CHAPTER 2

THEORETICAL ORIENTATION:
CONCEPTS OF LOCUS OF CONTROL,
ROLE CONFLICT, QUALITY OF LIFE,
STRESSFUL LIFE EVENTS, ANXIETY,
AND GENERAL WELL-BEING
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In the previous chapter, it has been discussed how locus of control, role conflict, quality of life, stressful life events, anxiety, and general well-being affect the life of an individual. Before dealing with the methodology or technical aspects of the study, it is essential to have a knowledge about the meaning of different concepts involved in this study.

LOCUS OF CONTROL

The construct of locus of control comes directly from the psychotherapeutic clinic where it was a frequent observation that psychotherapy was seldom successful if the client did not believe that reinforcements used during therapy were contingent on his behaviour. The conclusion was that the individual must also believe that there is a causal relationship between what one does and what follows.

This idea occurs in psychological literature in various guises. Adler's (1924) concept of "Striving for superiority", Piaget's (1929) notion of causality and other concepts such as self confidence, ego strength, mastery, etc. and White's (1959) constructs of 'competence' and 'effectance' have all been used to denote the 'degree to which man is able and believes himself to be capable of controlling the important events in his lifespace' (Lefcourt, 1966, p.207). More recent concepts like 'self efficacy' introduced by Bandura (1977a) and 'perceived control' defined as the belief that one can determine one's own internal states and behaviour, influence
one's environment and/or bring about desired outcomes are also linked to the concept of locus of control.

Rotter (1966) defined the construct of locus of control as follows: "When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then in our culture, it is typically perceived as the result of luck, chance, fate as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him. When the event is interpreted in this way by an individual, we have labelled this a belief in external control. If the person perceives that the event is contingent upon his own behaviour relatively permanent characteristics, we have termed this as belief in internal control" (p.1).

Lefcourt (1966) defined the internal and external control constructs as follows "As a general principle internal control refers to the perception of positive and/or negative events as being a consequence of one's own actions and thereby under person's control, external control refers to the perception of positive and/or negative events as being unrelated to one's own behaviours in certain situations and therefore beyond personal control" (p.207).

Reference to internals and externals is merely a semantic convenience. It does not mean that people are either internals or externals. Rather it is a continuum and a person can fall anywhere along the continuum from external at one end to internal at the other. Most people fall somewhere in the centre. It has been found hat people differ in the degree to which they believe that they are usually able to influence the outcome of their situations. The same reinforcement in the same situation may be perceived by one individual as within his own control and by another as outside his own influence. If, for instance, the individual is convinced that he
has little control over the rewards and punishments he receives, then he has little reason to modify his behaviour in an attempt to alter the possibility that those events will occur. Rewards and punishments, then will have lost much of their reinforcing value, since they will not be as effective in strengthening or weakening the subjects' response (Crandall, Katkovsky, and Crandall, 1965).

The notion of locus of control is embedded in Rotter's social learning theory (1954). According to this theory, the unit of investigation for the study of personality is the interaction of the individual and his meaningful environment, and it is the study of learned behaviour. The occurrence of a behaviour of a person is determined not only by the nature or importance of goals or reinforcements but also by the person's anticipation or expectancy that their goals will occur.

It follows as a general hypothesis that when the reinforcement is seen as not contingent upon the subject's own behaviour, its occurrence will not increase an expectancy as much as when it is seen as contingent. Conversely, its non occurrence will not reduce any expectancy so much as when it is seen as contingent. It seems likely that depending on the individual's history of reinforcement, individuals would differ in the degree to which they attributed reinforcements to their own actions (Rotter, 1966). In other words, locus of control is a measure of a person's perception of the determinants of the reinforcement he receives.

In most research on locus of control, perceived locus of control has been considered a unidimensional, bipolar construct, that is, as internal or external.

Locus of control should not be regarded as an omnibus trait similar to "competence" or "intelligence" which pertains to each and every fact of human endeavour. Rather it is a circumscribed self appraisal pertaining to

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the degree to which individuals view themselves as having some causal role in determining specific events (Lefcourt, 1976). Some individuals believe that men are not the masters of their fates whereas others believe that man is responsible for his fate. Hersch, and Schiebe (1967), Levenson (1972), and Prociuk, and Breen (1974) stated that the theoretical formulation may be too simplistic because of diversity in the meaning of external control. Recent investigators think that locus of control is a multidimensional construct because of qualitative distinctions between and within internality and externality (Barling, 1980; Nassi, and Abramowitz, 1980; Lindbloom, and Faw, 1982; Sinha, Singh, and Shukla, 1986).

Externals may be grouped as congruent externals and defensive externals. The former reflect the classic picture of passive, non-achievement oriented external; the latter are more active and achievement oriented (Davis, 1970).

Rotter, Seeman, and Liverant (1962) stated "... internal control refers to the perception of positive and/or negative events as being a consequence of one's own actions and thereby under personal control; whereas external control refers to the perception of positive and/or negative events as being unrelated to ones' own behaviours in certain situations and therefore beyond personal control" (p. 499).

The external scorers view environmental situation, luck, chance and manipulation by others as determining their destiny while internal scorers perceive the consequences of their lives as resulting from their own actions (Rotter, 1966).

Different people have given different characteristics of internals. According to Crandall, Katkovsky, and Crandall (1965), they "are usually able to influence the outcome of situations" (p.92), "possess power.... over what happens to him" (Lefcourt, 1966, p.207), "views the outcome to events
as the consequences of his own control" (Cromwell, 1967, p.350), "beliefs about their ability to influence their environment and exert control over it" (Gemmill, and Heisler, 1972, p.214), "expectation that one's actions generally make a difference... to increase the subjective probability that any desired outcome can be secured by a particular behaviour" (Abramowitz, 1973, p.196).

