Literature Review
All research is part of broad endeavour for search and generation of knowledge in which each individual research has a contributory role. Therefore before undertaking research it is imperative that the investigator should review work already done in the field. This is important to enable him/her to evaluate the status of the present knowledge, methodology and technique used and appropriate research questions which should be undertaken. In the paragraphs that follow, literature review is being undertaken to bring out salient features of knowledge in this area.

According to Diener, Suh & Oishi (1997) Subjective well-being (SWB) is a field of psychology that attempts to understand people’s evaluations of their lives. These evaluations may be primarily cognitive (e.g. life satisfaction or marital satisfaction) or may consist of the frequency with which people experience pleasant emotions (e.g. joy, as measured by the experience sampling technique) and unpleasant emotion (e.g. depression). Researchers in the field strive to understand not just undesirable clinical states, but also difference between people in positive levels of long-term well-being.
In a series of studies, on lay conceptions of well-being and their main determinants. Sastre (1999) observed that the most proposed definitions of WB refer to the family, the physical body, and acceptance of oneself and one’s situation, the factors with the greatest impact on judgements of the WB and others are health, harmony with spouse, harmony with children, self-acceptance, positive relations, purpose in life and personal growth.

According to Ormel, Lindenberg, Steverink & Verbrugge (1999) two ultimate goals that all humans seek are optimization of physical well-being and social well-being and the five instrumental goals by which they are achieved are stimulation, comfort, status, behavioral confirmation, affection. The correlation of the approach is that the people choose and substitute instrumental goals so as to optimize the production of their well-being, subject to constraints in available means of production.

Oishi, Diener, Suh & Lucas (1999) observed considerable individual differences in the domain that was most strongly associated with global life satisfaction. Individuals differed significantly in the types of activities that they found satisfying and these individual differences in the patterns of SWB were systematically related to value orientations. A 23-day daily study, revealed that intraindividual changes in feelings of well-being were strongly influenced by the degree of success in the domains that individuals value. Findings highlight
the meaningful individual difference in the qualitative aspects of subjective well-being.

DeNeve & Cooper (1998) found personality equally predictive of life satisfaction, happiness and positive affect. The traits most closely associated with SWB were repressive-defensiveness, trust, emotional stability, locus of control-chance, desire for control, hardiness, positive affectivity and self-esteem. DeMello & Imms, (1999) observed significant correlation between self-esteem and locus of control, and coping style. Those with high self-esteem and internal locus of control scores and were high users of the predictive “problem solving”, coping style showed significantly more positive attitude toward school and positive perceptions of their academic performance. There were no gender differences in score for tests of self-esteem, locus of control or coping style. Females, however, reported a more positive attitude towards school.

Sehgal (1990) compared self-efficacy, stress, well-being and health status between male and female college students. Results show that males obtained higher self-efficacy psychosomatic stress scores but no significant difference was found in the well-being scores. Ryan & Frederick (1997) showed associations between subjective vitality and several indexes of psychological well-being, somatic factors such as physical symptoms and
perceived body functioning, and basic personality traits and effective dispositions.

After examining the relationship between meaning in life and mental well-being, Moumal (1999) states, that a sense of meaning in life is a vital element in providing coherence to an individual’s world-view and hence to his/her mental well-being. Correctional analysis on data corroborated that meaning in life is associated with a wide spectrum of conventional categories of psychopathology as well as with general neurosis.

Lucas & Diener (2000), argued that subjective well-being in strongly influenced but not totally determined by temperament, although extraversion is consistently related to pleasant affect. Robinson (2000) proposed that life event are closely related to mood states and mood states are closely related to cognitive W.B. The affective experiences plays a control role in linking clarity to cognitive representations of well-being.

Stewart & Vandewater (1999) on the basis of longitudinal data opine that regret (about early adult life choices) motivates goal setting but is not associated with actually making desired life changes. They found that women who had regrets about early adult life choices but did not make relevant life changes were lower in later well-being than both women with regrets who did make such changes and women without regrets. Compared with women who
transformed regrets into life changes, women who did not were lower in effective instrumentally and higher in rumination, though they did not appear to face more barriers to change. Both rumination and effective instrumentally mediated the relationship between regret and well-being for women who did not translate regret into life changes.

After examining several mediational models of well-being Robitschek & Kashubeck (1999) concluded that, personal growth orientation appeared to mediate fully the relation of family functioning to distress for both genders. For women, hardiness appeared to mediate partially the relation of family functioning to well-being for men, this relation appeared to be fully mediated by hardiness. The models were predominantly invariant across genders. Parental alcoholism had no direct effects on well-being or distress, indirect effects were found through family functioning, personal growth orientation, and hardiness.

Although marriage continued to promote well-being for both men and women, in some cases autonomy, personal growth- the single fared better than the married. Marks & Lambert (1998). The effects of continuity in single status were not very different for women in contrast to men. The transition to divorce or widowhood was associated with somewhat more negative effects for women.
Prager & Buhrmester, (1998) studied intimacy and need fulfillment in couple relationships. They observed positive correlation between agentic and communal need fulfillment and well-being. Relational intimacy was positively associated with individual need fulfillment. Self-disclosure’s impact on need fulfillment was found to vary as a function of the other dimensions of intimacy present in the interactions.

