CHAPTER - I

Introduction
From the very beginning of time the history of man is a story of struggles against adverse circumstances and an endeavour to rise above them. In the beginning, the adverse circumstances were predominantly physical in nature and man tried to come to terms with them through his intelligence, intuition and tenacity. The discovery of fire, invention of the wheel, understanding the vagaries of nature are all part of this endeavour which ultimately helped man to emerge more complete and more strong. He was able to achieve fascinating heights, finding control to a great extent upon disease and disaster, even finding clues to the mysteries of the cosmos, traversing space and landing on the moon.

However, new challenges awaited him. Today the challenges are more psychological than physical. A new type of unknown has emerged in this age of knowledge explosion - how to deal with the fears, pressures and uncertainties of today, how to remain human in dehumanizing circumstances. There is also a realization that problems can be solved only by ourselves and it is the individual alone who has to meet the unimaginable pressure posed by this demanding socio-psychological environment. This has urged psychologists to explore those psychological aspects of man which can act as protective systems in his struggle. Humanistic psychologists have reiterated strongly that it is within the individual's own thought processes, actions and perspectives that answers to his dilemmas lie. This is indeed one of the most optimistic options which are available to man.

It is this overall philosophy which asserts that problems that appear insurmountable can be handled through directing our
psychological energies in appropriate constructive directions which has inspired the present investigation. The picture of devastation and suffering so rampant in today's world looms large as a challenge for the social scientist. But since the genesis of these sufferings are often of a political and historical nature which social scientists cannot just wish away, they must contribute in some other way. What they can really do is to help human beings to unleash their own psychological resources to handle such circumstances better.

An area of growing concern is the phenomena of psychological breakdown of persons living in places which are undergoing tense and stressful circumstances. There may be unpredictable natural calamities, unexpected violence or negative circumstances anywhere and they are not happy occurrences but usually these incidents occur and pass away. However, when uninterruptedly violent and uncontrollable stresses occur, persons living in those circumstances are in a very special situation. The desire to have a normal and peaceful life, the hopes and aspirations for their children, all become buried in the fear of victimization and annihilation created by these circumstances – a prolonged state of helplessness stress. As a student of psychology we would expect that a continuous pressure of this nature would have an impact on the psyche in a strong unnerving manner. The individual's core structures would probably be shaken by such conditions and the likely impact one would expect would be a breakdown of the unified, integrated personality system. One may say that depersonalization is one of the likely outcomes.
A sense of hopelessness is also one of the very logical possible consequences of such a situation. The negative circumstances so global and stable of which the individual is a helpless victim would engender a sense of hopelessness. One may predict therefore, that individuals, subjected to prolonged stress are likely to experience hopelessness and sense of depersonalization.

Is it a situation where no ray of hope can illuminate the darkness? Undoubtedly this is not so. It has been observed that all individuals living in this adverse environment do not breakdown to the same degree. What factors in their personality or behaviour give them the strength to cope with these stresses? What qualities in them moderate the effect of this prolonged stress and buffer it to varying degrees?

Literature survey discussed in the next chapter brings to mind two important conditions which may moderate the impact of prolonged stress. The factors of religiosity which disposes the individual to place faith on a just order which awaits him in the future may perhaps add a dimension of meaning to suffering, thus preventing total breakdown as it provides a solution to the irrational problems of life - suffering, illness, unfairness and evil. In the same manner close social relationships and the emotional warmth ensuing from them can also be a support which helps an individual to cope. Therefore, individuals who have the capacity and opportunity to form close relationships are more likely to face prolonged stress better than those who have a sense of loneliness.
SOCIAL INTIMACY

Man is a social animal and the ordinary healthy human being finds prolonged isolation a severe punishment. Even those who are too timid to make friends find that loneliness can soon become intolerable and prolonged lack of close human contact can cause frustration. Such is the basic need for intimacy, for intimacy breeds understanding, and most of us, unlike the solitary monk do want to be understood at least by a few people. It is not a question of being understood rationally or intellectually, it is more a matter of being understood emotionally. Intimacy can be defined as a strong relationship characterized by trust and familiarity between two people. It is not a necessity of life, like food or water, people can live without intimacy but it may well be a necessity for happiness and possibly for mental health as well.