Regarding externals, Lefcourt (1966) stated that they lack power over what happens to them (p.207), "feel that they have little control over their environment" (Tesser, and Grossman, 1969, p.75), "believes that the events in his life are for the most part beyond his influence" (Broedling, 1975, p.65), "feel their destinies are beyond their own control" (Levenson, 1975, p.343).

Levenson (1972) made a tripartite differentiation in the locus of control namely, internality, powerful others and chance. The differentiation of externals as controlled by powerful others and chance came from the reasoning that those who believe in powerful others believe that the world is ordered (though by others) and thus behave differently from those who believe the world is unordered and operates on chance. In the former case, at least a potential for control exists.

Butterfield (1964) reported evidence of different general habits of responding to frustration as a function of generalized expectancy for internal versus external control of reinforcement. He suggested that externals generally regard obstacles as "insurmountable" in comparison to internals who regard them as generally "surmountable", since they believe that they control reinforcements. The results suggested that the more internal a subject is, the more he reacts to frustration in constructive manner, and the less intropunitive (self-blaming) are his reported reactions. While the more
external a subject is, the more he reacts intropunitively (and less constructively).

Researchers have tested and suggested the validity of locus of control construct in studies with measured internality - externality as an independent variable and a considerable range of behaviours as dependent variables. Differences between internals and externals on a number of variables have been reported.

Watson (1967) suggested that externals are generally more anxious than internals. Being generally more expectant of failure, they might be more likely to utilize their external orientation and be less likely to accept responsibility for failure in a situation that itself offers no immediately apparent reasons for that failure. When failure occurs in the face of obvious distractions, however, the external may not feel compelled to be particularly defensive - indeed it may provide a rare opportunity for him to be safely self-denigrating.

Rao, and Murthy (1984) found that as compared to internal subjects, external subjects were low achievers, more anxious.

It is very important to have a knowledge of one's locus of control, to study the perception of one's stressful life events and dealing with anxiety.

ROLE CONFLICT

Role conflict is one of the most important dimensions of stress. Role conflict has been generally used to denote 'role strain' (Goode, 1960) or 'role stress' (Westwood, 1967). Role conflict could be said to occur when a role incumbent feels that he or she is faced with incompatible expectations. The incompatibility may be between roles or within a specific role; of expectations for a role and a particular social/cultural context, or between role expectation and the personality disposition of the individual.
Goode (1960), and Baron, and Byrne (1993) stated that involvement in multiple social roles elicits strain. There has been a little difference between the focus of psychologists and sociologists. Whereas psychologists stressed the expectations and perceptions of individual performing the role plus the personality characteristics as factors in role conflict, sociologists emphasise the inter-relationships between a role and various organisational settings and the articulation of a role in a network of other roles.

Gilbert (1985), and Voydanoff (1987) stated that role conflict depends on the individual's perception of the level of conflict between roles and the degree of overload experienced in trying to meet the demands of multiple roles. In other words, it can be said that, individual differences can also occur in experiencing role conflict.

Kahn, Donald, Robert, Quinn, Diedrick, and Robert (1964) stated that role conflict is a social - psychological concept used to investigate and explain individual's experiences of competing or conflicting demands. It occurs in three forms: (i) inter-sender conflict occurs when incompatible expectations or demands are communicated by two or more members of a role set (ii) intra-sender conflict occurs when incompatible expectations or demands are communicated by a single member of a role set (iii) inter-role conflict occurs when incompatible expectations or demands are communicated by members of different role sets.

Biddle, and Thomas (1966) also stated that role conflict occurs when situations are so structured that an actor is required to perform simultaneously two or more roles that present contradiction.

According to Sarbin (1954) different role conflicts can be grouped as below:
i) Self role distance: A person experiences role conflict if he occupies a role which he may find to be in conflict with his self concept.

ii) Intra role conflict: This occurs when a person occupies two or more positions simultaneously and when the role expectations of one are incompatible with the role expectations of the other.

iii) Inter role conflict: This occurs when there are conflicts between two roles a person occupies. For instance, a women who has done MBA and is a Manager in a company may face conflict between the role of an MBA (which requires lot of time) and her family role as a mother and a wife.

iv) Role boundness: A person may experience the conflict between his tendency to live as a person and live as a role.

v) Role stagnation: An individual may face role conflict when after a long period of playing a particular role, he is supposed to enter another role. For example, being an executive after a long time of being a subordinate.

Besides, a person may experience certain other role conflicts as given below:

i) Role overload: When a person feels that there are too many expectations from the significant roles in his role set, he experiences role overload.

ii) Role erosion: This is a subjective feeling of an individual that some important role expectations he has from his role do not match with the expectations other roles have for him. For instance, a person from one important department of ministry being shifted to another less important department.
iii) Role ambiguity: When an individual is not certain about the various expectations people have from his role, he faces the conflict which may be called role ambiguity.

Greenhaus, and Beutell (1985) stressed that role conflict can be (i) time based, (ii) strain-based where stress (for instance, fatigue, irritability) produced in one role intrude into the other roles, (iii) behaviour based conflict in which behaviours that the functional in one role are dysfunctional in the other.

Kumar (1985) identified three types of role conflict namely (i) person role conflict, (ii) inter-sender conflict, (iii) inter-role conflict.

Pearlin (1983) called for consideration of role strains as potentially powerful antecedants in the stress experience. Role strains refer to the difficulties, conflicts, and challenges that people experience in their chosen social roles that impinge on the four main role arenas of parenting, marriage, economy and occupation. Six types of role strain have been identified (Pearlin, 1983, p.8). These are:

(i) Problems in the nature of tasks required to be performed,
(ii) problems with having too little or too much to undertake,
(iii) involvement in too many simultaneous tasks (overload),
(iv) feeling trapped in an undesirable or unsatisfactory role (role captivity);
(v) role gains (e.g. marriage or parenting) or role loss (e.g. divorce); and
(vi) role restructuring (e.g. adult children becoming independent).