Keith (1997) in a study demonstrated that within each marital status group, those who have significantly more life problems are more likely to perceive their lives as being unhappy and less satisfying. Closeness to family members and having several close friends are both generally associated with greater well-being, although the strength of the relationship varies across marital status groups. Irrespective of marital status, however, the impact of stress on psychological well-being is buffered, to some degree, by family and friendship ties and demographic factors.

Chou (1999) found significant bivariate relationship between positive affect and dimensions of social support. ‘Helping others’ variables and ‘relationship satisfaction variables’ were negatively related to both depressive symptoms and negative affect. Satisfaction with relationships with family members and friends was consistently associated with all measures of subjective well-being, and number of friends are felt close to, was positively related to positive affect.
Social interaction are transaction of affects that is, social interchanges generate and are mediated by the affect of their participants. Colby & Emmons (1997) proposed that being open to the experience of emotion in related to experiencing positive mood, happiness, and perceptions that social support is available. Those who approached their social network to deal with a daily problem were likely to be emotionally open.

Using person-environment fit theory, Edwards & Rothbard (1999) described that in general well-being improved as experiences increased toward values, and improved to a lesser extent as experiences exceeded values. Well-being was also higher when experiences and values were both high than when both were low. These relationships were generally strongest for within-domain fit and well-being (i.e., work fit and work satisfaction, family fit and family satisfaction) and several relationships were moderated by work and family centrality.

Walen & Lachman, (2000) investigated that positive and negative social exchanges were more strongly related to psychological well-being, than to health. For both sexes, partner support and strain and family support were predictive of well-being measures; partner strain was also predictive of health problems. However, family strain was predictive of well-being and health outcomes more often for women. Further, authors found evidence that supportive
networks could buffer the detrimental effects of strained interactions, friends
and family served a buffering role more often for women than for men.

Pinquart & Sorensen (2000) proposed that socioeconomic status, social
network, and competence, are positively associated with subjective well-being.
Income is correlated more strongly with well-being, than is education the
quality of social contacts shows stranger associations with subjective well-
being, than does the quality of social contacts where as having contact with
friends is more strongly related to subjective well-being than having contact
with adult children. There are higher associations between life satisfaction and
quality of contact with adult children when compared with quality of
friendship.

Predictors of subjective physical health and global well-being, were
compared in U.S and German samples by Standinger, Fleeson & Baltes (1999).
The overall predictive power of the three sets of predictors (socio-structural
variables, personality traits and self-regulatory characteristics) was sizable in
both countries. The strongest unique predictor were self-regulatory indicators
for subjective physical health and personality traits for global well-being.

In their study of association between stressful life events and
psychological well-being of mothers, Taylor; Roberts & Jacobson (1997)
found that family disruption and work related stress were negatively associated
with mother’s self-esteem health related stress was positively related to mothers psychological distress.

Changes in the nature of work and the entry of woman into the work force have had important consequences for psychological well-being. Jobs that are stressful or that provide few opportunities for control have negative consequences for mental health. (Lemnon, 1999) Lemnon further holds the view that unemployment has a negative effect on well-being because it produces anxiety, depression, and reduce, self esteem and economic security. It is also important to examine the economic context within which individuals experience unemployment.

Aryee, Luk; Leung & Lo. (1999), examined the relationship between role stressors and well-being and the moderating influences of spousal support and coping behavior, among dual-earner families. The results reveal that while parental over load was related to Family-Work Conflict (FWC), work overload was related to both work-family conflict (WFC) and FWC. FWC was negatively related to job and life satisfaction, but neither WFC nor FWC was related to family satisfaction. Emotional-and problem-focused coping was related to life satisfaction. However, with the exception of the moderating influence of emotion-focused coping on the relationship between FWC and job satisfaction, the coping behaviors were highly ineffective.
In urban India, working women are expected to continue to perform their individual domestic duties, the likely result being compromised well-being due to role strain. Husbands of working women may also experience pressures and hence poorer well-being. Well-being in working couples, particularly husbands, is little researched in developing countries. In one, such type of study Andrade, Postma & Abraham (1999) observed that, in one-working as well as both-working families, wives experienced more loss of well-being than did their husbands. Working wives experienced more confidence in coping than non-working wives. Husbands in both-working families experienced better social support but less social contact, less mental mastery, and poorer perceived health than husbands in one-working families. Few or no socio-demographic variables were associated with well-being. Results suggest that wives employment may benefit women but stress their husbands.

Christensen, Stephens & Townsend (1998) examined, well-being and mastery in woman’s multiple roles such as providing care to an impaired parent, mothers to children living as house-wives and employees. Data revealed that woman’s satisfaction with life was related to an accumulation of mastery across roles.

Kim (1998) examined gender role attitudes and role qualities in relation to psychological well-being of employed and non-employed Korean mothers.
Results showed that employed mothers did not differ in their psychological well-being according to their children’s gender while non-employed mothers with at least one son showed greater psychological well-being than those without a son. Demonstrating the importance of congruency between women’s attitudes toward gender role and their current roles, employed mothers with more liberal gender role attitude showed greater well-being while non-employed mothers with more traditional attitudes showed higher levels of well-being. Last although all role qualities were positively related to mothers well-being in both groups, the significance of wife role quality in determining mothers well-being was salient in the employed group.

