CHAPTER 3

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In this chapter, an attempt has been made to explore the literature pertaining to the relationship of stress with anxiety, and general well-being, and the role of moderators in this relationship. Review of literature would facilitate the understanding of the inter-relationships as well as the formulation of hypotheses. Various studies have been reviewed as follows:

Stress and Well-Being

A long history of stress research has accumulated evidence that life changes can affect an individual in one way or the other. Whereas some studies have reported a deleterious effect of stressful life events on well-being, others have failed to find any such relationship. Some have found desirable events and others have found undesirable events to exert more influence on individual's well-being. A review of literature could throw light on such aspects.

A set of studies (Coates, Moyer, and Wellman, 1969; Myers, Lindenthal, and Pepper, 1971; Dohrenwend, 1973; Rabkin, and Struening, 1976; Chiriboga, 1977; Zautra, 1979; Abbey, and Andrews, 1985) revealed that life changes have a negative effect on well-being and that people with more exposure to recent stressful life events had higher symptom scores than respondents with less exposure.

Greater number of negative life experiences have been associated with greater physical and mental impairment, whereas greater number of positive experiences have been reported to be related to greater well-being (Dohrenwend, and Dohrenwend, 1974; Masuda, and Holmes, 1978; Haney, 1980; Grant, Sweetwood, Yager, and Gerst, 1981).

Earlier investigations (Hastings, 1944; Star, 1949; Bremer, 1951; Janis, 1951) of civilian population and military personnel exposed to life threatening situations during World War II indicated that extremely stressful experiences were capable of inducing temporary symptoms of acute psychological distress in many individuals.

Headey, Holmstrom, and Wearing (1984) found that favourable life events modestly predicted increases in subjective well-being and that adverse life events modestly predicted decreases in subjective well-being.

Chan (1986) studied the effects of life events, locus of control and coping styles on physical and psychological symptoms among 46 male and 48 female undergraduates. Results showed that life events and externality had direct effects on physical symptoms, and their effects on psychological symptoms were more complex.

Punamäki (1986) studied psychological responses and mental health of 174 Palestinian women living in the occupied West Bank and the Gaza Strip. Thirty five women living in Israel proper who had not been exposed to military occupation were interviewed as a comparison group. Results revealed deteriorated health and increased anxiety in women living under military occupation and armed conflict. Also, stress process was affected not only by existence of objective stressors but also by appraisal of harmfulness.
Compas (1987) reviewed cross-sectional studies and found a consistent, although modest correlation of stressful events with psychological, behavioural and somatic problems.

Martin, and Ickorics (1987) examined the relationship between marital and military-specific stress and the general psychological well-being of army wives. Data were from an ongoing three years longitudinal panel study in which 277 participants were assessed at 2 times, 12-15 months apart. Results supported that stress (marital and military life) had significant negative (and independent) relationship with general psychological well-being of army wives.

Okun, and Stock (1987) examined research on correlates and components of subjective well-being among the elderly. A classification of quantitative and narrative reviews showed that associations between predictors of health status and major life change events, and that the influence of life change events was indirect (i.e., it increased hassles, which in turn negatively affected health status).

Headey, and Wearing (1989) using data from 4 waves of an Australian panel study offered a dynamic account of relations between personality, life events and subjective well-being. Members of the Victorian Quality of Life Panel Study were interviewed in 1983, 1984, 1985 and 1987. The initial sample size was 942, out of which 649 respondents remained. Study showed that very stable personality traits (N,E, and openness to experience) predispose people to experience moderately stable levels of subjective well-being. Also, life events influenced the subjective well-being over and above the effects of personality.

Nelson (1989) gathered data at 3 different interviews over a period of 18 months from 27 separated and 54 married women. Married women were found to have reported more positive changes related to their family, work
and maternal condition. Regression analysis on the entire sample showed that stress affected the well-being of individuals.

Alburquerque, Rao, Subhakrishna, Rao, and Prabhu (1990) administered stressful life events inventory (Revathi, 1986) and life strains inventory (Revathi, 1986) to 421 college students. It was found that majority of events were perceived as positive and within control and were not subjectively distressing. The events perceived as negative and beyond control were seen as more distressing, increasing anxiety and had negative impact on well-being.