Different investigators have expressed different viewpoints regarding role conflict. Traditionally, role theorists can be divided into two
camps: the structuralists and the interactionists. However, Merton (1957) stated that "ideas in structural analysis and symbolic interactionalism are opposed to one another in the same sense as ham is opposed to eggs: they are perceptibly different but mutually enriching" (cf. Heiss, 1981, p.96).

The Structuralist View

Contemporary structuralism suggests that after an individual defines the situation he/she is likely to have a conception of the role he/she wishes to play and an opinion as to what others should do. In order to be successful to achieve the desired goals, adjustments have to be made.

However, modern structuralists suggested that even if there were consensus, interaction would require more than mechanical reading of the role's description. There are likely to be large gaps in the roles brought to the interaction, for these roles do not cover many of the eventualities. Merton (1957, cf. Heiss, 1981), and Goode (1960) give a central place to the idea that the way roles are structured ensures that individuals would face serious problems of role strain, if they simply attempted to follow set role patterns that they had previously learned.

In part this is so because sociological ambivalence is very common (Merton, 1957; cf. Heiss, 1981), and it produces role conflict. That is, individuals are likely to find that the various roles in their repertoires contain incompatible elements. Performing the behaviour considered appropriate for one role or sub-role may make it difficult or impossible to play another role or sub-role, and even a single sub-role may contain inconsistent norms.

Thus, structuralists hold that innovation, flexibility and ingenuity are required in any interaction, characterised by: a lack of consensus, incomplete instructions, role conflict or role overload. Structural theory
suggests that people adjust to the realities by changing the role definition by acting inconsistently with the role, and so forth.

Every person may not feel the same situation as giving rise to role conflict. It will depend upon the degree of commitment and acceptance of appropriateness.

The Interactionist View

The Interactionist also postulate that interaction is guided by definitions of situations, that interaction involves creativity on the part of individuals and so on. They believe human behaviour to be in constant flux. Turner (1976, p.23) "postulates a tendency to create and modify conceptions of self-and other-roles as the orienting process in interactive behaviour". The impression one gets is that new roles emerge out of each interaction. They deny the existence and influence of roles brought to the interaction. Interactionalism is based on the assumption that person’s behaviour is purposive and that general goal is the maximization of their profits. Flaherty (1982) studied married working women and found that role conflict occurs due to their passing through a process of role expansion.

Cleary, and Mechanic (1983), and Haavio - Mannila (1986) argued that role accumulation produce role strains, role conflict and role overload which together bring about negative health outcomes.

Though, there is a significant increase in the numbers of women in paid employment, there has been no significant change in the domestic division of labour. Estimates of the time spent on housework and childcare consistently reveal that women do 90 per cent of this unpaid work (WHO, 1993).

A woman may face conflict because she is occupying multiple statuses: for instance, the time demands placed on her by her new job may
conflict with those placed on her by her spouse. The time spent in one activity may directly detract from the time spent with other. Under these circumstances, doubts are often expressed about women's ability to perform two jobs side by side efficiently. In such situations, a woman may face inter-role conflict, which in turn may lead to anxiety and poor health. Role conflict may make it difficult for a woman to adapt to and modify a new role satisfactorily for herself and others.

In the present investigation, role-conflict has been studied in the form of inter-role conflict, i.e., when conflicts arise between different roles occupied by a person.

ANXIETY

There is a growing interest in simultaneously studying the individual and the environment as interacting sources of behavioural variance. It has received a considerable amount of systematic investigation. Inspite of its popularity, a major part of consensus is that the area of anxiety is one of the confusing terminology and ambiguous equivocal research findings (Martin, 1961; Ruebush, 1964; Levitt, 1967).

Anxiety is a central concept in almost all contemporary personality theories. At various times, anxiety has been conceptualized as a response, a stimulus, a trait, a motive and a drive (Spielberger, 1972). An important source of ambiguity and confusion in the theory and research on anxiety is the fact that the terms 'stress' and 'anxiety' are used interchangeably. Spielberger (1972) proposed that the terms 'stress' and 'threat' be used to denote different aspects of a temporal sequence of events that result in the evocation of an anxiety reaction. Anxiety is something felt. As a feeling it is of most obviously unpleasurable character. The possibility for anxiety is inherent in man's world openness and his capacity for symbolic
constructions. Through the dialectical processes of externalization and internalization, man constructs his world in the image of himself and himself in the image of his world. But the cognitive structures which a man creates are never completely secure; anxiety is one manifestation of their impending or actual collapse.

Anxiety may be conceived of as a state of cognitive disintegration. It entails the disruption of a person's sense of personal identity. So, anxiety may be referred to as a formal property of a wide variety of reactions to a threatened loss of personal identity, in another usage, 'anxiety' refers to a specific kind of response to some degree of actual cognitive disintegration.

However, anxiety fluctuates as a function of situations and conditions of the organism.

Anxiety results when the individual's ego needs are threatened. It is a feeling of diffuse, unformulated uneasiness and apprehension. Thus, anxious feeling is accompanied by a combination of viscero-motor disturbances and skeletal tensions. In logical sequence, the development of emotional and behavioural disorders follows these steps. First, person, events and situations in life are regarded as threats to the individual's ego needs of security and worth. However, experience of anxiety will depend on the values he/she has developed for his/her own security needs. Subsequently, these threats cause the individual to react with anxiety. Finally, anxiety gives rise to tension, which may cause psychosomatic conditions, to defense mechanisms, which may lead to neurotic and psychotic disorders.

