Chapter - I

INTRODUCTION

Since 1980's various women's issues such as women's rights, discrimination against women, gender equality, and work ethics emerged and were addressed heatedly. Women's multiple roles in the family and the market place altered rapidly and radically in our society. Recently, "reservation of seats in the parliament" is one of the issues under discussion in the parliament which quest for the rights and privileges of women. Women have been striving to maintain their identity, liberty and dignity and posing some of the questions to themselves - "Who am I?", "What do I want to be?, and "How do I want others to respond to me?".

There is a need at the present time to explore how social and family role stress and social support affect the QOL of working women. The present study will provide new informations that can be employed for developing new intervention strategies in establishing prevention programmes, encouraging healthy environment in the family and organization, and in effecting changes in the social and family environment. The present study is without idea of directed observation, it would be difficult to follow any theory or model. With this exception the
design of the present study follows a simple correlational approach by concentrating on the stressors; the person's social support; the interaction between the stressors and the person's social support on quality of life. Studies in this area have been rare. People's QOL has become a significant issue in our lives because it is affected by various stressors such as personal, relational, background, and occupational, etc. and by lack of social support. Efforts to maintain women's social support and manage their social and family stressors also maintain their quality of life. Quality of life is often influenced by the actual social support and the perception of social and family role stress.

**Quality of Life:** Quality of Life (QOL) has been a subject of research more for other social scientists - economists, educationists, and sociologists - than the psychologists. QOL includes wider aspects of one's life. QOL is one of the concept that has gained increasing attention as outcome/dependent variable in the quality of working people's life.

Literature on QOL suggests that there is no agreement among researchers about what aspects or dimensions are in the QOL. The current literature on QOL points out that the term QOL overlaps but is not synonymous with a number of other terms, including "social indicators", "level of living", and "way of life". QOL
forms part of a whole family of research concepts which are tried to approach in guiding of human welfare and well-being.

Bestuzhev - Lada (1980) has made an attempt to differentiate QOL with other related terms such as "standard of living", "level of living", "style of life", and "way of life". He stated that the concept of QOL is still fairly controversial and ill-defined. He commented that different researchers use it in different sense with different connotations. Some used the term "standard of living" while others used the term "level of living" to express the same concept. Bestuzhev - Lada (1980) suggest that a semantic difference exists between 'standard' and 'level' of living. The word 'standard' has normative connotations, while the word 'level' is simply descriptive. He utilizes the term 'standard of living' because it has a norm of general welfare in mind.

The term 'life-style' has been used in a variable sense by social scientists like sociologists, social Geographers, social psychologists and also by Belles letters and Journalists to designate in a rather vague sense. Bestuzhev - Lada suggests that a clear-cut socio-psychological concept of 'life-style' should be used for the evaluation of the subjectively determined attitudinal and volitional traits of human behaviour in a given society.
Bestuzhev - Lada proposed a conceptual framework which includes the concept of 'way of life', which comprises, summarizes and integrates 'standard of living', 'QOL', and 'life style'. He proposed to interpret 'way of life' as a mode of living, i.e. as a complex combination of typical criteria of the life activity unfolded by an individual, a social group, or a society as a whole. This life activity is being conceived in conjunction with its conditions, such as characterized by the standard of living and the QOL. Life-style, as a socio-psychological characteristic, forms an organic part of the way of life.

Research in QOL is only more than two decades old. It has spread all over the world and got recognition of improving the quality of life of people. However, the dimensions or indicators of the QOL are unspecified. Researches are conducted on various aspects of life with the premise that the manifestation of life and the life processes denote an infinite but in a number of fields. Therefore, the QOL is treated as an overall inclusive notion of life and living (Szalai, 1980).

The concept of QOL is subjective as its norms vary from one group to another. QOL in a society is to a greater extent reflected in the physical and mental well-being of its members which in turn is a function of several different factors in individual's life space.
Sekaran, 1983). Wish (1986) noted that people in larger urban areas tend to express their dissatisfaction with QOL, even when it seems to be better by objective standards. However, certain norms are presupposed for the foundation of character and social values which determines the QOL. Wish (1986) conducted a survey of literature on the conceptual definition of 'QOL'. He quoted Liu (1976) maintaining that there are as many 'QOL' definitions as there are people. He also pointed out that QOL is a new name for the earlier terms such as "general welfare" and "social well-being". He remarked that two different but often interdependent input categories, Viz., the physical inputs and the psychological inputs are associated with the concept of well-being. Summers (1978) has stated that the QOL is a sense of satisfaction or a sense of well-being.

