“Being prepared” simply makes good sense and is a pragmatic advice across many life situations and circumstances. Life is like a journey, starting from the birth of a child and till the death. A person faces so many challenges in his/her life, even plans something for his family and some for themselves too after death. The ability to anticipate and prepare for a stressful event is assumed to have significant positive implications for an individual's personal sense of well-being (Banerjee & Gillespie, 1994; Sattler, Preston, Kaiser, Olivera, Valdez, & Schlueter, 2002). Although an event is anticipated, but there is no opportunity to actually prepare for it – or when knowledge of an event nonetheless involves extreme uncertainty – levels of stress actually increase. Stress is inevitable; we can't avoid it. So, better to be psychologically prepared for upcoming emergency situations; not only for emergency, we should be prepared for day-to-day regular life (examination, interview, meetings, marriage, job joining/shifting etc.).

Each individual needs to be psychologically prepared for different stages in their life. Psychologically preparedness is a phenomenon that has been studied so many times by the disaster management researchers (Livanou, et al., 2005; Hohnston, et al. 2005) as community preparedness. Health management scientists also study the phenomenon of psychological preparedness of caregivers, doctors/paramedical staff, patients etc. Psychological preparedness is as defined phenomenon to face challenges in life as you are able to understand, anticipate, recognize and manage your anxieties, stress, emotional responses, and feel more confident, efficient in controlling the situation and successfully cope up with an emergency situation (APS, 2007).

Psychological preparedness is not being emotionally invincible, but about understanding how we are likely to react in a stressful situation and employ strategies for better management of those psychological responses while attending emergency responsibilities.

According to the Australian Psychological Society (APS, 2007), “psychological preparedness involves processes and capacities such as knowledge, anticipation, recognition, thinking, feeling, decision making and management of one’s own thoughts, feelings and actions.”
Reser and Morrissey (2009) defined Psychological preparedness as personal processes and capacities, including concern, anticipation, arousal, feeling, intentions, decision-making and management of thoughts, feelings and actions.

Preparedness, a multi-faceted construct, is manifested at three levels: Cognitive level, Emotional level and the Instrumental level (Mashiach, & Dekel, 2012).

The cognitive level includes thinking about the traumatic event before it happens. Cognitive strengths like Creativity, Curiosity, Open-mindedness, Love of learning, Perspective, and Hope are related to the cognitive level of preparedness. All strengths in combination help persons to improve their cognitive level of preparedness.

The emotional level includes the extent to which people occupy themselves with the emotional aspects associated with the traumatic event. Self-regulation is a key strength of the emotional level of preparedness. Self-regulation helps individuals to control over their behavior, feelings and thoughts.

The instrumental level pertains to the practical decisions people must take to prepare themselves for the threatening event. Strengths like Bravery, Persistence, Vitality and Integrity make prepared at the instrumental level (Singh & Gupta, 2013).

From the above description it appears that psychological preparedness plays a crucial role in motivating people to take action in emergency situations. Learning and utilizing skills such as stress inoculation, stress reduction and emotional management can enhance psychological preparedness. There has been less focus on individual psychological preparedness by psychologists so far.

Models of Psychological Preparedness

Posttraumatic Growth Model: Psychological preparedness can best be visualized as understanding of changes in the survivor’s assumptive world. This model posits that by virtue of coping successfully with their experience, survivors are not only better prepared for subsequent tragedies, but, as a consequence, are apt to be less traumatized by them as well. Coping involves rebuilding a viable assumptive world, and it is changing at this level that provides the survivor with a heavy dose of psychological protection. Psychological preparedness is surely a benefit, and as such a type of posttraumatic growth, but essentially it
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represents the survivor’s ontological status in the aftermath of successful coping, rather than
the survivor’s perception or self-report. This approach to posttraumatic growth has parallels
in Meichenbaum’s (1985) stress inoculation model, in which exposure to moderate stress
serves as a protection against subsequent stressors. Similarly, in medicine, vaccinations often
involve exposure to weaker forms of a disease, so as to ward off more serious occurrences. In
both of these cases, however, the easier exposure is generally more moderate or weaker than
the stress or disease guarded against, which is not the case with trauma. Yet exposure to
diseases themselves also produces antibodies, and these typically act to establish immunity
against future instances of the illness; the body, in other words, is now physically prepared.
Similarly, in the case of trauma, the survivor is now psychologically prepared.

Psychological preparedness is best understood in terms of challenges to and change in the
survivor’s assumptive world. We know that car accidents are common, cancer strikes large
percentage of the population, and crimes are rampant. At the rational level we know this, but
at some deeper, experimental level (Epstein, 1998) we do not seem to accept it. Recent work
on dual-process models in psychology (e.g., Chaiken & Trope, 1999) reinforce this
distinction between what we sometimes think we believe and what we really believe—what
resides at the explicit versus implicit levels of processing. It appears that we know bad things
happen; we simply do not believe they will happen to us. In other words, we are
psychologically unprepared for misfortune.

Psychological preparedness can be enhanced through the acquisition of specific
psychological knowledge and strategies, and through direct and vicarious experience with
emergency situations and scenario. A procedure such as stress inoculation, emotion
management and stress reduction can be successfully learned and utilized by those likely to
experience an emergency or disaster event (Meichenbaum, 1996). Psychological
preparedness neither can nor should take the place of household and property disaster
preparedness, but knowing how a situation is likely to be experienced can assist in managing
one’s anxiety and overall psychological response while attending to emergency tasks, and in
making clearer and better decisions about whether to stay or leave in the face of a severe and
imminent disaster threat.

Social-Cognitive Model of Preparedness: comprises of social cognitive variables
(problem-focused coping, self-efficacy, and sense of community) and predicts resilience to
natural hazard effects (Bishop, Paton, Syme, & Nancarrow, 2000; Paton, Johnston, &
Houghton, 2001 a, b). By integrating this work with that on health protective behavior, and
including a wider range of variables, a more comprehensive social-cognitive model of natural
danger preparedness by Paton (2003) suggests its three phases, each influenced by a specific
set of variables. The first concern, factors that motivate people (precursor variables); the
second concern, the variables that link this initial motivation with the formation of intentions;
and the third phase describes the relationship between preparatory intentions and actual
preparation (Figure-1.1).

**The motivation phase:** Preparedness consistent with both the health protective behaviors,
literature, and contemporary approaches to public hazard education, risk perception
represents a valid precursor variable (Lindell and Perry, 1992; Sjoberg, 2000). Consequently,
there are grounds for exploring other precursors. Here, a role for two additional precursor
variables, critical awareness and hazard anxiety is proposed. Reasoning and decision making
(about a hazard) is represented in what and in how people communicate with one another
(Bagozzi & Dabholar, 2000). Risk perception, critical awareness of hazards, and hazard
anxiety are proposed as variables required, motivating protective behavior. Progression
between motivation and intention formation is, however, influenced by another set of
variables.

