CHAPTER-I

INTRODUCTION
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HEALTH

Health is an important aspect of human life. It is well recognized truth, from the early time, that processing good health is a pre-requisite for every human being for all round growth and development. It is a positive concept emphasizing the social and personal resources as well as physical capabilities.

Health is a state of feeling well and not being sick. Commonly people think of health in terms of absence of (1) objective signs that the body is not functioning properly, such as measured high blood pressure, or (2) subjective symptoms of disease or injury, such as pain or nausea (Birren & Zarit, 1985; Thoresen, 1984). Health is not limited to the physical well-being. The word health comes from an old German word that is represented in English by the word 'hale' or 'whole' both of which refer to a state of "soundness of body". According to Sartorious (1989), health can be considered “a state of balance between the individual and his inner self and the world around him.”

After a wide survey of many health related definitions, Stone (1987) concluded that all the definitions of health can be broadly classified into two categories: - the first category implies that any disease or injury is a deviation from good health or disability and that ideal state can be restored by removing the disease or disability. With this limited definition of health any diseased person would not be healthy despite of his/her achievements, accomplishments, productivity and contributions to the society. But this is not true. Thus, health is a condition of not being sick or disabled as per this viewpoint. The second category implies that health is a direction on a continuum where all aspects of living- biological, psychological, social and spiritual must be considered. According to Stone (1987), in good health biological functioning are improved such as normal blood pressure, superior cardiac output, blood sugar level is within such control, cholesterol level is within normal limit, high level respiratory volume and the ability to cope with stress and tension, managing anxiety and depression, resolving day to day problems with relaxation and avoid infection and physical injury by caring oneself. Further, psychological manifestation of health is a subjective feeling of well-being; one is satisfied enjoys life peacefully with passing marks where as many others feel unhappy and dissatisfaction even after
receiving gold medal. Social manifestations of health include the capacity of social support and mixing with the members of society where person lives with high level of social achievements and productivity and low demands on health care system. Thus, this definition regards health as a positive state of physical, mental and social well-being that can be achieved through healthy behavior and adopting good life styles. The emergence of the bio-psycho-social model of health gas changed the attitude of health care professionals and medical practicner's rather defining disease as the simple presence of pathogens but outcomes from the interact ions of biological, psychological and social conditions which emphasis positive health and chronic disease (Matarazzo, 1980, 1994; Mielstein and Irwin, 1987; Schmelkin, Wachtel, Schvieiderman and Hecht, 1988). This statement has been further amplified to include the ability to lead a sociology and economically productive life.

Good health depends upon many factors such as fresh air with ample amount of oxygen, free sunlight, rich nutritive and easily digestible diet, physical and mental rest, relaxation, sound sleep, outer and inner cleanliness, right attitude of mind, good habits and simple life style. According to Aurobindo (1955), the concept of health is essentially related to human existence where life is a goal oriented programmed and multi-dimensional evolutionary process with growth and transformation orientation. Human life in its totality includes physical, mental and spiritual dimensions. It has a dynamic and functional nature and so it is related to the socio-cultural set up by means of daily life activities. In order to effect, the wholesome evolutionary programmed is a kind of sublimation of activities from delusion of physical to mental and to supramental (spiritual). In view of Aurobindo (1955), psychology makes a synthesis between subjective and objective aspects of health and the unbridgeable gap between these two aspects which has lead to the imbalance between the negative and positive emotions. Therefore, according to him psychological domain by means of proper evolutionary inter linking process of psyche bridging between physical (materialism) and spiritual dimensions of existence eliminates the negative emotions and establish the health and well-being.

In 1948, WHO defined health “as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”.

Mere absence of disease does not indicate health. If one is not ill, then it is not necessary that the person is healthy. However, if someone has perfect health, there would be no disease.
Recently most of the people would agree that health involves much more than simply absence of disease. It is quite possible for a person to be free of disease but still not enjoy vigorous, satisfactory life. This means health and sickness are not entirely separate concepts. They overlap. There are degrees of wellness and of illness. In recent time health has secured more optimistic and positive definitions by describing health as a continuum, with illness located at one (negative) end of continuum and wellness at the other (positive) end, which represent people’s different health statuses.

At the wellness end of the continuum, health is the dominant state. At the illness end of the continuum, the dominant state is illness or injury, in which destructive processes produce characteristic signs, symptoms or disabilities. Starting at the centre (neutral level) of the diagram, a person’s health status is shown as progressively worse to the left and progressively healthful as it moves to the right. The segments in the central band describe dominant features that usually characterize different health statuses based on the person’s physical condition that is, one’s signs (such as blood pressure), symptoms and disability and lifestyle, such as one’s amount of regular exercise, cholesterol consumption and cigarette smoking. Medical treatment typically begins at a health status to the left of the neutral level and intensifies as the physical condition worsens. Medical treatment can bring the person’s health status back to the mid-range of the continuum, but healthful lifestyles can help, too. Increasing wellness beyond the midrange can be achieved through lifestyle improvements (Antonuska, 1987; Brandley, 1993; Ryan and Travis, 1981). This means health and sickness are not entirely separate concepts- they overlap. There are degrees of wellness and of illness. This definition affirms that health is a positive, multidimensional state that involves three domains: physical health, psychological health and social health. They are not independent but influence each other.

Punder (2004) have provided an overview account of psychological approach related to health care system which is also known as a state of complete physical, mental and social well-being. Health is perceived as a multidimensional process involving the well-being of whole person in the context of the environment. Good health can be achieved in various fields by controlling and coping the stress, developing a positive attitude, learn to control and relax oneself, be realistic, radical, considerate in every situation, be planned, systematic and discover the priorities, fortify one’s inner strength, laugh and make others laugh, express oneself freely,
make good friends and be aware medically and recognize oneself. Bhargava (2005 a, 2005 b) stated the concept of holistic health which may include physical, mental, emotional, social, cultural health, however, every division is associated with each other.

A number of psychological problems (like materialism, corruption, money mindedness) all have affected the total health of the modern man. Therefore, after studying the views expressed by various authors one may regard the total health. Bhargava (2006) giving its broader explanation by using all the six alphabets of the term health as:-

- H- Holistic well-being- physical, mental, psychological, social and spiritual.
- E- Earn goodness, quality, and feeling of universal brotherliness (vasudhav kutumbkam), faith in almighty with total samarpana and all commitment.
- Adaptability in all life situations with smile and satisfaction.
- L- Leaving stereotyped and rigid thinking (be flexible or changing), undesirable doings, negativism and sadness and all that bothers one in various situations.
- T- Towards positivism, mindfulness, consciousness and alertness.
- H- Humanistic, humble and honest approach in the base of life.

