is the threshold of adulthood. Adolescents are concerned to deliberately create the impression that they are adults. Adolescents seek more and more information about sex out of curiosity. Some adolescents try to focus on behaviours that are associated with adult status such as smoking, drinking alcohol, using drugs and engaging in sex. They believe that this behaviour will create for them the adult image they desire. The failure to make the transition to maturity is a major psychological hazard in adolescence. When immaturity is obvious, it leads to self dejection with its damaging effects on personal and social adjustments (Hurlock, 1996).

2.2.2 Overview of Theories Related to Adolescent Development

Ancient Greek philosophers acknowledged stages of human development, marking adolescence by stereotypical behaviours. But before the end of the nineteenth century, the notion of adolescence as a separate phase of life was not widely recognised. In the nineteenth century, several social and intellectual movements influenced perceptions of human nature and adolescence (Conger & Galambos, 1997). Since the beginning of the twentieth century, the concept of adolescence has attracted the attention of many researchers.

Stanley Hall was influenced by Darwin in his thinking on adolescence, believing in the concept of recapitulation, postulating that individuals go through stages of life equivalent to the evolutionary stages of human kind. Hall (1904) described adolescence as a key stage of life in the evolution of the mature individual. Hall characterised adolescence as a transitional period to adulthood filled with contradictory emotions and behaviors such as selfishness and altruism, sensitivity and cruelty, radicalism and conservatism.
The interpersonal theory of Sullivan (1953), observed that preadolescence begins with the development of the need for a specific, close personal relationship with another person, usually of the same sex. The interpersonal interest in early adolescence shift from the members of the same sex to the members of the opposite sex. A mature repertoire of interpersonal relations is established in the late adolescence. Arnold Gesell (1956) saw adolescence as a prolonged period of growth leading to maturity. The description of growth acts as guidelines for the qualities of that particular age group and competencies that are likely to occur at that given age. The age of ten marks a turn in the spiral course of development and the adolescent cycle continues through the teens to the twenties. Gesell focused on nine areas of adolescent development, including the total action system, physical and motor growth, routines and self care, emotions, self concept, interpersonal relationships, activities and interests, school life, ethics and philosophical outlook.

The psychodynamic theorists focus upon the dynamic, changing mental activity of the individuals as they encounter the structure of their existence. Freud (1958) saw adolescence as the final stage of personality development. During this stage, patterns of impulse expression and sublimation crystallise into a life’s orientation. Anna Freud (1963) viewed adolescence as a time of increased libidinal energy which is associated with biological maturation.

Erikson’s psychosocial theory is a stage approach to the whole life span. The process of socialisation in childhood and adolescence occur through successive stages, as identified in developmental psychology (Erikson, 1968). Adolescence plays a pivotal role in identity formation. During adolescence the task that needs to be attained is in resolving the social crisis of identity versus role diffusion (Erikson, 1968). Erikson (1977) views adolescence period as a time of search, experimentation and introspection from which personal identity evolves. An identity is a creative integration of past identifications, personal competencies, and future aspirations. Work on identity formation can be disrupted by three different patterns of life events such as identity foreclosure, negative identity and role diffusion.

Marcia (1980) proposed four discrete levels of adolescent identity such as identity achievement, identity foreclosure, identity diffusion and identity moratorium. In identity achievement, the adolescent commits to a particular identity. Identity foreclosures accept others decisions about what is best for them. Adolescents in this
category consider various alternatives and never commit for one. Instead, they shift from one thing to the next. Adolescents in the moratorium category, have explored various alternatives to some degree, they have not yet committed themselves. Hence they show high anxiety and experience psychological conflict. Kegan (1982) proposes another stage in identity formation between industry and identity to be affiliation versus abandonment in which adolescents form mutual relationships.

Havighurst (1972), identified the years twelve to eighteen as adolescence. He has formulated developmental tasks which the adolescent has to acquire associated with physical and emotional growth for gaining the competencies and emotional commitment necessary to participate as adults in the society. Cognitive theorists have focused on aspects of cognition such as knowing, conceptualising, reasoning, thinking and problem solving. Piaget’s theory is primarily a psychological approach to acquisition and growth of logical thought. In Piaget’s theory, the stage of cognitive operational thought ends in early adolescence. This stage is followed by the stage of cognitive development which continues through adulthood. The thoughts of adolescents are governed more by logical principles than by perceptions and experiences. Several new conceptual principles are established during the stage of formal operations (Piaget, 1972).

Pre conventional, conventional and post conventional stages are the three levels of moral reasoning in the Lawrence Kohlberg’s theory (1964, 1973). The conventional stage corresponds to adolescence. Kohlberg has extended cognitive orientation to moral judgement and moral reasoning. During adolescence, the awareness of one’s own subjective perspective of life events permits an appreciation of the relativistic nature of all moral principles. The ecological model of adolescence development, proposed by Barker(1965), indicates that the person’s behaviour will be directly influenced by the normative expectations and opportunities for participation of the environment in which he or she lives. Orville Brim, in Social role theory, argues that social organisation in every society, brings individuals into contact with expectations for behaviour that are associated with specific role relationships. In adolescence, the diversity of social roles increases. Hence they must learn new skills of role playing, role differentiation, and role integration (Brim, 1966).

Blos (1962) makes clear that adolescence is the period of psychosocial adaptation and biological maturation. This approach distinguishes adolescence as a
time of severe turbulence during which individual disintegrates, as the individual rebels against internal and external value systems. Blos focused on adaptation as well as defence. He added the importance of coping behaviours and outlined the psychodynamic coping system for adolescents. Blos opined that although some adolescents might experience storm and stress, Turmoil is not a necessary part of adolescent development. Only through conflict can maturity be gained (Blos, 1979).

In the focal model of adolescent development, proposed by Coleman (1993) there is flexibility, in that resolving one issue is not necessary for confronting the next. In the focal theory there are no assumptions of fixed stages or sequences, so that issues generally do not necessarily arise at one particular age. This model provides an insight into addressing the reason and means by which most adolescents are able to adjust to the many changes required of adolescence rather than experience chaos. According to George Kelly’s psychology of personal constructs, one of the central tasks of adolescence is the broad ranging evaluation and recreation of the personal construct system. Adolescents encounter expansion of social roles and an array of experiences which do not have adequate constructs. Social psychological theories offer strategies for understanding the impact of the social environment on development (Kelly, 1955).