Studies on psychological well-being have come into dominance in recent years. Well-being is viewed as a harmonious satisfaction of one's desires and goals (Chekola, 1975). In the works of Szalai, "... the whole notion of QOL has been developed by social scientist in order to establish some measures for the well-being of people, for the goodness of their life as they experience it, perceive it, and assess it" (1980,p.19). Mukherjee (1980) defined QOL as, "... a value-laden concept because it refers to attributes that are desirable or undesirable
selected out of all the qualitative attributes and their duly quantified indivisible elements which are involved with or respond to the life process of human beings (p.189). Levi (1987) defined well-being as a dynamic state of mind characterised by a reasonable amount of harmony between the individual's abilities, needs and expectations, and environmental demands and opportunities. These studies have emphasized the affective aspects of experiences rather than objective indicators (Campbell, 1976; Lehman, 1983; Summers, 1978).

The work on subjective well-being is being carried out under the broad area of QOL. According to Campbell et al. (1970), the QOL is a composite measure of physical, mental and social well-being, happiness and satisfaction involving many life situations, such as health, marriage, family, work, financial situation, educational opportunities, self-esteem, creativity, belongingness and trust in others. The term like subjective well-being, happiness, life satisfaction and QOL are often used interchangeably. The individual is considered to be the best judge of his situation and state of well-being, and his subjective assessment is considered to be the only valid measurement of well-being. Three salient features of subjective well-being have been envisaged: (a) It is subjective; (b) It includes positive measures; and (c) It includes a global assessment of all aspects of a person's life.
Milbrath (1979) stated that, "subjective studies of QOL typically have shown that most people derive their greatest sense of quality from their home and family life and from the close supportive relationships they have with friends and colleagues". Campbell (1976) also observed that the social setting including interpersonal relations are salient features influencing an individual's level of satisfaction with community. Kratcoski (1981) observed "QOL though related in some measure to economic factors, is not totally dependent on them. Active concern for the rights and individuality of others, rather than formal or informal imposition of a set of external standards to them, may be basic to this concept". Cutter (1986) stated that "QOL is broadly defined as an individual's happiness or satisfaction with life and environment including needs and desires, aspirations, life style preferences, and other tangible and intangible factors which determine overall well-being". "When an individual's QOL is aggregated to the community level, the concept is linked to existing social and environmental conditions, such as economic activity, climate or the quality of cultural institutions". It includes both tangible and intangible measures reflecting consensus on the community's values and goals. Rauch (1990) maintained that, "a proactive environment, integrating our families, religious institutions, centres of
education and culture with our community will maintain excellence in our QOL and value systems and allow us to be very best we can."

A conventional view is that there is a direct positive relationship between QOL and quality of the person. Sarafino (1994) defines QOL in terms of the degree of excellence people appraise in their lives to contain. People generally appraise excellence in terms of fulfilment or purpose, personal control, interpersonal relations, personal and intellectual growth, and material possessions. A higher QOL improves the quality of human being in a mutually self-reinforcing manner. Deterioration of the QOL inevitably leads to deterioration of the quality of person. Poverty kills the social sentiments in man and destroys all relations between men. There is also some evidence which suggests that an inverse relationship may also exist. For example, growing affluence and improvement in conventionally accepted dimension of QOL, that is mostly economic well-being, can actually lead to a decline in the moral values of the society. If a person ascends to an ideal state of humanity, optimal QOL is one which will lead to the attainment of this purpose (Rauch, 1990).

QOL is doubly dependent on the quality of work. QOL depends on the socioeconomic character of work, particularly on the mode of production. The quality of work is
also in a specific way independent from the general character of the socioeconomic system in which the work is done. Kiuranov (1980) believes that the QOL is determined by the quality of work, which may serve as a basic and decisive indicator of life quality. The quality of work depends on the share of creative activity in the working process. The higher the share, the higher the quality of work and, consequently, the quality of life.

The above listing of literature of quality of life from the different sources suggests that quality of life has not achieved any kind of a closure, either in the sense of concept clarification or as delineation of boundaries. However, the present investigator developed a scale to identify the dimensions of quality of life which includes the relation of needs in the person to sources of perceived satisfaction.

STRESS: NATURE AND DEFINITIONS

One of the most intriguing question which often alarms our mind as together the stress is a foe or friend. Stress is a fact of life and is always with us. According to Selye (1974) "Complete freedom from stress is death" (p.20). In other words absence of stress means that there is no purpose in life. The magnitude of the stress varies from individual to individual and the situation. Common sense observations suggest that we all
experience stress. Stress is not always bad, it can be a source of indication for positive growth. Stress shares the two ingredients, viz., the symbol for danger and the symbol for opportunity. To solve any problem we use strategies, they may be potential for both destructive, and constructive use of our energy. For instance, successful people channel their stress into constructive energy and creative power. The word "stress" has become a household term. Books, magazines, newspapers, television, and radio have done bombardment about the stressfulness of modern society.