**Intention formation variables:** Health research has identified outcome expectancy and
self-efficacy as predictors of intention formation (Abraham, Sheeran, & Johnston, 1998;
Bagozzi & Edwards, 1998; Bandura, 1992; Bennett & Murphy, 1997; Schwarzer, 1992). Risk
reduction strategies attempt to motivate people to prepare for responding to infrequently
occurring and highly destructive or disruptive hazards whose nature and intensity tend not to
be perceived as leading themselves to mitigate by individual action (Spendden, 1998).
Consequently, beliefs regarding the personal ability to mitigate hazard consequences will
constitute an important mediating variable in the adjustment process. Self-efficacy has been
implicated as a precursor of adjustment adoption and resilience in natural hazard contexts
(Bishop et al., 2000; Duval & Mulilis.1999; Hurnen & McClure, 1997; Lindell & Whitney,
2000; Paton et al., 2001 a, b). Response efficacy describes people’s perceptions of the
availability of the resources (e.g. Time, skill, financial and physical resources, social
networks) required to implement adjustments, the perceived benefits associated with
adoption, and the degree of conflict between recommended actions and other important
personal goals or needs. (Lindell & Whitney, 2000; Karoly, 1998; Paton et al., 2001 a, b).
Linking intentions and preparation: Sense of community (feelings of attachment to people and places) can influence adjustment decisions (Bishop, Paton, Syme, & Nancarrow, 2000; Paton, Johnston, & Houghton, 2001). People with strong feelings of belonging to a place may be more likely to convert intentions into actual preparedness. If people perceive others (e.g., Local councils, emergency management agencies) as being responsible for their safety, they are less likely to convert intentions to actions (Ballantyne, Paton, Johnston, Kozuch, & Daly, 2000).

The components of the social-cognitive model presented in figure-1.1 describe reasoning processes that raise additional issues regarding the conceptualization and assessment of adjustment items. The ability to assess preparedness on each dimension could enhance the quality of the planning process. For example, communities could be assessed in regard to home safety, their ability to meet their own needs, and their capability for undertaking collective activities within a neighborhood. Lopes (2000) and Ballantyne et al. (2000) conclude that people estimated their preparedness by a process of influence rather than an objective assessment. On asking people to physically check their preparedness responses, Lopes found discrepancies between people’s expectations and their actual levels of preparedness. If inferential processes result in a perceived overestimate of preparedness, people’s risk perception, their attentiveness to new preparedness information, their perceived
need for preparedness and their receptiveness to warnings could be compromised (Lopes, 2000; Paton et al., 2000)

The model implies that the phases should mirror the developmental process described here: motivating people to prepare (precursor variables), facilitating the formation of intentions (intention formation variables), and then promoting the conversion of intentions to preparedness (moderator variables). No one strategy will be capable of facilitating change in all variables.

Rohrmann (1995) outlined “Information- Behavior” link in examining bushfire preparedness by emphasizing the importance of not just receiving and understanding the message, but also adopting the message as personally relevant, memorizing and eliciting the content when needed, and actually implementing the behavior or action. Psychological factors that influence the uptake of risk communication strategies, as suggested by Paton (n.d.; 2003), include:

- Events perceived as low frequency, can result in fewer precautions though these events often result in greater losses.

- Protective behavior is only likely to be motivated when a person perceives natural hazards as salient or critical to them.

- People with strong feelings of belonging to a place, and the degree to which they accept personal responsibility for their safety, may be more likely to convert intentions into actual preparedness.

- A judgment of whether individual or collective action is required that influences action.

- Different understandings of what constitutes sufficient preparedness can lead to inconsistent responses.

Cognitive biases such as unrealistic optimism, invulnerability and overconfidence may play a role in dealing with chronic natural disaster threats and their potential role in both physical and psychological preparedness (Esperanza, Luisa, Fabiolo, & Adriana, 2008). Paton (2003) also mentioned the role of unrealistic optimism in the underestimation of risk and consequent lack of preparedness, as well as the use of denial to reduce anxiety.
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Reser and Morrissey (2009) suggested that psychological preparedness can be a critical aid in coping with a similar situation as it unfolds. It may also help in limiting post-event distress (Australian Psychological Society, 2007; Reser & Morrissey, 2009). A tendency towards anxiety or dread all have the potential to erode both psychological and practical preparation. These factors are identified by practitioners working with families and allow for preventive interventions prior to further events (Morrissey & Reser, 2007). Being cooler, calmer and confident is also a substantial aid to family members and others who may not be well prepared for what is happening. Psychological preparedness can assist people to feel more confident and more in control and to use rational and clear thinking when responding to the situation, leading to an enhanced ability to assist others and a consequent reduction in injury and loss of life.

Virtues/Strengths Based Combat Preparedness and Resilience Model: Virtues/Strengths based model of combat preparedness identified key performance variable in a military context as combat performance and its outcome (Singh & Gupta, 2013). Due to the seeming importance of combat, it therefore, finds a central location in the model. There are two temporal sides to it – Antecedent (Left side) and Consequent (Right side).

Antecedents side: Although, high level of combat preparedness in all defence strategies is not necessarily to have combat outcomes, but to achieve defence objectives by avoiding the combat. Therefore, the seeming importance shifts from centric combat to little left combat preparedness. It is not to have and display gestures and actions directly to convey the level of the preparedness to the opponent rather eliciting perceived state of preparedness at the level of opponent. It also deters the opponent to exercise the option of direct combat and thus peace is achieved. It is perhaps another function of high level of combat preparedness instead a complacent approach in the absence of combat. There is a dynamic equilibrium between war and peace, which is exercised through high level of combat preparedness. We value peace and preparedness of the armed forces at all levels in our lives and polity. Nonetheless, the composite outcome and combat preparedness are directly and proportionately related.
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Figure 1.2 Virtues/Strengths Based Combat Preparedness and Resilience Model

- Virtues/Strengths
  - (W) Creativity (Innovative ideas)
  - (W) Curiosity (Intrinsic desire)
  - (W) Open-Mindedness (Critical Thinking)
  - (W) Love of Learning (Knowledge building)
  - (W) Wisdom (Make a sense)
  - (TR) Hope (Orientation of the future)
  - (TE) Self-regulation (Control over his or her own responses)
  - (C) Bravery (Mastery of fear)
  - (C) Persistence (Voluntary Continuation)
  - (C) Integrity (take responsibility for their feeling & behavior)
  - (C) Vitality (Energetic & fully-functional)
  - (J) Leadership
  - (J) Citizenship

- Level of Preparedness
  - Combat Preparedness

- Combat & its Consequences
  - Coping skills & Resources, Resilience, Hardiness, Courage, Growth opportunity
  - Distress
  - Anxiety, Depression and Anger
  - Anxiety Disorder, Panic Disorder, Phobic Reactions, PTSD
  - Reduced Mental fitness and cognition
  - Reduced prosocial behavior's and cooperative
  - Battle Fatigue
  - Causalities, wounds, Disease, common battle injuries

W - Wisdom
TR - Transcendence
TE - Temperance
C - Courage
J - Justice
Introduction