Urie Bronfenbrenner developed a theory on human development known as the Ecological systems theory (1979). This theory is also called Human ecological theory. The ecological systems theory emphasises the roles of environmental factors in development from childhood to adulthood. Bronfenbrenner ecological systems theory explains how the various factors in a child and the environment of a child affect the growth and development of a child. In this theory, the reciprocal interactions between human development and the multiple environments in which the development is occurred are considered. Bronfenbrenner labelled different aspects or levels of the environment that influence child development, such as the microsystem, the mesosystem, the exosystem, macro system and chromo system. The micro system is the environment in which the child lives. Micro system is the environment in which most direct interactions of the child take place such as the interactions with teachers, parents and peer group. Mesosystem refers to the relationship between different fractions of the microsystems and how these different fractions work collectively for the child. Exosystem refers to the association between a micro system and a system in
which the individual is not directly involved. Macrosystem describes the society and culture in which the individuals live. It deals with the largest and most remote people and things that have an influence in the life of a child. The cultural values, the wars, the economy, the National Government and the relative freedoms they provide all play their part in this system. The macro system has both positive and negative influence on the child. Environmental events and transitions over a lifetime form the chromo system. The theory has expanded to Bio-ecological system theory, as more attention is given to the biological make up of the person. Each of these systems influences the psychological development of the person in a unique way. Each system is closely related and hence any conflict in one system adversely affects all the others.

Kurt Lewin stated the analogy of adolescence as the image of a marginal man, straddling the boundaries between childhood and adulthood. Field theory of Kurt Lewin (1951) is based on the law that behaviour is the function of the life space. The two elements of the life space are the person and all the features in the environment the person is aware of. The environment is divided into regions that represent settings, relationships and barriers to success. The person has a perceptual motor region and an inner personal region. Lewin argued that during the adolescent years, the rapid expansion of the personal and environmental regions and uncertainty of the personal and environmental structure of the life space result in emotional tension.

The recent researches emphasize continuity and renegotiation as processes which characterise adolescence. The characteristics of adolescent behaviour include emotional instability, value conflicts, hostility towards group members and radical changes in ideology. Anxiety and stress is a normal result of the rapid expansion of the universe of the adolescents. In the contemporary research among adolescents, it is becoming increasingly evident that physiological changes interact with and can be strongly influenced, positively and negatively, by contextual factors such as stressful life events, family environment, school, peers, and psychological factors such as personality traits, self esteem, self efficacy and coping skills.

2.3 Stress

“The bodily processes created by circumstances that place physical or psychological demands on an individual” are termed as stress (Selye, 1956). Stress is regarded as a relationship between the person and the environment that is appraised by the person as demanding or exceeding his resources and cause danger to his wellbeing.
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(Lazarus & Folkman, 1984). Generally, stress gets engendered by external demands. Stress can also be generated from within by the beliefs, fears and expectations of the individual. Demands that are viewed as a challenge form positive responses. Demands viewed as a threat tend to form negative responses. The sources of adjusting demands are of three basic categories such as frustrations, conflicts and, pressures. When a person’s strivings are dissatisfied, either by obstacles that block progress toward a desired goal or by the absence of an appropriate goal, frustration occurs. Frustrations are particularly difficult for a person to cope with because they often lead to self-devaluation, which makes the person feel that he is incompetent. Simultaneous arousal of two or more incompatible needs or motives causes conflict which in turn causes stress. Stress may also arise from the failure of the individual to accomplish specific goals or to perform in particular ways.

Stress, however, is not a unidimensional concept (Lazarus, 1984), and stress researchers have proposed different types of stress. When the body tolerates stress and uses it to enhance performance, the stress is positive termed as eustress (Selye, 1956). Eustress forces the individuals to adapt to the situation and thus strengthen the adaptation mechanisms. The negative, overwhelming, or harmful stress is termed as distress. Distress produces over-reaction, confusion, reduced concentration, performance anxiety, and usually results in poor performance. Somewhere between eustress and distress is a level of stress that can promote optimum performance. If prolonged distress can fatigue or damage the body. An individual in distress cannot cope competently. The events perceived as stressful have negative impact on physiological, cognitive, emotional and behavioural functioning of individuals.

2.3.1 Stressors

The external forces that intrude on the body are termed as stressors (McGrath, 1982). Stressors can be physical, emotional, intellectual, social, economic, or spiritual. Stressors are demands made by the internal or external environment. Stressors upset balance, and require action to restore balance (Lazarus & Cohen, 1977). Both positive and negative events can be stressors. Although in itself is neutral, a stressor has the potential for change. A stressor is any condition or event that causes a stress response. The degree of stress caused by the stressor has the potential to raise the individual’s level of perceived stress. The perceived stress depends on the actual magnitude of the
stressor and also on the individual’s perception of the stressor. An individual may perceive the same stressor differently over time. When many stressors arise simultaneously, the situation overwhelms the individual. Hence, the stress levels have to be managed to avert crisis. Stressors do not always increase stress to a crisis point. The perception of the stressor and the degree of stress perceived by the person is highly correlated with the ability or inability of the person to cope with the stressor or recover from crisis.

2.3.1.1 Life events, Chronic strains, and Daily hassles

Stressors are varied and multiple. There are three major forms of stressors such as life events, chronic strains, and daily hassles. The importance of stressors or stimuli has led some researchers to study about stressful life events (Holmes & Rahe, 1967; Dohrenwend & Dohrenwend, 1974). Life events are acute changes which require major behavioural readjustments within a relatively short period of time. Holmes and Rahe (1967) measured stress by assigning numbers called life change units, to critical life events. The average amount of adaptive effort necessary to cope with an event indicates the severity of the event. Holmes & Rahe (1967) proposed that the total amount of life change in a given period of time would overtax the physical resources of the individual and would leave him vulnerable to illness and injury. The persistent or recurrent demands which require readjustments over prolonged periods of time are chronic strains.

