CHAPTER III

REVIEW OF RELEVANT LITERATURE

Empirical Perspective
CHAPTER III
STUDIES OF STRESS: WESTERN PERSPECTIVE

On stress and related problems, by 1979 there were 150,000 works in print, according to figures given by the International Institute of Stress (Selye, 1979). By 1995, this figure must have been doubled. It is really very difficult to integrate this vast amount of research literature in a brief review. Therefore, this review is selective, with a little positive bias towards an integral view, and with a developmental orientation. On the basis of the preceding discussions, it is observed that: (a) stress, like disadvantage, frustration, conflict, or crisis; is a form of "psychologically critical life situations" (PCLS); which is unavoidable and inevitable; (b) stress is caused and, therefore, can be prevented by controlling and eliminating the causes; (c) a completely "stress-free" state may be possible but, is not desirable, as stress contributes to life positively too; and (d) there are ways of experiencing stress constructively and creatively. Accordingly, this review of the Western or Euro-American studies on stress and coping is divided into four sections. Section I reviews the research on the nature, forms, and symptoms of stress with a view to explore whether stress is immanent in all aspects of life. Section II reviews evidence to show that stress is caused by ourselves, our ecological environment, and our fate. Section III deals with studies on the effects of stress, both positive and negative, to
find out whether it is possible for a human being to transcend the pleasure-pain dichotomy by harmonising life. Finally, Section IV reviews the research on the ways of experiencing (defending, managing, coping, or suffering) stress to find out whether stress can be prevented, managed, reduced, and totally eliminated.

SECTION I
Nature, Forms, and Symptoms of Stress

Many things that happen in a human being's life are stressful to some extent. Most of them are not serious, because of the astounding human capability called adaptability. But when the problem lingers on or the organism is confronted with a number of pressures simultaneously, serious problems arise. If these are not managed or coped properly and effectively in time, they may lead to severe consequences in future. Cannon (1939) and Selye (1956) were the pioneers in the study of stress. Their studies stimulated a great deal of research which contributed significantly towards our understanding of stress.

Symptoms of Stress:

Stressful conditions are notoriously difficult to isolate, as these are deeply rooted in the individual's emotions. Symptoms of stress are insidious and may not be easily recognised either by the individual or the physician until there arise some physical, emotional or behavioural problems. Sadness, depression,
and grief are normal and temporary reactions to life's stresses. Irritability is an early sign of stress. Physical activity is a natural response to stress, which enables the body to return back to a steady state. When the natural outlets for stress are blocked or denied, our responses become potentiated and damaging.

Continued exposure to stress has been found to influence all five levels of human existence such as (a) physiological functions (the bodily tensions like headache, backache, high blood pressure, etc.), (b) behavioural reactions (changes in the performance poor concentration, forgettening, lessened productivity, inability to get along with others, etc.), (c) emotional experiences and responses (sadness, irritation, anger, frustration, rage, etc.), (d) cognitive levels and styles (feeling of inferiority, lower self-esteem, helplessness, and hopelessness), (e) spiritual "vacuums" or "voids" arising out of "existential crises" involving the individual's "search for meaning of her/his life" which may lead to suicide by killing the body or mind or spirit (Brown et al., 1975). When certain goals are unknown and the person her/himself is unaware of it, chronic stress exists. In this case stress would be largely a psycho-physiological state of alertness to be maintained at a low level over a long period of time. Stress evokes far reaching biochemical changes both in brain and rest of the body. These changes are not permanent and indeed they must be relieved if their effects are not to become damaging in themselves.
The ancient Indian, Chinese, and Greek scholars realised and asserted that all the diseases of the body proceed from the mind. Psychologists now believe that from conscious/unconscious stress, most major neurotic/psychosomatic diseases or behaviour patterns arise. Mental (psychic) reactions usually produce physical/physiological (somatic) reactions, and in the long run, persistent stress invariably leads to "psychosomatic disorders" such as, hyper-tension, asthma, ulcer, allergy, chronic aches and pains, etc. Everything from cold to cancer has been attributed to mentally induced stress. Suppression of reactions to stress, be it emotional or physical, is the most damaging and may potentiate the stress response. If minor day-to-day stresses are allowed to disturb normal functioning or to disrupt general health, coping well with more serious events becomes difficult. Though there are ways to reduce stress, it does not seem to be fruitful always because of the depth of the situation and the person's ability. Thus, it is found that the consequences of stress are many, individuals react and cope differently; but no one is immune to stress.

The "feeling of stress" is an affective act in which there is a reference, not a casual relation, to an object that is intended or intentionally present. Whether it is pleasant or unpleasant, it comes out of and disrupts normal pattern of activity, and takes some time to become normal again. When an unusualness is detected by the body's remote sense organs, a state of alert is signalled by throwing the central nervous
system out of its "normal" level of arousal and prepares for appropriate action to confront, compromise, or escape from the threatening situation. This alertness involves a number of major changes in the body's physiology and biochemistry, which in turn lead to psychological sensations. Sometimes it may be pleasant, but on the whole it tends to be unpleasant. Whatever may be the response, the period between the onset of arousal or alertness and solution of threatening problems is known as a "state of stress".

**Kinds of Stress**: 

Stress has been studied as (a) a stimulus, (b) a response e.g., physiological arousal or subjective distress, and (c) an intra-psychic conflict centering on the person's needs, motives, impulses or beliefs. Accordingly, stress has been divided into stimulus-oriented, response-oriented, and psychodynamic-oriented categories. Stimulus-oriented stress is generated by an external force that creates a rejective change and pushes the body off its normal pattern of activity, that can be easily identified from the symptoms or reactions shown by the person. Response-oriented stress is the result of person-environment transactions which explain how people react and function under stress (Cox & Mckay, 1981). Responses to stress vary widely and are modified by cultural, educational, or experiential factors. An individual's perception of an event also greatly influences the likelihood of stress reactions. Psychodynamic-oriented stress may be induced
by intra-personal or intra-psychic factors resulting in anxiety. Physiological arousal and psychological alertness, attended or unattended to consciously or sub-consciously, may ultimately cause some degree of stress.

**Individual, Group, and Sub-Group Differences:**

Research has shown both intra- and inter-individual differences in nature of stressful situations, stress reactions, and coping mechanisms. The same person's stress reactions may vary across the life span, in different situations, and due to different existential demands and personal relationships. There also exist wide individual differences in the perception, control, and management of, and reactions to stress. These differences are mostly due to variations in kinds of stress, intra-individual variability, variety of eco-environmental support network, and ways of experiencing and available coping skills.