This will certainly give the individual as feeling healthy, being healthy, manifesting healthy and looking healthy. Once again health is defined in a manner, which is similar to the ancient Indian concept of health. Charka and Sushruta Samahita has clarified that the meaning of health is a state of accommodation and trying to stable oneself. Health is defined and appreciated in the three important dimensions, i.e., physical, mental and social and during the last decade a fourth one i.e. spiritual dimension has also been added to the concept of the total health this fourth dimension had been described long back in the age old Ayurvedic texts, considered in this way health is much broader concept. In fact, health is the complete functioning of the mind and soul. Today it is accepted that spiritual and social health is necessary at the same level as the physical and mental health. That is why health is the integration, balance and harmony amongst body, mind, soul and society.
DOMAINS OF HEALTH

Health is a positive, multidimensional state that involves many domains like physical health, social health, psychological health, emotional health, spiritual health etc. The major domains of health are presented in the coming section of the chapter.

**Physical health:**- this is the most obvious dimension of health and concerned with the mechanistic functioning of the body, involves having a sound disease free body with good cardiovascular performance, sharp senses, a vital immune system and the ability to withstand physical injury. It also includes lifestyle habits that enhance physical health. Among these are eating a nutritious diet, exercising regularly and sleeping well, avoiding use of tobacco and other drugs and minimizing exposure to toxic chemicals. It includes physical activities, free from illness and other ailments, dietary system, regular medical checkup, proper medication for illness and personal hygiene.

**Psychological health:** - It includes the feelings, emotions, wellness and mental status and personality, intelligence level, being able to think clearly and coherently, having good self-esteem and enjoying a general feeling of well-being. It includes creativity, problem solving skills and emotional stability. Self acceptance, openness to new ideas and general ‘hardiness’ of personality also characterize it. Psychological health is distinguished from emotional and social health, although there is a close association between the three.

**Emotional health:** - This means the ability to recognize emotions such as fear, joy, grief and anger and to express such emotions appropriately. Emotional or affective health also means coping with stress, tension, depression and anxiety.

**Social health:** - Person’s health is inextricably related to everything surrounding the person. It is impossible to be healthy in a ‘sick’ society which does not provide the resources for basic physical and emotional needs. People obviously cannot be healthy if they cannot afford necessities of food, clothing and shelter, but neither they cannot be healthy in countries of extreme political oppression where human rights are denied.

Social health means the ability to make maintain relationships with other people. It includes having good interpersonal skills, meaningful relationships with friends and family,
social maturity, prestige, social status, obeying of the societal norms and social support in times of crisis. It also relates to socio-cultural factors, such as socio-economic status, education, ethnicity, culture and gender etc. in health.

**Spiritual health:** - For some people, spiritual health is connected with religious beliefs and practices, for the others it is to do with personal creeds, principles of behavior and ways of achieving peace of mind and being at peace with oneself. It includes the spiritual aspect of the personality. It includes the religious value of a person, one’s belief in God or in divine powers. Spiritual enlightenment is the outcome of having attained physical health, mental well-being, emotional harmony and psychic awakening. It is the result of these attainments and that is how one can look into or look outwards roots. Spiritual enlightenment is the totality of experience of fulfillment, of knowledge, which can only be attained by developing all the aspects of personality. So, in order to experience spirituality, one must live complete life and attain total health.

Health domains explained above influence and are influenced by each other. For example- an emotionally stable person who has good problem solving skills (psychological health) probably have an easier time maintaining healthy social relationship (social health) than a depressed person who has trouble concentrating on the problem at hand. Conversely, poor physical health poses special challenges; both to a person’s self esteem (psychological health) and to relationships with his/ her family and friends (social health) and this will in turn affect their health.

**MODELS OF HEALTH**

Many health models have been given by many researchers time to time. Some of them can be explained as below:

**The Health Belief Model:** -Since the early work of Geoffrey Hochbaum (1958), several versions of the health belief model (HBM) have been devised. Like all health models the one developed by Becker and Rosenstock assumes that beliefs are important contributors to health seeking behaviors. This model includes four beliefs or perception that should combine to predict health related behaviors: (1) perceived susceptibility to disease or disability, (2) perceived
severity of the disease or disability, (3) perceived benefits of health enhancing behaviors, (4) perceived barriers to health enhancing behaviors.

The health belief model corresponds with common sense, but does it predict health related behavior? Research on the utility of the Health belief model has been extensive, but the results have been inconsistent, partially because researchers have not always used reliable and valid measures of its various components (Strecher, Champion and Rosenstock, 1997).

The Theory of Reasoned Action: -The theory of reasoned action (Ajzen and Fishbein, 1980; Fishbein and Ajzen, 1975) assumes that people are quite reasonable and make systematic use of information when deciding how to behave. Moreover, they “consider the implications of their actions before they decide to engage or not engage in a given behavior” (Ajzen, 1985). The theory of reasoned action assumes that behavior is directed toward a goal or outcome and that people freely choose those actions that they believe them in the direction of that goal. They can also choose not to act, if they believe that such an action would move them away from their goal. This model can be shown as:

Beliefs → Attitudes → Intention → Behavior

Researchers have found the theory to be useful for predicting certain health related behaviors including use of mammograms, breast self-examination, and attendance to health information classes in the study on mammography (Montano, Thompson, Taylor and Mahloch, 1997), low income women were questioned regarding their attitude, subjective norms, intentions, and previous use of mammography. All basic components of the model were significantly related to intention to get a mammography and intention predicted use of mammography.

The Theory of Planned Behavior: -Ajzen has extended the theory of reasoned action to include the concept of behavior control, an extension he calls the theory of planned behavior. The primary difference the theory of reasoned action and the theory of planned behavior is the latter’s inclusion of the perception of how much control people have over their behavior (Ajzen, 1985, 1988, 1991), the more resources and opportunities people believe they have, the stronger are their beliefs that they can control their behavior. Figure shows that predictions of behavior can be made from knowledge of (1) people’s attitudes toward the behavior, (2) their subjective norm and (3) their perceived behavioral control. All three components interact to shape people’s
intentions to behave. In addition, perceived behavioral control may have a direct influence on people's behavior (Ajzen, 1991).

The theory of planned behavior has not yet produced the quantity of health related research that the health belief model has generated, but a few studies have provided some conformation of the theory. For example, two recent studies (Hill, Boudreau, Amyot, Dery and Godin, 1997; Maher and Richwood, 1997) found that the theory of planned behavior predicts adolescent smoking and another study (Norman and Conner, 1993) found the model to be useful in predicting attendance in a health check program.

Self Regulation Theory: - Albert Bandura's social cognitive self regulation theory is a general theory of behavior not limited to predicting health seeking behavior. Bandura's theory of self regulation stresses the interaction of behavior, environment and person factor, especially cognition. Bandura (1986) referred to this interactive triadic model as reciprocal determinism. An important component of the person variable is self efficacy.