The importance of closeness with significant others like closeness with spouse, with friend or with family members is taken for the prediction of healthy functioning (Berkman and Syme, 1979 Jacobs and Charles, 1980; Medalie and Goldbourt 1976; Thomas and Duszynki 1974). It is an important predictor of healthy psychological and physiological functioning. Intimacy refers to the closeness two people feel and the strength of the bond holding them together. People are in high intimacy to the extent that each is concerned with the other's welfare and happiness. Each values the other and they regard one another highly, count on each other in times of need and possess mutual understanding. Intimacy is a status in which a person communicates important feelings and information to another through a process of self-disclosure (Reis,
1990; Planalp & Benson 1992; Prager, 1995). Self disclosure provides an advantage, it enhances the sense of intimacy in a relationship. As a result of self-disclosure people come to feel cared for and validated by the partner in a relationship (Reis, 1990; Collins & Miller, 1994; Ben-Ari, 1995; Waring, Schaefer & Fry, 1994). Another important consequence of self disclosure is an increase in the level of intimacy in social interactions (Jourard, 1971; Derlega & Berg, 1987; Rogers and Holloway, 1993). This increased intimacy may in turn provide social support that can help reduce stress (Emmons and Colby, 1995; Demakis & McAdam, 1994; Gupta & Korte, 1994; Cohen-Mansfield and Marx, 1992).

Man is a social animal and has a strong need for affiliation. Affiliation is also motivated by external events that are emotionally arousing including those which are frightening and stressful. Hill (1987) suggests that four basic motives underlie the disposition to be affiliative - social comparison (affiliating in order to reduce uncertainty), positive stimulation (wanting interesting, lively contact with others) emotional support (wanting to be close to others when feeling low) and attention (increasing self worth by getting praise and attention). A strong relationship (Friendship, marriage, kinship, parent-child relation) permits self-disclosure, a revealing of intimate details of our likes and dislikes, our dreams and worries, our proud and shameful moments. "When I am with my friend", noted the Roman Statesman Seneca, "me thinks I am alone, and as much at liberty to speak anything as to think it". As one person reveals a little, the other reciprocates, the first person reveals more and this grows deep into the support or intimacy. Friendship motivation is considered as
type of affiliative need, the need to establish warm interpersonal relationships. Intimacy or support relates to "the affection we feel for those with whom our lives are deeply entwined" (Hatfield, 1988), such a relationship is known by the name companionate love, as it is mature and logical. This kind of relationship resembles a very close friendship in which two are attracted to each other, have a great deal in common, and express, reciprocal liking and respect (Avery 1989; Caspi & Herbener, 1990; Neimeyer, 1984).

Stress is a problem of modern society that everyone experiences at one time or another. People must develop ways to deal with stressful event, or they risk being overwhelmed by them. Social support which means turning to other people for support in times of personal crises, is one of the most often used coping strategies. Research in the area of social support has found common themes related to the perception of outcomes of interaction between people. In this view there are five major outcomes constituting social support (i) the perception of a positive emotion towards oneself from another, (ii) having one person agree with ones beliefs or feelings, (iii) encouragement by another person to express ones beliefs or feelings in a non-threatening environment, (iv) the receipt of needed good or services and (v) confirmation that others will be there when needed. The perception of social support or social intimacy serves as an important function in maintaining a positive sense of well being by enabling one to cope with and adapt to stress, it has been shown to have a positive effect on physical as well as on mental health.
There are different theories regarding the relationship between social support and stress. Some psychologists believe that social support has a buffering effect, while others believe, that social support has a direct effect on stress.