Combat preparedness, here, implies usual military training and practice at the entry level, during service and especially pre-deployment including live exercises etc. Each soldier or commander at various hierarchy levels undergoes all above mentioned components of training, but at the individual level, their preparedness varies a lot. Such individual differences are, therefore, critical to be appreciated by the unit commander before the deployment so that the roles and placements are accordingly assigned. It is so important that the effectiveness of the preparations is being individualized and holistic at unit level. That is why the average unit preparedness is material. Individually, the preparedness is combined as interactive and additive at three serial levels: 1) Cognitive, 2) Emotional, and 3) Instrumental. It is, although, desirable to have fully prepared first at cognitive level, then at emotional level leading to instrumental level, but some would be more prepared at the cognitive level while others at an emotional level and many at instrumental level and few at all levels. Why there would be more soldiers prepared better at instrumental level is because training module in general focuses on the instrumentality. Those who are well prepared at emotional level may be either due to their temperament and experience or due to the emphasis and the recent inclusion of resource building at an emotional level in the training program among military officers. The acquisition of all the skills and development of resources through training and experience determines one’s cognitive level of combat preparedness as well as emotional level and instrumental level of combat preparedness because cognitions determine one understands of emotion and action as well. The tirade has the omnipresence in all psychological constructs. The description above leads to another question why do people, in general, and soldiers in particular, would differ at different level of combat preparedness. Therefore, now going to the extreme left side of the model (Figure-1.2), this describes lot many positive psychology concepts that are virtues and strengths. The model conceives them as antecedent individualistic features leading to combat preparedness directly or through various levels. Although there are yet more virtues, our selection was based on rational-theoretical or/and empirical studies. Theoretically, strengths related to wisdom have been linked to cognitive level. Similarly, regulation of emotion is linked to the emotional level of preparedness. On the other hand, courage related strengths are directed to the instrumental level. It is to note that leadership and citizenship being strengths of justice are linked to overall combat preparedness. These strengths may be expressed even thoroughly by a platoon or unit commander to determine combat preparedness at unit level. Though humanity is a ubiquitous virtue across cultures, in military organizations, it is not taken at the individual level, but imply implicitly at unit level through leadership and citizenship. Quite often, this
array of strength and virtue are emphasized at the time of selection in the military organization and further taken for granted.

**Consequent side:** Recent studies in various contexts, including military organization have amply demonstrated the power of strength and virtues, which can be inculcated, imbibed and grown through small training courses, graduate success model, savoring, resilience building etc. (Matthews, Eid, Kelly, Bailey & Peterson, 2006; Peterson & Seligman, 2004). Combat preparedness as mentioned earlier is for several purposes mainly, pre-combat deployment to avoid an increase in the fore period of combat by way of tactical deployment and strategies. Right from that juncture the soldier is in stress that require coping skill and resources, such as resilience, hardiness, courage, preparedness etc. To deal with the situation positively. When the coping skills and resources are not adequate, a prolonged cycle of negative events would entail at different combat level. A soldier is a human being and usual distressing emotionality is experienced, such as, anxiety, anger and depression etc. However, high level of preparedness would mitigate the negative emotional state quickly. But the prolonged and cumulative stresses in the absence of adequate coping resources and skills may cause anxiety disorder, panic disorder, phobic reaction, PTSD etc. On the other hand, many would reduce mental fitness and cognitive behavior with fellow unit members and seniors may lead some time to suicide and fratricide etc. In any case, combat in a battlefield lead to some common physical symptoms such as fatigue, wounds, injuries and even casualties. After all, war is a war, the only safeguard is full preparedness.

**Measurement of Psychological Preparedness:** Past researches show that most of the researchers measure psychological preparedness by using self made item/tool while some researchers use standardized tools, e.g. Preparedness for Caregiving Scale by Archbold (1988), Preparedness for mental health field (PMHF) by Wynaden et al. (2000), Psychological preparedness for trauma by Basoglu (1994), Deployment Risk and Resilience Inventory (DRRI) by King, King, Vogt, Knight, & Samper, (2006) subscale, Mulilis-Lippa Preparedness Scale (1990), HIV medication readiness scale by Balfour et al (2001). A group of researchers measure preparedness of semi-structured interview or using some other related tools (like, Early detection, inventory, Social psychological adjustment inventory, Metropolitan readiness tests, Career management self-efficacy and Preparation against setbacks), or behavioral orientation. Previously used tools have been constructed to measure psychological preparedness for a specific purpose. It is equally necessary to measure the individual’s psychological preparedness to deal effectively with normal routine matters, like: examination, interview, transfer, job joining, long journey, training courses etc. Gupta and
Malik (2011) constructed a tool of Psychological Preparedness for Adults to measure psychological preparedness for normal routine life. Gupta, Malik & Singh (2014) found that psychological preparedness is a general construct without facets.

While examining all models, concepts like resilience, self-efficacy, mobility, lability, time perspective (future orientation) and unrealistic optimism were found to be related to the psychological preparedness. A Social-Cognitive model of preparedness by Paton et al. (2001a, b); Virtues/Strengths based combat preparedness and resilience model clearly show empirically and theoretically relation between resilience & preparedness and also between self-efficacy and preparedness. Esperanza, Luisa, Fabiolo, & Adriana, (2008) show cognitive biases such as unrealistic optimism that may play a role in dealing with chronic threats of natural disasters and its potential role in both physical and psychological preparedness. Virtues/Strengths based combat preparedness and resilience model identify the role of temperamental disposition of a person in preparedness. Reser & Morrissey (2009) and APS (2007) considered anticipation as a facet of psychological preparedness. Gupta & Malik (2011) identified future orientation and anticipation as facets of psychological preparedness that explain 6.83% and 6.61% of the total variance, respectively. Anticipation was significantly correlated with general preparedness and personal management. Thorough understanding of the concept of psychological preparedness revealed that other concepts like resilience, self-efficacy, mobility, lability, time perspective (future orientation) and unrealistic optimism have moderating effects on the individual’s psychological preparedness about the life events, life episodes and life stages. Detailed description of these moderators follows:

**Resilience:**

Psychologists have been studying resilience since the 1970s, and research has demonstrated that there are many aspects of resilience that are teachable (Reivich & Shatte, 2002; Seligman, 1990). Masten, (2001) defines resilience as a set of processes that enables good outcomes in spite of serious threats.

In recent years the discourses of ‘resilience’ have emerged in which elements formerly identified as human ‘attributes’, such as courage, willpower, fortitude and character have been reconfigured as ‘coping strategies’ or ‘skill’ that can be learned by anyone. “Resilience implies a systematic, widespread, organizational, structural and personal strengthening of subjective and material arrangements so as to be better anticipated and tolerate disturbances in a complex world without collapse, to withstand shocks, and to rebuild as necessary…….. a logic of resiliency would aspire to create a subjective and systematic
state to enable each and all to live freely and with confidence in a world of potential risks” (Lentzos & Rose, 2009).

Recovery, sustained purpose and the growth are three cardinal features of the resilience. When the stress once disturbs the pace of ongoing performance, many quickly restores the previous level and even sometimes better than the earlier, that marks the recovery of function. Moreover, in this process the first priority becomes the safety, survival and conservation of resources which altogether shifts the focus from the purpose; however the resilience helps to sustain the purpose despite temporary shift. Passing through these initial troubles further the growth of the person and next time same stressor is tackled with ease.

Resilience is considered as a process, which involves many systems from cells to individuals to families to societies. An individual may be said to have more or less capacity for resilience, but the actual pattern of an individual’s behavior will result from many interactions, both within the person and between the person and environment. Because of the many interactions involved, resilience cannot be viewed as a single trait.

Resilience is defined as an ability to bounce back from adversity, positively adapt from adverse conditions, functioning well while facing unexpected harmful/adverse situation. Resilience covers many concepts like awareness of personal resources, effective communication with family and friends, detection of threat, reaction to adversity (sometime resistance) and recovery of pre event functioning. Resilience is a hypothetical concept coupled with the situation. We can judge resilience in term of adaptive behavior of an individual with positive outcomes of risk/adversity. After all resilience is a never ending process in life and adversity is the hard reality of life. As the term resilience had been in use for long in material sciences, environmental sciences and even economics (resilient buildings, resilient ecology, resilient economy etc.) Quite frequently the term resilience is prefixed with psychological and thereby emphasizing that it is a psychological phenomenon-when we refer it to the human beings. However, its description has recently been extended to social/collective from the individual domain of behavior. In addition to, we have been talking of resilient communities. Psychological resilience has two levels: Personal/Individual and Collective psychological resilience (Organizational and Community in McAslan,’s description, 2010).