Self efficacy refers to "people's beliefs about their capabilities to exercise control over events that affect their lives" (Bandura, 1989). Bandura, 1986 suggested that self efficacy can be acquired, enhanced, or decreased through one of four sources: performance, vicarious experience, verbal persuasion and physiological arousal states such as anxiety. Bandura believes that the combination of self efficacy and specific goals is an important predictor of behavior.

Research on self regulation and self efficacy theories generally shows a positive relationship between levels of self efficacy and health seeking behavior. For example, participants in the Stanford Five City Project who had most difficulty changing behaviors related to cardiovascular diseases also had low self efficacy concerning their ability to make such changes (Winkleby, Flora and Kraemer, 1994).

The Precaution Adoption Model: - The precaution adoption process model (Weinstein, 1988) assumes that when people begin new and relatively complex behaviors aimed at protecting themselves from harm, they go through several stages of belief about their personal susceptibility. No single equation can predict behavior in all stages. Weinstein holds that stage theories, such as his precaution adoption model is superior to theories that fail to consider a person' transition from one stage to another. People do not move inevitably through the stages,
and they may even move backward, as when a person who previously had considered stopping smoking abundance that consideration.

Weinstein’s precaution adoption model (1988) holds that people move through 7 stages in their readiness to adopt a health related model. In stage first, people have not heard of the hazard and thus are unaware of any personal risk. In second stage, they are aware of the hazard and believe that others are at risk, but they hold an optimistic bias regarding their own level of risk. In third stage, people acknowledge their personal susceptibility and accept the notion that the precaution personally effective but they have not yet decided to take action. After that the person either goes to fourth stage or fifth stage. In fourth stage, people decide to take action. In fifth stage, people decide that action is unnecessary. If people go to fourth stage after that the people go to sixth stage. At this stage, people have already taken the precautions aimed at reducing risks. The last stage involves maintain the precaution if needed.

The Transtheoretical Model: -Another stage theory that attempts to explain and predict changes in health seeking behavior is the Transtheoretical model developed by James Prochaska and his colleagues (Prochaska, Diclemente and Norcross, 1992). This model assumes that people progress through 5 stages in making changes in behavior: pre contemplation, contemplation, preparation, action and maintenance.

People in the pre contemplation stage have no intention of changes their behavior and may fail to see that they have a problem. The contemplation involves awareness of the problem and thoughts about changing behavior within the next six months, but people in this stage have not yet made an effort to change. The preparation stage includes both thoughts and actions, and people in stage make specific plans about change. The modification of behavior comes in the action stage, when people make overt changes in their behavior. During the maintenance stage, people try to sustain the changes they have made and to resist temptation to relapse. Prochaska et al. (1992) maintained that people move from one stage to another in a spiral rather than a linear fashion, with several relapses that recycle people into a previous stage from which they again progress through the stages until they have completed their behavioral change. Thus relapses are to be expected and can serve as learning experience that help people recycle back the stages.
Prochaska and his colleges (Prochaska, 1994; Prochaska, Velicer, et al., 1994) have looked at the model across 12 problem behaviors, including quitting, smoking, controlling weight, practicing safe sex and utilizing mammography screening. They found clear commonalities among the 12 problem areas in that people progress from pre contemplation to action. In each of these areas by weighing the pros and cons of behavior change to guide one’s thinking and actions.

**PERSPECTIVES IN HEALTH PSYCHOLOGY**

Health psychologists developed several models, or perspectives, to guide their work. Each perspective provides a different way of looking at the same thing: -

**Life course perspective:** - It is a theoretical perspective that focuses on age, related aspects of health and illness (Jackson, 1996). This perspective also examines leading causes of death in terms of age groups they affect. The chronic diseases that are the leading causes of death of the overall population are likely to affect idle aged and elderly adults. Another concern of this perspective is the way in which specific birth cohort experiences that influence health.

**Socio-cultural perspective:** - this perspective focuses on how social and cultural factors contribute to health and disease. Culture refers to the enduring behaviors, values and customs that a group of people have developed over the years and transmitted from one generation to the next. This perspective has found wide discrepancy not only among ethnic groups but also within these groups.

**Gender perspective:** - The gender perspective in health psychology focuses on the gender specific health problems and gender barriers to health care.

It is clear that these perspectives overlap, they all view health and illness as the product of interacting factors. They differ only in the factors they emphasize. Although, rather than contradict, one another. Together, they help in explaining human health and illness. In a sense, the socio-cultural, life-course and gender perspectives are subsumed under the bio-psycho-social perspective because that directly or indirectly deals with all the issues covered by the other perspectives. This new perspective expands the biomedical view by adding two biological factors, the influence of psychological and social factors (Engel, 1977, 1980; Schwartz, 1982).
Bio-psycho-social (mind-body) perspective: - the viewpoint of this perspective is that health and other behavior are determined by the interaction of the biological mechanisms, psychological processes and social influences. The biomedical model assumes that disease is an affiliation of the body and is separate from the psychological and social processes of the mind. This viewpoint became widely accepted during the 19th and 20th centuries and still represents the eminent view in medicine today. This perspective recognizes that biological, psychological and social forces act together to determine an individual’s health and vulnerability to diseases; that is, health and disease must be explained in terms of multiple contexts. Analysis of psychological linkages reveals that psychological factors affect biological systems in a way that can impair bodily functions and alter vulnerability to infectious agents (Ader and Cohen, 1985; Cohen and Herbert, 1996). The three contexts of this model can be described as:-

The Biological Context: - All behavior including states of health and illness, occur in a biological context. Every thought, mood and urge is a biological event made possible because of the characteristic anatomical structure and biological function of a person’s body. A key element of the biological context is one’s specific evolutionary history.

The Psychological Context: - The central message of health psychology is, of course, that health and illness are subject to psychological influences. Psychological factors play an important role in the treatment of chronic conditions.

The Social Context: - In planning health behavior in its social context, health psychologists are concerned with the ways one think about, influence and relate one another and to one’s environments. Health behavior is not an automatic consequence of a given social context. The bio-psycho-social perspective emphasizes the mutual influence among the biological, psychological and social contexts of health.

As mentioned above, health psychologists approach the study of health and illness from four major overlapping perspectives. The life course perspective in health psychology focuses attention on how aspects of health and illness vary with age, as well as how birth cohort experiences influence health. The socio-cultural perspective calls attention to how social and cultural factors, such as ethnic variations in dietary practice and beliefs about the courses of illness, affect health. The gender perspective calls attention to male-female differences in the risk
of specific diseases and conditions, as well in various health enhancing and health compromising behaviors.