According to the buffering effect model, social support is important when one is faced with stress because it comes between the individual and the source of stress. Thus it protects the individual from the negative effect of the stressor. In contrast, the direct-effect model contends that social support is important regardless of the presence of a stressor. In this case, social support is seen as providing a generally positive effect on the individual, which would incidentally provide the individual with resources that can be called into play when one is faced with stress. Thus social support is perceived both as a factor which builds up qualities that can be called to play in stress situations and also as an armour which buffers the effects of stress, so that it is not able to strike the individual with full force. A great number of positive correlations have been found between the stressful experience currently occurring in a person's life. Social support or in other words what we call social intimacy is defined as the existence or availability of people with whom one can associate and on whom one can rely. From this perspective, people who believe they belong to a social network of communication and mutual obligation, experience social support (Cobb, 1976; Henderson, 1980), Bowlby (1969, 1973). After an extensive review of the literature it was concluded that human beings of all ages are at their happiest and most effective when they are confident that there are trusted persons
behind them who will come to their aid should difficulties arise. Such trusted persons provide a secure base from which to operate and constitute social support for the individual. According to Bowlby, self-reliance and a problem-solving approach to stress grow and express themselves in an atmosphere of positive attachments and a belief that one is accepted as a worthy person.

Fleming, Baum, Gisriel and Gatchel in 1982 found that during an accident at Three Mile Island nuclear power plant in 1979, those with social support (e.g. having a close friend to talk to about things, having someone to turn to for support when unhappy or under stress) had few psychological and behavioural (but not physiological) symptoms of stress than did those without support. Psychologists have become increasingly aware of the important role that close relationships play in our ability to deal with our stressors and ultimately in our physical health. Social support may benefit our health and improve our ability to cope with stressors in several ways (Cohen 1988). First, the social support of friends and relatives can modify our appraisal of a stressor's significance including the degree to which we perceive it as threatening or harmful (Cohen & McKay 1984). Simply knowing that assistance is readily available may make the situation seem less threatening. Second, the presence of supportive others seems to decrease the intensity of physical reactions to a stressor (Edens et. al. 1992; Kamarck et. al. 1990). Third social intimacy can influence our health by making us less likely to experience negative emotions (Cohen and Herbert, 1996; Cohen, 1988). Given the well-established link between chronic negative emotions and
poor health, a strong social support network can promote positive mood and emotions, enhance self-esteem and increase feelings of personal control (Rodin & Salovey, 1989).

Relationships are the basis of social support - one of the main sources of happiness and of mental and physical health. Relationships are central to the main activities of everyday life, of work and leisure. In most cultures, kinship is the main basis of relationship. There is frequent contact between parent and adult children, and between sisters. Kin shows a high degree of bonding, whereas the activities shared by friends are different from those by the kin. Friends are people who are liked, whose company is enjoyed, who are helpful and understanding and are above all emotionally supportive. Berkman and Syme (1979) found that the presence of intimate ties with friends and relatives were strongly related to low mortality rates and people who lacked community ties had considerably higher death rates than people with extensive social contacts. However, they also found that deficits in family and friendship ties were more strongly related to mortality than were deficits in more general community ties. Implicit in such findings was the idea that intimate type of relationships (such as with friends and family) were the greatest sources of support.

Close relationship also provides the opportunity to confide painful feelings. In one study, health psychologists James Pennebaker and Robin O’Heeron (1984) contacted the surviving spouses of people who had committed suicide or died in car accidents. Those who bore their grief alone had more health problems than those who openly expressed. So talking about our troubles can be “open heart therapy”.
RELIGIOSITY

The predisposition to religious belief is one of the most complex and powerful forces in the human mind. Belief in God is a universal (although controversial) attitude that has existed almost as long as man and his myriad of fears and anxieties. Philosophers down the centuries have endeavoured to explain this phenomenon. Why does a human being need to believe in God? Why is it man's last resort, his Pole star that steers him through baffling intricacies of human existence? Why is he prepared to do all he does in the name of God, or any name by which he refers to God? Belief in God is closely linked to the concept of religiosity. The word religiosity has emerged from the broad concept of religion, which may be said to be the recognition that all things are manifestations of a power which transcends our knowledge.