With regard to gender/sex differences, findings of studies suggest that while males seem more vulnerable to physical stresses and psychological trauma; females seem more vulnerable to certain environmental and social stresses. Some studies have shown that boys seem to be more likely than girls to be damaged by family discord/disturbances/disruption (*Rutter, 1970; Wolkind & Rutter, 1973*); while other studies found that girls generally respond to social stress showing higher depression, lower self-esteem, and greater problem-focused coping than boys (*Moran &*
Bckenrode, 1991). Social support seemed to lower depression and increase self-esteem in boys. Parental divorce has been found to have severe and lasting disruptions in behaviours of boys by some investigators (Hetherington, 1989). However, the relative invulnerability of girls did not seem to apply to all stresses. For example, girls have been found equally likely to suffer from ill effects of pathological upbringing (Wolkind, 1974). The boys of divorced families are generally expected to take early and more responsibilities, and show greater independence and power of decision making than the boys of non-divorced families; which helped them to mature early and grow up faster (Weiss, 1976). Only brain-damaged boys and girls do not seem to show any sex difference in reactions to stress (Rutter, Graham, and Yule, 1970; Shaffer et al., 1975). Indian girls brought up in traditional authoritarian male-biased environments are often deprived and neglected by their parents and family, and may be regarded disadvantaged (Dutta, 1990). No attempt has been made so far to study their stressful life situations and experiences.

Hetherington (1989) investigated longitudinally the enduring effects of divorce and remarriage on children, based on a pathogenic model of divorce. After more than two decades of research on marital transitions, this researcher concluded that depending on the characteristics of the child, particularly the age and gender of the child, available resources, subsequent life experiences, and especially, inter-personal relationships, children in the long run may be survivors, losers, or winners of
their parents' divorce or remarriage. Cluster analysis of observational, interview, and standardised tests were done on the measures of current adjustment of children of non-divorced parents, of divorced non-remarried single mothers, and of remarried mothers. Out of five clusters that emerged from the analysis, the children of divorced and remarried families were over represented in only three: (a) aggressive-insecure, (b) opportunistic-competent, and (c) caring-competent children. The first cluster was clearly maladaptive and the last two involved more successful coping. The children of the three clusters were characterised by (a) noncompliant, impulsive, unhappy, anxious, insecure, and aggressive; (b) competent but egocentric, manipulative, curious, energetic, assertive, self-sufficient; (c) competent, flexible, less concerned about prestige and power in their relationships, cooperative, less striving to get attention and approbation of adults, and higher in helping and sharing; respectively. The last cluster was more represented by girls.

Though marital dissolution has been found to adversely affect very young children's behaviour, psychological condition, and academic performance; younger children have been found to be coping more readily with their parent's re-marriage (Hetherington, Cox and Cox, 1985). Parental drinking was found to be more stressful in case of very young school age children than the children of normal and divorced families (Reese & Roosa, 1991). Werner and Strother (1987) observed that family pressure for excellence on a very small child may result in some reverse effects like frustration, anxiety, and strong need for autonomy.
Forrest (1988) studied demographic differences in children's stress and found that rural adolescents seemed more vulnerable to certain stresses compared to urban adolescents. Some of them showed suicidal behaviour particularly when their coping mechanisms failed. Studies have identified five risk factors in families which caused stress in children: (a) family communication patterns involving excessive authority or permissiveness, enforcing abusive punishment, (b) recurrent family conflict, (c) alcohol or drug abuse, (d) behavioural challenges to parents, and (e) more discipline and less support to high risk adolescents. Children's behavioural disorders seem to be more strongly associated with certain family variables such as, (a) severe marital discord, (b) low social status, (c) over-crowding or large family size, (d) parental criminality, (e) maternal psychiatric disorder, and (f) admission in to care of local authority (Rutter & Quinton, 1977; Dash, 1989). Poor supervision has been one of the common antecedents of delinquency in most investigations (West & Farrington, 1973; Glueck & Glueck, 1959). Hurrelmann (1990) found that certain factors like difficult scholastic achievement, high parental expectations, bad social climate in the family, and faulty integration process into the peer group were in the root of delinquent behaviours and somatic complaints of adolescent children.

It has also been found that temperamentally difficult children were less adaptable to change and vulnerable to adversity than temperamentally simple children. Rutter (1987)
noted that the increased risk of temperamentally difficult child is in part attributable to transactions with parent. The simultaneous occurrence of multiple stressors or a series of unresolved stresses with no available protective resources had the most deleterious outcomes for children's long term adjustment. However, when stressful life events outweigh available protective factors, even the most resilient child can develop problems. Thoits (1987) studied isolating (e.g., death, separation, divorce, etc.) and integrating (e.g., marriage, birth, employment, promotion, etc.) types of life-change events and found that socially connected persons experience less stress than those who are isolated; suggesting that good relationships provide quite substantial protective buffering against stress.

Vulnerability and risk-factors are particularly not dependant on the number of stressful events, but on the intensity with which the individual experiences the particular event. There are some children not seriously affected by deprivations. Instead, these children respond to stress by maintaining a confident control over the environment by remaining helpful and hopeful in distressing situations and thereby taking responsibility for what occurs to them. According to Rutter (1979) "the exploration of protective factors in children's responses to stress and disadvantage has only begun. There are many children who do not succumb to deprivation and it is important that we determine why this is so and what is that which protects them from the hazards they face".
It has been observed that not all children with chronic stress were particularly at psychiatric risk, so long as it was really a single stress of its own. On the other hand, when any two of the stresses occurred together the at-risk condition increased in degree. In other words, the stresses potentiated each other so that the combination of chronic stresses provided very much more than a summation of the effects of the separate stress considered singly. Research evidence indicates that maintaining a confident control over the environment by remaining hopeful and helpful in distressing situations and taking responsibility for what occurs reduce stress. Behaviourists argue that all that the individual needs to learn is develop effective adaptation or coping mechanisms. The simple way to avoid distress is to change the way of life, though it is a difficult task. It is yet impossible to trace out which particular stressors are at the root of certain devastating situations. If the stress inducing factors have been identified one can take protective or evasive actions.

SECTION II
Causes of Stress

Factors Causing Stress:

The inability of the individual's psycho-physiological system to cope with the deficits/excesses of internal/external changes/demands/pressures of life is the result of stress, which is invariably associated with pain. The causes of pain have been
classified into three general categories: individual psycho-physiological ("adhyatmika"), known-external environmental including natural and socio-cultural ("adhibhautika"), and unknown-external or supernatural etc. ("adhidaivika"). The findings of studies relating to the causes of stress, which are reviewed below, broadly support above categorisation of the causes of stress. The factors that cause stress in children have also been found to be often determined by the interaction between (a) the individual’s will, personal control, and cognitive-motivational competencies representing the "adhyatmika" factors; (b) environmental stimulations/support and deprivation/disadvantage similar to "adhibhautika" factors; and (c) genetic predispositions (e.g., vulnerabilities/invulnerabilities) similar to "adhidaivika" factors (Crowe, 1974).