In a longitudinal study, Roberts & Chapman (2000) observed that positive role-quality was associated with increases on measures of effective functioning and well-being.

In the examining of the relationship between occupation and subjective well-being, Christiansen, Backman, Little & Nguyen, (1999) noted that the stress associated with personal projects was significantly and inversely correlated with well-being as was project difficult. Perceived progress in completing projects was significantly positively correlated with well-being. The strongest predictors of well-being were the composite project factors of stress and efficacy. Two personality traits, sensing and extraversion, interacted with the project dimension of stress to emerge as significant predictors of well-
being. Together, these four variables explained 42% of the variance in well-being scores.

Cooper, Clarke & Rowbottom (1999) argue that compared to other worker, anesthetists reported high levels of stress comparable to other health care professionals. Four themes emerged, daily demands, communication within the hospital, maintaining standards of patient care and accountability. Multiple regression analysis showed that organizational issues, especially communication within the hospital and perceived lack of control were most important in determining jobs satisfaction and individual well-being.

In the telephonic interview with 366 house holders (aged 18-65 years) Fox & Chancey (1998) examined relationship between 6 measures of economic stress, financial adequacy, perceived economic well-being, respondent’s and partner’s job instability, and respondent's and partner’s job insecurity and 7 measures of individual and family well-being. For both women and men, perceived economic well-being was generally the strongest predictor of measures of individual and family well-being. For men as well as women, spouse's job variables were important predictors of measures of family well-being. The respondent’s own job instability and insecurity appeared more important to women than men and more so for family than individual well-being outcomes. Two alternative pathways were proposed and
partially supported for the influence of economic factors on individual well-being.

In a multi-nation (39 nations) study. Oishi, Diener, Lucas & Suh, (1999) found that financial satisfaction was more strongly associated with life satisfaction in poorer nations, whereas home life satisfaction was more strongly related to life satisfaction in wealthy nations. Satisfaction with esteem needs (e.g., the self and freedom) predicted global life satisfaction more strongly among people in individualist nations than people in collective nations. The investigation provides support for the needs and values-as moderators model of subjective well-being at the culture level. That is, people are satisfied with their lives to the extent that their needs and values are satisfied.

Lange & Byrd (1998) noted that students levels of daily financial stress was associated with individual perceptions of manageability and internal control regarding their financial situation. These factors in turn, directly influenced the students levels of psychological well-being. In contrast, chronic financial strain influenced students psychological well-being by negatively affecting the degree of comprehensibility regarding their situation as well as their sense of control and self-esteem. Poor financial circumstances of students may have an adverse impact on their health (Roberts, Golding, Towell, Reid et al., 2000).
Ross & Van (1997) propose that education improves well-being because it increases access to non-alienated paid work and economic resources that increase the sense of control over life, as well as access to stable social relationships, especially marriage, that increase social support. In a study they observe that the well educated have lower levels of emotional distress (including depression, anxiety, and anger) and physical distress (including aches and pain and malaise).

Sheldon & Elliot (1999) presented an integrative model of the cognitive process which has important ramifications for psychological need satisfaction and hence for individuals well-being. The self-concordance of goals i.e., their consistency with the person developing interests and core values plays a dual role in the model. First, those pursuing self-concordance goals put more sustained effect into achieving those goals and thus are more likely to attain them. Second, those who attain self-concordance goals reap greater well-being benefits from their attainment. Attainment to well-being effects are mediated by need satisfaction, i.e., daily activity-based experiences of antinomy, competence and relatedness that accumulate during the period of striving.

Reis, Sheldon, Gable, Roscoe et al. (2000), confirms the hypothesis that daily variations in emotional well-being may be understood in terms of the degree to which 3 basic needs-autonomy, competence, and relatedness- are satisfied in daily activity. Meaningful talk and feeling understood and
appreciated by interaction partners contribute to satisfaction of relatedness needs.

Barnfather & Ronis (2000), found that psychosocial development and basic need satisfaction exerted significant direct effects on health, with the expected positive signs. Psychosocial development exerted the strongest direct effect on health and also exerted a strong direct effect on basic need satisfaction and an indirect effect on health.

Brunstein, Schultheiss & Grassman (1998) observed that progress toward motive-congruent goals, in contrast to progress toward motive-incongruent goals accounted for student’s daily experiences of emotional well-being. Further more, the combination of high commitment to and high attainability of motive-congruent goals predicted an increases in students emotional well-being over 1 semester. In contrast, high commitment to motive-incongruent goals predicted a decline in emotional well-being.

Shelden & Kasser (1998) revealed that participants with stronger social and self-regulatory skills made more progress in their goals over the course of a semester. In turn, goal progress predicted increases in psychological well-being both in short-term (5-day) increments and across the whole semester. At both short and long-term levels of analysis, however, the amount that well-being increased depended on the “organismic congruence” of participant,
goals. That is, participants benefited most from goal attainment when the goals that they pursued were consistent with inherent psychological needs.

Kliuer, Lepore, Oskin & Johnson (1998) found that in children, exposure to community violence was significantly associated with intrusive thinking, anxiety, and depression. Intrusive thinking partially mediated association between violence exposure and interlining symptoms. Planned comparison revealed that violence exposure had the strongest effects on well-being among children with low social support or high levels of social strains. Furthermore, children with high levels of intrusive thinking were most likely to show heightened internalizing symptoms when they had inadequate social support.