**Personal Psychological Resilience** is the key create a dynamic culture and having people who are ‘fit’ and ready to seize new opportunities and respond to the demands of business both today and in the future. It is a sort of psychological preparedness. Personal resilience is a multi-faceted concept which includes the mental level of resilience (Self-confidence, desire to
achieve, mental toughness etc), emotional ability to be resilient (Emotional Intelligence), the physiological ability of resilience (proper diet, exercise, relaxation, quality sleep etc.) and individual personality (purpose/meaning of life, hardiness etc.). Norris, Tracy, & Galea, (2009) suggest that resilience represents just one of a number of categories of reaction by adults following exposure to trauma or severe stress - Resistance, resilience, recovery, relapsing/remitting, delayed dysfunction and chronic dysfunction.

**Collective Psychological Resilience** refers to the way in which groups or crowds of people “express and expect solidarity & cohesion, and thereby coordinate and draw upon collective sources of support and other practical resources adaptively to deal with adversity” (Williams & Drury, 2009) Collective psychological resilience covers all aspects of personal psychological resilience and recovery in term of mass emergencies (flood, earthquake, war, thunder, tsunami, terrorist attack etc.). It also includes teamwork, leadership, social norms, group cohesiveness etc. The people around us make a protective shield and decrease risk of harm. Understand the psychological resilience at the level of community is not simple as the process implies the interplay of individuals, families; group as well the physical environment. Different theorists have offered (e.g., Adger, 2003; Paton & Johnston, 2006; Pendall, Foster, & Cowell, 2007) to enhance resilience of communities. Some protective factors have been suggested such as frequent and supportive interactions, shared norms and values, better information and adaptability at the community level (Norris et.al, 2007; Mayunga, 2007).

Kumpfer (1999) has developed the resilience framework comprising process and outcome construct. He applied the model extensively on youth in the context of drug addiction and de-addiction with positive outcomes. There are six major constructs in the model four influence domains and two transactional points.
Figure 1.3 Adaptive version of Kumpfer’s (1999) Resilience Model

**Stressors or Challenges**
- Isolation Remote location
- Ambiguity
- Powerlessness
- Boredom (Alienation)
- Danger (Threat)
- Work Load

**Environmental Context**
- Environmental risk factors: More frequently deployments, family separations etc.
- Protective factors: Resilience Building, Unit cohesiveness, Hardy Leadership, High level of preparedness, Collective efficacy etc.

**Person-Environment Transactional Process**
- Interaction processes: depend upon the perception of soldiers, about their leadership, reframing, changing environment and active coping skills.

**Internal Resiliency Factors**
- Spirituality or motivational characteristics
- Cognitive Competencies
- Behavioral/Social Competencies
- Emotional stability & management
- Physical Competencies

**Resiliency Process**
- **Environsocial promotive and biopsychospiritual promotive factor.
- Reintegration**
  - Resilient reintegration
  - Homeostatic reintegration
  - Maladaptive reintegration
  - Dysfunctional reintegration
Introduction

Stressors or challenges: - The resilience framework or processes begin with an initial event and ends with an outcome. Stimulus in resilience situation should be some type of stressors or challenges. Challenges help a person to face new stressors and to grow from the experience. This is the essence of resilience. Stress/challenges activate the resilience process and create a disequilibrium or disruption in homeostatic in the individual/organizational unit. Individual perception, cognitive ability and interpretation of the stressors influence degree of perceived stress.

External environmental context: - It includes the balance and interaction of salient risk and protective factors. In life it is not possible to avoid risk. Stress is inevitable; we can’t avoid it, so we should focus on enhancing the protective factors. Research suggests that increasing the number of protective processes can help to buffer those risk mechanisms (Dunst, 1995; Rutter, 1993; Sameroff & Chandler, 1975).

Person- Environmental interactional process: - Whatever is being the context/environment the stressor, risks and protective factors are embedded within it, the person interacts by way of perceiving, selecting, modifying explicitly or implicitly some or all of the factors. In fact, it is the starting point of the interactional process where the individual matters and therefore it is assumed that resilience is teachable/trainable (Reivich & Shatte, 2002; Seligman, 1990; Reivich, 2010).

Internal resiliency factors: - Internal personality or cognitive capabilities have been organized according to the prior mentioned resilience framework for self factors into five major cluster variables: Spiritual or motivational, Cognitive competencies, Behavioral/Social competencies, Emotional stability & emotional management and Physical well-being & physical competencies.

Resilience processes: - Resiliency Model shows that Stressors or life challenges not balanced by external envirosocial protective processes or biopsychospiritual resiliency factors within the individual can lead to imbalances in homeostasis or disruption (Flach, 1988). Resilience is a process learned by individuals through gradual exposure to stressor/challenges that help the individual to bounce-back with resilient reintegration (Richardson, Neiger, Jensen, & Kumpfer, 1990).

Positive Outcomes or successful life adaptation: positive adaptation in specific new developmental tasks culminating in a higher likelihood of reaching a global designation in adulthood as a “resilient child or adult”. While this is an outcome, in a dynamic model, a positive outcome, suggesting resilience is also predictive of later resilient reintegration after a disruption or stress.
Introduction

To develop resilience, self-efficacy would be an important trait. Perceived self-efficacy is likely to affect individuals’ ability to adapt and deal flexibly with difficult situations, and also affects individuals’ aspirations, analytical thinking, and perseverance in the face of failure (Bandura et al. 2001).

**Self Efficacy:**

The self-efficacy construct rests upon a long line of historical thinking related to the sense of personal control. Bandura (1997) defined self-efficacy as “people’s beliefs in their capabilities produce desired effects by their own actions”. These beliefs are among the most important determinants of the behaviors (psychological preparedness) people chosen to engage in and how much they preserve (resilient) in their efforts in the face of life challenges. So, self-efficacy is an important determinant of psychological preparedness, adjustment and psychological well-being of an individual.

Self-efficacy beliefs can be distinguished from a number of related concepts. Self-efficacy beliefs are not beliefs about skill; they are beliefs about one’s own ability to exercise one’s acquired skills under challenging conditions. Self-efficacy beliefs are not predictors or intentions about their occurred behaviors; they are concerned not with what one believes one will do but with one believe one can do. Self efficacy and self-esteem are not similar, although self-efficacy beliefs will contribute to self-esteem. It’s not like a personality trait. Although, measures of general self-efficacy have been developed and are used frequently in research, but, not able to predict people’s behavior under specific conditions.

Self-efficacy is a learned human pattern of thinking. It is based on the premises of social cognitive theory which holds that activity shapes people’s lives rather than passively reacting to environmental forces (Bandura, 1986; Barone, Maddux, & Snyder, 1997a). Skill can be overruled by self-doubts, so that even highly talented individual makes poor use of their capabilities under circumstances that undermine their beliefs in themselves (Bandura & Jourden, 1991; Wood & Bandura, 1989a). By the same token, a resilient sense of efficacy enables individuals to do extraordinary things by productive use of their skills in the face of overwhelming obstacles (White, 1982). As these and other studies reveal (Bandura, 1992a), perceived efficacy is an important contributor to performance accomplishments, whatever the underlying skills might be.