Kaniasty, and Norris (1993) attempted to replicate Brown, and McGill’s (1989) findings in a large panel study of 1,779 adults aged 55+ years. Based on an identity disruption model of stress, Brown, and McGill had proposed that life events that are inconsistent with self-concept are detrimental to physical health. They found that positive life events were associated with declines in health among low self-esteem subjects. In contrast, among high self-esteem subjects, positive life events were associated with improvements in health. Kaniasty, and Norris, in three analytically different attempts found no support for hypothesis derived from the identity-disruption formulation. Brown, and McGill’s findings did not extend to older persons.

Seidlitz, and Diener (1993) conducted three studies to examine the relationship between the subjective well-being and memory for positive versus negative life events. Endorsement frequencies of positive minus negative concrete events and interpretive events on checklists in studies two and three each correlated with subjective well-being (ps<0.0001) suggesting that both incidence and interpretation contributed to the recall differences.

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Besides, several empirical reports have indicated that the occurrence of minor daily problems was associated with lower psychological well-being and (mild) physical symptoms reports (Lewinsohn, and Libet, 1972; Rehm, 1978; Stone, 1981; Stone, and Neale, 1984; Larsen, Diener, and Emmons, 1986; Clark, and Watson, 1988; Wu, and Lam, 1993).

Lazarus, and Folkman (1984) stated that minor stressors produce physical or emotional stresses as they create discrepancies between the demands of situation and resources of the person, and thereby, increase acute distress.

Miller, and Wilcox (1986) in a study of 30 adults (aged 69-93 years) in a nursing home indicated that hassles were negatively related to psychological and physical health.

Some studies provide indirect information regarding the relationship between stress and well-being. These are cited below:

Dohrenwend, and Dohrenwend (1969), Myers, Lindenthal, Pepper, and Ostrander (1972) found that the psychological symptom scores of individuals changed over time as a function of stressful life events, increasing after a period in which there were more of such events and decreasing after a period in which there were fewer.

Zautra, and Reich (1983) found that negative or undesirable life events account for more of the shared variance between major life events and dysfunction, whereas desirable events relate, primarily to positive adjustment spheres.

Holahan, Holahan, and Belk (1984) in a study on 32 women, aged 65-75 years, found that both negative life events and daily hassles were related to distress and physical symptoms for women.

Dyal, and Chan (1985) in a study found that stressful life events frequency was positively related to distress and impact of stressful life
events was negatively related to distress in female students and sojourners respectively.

Chaleby (1986) studied 150 female psychiatric outpatients and reported that majority stated stressful life events to have contributed to their illness.

Kumari, and Prakash (1986) in an interview of 129 Indian females indicated lower psychological distress among persons with greater number of life events.


Riley, and Eckenrode (1986) in a study of 314 women (mean age 34.7 years) with a mean educational level of 10.7 years, and a mean family income of $ 7500-10,000 per year found that (i) mobilization of social support was associated with better psychological well-being for subjects with greater personal resources; (ii) subjects with lower levels of personal resources were distressed by life events in the lives of their significant others, especially as the number of these events increased; and (iii) sub-group effects of interpersonal support and stress on psychological well-being were independent and separate.

Garg (1992) reported that recent life change experiences and mental health were significantly associated more prominently amongst subjects (N=150 female undergraduates) who were low on emotional self-concept than those who scored high.
Lakey, and Edmundson (1993) studied 128 undergraduates and found that negative life events were associated with increased negative role evaluations over time, accounting for much of the stress-symptom relation.

Harpham (1994) asserted that urbanisation in developing countries involves changes in social support and life events, which have been shown to affect mental health, mainly depression and anxiety, particularly among low income women.

Nelson (1994) studied 11 separated and 27 married women longitudinally and reported that recently separated women mentioned more growth-oriented coping and positive life changes than did married women, but no significant differences were evident six years later.

Dang, and Aggarwal (1995) found that patients of depression reported higher mean stress score than controls. Also, past one year scores out-numbered the life-timed scores, which might have been due to the recency effect and forgetting due to decay respectively.

Spangenberg, and Pieterse (1995) found significant positive correlation between psychological distress and undesirable life changes in Black South African women.

Some studies have also been done by taking daily hassles instead of stressful life events. Some of these provide useful information for our study.