The bio-psycho-social perspective in effect combines these perspectives; recognizing that biological, psychological and social forces are together to determine an individual’s health and vulnerability; that is, health and disease must be explained in terms of multiple contexts as depicted in figure on the next page. This figure proposes that all three factors affect and are affected by the person’s health. A growing number of evidences indicate that psychological factors like stress, social support, depression, personality, self-efficacy, lifestyle etc. affect the health and may lead to the number of illnesses like coronary heart diseases, hypertension, ulcer, asthma, skin rashes and chronic headaches, diabetes, cancer and Acquired Immune Deficiency Diseases (AIDS).

It is manifested that health or disease depends on complex psycho physiological mechanisms. The factors which are very important for health are genetic, personality; the immunity unites with stress personality, stress and coping, thinking and attitude which kind of strengths and adjustment, emotions, economic and social situations, work and family depend on the sense of coherence. A lot of studies show the direct and strong effect of psychological factors on health. The health of an individual is influenced by three main factors as biological factors, environmental, social, behavioral and psychological factors may significantly impact on health.

Health is affected by several factors such as variation in psychological processes and exposure to harmful micro organisms. But psychological and social factors also play a tremendous role.

**FACTORS AFFECTING HEALTH**

Health of an individual may be influenced by many factors, however these may be put into here main groups as environmental, behavioral and biological. All these factors put significant impact on health. Social and psychological experiences are significantly related to health outcomes are important component of a research agenda in individual’s health. These may be described as below: -
**Biological Factors:** This term includes the genetic materials and the processes by which one inherits characteristics from one's parents. It also includes aspects of the person's physiological functioning—for example, whether the body (1) constrains structural defects, such as a malformed heart value or damage in the brain, that impair the operation of these organs, (2) responds effectively in protecting itself, such as fighting infection and (3) overreacts sometimes in the protective function as happens in many allergic reactions to harmless substances such as pollen or dust.

**Genetic Expression:** Most people believe that genes are immutable and are unchangeable. Genes are like a computer program that runs the body. If one's mother has breast cancer, then the child is more likely to get breast cancer, too, because the child has the same computer program that her mother had. One can alter the computer code in one's body to produce a different result. For example, one can provide instructions to their tumor suppressor genes to repair any damaged cell and prevent cancer. One can provide code to instruct certain genes to not become oncogenes (cancer causing genes).

Some of the instructions needed by one's body computer come from diet, environment and lifestyle. For example, Vitamin D has a direct effect on the genes which suppress breast and prostate cancer. Most of our Vitamin D comes from our exposure to the sun. So, outdoor habit would be a healthy habit to develop. There are many components that can influence genes. Avoidance is profoundly important method of altering the instructions to genes. Chemical pollution is like a hacker getting into one's computer and issuing instructions for one's computer to delete valuable and irreplaceable files.

**Socio-cultural Factors:** People live in a social world. People interact with peoples, affect them and get affected by them. Society affects the health of an individual by promoting certain values of a culture. Television, newspaper and so on—reflect these values by setting good examples and urging people to eat well, not to use drugs and not to drink and drive. The mass media can do much to promote health, but sometimes these media encourage unhealthful behavior also, such as when someone observes celebrities on television smoking cigarettes, or drinking excessively. Each culture's present culture is different from other culture and the culture it had 200 years ago. Lifestyles have changed in each culture and so has pattern of illness that afflicts its citizens. Socio-cultural factors involving or relating to social and cultural factors, such as
ethnic and income variations within and across nations. The differences seen in illness patterns between countries, regions or ethnic groups result from many factors including heredity, environmental pollution, economic barriers to health care and cultural differences such as in diets and health related beliefs and value of people (Flack, Amero, Jenkins, Kunitz, Levy, Mixan and Yu, 1995; Johnson, Anderson, Bastida, Krames, Williams and Wong, 1995). These are:

**Poor Diet and Nutrition:** According to government and university studies, 95% of Americans have at least one nutrient deficiency in their diet. People rely heavily on convince or manufactured foods which do not support good health. They do not eat nearly enough vegetables and fruits and consume an extremely high amount of fat animal products, and refined carbohydrates such as flour and sugar. These dietary habits cause the body to become both depleted of essential nutrients for proper function and overloaded with unwanted toxic substances.

**Community:** People influence and are influenced by each other. This influence can be seen in the research findings that communities differ in the extent to which their member practice health related behavior, such as smoking cigarettes or consuming fatty diets (Diehr, Koebell, Psaty, Cheadle, Wagner and Curry, 1993). These differences may develop in many ways. Adolescents often start smoking cigarettes and alcohol as a result of peer pressure (Jessoe, 1984). As individuals grow and develop in early childhood, the family has an especially strong influence (Sarafino and Armstrong, 1986). Children learn many health related behavior, attitude and beliefs from their parents, brothers and sisters. The role of biological, psychological and social factors in health and illness is not to se. health is affected by the interplay of these components as the figure shows. It shows the interplay of systems in the bio-psycho-social model. The person consists of biological and psychological systems which interrelate; and each of the system includes component systems. The person interrelated with the social systems of one’s world. Each system can affect and be affected by any of the other system.

**Environmental Pollution:** The most threatening form of pollution of today is chemical pollution. The amount of chemical pollution today is pre decedent in human history. People dump nearly 6, 00 crore pounds of chemicals into the environment every year. It is no wonder
that nine out of ten mothers on the planet are nourishing their infants with breast milk laced with DDT. Nearly all are carrying DDT and a host of other chemicals in the body.

A large amount of scientific evidence supports the idea that these accumulated chemicals are a factor in the major of degenerative diseases. Negative effects of environmental toxicity include decreased immune function nervous system problems, depression, and irritability, fatigue and memory loss. Environmental pollution does not occur “somewhere else”. It is in one’s own immediate environment- one’s home, car, office, neighborhood and city. Exposed to chemicals from the air one breathes, the water one drinks and the food one eats. In other words, people are surrounded daily by chemicals that are either toxic or have unknown health consequences.

One’s own home could be a major source of environmental pollution. New carpets, cabinets and furniture are notorious for releasing toxic chemical gases. So, are solvents and paints? Any plastic product or packaging may release undesirable chemicals. Possibly one has sprayed garden or lawn with pesticides or herbicides. Even personal care products such as deodorants, shampoo and cosmetics may contain materials that are unhealthy. Chemicals and other kinds of pollution are a serious threat to health.

Psychological Factors: - Psychological factors, behavior and mental processes are the focus of psychology and they involve cognition, emotion and cognition. The main psychological factors are: -

Lifestyle: - Today, in societies chief major health problems are chronic diseases. People making changes in their lives can reduce these. People have both a moral obligation and a public duty to practice healthful lifestyles so as not to add to society’s burden. But people can reduce this burden by making several changes in their behavior, such as driving at slower speed and eating low cholesterol diets. Sometimes people feel social pressure to engage in unhealthy behavior as well as adolescents begins to use cigarettes, alcohol or drugs. Also some behavior can become very strong habit, perhaps involving a physical addiction or psychological dependency as happens with drugs and cigarettes.