**The development of self- efficacy beliefs:** - Self-efficacy beliefs are primarily influenced by two interacting factors. First, development of the capacity for symbolic thought, particularly
the capacity for understanding cause-and-effect relationships between personal beliefs and results/ and performance appraisal and the capacity for self-observation and self-reflection. These abilities begin developing in infancy and move from the infant’s perception of a casual relationship between specific events, to his or her understanding that actions can produce desired results, to the recognition that he or she can be the origin of actions that affect their environments.

Second, the development of self-efficacy beliefs is influenced by the responsiveness of environments to the infants or child’s attempts at manipulation and control. Responsive environment for child can facilitate the development of self-efficacy beliefs, whereas nonresponsive environments hold back the development of self-efficacy beliefs. Child’s social environment (especially parents) plays an important role in the development of self-efficacy belief. Parents can expedite or delay the development of strong self-efficacy beliefs in children by their response to the infant’s or child’s actions by stimulating and enabling the child to explore and master his or her environment.

Self-efficacy beliefs develop through the life span. Bandura (1977, 1989a, 1989 b, 1997) proposed that the developmental antecedents of self-efficacy include:

I. Pervious success in similar situations (calling on the wellspring of positive thoughts about how well one has done in earlier circumstances).
II. Modeling with others in the same situations (watching other people who have succeeded in a given arena and coping actions.)
III. Imaging oneself, behaving effectively (visualizing acting effectively to secure a wanted goal).
IV. Undergoing verbal persuasion by powerful, trustworthy, expert, and attractive people (been influenced by a helper’s word to behave in a given manner).
V. Arousal and emotion (when physiologically aroused and experiencing negative emotions, our self-efficacy may be undermined, where as such arousal paired with positive emotion heightens the sense of self-efficacy.)

**Measurement of self-efficacy beliefs:** Self-efficacy is not a trait and should not be measured as such. Bandura (1977, 1982, and 1997) has staunchly to the situational perspective that self-efficacy should reflect beliefs about using abilities and skills to reach given goal in specific circumstances or domains. In his words, “Efficacy beliefs should be measured in terms of particularized judgments of capacity that may vary across realms of activity, under different situational circumstances” (Bandura, 1997). Betz, Klein, & Taylor, (1996) have developed
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and validated a measure that taps confidence in making career decisions, e.g., Occupational questionnaire by Teresa, (1991) developed for tapping students’ mastery of various vocations. Lowe’s (1993) “Childbirth self-efficacy Scale”; and the “Memory self-efficacy scale” for older adults (Berry, West, & Dennehey, 1989). These scales assess self-efficacy during specific life transitions.

Bandura consistently has argued against the trait perspective, but other researchers (Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs, & Rogers, 1982; Tipton & Worthington, 1984) have developed dispositional measures of self-efficacy, as some people are especially likely to have high self-efficacy expectations across several situations. Cross-situational efficacy scales produce significant correlations with other measures. Higher-self-efficacy robusting consistently predicted (1) lower anxiety, (2) Higher pain tolerance, (3) better academic performance, (4) more political participation, (5) effective dental practices, (6) continuation in smoking cessation treatment, and (7) adoption of exercise and diet regimes (Bandura, 1997).

Measurement of self-efficacy should be designed to capture the multifaceted nature of behavior and the context in which it occurs. Before measurement of self-efficacy the researcher must “know the territory” have a thorough understanding of the behavioral domain in question, including the types of abilities called upon and the range of situations in which they might be used.

**Psychological functions influenced by self-efficacy:** Self-efficacy can influence all aspects of human psychological functioning, but following important functions are influenced by self-efficacy.

**Psychological adjustment:** Most philosophers and psychological researchers agree that a sense of control over our behavior, and our own thoughts and feeling is necessary of happiness, psychological well-being, hope, resilience etc. Self-efficacy is related to a variety of psychological problems, depression, avoidance and anxiety (Maddux, 1995; Bandura, 1977 and Williams, 1995). Bandura (1997) state that self-efficacy can play a protective role in dealing with psychological problems and, further emphasized enablement factors that help people “to select and structure their environments in ways that set a successful course.”

**Physical health:** Maddux (2009a) has suggested that self-efficacy can influence health in two ways. First, self-efficacy influence the adoption of healthy behaviors, the cessation of unhealthy behaviors, and helps to maintain behavioral change in the face of challenge and difficulty (Maddux, Brawley, & Boykin, 1995). Enhancing self-efficacy beliefs are a part of successful change and maintenance of virtually every behavior crucial to
health, regular exercise, healthy diet, stress management, safe sex, withdrawing smoking/drinking, compliance with treatment and prevention regimens, and disease detection behaviors such as a regular health check up. Second, self-efficacy has an impact on various biological processes (neurotransmitters, cardiac reactivity and blood pressure) that relate to better physical health. Included in such adaptive biological processes that immune functioning (O’Leary & Brown, 1995), susceptibility to infections, the neurotransmitters that are implicated in stress management (i.e., catecholamine’s), and the endorphins for muting pain (Bandura, 1997)

**Self-regulation:** self-efficacy helps us to understand how an individual can guide their own behavior in the pursuit of targeted goals. It influences self-regulation in several ways.

a. It influences the goals we set. The higher the self-efficacy in a specific achievement domain, the loftier will be the goals that a person sets in that domain.
b. Self-efficacy beliefs influence people’s choices of goal directed activities, expenditure of effort, persistence in the face of challenge and obstacles, and reactions to perceived discrepancies between goals and current performance.
c. Self-efficacy beliefs influence the efficacy and effectiveness of problem-solving and decision-making. When a person has confidence in their ability to solve complex problems, and use their cognitive resources more effectively than people who doubt their cognitive skills. People who have strong self-efficacy beliefs are likely to remain task-diagnostic and continue to search for solutions to their problems.
d. Psychotherapy may be used as one or more of the following five strategies for enhancing self-efficacy:
   1. Building success, often through the use of goal setting and the incremental meeting of these goals (Hollon & Beck, 1994).
   2. Using models to teach the person to overcome difficulties (e.g., Bandura, 1986)
   3. Allowing the person to imagine himself or herself behaving effectively (Kazdin, 1979)
   4. Using verbal persuasion by a trustworthy psychotherapist (Ingram, Kendall, & Chen, 1991)
   5. Teaching techniques for lowering arousal (e.g., Meditation, mindfulness, biofeedback, hypnosis, relaxation, etc.)
Collective self-efficacy: Maddux, (2009a) defined it as, “the extent to which we believe that we can work together effectively to accomplish our shared goals.” Although there is no agreement about how to measure this collective efficacy. Collective efficacy has been found to be important to a number of settings and groups. Individual success and happiness depends to a large degree on the ability to cooperate, collaborate, negotiate and otherwise live in harmony with other people.

Albert Bandura’s (1997) self-efficacy theory, advances a tripartine temporal influence on behavioral self-regulation as generated by efficacy beliefs grounded in past experiences, current appraisals, and reflections on future options.

Temperament

In the 1930s and 1940, personality was reduced to the sum of acquired knowledge, abilities and habits, that is, to experience and in the 1950s to temperament (the expression of a particular type of nervous system). In 1980s, particularly social psychologists, has emphasized the interaction between temperament and environment.