Hassles are events which require behavioural readjustments during the course of a day (Thoits, 1995). Research findings differ regarding whether negative life events or chronic strains are more predictive of physical and mental health problems (Pearlin, 1981; Billings & Moos, 1984). Aneshensel and Gore (1992) showed that negative life events produce significant increase in emotional problems. The negative life events themselves generate persistent or recurrent strains. The negative events which occur in a domain that is continuously stressful can produce an onset of psychological symptoms (Brown, Bifulco & Harris, 1987). Some individuals may be able to derive positive meaning from the negative experiences they had in their lives. Some individuals may be able to learn and mature from the negative experiences. Only unresolved negative events lead to damaging consequences (Thoits, 1983).
2.3.1.2 Types of stressors

Boss (1987) classified stressors as normative stressors and non-normative stressors; ambiguous stressors and volitional stressors; acute stressors and chronic stressors. Certain stressors are part of everyday life and normal human developmental process. These stressors that are usually predictable are considered as normative stressor events. Although expected and normal, these stressors have the potential to affect the perceived stress level of the person. Non-normative stressors, create a unique situation that could not be predicted and is not likely to be repeated. Examples of unexpected and onetime events that are negative are disasters and catastrophes. Positive unexpected events create a change or disturbance in the routines of the person and contain a potential for raising the level of stress. Ambiguous stressors create stress when one cannot get the facts about something such as what is happening, when, how long and to whom. An ambiguous stressor is more difficult to deal with than a clear cut event. Volitional stressors are stressful events that are wanted and sought out by the individual. Volitional stressors are associated with lower levels of perceived stress, because the particular stressor is chosen by the individual himself. A chronic stressor is a stressful situation that is characterised by long duration, and has the potential of high ambiguity in its origin, progression and conclusion. The chronic stressor piles up with other events, especially normal developmental transitions. Acute stressors occur suddenly. The period of time the acute stressor lasts is short and is predictable. The accumulation of stressors is a phenomenon in which several stressors occur at the same time or in a quick sequence, thus compounding the degree of perceived stress for the individual. According to, Lazarus and Folkman (1984), stressors motivate efforts to cope with behavioural demands and with the emotional reactions that are usually evoked by them.

2.3.2 Theories Related to Stress

Cannon (1929) introduced the word stress, in terms of demands placed on the body and bodily responses. Cannon introduced the term homeostasis to encapsulate the totality of the processes human beings use to counteract the threats to wellbeing (Cannon, 1929). Selye (1956) defines stress as “a state manifested by a syndrome which consists of all the non specifically induced changes in a biological system”. The theories that focus on the specific relationship between external demands (stressors)
and bodily processes (stress) are of two different categories. The first category is approaches to systemic stress based in physiology and psychobiology (Selye, 1956). The research on critical life events by Holmes and Rahe (1967) is a derivative of the systemic approach. The critical life events, regardless of their positive or negative quality, stimulate a change that produces a challenge to the individual. The approaches to psychological stress developed within the field of cognitive psychology form the second category (Lazarus, 1991; Lazarus & Folkman, 1984; McGrath, 1982). The three broad perspectives in the study of stress processes are response based, stimulus based and cognitive transactional.

2.3.2.1 General Adaptation Syndrome (GAS)

Selye (1956) identified the universal core of the stress response pattern. This stereotypical stress response pattern, called the General Adaptation Syndrome (GAS), proceeds in three stages such as alarm reaction, stage of resistance and stage of exhaustion. An initial shock phase and a subsequent counter shock phase constitute the alarm reaction. On continuation of noxious stimulation, the organism enters the stage of resistance. In the stage of resistance, the symptoms of alarm reaction disappear. This seemingly indicates the adaptation of the organism to the stressor. When the resistance to the noxious stimulation is increased, resistance to other kinds of stressors are decreased simultaneously. Due to the persistence of aversive stimulation, the stage of resistance gives way to the stage of exhaustion.

2.3.2.2 Psychological Stress Theory

The approach of Lazarus and Folkman (1984) on stress is based on the cognitive phenomenological theory and incorporate Person-Environment interaction model of Lewin (1936). Emphasis is given to the ongoing dynamic, reciprocal relationship between the person and the environment. Stress is viewed as a transaction or relationship between individuals and their environment. Psychological stress refers to the relationship of the person with the environment that he appraises as significant for his well being and in which the demands tax or exceed the available coping resources of the person (Lazarus & Folkman 1984). Two concepts such as appraisal and coping are central mediators within the person–environment transaction. Appraisal and coping are also central to psychological stress theory. Appraisal is the evaluation of
the individual on the significance of what is happening for their well-being. The efforts of the thought and action of the individuals to deal with specific demands are known as coping. The constructs of stress and coping are interdependent (Lazarus, 1993).

### 2.3.2.3 Comprehensive Emotion Theory

Comprehensive emotion theory developed by Lazarus (1993) also comprises a stress theory (Lazarus, 1993). It includes primary appraisal and secondary appraisal. Primary appraisal is concerned with the occurrence of something of relevance to the well-being of the individual. Within the primary appraisal, there are three components such as goal relevance, goal congruence, and ego involvement. Goal relevance depicts the extent to which an encounter refers to concerns about which the person cares. Goal congruence denotes the extent to which an episode proceeds in concord with personal goals. Ego-involvement refers to the aspects of personal commitment such as self-esteem, moral values, and ego-identity. Secondary appraisal incorporates coping options. The three secondary appraisal components are blame or credit, coping potential and future expectations. Blame or credit is resultant of the appraisal of the individual of who is responsible for a certain event. The appraisal of the person creates certain cognitive and behavioural actions that will positively influence a personally relevant encounter is designated as coping potential. The appraisal of the further course of an encounter with respect to goal congruence or incongruence is termed as future expectations.