The human body is meant to be active most of the time. Physical movement and exercise are necessary for the lymphatic system to operate. Cells live in a sea of lymph, a clear-to-white fluid through which nutrients are delivered to cells into which nutrients are delivered to cells and
into which cells dump their metabolic waste. One of the functions of the lymphatic system is to
be the body system, drawing toxins from the cells and dumping them into the blood.

The blood system is powered by the heart. The lymphatic is powered by the body
movement. Therefore, metabolic waste products cannot be completely cleared unless physically
active. A second important reason for exercise is perspiration. This skin is a major outlet for
waste products, when you perspire; you are disposing of waste products through the skin. A third
benefit of active lifestyle is that it retain muscle mass. Muscle cells are where fat is burned. The
more muscle cells one has and the stronger they are the more fat one burn. So that exercise is
essential for weight control as well.

Chronic Stress: Stress occurs when body has any flight response to any situation. Most of the
time, one is not aware of it. Stress can come from anywhere at any time. It could be a barking
dog, a disagreeable boss, a car that needs repair, an unpaid bill, a relationship that is not working
or living alone. One becomes so accustomed to stress that consciously tune it out but one’s body
does not.

When stress is repeated over and over, it is called chronic stress, which seriously depletes
one’s body of energy and vital resources. It produces hormones which leave a long lasting
weakening effect on the body and which accelerate the aging process and leads to chronic
degenerative diseases. Actually, body will have a very similar stress response to a variety of
physical factors, including infection, physical trauma and chemical pollution.

Most researches argue that the best way to know when a person is stresses is to look at
how his/her body responds to a situation if the sympathetic nervous system activates in response
to an event, then the person is under stress. This activation results in elevated heart rate,
respiration and circulation. Many early definitions of stress relied heavily on biological activity.
Cannon (1929) viewed stress as the biological mobilization of the body for action, involving
sympathetic activation and endocrine activity. Selye (1956) similarly saw stress as the activation
of a host of physiological system after that Lazarus (1966) added more physiological
components to the process of stress.

There can be many sources of stress or different types of stresses like relationship stress,
work stress, environmental stress. At every stage of life interacting with others can be potentially
stressful. The adolescence period, in particular, in a transitional period during which the importance of the peer group increases as the importance of the family decreases. Larson and Asmussen (1991), at this stage the levels of conflict with parents rise and hence interpersonal stress rise. An unhealthy close relationship can be particularly problematic not just for the mental state of mind but also for physiology as well. Kiecold, Glaser, Bane, Glaser and Malarkey (2003) collected physiological measures from ninety couples during their first year of marriage and found that these measures related to breakups and marital satisfaction ten years later. Compared with those who remained together, the stress hormone levels (for example, Epinephrine) of divorced couples were 34% higher during conflict discussion and 22% higher throughout the day and both Epinephrine and Nor-epinephrine levels were 16% higher at night. Couples whose marriages were troubled at second time produces 34% more nor-epinephrine during conflict, 24% more nor-epinephrine during the day time and 17% more during night time hours at time first the couples with untroubled marriages.

**Destructive Habits:** Smoking, excessive alcohol and recreational drug use devastes health and can have lingering effects for many years even after you stop these habits. In some cases, the damage is rather irreversible.

At present increasing obesity has become main problem all around the world. According to National centre for health Statistics (2006), nearly 33% of adult Americans will be considered obese by the mid twenty first century. The statistics shows that obesity among children age six to eleven would be as much as 15.3% and the rate among children age twelve to nineteen would be as much as 15.5%. Eating is what we all must do. But we do not pay attention to what we should eat and what not. Many of us do other activities while we eat such as watch television, read newspapers or magazines, or drive. These all are unhealthy habits.

**PERSONALITY:** The term personality refers to a person’s cognitive, affective or behavioral tendencies that are fairly stable across time and situations low level of conscientiousness in childhood and poor mental health in adulthood are associated with dying at earlier ages from diseases such as heart diseases, and cancer (Friedman, 1995). People whose personalities include high level of anxiety, depression, anger, hostility or pessimism seem to be at risk for developing a variety of illnesses, particularly heart diseases (Everson, Goldberg, Kaplan, Cohan, Pluckily, Tumilento and Salonen, 1996; Friedman and Booth-Kewley, 1987; Scheier and Bridges, 1995)
reported that people are not only less likely to become ill than are people with less positive personalities but when they do they tend to recover more quickly. The link between personality and illness is not a one way street, illness can affect one’s personality too (Cohen and Rodrigueg, 1995). People suffer from serious illness and disability often experience feelings of anxiety, depression, anger and hopelessness. Ill people if overcome their negative thoughts and feelings can speed up their recovery.

In everyday life, the term ‘personality’ refers to physical or outward appearance of a person ‘encountered in some situation’. Thus one sees someone and find ‘attractive’, one may say that the person has charming or impressive personality. This kind of common sense view of personality is impressionistic and often found erroneous. Interestingly, enough the literal meaning of the term personality is derived from the term ‘persona’- the mask used in makeup by actors in Roman theatre. In that setting, the mask leads the audience to expect a consistent pattern of behavior from a person enacting a particular role. People often show consistency in behavior, thought and emotion across situations and across time period. For instance, an honest person remain, host for a longer period of time and in different situations. To understand, uniqueness and commonness within and across individual is a great challenge for psychologist. It is a common observation that different people respond to the same situation in different ways. Also, underlying the behavior of each individual, there seems to be some coherence, order and consistency. Personality is used to characterize these aspects of an individual.

Allport, 1961 defines personality after the analysis of all the forty-nine definitions of personality available in his time period. The definition of personality which synthesis the hierarchical, integrative, adjectives and social contributions while stressing uniqueness is that of Allport. Allport defines personality as ‘the dynamic organization within the individual of those psychophysical systems that determine his/her unique adjustments to his environments’.

According to encyclopedia of psychology, 1946, “a self personality is that self dynamic organization of its own unique psychological wants of abilities which remember its adjustment to its environment unique.”
According to Eysenck, 1967, "Personality is the more or less stable and enduring organization of a person's character, temperaments, intellect and physique that determine his unique adjustment to his environment."

The null shall personality can be defined in the words of Cattell's words (1966), "the study of personality is an effort to understand, explain and predict the similarities and differences in the totality of a person's behavior." The problem of definition brings into focus the approaches of the modern psychology in all its varied and different views of that constitute personality. The uniqueness brought about in its directional tendencies, adjustment and expressive behavior. In psychology, personality refers to a person's unique and relatively stable quantities that characterize behavior patterns assess different situation and over a period of time.