**Adhyatmika or Psycho-physiological Factors**

Psychological factors usually act by signalling threat, danger, offence, informational overload, etc., and have been subdivided into informational/cognitive and emotional/affective types. While the former involves informational overloads/conflicts forcing the person to cope less well or to consume longer time to take correct decisions when her/his accountability/responsibility for the results is high; the latter involves threat, danger, offence, etc. Various forms of emotional stresses (e.g., impulsive, inhibitory, generalised, etc.) lead to changes in the mental processes, emotional shifts, transformed motivational structure of activity, and impaired motor and verbal
behaviour. Positive personal characteristics facilitate the
optimal use of the social support network, the negative ones
prevent or inhibit from making use of the social resources
available. Though some investigators have reported strong
relationship between personal control and adaptational outcomes,
such as strong morale and recovery from illness (Cohen &
Lazarus, 1979; Strickland, 1978); others have found that a
controllable event does not always lead to reduction in stress
and an uncontrollable event does not always lead to increase in
stress (Averill, 1973; Bulman & Wortman, 1977; Thompson, 1981;
Wortman & Brehm, 1975). The characteristics of depression,
shyness or loneliness, by limiting the individual's opportunities
for beneficial contacts, may create difficulties in initiating and
maintaining inter-personal relationships, resulting in avoidance
of social situations (Jones, 1982; Jones & Carpenter, 1986;
Lewinsohn, 1974; Rook 1987). Excess physical pressure, lack of
adequate food and rest, working at very high/low temperatures,
prolonged exposure to pain causing stimuli, changes in the body's
biochemistry and neurological functioning due to growing/aging,
etc. have been found to be relatively more accurately discernable
physiological causes of stress.

Adhibhautika or Social-Cultural Environmental Factors

Situations/ experiences inside as well as outside the home
strongly influence children's behaviour and development. Inter-
personal factors causing stress include poor or frustrating
relationships, changes in life style, discord/divorce/death in the family, growing/aging, health-related and pre-pubertal/pubertal sexual problems, etc. Early supportive, structured, and predictable parent-child and sibling relationships, and later close, intimate inter-personal relationships have been found to have protective buffering against stress at all stages throughout childhood and adult life. Family harmony, intra-familial social support, strong positive family relationships, and family cohesion have been found to foster adaptability, nurture ego development, and promote autonomy and independence in children. It is the deprived/disadvantaged child-rearing/care-taking environment that seems to be the major source of stress (Bakken & Roming, 1989; Hetherington, 1989; Hetherington & Clingmpeel, 1988; Wallerstein et al., 1988). Rutter (1971) found that conduct disorders were much less among children enjoying positive family relationships. Though social support, which acts as a stress buffering agent, has been found to have direct, indirect and interactive effects on physical as well as on mental health of the individual; unsolicited, untimely, and often nagging social support can create stress. When well-intentioned others attempt to help distressed individuals, their very attempts may lead to distress for the individual experiencing stress (Wortman, Dunkel-Schetter, 1979; Kaplan et al., 1977; Brownwell & Shumaker, 1984; House, 1981). Social stresses have been found to be closely related to mental disorders and depression.
Other social factors which strongly influence the processes of stress and coping include loneliness, social isolation or rejection, stubborn bureaucracy, administrative inefficiency and corruption, emancipation, discrimination, religious conflicts, lack of recognition, socio-cultural disadvantage, religious customs, social mores, etc. What an individual expects from her/himself is derived from social norms, values, and beliefs. If that sharply contradicts or challenges what others expect from her/himself; it can function as a source of stress (Pennibaker, Kiecolt, Glaser, & Glaser, 1988). Academic/ school related stress arises from incompetence/ failure/ frustration in communication/ examinations and teacher-child as well as peer-group relationships. Occupational factors causing stress are associated with the work-environment: the person's interaction with, attitudes toward, and satisfaction with the work, workplace, and co-workers greatly influence the level of occupational stress. The nature of work (e.g., boring/ monotonous work) also contributes to physical and emotional stresses.

Studies of institutionalised children have found that a stable relationship with an adult is associated with better social adjustment, and its absence with stress, causing behavioural problems (Conway, 1957; Pringle & Bossio, 1960; Pringle & Clifford, 1962; Wolkind, 1974). Institutionalised children brought up by multiple care-givers or varied surrogates are less likely to show deep ties and more likely to show
disturbed social behaviour at school compared to children reared in normal/ordinary families (Tizard & Rees, 1975; Tizard & Hodges, 1977; Dixon, 1977). Children growing up in crowded environments may develop more crowding tolerance, but crowding has been found to produce deleterious effects on complex task performance (Nagane, 1991).

Research findings suggest that stressful life events have a greater impact on the lower class/SES individuals than those of higher class/SES (Dohrenwend, 1970, 1973; Dohrenwend & Dohrenwend, 1969; Kessler, 1979). Inequality is the key factor in deprivation which seems to be strongly associated with stress. Stress associated with poverty/low-SES/disadvantage/deprivation ultimately leads to poor academic achievement, belief in external locus of control, poor-self concept, high anxiety level, etc. (Valentine, 1970). Children of disadvantaged, low-SES backgrounds manifest more behaviour problems including delinquent and criminal behaviours (Bandura, 1962; Dooly & Catalano, 1980; Eysenck, 1964; Miller & Dollard, 1941). The psychological consequences of disadvantage/poverty include cognitive incompetence, motivational deficiency, inadequate coping mechanism, lower physical capacities, sensory deprivation and personal deficits (Das & Singh, 1975; Shanmugam, 1976; Tripathi & Mishra, 1975). Poverty creates certain psychological deficiencies and personal incompetencies, which make individuals incapable of taking advantage of educational opportunities and
cultural enrichments (Muthaya, 1982; Sarbin, 1971). Other Indian researchers have found that disadvantaged low-SES children showed more emotionally unstable reactions such as, anxiety, fear, despondency, aggression, hostlility, and disgust; and tended to be low achievers, psychologically morbid and neurotic having lower need for achievement than the high-SES children (Rao & Murthy, 1984; Shanmugam, 1975). The disadvantaged/deprived groups feel more helpless and are subject to higher levels of depression and anxiety (Dixit & Singh, 1975; Joe, 1971; Lefcourt, 1966, 1976; Phares, 1976; Procuiik & Breen, 1975; Titus, 1966). Disadvantage/deprivation has been found to have the most detrimental impact on the personality development of adolescent boys, creating antisocial and psychotic behaviours (Tolan, Miller & Thomas, 1988). The SES has been found to act as a moderator of the effects of stress (Sandler, 1980).