The term "stress" has originated from Latin literature and has been studied in natural sciences and engineering to represent 'force', 'pressure', or 'strain' which an individual resists in an attempt to maintain its original state. Concern about the impact of stress on people has its roots in life sciences specifically in the work of Cannon (1929) who considered it is a pattern of physiological reactions that prepare an organism for action either 'fight or flight'. The fight or flight response used by stone ancestors is no longer appropriate.

A variety of terms exist to represent the phenomenon of stress. Janis (1958) treats the psychological threat of surgery under the rubric of "stress", while Selye (1956) uses "stress" to refer to direct physical
assaults by noxious stimuli on tissue systems. Most of
the researchers who worked in the area of anger and
aggression almost never used the term "stress", referring
instead to "frustration". The terms "stress" and
"strain" are used synonymously in a non-scientific
manner.

The pioneering work of Selye (1936) on the concept
of stress has introduced it into the field of social
sciences. The term stress has been used to refer to a
variety of phenomenon- 'ecosystem stress', 'economic
stress', 'migration stress', 'family stress', 'social
stress', etc. The focus here is on social and family
stress as it relates to working women.

Mason (1975) reviewed literature on stress and
concluded that there was confusion and a lack of consen­
sus regarding its definition. Agarwal, Malhan and Singh
(1979) believe that the confusion in definition is
primarily due to the fact that the same term is used
variously by scholars of different disciplines. For
example; In physics, stress is a force which acts on a
body to produce strain. In physiology, the various
changes in the physiological functions in response to
evocative agents denote stress. In psychophysiology,
stress is that stimulus which imposes detectable strain
that cannot be easily accommodated by the body and so
presents itself as impaired health or behaviour. In the
field of psychology stress refers to a state of the organism resulting from some interaction with the environment. The confusion regarding the definitions of stress can be overcome by following the three parameters of stress, namely, the context in which the term is used, the discipline of researchers and the nature of stimuli considered as stressors, and the response relevant to the scientist.

The term stress has been used variously to refer to (a) stimulus (external forces acting on the organism), (b) response (changes in physiological functions), (c) interaction (interaction between an external force and the resistance opposed to it, as in biology), and (d) more comprehensive combinations (Selye, 1979).

Stimulus based definitions view stress as a characteristic of the variety of external and internal stimuli or situations that typically disturb or disrupt the individual. Laboratory and non-laboratory studies have investigated the nature of stress by using stimuli as electric shocks, noise, crowding; daily hassles and environmental conditions, boredom, uncontrollable stimuli, and sleep deprivation (Appley & Trumball, 1967; Glass & singer, 1972; Gunderson & Rahe, 1974; Holmes & Masuda, 1974). We prefer to use the term stressor to refer to events that can cause stress, the organism's biological and behavioural response to the stressor. A
major criticism of stimulus based definitions is that people respond differently to the same potential stressful situation (Cox, 1978; McGrath, 1970).

Response-based definitions of stress focus on the non-specific response of an organism to a demand placed upon it (Selye, 1956). The demands ranged from initially physical to psychological and social demands later. From this point of view, a wide variety of environmental events, known as "stressors", can produce the same stress-response syndrome. Zimbardo (1988) defined stress as "the pattern of specific and non-specific responses an organism makes to stimulus events that disturb its equilibrium and tax or exceed its ability to cope" (p.496). Thus this approach has the potential for deflecting the problems associated with stimulus-based and intervening process approaches to defining stress.

Most frequently, the condition of being disturbed is defined in terms of either a particular physiological response or a particular pattern of physiological responses, such as the 'general adaptation syndrome' described by Selye (1956). He identified a three stage reaction to stress consisting of alarm, resistance and exhaustion.

**Alarm Stage:** This involves "fight or flight" reaction, and therefore the activation of sympathetic division of
the autonomic nervous system.

**Resistance Stage:** In this stage the stress continues, the body attempts to revert to normal functioning, while at the same time coping with the additional adrenaline in the bloodstream and the effects which it produces.

**Exhaustion Stage:** In this phase, the general adaptation syndrome is characterized by a return to apparently normal levels of heart rate, blood pressure, and the like, but is identifiable by an excessively high level of adrenaline remaining in the bloodstream. This produces immediate and strong—sometimes excessive reactions to even mild sources of additional stress.

Kagan (1971) defined stress as a pattern of adaptive physiological reactions. A problem with a physiological response-based definition of stress is that the defining physiological response or response pattern may be associated with various conditions. For example, passion, fear, exercise, etc. The various physiological conditions vary in their psychological significance (see McGrath, 1970).

To deal with the problem of differences between conditions in psychological significance one might define stress in terms of unpleasant or negative feelings. Certainly feelings, particularly negative ones, are central and personal aspects of the occurrence of stress.
The difficulty with this approach is that it overlooks physiological conditions that may not currently be reflected in people's feelings but that nonetheless may adversely affect their physiological well-being, for example, chronic exaggerated pituitary-adrenocortical physiological responses or solely in terms of affective responses is to distinguish between two overlapping stress concepts, physiological stress and psychological stress.