Cognitive appraisals are comprised of two component processes such as demand appraisals and resource appraisals. Demand appraisals are termed as primary appraisals. Resource appraisals are termed as secondary appraisals. Specific patterns of primary and secondary appraisal lead to different kinds of stress. Demand appraisal refers to the risk the person has in a stressful encounter. According to Lazarus and Folkman (1984), a situation can be appraised as harm, threat, and challenge. Harm means the psychological damage or loss that has already happened. The anticipation of harm that may be about to happen is termed as threat. The challenges result from the demands that the person is confident about mastering. Resource appraisal refers to available coping options for dealing with the demands. The internal coping options
available in a particular stressful encounter, such as perceived self efficacy, optimism are termed as personal resources. Social resources are the environmental options that are available to a person in a stressful encounter. Social support is an example of social resource (Schwarzer, 1999).

2.3.2.4 Resource Theories of Stress

Resource theories of stress act as a bridge between systemic and cognitive viewpoints. According to this theory, stress is not primarily concerned with resources that preserve well being in the face of stressful encounters. Sense of coherence (Antonovsky, 1979), Hardiness (Kobasa, 1979), Self esteem (Abouserie, 1994), (Gerber, Markus Pühse, Uwe, 2008), Self-efficacy (Bandura, 1977), Optimism (Scheier & Carver, 1992) are personal constructs that affect stress. An example of a social construct that affects stress is social support (Schwarzer & Leppin, 1991).

2.3.2.5 Conservation of Resources (COR) Theory

Stress occurs either when people experience loss of resources, when resources are threatened, or when people invest their resources without subsequent gain. Four categories of resources proposed in the Conservation of Resources theory are object resources, condition resources, personal resources and energy resources. Physical objects such as home, clothing, or access to transportation are object resources. The condition resources include employment and personal relationships. Skills and self-efficacy are personal resources. The ways that facilitate the achievement of other resources such as knowledge, money or credit are termed as energy resources (Hobfoll, 1988).

According to Conservation of Resources theory, loss of resources is the primary source of stress. The approaches on critical life events (Holmes and Rahe, 1967) is that stress occurs whenever the individuals are forced to readjust themselves to positive or negative circumstances. The resources may change over time with advancing stress. The resources act to preserve and protect other resources. Self-esteem is an important resource that may be advantageous for other resources. (Hobfoll and Leiberman, 1987). The individuals have a progressively depleted resource pool following stressful circumstances. This depletion damages the ability of the
individual in coping with further stress, which results in a loss spiral. This view of resource investment requires focusing on the interplay between resources and situational demands.

### 2.3.2.6 Person-Environment Fit Theory of Stress

Theories of stress have acknowledged the importance of both the person and environment in understanding the nature and consequences of stress. Person constructs relevant to stress research include Type A behaviour, self esteem, locus of control, hardiness, and coping styles. The environment constructs include stressful life events, daily hassles and chronic stressors such as role conflict, role ambiguity, role overload and under load (Edwards, Caplan & Harrison, 1998). The contributions of the person and environment to stress is explained in the Person-Environment (P-E) theory of stress (Caplan, 1983; Caplan & Harrison, 1993). The postulate of P-E fit theory is that stress does not arise separately from the person or environment, but rather by their fit or analogy with one another. In the Person-Environment fit theory, the insight of the person of his own characteristics such as self-identity or self-concept is considered.

The objective environment includes physical and social situations and events as they exist independent of the person’s perceptions. The subjective environment refers to the situations and events encountered and perceived by the person. The objective person and environment are related to their subjective counterparts (Harrison, 1978). The four types of correspondence between person and environment constructs are objective P-E fit, subjective P-E fit, contact with reality and accuracy of self-assessment. Objective P-E fit, refers to the fit between the objective person and the objective environment. The subjective P-E fit is the fit between the subjective person and the subjective environment. The contact with reality means the degree to which the subjective environment corresponds to the objective environment. Accuracy of self-assessment denotes the match between the objective person and the subjective person. Good mental health is signified by nominal disparity on objective P-E fit, subjective P-E fit, contact with reality, and accuracy of self-assessment (French, Rodgers & Cobb, 1974).

### 2.3.3 Measurement of Stress

Stress is the result of an individual’s perceptions that they do not have the resources to cope with the perceived situation (Lazarus & Folkman, 1984). There are
many instruments to measure stress. Majority of previous studies on stress have mainly focused on a quantitative approach where the participants complete a self-report inventory that claims to measure stress, well being or stressors. The stress instruments generally measure cumulative effects of life events such as Holmes & Rahe 1967; Coddington, 1972; Dohrenwend&Dohrenwend, 1974. The examples of various self report inventories to measure stress among students are: Life Experience Survey (Sarason, Johnson & Seigel, 1978), the Hassles Scale (Kanner, Coyne, & Schaefer, 1981), Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1989), Student Life Stress Inventory (Gadzella, 1991), the Academic Stress Scale (Abouserie, 1994), the College Chronic Life Stress Survey (Towbes & Cohen, 1996), the Hassles Assessment Scale for Students in College (Sarafino & Ewing, 1999), Secondary School Stressor Questionnaire (Yusoff, 2011). In the use of the instruments to evaluate stress, there is an assumption that stress is a measureable concept. Such measurements ignored the subjective appraisals of stress of the respondents. Moreover, stress is not a one-dimensional concept (Lazarus, 1984). For a particular life event, there are individual variations in subjective appraisals and stress perceived. This highlights the importance of qualitative studies on stress.

2.4 Coping

Coping is a diffuse umbrella term. Coping does not represent a homogeneous concept. Coping can be described in terms of strategies, tactics, responses, cognitions, or behaviours. Coping was originally defined in terms of psychoanalytic defence mechanisms, a practice which conceptualises coping styles or traits which are stable across the lifespan (Valliant, 1971). Coping with an adversity include several ways of dealing with diverse person-environment transactions and consists of internal events as well as obvious actions. Traditional coping forms tend to be reactive coping in which the individual deals with stressful events that have already happened with the aim of solving a problem or compensating for a loss or alleviating harm. In reactive coping, the situations are appraised as threats, harm or loss.