Holahan, and Holahan (1987) replicated an earlier study by these authors, and Belk (1984) on the roles of stress in the prediction of adjustment in aging 52 subjects (aged 65-75 years) who participated in a structured interview, and one year follow-up measures of negative life change events and daily hassles were used to predict psychosomatic symptoms and negative well-being. Results showed that frequency of hassles was the strongest predictor, showing significant relationship with depression and psychosomatic symptoms.
Weinberger, Hiner, and Tierney (1987) investigated the impact of frequently occurring minor stressors on the health-status of 150 low income persons (mean age 65.8 years) with osteoarthritis. Results showed that hassles were better predictors of health-status than major life change events and that the influence of life change events was indirect (that is, it increased hassles, which in turn negatively affected health status).

**Stress and Anxiety**

Constantini, Braun, Davis, and Tervolino (1973) reported that life stress was positively related to the occurrence of anxiety.

Spielberger (1975) stated that the life stressors are situational variables that in combination with an individual's proneness produce anxiety.

Payne (1983) studied the relationship of stress (experienced in the previous year) and anxiety in 287 college undergraduates. Trait anxiety scores were divided into quartiles. Results revealed a significant correlation between life stress and trait anxiety, but only in the first quartile.

Sharma, and Sharma (1984), Nezu (1986), Savita, and Asnani (1993) found a significant positive relationship of nervousness, tension and anxiety with stress.

Blazer, Hughes, and George (1987) in a study of 2,902 subjects (1300 men and 1602 women) from the National Institute of Mental Health Epidemiologic catchment area project in North Carolina found that the association between life events and the onset of new cases of generalized anxiety syndrome varied across demographic sub-groups and type of life event measure. People reporting more negative life events had a three-fold increase in the risk of developing generalized anxiety syndrome.
Hantman, Soloman, and Prager (1994) assessed the effects of prior traumatic experiences, war-bereavement (WB) and war related events on 192 Holocaust survivors during the Gulf War of 1991. Findings revealed that subjects who had prior war related experiences (direct tolerance) were more vulnerable than other Holocaust survivors (indirect tolerance), with a higher sense of danger, lower self efficacy, higher levels of distress, and trait anxiety.

Some studies which indirectly provide some information on the relationship between stress and anxiety are as follows:

Kremer, and Spiridigliozzi (1982) studied short-term and long-term life stress in 90 female college students by studying the effects of laboratory-induced stress on persons with differing levels of life stress. Women with high amounts of life stress reported significantly less anxiety than women with low amounts of the stress in response to failure feedback. They proposed that persons with high amounts of life stress may not be aroused in response to short-term stress because they perceive short-term stress as only "a drop in bucket" compared to events which they have experienced.

Elder (1989) in a study of 104 college undergraduates reported a positive relationship between adaptation and state anxiety.

MODERATORS OF STRESS

The frequent observation of low (but significant) correlations between stressful life events and mental and physical symptomatology has prompted attempts to specify the variables responsible for a buffering or moderating of the illness provoking effects of stress. The list of variables which have shown a moderating effect is extensive. It includes physiological or constitutional strengths, having a high rather than a low income, locus of
control and so on. The current emphasis in stress and illness research is on moderating variables.

Kobasa (1979), Kobasa, Maddi, and Courington (1981), Kobasa, Maddi, and Kahn (1982), and Cummunis (1988) supported the notion that locus of control moderates the adverse effects of stress.

Vinokur, and Selzer (1975) used a specially modified version of the SRE, which yielded separate values for positive and negative life changes and found that the contribution of life events to psychological impairment is mediated by stress that is evoked by some undesirable aspects of the events rather than by change per se.

Lefcourt, Miller, Ware, and Sherk (1981), Nelson, and Cohen (1983) reported a relatively consistent evidence that an internal locus of control serves as a life stress moderator.

Stewart, and Salt (1981) investigated the relationship between life stress and depression and physical illness in a sample of 122 normal adult women (33 year olds). Results indicated that life stress was associated with both illness and depression in the sample but, both type of stress and life style were important moderator of these relationships. It was also reported that work stresses were associated with illness (not depression), and the relationship between life stress and illness was strongest among work centered women. Also, family stresses were associated with depression (not illness) and the relationship between life stress and depression was strongest among housewives.