Different people have put forward different viewpoints to explain the nature of anxiety. Freud (1933), in early theory of anxiety, defined it as a transformed libido. He suggested that when an organism is prevented from carrying out an instinct, it will lead to anxiety. It may be done through
repression or through some prevention of gratification. Later, Freud suggested that repression occurs because of the experience of anxiety. Whenever real or potential danger is detected by ego, this perception gives rise to anxiety and then mobilizes the defensive apparatus including repression, which in turn leads the organism out of danger. According to him, the experience of anxiety has three aspects, namely, a specific feeling of unpleasantness, discharge phenomena, and an organism's perception of these discharge phenomena. He stated that when anxiety is a reaction to an external danger and is directly related to specific object, it is called objective anxiety, but when anxiety is disproportionate to the real danger and is related to unconscious conflicts, it is called neurotic anxiety. Freud indicated that the ego is the only seat of anxiety (Freud, 1961).

In other words, Freud had referred to anxiety as kind of signal, a premonition of impending danger, an indicator that something is not going well in the life of the affected individual. It was also stated that when the ego is forced to acknowledge its weakness, it breaks out into anxiety (Freud, 1949).

When Freud examined anxiety from the developmental point of view, he wondered what experiences in early life would give rise to a condition of increased sensory attention and motor attention (Freud, 1961). He held that due to certain early universal experiences, beginning with the fact of birth itself, there emerged what he called a state of "anxiety preparedness". After the super-ego develops, another form of being alerted to danger is provided. These statements indicate genetic roots of anxiety. He indicated that the potential capacity of the organism to be alerted was innate, and not reducible to anything else. He implied that the content of what one should be alerted to is learned or acquired. The attempt to locate the prototypical experience from which anxiety preparedness emerges suggested that
certain universal types of danger exist and that everyone learns of them. Sullivan (1953) placed a great deal of emphasis on the interpersonal contents from which anxiety arises. He wrote, "It is important to find the basic vulnerabilities to anxiety and interpersonal relations, rather than to deal with symptoms called out by anxiety or to avoid anxiety" (p.11).

Kierkegaard (1844) stressed the relation of anxiety with the existence of possibility and potential freedom. Whenever the individual attempts to carry any possibility into action, anxiety is a necessary accompaniment and potential freedom means the ability to experience and tolerate the anxiety that necessarily comes with the consideration of possibility.

Rachman (1998) defined anxiety as, "a pervasive and significant negative affect that is a central feature of many psychological problems" (p.9).

Spielberger (1966) postulated two distinct anxiety constructs, namely, state anxiety and trait anxiety. It is essential that a distinction be made between trait and state anxiety. An early attempt to elaborate a distinction between anxiety as a trait and as a state may be found in the factor analytic work of Cattell and his associates (Cattell, and Scheier, 1961).

On the basis of the results obtained from applying a variety of factor analytic procedures to both cross-sectional and longitudinal data, Cattell and his associates stressed that there are dimensions of stable inter-individual differences (traits) and dimensions of intra-individual changes (states). They also advocated that most that trait dimensions show a recognizable counterpart in a state dimension.

A typical view of traits assumes that : (1) traits are systems or dispositions within the person that predispose him to perceive situation in particular ways and to react in a consistent manner in a wide variety of situations (Allport, 1937; Spielberger, 1966); (2) Traits are a summary of the
frequency and intensity of past states and can be validly assessed by asking the individual to describe himself as he is 'generally', 'often' or 'usually' (Spielberger, 1972).

States are, hypothetical constructs, as are traits but state measures are responses of interest in themselves, while trait measures are simply a sampling of person's self labeling habits or retrospective and generalized accounts of past states.

Spielberger (1971) has described personality states and traits as kinetic and potential energy respectively. He was of the view that personality states, like kinetic energy, refer to palpable empirical reactions or processes taking place here and now at a given level of intensity. Personality traits like potential energy, represent latent dispositions to respond with certain types of reaction if triggered by appropriate stimuli. Spielberger (1972) asserted "... much of the ambiguity and semantic confusion associated with the concept of anxiety resulted from more or less indiscriminate use of this term to refer to two related yet logically very different concepts" (p.134). Distinction between A - State and A - Trait has helped to give a status of a scientific construct to anxiety.

Anxiety As A State

State anxiety (A-State) is a transitory emotional state or condition of human organism that varies in intensity and fluctuates over time. This condition is characterized by subjective, consciously perceived feelings of tension and apprehension and activation of autonomic nervous system (Spielberger, 1966). If a situation or thought is perceived as threatening irrespective of the presence of real or objective danger (stress), the person who perceives the situation as threatening will experience an increase in state anxiety. State anxiety is thus defined by the stress level of the situation.
and individual's experience of it. State anxiety is more in threatening and stressful situations as compared to nonstressful situations. It is extremely dependent upon the perception of a situation by a person. In other words, states are temporary moments in one's life and are transitory in nature. Their quality and intensity will vary from situation to situation. Spielberger's definition of state anxiety involves both self report ("subjective, consciously perceived feelings of tension and apprehension") and physiological component (heightened autonomic nervous system activity). The duration and intensity of particular A-state reactions are angrily dependent on the stimulus conditions that arouse the A-state reactions. These conditions are often called "stress", "threat" and/or "anxiety" situations. (Maqbool, and Jahan, 1995, p.104).

Cattell (1966) stated that states and moods can be given operational meaning and revealed in their rich variety by correlating behaviour and introspection over time.

Anxiety As A Trait

Anxiety as personality traits refer to relatively enduring individual differences among people regarding their tendencies to perceive the world in a certain way and to behave in a specific or peculiar manner.