Coping is defined as the cognitive and behavioural efforts to manage specific external or internal demands that are appraised as taxing or exceeding the resources of a person (Lazarus, 1991). From this definition it is inferred that coping is an effort that has to be made; the effort need not be directed to cognitions or expressed in actual
behaviour; and cognitive appraisal of the taxing situation is a requirement for commencing coping attempts. McGrath (1970) considers coping as the overt and covert behaviour directed to cognitions which actively prevents, eliminates or avoids stress inducing circumstances. White (1974) defines coping as the process which involves efforts towards solution of problems. According to Pearlin and Schooler (1978), coping refers to behaviour that protects people from being psychologically harmed by problematic experiences. McCrae (1984) argues that the nature of the stressor would fundamentally determine how people cope with it; this view has favoured a situation-specific approach of coping. Coping is the cognitive and behavioural strategies that are used to deal with the demands of everyday living (Frydenberg, 1997).

Coping is a phenomenon noticed either by introspection or by observation. The assessment of coping can be a description of the cognitions and behaviors of a person dealing with a stressful encounter.

Coping behaviours represent the concrete efforts people do to deal with the life strains they encounter in their different roles (Pearlin, 1981). Coping behaviours are defined by Lazarus as direct action behaviours, an attack (fight) or escape (flight) from the threat. Fight or flight is used to change a stressed relation with one’s physical and social environment. Inter psychic forms of coping are defence mechanisms that are used to reduce the emotional arousal rather than to change the situation. Both actions and thoughts make a person feel better even if the source of stress cannot be changed (Lazarus, 1966).

Coping is often characterized by the simultaneous occurrence of different action sequences or coping episodes (Folkman and Lazarus, 1984). Coping actions can be distinguished by their focus on different elements of a stressful encounter. The actions and thoughts that attempt to change the person–environment realities behind negative emotions or stress is termed as problem-focused coping. The actions and thoughts that strive to reduce a negative emotional state, or change the appraisal of the demanding situation is termed as emotion-focused coping (Lazarus, 1966). The coping resources such as personality traits and social support, the interplay between life experiences and beliefs determine the coping behaviours. Coping resources can be personal or social or other antecedents of appraisals and coping. The coping resources draws upon the individual’s native equipment, integrative capacities, and ability to make flexible use of these, along with the environmental supports he
needs to any situation, when they are available (Murphy, 1962). Examples of coping resources are sense of coherence, hardiness, dispositional optimism, self-efficacy, social support.

2.4.1 Dimensions of Coping

Assessment of coping has been a controversial theme and, there is no accord about its dimensionality. Stability is a vital issue in the measurement of coping, as people usually go through several stages when managing a taxing demand. The consistency of coping responses across different situations is another issue. The review of literature reveals that researchers have proposed variety of coping dimensions, mostly in pairs. One of the most accomplished models of coping is that of Lazarus and Folkman (1984). Lazarus and Folkman (1984) proposed problem-focused and emotion focused coping. Problem-focused coping strategies are active efforts to relieve the stressful circumstances. Emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Most stressors elicit both types of coping, problem focused coping tends to prevail when the individual feel that the stressor is something that is to be tolerated. Cognitive appraisal is the key aspect of problem-focused coping. This approach laid emphasis on coping as a context bound process that is dynamic during a given situation. The model of coping proposed by Folkman and Lazarus (1980) has been supported in numerous studies such as Compas, 1987; Billings and Moss (1981); Folkman and Lazarus, 1988) and has provided the basis for several coping scales (Frydenberg & Edgar, 1997; Steed, 1998).

Billings and Moss (1981) provided the classification and measurement of appraisal and coping processes in three main categories such as appraisal focused coping, problem focused coping and emotion focused coping. They further classified these processes into nine factors such as logical analysis, cognitive redefinition, cognitive avoidance, seeking information or advice, taking problem solving action, seeking alternate rewards, affective regulation, resigned acceptance, and emotional discharge. Some researchers have put forward the classification of coping as attentive, instrumental, vigilant, or confrontative coping, in contrast to avoidant, palliative, and emotional coping (Suls & Fletcher, 1985).
Klauer, Filipp and Ferring (1989) have divided all coping attempts into social and non-social ones. Focusing the coping efforts of the individual towards a social network signify a distinct media of action. Brandstädter (1992) proposed assimilative versus accommodative coping as the coping dimensions. Assimilative coping deals with the modification of the environment. Self modification is the key aspect of accommodative coping. This coping pair is also termed as primary control versus secondary control (Rothbaum, Weisz, Snyder, 1982) and mastery versus meaning (Taylor, 1983).

Beehr and McGrath (1996) distinguished five situations that creates different contexts of coping: Long before the event might occur (preventive coping), when the event is expected soon (anticipatory coping), while the event is ongoing (dynamic coping), after it has happened (reactive coping), residual coping (long after the event has occurred). The four categories of coping are Reactive coping, Anticipatory coping, Preventive coping, and Proactive coping according to Schwarzer (2000). Reactive coping is the effort to deal with a stressful encounter that has already happened. Reactive coping may be problem focused, emotion focused or social relation focused. Anticipatory coping is the effort to deal with imminent threat. Preventive coping incorporates the efforts to build up general resistance resources, to lessen the likelihood of the onset of the stressful events and to reduce the severity of the consequences of stress. The attempt to strengthen the general resources that aid in the achievement of challenging goals and promote personal growth is termed as Proactive coping (Schwarzer, 2000). Csaba (2013) have classified coping into Adaptive coping, Avoidance coping and Social support coping. Adaptive coping orientates the individual towards the stressor. It is supposed to be approach coping. Avoidance coping distances the individual from the stressor, usually can be considered as dysfunctional coping. The third type of coping strategies is the social support coping, which can be both adaptive and dysfunctional.

2.4.2 Theories Related to Coping

The theories of coping are categorized according to two independent criteria: trait-oriented versus state oriented and micro analytic versus macro analytic approaches (Krohne 1996). Trait oriented and state-oriented research strategies have
different objectives. The micro analytic approaches focus on a variety of specific coping strategies. The macro analytic approach concentrates more on fundamental constructs and operates at a higher level of abstraction. An example of state-oriented, macro analytic approach is the concept of defence mechanisms (Freud, 1926). The distinction of the two basic functions of emotion-focused and problem-focused coping proposed by Lazarus and Folkman (1984) embody another macro analytic state approach. Problem-focused coping dimension reveal the functions of coping responses to either act on the source of stress in the environment. Emotion focused coping dimension reflect on the emotions that arise from a stressful event.