Kobasa, and Puccetti (1983) examined personality as moderator of the effects of stressful life events on illness onset in 170 executives (age range 32-65 years). Results revealed that the personality hardiness and stressful life events persistently influenced illness scores, the former serving to lower symptomatology, the latter to an increase in negative life events. It
was also found that for subjects low on perceived stress, negative changes had only a minimal impact on depression level, and for subjects high on perceived stress, the relationship was more pronounced.

Krause (1986) examined the role played by locus of control beliefs in mediating the effects of stressful life events on the psychological well-being of older adults (351, mean age 73.4 years). Findings confirmed the hypothesis that elderly persons with extreme internal or external locus of control beliefs would be especially vulnerable to the deteriorating effects of life stress. Results also suggested that extreme internal control beliefs are not entirely detrimental and that those beliefs could lead to the avoidance of certain stressors.

Zika, and Chamberlain (1987) examined three personality variables - locus of control, assertiveness and meaning in life as possible moderators of the relation between stressors and subjective well-being. Results from a sample of 160 students suggested that any moderating effects were not extensive and were mainly limited to the locus of control variables with female subjects. Replication of the study on a sample of 120 community members found no significant moderating effects. Chronic daily stressors (hassels) were found to have a direct effect on well-being reports. Among the personality variables, meaning in life consistently predicted positive well-being and internal locus of control had direct but somewhat less consistent effects.

Rahim (1990) found no evidence for a moderating effect of locus of control.

Adler, and Matthews (1994) reported that quality of life can have a major effect on life stress, and on health.

Korotkov, and Hannah (1994) tested a super-ordinate stress resource model in 510 subjects. It was proposed that externality would
serve as super-ordinate variable moderating the effects of daily stress on physical symptoms. Results failed to support the super-ordinate hypothesis for externality. Main effects were found for sex of subject, prior symptoms, daily stress, emotionality and humour.

Hotard, McFatter, McWhirter, and Stegall (1989) examined extraversion as a moderator of the link between social relations and subjective well-being. Results revealed a relation between externality and happiness (subjective well-being) only for individuals who had poorer social relations.

Indirect evidence is provided by a study done by Kuiper, Olinger, and Lyons (1986) on 120 undergraduates who reported an increase in depression as the negative life change scores increased. Also global levels of stress significantly moderated the relationship between depression and negative life events. It was also found that for subjects low on perceived stress, negative changes had only a minimal impact on depression level; and for subjects high on perceived stress, the relationship was more pronounced.

Rahim, and Psenicka (1996) found moderating effects of locus of control on the relationships of stress variables to psychiatric symptoms.

Work Status and Quality of Life

Some studies report that married women who are employed are more satisfied with life (quality of life), are happier and had better well-being than are married housewives (eg. Spreitzer, Synder, and Larson, 1975; Burke, and Weir, 1976; Ferree, 1976a,b; Gove, and Geerken, 1977; Radloff, 1980).

In contrast, other studies (Poloma, 1972; Marcek, and Ballou, 1981; Tryon, and Tryon, 1982; Ahmad, and Khanna, 1992) found that conflicting
demands associated with the multiple roles of spouse, parent and career person can lead to role conflict and thereby reduce their quality of life.

Oakley (1974) also argued that "women who might like to participate less in domestic affairs have to face the pressure of the norm that women belong in the domain of housework" (p. 153).

Campbell, Converse, and Rogers (1976), Wright (1978) argued that women working outside the home are not happier or more satisfied than women who are not working.

Newberry, Weissman, and Myers (1979) also did not find significant differences between employed and unemployed married women on quality of life.

Pleck (1985) stated that role conflict deteriorates quality of life.

Pietrimonaco, Manis, and Makus (1987) in a study of 853 women in age range 25-59 years found that career-oriented women who were employed full-time were happier with themselves and their lives as compared to unemployed women.

Saxena (1996) examined the influence of employment status (working and non-working) on life satisfaction and perceived happiness among 80 women (40 employed and 40 unemployed) in Bhopal. Findings revealed that non-working women experienced greater life satisfaction compared to working women and attributed their happiness to the home environment.

Some of the indirect evidences which provide useful information are cited below:

Powell (1977) reported that full-time employment was associated with lower psychiatric symptom scores (better mental health) than was part-time employment among college educated married women in the "empty nest" stage of life.
Chassin, Zeiss, Cooper, and Reaven (1985) found inter-role conflict in 83 dual worker couples (husbands' mean age 30.94 years; wives' mean age 29.37 years) with preschool children.