Spielberger (1966) also proposed that trait anxiety reflects anxiety proneness; that is, there were individual differences in the tendency to respond with increased state anxiety to various levels of stress. A person who perceives a particular situation as threatening will respond to it with an elevation in state anxiety irrespective of any real (objective) danger. Their behaviour can be predicted with extreme accuracy. Spielberger (1972) stated that "an anxiety (A-trait) is not directly manifested in behaviour, but may be inferred from the frequency and intensity of an individual's
elevations in A-state overtime" (Spielberger, 1972, p. 482). Frequency and intensity of an emotional state depend upon the strength of personality traits. In other words, it means that there are relatively stable individual differences in anxiety proneness, that is, to perceive a variety of situations as threatening and to respond to these situations with differential elevations in state anxiety. Persons who are high in A-Trait tend to perceive a larger number of situations as dangerous or threatening than persons who are low in A-Trait and respond to threatening situation with A-state elevations of greater intensity.

A-Trait is assumed to reflect residues of past experience that in some way determine individual differences in anxiety proneness, that is, in the disposition to see certain types of situations as dangerous and to respond to them with A-states. Level of A-Trait is not expected to influence A-State response to all stimuli, only to particular classes of stimuli. Stimuli that have little or no threat value obviously would not be expected to elicit an A-State response. On the other hand, the threat of an objectively painful stimulus, like an electric shock, may be sufficiently general so that most subjects will respond with higher levels of A-State, irrespective of their level of A-Trait. For such stimuli, however, individual differences in A-state reaction may vary as a function of other acquired behavioural dispositions (Spielberger, 1966, p.18).

In short, anxiety as a process refers to a sequence of cognitive, affective, physiological and behavioural events. Most of the investigators have defined anxiety in terms of complex personality processes with multiple component and each investigator has tended to include different aspects in his definition of the anxiety process.

Different measures of anxiety have all so come up. Zuckerman (1960) developed an Affect Adjective Checklist (AACL) to measure anxiety.
Spielberger (1966) used the trait and state forms of the Multiple Affect Adjective Checklist Anxiety Scale (MAACL), Zuckerman, and Cubin (1965) to test predictions from their state-trait theory of anxiety. In 1970, Spielberger, Gorsuch, and Lushene developed their own measures of anxiety—the state-trait anxiety inventory. The importance of anxiety as a fundamental human emotion is widely recognized by behavioural and medical scientists and many regard it as a basic condition of human existence.

In India, the first group of studies were reported in early 1960's due to pioneering work of Prof. D. Sinha. Since then a large number of other studies have been done. Over the years, there have been many serious efforts in the field of anxiety testing. Hundal, and Kaur (1972) adopted Cattell's IPAT anxiety test and subjected it to various psychometric procedures. Nijhawan (1972) developed systematically both Hindi and Punjabi versions of Sarason's test Anxiety scale for children. With the growing popularity of Spielberger State-Trait Anxiety Inventory, its Hindi version has been developed and standardized (Spielberger, Sharma, and Singh, 1973), and has become a commonly used measure in anxiety research in the country.

In the present investigation anxiety was taken as trait anxiety.

GENERAL WELL-BEING

When a person is going through a phase of stressful life events and role conflicts, one is bound to have certain ill effects of these. It can effect the general well being and quality of life of an individual. There may be emotional, cognitive or physiological disruption. When people are asked how they feel under stress, they usually respond with terms like anxious, irritable, angry, depressed or guilty.
Women and their well-being is a multi-dimensional theme and has to be viewed from a wide range of perspective. General well-being is linked to self confidence, self esteem, self respect and right attitude to face life. The changes in the society in recent times are unprecedented both in terms of pace of change and manner of change. All these have greater impact on women's general well-being.

General well-being refers to the subjective feelings of contentment, happiness, satisfaction with life experiences and of one's role in the world of work, sense of achievement, utility, belongingness with no distress, dissatisfaction and worry (Verma, Mahajan, and Verma, 1989).

In other words, general well-being implies hope, optimism, happiness and faith in the normal absolutes of truth, beauty and goodness, a proper perception of the means and ends related to the purpose of life and more than all a realization of the value of life.

When one talks about well-being, it may include objective as well as subjective components. The objective well-being basically means, being well-off. The person has a good standard of living, with things like level of education, employment status, financial status, housing conditions and comforts of modern living. On the other hand, subjective well-being means that a person is able to maintain a balance between the individual's wishes and needs and environmental demands and opportunities. The magnitude of congruence between the individual and group expectation and the perceived reality also plays an important role.

Diener (1984) suggested three categories for grouping the meanings of well-being. The first involved the assessment of the qualities of individuals (for instance, virtuousness, success) by others, and hence cannot be thought as a subjective state. The second encompasses the individual's assessment of satisfaction with life. Finally, the third meaning
focuses on the amount of positive and negative affect experienced by an individual.

The subjective well-being is largely dependent upon the perception of an individual. An increase in the objective standards of living, economic resources, housing etc. may be accompanied, but not necessarily, by an increase in the individual's satisfaction. Any gain in objective reality can lead to subjective well-being of an individual. A person has to maintain a balance between his expectations, and ability and resources to attain subjective well-being. However, when the individual's expectations rise at a pace faster than the level which he can attain, it can lead to dissatisfaction.

Well-being is, therefore, much more than just an absence of disease. Bradburn (1969) viewed subjective well-being as a preponderance of positive affect over negative affect. The WHO has also declared health as a state of physical, psychological and spiritual well-being. (WHO, 1987, cf. Verma et al., 1989).