**Adhidaivika or Unknown Natural / Super-natural factors**

Very few studies have been done on this factors. Studies of children under stress due to accidents, parental death, natural calamities like flood, famine, etc., human-made mishaps like riots and war etc. come under this category. Dash and his students studies of handicapped and disadvantaged children’s stress and coping factors are relevant here.
SECTION III

Effects/Contributions of Stress

Responding/Reacting to Stress

In general, five separate kinds of responses to PCLS can be identified: (1) Coping: It occurs when the person is least vulnerable and the PCLS is not threatening, and can be perceived without difficulty. The person copes with it by taking action to eliminate it for good. (2) Inaction: Here, the person may be at any degree of vulnerability, although in most cases, vulnerability will be low. The person will perceive the discrepancy, but will neither take action to solve the PCLS through defence mechanisms nor take action to remove it from the conscious awareness through coping mechanisms. If the discrepancy involves cognitions that are not central to the concept and do not have important moral implications, vulnerability will be low and emotional response will be minimal. There will be little pressure to take it seriously, so that the person can ignore it with little effort. (3) Repression and suppression: Suppression refers to recognizing PCLS but deliberately putting them out of one’s mind by thinking out something else or otherwise distracting oneself. It is a form of escape, done consciously and deliberately. In contrast, repression occurs more automatically and without conscious awareness. However, even repressive mechanisms simply keep the threatening material out of
conscious awareness; they do not involve distortion of reality perception or of memory. (4) Memory distortion: At this level, both repression and memory distortion may occur together. Original perception is accurate, but repression and other mechanisms produce incomplete or inaccurate memories. The threatening content not only is kept out of conscious awareness through repression, but the memory is distorted and events are remembered in a way that is more acceptable to the person's self-concept and moral ideas than they would be if remembered more objectively. Unacceptable elements are lost or transformed and remembered as different from what actually occurred. (5) Perceptual failure: The most severe forms of defence mechanisms, which involve loss of contact with reality, cause threatening events to fail to register in conscious in the first place. Previously listed defence mechanisms allowed for accurate initial perception of what happened, with some perceptions being later repressed out of conscious awareness and/or distorted to make them conform to the person's self-concept. At the highest vulnerability levels, certain events are so threatening that they cannot even be perceived. They are kept out of consciousness altogether through the use of rather extreme defence mechanisms.

**Experiencing Stress**

Researchers have distinguished four critical points at which, given difficulties in problem-solving, there is a change in the essential features of behaviour. The first is the
"instigation threshold", at which, inborn and acquired competencies and skills which have proved inadequate are replaced by coping behaviours. The second is the "frustration threshold", at which, previous solution-oriented behaviours give way to the ego-oriented behaviours which result in anxiety reactions. In the third stage the behaviour acquires features of "desperation and panic". Finally, with the "exhaustion threshold", disturbances in behaviour occur (Vasilyuk, 1988).

The concept of "general adaptation syndrome" (GAS) was introduced by Hans Selye (1956, 1976) to encompass the responses of the brain to stress agents; which usually occur in three phases: alarm, resistance, and exhaustion. The 'alarm' or emergency reaction is the initial physiological or psychological response to a stressor (which was defined as anything injurious to the organism), characterised by some bodily and biochemical changes that actually take place (headache, fever, increased heart rate, fatigue, aching muscles, loss of appetite etc). The stage of 'resistance' follows the 'alarm' reactions if the stress producing situations still persist. The period of 'resistance' may vary depending on the nature and intensity of the threat and the psycho-physiological condition of the organism. Though the physical reactions of the 'alarm' stage disappear, the severity of symptoms may also vary from "mild invigoration" to "disease of adaptation". Maximum adaptation occurs during this stage, when the organism develops more resistance to the particular stressor that provoked the
alarm reaction. The organism becomes unable to 'resist' further if the stressor still persists and gets conditioned/associated with other stressors. This forces the organism into the next stage of 'exhaustion', though s/he resumes to function normally. When the unconscious defence or conscious coping mechanisms prove to be ineffective, if the adaptation efforts fail, alarm reactions reappear and mental break-down or severe physical illness ensues. If the condition still persists, death may occur, but such condition is rare because, the stage is relived before reaching total exhaustion or collapsing into disintegration.

It is natural and healthy to maintain optimal levels of stress. However, stress becomes harmful for the health and well-being of the organism when it is not managed and checked properly, and in time (Pestonjee, 1987a). Lazarus introduced the concept of psychological stress, which unlike a physiological, highly-stereotyped reaction to harmful agents, is a reaction mediated by an assessment of threat and by defensive process. Not every demand of the environment produces stress; only those demands which are assessed as threatening, which disrupt adaptation or control or which hinder self-actualisation (Fraisse, 1966; Lazarus, 1967, 1969). Psychologically, the essential feature of a stress situation is loss of control i.e., absence of an adequate reaction to the given situation, refusal to react, and acceptance of the state of helplessness (Sells, 1970). Razumov (1976) stated that no one surely thinks that
any muscular exertion must be a stress-producing agent to the organism. No one considers a quiet stroll to be a stressful situation. But none other than the very father of the psychological theory of stress, Hans Selye, considers that even sleep, let alone taking a walk, is not without stress. This is to assert that any stimulus, alongside its own specific action, makes non-specific demands upon the organism, to which the response is a non-specific reaction in the organism's internal environment (Selye, 1974, 1979).