However, a number of researchers have argued that neither the response based nor the stimulus-based model of stress adequately account for the phenomena associated with it. Therefore, an *Intervening process definitions of stress* has been proposed which takes into account individual differences in cognitive and social variables and views stress as an interaction between the individual and the environment. Cohen (1980) reviewed the laboratory studies on noise and crowding and concluded "The relationship between a potentially stressful level of environmental situation and a stress response is mediated by a number of cognitive processes. Moreover, in a great number of situations, the psychological properties of the overall situations are better determinants of stressor (p.178)."

Cox (1978) and McGrath (1970) define stress as the imbalance between the perceived demands placed on an individual and his or her perceived capability to deal
with the demands. Lazarus (1980) sees stress as a result of a transaction between person and the environment. The way people appraise or construe their relationship with the environment is a function of cognition, or thought. These thoughts influence way people feel. Lazarus and Folkman (1984) define stress as an encounter with the environment that is appraised by the individual as taxing his or her resources and endangering his or her well-being.

One problem with these approaches to defining stress is that they focus primarily on external stressors whereas they give short shift to internal stressors, such as disturbing thoughts, desires, memories etc. Another problem with these approaches is that they do not readily accommodate the possibility that a disposition to respond to some stressors may be hard-wired or built into the organism (See Zajonc, 1984). A person's response to such stressors may be influenced little by the person's perceived resources or capability to deal with them. Finally, stress defined as an intervening process is more difficult to measure than stress defined as either stimulus situations or particular responses.

Variations Of Stress: All situations, positive or negative that require adjustment are stressful. According to Selye (1980), the notion of stress can be
divided into four basic variations: 'distress', 'eustress', 'hyperstress' and 'hypostress'. When events have a harmful effect, stress is correctly labelled distress. Stress which has a beneficial effect, is suggested by Selye as eustress or good stress. Hyperstress, or excessive stress, usually occurs when events included positive ones, pile up and stretch the limits of our adaptability. Hypostress, or insufficient stress, is apt to occur when we are lacking stimulation.

Kinds of Stressors.

Our stress sources, effects, and behaviours seem to be influenced by a variety of factors common to most people. These factors in stress are a result of our experiences in the environment, both internally and externally. Our internal environment includes sense of self, our attitudes and belief system, and the ways in which we conceptualize our experiences in the world. The external environment includes our relationships with others, our participation with the culture around us, and the physical environment in which we live and work.

A number of factors that influence the severity of stress may be categorized into nine categories; namely, personal, relational, cultural, background, cataclysmic, posttraumatic stress syndrome, occupational, social and family.
Personal Factors.

Personal stressors are those sources of stress that are related to the ways in which we experience the world. Personal stressors include our personality structure, our life experiences, our self-concept, our state of physical health and other issues that relate to us as individuals (Farmer et al., 1984).

Major life events such as the death of a parent or spouse, the loss of one's job, a major personal failure, and diagnosis of a life-threatening illness may have immediate negative consequences which generally fade with time. Personal factors produce an immediate major reaction to life stress and is often dependent upon our own internal environment. This internal environment contains those factors that relate to us personally and that can be identified as contributors to our overall stress experience. These factors include authoritarian attitude, "Type A Behaviour", irrational thinking, and anger.

Relational Factors.

The second type or set of factors that seems to interact with our sources, effects, and behaviour associated with stress is our relationships with others. Families, neighbours, spouses, friends and the like are the sources of relational factors. For most of us,
relationships signify a special type of bonding whereby we attempt to share or exchange thoughts and feelings with one or more. Marriage is a common form of sharing and intimacy in the opposite sex, while many other types of relationships exist among within sex. All relationships seem to have in common with one another is a set of expectations and interpersonal trust that each person in the relationship brings and a series of responses or styles of responses that can interact with one stress experience.

**Cultural Factors**

We have all experienced the stress that arises when we are forced to "act" one way when we are feeling something different. For instance, parents force their children to play a game which they don't want to play. This situation is relatively easy to deal with friends and colleagues and negative feelings can be admitted to one's own consciousness and even expressed to them. Sex roles is one of the cultural factors that is difficult to analyze and evaluate behaviour. Through the socialization process, we internalize standards of what behaviour is "good", what is "bad". As children, we are punished for "mis-behaving"; rewarded for being "good" boys and girls. The events tend to be stressful for most of the adults. Most of the social expectations we have been taught to accept are inconsistent with our own needs, goals, and capabilities. This inconsistency can be a
major source of chronic stress and unhappiness, even though we are being rewarded for playing the role so well.