Philosophers and psychologists, both agree that belief in God fulfils a psychological need which in the words of Galloway (1925) becomes more intense in situations of insecurity, fear, inadequacy and mental illness wherein the unsatisfied individual sees faith in Almighty as satisfying a need in himself. The universality of a felt need is the secret of the universality of religion. For a psychologist like Erikson religion is an aspect of human life which is to be accepted. According to him religion is the phenomenon which translates into significant words, images, and codes both the exceeding darkness that surrounds man's existence, and also the light which pervades, which apparently is beyond all comprehension. Erikson (1965) feels that certain factors like basic trust as well as the internalization of the creator-creation relationship are
essential for human development and hence for religious development too. He finds basic trust as an important element in existence which the child receives through its first contact with its mother and which constitutes a fundamental condition for later life and for the acquisition of religiosity. As a psychologist Erikson feels that young people need an ideology for their sense of identity in the form of an unconscious tendency which underlies religious, scientific and political thinking, binding together facts and ideas in such a way that a world image comes into being which supports the collective and the individual sense of identity i.e. the consciousness. One might then be able to say, that, 'this is what I am and this is where I stand'.

Rumke (1952) and Jung (1953) also consider the importance of basic trust as an element in human existence and which further constitutes a fundamental condition for later life. Man's growth to maturity, to himself is experienced as a religious event and the human help which is received in the process of growing and becoming is perceived as having a religious character. It aims to help man to find his place in the mystery of life, Rumke adds that to become an adult is to become man in the sense of self realization, and this self realization is divine in kind, it can be termed as realization of God in us. Jung's conception of a human life is that of a journey towards individuation of the self through which the destination of salvation is achieved. It was through this position that Jung studied the psychological side of the whole process in which man lives with his God and God with 'his men' in terms of the religio-psychological borderline concept of "archetypes".
Erich Fromm (1950) rejects Jung's ideas about religion entirely on the ground that Jung reduces religion to a psychological phenomenon and at the same time elevates the unconscious to a religious phenomenon. In addition Fromm criticizes Jung's standpoint because he stuck fast in a relativism which though on the surface is more friendly to religion than Freud's, is in its spirit fundamentally opposed to religions. For Fromm, religion is a phenomenon, which is deeply rooted in man, indeed it belongs to the nature of man per se. Its function is to help man to find unity in living. Man 'has to strive for the experience of unity and oneness in all spheres of his being. Devotion to an aim, an idea, or a power transcending man such as God, is an expression of this need for completeness in the process of living'. There are many types of religions, the criterion which Fromm applies to them is their respective contribution to man's development. 'The question is not religion or not—but which kind of religion, whether it is one furthering man's development, the unfolding of his specifically human powers, or one paralysing them'. According to Fromm the genuine religion preserves man from a regression of any kind and makes a distinction between authoritarian and humanistic religion. In the authoritative type of religion man sees himself as small against an almighty God, whereas humanistic religion turns on the experience of oneness with the all, one truth, love and self realization. The centre of humanistic religion is man and his strength. Authoritarian religion for Fromm as a psychoanalyst is masochistic. Man projects everything good in himself on to God, thus becoming alienated from himself. For the analyst, theological systems are rationalizations, in the case of authoritarian
religion, fear of standing alone. There are 'religious doctrines' which set freedom and human development in the centre by revealing their striving for love, truth and justice.

For Sigmund Freud the value of religion for man consists solely in the importance which religious ideas have to him. He starts from the notion that the life on earth is a burden. Man is the continual victim of disasters and of a destiny over which he has no control. On earth he is a helpless being and because of helplessness, he is in need of a Father or God. Belief in God therefore springs from fear. God protects man against the perils of nature, the perils of destiny and the perils of society. It is a phenomenon belonging to the years of childhood which persists into maturity. In Freud's view, sense of guilt belongs to the very nature of religion, but this sense of guilt is based on highly concrete events. Religion has to solve the riddle of the universe and to reconcile man to suffering and is marked by the tension between the pleasure principle and the reality principle with fear and sense of guilt as its concomitants. The positive aspect of the religions according to him is sublimation which in its comfortable form is one of the fortunate things of being able to come close to God.

According to Tillich (1951) religion can be seen as exploratory behaviour, driven among other things by man's curiosity and by his perpetual attempts to maximize contact with a maximal environment, to the full deployment of his potentialities. Tillich's affinity with existential mode of thought and his expression of "ultimate concern" and centered act of the personality have a strong appeal to dynamic psychologists for
they reach the motivational depths, the directional qualities and the forever conflict-laden ways of human problem solving.