**Positive and Negative Effects of Stress**

All creatures desperately desire to get rid off all the pains and sufferings, though it is impossible because all the pleasures are bound to be mixed up with pain. Pain and pleasure are relative and inseparable. Where there is no pain, there can neither be any pleasure. So we must recognise stress as a vital, positive ingredient of our daily lives. Stress is present in all spheres of human contact and activity. It need not be destructive, it is indeed a very important part of creative process. All of us have to accept some anxieties. Because life without any worry would be quite tasteless and insipid. To get most out of life, it is necessary to find some optimum pressure level; and to live and play hard within that ceiling of pressure, without allowing the level of distress to rise to an unacceptable limit.
The human organism is a harmoniously integrated whole, consisting of bio-physiological, psychological, and spiritual dimensions. Therefore, the total well-being of the person can only be attained by multi-dimensional adaptation processes. In fact, the World Health Organisation (WHO) defined health as "the physical, mental, social, and spiritual well-being". We are healthy as long as our ability to respond effectively in a total way by our thoughts, feelings and actions to the environmental demands functions properly. "Human health transcends purely biological health because it depends primarily on those conscious and deliberate choices by which we select our mode of life and adapt creativity to its experience. Many have affirmed the human ability to create our own selves and shape our own lives", wrote Rene Dubois (1988, p.80). While one group of researchers (Antonovsky, 1979; Kobasa, 1979, 1982; Kobasa, Maddi, & Khan, 1982; Lazarus & Folkman, 1984) have emphasised the significance of health and vitality in meeting the challenges of PCLS, others (Bandura, 1977, 1982b; Block & Block, 1980; Gurin & Brim, 1984; Lazarus & Folkman, 1984) emphasize the importance of maintaining a sense of self-efficacy or control or social support networks. However, when stress is left unchecked and unmanaged it can create problems in performance and affect the total health and well-being of the organism, which requires proper psychological and medical care (Pestonjee, 1983). Positive relationships between stressful events and subsequent illnesses have been well documented (Holmes & Rahe, 1967; Schmalow & Engel, 1967). There is strong evidence to indicate that un-controllable and/or
less predictable events are more likely to produce illness (McFarlane et al., 1980). Successful coping approaches to stressful life events have been found to reduce the likelihood of stress induced, self-reported mental and physical symptoms of diseases in adolescents (Zeidner & Hammer, 1990). Certain psychological stresses play a significant role in the pathogenesis of peptic ulcer in genetically pre-disposed children (Valiant, 1985).

Repeated exposure to varieties of stresses of varying degrees fosters development of stress tolerance and coping ability. Whether an individual's coping mechanisms can withstand assaults of stresses and strains can only be established when s/he is repeatedly challenged and tested. Therefore, certain stresses of a moderate degree are essential and beneficial for growth and development; which serve as inoculating agents that protect the psychic mechanism and prevents future coping failures.

Stress arises not only from children's PCLS but from their own growth and developmental processes. According to Karl Menninger stress not only produces typical symptoms or "disintegrative responses" but also affects the process of growth itself. Almost all children experience a variety of stresses in their lives. Nespor (1985) suggested that stressful life events may have positive aspects such as enhancement of personal growth and logical development following certain life periods. Studies show that certain types of stressful experiences might help children to be more confident, self sufficient, assertive,
competent, and adaptive. Young children who are brought up by mentally disturbed parents are deprived in many ways and everything appears against them; but a small portion of such children developed normally without any evidence of disorder (Rutter, Quinton, & Yule, 1977). Majority of children brought up in this way are much more likely to develop psychiatric disorders, become delinquent, or remain educationally retarded; but some children come through unscathed. Similarly, some of children of schizophrenic parents (except anti-socials) showed adaptive patterns of social and achievement behaviours (Bleuler, 1978). Various researchers have concentrated on the importance of coping skills in children at risk and their resistance to stress (Hersov, 1974; Murphy, 1962; Garmezy, 1974; Anthony, 1974; Rutter, 1974, 1977a). Positive self-esteem in adolescence was associated with competence in both personality functions and adaptive skills (Marton, Golombk, Stein, & Korenblum, 1988). Weiss (1976) observed that children of divorced parents grow up faster than those of normal families; because they are compelled to take up more responsibilities early in life.

**Helplessness and Competence in Stress**

Preventive psychiatry and the 'primary prevention' movement emphasised development of "competence" and "copeability" of the individuals to promote positive mental health. "Competence" not only includes the human being's "success" in meeting socio-cultural expectancies, but also her/his "efforts" for personal development and self-actualization. Healthy and constructive
resistance to stress is characterised by the development of competence instead of helplessness. People who discover something positive in a negative situation show less distress than those who do not (Goodhart, 1980; Matterson and Krudson, 1960; Silver & Wortman, 1980a; Weisman & Worden, 1976, 1977). Competence is the product of this search for the positive in a negative set-up. Competence as a motive refers to the "effectance" or "mastery" motive - to produce a decided, decisive, and desired effect; and as an ability it means "to be fit and able" and includes abilities (a) to profit from past experiences in solving present problems, (b) to deal effectively with and master the environment, (c) to resist and overcome threats of PCLS, (d) to do well academically and vocationally, and (e) to be a social success. Competence invariably entails a greater number and variety of coping as well as defence mechanisms available for responding to PCLS. In general, an equally stressful PCLS is perceived to be more threatening to less competent people than to more competent people who will be less vulnerable to it. Competence in the midst of high-risk/disadvantage promotes resilience and serves as a protective factor against behaviour disorders (Marcus, 1972; Nuechterlein, 1983; Rolf, 1972). Resilience is the ability to recover from or adjust easily to change or misfortune or "the capacity to cope effectively with the internal as well as external stresses" (Werner and Smith, 1982).
Murphy and Moriarity (1976) have shown that a resilient child is above all an active, humorous, confident and competent child who is prepared to take risks. Garmezy (1983) has argued that children's competence dynamically interacts with supportive family milieu and external social-support network, ultimately influencing the development of coping efforts. Competent children have been found to be curious, energetic, assertive, self-sufficient, and persistent in dealing with stressful situations; having good adaptability, high self-esteem, and low behaviour problems. Studies of children's stressful life events have found that: (a) those children who were more stress resistant in terms of achievement and behaviours in school and adjustment at home, and who showed at least average intellectual ability were better able to maintain a socially decentered perspective (Pellegrini, 1980); (b) more resistant children were better able to remain engaged in and attend to school and showed good cognitive control particularly when there was adequate intellectual functioning (Ferrarese, 1981).

In the studies of children's competence, coping, and invulnerability by Dash et al. (e.g., Dash & Hariharan, 1988; Choudhury, 1991; Hariharan, 1991; Acharya, 1995; Panda, 1995), children's competence measures include physical, social-emotional, motivational, personal, academic, and cognitive/intellectual components. Intellectual abilities do relate strongly to aspects of personal adjustment, and to the nature of mental and behavioural disorders that are likely to appear if an
individual should develop such problems. Even where vulnerability
is equal, the particular forms of defence and coping mechanisms
that appear will differ with individuals' intellectual
competencies. Nevertheless, evidence suggests that even the most
competent and highly educated individuals can be driven to loss
of control, psychosis, or suicidal depression if their defenses
should collapse completely.