Siddiqui, and Shah (1997) in a study of Pakistani women found that majority of women still performed traditional roles, though they were aware of the changing society. This difference between traditional roles and changing society, often results in conflicts which can lead to emotional distress.

Quality of Life and Anxiety

Beck (1987) stated that fatigue and anxiety reduce the quality of life of an individual, and reduced quality of life is one of the most important health outcomes of illness.

However, Conn, Taylor, and Wilman (1991) in a study of 65+ year olds, 94 adults regarding relationships between anxiety and quality of life reported that anxiety does not affect quality of life.

Work Status and Well-Being

Feld (1963) in a study of employed mothers reported that employed mothers viewed themselves more positively and experienced fewer psychosomatic and physical symptoms than others who did not work for pay.

Astin, Suniewick, and Dweck (1971), and Bernard (1972) also stated that working women report better well-being than unemployed women.

Newberry, Weissman, and Myers (1979) in a study found that housewives as compared to working wives experienced greater 'work impairment' feeling of inadequacy, disinterest, and hence lowered well-being.

Keith, and Schafer (1982) in an investigation of 87 married women reported that positive work orientation, high self-esteem, less time spent at
work, and satisfaction with domestic task were linked with lower depression and better well-being among married women.

Lewin - Epstein (1986) surveyed 416 married women (aged 25-65 years) residing in urban communities, to identify several dimensions of ill-health and to examine the role of employment in each. Results indicated that although employment had a positive effect on all measures of health (index of general well-being) it increased the likeliness of mild symptoms.

Pietromonaco, Manis, and Frohardt (1986) studied potential negative and positive consequences from multiple roles, using data collected from 500 employed women in a 1981 survey. Overall findings indicated that for employed women having multiple roles enhanced their psychological well-being.

House, Landis, and Umberson (1988) found employment to have the most consistent positive health effects.

Shukla, and Saxena (1988) gathered data from married women working in clerical jobs (N=74) and in professional jobs (N=45) and having one child under 18 years living at home. Results revealed that as compared to clerical women, professional women had greater satisfaction with both house-work and paid-work, and experienced more job challenge, and both groups were better off as compared to housewives.

Repetti, Matthews, and Waldron (1989) stated that women's employment does not have a negative effect on their health, on average. Indeed, it appeared to improve the health of unmarried as well as married women who had positive attitudes towards employment.

Rogers, and Marbides (1989) compared the psychological and physical well-being of 243 Mexican American women (aged 32-68 years) who had or no longer had children present in the home. Findings revealed
that employment was significantly related to lower depressive and physical symptomatology.

Kibra, Barnett, Baruch, Marshall, and Pleck (1990) studied 403 women (ages 25-55 years) and found that women who were satisfied with their home making role as well as their paid work role showed enhanced well-being.

Nathawat, and Mathur (1992) compared the subjective well-being in Indian educated housewives (N=200) and working women (N=200) and found that working women had significantly better well being than housewives.

O'Driscoll, and Humphires (1992) in a study done on managerial women suggested that women experienced greater pressures from their job demands than from their responsibilities at home, and in the process of maintaining a balance, many face role conflict and reduced well-being.

Malik (1993) stated that reduced well-being results from the greater demands on women, whether they are working or not.

Some studies though not providing direct evidence need to be mentioned here as they are indirectly related to the present context.

Cole, Covey, Kapsa, and Branch (1965) stated that employment reduced mental illness.

Kessler, and McRae (1982) found employed women to have better mental health than unemployed women.

Krause (1983) collected data from a community survey of 134 full-time housewives and revealed that the greater the degree of conflict in the marital dyad over the expectations of female role, the greater the dissatisfaction of the housework, and they showed high depressive symptoms.
Muller (1986) explored the associations of employment and home responsibilities with health of employed women and homemakers. It was suggested that better health was associated with desired positive role such as marriage; worse health was associated with unwelcome role expansions such as child disability etc.

Baruch, Biener, and Barnett (1987), and Croby (1987) stressed that characteristics associated with work and family roles (for instance, quality of roles, and levels of demands and responsibilities) are strongly related to poor mental health than are the number and constellation of roles.