In recent times, researchers focus on the role of positive psychology in the development of temperament and how person’s basic temperament interact with self-efficacy, happiness, optimism, hope, resilience etc.

Pavlov (1951-52) described temperament as “the CNS types” what we call in man temperaments. The temperament constitutes the general characteristic of every man the most general and most essential characteristic of his nervous system” (p. 339). According to Strelau (1987a), “temperament may be regarded as (a) one of the elements of personality, (b) as a synonym of personality, and (c) as a phenomenon with its own specificity not belonging to the structure of personality (p. 107).”

The properties of the nervous system are the basic characteristic of the functional system, ensuring integrative action of the brain and the whole nervous system. This new understanding of the nervous system properties resulted not only in a sharp change in the approach to the search of biological characteristics underlying individual differences in the structure of temperament, but also made us reconsider a new place of temperament in the structure of human individuality (Rusalov, 1985).

Mobility as the property of the Nervous System: Mobility was first mentioned in 1932, to describe the difference between the working capacity of Phlegmatic and Sanguine. The property was designated as “Lability” or “excitation”, but it is clear that the construct is
identical with that subsequently described as mobility. Mobility was actually introduced in 1933.

Pavlov referred to mobility as “the speed with which the organism, on external demand, yields, gives preference to one stimulation over another, substitutes stimulation for inhibition and vice versa (Pavlov, 1951-52, p. 268)”.

Teplov (1956), introduced some possible indices of mobility.

I. Speed of arousal and termination of nervous processes;
II. Speed of irradiation and concentration of excitation and inhibition;
III. Speed of development of positive and inhibitory CRs;
IV. Speed of alteration;
V. Speed of response change following changes in external conditions, involving (a) alteration of the stereotype; (b) development of a delayed reflex using the short-trace method.

In a later paper, however, Teplov (1961) judged that mobility as defined is probably not a simple property. Other properties of the nervous system may include speed of establishing conditioned reflexes, for example, as a measure of equilibrium. However, in view of Ravich Shcherbo’s (1956) failure to find agreement between a numbers of mobility measures e.g. speed of development of photochemical traces reflexes, visual after-image measures, Teplov (1963) was forced to conclude that mobility is a compound rather than a unitary property.

Strelau, Angleitner, Bantelmann, & Ruch (1990) refer to mobility, comprising of following five definitional components. A highly mobile person: (I) reacts adequately to unexpected change in environment; (II) adapts quickly to new surroundings; (III) passes easily from one activity to another; (IV) changes mood, lightly from positive to negative and vice versa, according to the meaning of the situation; and (V) prefer situations which require different activities to be performed simultaneously.

The experimental evidence goes decidedly against recognition of mobility as a unitary property of the nervous system, including such different manifestations as the speed of transformation of the signs of stimuli and the speed of initiating and terminating the nervous processes. The indices of these manifestations do not correlate with one another (Borisova, Gurevich, Yermoleyeva-Tomina, Kolodnaya, Ravich- Shcherbo, & Schwartz, 1963), whereas the indices of speed of initiation and termination show good correlation with each other.

Lability: Teplov (1963) identified and named a new property of the nervous system, “lability”, which clearly involves the speed with which the process of excitation and
inhibition arise in the nervous system. Wedenskii and Ukhtomskii (cf. Golikov, 1950), regarded lability-sometimes referred to as “fundamental mobility”, a term used to describe the maximum number of impulses nervous tissue is able to reproduce per second in phase with the rhythm of maximum stimulation. Lability involves the speed with which the process of excitation and inhibition arise in the nervous system. Lability is a new property derived from mobility. Lability is described as the speed of arousal and termination of nervous process, i.e. time taken in initiation and cessation of any activity. Ukhtomskii (1937) who developed Wedenskii’s original notion, defined lability as the speed with which a physiological structure is able to pass from a state of rest to a state of excitation, and vice versa, ready for the new response. Teplov (1963) and Nebylitsyn (1973) define the property as the rapidity of nervous system activity, basically the speed with which the aftereffect of an excitatory impulse is extinguished, and hence the speed with which one cycle of excitation is followed by another when a series of stimuli is presented.

The first claim for the existence of the property on nervous system lability was made on the basis of the collective work of Borisova et al. (1963). Thirty six measures, 34 of which were left to be indicators of mobility, were subjected to comparison, correlation and factor analysis. The resulting correlations bore witness to the fact that mobility can be divided into at least two unassociated characteristics of the nervous system, i.e., mobility and lability. In the above mentioned collective work of Borisova et. al., the property lability was manifested inadequate visual chronaxie, critical flicker frequency, speed of recovery of light sensitivity after light presentation and several other indicators. The indices of the speed of initiation and termination show good correlation with each other (Teplov & Nebylitsyn, 1969).

Vasiletz (1978), in a genetic study, reports little correlation between the indices of mobility which also raises the question of whether we can assume a unitary dimension of mobility. The tempo score, one measure of Vesiletz’s study, is now regarded more as a measure of lability.

Conceptually, it seems that lability is a broader term, which may be inclusive of mobility. Rathee & Singh (2001) in a factor analytic study found mobility and lability as two distinct factors. Lability factor was an interrelated set of speed of initiation and termination measures. Seven lability measures loaded significantly on this factor, which emerged as a pure ‘lability’ factor. Six mobility measures and extraversion loaded on mobility factor, which was labeled as ‘mobility’ of nervous processes. Both these factors were pure factors of lability and mobility, respectively. As there was no overlapping of measures on either of the factor, suggesting that lability and mobility are two separate constructs.
Personality traits and temperament play an important role in our future decision and current life, even our past experience plays a vital role in developing our personality. As a conclusive remark we can say that time perspective (future orientation) directly and indirectly upshot current psychological preparedness of a person.

**Time Perspective:**

Frank (1939) introduced the concept of time perspective and Lewin (1951) systematized and defined this concept as the totality of the individual’s view of his psychological future and psychological past existing at a given time. Time is an inescapable reality of life. All behavior takes place in time and space. All persons, everywhere, are oriented periodically towards the past, present and the future (Doob, 1971). Perception of time permits the individual to observe the changes as they are taking place. In spite of this, man is not limited in his references to the present time and to immediate changes only, since he can form representation of these changes, reconstruct them in retrospect and can also anticipate them. This ability helps him to form a temporal horizon or a perspective which influences behavior and allows the manipulation of time. Age, socialization and culture affect the development of the concept of time perspective. The finding suggests that organized time perspective and future orientation are associated with mental health, growth and adjustment. Future orientation plays a role in motivating achievements and studying (Shell and Husman, 2001). Meade (1971-72) emphasized the power of temporal organization for the creation of social order. Individual time in the present and their interpretation of the past and the future are shaped by it. Time orientation is a healthy sign in different walks of life e.g. During organization, scientific work, socialization, planning a career, business, world, vocation and so on. The orientation may be seen as a characteristic of the motivational process (Thomal, 1965).

Detailed comparative reviews of techniques of measuring time perspective (Agarwal & Tripathi, 1978, 1979; Hoornaert, 1973) show that three types of techniques (projective techniques, direct questioning techniques and behavioral tests) have been employed to measure three major dimensions of time perspective, i.e. temporal orientation, temporal extension and locomotion.