In general, coping and defence mechanisms have been found to
vary with the levels of general competence. Low and high
competent individuals usually adopt: (1) primarily action-
oriented direct approaches vs primarily fantasy-oriented
symbolic approaches; (2) naive and rather obvious (to others)
defence mechanisms vs more sophisticated and credible defence
mechanisms which tend to be successful in covering the person's
poor reality contact; (3) rigid and brittle defence mechanisms vs
more flexible and adaptable ones; (4) limited and specific
defences vs a more general pattern of interrelated defences that
forms a sort of "character armour" which is much less vulnerable
to collapse but also much more difficult to change; and (5)
likelihood of psychotic vs neurotic reactions in high
vulnerability situations; respectively. In general, the type of
PCLS, the degree of vulnerability, and the type of defence system
remaining the same, more competent and educated persons are
likely to use defence mechanisms that are more intellectual,
sophisticated, ambiguous, symbolic, flexible, systematized,
and neurotic; whereas less competent and educated individuals
would tend to use more behavioural, psychologically naive, obviously interpretable, direct, rigid, limited and specific, and psychotic defence mechanisms.

Seligman (1975) first coined "learned helplessness" to describe the perception of noncontingency that leads an individual to believe that s/he has no means of escape from aversive situations. Depressed individuals, for example attribute negative events in their lives to stable, global, and internal causes. Seligman suggested two "explanatory styles", the habitual ways in which the individuals explain the occurrence of events, determine health behaviours. (i) A pessimistic explanatory style in early childhood appears to be a risk factor for poor health in middle and late adulthood, and is related to lowered immune function and illness. (ii) Optimistic individuals have been found to be physically healthier, reporting a greater sense of physical well-being. Optimistic biases are similar to hope. In stark contrast, pessimism leading to helplessness and hopelessness can lead to the ultimate withdrawal, even suicide.

Learned helplessness syndrome is unique to the vulnerable children. These children were found to suffer from psychological deprivation and feel helpless and hopeless when betrayed by their external support. They were found to be inadequately equipped with competence, and believe more in passive factors as luck and fate; which stunts all their initiatives/efforts towards self-improvement. Studies have shown that children of schizophrenic parents show greater interpersonal disharmony, less scholastic
motivation, more emotional instability, and lower intelligence than the normal children.

SECTION I V
Managing, Coping with, and Overcoming Stress

Adapting

Although 'coping' and 'adaptation' are often used as synonymous terms, adaptation is viewed as a broader concept that includes routine or automatised actions, while coping involves some kind of "criticalness" of life situations (Lazarus et.al, 1974; Murphy, 1974; White, 1974).

Defending: Defence Mechanisms

According to Grasha (1978), while coping mechanisms generally represent conscious and willful thoughts and behaviours used to face and deal with the PCLS directly and squarely; defence mechanisms represent a second set of attempts to adapt to the PCLS. Psychological defence is a specific regulatory system of stabilising the personality to remove or minimise the negative experiences produced by a PCLS. Its function is to "guard" the sphere of consciousness against negative emotions traumatic to the personality (Petrovsky & Yarovsky, 1987). Defence involves specific alterations of the content of consciousness as a result of the functioning of a number of defence mechanisms. They try to protect us from PCLS by the use of self-deception. They hide our
unpleasant thoughts and emotions from us. The major defence mechanisms are: repression, negation, projection, identification, regression, conversion, rationalisation, etc. Despite their disadvantages, defence mechanisms often are beneficial. Or, as psychoanalysts counsel: "The best defence is to have a defence (mechanism)". This is especially so when they involve no distortion of reality, but merely the avoidance of unpleasant thoughts or memories. Non-distortive defence mechanisms can promote health and happiness and, in effect, function as coping mechanisms (especially when they keep our minds off of painful experiences which we cannot change or cope with in a more active way). The dividing line between coping and defence is not always so clear. As Murphy and Moriarty (1976) suggest, normal children use defence mechanisms and autonomous ego functions in a mutually supportive way and coping process includes cognitive functioning as well as normal defence mechanisms. Indeed, Grasha (1978) has attempted to show the overlap between the following coping and defence mechanisms: (1) Objectivity-Isolation, (2) Logical analysis - Rationalisation, (3) Concentration - Denial, (4) Empathy - Projection, (5) Playfulness - Regression, (6) Tolerance of ambiguity - Extreme doubt and indecision, (7) Sublimation - Displacement, (8) Substitution of thoughts and emotions - Reaction formation, and (9) Suppression - Repression. The simplest example is repression, which involves systematically keeping painful thoughts or memories out of conscious awareness without realizing that one is doing so. Almost all of us have
had certain unfortunate experiences that are best forgotten, because nothing positive will result from thinking about them further, and such thinking will be painful.

Another situation where defence mechanisms are preferable to the available alternatives occurs with people who are extremely vulnerable to very threatening internal conflicts. If coping is not viable option for them, defending usually is much preferable to the collapse of all defences. People using defence mechanisms under conditions of such heavy pressure usually have seriously impaired reality contact and coping resources, because of time and energy invested in defending. In the latter event they would suffer severely traumatic emotional disturbances, and would develop symptoms such as anxiety and depression, or they would lose control and act out antisocial impulses. Consider children who are small, ill-coordinated, unattractive, dumb, friendless, unloved, and lacking the slightest idea of how to go about coping with any of these problems. Given their extremely high vulnerability and the extremely unfortunate realities that they would have to face, good reality contact without any defence or coping mechanisms could be so painful and damaging to self-esteem that they might give up all hope of ever coping successfully. They might instead become withdrawn and depressed, perhaps ultimately suicidal. Such type of individuals would be better off in the long run if they avoided some of these pressures, at least temporarily, through a variety of defence mechanisms, even at a considerable cost of reality contact.
Coping

In spite of the diversity that exists in researchers' definitions of and study approaches to "coping", the unity is apparent in the general agreement that the central theme of "coping" is the struggle with external and internal demands of PCLS and their associated distressing emotions of pain and suffering. Thus, "coping" has been defined as a process having cognitive, affective, and behavioural components whose functions are aimed at overcoming/mastering/reducing/managing/tolerating the internal and/or external demands that are created by the individuals' transactions with PCLS and are appraised as taxing or exceeding the resources of the person (Folkman & Lazarus, 1980; Lazarus, 1974; Lazarus & Folkman, 1984; Lazarus & Launier, 1978). A 'coping trait' or 'coping style' or 'coping strategy' refers to what the person actually does in a particular encounter, implying that a trait/style/strategy which serves effectively in producing positive outcomes at one stage of a stressful episode, might become ineffective having negative consequences at times (Lazarus, 1983). In coping, personal resources are used to manage tension generating events in an effort to maintain or enhance feelings of well-being.