Voydanoff (1988) stated that specific combinations of work and family roles (for instance, married clerical workers with children) are negatively related to health.

Mukhopadhyay (1996) compared a group of 100 working mothers and 100 non-working mothers (aged 25-50 years) living in Calcutta, and found no difference in two groups of subjects with respect to their physical health (such as blood pressure) and mental health (such as anxiety score, and general health scores).

Singh, and Bawa (1996) equally divided into 4 groups, a sample of 200 women (150 working and 50 non-working) between ages 25-50 years. They found that working women were better adjusted to home and social circle than non-working; and also non-working women had better adjusted to their emotional problems than working women.

The basic question in existing studies about women’s employment and life satisfaction, i.e., who lead a more satisfying life-the women with a job outside the home or the full-time housewife, remains unanswered. Research has revealed contradictory findings. Some authors have concluded that housewives are less satisfied with life (Ferree, 1976a), have a lower sense of well-being and higher rates of mental illness than working
women (Bart, 1970; Bernard, 1972; Gove, 1972). On the other hand, Matthews, and Tiedeman (1964), and Lundberg, and Farnham (1965) found role conflict to affect women's well-being in a negative fashion.

In contrast, others (Menaghan, 1989; Helson, Elliot, and Leigh, 1990; Thoits, 1992) showed little evidence of any consistent and meaningful relationship between the number of roles and psychological well-being. Also, Feld (1963), Sharp, and Nye (1963), and Wright (1978) found little difference between employed and unemployed women in terms of sense of well-being.

Locus of Control and Well-Being

Researchers have suggested that more control an individual feels he/she can exert over the reinforcement in his/her life, the less likely he/she is to exhibit indices of maladjustment (DuCette and Wolk, 1972), or anxiety (Strassberg, 1973). Lefcourt (1980) stated that having a sense of control over the stressful life events can enhance or control the present well-being of a person.

Bandura (1986), Flammer (1990), Little, Oettingen, Stetsenko, and Baltes (1995), and Skinner (1995) reported that perceived control over situation led to the development of acquired competence in specific situations and thus maintaining one's well-being.

Zautra, and Reich (1980) found that only the frequency of positive events over which people felt they had control was related to measure of well-being, whereas frequency of positive events over which people had no control were not.

Indirect evidence was provided by the following studies:
Calhaun, Cheney, and Dawes (1974) in a study of female undergraduates found a positive relationship between the degree of depressed mood and the tendency to hold oneself responsible for it. Strassberg, and Robinson (1974) reported that intemality was associated with higher levels of self-esteem and with better psychological adjustment.

Role Conflict in Working Women

Nye, and Hoffman (1963) stated that working woman is involved in a complex role in which various socio-cultural and economic factors are inter-related. If her role as a provider is compatible with other roles she plays, it may be positive; if not, negative results are expected. Hall, and Hall (1980) found that working women experience high stress and role conflict as compared to non-working women as they are expected, without much support from their husbands, to fulfill the roles of both home-maker and working person simultaneously.

Haynes, and Feinleib (1980) in a study of clerical workers with two or three children at home reported that household work coupled with clerical work becomes particularly burdensome.

Barnett, and Baruch (1981), and Baruch (1984) also stated that the role of paid worker may less stressful to a woman than her more traditional roles.

Whyte, and Whyte (1982) indicated the existance of role conflict in the vast majority of Asian women who work outside home as is evident from their willingness to stay at home and look after their children. Exception is there in highly educated career-oriented women.

Dowd (1983) in a New York Times poll found that employed women did not experience any role conflict. It was also reported that when asked
about the most enjoyable aspects of being a woman, motherhood and career were mentioned equally often.

Begum, and Taaneem (1984) in a study of Bangladeshi women found that the higher the income of career women, the lower their role conflict. Women in low income group would face more role conflict.

Researchers have shown that participation in multiple roles for women modifies the stress of any particular role (Kandel, Davies, and Raveis, 1986; Stoller, and Pugliesi, 1989; Crosby, 1991).

King, and Winell (1986) studied levels and sources of stress in married working women (mean age 35.7 years). 55 clerical and 57 professional women were administered a 72 question survey on problems and issues facing working wives. Results indicated higher role conflict among clerical workers.

Majewski (1986) studied the relationship between employment status and role conflict in 86 mothers. Results showed no significant differences between employed and unemployed subjects in relation to role conflict.