**Background Factors**

Daily hassles such as being stuck in a traffic jam or standing in a long line at the railway station ticket counter or a ration shop are the examples of background stressors or factors. These events represent the irritations of life that we all face time and time again; delays, noisy cars and trucks, broken appliances, other people's irritating behaviour and so on. Background stressors also consist of long-term chronic problems such as dissatisfaction with school or job, unhappy relationships, or living in a densely populated area.

**Cataclysmic Factors**

This kind of factors or events tends to occur suddenly and affect many people simultaneously (e.g. natural disasters, plane crashes) are called cataclysmic factors or stressors. Cataclysmic events may sometimes be less stressful in the long run than the events that are initially less intense.

**Posttraumatic Stress Syndrome**

A phenomenon in which victims of major catastrophes reexperiences the original stress events and
associated feelings in flashbacks or dreams is called posttraumatic stress syndrome. The second war between India and Pakistan in 1971 leads to posttraumatic stress syndrome, problems relating to about one lakh prisoners of war imprisoned in Indian Jails. These problem lead to various difficulties faced by veterans of this war and their family members.

**Occupational Factors.**

Occupational stressors are those that relate to our experiences in the world of work and carrier. This type of stressors is concerned about our feelings and experiences in our present jobs, and our anticipation about the future (Farmer et al., 1984). The work setting is a fertile source of stress for the family. Occupational stress can affect our own lives and families. The factors such as differentiation of self, triangles, use of family roles in the work place may help you to understand work related stress.

Stress at work has come into prominence by the work of Cooper and Payne (1978). Agarwal and other (1979) studied stress in relation to work organizations. Studies on stress at work have attracted a considerable amount of interest in behavioural science and research. Reason attributed to such interest includes a realization that stress may be related to a number of physical and psychiatric ailments (Ivancevich & Matteson, 1987;
Cummings & Cooper, 1979; Steers, 1981); it may hinder organizational effectiveness (Mc Grath, 1976; Steers, 1981); it is the major cause of employee turnover and absenteeism, thereby having indirect bearing in terms of financial impact and workers compensation (Schuler, 1980; Steers, 1981). Job stress has been defined as a condition wherein job related factors interact with worker's characteristics to disrupt psychological and physiological homeostasis such that the person is forced to deviate from normal functioning (Beehr & Newman, 1978; Margolis & Kroes, 1974; Mc Lean, 1974).

**Family Factors**

In recent years extra organizational stressors have been incorporated in the field of stress at work. The family stressors such as marital problems and illness of the family members affect the total QOL. All of us who live in families have experienced the kind of stress that we share with others in our household tasks and responsibilities. The family stress can take many forms such as family violence (e.g., child abuse, spouse abuse, and elder abuse), interpersonal conflicts, child birth, education of children, moving to another place or area etc. Hill (1949) proposed ABC - X model to study the process of family stress.

A family in a state of extreme disorganization faces the state of crisis. Stress is a state of
disturbed equilibrium, or an upset in a steady state that can go on for long periods of time. A crisis is a state of acute disequilibrium so sharp and severe that the family can no longer perform its tasks and the individuals within it may not be functioning. Many families live with high levels of stress and thrive on it, never reaching the crisis point.

The family that does go into crisis can be visualized like a roller coaster (Hill, 1949). There are three kinds of stress reactions expressed by the family. First, the family plunges down into an initial period of disorganization, during which members find that the coping mechanisms they used in the past are not adequate to deal with this new event. Second, the family pulls out of its well of disorganization and begins to pull itself together, by coming up with some new coping methods, or with some new combination of old ones, as it enters a period of recovery. Finally, the family reaches a new level of organization, which may be higher, lower, or at the same level as before the stressful event. Some families emerge stronger after a crisis, and others seem to show no effects at all.

Social Factors.

Social stress can be categorized into its sources (stressors), its mediator, and its manifestations (strain).
The occurrence of undesirable life events is assumed to produce stress (demand on personal resources) because they usually require life change and readjustment. Life events may create strains or intensify old problems. Similarly, the social stressors such as religion, caste, sex, type of profession, marital status, etc. produce severe stress among individuals. The manifestations of social stress can be viewed as the strain, whether it is response of an individual or the social system.

Burke (1991) suggests that social stress can be understood by incorporating interruption theory as developed in research on stress into a model of identity processes drawn from identity theory. According to this perspective, social stress results from interruption of the feedback loop that maintains identity processes. Four mechanisms of interruption of identity processes are broken identity loops, interference between identity systems, overcontrolled identity systems, and the invocation of episodic identities. Each of these mechanisms is associated with conditions known to produce feelings of distress.

Aneshensel (1992) differentiates the stressful consequences of social organization from the stressful antecedents of psychological disorder. At an individual level, stress is understood in terms of a person's unique characteristics, experiences, and history. Group differ-
ences in exposure to stress point toward social structural origins. He opines that systemic stressors may reflect the social system functioning as it is supposed to function rather than the system run amok.