Veenhoven's (1991) definition of life satisfaction as the degree to which an individual judges the overall quality of life as a whole favourably - was extended to represent subjective well-being. Lu (1995) stated that subjective well-being has many labels including happiness, objective well-being, subjective well-being, quality of life, and life satisfaction. Well-being measures will become increasingly important as health services shift emphasis from the provision of curative services to the prevention of ill-health (Kligour, 1991, cf. Strack, Argyle and Schwarz, 1991) and focus on health promotion and quality of life.

Theories of well-being span two basic approaches: cognitive oriented and affect oriented. Cognitive oriented theories generally maintain that deficits in meeting one's needs lead to ill-being and that positive discrepancies between perceived reality and personal aspirations lead to
well-being (Duncan, 1975; Brickman, Coates, and Janoff-Bulman, 1978; Wills, 1981; Michalos, 1985; Headey, and Wearing, 1989). Affect oriented theories of well-being suggest that self satisfaction is enhanced by short term positive experiences or reducing aversive states. From this perspective, well-being reflects the feelings people experience during their everyday lives (Diener, and Larson, 1993).

Another category of theories of subjective well-being is; Bottom-up and top-down theories. Bottom up theories suggest that happiness is derived from a summation of pleasurable and unpleasurable moments and experiences. A happy individual is happy precisely because he or she experiences many happy moments.

Top-down theories maintain that individuals are predisposed to experiences and react to events and circumstances in positive or negative ways: global dimension of personality, in essence, determine levels of subjective well-being. Individuals who are happy are happy because they enjoy life's pleasures and not necessarily because they experience more of them in objective sense. Top-down theories, for example, hold that there is a general propensity to experience things in a positive way such that "despite circumstances, some individuals seem to be happy people, some unhappy people" (Costa, McCrae, and Norris, 1981, p.79).

Ryff (1995) gave a theoretical model of psychological well-being that encompasses six distinct dimensions of wellness, that is, autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self acceptance.

General well-being as studied in the present investigation referred to the subjective feelings of happiness, satisfaction with life experiences and of one's role in the world of work, sense of utility, worthiness and belongingness with no worries and dissatisfaction.
QUALITY OF LIFE

There has been an increasing interest in the concept of the quality of life of people. The numerous problems faced by women call for an extensive research on their quality of life. There is perhaps no single group that illustrates better, the combined impact of poverty, stress, role conflicts on health and quality of life, than women.

Lyndon Johnson is credited with being the first person to use the phrase 'Quality of life' to express the view that having a good life was more than being financially secure. Since his speech at Madison Square Garden in 1964, this phrase has been globally used in a variety of contexts ranging from environment to health (cf. Blan, 1977).

The word 'Quality' is of Latin origin from the root word 'Qualis' meaning 'of what kind' (Webster, 1986). The same dictionary defines 'Quality' as the 'degree of excellence', 'a special distinguishing attribute' or 'high social status'. Definitions of 'life' include the course of existence or the manner of their living. Quality of life thus represents a broad spectrum of human experience. It ranges from the necessities of life such as food and shelter, to those associated with achieving a sense of fulfillment and personal happiness.

A review of literature reveals the different definitions regarding quality of life. It tends to cover a variety of areas such as physical and psychological complaints, feeling of well-being, personal functioning and general limitations (Blan, 1977).

Different definitions have been proposed to explain the concept of quality of life. Quality of life has been considered as an abstract and complex response to physical, mental and social forces which contribute to normal living.
According to McCall (1975), quality of life consists of obtaining of the necessary conditions for happiness in a given society or region.

Horquist (1982) defined quality of life in terms of satisfaction of needs in the physical, psychological, social, activity, material and structural realms.

Besides, it has been considered as the capacity of an individual to realize his/her life plans or the difference at a particular period in time between the hopes and expectations of the individual's present experience. Quality of life is a multi-faceted construct that encompasses the individual's behavioural, cognitive capacities, emotional well-being and abilities requiring the performance of domestic, vocational and social roles.

Patrick, and Erickson (1992) defined quality of life as the level of well-being and satisfaction associated with events or conditions in a person's life as influenced by disease, accidents or treatments.

It is important to add quantity to years, but it is more important to add quality to years. Also, it is not necessary that quality of life will be less in a poor man's home and more in a rich man's home. Dubey, Dwivedi, and Verma (1988), and Kassa, Mastekassa, and Naess (1988) stated that quality of life means the degree of excellence of one's life that contributes to satisfaction and happiness and benefits mental health. In other words, it can be said that quality of life lies in the eyes of the beholder.

Campbell, and Converse (1970); Andrews, and Withey (1976), and Najman, and Levin (1981) considered quality of life as a composite measure of physical, mental and social well-being as perceived by each individual and of happiness, satisfaction, gratification involving life concerns like health, marriage, family, educational opportunities, financial situations, creativity and so on. So, it refers to overall satisfaction as well as satisfaction in component areas.
Quality of life is thus a multi-dimensional concept including subjective and objective components (McCall, 1975; Campbell, Converse, and Rodgers, 1976; Aaronson, 1987; Hollandsworth, 1988).

According to Aaronson (1989), included under this rubric are such factors as the (i) control of physical symptoms; (ii) disruption of social roles and relationships; (iii) disease or treatment related psychological distress; (iv) pain; (v) sexual dysfunction and so on. More positive aspects of quality of life construct include satisfaction with life and feelings of well-being.

Meeberg (1993) identified four critical attributes of quality of life from a review of literature: (i) a feeling of satisfaction with one's life in general; (ii) the mental capacity to evaluate one's own life as satisfactory or otherwise; (iii) an acceptable state of physical, mental, social and emotional health as determined by the individual; (iv) an objective assessment by another that the person's living conditions are adequate and not life threatening. While the presence of life and a state of consciousness are considered to be the antecedents of quality of life, satisfaction, happiness together with a sense of well-being and self-esteem have been identified as the consequences of quality of life (Meeberg, 1993).