Broadly speaking religious life may be divided into three phases—faith, thought and discovery. In the first period religious life appears as a form of discipline which the individual or a whole people must accept as an unconditional command without any rational understanding of ultimate meaning and purpose of that command. Perfect submission to discipline is followed by a rational understanding of the discipline and the ultimate sources of its authority. In this period religious life seeks its foundation in a kind of metaphysics, a logically consistent view of the world with God as a part of that view. In the third period metaphysics is displaced by psychology and religious life develops the ambition to come into direct contact with the reality. It is here that religion becomes a matter of personal assimilation of life and power, and the individual achieves a free personality, not by releasing himself from the fetters of the law, but by the ultimate sources of the law within the depths of his own consciousness.

The climax of religious life, however is the discovery of the ego as an individual deeper than his conceptually describable habitual selfhood. It is in contact with the most real that the ego discovers its uniqueness, its metaphysical status, and the possibility of improvement in that status. It seems that the methods of dealing with reality by means of concepts is not at all a serious way of dealing with it. Religion, which is essentially a mode of actual living, is the only serious way of handling reality. For those involved, religion is another sphere of human quest and
fulfilment, like relationships and work or like health or happiness, those not involved may see it in a more negative way. Watts and Williams (1988) have recently tried to provide a psychological model for religious 'knowledge'. They suggest that it is like perceiving a work of art, like empathic knowledge of another person, and like the insights and understanding achieved by a patient in psychotherapy. This is an intuitive, partly emotional process, rather than a rational one and is achieved by great effort.

Thus both social intimacy and religiosity appear to promote experience and conditions which are conducive to well-being and health. In the present investigation, it is intended to study how religiosity and social intimacy can moderate the adverse consequences of prolonged stress. 'Depersonalization' and 'hopelessness' are the adverse consequences under study in the present investigation, and both concepts are being elucidated in the paragraphs which follow.

DEPERSONALIZATION

The concept of "person" has not been easy to explain and define in psychology, partly because human beings are not to be distinguished as persons by virtue of their physical characteristics. Abelson (1977) suggests that being a person is to have a special status bestowed upon one by one's fellow agents. While the concept of person includes that of 'self', it is not identical to it. Although the ability to make reference to self-knowledge is essential to being a person, that ability develops on slowly. Indeed, the facts of psychological development are that human beings
only develop the appropriate self-referential abilities by being treated as if already possessing them. This interdependency of people relying upon one another for their personhood has been termed "psychological symbiosis" by Spitz (1965). Such an inter-dependency also allows for the possibility of depersonalization. If people's actions are treated by others as lacking significance, they can experience as not present in the world of ordinary, everyday life and may loose their sense of agency.

Depersonalization is a condition in which the person's perception or the experience of the self is disconcertingly and disruptively altered. In a depersonalization episode individuals rather suddenly loose the sense of self. Their limbs may seem drastically changed in size, or they may have the impression that they are outside their bodies, viewing themselves from a distance. Sometimes people with depersonalization feel mechanical, as though they and others, too are robots, or they move as though in a dream, in a world that has lost its reality. DSM III defines depersonalization disorder as the occurrence of "one or more episodes of depersonalization that cause social or occupational impairment" and in which it is not considered a symptom of another disorder. Now it is included in DSM IV as a dissociative disorder but its inclusion is controversial, because in depersonalization disturbance of memory occurs, which is not typical of the other dissociative disorders.

It is important to note that most behaviour pathologies fall on a continuum, therefore they may reflect a situation where they can be easily classified as a full blown disorder or they may fall at point where a moderately severe disturbance is indicated without unequivocal diagnosis.
of pathology. Thus referring to depersonalization may be made without considering it as a DSM accepted pathologies.

Steinberg (1994) goes on to spell out the precipitating factors of the types of depersonalization. According to him depersonalization falls into three categories -

i) Common mild depersonalization (Normal depersonalization)
ii) Transient depersonalization
iii) pathological depersonalization

The precipitating factors of common depersonalization are
* Extreme fatigue, sensory deprivation
* Hypnagogic and hypnopompic states
* Drug or alcohol intoxication
* Sleep deprivation
* medical illness/toxic states
* Severe psychosocial stress

The precipitating factors for transient depersonalization are enumerated as
* Life threatening danger; this is a syndrome noted to occur in 33% of individuals immediately following exposure to life threatening danger, such as near death experiences and auto accidents (Noyes et al. 1977).
* Single severe psychosocial trauma.