Katz (1989) analyzed dual role behaviour of 1500 Israeli working mothers. It was reported that the working mothers tended to invest their resources in achieving a balance between the roles and not in maximizing their professional achievements. The ability to regulate role tasks successfully and to benefit from role enrichment was found chiefly among working mothers rich in resources.

A combination of career and family roles is often associated with conflict and stress (Frone, Russell, and Cooper, 1991; Rout, and Rout, 1993).

Gutek, Searle, and Klepa (1991) in a study on female employees found that women reported greater work interference in family life.
Moen (1992) also stated that meshing of work and family roles represents the private dilemma of individual women and their families.

Gallagher, and Delworth (1993) studied employed women working a 'first shift' in occupations that often provide less leisure, pay lower wages and may be more demanding than traditional male occupations. Employed women then work a 'second shift' of housework and child care with little participation from their husbands. Research suggested that this could lead to dissatisfaction and stress among such women, and they could also face role conflict.

Bharat (1999) compared the responses of 100 Indian career women in professional and high paying jobs with those of 100 Indian women who held low level jobs concerning their 'perceptions' of Indian women. It was found that as compared to non-professional, professional women emphasized the ability of Indian women to strike a balance between their family and work spheres.

Chowdhury (1995) found that 38% of the employed mothers in the study were not happy with their work outside home and left guilty for neglecting their children and family.

Moore, and Gobi (1995) studied females in female-type occupation (40 professor and 72 teachers) and compared them with women in a male-type occupation. It was found that as the burden at home contributed more to role conflict than burden at work, women in male-type occupation (which requires increased hours of work) report less role conflict than women in female-type occupations.

Napholz (1995) studied role conflict in 106 multiple-role working women and found that subjects whose work had first or equal priority had significantly higher mean role conflict scores than subject who put their relationships first.
Bidhyadhar, and Sahoo (1997) in a study of women professionals found that harmony between work and family negatively correlated with conflict factors.

Rout, Lewis, and Kagan (1999) reported that role conflict, pressures associated with child-care, and family-care were sources of stress for Western women.

Indirect evidence provided by the following studies which can be helpful in the present context.

Pines, and Kafry (1981) studied 424 professional women in three generations (mean age 21, 34 and 66 years) who were questioned about life-styles, life stresses, and life attitudes. Role conflict rather than number of roles was found to be a positive correlate of tedium.

**Role Conflict and Well-Being**

Gove, and Tudor (1973) found that involvement in both work and family roles is a source of conflict for women which is detrimental to their health.

Sieber (1974), Gove, and Geerken (1977), Spreitzer, Synder, and Larson (1979), and Moen, Dempster-McClain, and Williams (1989) indicated that the accumulation of more roles provides the individual with heightened security and greater privileges, thus enhancing well-being through multiplying social identities.

Long, and Porter (1984) stated that the relationship of involvement in multiple roles to psychological well-being is determined not only by the number of roles but also by the nature of particular roles.

Barnett, and Baruch (1985b) in a study of 238 women (aged 35-55 years) in six role patterns involving different numbers of combinations of roles such as employment, marital status and parenthood reported that the
number of roles played by women lead to higher role conflict, but not greater anxiety. Also, women who held all the three roles were highest in overall well-being.

Anderson - Kulman, and Paludi (1986), Froberg, Gjerdingen, and Preston (1986), Bermado, Shehan, and Leslie (1987), and Noor (1995) indicated that what is important to women's well-being is the quality of experiences within roles, and not the number of roles occupied.

Coverman (1989) examined the effect of role conflict on stress related outcome in 249 married females. Results revealed that role conflict increased psycho-physical symptoms.

O'Driscoll, and Humphires (1992) in a study done on managerial women suggested that women experienced greater pressures from their job demands than from their responsibilities at home, and in the process of maintaining a balance, may face role conflict and reduced well-being.

Ozer (1995) conducted a study to examine the relationship between multiple roles and well-being of 42 full-time professional women (age 20-44 years) one month after they returned to jobs after the birth of their first child. Results revealed that greater child-care responsibility combined with job is associated with lower well-being and greater psychological distress.

Sharma, and Pandey (1996) in a study of 100 working and 200 non-working women reported that as compared to earlier years, there was an increase in depression among non-working women; and an increase in anxiety among working women.