**Methods for measuring time orientation:** Direct Personal method is frequently used for measuring time orientation. Eson (1951), instructed subjects to list topics, thought or discussed within the two week period, and to indicate whether each topic related to subjects’ past, present or future. The frequencies of past, present and future were taken as indices of

Cottle (1968) develops an Experimental Inventory, in his Inventory subjects were asked to list ten most important experiences of their time and to place these experiences in the distant past, near past, present, near future or distant future. The Time Reference Inventory (TRI) developed by Roos & Albers (1965); Cottle & Plack (1969) developed the “Line test”, and Circle test developed by Cottle (1967) are the direct Personal Method of measuring time orientation.

Indirect Personal Method for the measurement of time orientation: Interview method was used by Krauss, Ruiz, Mozdzierz, & Button, (1967) and Schreiner (1970), in which subject was simply asked to tell about himself than the frequencies of use of past, present, and future use of tense were the indicative of respectively past, present and future orientation. Lester (1973) used autobiographical material as measures of time-orientation. Motivation Induction Method (MIM) by Nuttin (1964), life Event Checklist (LEC) by Agarwal et al. (1983) have been used for measuring time orientation.

Indirect Impersonal Method such as TAT by Fink (1957); Israeli (1936) Story Completion Technique (SCT) by Kastenbaum (1965); Ruiz et al. (1967); Meade (1971 & 1972), The free fantasy procedure of Rychlak (1972) were used to measure time orientation.

**Future Orientation:**- Well structured and extended future orientation is characteristic of a well-adapted personality (Wallace, 1956) and highly valued activity in our culture, such as, delay of gratification, planning, problem solving and achievement (Mischel 1974, 1981; Teahan 1958). Future time orientation is part of time perspective. Kestenbaum (1961) demonstrated that several logically distinct indicators of temporal perspective all loaded on the same factor which he called “general concern for future events.” Some definition of future orientation restricts itself to the measure of the extent of time perspective into the future, the coherence, or the density of anticipation (Wallace, 1956 and Kastenbaum, 1961). Piaget (1946) and Kelly (1955) conceptualized future orientation as specific cognitive aspects which are part of a general cognitive schema; it means the structuring of future events in terms of their temporal sequence and causal orders. Such anticipatory cognitive schema can be more or less extended, differentiated, precise, coherent and realistic.

The future can be experienced as more optimistic or pessimistic (Knapp & Garbutt 1958; Trommsdorff & Lamm 1975; Beck, Weissman, Lester, & Trexler, 1974; Fuchsle, & Trommsdorff, 1980; Trommsdorff, Burger, & Fuchsle, 1982). The affective quality of future
orientation presumably influences individual behavior. The subjective future does not only comprise cognitive schema, it also comprises goals, hopes, fears and wishes. Motivations and affective aspects are related to cognitive structuring in complex ways, depending on the situational context and the thematic context of the anticipations which can activate individually relevant goals and motivate. The motivational approach conceives of future orientation as a central part of all motivated activity (Nuttin 1964). Aspirations, hopes, fears, goals and anticipations as part of future orientation have influenced theoretical work on personality, decision making, achievement motivation and social interaction.

Future orientation promises a well-adapted and psychologically healthy personality. Future orientation has been studied in relation to observable behavior such as achievement, delay of gratification, problem solving, or consuming behavior. In many studies, such relations are significant in the expected direction (Raynor 1974; Raynor & Entin 1982; Gjesme 1976; 1979; Trommsdorff, Burger, & Fuchsle, 1978; Trommsdorff, Haag, & List, 1979a; Dorner 1974; Bouwen 1977).

**Unrealistic Optimism:**

Many people tend to believe that they are better than others. Many studies supported those ‘self-serving’ or ‘self-enhancing’ biases in the human being (Brown, 1986; Goethals, Messieij, & Allison, 1991; Hoorens, 1993). “Unrealistic optimism” or “Optimistic bias” has similar meaning. Each term suggests that people are realistic in their judgment about the average person, but are unrealistic, biased regarding their personal judgments. They refer to an underestimation of the likelihood (or probability) of experiencing a negative event. “Unique invulnerability” (Perloff & Fetzer, 1986) and “positive illusion” (Taylor, 1989) are two other terms applied to similar phenomena. Unrealistic optimism, whereby people seemingly perceive their own future as more positive than the average person’s (Harris & Hahn 2011). In a variety of domains (sports, competitions, admission to competitive exam, getting new job/job promotions, ‘A’ grade in class), success and failure are defined by how people measure up to others because those others provide a standard against which people can evaluate themselves (Festinger, 1954).

Unrealistic optimism about risk is often viewed as but one aspect of a more general self-enhancement bias that also encompasses phenomena such as the planning fallacy (Buchler & Griffin, 2003; Buehler, Griffin, & MacDonald, 1997; Kahneman & Tversky, 1979), the illusion of control (Langer, 1975; Langer & Roth, 1975), people’s tendency to overestimate their own skill relative to others (Svenson, 1981) and findings of
overconfidence in judgment (Kahneman & Tversky, 1973). Unrealistic Optimism is additionally problematic because personal judgments and actual outcomes have great difference. For example, a student (Mohan) may believe that he will receive 95% marks in 12\textsuperscript{th} class exam when the actual mark is 80%. Indeed, much of the research on the planning fallacy seems an illustration of this form of unrealistic optimism (Buchler, Griffin & Ross, 1994). Researchers generally used these terms when they compare about one’s own future and judgments made about the future of other people. The term Comparative optimism is used to refer to optimism that arises from social comparisons because it does not imply that the comparison standard is an objective criterion and because it does not imply that the bias originates specifically from a distortion of personal risk or the average person’s risk (Shepperd, Carroll, Grace & Terry, 2002). There are four different groups to explain the factors leading to the optimistic biases.

I. Desired End-states of Comparative Judgments: - Comparative optimism originates in the goals or end-states that people desire. People are impelled to perceive or illustrate their risk as less than the risk of others, because this is what they want to believe or want others to believe. Many researchers argued that comparative optimism may have benefits for mental health and other health related issues. In this section self-enhancement, self-presentation and the need for control are three explanatory accounts for comparative optimism described as following:

a. Self-Enhancement: Desired-End-states are simply hedonistic and revert a desire for self-enhancement: optimistic predictions are gratifying. Simple-minded people like to reduce their anxiety to believe that negative events will not happen to me or feel good to think that positive things will happen. People may thus estimate that their risk is less than the risk of others because doing so allows them to be better than average; it allows people to enjoy the affective spells of a favorable social comparison (Alicke, Klotz, Breitenbecher, Yurak, & Vre-denburg, 1995).

b. Self-presentation: Self-presentation perspective (Schlenker, 1980) asserts that people attempt to establish and maintain a desired personal image in social life. Consistent with Abelson’s Script theory (Abelson, 1981) the self-representation account asserts that the expression of comparative optimism may occur with little thought (Schlenker, 1985). In fact, tends to apply a deeply embedded cognitive script to relative estimates and express it as comparative optimism. Helweg-Larsen, Sadeghian & Webb (2002) suggest that people may display comparative optimism because to do otherwise prompts social rejection and stigma.
c. **Personal Control:** Researchers suggest that comparative optimism stems from a comparative control illusion—the motivated tendency for people to believe that they are better able than are others to control outcomes (McKenna, 1993). The overestimation of personal control may stem from two sources: (I) People have a fundamental need for control that may lead to an exaggerated belief in personal control (Perloff, 1987 & Weinstein, 1984). (II) An objectively unwarranted illusion of control, such as for chance events (Langer, 1975). People may overestimate their level of personal control in securing positive and avoiding negative outcomes. People may extend their unrealistic perception of control to other people.