Precipitating factors for pathological depersonalization may be
* a traumatic memory
* a stressful event but occurs even when there is no identifiable stress.
* occurs in the absence of a single immediate severe psychosocial trauma.

During the depersonalization experience, reality testing remains intact. It does not occur exclusively during the course of another mental disorder, such as schizophrenia, panic disorder, acute stress disorder, or another dissociative disorder and is not due to the direct psychological effect of substance abuse (e.g. drug abuse, medication) or a general medical condition (e.g. temporal lobe epilepsy). Originally, depersonalization was considered as an early symptom of psychosis. However in 1936 Mayer-Gross reported that it is not only in patients suffering from early schizophrenia but also in patients with obsessional and hysterical neuroses and in normals under extreme fatigue.

Depersonalization may be observed in groups of people who have been exposed to trauma, in individuals exposed to large-scale or collective disasters (eg. war, natural disasters transportation disasters, epidemics, hostage situations) as well as in those who have experienced personal shocks. Evidence compiled from a number of studies of holocaust (Krystal 1988, Langer 1991) and Hiroshima survivors (Lifton 1967) war veterans (Figley 1978) and the survivors of various natural disasters (Erikson, 1976) suggest that depersonalization is more severe and longer lasting when the stressor is of human origin as distinct from natural causes or "acts of God". Depersonalization is sometimes a concomitant of feelings of shame and
social isolation resulting from trauma. Trauma, whether suffered by an individual or a group always involves the experience of loss of control. Helen Block Lewis (1990) attributed shame-related depersonalization to a person's sudden felt loss of identity. Shame can be evoked not only by a moral transgression for which the self is responsible, but also by a failure of the whole self in the normal arena. Shame is evoked by failure and in turn can cause depersonalization, when the traumatic experience is sudden unexpected and touches a sensitive area in someone's life.

Freud explained depersonalization as a result of a defense against feeling of guilt in which the person attempts to deny the experiencing of self and thus deny authorship of the feelings. He did not see depersonalization as indicative of a severe disturbance in ego functioning and further emphasized the intrapsychic processes involved in depersonalization, generally regarding it as a symptomatic by-product of the person's internal conflict.

Briere (1992) noted that cognitive distortions are nearly universal in adult survivors of child abuse, this population typically overestimates the amount of danger or adversity in the world, and underestimates their own self-efficacy and self worth. Briere suggests the restructuring of cognitive frame, so that survivors of such disorder learn to recognize and alter abuse-related thoughts, beliefs and perceptions.

In depersonalization there is a basic disturbance in a person's self-image, i.e. in the conceptual matrix which one uses as the internal frame of reference for oneself, it becomes unstable and is no longer
constant and dependable (loss of self-constancy). The individual feels totally different from his previous being, he does not recognize himself as a person. His actions seem automatic, he behaves as if he were an observer of his own actions. The outside world appears to him strange and new having lost the character of reality. The 'Self' does not behave any longer in its former way. These experiences are very unpleasant for the person, who at the same time experiences that he is not capable of emotional responses, and is subjectively unable to experience affect. Furthermore, people with depersonalization are very perplexed by their experiences and are not completely satisfied with their rational belief. It is as if their were two kind of knowledge, one supplied by the immediately perceptual experience and the other by rational judgement. These two kinds of knowledge conflict with one another. In addition emotional stress can have similar effects. According to World War II studies, soldiers who were stunned, not by shell fire but by a close companion's death, sometimes stumbled around fearlessly, because they had no conception any more who they were, where they were, and that there was an imminent danger that they would be killed.