The behavior differences between the individual and the consistency within each individual are main concern of personality theories. Each of them through light on same aspect of personality but not all aspects. The study of which can be approached from several contemporary perspectives, in other words, biological, behavioral, cognitive and psychoanalytic and subjectivist. Personal or psychological literature indicates the rich diversity in the conceptualization of personality. Long back, the Greek Physician Hippocrates (460-377 B.C.) has classified the human beings on the basis of differences in humors. Physiognomic, diagnostic finds correlation between quality of behavior and bone structure, muscular set and physique. On the other side, type and traits perspective rise to group people according to their psychological characteristics. As per the type approach, people are characterized on the basis of similarities. In contrast, the same trait refers to specific dimension along which individuals differ in consistent and stable ways. Using body built as the main basis, Sheldon and Stevens (1942) and Krestchmer (1925) has also proposed personality categories. These typologies were simple but not help much in the predicting behavior of individuals. The trait put forward by Allport (1961), Cattell (1966) and Eysenck (1967) uses traits of various kinds as attributes or disposition which functions as generalized action, tendencies. However, it is very difficult to categorize people in exclusive categories as human behavior is complex and quite variable.

There are several well known theoretical perspectives in psychology, which involves different ideas about the relationship between personality and other psychological constructs as well as different theories about the way personality develops. Critics of personality theories
claim personality is a ‘plastic’ across time, place, moods and situation. Changes in personality may indeed, result from diet (or lack thereof), medical effects, significant effects or learning however most personality theories emphasize stability over fluctuating. Some of the important viewpoint about personality from different outlook is presented in the coming pages.

**Trait theory:** according to DSM of the APA, “personality traits are enduring patterns of perceiving a related to and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts.” Theorists generally assume that (a) traits are relatively stable over time. (b) Traits differ among individuals, for example, some people are outgoing while other is standing. (c) Traits influence behavior. The most common model of trait incorporates three to five broad dimension or factor. The least controversial dimension observed as far back as the ancient Greeks, is simply extraversion versus introversion (outgoing and physical stimulation oriented versus cute and physical stimulation adverse).

Allport (1961) delineated different kinds of traits, which he also called dispositions. Central traits are basic to an individual’s personality while secondary traits are more peripheral. Common traits are those recognized within a cultural and thus may vary from culture to culture. Cardinal traits are those by which an individual may be strongly recognized.

Cattell’s (1966) research propagated a two tailed personality structure with sixteen primary factors (sixteen personality factors) and four secondary factors.

A different model was proposed by Eysenck (1967) who believe that just three traits—extraversion, neuroticism and psychoticism were sufficient to describe human personality. Differences between Cattell and Eysenck emerged due to preferences for different forms of factor analysis with Cattell using oblique, Eysenck orthogonal, rotation to analyze factors that emerged a when personality questionnaire were subjected to statistical analysis.

Today the big five factors names have the weight of a considerable amount in empirical research behind them. Building on the work of Cattell’s and others, Goldberg (1990) proposed a five dimension personality model; nicknamed as the ‘Big Five’
1. Extraversion- outgoing and stimulation oriented versus quite and stimulation avoiding.
2. Neuroticism- emotionally reactive, prone to negative emotions versus calm, imperturbable, optimistic.
3. Agreeableness- affable, friendly, conciliatory versus aggressive, dominant, disagreeable.
4. Conscientiousness- dutiful, playful and orderly versus laidback, spontaneous and unreliable
5. Openness to experience- open to new ideas and change versus traditional oriented toward routine

**Type theories:** personality type refers to the psychological classification of different types of people. Personality types are distinguished from personality traits, which come in different levels or degrees. According to type theories for example, there are two types of people, introverts and extroverts. According to trait theories introversion and extroversion are part of a continuous dimension, with many people in the middle. The idea of psychological types, originate in the theoretical work of Jung (1954). During the 1950s Fried man and his coworkers defined what they called Type A and Type B behavior patterns. They theorized that intense, hard driving type A personalities had a higher risk of coronary diseases, because they are stress junkies. Type ‘B’ people on the other hand, tended to be relaxed, less competitive and lower in risk. There was also a type AB mixed profile. A famous cardiologist at Duke University refuted Friedman’s theory that type A personalities have a higher risk of coronary heart disease. However, current research indicates that only the hostility component of type A may have health implications. Type A/B theory has been extensively criticized by psychologist because it tends to oversimplify the many dimensions of an individual’s personality.

**Psychoanalytic Theories:** psychoanalytic theories explain human behavior in terms of the interaction of the various components of personality. Freud was the founder of this school. Freud drew on the physics of his day (thermodynamics) to coin the term psychodynamics. Based on the idea of converting heat into mechanical energy, he proposed that psychic energy could be converted into behavior. Freud, theory places central importance on dynamic, unconscious psychological conflicts. Freud broke the human personality down of three significant components: the ego, superego and id. Freud believed that the adult
personality is determined by early childhood experiences. He suggested that events in the past could influence present.

Behavioristic theories: Behaviorist explains personality in terms of reactions to external stimuli, and was a radical shift away from Freudian philosophy. This pool of thought was developed by Skinner (1953) who put forth a model which emphasizes the mutual interaction of the person on ‘the organism’ with its environment. According to this theory, people behavior is formed by processes such as operant conditioning. Skinner put forward a ‘three term contingency model’ which helped promote analysis of behavior based on the ‘stimulus-response-consequence model’ in which the critical question is under which circumstances or antecedent ‘stimuli’ does the organism engage in a particular behavior or ‘response’, which in turn produces a particular ‘consequence’.

Cognitive theories: in cognitivism behavior is explained as guided by cognitions (for example- expectations) about the world, especially those about other people. Cognitive theories of personality that emphasize cognitive process such as thinking or judging. Bandura (1968), a social learning theorist, suggested that the forces of memory and emotions work in conjunctions with environmental influence. Bandura (1968) was known mostly for his studies involving his ‘bobo doll’. He called this study and his findings observational learning or modeling.

Humanistic theories: humanistic approach is based on two assumptions for example the focus on subjective experience and the importance of individual’s choice. Here biological and behavioral factors are emphasized along with adjustment and integrative structure. Social definitions of personality considered converge of all the essential cultural tendencies in one’s mind. More culture one has, the harder it is to be a single personality. In humanistic psychology it is emphasized that people have free will and that they play an active role in determining how they behave. Accordingly, humanistic psychology focuses on subjective experience of persons as opposed to forced, definitive factors that determine behavior. Maslow (1954) and Rogers (1951) were proponents of this view. Maslow and Rogers emphasized a view of the person as an active, creative, experiencing human being who lives in the present and subjectively responds to current perceptions, relationships and encounters. They disagree with the dark, pessimistic outlook of those in the Freudian psychoanalysis ranks, but rather view humanistic theories as positive and optimistic proposals which stress
the tendency of the human personality toward growth and self actualization. This progressing self will remain the centre of its constantly changing world; a world that will help to mould the self but not necessarily conform it.