Amongst Iranian refugees living in the Netherlands, perceived discrimination was found to lead to higher ethnic identification which had a negative effect on mastery and which in turn led to lower well-being (Nuyten & Nekuee, 1999). Cultural conflict had an indirect influence on negative affect via-self-esteem, and a direct influence on positive affect and life satisfaction. Liebkind & Jasinskaja (2000) also found in a study of immigrants that discrimination experiences were highly predictive of psychological well-being.

Landau, Beit-hallnmi & Levy (1998) concluded through a war-stress and well-being study (in Israel) that gender, education, age, religiosity and
ethnic background were correlated with health worries, happiness and coping, during periods of low, medium and high national stress. In general, lower levels of well-being were reported by women, the less educated, the older age groups, the religious and those of eastern origin.

Mirowsky & Ross (1999) stated that age is related to many of the conditions critical to well-being, including economic prosperity, employment, marriage, children, education, one’s childhood family, and physical health. The most critical process in a sense of mastery (controlling one’s own life), those who are middle aged are at the peak of their earnings and their children have grown, their marriages are stable and job secure, the tensions and conflicts of young adulthood have lessened, and the problems of old age have not yet set in. According to the authors, this is why the best years are in the middle. In elderly Chinese, Pei & Pillai (1999) found that in general, pension, health care, size of the family, and living arrangements are the factors, significantly related to their perception of happiness.

In determining the relationship between activity and older adult well-being Everard (1999) observed that activities engaged in for social reasons are positively related to well-being, and activities engaged in first to pass the time are negatively related to well-being. Total number of activities and the number of routine activities does not necessarily enhance well-being, but it is reasons for engaging in activities, are important for older adult well-being.
There is an increasing awareness and interest in the relationship between spirituality and health Thomson (2000) confirms spiritual well-being as important contributor to overall quality of life.

Emmons & Crumpler (2000) describe gratitude as a virtue to be cultivated and have linked gratitude empirically with well-being and goal attainment.

In a sample of 142 woman diagnosed with breast cancer, Cotton, Levine, Fitzpatrick, Dold et al. (2000) observed a positive correlation between spiritual well-being and specific adjustment styles. There was also a negative correlation between quality of life and use of helpless/hopeless adjustment style and a positive correlation between quality of life and fatalism. After controlling for demographic variables and adjustment styles, spiritual well-being contributed very little additional variance in quality of life.

Work on stress and various concepts related to it is abounding. As the information base is being enlarged we find that attention is not remaining confined to the broad phenomenon of stress, rather it is encompassing specific aspects of it. For example the source from which stress emanates may itself be a variable determining the nature of stress experience.

The importance of understanding stressors and stress responses has been demonstrated by the consistent findings of positive correlations between
experiencing major life events and a variety of psychological disorders. Major life events include the experience of such normative life transitions as retirement and moving as well as the experience of non-normative events such as divorce or job loss. Major life events has also been defined as those that disrupt usual activities either acutely or chronically (Thoits, 1985) and as events which require substantial behavioural readjustment (Brown, Bhrolchain, & Harris, 1975).

Stressors represented by such major life events have been linked to neurotic impairment, coronary heart disease, cancer and many other disorders (Dohrenwend & Dohrenwend, 1974, 1981; Thoits, 1983). A positive correlation has also been reported between experiencing stressful life events and anxiety (Sarason, Johnson & Siegal 1978) and between stressful life events and depression (Miner & Dowd 1996).

Venkoba, Rao & Nammalvar (1976) observed in 23 depressive patients, that of all the major life events 'bereavement was ranked as the most important followed by family and social relationship and occupation. The clustering of life events within a short period was significantly associated with the onset of depression.
Different types of stressors have distinct and cumulative effects on mental health (Wheatan, 1999) chronic stressors have the greatest impact, although childhood traumas also have an important effect.

Children and adolescents exposed to trauma can suffer major adverse psychological effects including not only posttraumatic stress but also other psychological disorders. Bolton; O’Ryan; Udwin; Stephanie et al (2000) compare survivals of a shipping disaster with a match control group. The survivors showed raised rates diagnosis in a range of anxiety and affective disorders during the follow-up period. The highest rates were among the survivors who had developed PTSD, and those survivors who had not were generally similar to controls. Onset of anxiety and affective disorders varied between the survivor and control group had lessened by the time of follow-up but were still apparent, due to continuing distress among the survivors still suffering from PTSD, and to a lesser extent among those who had recovered from PTSD.

On assessing symptoms of posttraumatic stress and level of deprivation, during siege conditions in Sarajevo, Husain; Malcomb; Reid & others (1998) observed that girls reported more stress than boys. Loss of family members and deprivation of basic needs were associated with more symptoms.
Cognitive activation theory of stress (CATS) states that stress response occurs whenever there is a discrepancy between what the organism is expecting and what really exists. Eriksson; Olff; Marison & Ursin (1999) further hold the view that this discrepancy affects the biochemistry of brain activation, mobilizes resources, affects performance and influences activation of psycho endocrine, psycho physiologic and psycho immune systems. It was further observed that subjects with efficient coping show fast and short lasting catecholamine response, while non-coping individuals show a sustained general activation, which may develop into somatic disease or illness.