Ratner (1992) opinionated that the concept of social stress, as adapted from Selye's work, is insufficient to explain psychological functioning. To be useful, social stress must include enduring social practices characteristic of particular social systems that violate socially generated as well as biological needs. Some of these stressful events are gender role, poverty and societal practices such as extreme competition, individualism, and materialism.

To better understand how social and family role stress influences the QOL of working women, the present study was conducted among doctors, clerks and teachers.

Since the development of Pareek's organizational role stress scale (1983), empirical studies on the theme of stress have considerably increased. One of the major areas of research in India appears to be organizational stress in general and role stress in particular. Researchers have focussed their attention on stress sources and effects, moderators & mediators of the stress-strain relationship, and various coping styles and strategies to cope with stress. Very few attempts have
been made to study the role of extra-organizational stressors such as social and family in professional groups.

**Social and Family Role Stress.**

Role stress has been operationalized by Bhagat and Chassie (1981) to reflect the often demanding and conflicting time allocations that working women must contend with in order to manage their various responsibilities at work and at home. The burden of two full-time jobs: a carrier and a home makes them feel guilty about compromising with the quality of their work and relationship with their family (Etzion & Pines, 1986).

Role stress may occur not only during one's official professional job but may also result from the fact that professionals are often expected to continue to perform their role when they are outside the organizational setting (Vachon, 1987).

Amongst the various extra-organizational stressors - changes in socio-technical system and social change - the social and family stressors have been recognized as most important because they have great impact on personality development (Vadra & Akhtar, 1989). Ivancevich & Matteson (1987) opines that the family may not be the source, it can be the unit within which stressors emerge,
interact and exert a significant impact on people. A circular relationship exists between family and work. The role of family in the workplace occurs frequently. One must cope with this occupational stress factor on a regular basis. Stressors in the society and family vary greatly in severity and in degree of continuity. There are brief crisis, such as conflict between the religious or caste groups, strain relationship between employer and employees, illness of a family member, strained relationships with spouse or children promotes the social and family role stress among the workers. Relocation and change due to the transfer or promotion of an employee produce varied symptoms such as emotional disorientation, confusion and even physical ailments (Sineter, 1986). Similarly to cope with economic and financial stressors many people have been forced to opt another job. This reduces time for relaxation and pleasant interaction with the family members. In such cases the accumulated stress affects more adversely the employee. Davidson and Cooper (1981) also emphasized that stress at work can also affect an individual in home and social environment and vice-versa. Marshall and Cooper (1979) outlined four intrusions of work into home life: carrying pending work to home, business travel, organizational social commitments, and exclusive job pursuits such as advancement in the job and accepting new assignments.
In each family, members are assigned a specific role and are labelled accordingly. For instance, parents are expected to perform leadership role and control of the children, and children become used to pay respect to their parents. One or more members in the family may take over for dysfunctional members, in order to maintain the homeostatic balance in the family. Life in the work place can rely on the use of these strategies to maintain the balance, but not without cost to the worker's level of stress. Using the work place to deal with unresolved family conflicts can also produce stress. Workers who had great difficulties in dealing with family members can carry the transference reactions to their colleagues, supervisors, administrators, and so on.

In the modern world, the employment of women also creating stressful situation that in turn leads to conflict among family members. This point of view may be corroborated by role theory which predicts that multiple roles can lead to inter-role conflict and in turn the symptoms of strain (Kopelman et al., 1983). Inter-role conflict is likely to increase as the demands of either the work or family role increase (Beutell & Greenhaus, 1983). Similarly, inter-role conflict can increase as one's obligations to the family expansion through marriage and the arrival of children.
The success of the professional women lies very much in the quality of life. The executives or doctors women frequently complain about their unsatisfactory social and home lives. The society as well as the family exerts more pressure on the men to spend more time at work, whereas women are expected to spend more time at home. If the women lean towards the career her family life suffers, if she prefers to concentrate more attention towards her family, then she stands to loose professionally. Thus, it is imperative to study how the social and family role stress influences the quality of life of working women.

Social Support

Literature on social support suggests that it is an important concern in our daily lives. This concept has also emerged as the moderator and mediator of stress. Lack of social support has been associated with risks for emotional problems, excessive worry, self-preoccupation and stress proneness (Blazer, 1982; House et al., 1982).