Biopsychological theories: Around the 1990's, neuroscience entered the domain of personality psychology whereas previous efforts for identifying personality differences relied upon simple, direct, human observation. Neuroscience introduced powerful brain analysis tools like electroencephalography (EEG), Positron Emission Topography (PET) and Functional Magnetic Resonance Imaging (f-MRI) to this study. One of the founders of this area of brain search of the university of Wisconsin-Madison. This research lab has focused on the role of pre-frontal cortex (PFC) and amygdala in manifesting human personality. In particular, this research has looked at human hemispheric asymmetry of activity in these regions. Neuropsychological studies have illustrated how hemispheric asymmetry can affect an individual’s personality (particularly in social settings) for individual who have NLD (non-verbal learning disorder) which is marked by the impairment of non-verbal information controlled by the right hemisphere of the brain. Difficulties will arise in the areas of gross motor skills, inability to organize visual-spatial relations, or adapt to novel social situations. Frequently, a person with NLD is unable to interpret non-verbal cues, and therefore, experiences difficulty in interacting with peers as per socially normative ways.

EMOTIONAL INTELLIGENCE

For decades, a lot of emphasis has been put on certain aspects of intelligence such as logical reasoning, math skills, spatial skills, understanding analogies, verbal skills etc. Researchers were puzzled by the fact that while IQ could predict to a significant degree academic performance and, to some degree, professional and personal success, there was something missing in the equation. Some of those with fabulous IQ scores were doing poorly in life; one could say that they were wasting their potential by thinking, behaving and communicating in a way that hindered their chances to succeed.

One of the major missing parts in the success equation is emotional intelligence, a concept made popular by the groundbreaking book by Daniel Goleman, which is based on years of research by numerous scientists such as Peter Salovey, John Meyer, Howard Gardner, Robert.
Sternberg and Jack Block, just to name a few. For various reasons and thanks to a wide range of abilities, people with high emotional intelligence tend to be more successful in life than those with lower EIQ even if their classical IQ is average.

Building one's emotional intelligence has a lifelong impact. Emotional intelligence refers to the ability to perceive, control and evaluate emotions. Emotional intelligence is needed for a student who learns is much more apt to succeed. The idea of emotional intelligence has inspired research and curriculum development. Researchers have concluded that people who manage their own feeling well and deal effectively with others are more likely to live content lives. Happy people are more apt to retain information and do more effectively than dis satisfied people.

Cooper asserts, “One can have a more successful career and better relationship can be more productive and can motivate others and use them effectively.” He presents a model of emotional intelligence. The model describes three driving forces of competitive advantages:

1. Building trusting relationships: -This force involves developing specific ways of creating and sustains a long lasting trust radius with current potential customers, run teams and the entire organizations.

2. Increasing energy and effectiveness under pressure: -This force increases personal and interpersonal energy and builds a foundation for exceptional attentiveness and capacity to excel during stressful times, complexity and change.

3. Creating the future: -This force builds essential and skills for tapping the power of divergent views and for identifying core talent and strengths in one self and others that are rarely used as a competitive advantage. Such skills can strengthen individual and team capacities to find opportunity, problem solving and make strategic, technical and service breakthroughs. This model suggests four cornerstones of emotional intelligence: 

   (a) Emotional literacy: - Emotional literacy emerges not from the nursing of rarified intellect but form the working of the human heart, from which comes the energy that makes us to identify the purpose over unique potential and purpose. Emotional literacy centers on learning the alphabets, grammar and vocabulary of emotional intelligence and recognizing, respectively and valuing the inherent wisdom of feeling.
This involves developing a clear and vocabulary for emotional literacy, emotional energy, emotional honesty, emotional feedback and practical intuition contribute to emotional literacy.

(b) Emotional fitness: -Just as physical fitness builds strength, stamina and flexibility of the body, emotional fitness builds corresponding qualities of heart. It enables the individual to put the skills of emotional literacy into practice, developing greater authenticity and believability. These, in turn, enable one to expand one’s circle of trust or ‘trust radius’, which has been positively correlated to profitability and success. Emotional fitness refers to these qualities that illuminate our personal values and character and the feelings that drive them.

(c) Emotional depth: -Emotional depth calls for one’s core character, unique potential and purpose of destiny. It is the manifestation of person’s commitment, drive, initiate conscience and accountability. It shows one’s integrity and increases his/her influence beyond authority, rank and title. Emotional depth can be developed through developing self-awareness, assertiveness, empathy awareness and communication.

(d) Emotional alchemy: -It is a blending of forces that enable us to discover creative opportunities and transform lesser ideas into greater one. It is emotional alchemy through which we extend out creative potential and capacity to follow with problems and pressure and to fight for the future.

There are certain widespread myths about emotional intelligence. It is important to dispel some of the most common ones. First, emotional intelligence does not mean merely ‘being nice’. Secondly, emotional intelligence does not mean giving free rein to feelings ‘letting it all hang out’. Rather, it involves managing feelings so that these are expressed appropriately and effectively, enabling people to work together smoothly towards common goals. Third, women are not ‘necessarily smarter than men when it comes to emotional intelligence, not are men superior to women. Each one has a personal profile of strengths and weaknesses in these capacities. Finally, the level of emotional intelligence is not is not fixed genetically, nor does it develop in early childhood. Unlike intelligence quotient, this does not change much after adolescent, emotional intelligence is largely learned and continues to develop throughout life. Infect, emotional intelligence increases as one grows.
Now a day, job does not depend on how smart you are or what your academic qualification are or what your expertise is? But also depends upon how well you are able to handle yourself and others. So, there is no doubt who has high level of emotional intelligence is more successful than a person who has high level of intelligence quotient is.

Although the above criteria of selection are not new but only new name given to them is emotional intelligence. Your intelligence quotient may help you in understanding and dealing with the world at end level but you need emotions to understand and deal with yourself and others. The term emotional intelligence is used everywhere when you read any magazine and newspaper most of them challenge you to ‘Know your emotional quotient’ or internet site you can know your emotional intelligence. Goleman(1995) presented empirical evidence that emotional intelligence accounts for about eighty percent of a person’s success in life and remains can be attribute to intelligence quotient and in offices where employee want to know how to understand their bosses.

Emotional intelligence helps people in many ways. The exponents of emotional intelligence are of the view that our emotional makeup largely determines our professional success. In any discussion of emotional intelligence, it is important to be identified one of the key determinants of success in workplace. It is increasingly been recognized that emotional intelligence can be applied to an organization’s unique needs. Employees can learn the principles of emotional quotient to become more creative in their work and increase overall productivity. This can be achieved by learning powerful techniques to integrate and utilize the principle of applied emotional intelligence in their workplace, as mentioned earlier.