Srivastava (1999) observed that psychosocial stress experienced by the subjects, significantly correlated with their emotional responses, symptoms of neuroticism, maladaptive and pathological behaviour and somatic pathologies. Those with higher perceived levels of stress experienced higher extremes of emotional responses and behavioural and somatic pathologies.

Negative life event stress was found to be modestly but significantly related to headache frequency (Reynolds and Hovanitz, 2000). The relation between the 2 variables (negative life stress and headache) was stranger for women than for men, and after the influence of depression and headache state was removed, the relation between life stress and headache frequency remained significantly only for women. However the oldest 10% did not show any relationship between negative life event stress and headache frequency.
Stress produces not only compensatory behaviours but emotional and physiological reaction as well. It contributes to change in body functions, which if intense or chronic may lead to disease. The greater magnitude of the stressful events, the greater the risk of acquiring illness of serious nature (Holmes, 1974, Rahe, 1964, 1968).

Stress leads to a variety of symptoms including muscle aches, an overall feeling of being upset, insomnia and loss of sleep, an increased heartbeat, a rise in blood pressure, compulsive eating or loss of appetite, a feeling of frustration, crying, yelling and screaming (Harris, 1987).

McEwen (1999) states that in spite of their bad reputation stress hormones have a protective as well as damaging effect on the body. Whether the good or bad side of stress hormone action predominates depends on the time course of the hormonal stress response, as well as the body's exposure to stress hormones. Exposure to stress can sensitise the neural machinery that mediates fear for a period of time and that during this time period fear conditioning is potentiated and responses to ambiguous or mildly fearful stimuli are exaggerated (Maier & Watkins, 1998). The controllability of the stressor is a key characteristic of the stressor, which determines whether sensitisation occurs. That is, sensitisation follows exposure to uncontrollable, but not to controllable stressors.
Traditional models of individual adaptation to stress in coeasingly are being supplemented with family based conceptualisations of stress appraisal, coping and resiliency. In one such type of study, Kiser; Ostoja & Pruitt (1998) observed that most families at some point experience strain in the context of normative transitions, such as change in family composition through birth, maturation, or family break-up. Sever unexpected stressors that place significant strain on family functioning include serious illness, death, violence and both natural and man made disasters.

Plankett; Henry & Knaub (1999) observed that adolescent age and family transitions were positively related to individual stress. Males reported less family stress than did females. Seeking spiritual support was negatively related to family stress, while the perceived impact of the farm crisis was positively related to family stress. Family support was positively related, and family substance use issues were negatively related to adolescent satisfaction with family life.

Individual vocational and relationship factors appear to have significant long term effects on adolescent well-being. (De Goede; Spruijt and Mass, 1999). The same holds true for relationship problems in family, especially for girls. Vocational family factors and parents personal characteristics were not shown to be important as predictors of adolescent well-being.
Van & Van (1999) observed that environmental degradation was associated with higher levels of stress manginalization, passive coping (avoidance), a more external locus of control, and lower levels of active coping (problem solving and support seeking). Women showed higher scores of stress (external locus of control) problem solving and support seeking than men. Environmental concerns influence emotional well being directly and indirectly through sense of control (Gibbs; Puzzanchera; Hanrahan and Giever, 1998). Taylor; Jacobson; Rodrignez; Domingue and others (2000) find out that presumed stress of living in a neighborhood considered to be as unsafe was positively associated with psychological distress.

With regard to the perceived causality of stressful events of homeless people in Madrid Spain, Mu-naz; Vazquez; Bermejo & Vazquez (1999) found that they have a multicausal view of their own problems. In fact 3 categories of events were subjectively related to their current homeless condition: economic problems, breakdown of social ties and mental illness.

Leung; Siu & Spector (2000), after factor analysis of stressors in educational settings, revealed 6 factors: recognition, perceived organizational practices, factors intrinsic to teaching, financial inadequacy, home/work interface, and new challenge. A series of stepwise multiple regressions demonstrated that recognition, perceived organizational practices, and financial inadequacy were best predictors of job satisfaction, whereas perceived
organizational practices and home/work interface were the best predictors of psychological distress.

In a study of college students, Monk & Mahmood (1999), reported that coursework and emotional state were the major sources of stress. Finance was a recurring problem, but not as troublesome to the students as the other two problems.

Tattersall; Bennett & Pugh (1999) concluded that psychological distress amongst hospital doctors was associated with both particular work situations and specific coping strategies. Distress increased with greater job constraints, management issues and problems of diagnosis and treatment. Higher levels of distress were associated with coping strategies that involved emotional distancing from stressors in contrast to actively dealing with them. Clearly, while some stresses encountered by doctors are intrinsic to the job, others (such as hours worked) are modifiable.

Groot & Brink (1999) in an economic approach to work related stress indicate that the allocation of male workers in based on comparative advantages while the allocation of female workers in based on absolute advantages. For males, but not for females, it is found that if work with stress pays more relative to work without stress, workers are more likely to accept a
job with stress. It is further found that job demands affect work-related stress more than aspects of job control.

In high-ranking professionals, both women and men experienced their jobs as challenging and stimulating, although almost all data indicated a mere favourable situation for men than for women (Lundberg and Frankenhaeuser, 1999). In addition women were more stressed by their greater unpaid workload and by greater responsibility for duties related to home, family.