There seems to be wide variations in how well one is able to control and manage the pressures and challenges that life presents. Possibly it may be due to two reasons. First, it is more obvious and might be due to stable coping styles that people bring with them to stressful situations that they encounter.
According to this view, people do not approach each coping context as a new but bear a preferred set of coping strategies that remains relatively fixed across time and circumstances. The idea of existence of such coping styles is somewhat controversial (Folkman & Lazarus, 1980, 1985). Folkman et al. (1986) suggested that the development of a coping style would be at best be counter productive, because it locks the person into one mode of responding rather than allowing the process of freedom and flexibility to change responses with changing circumstances. The second possibility might have been derived from more traditional personality dimensions. That is perhaps certain personality characteristics predispose people to cope in certain ways when they confront adversity. Cohen and Lazarus (1973) found no support for the hypothesis that the personality dimension of repression versus sensitization (Byrne, 1961) would predict the course of recovery from surgery. So, the traditional personality dispositions are not likely to be useful as predictors of coping (Folkman & Lazarus, 1980).

(a) Functions of Coping:

Lazarus and Folkman's (1984) definition specifies four aspects of coping: (a) the "process", which is different from trait or style, (b) the "management", rather than mastery, (c) the "appraisal", which plays the key role of psychological mediation, and (d) the "mobilisation of resources" and efforts. White (1974) suggests that the functions of coping are: (a) to keep securing adequate information about the environment, (b)
to maintain satisfactory internal conditions for processing information and acting/responding accordingly, and (c) to maintain autonomy or freedom of movement. Mechanic (1974) has suggested that the functions of coping are: (a) dealing with social and environmental demands, (b) having the motivation to meet such demands, and (c) maintaining a state of psychological equilibrium in order to direct energy and skill toward meeting external demands. Pearlin and Schooler (1978) have suggested three functions of coping: (a) changing the situation out of which stressful experiences arise, (b) controlling the meaning of such experiences before they become stressful, and (c) controlling stress itself after it has been generated. Cohen and Lazarus (1979) identified five functions of coping, based on a review of researches by Hamburg and Adams (1967), Lipowski (1970, 1975), and Mages and Mendelshon (1979): (a) to reduce harmful environmental conditions and enhance prospects of recovery, (b) to tolerate or adjust to negative events, (c) to maintain a positive self image, (d) to maintain emotional equilibrium, and (e) to continue satisfying relationships with others.

(b) Types/Modes of Coping:

Lazarus et al. (Cohen & Lazarus, 1979; Folkman & Lazarus, 1980, 1985, 1986; Lazarus, 1975, 1981; Lazarus & Launier, 1978) have suggested that coping may be divided into two broad types: problem-focused and emotion-focused; though most people use both the modes of coping in their day-to-day stressful encounters.
Problem-focused coping refers to efforts directed at doing something constructive about the conditions that harm, threaten, or challenge. Emotion-focused coping refers to the efforts directed at regulating the emotion itself, whether the focus of such regulation is behaviour and expression, physiological disturbance and subjective distress or all three. Emotion-focused coping can be used to alter the meaning of a situation and thereby enhance the individual’s sense of control over her/his distress (Averill, 1973; Silver & Wortman, 1980a).

Theoretically, the effectiveness of problem-focused efforts depends largely on the success of emotion-focused efforts. Otherwise, heightened emotions will interfere with cognitive activity necessary for problem-focused coping (Easterbrook, 1959; Kahn, 1964; Lazarus, 1966; Sarson, 1972; Vroom, 1964).

Lazarus (1975) has also suggested two different types: direct actions and palliative modes of coping. Direct actions involving fight or flight are used to alter a troubled relationship with social or physical environment. Palliative coping modes involve thoughts or actions that relieve the emotional impact of stress without actually changing the threatening situation. Cohen and Lazarus (1979) have identified five modes of coping: (a) information seeking, which involves trying to learn more about the problem and about what can be done to deal with it; (b) direct actions, which include any concrete act like running away, arguing, taking drugs, etc.; (c) inhibiting action, which is the opposite of direct action such
as, refraining from impulsive action, as in expression of anger; 
(d) intra-psychic processes involving ways of reappraising the 
situation, deploying attention, or seeking alternative routes for 
gratification, also including those processes traditionally 
viewed as defence mechanisms such as, denial, intellectualisation, 
etc.; and (e) seeking social support, i.e., turning to others for 
help or consolation that may enhance one's efforts to deal with 
stressful events (Cobb, 1976; Dimsdale et al., 1979; Kaplan, 
Cassel & Gore, 1977) or one's feeling of well being (Schaefer, 
Coyne & Lazarus, 1981). These modes of coping are more 
frequently used in most types of stressful events and situations.

Carver, Scheier, and Weintrub (1989) identified 13 
conceptually distinct coping strategies based on their functional 
effectiveness: (1) Active coping, which is similar to problem- 
focused coping, is the process of taking active steps to try to 
remove or circumvent the stressor, including initiating direct 
action, increasing one's efforts, and trying to execute the 
coping process stepwise. (2) Planful coping, which is a type of 
problem-focused coping, involving planning which may include 
pondering, contemplating, reflecting, and/or thinking (but, not 
brooding or worrying) about what steps to be taken and how best 
to handle the stressful situation, and coming up with 
appropriate actions and strategies. (3) Coping through 
suppression of competing/conflicting channels of information 
processing or modes of responding and trying to avoid becoming 
distracted by other things, is a sub-type of problem-focused
coping. (4) Restraint coping is also a form of problem-focused coping, involving patiently waiting for an appropriate opportunity to act and holding oneself back by not acting prematurely. (5) Coping through social support, which is relevant to problem-focused coping, involves seeking advice, assistance, or information from others. (6) Coping through emotional support, which is emotion-focused coping, involving seeking moral support, sympathy or understanding. Seeking social and emotional support often co-occur (Aldwin & Revenson, 1987), the sources of emotional support more often being used as outlets for the ventilation of one’s feelings. There is evidence that using social support in this way may not always be very adaptive (Berman & Turk, 1981; Billings & Hoos, 1984; Costanza, Derlega & Winstead, 1988). (7) Coping through focusing on and venting of emotions is the tendency to focus on whatever distress one is experiencing and to ventilate the feelings. (8) Coping through behavioural disengagement involves reducing one’s effort to deal with the stressor, even giving up the attempt to attain goals with which the stressor is interfering. It is likely to occur when people expect poor coping outcomes. (9) Coping through mental disengagement, expressed through a wide variety of activities that serve to distract the person from thinking about the behavioural dimension with which the stressor is interacting, when conditions prevent behavioural disengagement (Carver, Peterson, Follansbee & Schier, 1983). (10) Coping through positive reinterpretation is considered as a form of emotion-focused coping aimed at managing distressing emotions rather than
dealing with the stressor through self control, positive evaluation, and personal growth (Lazarus & Folkman, 1984). (11) Coping through denial is a somewhat controversial form of coping, but it is often suggested to be useful in minimizing distress and thereby facilitating coping (Breznitz, 1983; Cohen & Lazarus, 1973). Denial creates additional problems unless the stressor can profitably be ignored. Denying the reality of an event allows the event to become more serious, thereby making more difficult the coping that eventually must occur. Denial may appear useful at early stages of a stressful transaction but impedes coping later on. (12) Coping through acceptance is compromising with the reality of a stressful situation in an attempt to deal with it successfully. (13) Coping by turning to religion is often quite important to many people because, it probably serves as an emotional support or as a tactic of active coping through positive reinterpretation of the situation/self. Another distinct type/mode of coping may be added, (14) Coping through humour. Humour and laughter deserve to be mentioned among the basic human capacities of maintaining total well-being, adaptation, and coping. Quoting Gordon Allport, Viktor Frankl (1946/1955) suggests that "The neurotic who learns to laugh at her/himself may be on the way to self-management, perhaps to cure". (p. 225)