Many trait-oriented approaches in the field of coping have established the two constructs such as vigilance and cognitive avoidance central to the understanding of cognitive responses to stress. This approach is followed by the two-dimensional coping theory of Krohne (1993). The orientation towards stressful aspects of an encounter is termed as vigilance. Cognitive avoidance is aversion of attention from stress-related information (Krohne, 1978). Other similar approaches of coping include repression-sensitization (Byrne, 1964), monitoring-blunting (Miller, 1980), or attention-rejection (Mullen & Suls, 1982).

2.4.3 Measurement of Coping

The approaches used to assess the ways in which children and adolescents cope with stress are observations of behaviour, semi structured interviews, self report questionnaires and report of significant others such as parents, teachers and peers. Observations of coping behaviour help to assess microlevel responses in specific situations. Some instruments for the observation of coping behaviours to assess coping of children with certain illnesses and medical procedures were also reviewed. The behaviour of children is comparatively controlled in the situations related to illness and medical procedures. Hence, the range of coping responses enacted in these situations may be limited. Observations of coping behaviours of the child in home or school situations do not offer the same opportunities. The parents, teachers and peers can give supplementary information on coping of the children.

Certain self report questionnaires used to measure coping are described in detail in this section. Billings and Moos (1981) developed a measure to assess coping
with life stress. The methods of coping were active cognitive, active behavioural, and avoidance and the functions being problem-focused and emotion-focused coping. The authors formulated an extended version of the instrument which portrays three major forms of coping such as Appraisal-focused coping, Problem-focused coping and Emotion-focused coping. Miller (1987) developed Miller Behavioural Style Scale (MBSS) to assess the typical individual differences in a stress situation. MBSS consist of four hypothetical situations, two of them referring to ego-threat and two referring to physical threat. One basic dimension of coping is attentional style. Monitoring is adopting a vigilant attentional style. Adoption of an avoiding attentional style is termed as blunting.

The Ways of Coping Checklist (WCC) is based on the transactional phenomenological stress theory that suggested two main functions of coping: problem solving and emotion regulation. The eight scales that are included in Ways of Coping are Confrontive coping, Distancing, Self-controlling, Seeking social support, Accepting responsibility, Escape-avoidance, Planful problem solving and Positive reappraisal. In the Life Situations Inventory (LSI) developed by Feifel and Strack (1989), three forms of coping such as problem-solving, avoidance, and resignation are assessed. Coping behaviors were compiled that fitted the generally accepted coping functions problem solving and emotion regulation, task-oriented, emotion-oriented, and avoidance-oriented coping in Coping Inventory for Stressful Situations (CISS). The avoidance dimension is subdivided into a Distraction scale and a Social Diversion scale (Endler & Parker, 1990). In the Coping Strategy Indicator (CSI) presented by Amirkhan (1990), the three subscales of coping are problem solving, seeking support, and avoidance.

In the COPE scale developed by Carver, Scheier & Weinthrob (1989, the subscales of coping are “active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons, self distraction, positive reinterpretation and growth, acceptance, restraint coping, turning to religion, focus on and venting of emotions, denial, behavioural disengagement, mental disengagement, and alcohol-drug disengagement ”. The scale to assess the coping strategies developed by Roger, Jarvis & Najarian (1993) is comprised of four
dimensions of coping such as rational coping, detached coping, emotional coping and avoidance coping.

Stone and Neale (1984) developed an instrument to assess daily coping for use in longitudinal studies which included eight categories. The various categories are distraction, situation redefinition, direct action, catharsis, acceptance, social support, relaxation, and religion. Reicherts and Perrez (1991) have designed a measure to assess the stress related to aversive or ambiguous situations, and loss or failure situations. Perrez and Reicherts (1992), have developed a computer-assisted data collection procedure named COMES. This data collection procedure allows the input of self-reported coping information during stressful interactions. The major limitation of this procedure is that the data bases were complicated to obtain, difficult to score, analyze, and interpret.

An instrument to assess vigilance and cognitive avoidance in threat situations was developed based on the two-dimensional coping theory of Krohne (1993). The nine vigilant coping acts are recall of previous negative events, self-pity, anticipation of negative events, information search, social comparison, planning, flight tendencies, informational control and situation control. The nine avoidant coping acts are general focus on own strength, focus on positive aspects, confidence, bagatellisation, distraction, self-enhancement, denial, bagatellisation by reinterpretation and playing down by incompatible reactions (Krohne, Schuhmacher, & Egloff, 1992).

Patterson and McCubbin (1987) designed an inventory termed as The Adolescent Coping Orientation for Problem Experiences Inventory (ACOPE) to identify the major coping strategies and behaviors in adolescence. The various strategies are termed as ventilating feelings, developing self-reliance and optimism, being humorous, developing social support, investing in close friends, solving family problems, avoiding problems, seeking spiritual support, seeking professional support, engaging in demanding activity, and relaxing. The subscales of coping strategies in the instrument developed by Dise-Lewis (1988) for samples of junior high school students were aggression, stress recognition, distraction, self-destruction and endurance.
Based on cognitive transactional theory, Seiffge-Krenke & Shulman, (1993) developed Coping Across Situations Questionnaire. The factor analysis yielded three factors such as active coping, internal coping and withdrawal. The factors of Coping Scale for Children and Youth (CSC-Y) were assistance seeking, cognitive avoidance, cognitive behavioural problem and behavioural avoidance (Brodzinsky, Ellias, Steiger, Simon, Gill, & Hitt, 1992).