The concept of social support has variously been defined by the researchers as social bonds (Henderson, 1977), social networks (Mueller, 1980) meaningful social contact (Cassel, 1976), availability of social confidents (Brown et al., 1975) and human companionship (Lynch, 1977). Bowlby (1969) defines social network resources as
the available social network relationships that objectively may be called upon for help in times of need and that offer stable attachment to a social group. In other words, it may be stated that social network resources indicate the type and number of existing relationship person is having who provide him help whenever he needs. Bowlby's theory of attachment relies heavily on this interpretation of social support. Cohen and Syme (1985), and House and Kahn (1985) called social network as structural support. Structural support refers to the existence of an inter-connections between social ties (e.g. marital status, close family and friends) participation in group activities and religious group activities. Henderson (1981) has pointed out that other informal avenues of assistance may be obtained and he called them diffuse resources. There may be other inter­personal contacts besides gang, friends, and ties with community organization. Cohen (1982) noted "help is where you find it" and he suggests the source of support may be formal, institutional or informal help. These definitions suggest that there are three aspects of social support i.e. (1) social network resources, (2) supportive behaviour, and (3) the subjective appraisal of support.

Social support refers to the perceived comfort, caring, esteem, or help a person receives from other
people or groups (Cobb, 1976; Gentry & Kobasa, 1984; Wallston et al., 1983; Wills, 1984). According to Cobb (1976) people with social support believe they are loved and cared for, esteemed and valued, and part of a social network, such as a family or community organization, that can provide goods, services and mutual defense at times of need or danger. Kahn and his associates (Kahn, 1979; Kahn & Autonucci, 1980) define social support as the expression of liking, admiration, respect, love agreement and affirmation as well as the provision of direct aid and assistance. It is apparent that social support is multidimensional construct which not only represents that the person has social relationships but also indicates that he is esteemed and cared for. As a product of social activities or transactions he perceives that a support can come from many different sources - the person's spouse or lover, family, friends, coworkers, physician, or community organizations. Social support is defined as the comfort, assistance, or information one receives through formal or informal contacts with individuals or groups (Walston et al., 1983).

Another aspect of social support is the kind of help person receives from others i.e. emotional, personal, practical, informational, and instrumental. It is more concerned with the quality and amount of support given by different resources. According to Caplan's theory (1974), social support implies enduring pattern of
continuous or intermittences that play a significant role in maintaining the psychological and physical integrity of the individual over time. For Caplan, a social network provides a person with "psychosocial supplies for the maintenance of mutual and emotional health. Cohen and Wills (1985) have defined social support in terms of functional support. According to them functional support indicates whether interpersonal relationship serve particular function or not (e.g. provide affection, feeling of belonging on material aid). According to Shumaker and Brownell (1984) supportive behaviour would be seen as "an exchange of resources between at least two individuals perceived by the provider or the recepient to the intended to enhance the well-being of recepient. These interactions tend to be viewed as supportive when they are intended to gratify people's need (Thoits, 1983).

Cognitively oriented theorists pointed out that it is not the availability or the receipt of support that is important, but its perception or feeling that he has supportive network and can get supportive behaviour whenever he needs has beneficial and facilitative positive effect.

Observations in a variety of settings have led to the idea that social support (a) contributes to positive adjustment and personal development and increased well-
being in general (Branda et al., 1980; Cohen & Wills, 1985) and (b) provides a buffer against the psychological consequences of exposure to stressful life events (Cohen & Syme, 1985; Cohen & Wills, 1985; Kessler & McLeod, 1985).

Despite theoretical advances in the area of social support, much more empirical studies are needed to determine its beneficial effects. The present study is intended to explore the influence of social support on quality of life among working women.

**TYPES OF SOCIAL SUPPORT**

Researchers have suggested that there are five types of social support (Cohen & McKay, 1984; Cohen & Wills, 1985; Cutrona & Russell, 1990; House, 1984; Schaefer et al., 1981; Wills, 1984).

1. **Emotional Support:** It involves the expression of sympathy, caring, and concern toward the person. It provides the person with a sense of comfort, reassurance, belongingness, and of being loved in times of stress.

2. **Esteem Support:** Esteem support occurs through people's expression of positive regard for the person. Encouragement and agreement with the individual's ideas or feelings, and positive comparison of the person with others, such as people who are less able or worse off. This kind of support required to build the individual's
feeling of self-worth, competence, and of being valued. Esteem support is especially useful during the appraisal of stress, such as when the person assesses whether the demands exceed his or her personal resources.

3. **Tangible or Instrumental Support or Functional Support:**

This type of support involves direct assistance, as when people give or lend the person money or help out at the times of stress.

4. **Informational Support:** Informational support includes giving advice, directions, suggestions or feedback about how the person is doing. For example, a person who is ill might get information from family or a physician on how to treat the illness.

5. **Network Support or Structural Support:** It provides a feeling of membership in a group of people who share interests and social activities.