A person’s makeup largely determines his/her professional success. Emotional intelligence is the most important determinant of the extent of professional and personal success in life. At a time when there are no guarantees of job is being rapidly replaced by ‘portable skills’, emotional intelligence is considered as the prime factor which makes and keeps people employable. On the basis of advanced research on the requirement of a chief executive officer’s (CEO) office, psychologist concluded that in the fast changing corporate environment it is required more than just brain to run a job or business. Emotional intelligence helps us to cope with stressful situations. Stress management therefore, largely depends upon striking an emotional balance between a potential stress condition and our
reactions to it. Lack of social support from colleagues and poor interpersonal relationships
can cause considerable stress, especially among employees with high social needs. Excessive
rules and lack of participation in decisions that affect employees are inductive of structural
variable that may also be a potential source of stress. National surveys consistently shows
that marital problems, ending a relationship and discipline problems with children are factors
that can lead to stress among employees. Emotional intelligence helps to cope with all that
problems.

Goleman (1996) cites the example of a manager at AT & T who was asked to
rank the top performers working with him. The results showed that they were not necessarily
those with the highest intelligence quotients, they were whose emotional quotient was high.
According to Goleman intelligence quotient gets us hired but emotional quotient gets us
promoted. Different type of jobs also need different types of emotional quotient, for example,
success in sales requires the empathetic ability to gauge a customer's mood and the
interpersonal skill to decide when to pitch a product and when to keep quite. In contrast,
success in painting or professional tennis requires a more individual form of self-discipline
and motivation.

Regarding the age differences, Solvey and Mayer (1990), in a study found that adults
across the board had higher emotional quotient. An evaluation of the emotional quotient of
more than 3,000 men and women of ages varying from teams to the fifty's, revealed small
but steadily and significant increase in their emotional quotient with advancing age. Further a
peak was observed in the forties age group. It was confirmed that emotional intelligence
developed with increasing age and experiences as the person progressed from childhood to
adulthood.

It has been observed that in general, males and females are equal in emotional
intelligence. While females tend to be stronger in competencies based on empathy and social
skills, men do better in those based on self regulation. The high intelligence quotient males
have a wide range of intellectual interests and abilities. They are ambitious, productive but
tend to be critical, fastidious, and inhibited, uneasy with sexuality, unexpressive and detached
and emotionally bland and cold. While high intelligence quotient female is intellectually
confident, fluent in expressing though and has a wide range of intellectual interests, prone to
anxiety and hesitate to express anger openly, does so indirectly. High emotional quotient is socially poised, outgoing and cheerful, have a noticeable capacity for commitment to people or causes, for taking responsibilities and for having an ethical outlook. They are sympathetic and caring, have rich emotional life and comfortable. While high emotional quotient females are assertive and express feelings directly and think positively, life hold meaning for them, and open to sexual experiences.

As far as the development of emotional quotient is concerned, it has been observed that unlike intelligence quotient, emotional quotient can be improved throughout life. Life offers innumerable enhances to tone one's emotional competencies'. In the normal course of lifetime, emotional quotient tends to increase as one learns to be more aware of his moods. As one becomes mature, emotional quotient is supposed to be increased. Up-grading your emotional skills can develop emotional intelligence. Emotional intelligence is not entirely inherited. It is not fixed at birth. It is something that is learnt. Its development is closely related to the development of a child. Good caring development of a baby leads to the healthy development of emotional intelligence.

It is believed that having a high intelligence quotient in today's world is not exactly discounted, but emotional quotient is what is becoming increasingly popular. Irrespective of our current level of emotional quotient, one can learn to develop it. The process of developing emotional quotient is not that difficult. Emotional quotient can be developed through a step by step process. Boyaltizis (1994) has suggested the following ways to develop emotional quotient:-

1. Observing good role models, teachers, parents and freedom fighters. By observing these role models, children, students as well as adults learn how to analyze and cope with life.
2. Direct reading classes on personality development, value education etc.
3. Reading personality improvement books and articles are quite helpful.
4. Emotional quotient can be developed from life experiences.
5. Attending seminars on personality development.

Since the concept of emotional quotient is in exploratory phase, so most of the researchers have been oriented to understand the nature of the construct. It has received some attention
very recently and appeared in psychological literature. Some scholars have even expressed doubts about the existence of this construct as independent to similar constructs already existing in the field of psychology.

MODELS OF EMOTIONAL INTELLIGENCE: 

1. Mayor and Salovey and Caruso’s ability model of emotional intelligence: According to Mayer, Caruso and Salovey’s 1997 ability models, emotional intelligence refers to ability used to process information, about one’s own emotions and emotions of others. Within the model there are four branches: emotional perception, emotional integration, emotional understanding and emotional management.

(a) Emotional perception: Emotional perception is the ability to register alter to and decipher emotional messages as they are expressed in a variety of context including facial expressions, tone of voice and work of art.

(b) Emotional integration: Emotional integration refers to the ability to access and generate feeling which facilitates thought.

(c) Emotional Management: Emotional Management is the ability to regulate emotions, to choose to be open to experiencing emotions and to control the way in which these are expressed.

1. Bar-On’s model of emotional intelligence: In professor Reuven Bar-On’s (1997) model of emotional intelligence, distinctions are made between five domain: Intrapersonal skill and the interpersonal skill, Adaptability, stress management and mood. In each of this domain there are specific skills which collectively constitute what he refers to as emotional and social intelligence. Bar-On (2000) has shown that people of different age and gender have different EQs or EQ profiles. Emotional intelligence increase with age at least until middle life. People in their 40s and 50s have higher EQs than younger and older people. Males and females have similar overall EQs but moles score higher in intra personal, adaptability and stress management domains while females score higher in inter personal domain. There is also considerable evidence that high EQ scores are associated with better mental health and low EQ scores with more mental health difficulties.
2. **Goleman's Model of intelligence**: Goleman's models of emotional intelligence are articulated in his two books on the subject (Goleman, 1995, 1998). Goleman created a model that mixed and was characterized by five broad areas:

(a) Knowing one's emotions: Observing yourself and recognizing a feeling as it happens.

(b) Managing Emotion: Handling feeling to that they are appropriate; realizing what is behind a feeling; finding ways to handle fears and anxieties, anger and sadness.

(c) Motivating oneself: Channeling emotions in the service of a goal; emotional self control; delaying gratification and stifling impulses.

(d) Empathy: Sensitivity to others; feeling and concerns and taking their perspectives; appreciating the differences in how people feel about things.

(e) Handling relationship: Managing emotions in others; social competence and social skills, self awareness are essentially dimensions of social intelligence. According to him emotional intelligence would account for success at home, at school and work.

With this much background we may pass on to next chapter dealing with review of pertinent literature.