(c) Development of Coping: Garmezy's (1983) review of studies on stressors of childhood has identified three protective factors: (a) positive personality dispositions, (b) supportive family...
milieu, (c) external social agencies which act as a support system for strengthening children's coping efforts. Rutter (1987) concluded that the protective factors can only be available by the use of potentially supportive resources. Some individual characteristics like age, sex, intelligence are important protective factors. It was found that more intelligent children were more resilient with better coping ability and also younger children cope better than the adolescents. Murphy (1962) emphasised the importance of children's learning to cope with a variety of new situations which they encounter as they grow up; and also master over the environment with self-pride, esteem and pleasure. It is relevant too that adaptability and malleability are among chief temperamental characteristics which protect against psychiatric disorders in childhood. Children are therefore able to mold, manipulate the environment assertively to deal with its pressures successfully and/or to comply with its demands passively and dependently. "Good copers" are those who are cognitively capable, affectively expressive, effective and attitudinally responsive in a wide variety of ways (Murphy & Moriarity, 1976). It has been found that girls use more social support and emotional behaviour in stressful situations, whereas boys use more physical activities to deal with stressors (Ryan, 1989).

Managing Stress:

Stress reduction/management in children requires proper assessment of amount of stress and origins of stress prior to deciding intervention techniques (Farnum & Powell, 1986).
Angus (1989) suggested three approaches to control stress in children: (a) through guided imagery, (b) by Yoga/relaxation/autogenic training, and (c) thermal biofeedback. Some researchers have suggested that adolescents should get proper training in self control, cognitive restructuring, and social skills; in addition to relaxation training in order to control and manage stress. Most of the investigators have emphasised the significant positive role of relaxation in control, management, and/or reduction of stress. (Schultz, 1986; Zaichkowsky, Zaichkowsky, & Yeager, 1986). Relaxation has been found to be helpful in controlling heart rates, skin temperatures, respiration rate, and state anxiety (Lichstein, Wagner, Krisak, & Steinberg, 1987; Schinke, Schilling, & Snow, 1987). Basic ingredients of relaxation are - quiet environment, a passive attitude, a comfortable position, and a neutral object to concentrate.

It has been found that the children of deprived and disadvantaged environments returned to their normal level of cognitive functioning, if they would get special care, attention, and stimulation (Dumaret & Stewart, 1989). The potentialities of socio-culturally disadvantaged and mentally retarded children could be strengthened by appropriate enrichment and intervention programmes (Marchand, 1976). Padhy (1995) observed that experience and training were helpful in development of perceptual as well as cognitive task performance in socially deprived children. It has been observed that children from very low SES backgrounds, broken homes, and socially deprived environments
with severe behavioural disorders, especially the older children, showed slight improvement in their locus of control, compared to younger ones, after some behaviour modification training, which have been found to be beneficial to the children with mental and behavioural disorders. After training children have been found to show less self-defeating beliefs and non-productive emotions, and more relaxed responses and controlled reactions to stress.

Coping with academic stress was not found to be related to self-reported emotional/behavioural problems of adolescents which varied as a function of match between perceived control and creation of problem-focused alternatives for coping with social stressors (Compas, Malcrane, & Fondacaro, 1988). Competency or adequacy to manage academic stress which arises due to fear of school/curriculum/teachers/peers, academic failure, and frustration in inter-personal relationships, could be improved by coping through relaxation, assertiveness, effective communication, and acquisition of appropriate study skills (Rajendran & Kaliappan, 1990). Le Croy and Rose (1986) found that cognitive and social skills were helpful to children to cope and adapt with stressful situations successfully. Adolescents who received stress management training coped relatively easily and showed greater improvement in hypomania, unobtrusiveness, considerateness conformity, insight, social control, calmness, anger control, rapport and conformity (Shivarattan, 1988).

Wilson (1974) found that strict parental supervision of children’s activities were more effective in preventing
delinquency than was a happy family atmosphere. She pointed out that some of the supervision was merely a part of good parenting with sensible limits and a reasonable set of expectations. Some, on the other hand, appeared intrusive and restrictive but even so, it seemed to have benefits in terms of preventing delinquency. It has been found that stealing is often used by children as a type of coping style to satisfy their psychological needs such as - to draw attention for emotional support, or may be due to emotional rejection.

**SUMMARY**

The findings of studies reviewed above indicate that stressful life situations are normally distributed inter-individually (differences between persons with regard to stressors, reactions, and coping efforts) in the human population; and intra-individually (differences across life situations and/or over the life span) in the human being. Stresses/stressors/"psychologically critical life situations" (PCLS) have both positive as well as negative influences on growth and development of children.

It is observed that every child confronts certain milder/severe PCLS in her/his life. Also, every child possesses certain abilities/competencies to face and cope with the situation successfully. The degree of mastery varies with early exposure to PCLS, and opportunities and autonomy provided by the upbringing/child-rearing milieu to develop competence and learn
alternative coping skills. Observing PCLS empirically/scientifically and experiencing the PCLS subjectively provide two different but complimentary perspectives, leading to different ways of thinking and understanding. Research evidence shows that 'experiencing stress' fosters 'stress resistance' or 'invulnerability to stress' in children. However, sudden and excessive amount of stress at any time, at certain critical periods of development, or prolonged continuation of the PCLS over a period of time; may have devastating effects on the life and its total development of any child. On the other hand, earlier studies have also shown that, too much of protection/pamper or indiscriminate and uncalled for social support makes a child more vulnerable to stressful events or life situations. So, it is necessary that a normal child should experience some amount of stress to become more confident, competent, assertive, self-reliant, and capable to confront the PCLS/challenges/tests of life.

Most of the research on stress and coping studied adult samples. Almost all the investigators focused on the various aspects of stress such as the sources, reactions, health, and coping styles of adults. Investigations of stress in children are relatively few, and very few attempts have been made to study the stressful life situations, psycho-physical reactions, and coping patterns of adolescents.