There has been a considerable controversy regarding the domains to be included in the concept of quality of life in health. While Welch-McCaffrey (1985) outlined three dimensions of social, psychological and physiological factors; Padilla, and Grant (1985) termed domains as physical well-being, psychological well-being and symptom control.

Horquist (1982) proposed a general concept of quality of life with following key domains: (i) biological - bodily health, function, specific illness, pain; (ii) psychological - well-being, self concept perse and in social interaction etc.; (iii) social - social contacts in general, family life, sexual life, capacity for social contact; (iv) behavioural activity - capacity for selfcare,
mobility, working capacity, activities of daily living; (v) material-private economy, income from work etc.; (vi) structural-position in society and view upon society, life meaning.

Sell, and Nagpal (1992) identified eleven domains of quality of life which included positive and negative well-being, transcendence, family group support, social supports, social contacts, expectation achievement congruence, mental mastery, competence in coping, primary group concern and perceived health.

Quality of life, thus, may be considered as the degree of excellence with which an individual can face the various problems of life and acts in such a way that may result in satisfaction and happiness of an individual, and society as a whole. No doubt, it is a difficult area to define, as many of the factors may be ill-defined inter-related and to some extent inter-dependent also.

Quality of life has been seen as consisting of obtaining of the necessary conditions for happiness in a given society or region. Another method of trying to understand the concept of quality of life is to consider the many different measures of perceived life quality that have been developed, for instance family life, money, amount of fun, health, friends, sex life, social standards, time to do things and getting a good job (Andrews, and Withey, 1973). Investigators have stressed that quality of life can be evaluated by taking a number of aspects, of a person's life and assessing that person's subjective feelings of happiness or unhappiness about the various life concerns. Jenkins (1992) suggested that quality of life research is now in the stage of conceptual development.

Quality of life can be affected by a number of significant positive and negative life events. The factors contributing to the quality of life of an individual may be broadly classified under two groups: (i) satisfactory
conditions: These include factors like group cohesiveness, sharing of each other's experiences, helping attitudes, understanding and sharing each others problems, absence of conflicts among members, absence of mental or severe physical illness, etc.; (ii) satisfying conditions: These include factors like sense of belongingness, subjective feelings of physical, psychological, mental, social and spiritual well-being, absence of unhappy experiences within the family, etc.

Besides, factors like socio-cultural milieu, perception about the stressful life event and the response to it, financial consequences of stressful life events, the available social support and personality of the person can influence his/her quality of life. The quality of life has been found to have a solid bearing on mental health and mental health can give quality of life (SEARO, 1984).

In the present study, quality of life was taken as consisting of a number of aspects of a person's subjective feelings of happiness or unhappiness about various life concerns.

STRESSFUL LIFE EVENTS

Stress is a part of the normal fabric of human existence. It is an inevitable accompaniment of the challenges we undertake in developing new skills, abilities and competencies. Sometimes the challenge exceeds our capacity to adapt and then stress develops. At the biological level, stress has generally been conceptualized as an insulting agent, generally external to the organism, to which the organism responds. The stressor is thus something that happens to the organism.

Psychologists vary on the issue of whether stress is an external entity or state of the organism. Weitz (1966) feels that stress is a stimulus variable, while Appley, and Trumbull (1967) have taken the position that
"Stress is probably best conceived as a state of the total organism under extantuating circumstances rather than as an event in the environment" (p.11).

Sells (1970) presented an interactional theory of stress. It provides for individual differences, variability of measures, variability of situations, social context and implicit, inner reactions. According to him, a state of stress arises under the following conditions: (i) the individual is called upon in a situation to respond to circumstances for which he has no adequate response available. The unavailability of an adequate response may be due to physical inadequacy, absence of the response in the individual's response repertoire, lack of training, equipment, or opportunity to prepare; (ii) the consequences of failure to respond effectively are important to the individual. Personal involvement in situations can be defined in terms of importance of consequences to the individual.

Stress intensity depends on the importance of individual involvement and the individual's assessment of the consequences of his inability to respond effectively to the situation.

Stress problem involves at least four stages (Kahn, 1970). The first of these takes place in the environment- the physical social system in which the focal organism (the individual, or the group whose reaction to stress is to be studied) is embedded. This class of events can be called demand (or stressor or load). Second, there is the reception (recognition, perception, cognitive appraisal, acceptance) of that objective demand by the focal organism. This class of events can be labelled 'subjective demand'. Third, there is the focal organism's response(s) to the subjective demand at physiological, psychological, behavioural, and social interactive levels. Fourth, there are the consequences of response, both for the focal organism and for the larger system or environment in which it is embedded.
Different definitions of stress have been proposed. The most basic element of a stress definition involves the specification of a class or classes of response which will be taken as evidence that the organism is under stress. There are situation based definitions of stress which involves the presence of certain classes of situations, or situations involving certain classes of stimulus properties. Others suggest that there is particular kind of reaction of an organism to environmental events. A transactional definition states that stress-strain effect is a relationship between an entity and its environment.

Wright (1995) stated that the social and psychological problems of modern society are due to the fact that society requires people to live under conditions which are different from those under which the human race evolved.

Some evolutionary psychologists even anticipate the coming of a field called "mismatch theory", which would study maladies resulting from contrasts between the modern environment and the ancestral environment, the one we are designed for (cf. Wright, 1995, pp.40-41).