In marital relations economic pressure increases risk for emotional distress, which in turn, increases risk for marital conflict and subsequent marital distress. (Conger; Raeter & Elder; 1999). Regarding resilience to economic stress, high marital support reduced the association between economic pressure and emotional distress. In addition effective couple problem solving reduced the adverse influence of marital conflict on marital distress.

Gold & Friedman (2000) observed, in new military academy cadets, that the novelty of military experience, lack of control and time management pressures were the major sources of stress. The major coping mechanism for these cadets was strong social support, with humour, rationalization and physical activity as additional coping strategies. Upper class cadets displayed more time management, sleep deprivation, anticipatory and grading
responsibility stressors and used the same coping strategies as the new cadets use.

Spouses of persons with spinal cord injuries reported the most stressful situation for them as the concerned health issues of their injured partners, the family and marital interactions, and the care-giving burden imposed on them (Chan, 2000). Cluster analysis indicated a potential at-risk group, characterized by high scores in external locus of control, inadequate coping modes and limited social support. They were noted to manifest high levels of depression (care giving burden), low levels of life satisfaction and marital adjustment.

Frazier, Patricia & Schauben (1994) find among female college students five most frequently named stressors were test pressure, financial problems, being rejected by some, relationship break-ups and failing a test. Higher amounts of stress were associated with more psychological symptoms and more disrupted beliefs.

Shejwal (1984) asked 113 college students to write about their own stressful life experiences and the ones they had deserved other experiencing. Results indicate that 52% of the students reported stress experiences related to conflict at home and with friends. The death of close one was reported to be stressful by 47% while 23% experienced stress regarding curricular activities,
18% experienced stress in relation to changes in financial status while 11% experienced stress in relation to plans for the future.

Since stress is an inevitable phenomena and one must cope with it, studies to evaluate various coping strategies, their effectiveness and impact have been conducted.

An inability to cope with the multitude of demands adolescent years may result in poor academic achievement and poor social relations (Ferrari & Parker 1992) and feelings of hopelessness that can lead to suicidal thoughts (Dixon, Heppner & Rudd 1994).

Frydenberg & Lewis (1990) have proposed three main coping categories, which they have included in 'Adolescence coping scale'. These three coping categories (i) solving the problems) means active problem solving whilst remaining optimistic, relaxed and socially connected (ii) reference to others (means referring to others such as peers, professionals or deities to help deal with the concern), and (iii) non-productive coping (includes worrying, wishful thinking, not coping, ignoring the problem, keeping to oneself and self-blame.

Dixon, Heppner and Rudd's (1994) observed that non-productive coping leads to hopelessness which, in turn, leads to suicidal thoughts and possible related action. They suggest that productive problem solving skills should be
taught during pre-adolescence, thereby giving individuals greater ability to cope with the stressful adolescent years.

Halamandaris & Power (1999) found that emotion-focused coping correlated positively with neuroticism and problem-focused coping correlated positively with achievement motivation.

In a sample of 80 college students, Endler; Speer; Johnson & Flett, (200) found that in a study conducted two types of situational controls (high and low) high control participants solved more anagrams and reported less anxiety than low control participants. Higher control participants were also higher on task-oriented coping lower on emotion-oriented coping.

Arthur, (1998) reported an increase of stress and depression symptoms during the 1st year in college students, emotional distress and depressions were related to greater use of disengagement coping behaviour.

In a comparative study of rural youth and college students, Pwskar; Sereika; Lamb Tusaie-Mumford et al. (1999), observed that rural teenagers were less optimistic, compared to established norms of college students. Lower levels of depressive symptomology were associated the higher optimism scores. Optimistic tend to use more problem-focused coping strategies than do pessimists. Coping strategies performed by the more optimistic adolescents also followed along the problem-focused strategies and
less emotion-focused strategies. Adolescents' anger was negatively related to higher levels optimism. The higher optimism, the less anger experienced by the teenager. Negative life events and optimism in the sample were negatively related and positive life events and optimism were positively related.

Plante; lecaptain & Mclain (2000), observed that perceived physical fitness was reliably associated with coping. These associations remained even after statistically controlling for gender, social desirability, self-esteem, hope, perceived stress, and anxiety. Findings suggest that perceived physical fitness may be a better predictor of daily coping than actual physical activity.

Extraversion in males predicted 3 coping styles namely cognitive, behavioural, and avoidance positively. (Gomez; Holmberg; Bounds; Fullarton, et al. 1999). Neuroticism predicted avoidance coping positively, and it exacerbated the effect of extraversion on all three coping styles. In females extraversion predicted both cognitive and behavioural approach coping styles positively, while neuroticism predicted avoidance coping positively. For females there was no neuroticism into extraversion interaction.

Lai & Wong (1998) observed that less optimistic women were more psychologically inspired by losing their jobs. Among the unemployed women, the more optimistic ones and those who were more able to distance themselves from job loss paved better. Coping, did not mediate the connection between
optimism and psychological outcomes. These findings suggest that optimism is an important personal resource for coping with unemployment but whether coping mediates the effects of optimism on psychological health or not, depends on other contextual factors.