Vencatesan (1996) in a study of 94 mothers (age 22-35 years) of young children falling in low income groups found that all women perceive motherhood as their primary role. However, balancing multiple roles, mothers' well-being was found to be severely hampered.
Indirect evidence is provided by Steffy and Ashbaugh's (1986) study where they examined the structural relationship between dual-career planning, and inter-role conflict among 118 married female professionals. Inter-role conflict was found to be negatively associated with mental satisfaction.

Tulman, and Fawcett (1990) conducted a study on employed and non-employed mothers, and reported that although employed subjects performed more roles, the two groups appeared very similar on health variables.

Stephens, Franks, and Townsend (1994) in a study of 95 women found that an accumulation of role stress across roles was related to poorer well-being, whereas an accumulation of role rewards was related to better well-being.

Work Status and Anxiety

Walker, and Walker (1980) studied 345 women (mean age 34.4 years) to determine if anxiety was related to employment. Results revealed that subjects not employed outside their homes had slightly higher levels of anxiety than the employed subjects.

Barnett, and Baruch (1985b) in a study of 238 Caucasian women (aged 35-55 years) found that role-conflict (intra) was strongly related to anxiety only among non-employed women.

Haavio-Mannila (1986) on the basis of survey data on symptoms of anxiety concluded that anxiety rates of employed wives were relatively high compared with those of non-employed wives.

Malik (1993) stated that anxiety results from the greater demands on women, whether they are working or not.
Mukhopadhyay, Dewanji, and Majumdar (1993) compared a group for 94 working and non-working mothers in respect to their anxiety level. Findings indicated that anxiety levels of both the groups were similar, although the non-working subjects obtained significantly higher anxiety scores.

Mukhopadhyay (1996) in a study of 100 college teachers and 100 housewives (aged 25-50 years) living in Calcutta found no difference in two groups on anxiety.

Sharma, and Pandey (1996) conducted a study on 200 women (10 working and 100 non-working) and found an increase in anxiety among working women as compared to previous years.

Singh (1997) in a sample of 20 working and 20 non-working women (each group having 10 women of 25 years and 10 women of 40 years) found that working status of women had a significant effect on anxiety.

Locus of Control and Anxiety

Butterfield (1964), Liberty, Burnstein, and Moulton (1966), Feather (1967), Ray, and Katahn (1968), and Amston (1986) supported that externals are generally more anxious than internals.

Mandler, and Watson (1966) found that individuals who score in the external direction on the locus of control scale tend to be more anxious than those who score in the internal direction.

Watson (1967) in a study of 506 female and 142 male university students found that the more external ones appraised locus of control is, the more anxiety one reports. A correlation of 0.39 ($p<0.01$) between measure of anxiety and the extent to which persons tend to perceive significant life events as outside their ability to control them was reported.
Corah, and Boffa (1970) found that under certain circumstances, subjects exhibited less stress in a situation in which they believed that they could terminate an electric shock than if they believed that they could not terminate it.

Phares, and Lamiell (1974) studied 126 undergraduates and reported that externals were generally more anxious than internals.

Archer (1979) reported a meaningful relationship between externality and trait anxiety.

Rajamohan, and Kuppan (1980) conducted a study on 225 male and 283 female graduate students in Madras. Results revealed no significant relationship between locus of control and the levels of anxiety.

Biaggio (1985) in a study of Brazilian female college students found a significant positive relationship between externality and trait anxiety.

Ismail, and Kong (1985) studied 375 third grade Malaysian students from lower socio-economic status. Regression analysis indicated that locus of control was a significant predictor of state anxiety and trait anxiety.

Jones, and Page (1986) in a study of 222 undergraduates indicated that perceived locus of control was shown to suppress reported anxiety to some extent.

Kothari (1993) investigated the effect of locus of control on anxiety in 109 female tenth graders. Results showed that people with more external locus of control were more anxious than internals.

Davey (1994) in a study of 101 subjects (21-77 years) suggested that the uncontrollability of the stressor may be significantly less important than trait factors in generating worrying about a life stressor.

Indirect evidence is provided by a study conducted by Susman, Dom, and Fletcher (1987) who compared 7-20 year old paediatric oncology,
obese and healthy subjects, and found that subjects higher on anxiety were lower on perception of control over illness.