Frydenberg and Lewis (1994) in their Adolescent Coping Scale (ACS) identified three categories of coping behaviour such as productive coping, non-productive coping and reference to others. In these three categories, the eighteen strategies in the Adolescent Coping Scale could be grouped. Productive coping embody a style of coping characterised by working at a problem while remaining optimistic. Productive coping included eight coping strategies which were seeking social support, focus on solving the problem, work hard and achieve, physical recreation, seek relaxing diversion, investing in close friends, seek to belong, focus on the positive. Non-productive coping aimed to avoid the problem. The eight non-productive coping strategies were worry, seek to belong, wishful thinking, not cope, ignore the problem, tension reduction, keep to self and self blame. Reference to others contains strategies characterised by turning to others for support. The four strategies in this category were seek social support, seek spiritual support, seek professional help and social action.

In the Brief COPE Scale, Carver (1997), the sub scales were “active coping, planning, use of instrumental support, use of emotional support, seeking social support for emotional reasons, self distraction, positive reframing, acceptance, religion, venting of emotions, denial, behavioural disengagement, mental disengagement, and substance use”.

In the Coping Check List (CCL) developed by Rao, Subbakrishna & Prabhu, (1989), 70 items that assessed a broad range of cognitive, behavioural and emotional responses that may be used to handle stress. It consists of seven subscales one for problem focused coping, five for emotion focused coping, one for seeking social support. Five emotion focused subscales were denial, positive distraction, negative distraction, religion/faith and acceptance. Coping Check List can be administered in
two ways. One method of administration denoted as CCL1, record the coping methods used to handle stress and distress in general. This method assesses the individual coping styles and tendency to use coping behaviours across a wide variety of stressful situations. The total number of items reported by the individual is indicative of the size of the coping repertoire. The second method of administration is CCL2 through which the coping responses used to handle a specific stressful event can be elicited. Both CCL1 and CCL2 are kept open ended for recording coping behaviours.

Coping Strategies Scale prepared by A. K. Srivastava (2001) is comprised of 50 items to be rated on a five point scale, describing varieties of coping behaviour underlying the following five major categories of coping strategies based on the combinations of operation and orientation of the coping behaviour. Active -Approach coping or Problem-focused coping dimensions include Behavioural–Approach coping strategies, Cognitive-Approach coping strategies and Cognitive –Behavioural approach coping strategies. Avoidance coping or Emotion-focused coping dimensions are Behavioural– Avoidance coping strategies and Cognitive-Avoidance coping strategies.

Assessment tool for adolescent coping strategies prepared by Shari and George (2014) contain two categories of coping such as problem-focused coping and emotion-focused coping. The sub categories in problem-focused coping were active coping, social support for instrumental reason, resistant coping, acceptance, planning, suppression of competing activities and positive interpretation and growth. The sub categories in emotion-focused coping were social support for emotional reasons, denial or avoidance, venting of emotions, turning to religion, mental disengagement, behavioural disengagement and alcohol disengagement.

2.4.4 Critical Analysis of Coping Instruments

Current measures of coping represent a broad range of potential coping responses, with items either selected to represent theoretical constructs or prepared in the light of theories on coping. In certain measures of coping, a broad range of potential coping responses were drawn from interviews or open ended reports or pre-existing questionnaires. Few researchers compiled the coping items and make a data
base that may have a range too narrow or too broad. In most coping measures the number of extracted factors changed from sample to sample or from stressor to stressor (Parker & Endler, 1992). In the coping measures in which the number of extracted factors is numerous, all the factors do not emerge to be of the same weight or of the same theoretical level. Another issue in the measurement of coping is whether general coping inventories should be preferred or domain-specific/population-specific inventories should be used. Considerations should also be given to whether measures are used to assess coping with a specific stressor or general coping style (Ayers, 1996).

Many stressful events may be multifaceted and do not have a precise beginning or ending. Hence it is complicated to measure coping. A systematic understanding of the stressor is very important in choosing the coping strategy. Assessment of coping with a given stressor should take place with reference to the broader context of the individual’s life and the importance of the selected event to the individual. Individual differences in the appraisal of the coping episode would influence the choice of the coping strategy (Compas, Connor-Smith, Saltzman, & Thomsen, 2001). Clarity of items in the coping instrument is often compromised in the scales that combine more than one coping strategy into a single item. Another issue in the measurement of coping is related to the social support factor. Social support is a multidimensional construct (Schwarzer & Leppin, 1991). Social support and social resources are available for different coping strategies. Carver, Scheier, and Weintraub (1989) established separate social support factors such as instrumental social support and emotional social support for problem-focused coping and emotion-focused coping respectively. One specific coping act can serve different functions. The meanings of coping dimensions of problem solving and emotion regulation are debatable at times. Identifying personal coping intentions is important for a conclusion about certain coping efforts (Perrez & Reicherts, 1992).

Self report measures are limited by the willingness of the respondents to report items low in social desirability and the unsuccessful coping strategies. In majority of researches reviewed, the recent stressors mentioned by the respondents for assessment of coping style varied from academic issues to family conflicts. It is uncertain that whether individuals especially children are capable to summate responses across diverse situations to accurately report their coping profile (Compas,
Connor-Smith, Saltzman, & Thomsen, 2001). Even when coping is assessed within a few days of the stressor, the retrospective measures of coping are biased by poor recall and by the degree of problem resolution at the time of questionnaire completion (Stone & Neale, 1995). These problems may be greater in children than in adults. Another difficulty is the consideration given to the respondent’s interpretation of the directions in the instrument to rate how much they engage in a coping strategy (Compas, Connor-Smith, Saltzman, & Thomsen, 2001). In many studies children or adolescents report their coping with a self-selected stressor or an unspecified stressor. In the studies that report coping of children or adolescents in general, the contextual factors related to a stressor or contextual effects of their coping responses with psychological adjustment are not often considered (Compas, Connor-Smith, Saltzman, & Thomsen, 2001).

### 2.5 Proactive Coping

The approach of focus of coping on strategies used to diminish distress is derived from the perspective that coping is mainly reactive. Generally coping is used when stress has been experienced, aimed at compensating for an event that has already occurred. Proactive coping is future-oriented and involves planning and prevention and is dissimilar with reactive coping (Aspinwall & Taylor, 1997). Proactive coping incorporates elements of positive psychology. Proactive coping involves having efficacious beliefs and setting challenging goals. Proactive coping utilises proactive emotional coping for self-regulatory goal attainment. Goal management is given more importance than risk management in proactive coping. In proactive coping, people see hazard, prospects and challenges in the future and perceive them as difficult situations.