Studies show that an optimistic explanatory style is linked with good health operationalized in a variety of ways (Peterson & Bossio, 1999). An explanatory style is a cognitive personality variable that reflects how a person habitually explains the causes of bad events (Peterson and Seligman 1984). An optimistic explanatory style presumably affects outcomes including physical health, through its effect on one's expectations about the future controllability of bad events. The optimistic individual expects that he or she can do things that make bad events less likely. These expectations translate into active coping, which, in turn, may be beneficial. In several studies it was found that individuals with an optimistic explanatory style are indeed more likely than their pessimistic counterparts to engage in health-promoting activities (Peterson, Maier & Seligman, 1993).

Tomaka; Palacios; Schneider; Colotla, et al. (1999) found that high assertive women appraised the impromptu speech stressor as challenging, whereas low assertive women appraised the stressor as threatening. High assertive women also had a challenge pattern of autonomic response during the task, compared with the threat response during the task, compared with the
threat response of low assertive women. Afterward, the high assertive women reported experiencing less stress and negative emotions and greater positive emotions than did the low assertive women.

Drach, Zahavy & Someeh (1999) argued that different aspects of constructive thinking would influence task performance and adaptation to change in the nature of the task distinctively. Moreover, in line with the goal setting paradigm, they suggested that good behavioural and emotional coping (as compared to poor coping) would help subjects to overcome inherent difficulties of specific difficult goals and to benefit from their motivating advantages. In contrast, high categorical thinking, superstitious thinking, naïve optimism, and negative thinking would lead to decrement performance under specific difficult goals.

Highly creative individuals use significantly more active constructive strategies as well as original and witty responses in coping with frustrating situations. (Falat, 1999). Inspite of certain tendencies, in aggressive and escape responses, no statistically significant differences were found between high and low creative students.

Family life, relationships with peers and significant others, as well as his/her own unique personality are some factors, which may strongly influence an individuals ability to cope. Basic personality factors, which may contribute
to the individual's development, are self-esteem locus-of-control, and coping styles. Self-esteem appears to serve as an 'anxiety-buffer' in one's daily life, with research findings indicating that those with high self-esteem cope significantly better with stressful situations than those with low self-esteem (Elton, Burrows, and Stanley, 1980; Greenberg, Psyzcynski, Burling, Simon, Solomon, Rosenblatt, Lyon, and Pinel, 1992). Low self-esteem in adolescents has been linked to depression (Bachman Kahn, Mednick, Davidson, and Johnson, 1967) and stress (Youngs, Rathge, Mullis, and Mullis, 1990).

Carves Scheier & Neintraub (1989) correlated various coping strategies with self-esteem. It was observed that some productive coping patterns involving active problem solving were associated with relatively high self-esteem.

Reviewers of the evidence for goal-setting theory (Locke, Show, Saari, & Latham, 1981) have suggested that those with high self-esteem are more likely to accept challenging goals, perform better on complex tasks and have greater job satisfaction.

Gurnakova (2000) observed that subjects (University students) scoring higher in negative self-esteem claimed to use maladaptive coping strategies more frequently (behavioural and mental disengagement, focusing emotions and their expressions, denial) subjects with a lower score in negative self-
esteemed preferred humour, positive reinterpretation and growth as coping strategies. Women achieved a higher level of negative self-esteem; they focused more on emotions and sought instrumental and emotional social support more frequently than men. Men concentrated more on the problem solving than emotions.

A link between self-esteem and locus of control has been indicated by findings of significant correlations between low self-esteem and external locus of control (Epstein & Komorita, 1971; Madonna, Bailey & Wesley, 1990).

In school attitudes of adolescents, Lesley, Demello & Toni (1999) found significant correlations between self-esteem, Locus of control and coping styles. Those with high self-esteem and internal locus of control scores and were high users of the productive "problem solving" coping style, showed significantly more positive attitudes towards school and positive perceptions of their academic performance. There were no gender differences in scores for less of self-esteem, locus of control or coping styles. Females, however, reported a more positive attitude towards school.

Internal locus of control is related to higher academic achievement (Findley & Cooper, 1993) possibly because children with internal locus of control work harder for better grades, while externals tend to make excuses for poor performance.
Gender differences in coping styles, were reported by Frydenberg and Lewis (cited in Cohen & Frydenberg, 1993), with males more likely to engage in more risk-taking activities and more physical relation than females. Females were more likely to engage in talking to friends, daydreaming, and tension reducing activities.

Kohlmann; Weidner; Dotzauer & Burns (1977) studied the role of avoidant coping in health behaviours of men and women. Results indicate that generally women scored higher than men on self-care, vehicle safety, and drug avoidance, but not in physical exercise and healthy nutrition. Women exhibited lower cognitive avoidance than men.

Blalock & Joiner, (2000) observed that high negative life event scores were predictive of significant increase in depression and anxiety symptoms among females who endorsed greater use of cognitive avoidance coping, but not among males. Behavioural avoidance coping was unrelated to changes in depressive and anxious symptoms.

Stress is inevitable in life, and later adulthood has many special attributes that involve the stress experience. Hobfoll & Wells (1998) examined the implications of conservation of resources (COR) theory for family coping. They proposed that, when resources are evaluated globally, evidence strongly
suggests that resources have a major influence on physical and psychological outcomes.