HOPELESSNESS

The basic premise of the learned helplessness theory is that an individual's passivity and sense of being unable to act and control his or her own life is acquired through unpleasant experiences and traumas that the individual tried unsuccessfully to control. This, then later tends seriously and deleteriously to affect the performance in stressful situations that in actuality can be controlled but the individual perceives
A revised version of helplessness model was proposed by Abramson, Seligman, Teasdale (1978). The essence of the revised theory lies in the concept of attribution - the explanation a person has for his or her behaviour (Weiner et al. 1971), the reason the individual will try to attribute to his failure. The latest version of the theory (Abramson Metalsky & Alloy, 1989) moved even further away from the original formulation. Some forms of depression are now regarded as caused by a state of hopelessness.

Hopelessness is a concept which conceives a state that is beyond helplessness, we can call it a feeling of irretrievable helplessness. A person suffering from hopelessness feels exhausted and drained out. There is always a note of apprehension that nothing at all is going to be better in future which in turn creates chances of fair survival. An expectation that desirable outcomes will not occur or that undesirable ones will, and a person has no responses to change the situation.

As in the attributional reformulation negative life events (stressors) are seen as interacting with diathesis of yield a hopelessness state. The development of hope or hopelessness in an individual is largely determined by the presence of hope or hopelessness in the society or class to which one belongs. However shattered an individual's hope may have been in childhood, if he lives in a period of hope and faith, his own hope will be kindled; while on the other hand his experience tends to be hopeless and depressed when his society has lost the spirit of hope. In a
situation of prolonged stress, particularly in situations where strategies and methods of dealing have not resolved stress, a sense of hopelessness can logically be expected to ensue. An outcome of the shattering of hope is the "hardening of the heart". Having lost compassion and empathy, hopeless persons remain frozen and unhappy until lives run out.

Hopelessness is a motivating contributor to the suicidal mindset. It is the sense that one does not have control over one's own behaviour, feelings or circumstances, hopelessness grows slowly, unabated, until it becomes an insurmountable mindset. Hopelessness was found as a key mediating variable between depression and suicide intent and behaviour along with cognitive rigidity (Weishaar, Majorie, Beck, 1992). People who have experienced childhood trauma, such as physical and sexual abuse as well as more parental psychiatric disturbance and alcoholism in their adolescence attempted suicide at highly significant levels (Steiner, 2000). For males, depression and stress during adolescence, such as rejection by peers and conflicts with parents had a stronger effect on the risk of suicide attempts than childhood loss, whereas for females childhood loss was the only significant risk factor.

Hopelessness or negative view of the future may be a precursor of depressive symptoms/dysphoria, and predicts depression over and above life event stressors, but not vice versa (Beck, Riskind Brown & Steer, 1988). Hopelessness is not only a concomitant of depression, but also may be a vulnerability factor in subsequent development of depressive
symptoms (Rholes, Riskind & Neville, 1985).

Hopelessness is resignation of the self to perceived external elements. There are many who feel consciously hopeful and unconsciously hopeless, and there are few for whom it is the other way round, but what matters in case of hopelessness is not primarily what people "think about" their feelings, but what they truly feel.

Some researchers have suggested that there is a sub type of depression, hopelessness depression, that links attributional style in a causal chain that leads to the occurrence of depression (Abramson et al, 1989). This chain starts with the perceived occurrence of negative life events or the non occurrence of positive life events. It also includes people's characteristic ways of viewing the causes and consequences of events and of evaluating themselves. The personal characteristics work together to determine how a person will respond to the life event. The theory maintains that if the response is one of hopelessness, either about dealing with the event or changing oneself, depression will result. The hopelessness theory also suggests that some people may be invulnerable, or at least much less vulnerable to depression because of their tendency to attribute negative events not to themselves or ongoing condition in their environment, but to specific causes or situations that can be expected to come to an end soon.

It may be seen from the preceeding paragraphs that hopelessness in a person is most often the outcome of an aura of hopelessness that pervades the social milieu. Therefore behaviours
anchored in social interactions like social support and friendship, the feeling of being related to others and cared for by others may be factors that can alleviate this sense of hopelessness. In the same manner, religiosity which gives the individual hope for happiness in the life here after can also help him to cope with the apparently unchangeable trauma of the present.

This theme is the main concern of the present study to bring out how factors like religiosity and social intimacy may moderate the adverse impact of prolonged stress. This hypothesis is strengthened by findings obtained from some researches in related areas. In the next chapter, relevant studies and literature is presented.