The word stress is probably derived from the Latin word stringere (strictus) which means to draw tight. It was used in older French (estrece) and appeared as 'stress' , 'straisse' in middle English. The term stress meaning hardship or adversity can be found as early as the fourteenth century (Lazarus, 1993). Cofer, and Appley (1964) note that the term stress "has all but pre-empted a field previously shared by a number of other concepts (p.441)", which include conflict, frustration, anxiety and so forth. However, Hooke's analysis in the seventeenth century greatly influenced early twentieth century models of stress in physiology, psychology and sociology (cf. Lazarus, 1993, p.1).
Hooke was concerned with how man made structures, such as bridges, must be designed to carry heavy loads and resist buffeting by winds, earthquakes and other natural forces that could destroy them. Load referred to a weight on a structure, stress was the area over which the load impinged and strain was the deformation of the structure created by the interplay of both load and stress. The theme that survives in modern times is the idea of stress as an external load or demand on a biological, social or psychological system (cf. Lazarus, 1993, p.2).

During the World War II, there was a considerable interest in emotional breakdown in response to "stresses" of combat (Grinker, and Spiegel, 1945). The emphasis on the psychodynamics of breakdown referred to as "battle fatigue" or "war neurosis" - is itself historically noteworthy because in World War I the perspective had been neurological rather than psychological. After World War II, it was evident that many conditions of ordinary life, for instance, marriage, growing up, facing school examinations, being ill could produce effects comparable to those of combat. This led to growing interest in stress as a cause of human distress and dysfunction. A transactional view proposes that stress arises from the existence of some relationships between the individual and his environment. The individual experiences stress if, after perceiving the objective environment, he feels that the environmental condition will give rise to an undesirable state of affairs. In the medical tradition, stress is treated as a set of psychological and physiological reactions to noxious agents. Selye (1956) used stressor to denote agent, stress to denote the reaction; sociologists speak of stress as a disturbing agent (e.g. social disequilibrium) of strain as the collective reaction (for instance, panic or riot).
Parsons (1966) described stress as a very broad term covering a considerable variety of conditions underlying avoidance and escape responding. This view has the advantage of requiring that a condition labelled 'stressful' be capable of demonstratively instigating avoidance and/or escape responses.

Solanki, and Ganguli (1987) stated that life stress refers to 'a state of imbalance within an organism that (i) is elicited by an actual or perceived disparity between environmental demands and the organism's capacity to cope with these demands, and (ii) is manifested through variety of psychological, emotional and behavioral responses.

Stress is the wear and tear of life caused by an excessive demand on the body system to cope. The stresses of daily life ranging from bodily adjustment to sudden temperature or humidity, an emotionally charged argument with one's spouse or boss, all constitute stress.

Lazarus (1993) stated that four concepts must always be considered in a stress process: (i) a causal external or internal agent. He emphasizes person-environment relationship and relational meaning; (ii) an evaluation (by a mind or a physiological system) that distinguishes what is threatening or noxious from what is benign; (iii) coping process used by the mind (or body) to deal with stressful demands; and (iv) a complex pattern of effects on mind and body, often called stress reaction.

In the recent years, attention is being paid to life events which may not be very detrimental for the growth of society but can play a havoc in the life of person affected. For instance, destruction of one's house in fire, death of someone in the family, difficulties in job, marriage and various other threats or conflicts that many people face in their daily lives. Some of such events under certain conditions can act as powerful stressors that affect people's lives directly or indirectly.
Every individual faces certain stressful life events in his/her life which can have a significant effect on him/her. Stressful life events are those whose advent is either indicative of or requires a significant change in the ongoing life pattern of the individual. Klein, and Lindewan (1961) developed three categories of potentially stressful situations which add to an understanding of stress. Firstly, there are those situations which involve the loss or threatened loss of a significant relationship. Secondly, there are those situations which involve the introduction of one or more new individuals into the social orbit. Thirdly, there are those situation which involve transitions in social status and role relationships as a consequence of such factors as (i) maturation; (ii) achievement of a new social role, or; (iii) horizontal or vertical mobility (cf. Lazarus, 1993).

The loss of a significant object, be it a close relative, a marriage relationship, a valued possession, wealth or position, is an extremely stressful experience that occurs in everyone's lifetime, and on a number of occasions. All changes in life- leaving school, changing jobs, or moving to another neighbourhood -may entail some bereavement concerning what is left behind. These changes usually produce little stress, since they are planned in advance, time is available to prepare for the losses and the experience of change may be positive. However, the loss of one's parents, a husband, a wife, or a refugee's loss of his homeland is usually the loss of a valued relationship which the individual cannot prepare for ahead of time and what is lost can never be completely replaced. The stress in these cases can be severe.

Grief associated with stressful life experiences consists of or has different stages (e.g. Bowlby, 1960; Parkes, 1972; Siggins, 1967). These are shock, denial, depression, guilt, anxiety, aggression, and reintegration.
Stressors may be primary or secondary. Primary stressors are those which are likely to occur first in people's experience. Any event which is not desired and can disorganize one's life pattern, such as the untimely death of a loved one, involuntary job loss, or injury. Some events can repeat themselves and can prove to be stressful, for instance, those experienced in marriage or occupation. In contrast, secondary stressors come about as a consequence of primary stressors. They are capable of producing even more intense stress than those we consider to be primary. Yet another categorization of stresses can be in terms of social stresses which can be studied in terms of life events on one hand and chronic strains on the other. Some events can create havoc in the life of persons who experience them, e.g., victims of earthquake. Such events can affect the economic and social circumstances of an individual. On the other hand, the latter refers to the conflicts or problems which an individual faces in his or her daily life. For instance, difficulties in marriage, problems with children, poverty and so on.

Stress may have different categories which involve stress based on actual or anticipated physical injury, pain or death. Secondly, it may involve stress based on actual or anticipated injury or pain to the psychological self. A third form of stress seems to involve actual or anticipated disruption of social relationships. Finally, stress may be in form of impoverished environment which leads to deprivation.

In the present investigation the stress as experienced by the subjects, that is, whether positive or negative, and the extent of perceived stress have been studied.