Brandtstadter, Rothermund & Schmetz (1997) argued that in spite of a accumulation of aversive and uncontrollable changes in the later phases of life, elderly people are quite efficient in maintaining a positive view of self and personal development. In particular, there is no evidence for a general age related increase in depression or in self-esteem problems. A theoretical model is outlined that accounts for the phenomenal resilience of the aging self. It is assumed that the maintenance and stabilization of a positive identity in later life crucially hinges on the interplay between two modes of coping. (a) instrumental activities that aim at preventing, alleviating or compensating age-related losses (assimilative modes of coping); (b) readjustments in personal goals and ambitions (accommodative modes of coping).

The relationship between religion and coping is the subject of a growing body of psychological research. For many people, religion appears to be an important resource in coping. A number of studies have found that religious beliefs, practices, and relationships are commonly involved in the process of dealing with stressful life experiences (Conway, 1985-1986; Koenig, Georgls & Siegler, 1988; Muae, 1984). Further more, different kinds of religious coping efforts have been tied to the resolution of these critical experiences (Pargament et al., 1990; Park, Cohen, & Herb, 1990; Park & Cohen 1993).
In a survey to examine how spirituality moderates relationship between negative life experiences and psychological adjustment, young; Cashwell, & Sheherbakova (200) found that spirituality provides a significant moderating effect for both depression and anxiety. The moderating effect was stronger for depression than for anxiety.

Among some groups, particularly the elderly, minorities, and individuals facing life threatening crises, religion is cited more frequently than any other resource for coping (Bulman & Wartman, 1977; Conway, 1985-1986).

Loewenthal, Macleod, Goldblatt, Lubitsh, et al. (2000), argued that religiosity affected ways of thinking about the stressful situation, namely: belief that God is enabling the individual to bear their troubles (religious spiritual support), belief that it was all for the best, and (more weakly) belief that all is ultimately controlled by God.

It is obvious that presence of a supportive other can reduce psychological responses to the stressors. Fontana; Diegman; Villeneue; Lepone (1999) noted that the presence of a non-evaluative friend or stranger can reduce cardiovascular responses and that the quality of supportive ties modulates the impact of those ties on responses to stress.
Social support showed a favourable effect on the level of psychological distress in victims who reported recent chronic verbal aggression, physical aggression or financial mistreatment, (Comijs; Penninx; Knipscheer, & Van Tilburg, 1999). Victims who received more social support showed less psychological distress. A lower sense of mastery, a negative perception of self-efficiency, were associated with higher levels of psychological distress in victims.

After an investigation Helsen; Valleberg & Meeus (2000) describe that parental and friends support seem to be relatively independent support systems. Although the degree of perceived support changes in the expected direction (with parental support decreasing and friends support increasing) during early adolescence, parental support remained the best indicator of emotional problems during adolescence. The effect of friends support appeared to be depend slightly on the level of perceived parental support, with the high parental support group showing a slightly positive effect of friends support, and the low parental support group showing a negative effect of friends support.

Foster, (2000) concluded, that coping mechanisms predicted psychological behaviours better than did personal discrimination. The more the subjects used social support to cope, the more collective action and less
helplessness behaviour they reported. Also the more the subjects used avoidance to cope, the more helplessness they reported.

Literature review reveals that the sense of well-being is influenced by several factors, of which stress experienced by the individual and his coping strategies are of great importance. For the deep insight in the phenomena, this investigation aims to answer the following questions:

Our first three research questions deal with the stressful life events, which the subjects have experienced. The researcher want to investigate that:

1. Do individuals experiencing various levels of W.B. (high, moderate and low) differ from each other on stress scores?

2. Do individuals experiencing high, moderate and low sense of well-being, differ on their negative stress scores.

3. Is there any difference between various well-being groups regarding their positive stressful experiences.

The next set of questions is formulated to examine the different well-being groups on the basis of their sources of stress. In this regard following questions will be answered.

4. Do the individuals experiencing high and low sense of well-being differ on their source of stress.

5. Do the individuals experiencing high well-being differ from those experiencing moderate well-being on sources of stress.
6. Do moderate well-being group differ from low well-being group on sources of stress.

Researcher also wants to examine the various well-being groups with regard to the impact of the stress, which the subjects have experienced. So our next questions are like:

7. Is there any difference between high well-being and low well-being group regarding the impact of their stress experiences.

8. Is there any difference between high well-being and moderate well-being group on the impact of their stress experience?

9. Is the moderate well-being groups different from low well-being group on the basis the impact of stress experiences?

The researcher aims to investigate the coping strategies used by all the three well-being groups in order to check their influence on different levels of well-being. For this purpose following questions. Will be considered.

10. Do the use of different coping strategies make any difference in high well-being and low well-being groups

11. Do the individuals experiencing high well-being differ from those experiencing moderate well-being on the use of different coping strategies.

12. Is there any difference in moderate well-being group and low well-being group regarding their coping strategies?

The investigator consider self-evaluation of stress very important factor for the sense of well-being. On the basis of this postulation the three well-being groups shall be compared as:


Self evaluation of coping efficacy is one another factor we feel important in determining the different levels of well-being. With this consideration following questions were set for the investigation.

16. Is there any difference in high well-being group and low well-being group regarding their self-evaluation of coping efficacy.

17. Do individuals experiencing high well-being differ from those experiencing moderate well-being on their self-evaluation of coping efficacy.

18. Do moderate well-being and low well-being groups differ in the self-evaluation of coping efficacy.