Proactive coping focuses on prevention of pathology and improvement of Quality of Life (Greenglass, 2002). For a proactive copier, stress is interpreted as eustress. Proactive coping is seen as directly reducing negative outcomes including depression and burnout, especially pessimism as well as anger feelings (Greenglass, 2002). Coping and social support were viewed as synergistic relationship and were associated with a positive state. Self-efficacy and social support are positively related to each other (Schwarzer, 1999). Better individual resources empower the individuals to
cope effectively with the stress. Individuals vary significantly in the resources they possess in stressful circumstances.

Proactive coping is referred to as the thoughts and behaviour aimed at general resource building. Proactive coping is associated with resources for self-improvement to aid future goal attainment and personal growth. A main feature of proactive coping is that it often utilises the practical, informational and emotional resources that can be provided by others (Greenglass, 1999a). Personal resources of proactive coping include coping strategies, social support, personality attributes such as self efficacy, sense of personal control, self esteem and optimism. Self confident and optimistic individuals may have more social support and/or they may be more successful in organizing social support at the times of stress (Taylor & Brown, 1994). Proactive coping has theoretical overlap with proactive attitude and general self efficacy (Schwarzer, 1999).

2.5.1 Theories Related to Proactive Coping

Proactive coping is driven by a proactive attitude. Proactive attitude is moderately persistent personal belief in the potential of changes that can be made to improve oneself and one’s environment. The varied facets of proactive attitude are responsibility, resourcefulness, values and vision. Proactive coping mediates between resources and outcomes. Internal resources can include affective and cognitive elements. Optimism and self efficacy beliefs are examples of affective and cognitive elements. General perceived coping self efficacy is a stable optimism regarding the person’s coping ability. External resources include social support and varied types of informational, emotional and practical support. Proactive coping involve purposive access for information for identifying and creating ways of action (Greenglass, 1999).

Proactive Coping theory formulated by Schwarzer (1999), include dimensions of stress appraisal, proactive reflective coping, proactive resource management, proactive emotional coping and proactive goal oriented coping action. According to the proactive coping theory Schwarzer (1999), the proactive coper employs numerous psychosocial and cognitive processes for dealing with stress. The proactive coper integrates planning, preventive strategies, and social resources with self regulatory goal setting.
2.5.2 Measurement of Proactive Coping

Proactive Coping Inventory has seven sub scales such as “proactive coping scale, reflective coping scale, strategic planning scale, preventive coping scale, instrumental support seeking scale, emotional support seeking scale and avoidance coping scale. The proactive coping scale consists of 14 items. This scale merge autonomous goal setting with self regulatory goal attainment behaviour and cognitions. The reflective coping scale has four items which describe about a variety of possible behavioural alternatives by comparing their hypothetical effectiveness. This includes brainstorming, analysing problems and available resources, and formulating imaginary plans of action. Strategic planning scale is a four item scale in which broad tasks are broken down into manageable components. Strategic planning focuses on the process of generating a goal oriented schedule of action. Preventive coping deals with the anticipation of prospective stressors and the commencement of preparation to deal with the potential stressors before they are fully developed. Preventive coping efforts are directed towards a potential threat in the future by considering experience, expectation or knowledge. Instrumental support seeking focus on obtaining advice, information and feedback from the social network when dealing with stressors. Emotional support seeking, a five item scale is aimed at evoking empathy, regulating temporary emotional distress by disclosing feelings to others and seeking companionship from one’s social network. It is emotional self regulation with the assistance of significant others (Greenglass E., 2002). Avoidance Coping Scale is a three item scale in the Proactive Coping Inventory which measure the impending avoidance to deal with the problem (Greenglass, 2002).

All the scales in proactive coping inventory scale except avoidance coping scale, focus on positive facets of coping including taking initiative, envisioning success, planning for future eventualities, and accumulating resources that will strengthen coping initiatives (Schwarzer, 1999). The Proactive Coping Inventory measure the motivational and intentional aspects of self-determined goal setting, as stated in The Proactive Coping Theory (Schwarzer, 1999). Proactive coping scores correlate positively with other subscales in the Proactive coping inventory such as reflective coping scale, preventive coping, instrumental support seeking and emotional support seeking (Greenglass, 2002).
2.6 Theoretical Framework Adopted in this Study

An adolescent student faces different stressors in his life related to his developmental needs, developmental demands, and education and related to life events. The ecological systems theory (Bronfenbrenner, 1979 is considered as the theoretical framework for adolescent development in this study. This theory explains how the child and the child's environment affect his growth and development. Person in Environment theory (Caplan, 1983) is considered related to stress. The Stress and Coping theory by Folkman and Lazarus (1984) and Coping studies of Carver, Scheir and Weintraub (1989) are taken into consideration in the aspect of coping. The theories of Proactive coping by Greengllass (1999) and Schwarzer’s Proactive Coping theory (1999) were considered in the study of Proactive coping.

2.7 Conclusion

The literature reviewed related to the basic concepts of adolescence, stress and coping and major theories associated with adolescence, stress and coping are pertinent to the current study. Different theoretical orientations towards the study of adolescent development represent the field of ideas about the relevance of adolescence and adolescent years for human development. The review on the concepts and different theories on adolescence is aimed to appreciate the specific behaviours and changes during adolescence. The review of the studies related to the developmental stage of adolescence is also aimed to analyse the possible antecedents of stress related to peculiarities of the developmental needs at this developmental stage of the human life span. By the review on the concepts and major theories on stress and stressors, the influence of internal events and environmental pressures in causing stress in the life of an adolescent individual is portrayed. The fundamental concepts related to coping and the associated theories are critically analysed in this review. The review gives an in depth understanding about the concept of proactive coping, the factors moderating the proactive coping and theories of proactive coping of adolescents. The literature reviewed in the following chapter focus on recent studies in the field of stress and coping among adolescent students.