Recently social support has been classified into two categories - perceived support and received support. Perceived support most generally refers to the psychological sense of support derived from feeling loved, valued, and part of a network of reliable and trusted social relationships (Gottlieb, 1985). It is more stable overtime because it is not context dependent. Received support, on the other hand, represents concrete instances of helping derived from one's social network, with this
help or 'provisions' usually being categorized as emotional support, instrumental support, appraisal support, and informational support (House & Kahn, 1985). Some authors have used the term 'enacted' support in the place of received support (Barrera, 1986; Tardy, 1985).

The type of support a person receives and needs depends on the stressful events. For example, instrumental or structural support may be more important for friends and family members. Emotional and informational support may be particularly important for people who are seriously ill.

**Influence of Social Support On Health and Well-being:**

Researchers have proposed two theories: the "buffering" and the "direct effects" hypotheses to explain the influence of social support on health and well-being. Studies have found evidence consistent with both theories (Cohen & Wills, 1985; Thoits, 1982; Wortman & Dunkel-Schetter, 1987).

**Buffering Hypothesis**

According to this hypothesis, social support affects health by protecting the person against these negative effects of high stress. This hypothesis states that protective function is effective only when the person encounters a strong stressor under low-stress conditions, little or no buffering occurs. Cohen and
Wills (1985) suggested that there are at least two ways of the buffering process. One way involves the process of cognitive appraisal. When people encounter a strong stressor, such as a major financial crisis, those individuals with high levels of social support may be less likely to appraise the situation as stressful than those with low levels of support. Individuals with high social support may expect that someone they know can and will help, such as by providing the needed money or giving advice on how to get it. As a result, they judge that they can meet the demands and decide that the situation is not very stressful. The second way social support can buffer the effects of stress is by modifying people's response to a stressor after they have appraised the situation as stressful. For example, people with high social support might have someone provide a solution to the problem, convince them that the problem is not very important, or cheer them on to "look on the bright side" or "count their blessings". People with little social support are much less likely to have any of these advantages - so the negative impact of the stress is greater for them for those with high levels of support.

**Direct Effects Hypothesis**

This hypothesis maintains that social support is beneficial to health and well-being regardless of the amount of stress people experience. According to this
hypothesis, the beneficial effects of social support are similar under high and low stressor intensities. There are several ways by which direct effects may work (Cohen & Wills, 1985; Wortman & Dunkel-Schetter, 1987). For instance, people with high levels of social support may have a greater sense of belongingness and self-esteem than those with little support. The positive effects of this hypothesis could be beneficial to health independently of stress experiences, such as making individuals more resistant to infection. High levels of support may also encourage people to lead more healthful lifestyles than low social support does. People with social support may feel for example, that because others care about them and need them, they should exercise, eat well, and seek medical attention before a problem becomes serious.

**Does Social Support Affect QOL**

Social support may enrich our QOL. Social support offered or available to us, may not be perceived as support. This may happen in the case of working women, they may not be willing to seek help financially or emotionally from either the spouse or the family. When the working women don't perceive help as supportive, they are more likely to perceive high QOL. Instrumental or emotional support is valuable for social ties, stressful life events such as loss of a loved one, illness, loosing
a job. Social support received from spouse and family

can do something to maintain the QOL.

To sum up, it may be stated that the present study
has the main objective of studying the influence of
social family role stress, and social support on quality
of life among working women belonging to three occupa­
tions viz., clerks, doctors, and teachers.

The present study has set the following objectives:

1. To determine the relationship between quality of
life scores and social family role stress scores,
quality of life scores and social support scores,
and social family role stress scores and social support
scores among women clerks.

2. To determine the relationship between quality of
life scores and social family role stress scores,
quality of life scores and social support scores,
and social family role stress scores and social
support scores among women doctors.

3. To determine the relationship between quality of
life scores and social family role stress scores,
quality of life scores and social support scores,
and social family role stress scores and social
support scores among women teachers.

4. To determine the differences between the clerks and
doctors, clerks and teachers, and doctors and
teachers in the relationship scores of quality of life and social family role stress among women clerks, doctors, and teachers.

5. To determine the differences between the clerks and doctors, clerks and teachers, and doctors and teachers in the relationship scores of quality of life and social support among women clerks, doctors, and teachers.

6. To determine the differences between the clerks and doctors, clerks and teachers, and doctors and teachers in the relationship scores of social family role stress and social support among women clerks, doctors, and teachers.

7. To determine the partial correlations between quality of life and social family role stress (when the variable of social support is partialled out) among women clerks, doctors, and teachers.

8. To determine the partial correlations between quality of life and social support (when the variable of social family role stress is partialled out) among women clerks, doctors, and teachers.

9. To determine the partial correlations between social family role stress and social support (when the variable of quality of life is partialled out) among women clerks, doctors, and teachers.
10. To determine the multiple coefficient of correlations between scores actually earned and scores predicted on the quality of life from the two variables - social family role stress and social support scores among women clerks, doctors, and teachers.