II. **Cognitive mechanisms:** Comparative optimism is also explained by cognitive mechanisms: (The representativeness heuristic, having a singular-target focus and the tendency to transform interpersonal distance into risk differences) that lead people to conclude that their risk is less than the risk of others.

  a. **The Representative Heuristic:** Weinstein (1980) proposed that this simple cognitive shortcut can be blamed as the chief source of comparative optimism. According to the representativeness heuristic, people will judge their risk as lower than the risk of the average person to the extent that they are dissimilar to the prototypical target.

  b. **Singular-target focus:** Klar & Giladi (1997; 1999), Klar, Medding & Sarel, (1996) explain comparative optimism by proposing an alternative judgment mechanism. According to this explanation at the time of comparative risk judgments, people mainly focus on the perceived qualities of the singular target (such as the self) and do not sufficiently consider those of the generalized target.

  c. **Interpersonal distance:** Self-categorization theory by Turner, Hogg, Oakes, Reicher & Wetherell (1987) and Harris, Middleton & Joiner (2000) studied underlying comparative optimism by asking people how did they evaluate their risk relative to a target such as the average person? It prompts an interpersonal comparison in which interpersonal distances are transformed into perceived risk differences, the greater the perceived interpersonal distance between the self and the comparison target, the greater the perceived difference in risk.

III. **Information about the self versus the target:** Individuals know a lot more about themselves than they do about others. Generally people have less available information about others. Information about the self versus others leads people to make specific conclusions about their own risk. Difference in judgments and conclusions about self-
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risk compared to the risks of others leads to larger gaps in the optimistic bigot. Person-positivity bias, egocentric thinking and underestimating the average person’s control are three possible explanations how information about the self versus the target can lead to optimism in comparative risk judgments.

a. **Person-positivity bias:** is the tendency to evaluate an object more favorably the more the object resembles an individual human being (Sears, 1983). When the target of evaluation resembles a specific person, the more people will perceive the object to be similar to them and the more people will perceive the object to be similar to them and the more favorably they will perceive the target.

b. **Egocentric thinking:** Several researchers have suggested that comparative optimism stems from a tending for people to be egocentric in their thinking (Kruger, 1999). People have a larger amount of knowledge about themselves, but no knowledge about others. This can lead people to an optimism bias because while people are using the available information they have about themselves, they have more difficulty understanding correct information about others (Shapperd, Carroll, Grace & Terry, 2002). The egocentric explanation would seem to suggest that comparative optimism stems primarily from a distortion in personal judgments rather than judgments for the average person because people consider actions and circumstances that will facilitate desired outcomes and fail to consider adequately impediments they are likely to encounter.

c. **Underestimating the average person’s control:** It is possible that individuals underestimate the amount of control the average person has. Control-based explanation has two forms (I) People underestimate the extent to which other people will exert control in their lives (Weinstein, 1980), (II) Misperception of control is that people do not merely underestimate the personal control that other people have over events.

IV. **Underlying affect:** - The affective states facilitate access to mood-congruent memories and cognitions (Gilligan & Bower, 1984). Positive moods, increase comparative optimism and that negative mood, such as sadness and anxiety decrease comparative optimism (Abele & Hermer, 1993; Butler & Mathews, 1987; Dewberry, Ing, James, Nixon & Richardson, 1990; Dewberry & Richardson, 1990; Drake, 1984, 1987; Drake & Ulrich, 1992; Salovey & Birnbaum, 1989; Taylor & Shepperd, 1998).

**Assessment of Unrealistic optimism:** it is usually impossible to demonstrate that an individual’s optimistic expectation about the future is unrealistic. An individual might be
quite correct in assessing that his or her chances of experiencing a negative event are less than average (Weinstein, 1980, p. 806). As per Weinstein says there are two major problems in the measurement of unrealistic optimism: one major problem is how to determine the actual risk. A second major problem in assessing unrealistic optimism is at the individual level.

To avoid the first problem of measurement, we look for biasness on a group level. This means asking individuals in a defined group give numerical estimates for their personal risk and then comparing the means of these estimates with the actual statistic for this portion of the population. A number of studies have followed this strategy (e.g. Gerrard & Luus, 1995; Linville, Fisher & Fischoff, 1993; Rothman, Klein & Weinstein, 1996; Whitley & Hern, 1991). To overcome the second problem of measurement, the more common research strategy used is comparative rather than absolute risk estimates. Find out whether people think their risk is lower (or higher) than their peer’s risk, not whether their risk is lower (or higher) than the actual risk. Various approaches may be used to assess optimistic bias, but one must not confuse optimism and bias. If a person says that his or her risk is below average is optimism, but this optimism is not necessarily a bias or an illusion.

Whichever measurement approach is chosen either numerical scales or scales with verbally-labeled categories can be used; studies usually report significant amounts of unrealistic optimism. People may believe that they are less likely to experience negative events than their peers.

From the above discussion, it is evident that the psychological preparedness is a widely used term in the area of disaster management. Some of the researchers have tried to develop the model of psychological preparedness. A Social-Cognitive model of preparedness by Douglas Paton defines the role of social and cognition aspects like awareness, motivation, perception, anxiety, expectancy, self-efficacy, intention, decision-making, adjustment, adoption, support system, resilience, social network etc. Rohrmann focused on information behavior at the time of disaster. Paton suggested psychological factors that influence the uptake of risk communication strategies. Singh & Gupta in their model of Virtues/Strengths based combat preparedness and resilience model suggest the relevance of psychological preparedness in military context and identify the role of strength/virtues for the development of preparedness. But no research is focused on individual preparedness for day-to-day, short term and long term life events, episodes and stages.
It is, of course, unrealistic to think that one can be fully prepared, emotionally and cognitively, for such a stressful and confronting situation as that experienced by many Victorians. Nonetheless, psychological preparedness can play a crucial role in emergency preparedness, in coping with the stress of the unfolding situation, and in limiting acute post-incident distress. This does not mean that ‘one being prepared’ implies being emotionally ‘bullet-proof’.

In addition, it is evident that psychological preparedness can be a good predictor of success/failure for upcoming future events and may also reduce the anxiety and mental health related problems. Resilience, self-efficacy, mobility, lability, future orientation and unrealistic optimism have an interactive relation to psychological preparedness. These variables may play vital role in leading success/failure. Research findings indicate that psychological preparedness plays an important role in emergency situations. Very few attempts have made to study role of psychological preparedness in a daily routine life situation like: examination, interview, marriage, job joining, and admission in a new course etc.

**Psychological Preparedness for what?**

The next question is psychological preparedness for what? To answer this question a person’s general life situation can be divided into three time frame works extending over different lengths, three different time frame works: (A) Life Events, (B) Life Episodes, and (C) Life Stages.

(A) **Life Events**: - Psychological preparedness for short term and specific period like: An Examination, interview, short term journey, meeting etc.

(B) **Life Episodes**: - Psychological preparedness for long term with a designated duration (for 10-15 days or more) like: Training program, a long journey, examination period, camps, workshop, planning for upcoming events etc. Usually, the person returns to normal course after the episode.

(C) **Life Stages**: - Psychological preparedness for long period like: Permanent job, Marriage, Adulthood, Career shift, financial investment, etc. It is usually marked by a transition to some stage.

A review of existing research related to psychological preparedness and related moderators have been presented in the next chapter.