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CHAPTER-III
CONCEPTS AND THEORIES

3.1 CONCEPTS

A concept refers to a general idea derived or inferred from specific instances or occurrences. It may be thought or notion which is conceived in the mind. The concepts used in the present study have been illustrated as follows:-

3.1.1 Health

Health is an age-old concept. In old English the idea appeared as *haelen* (“to heal”), and in Middle English as *helthe*, meaning to be sound in body, mind, or spirit. The classical Greek definition of Medicine was to “prolong life and prevent disease,” or in other words to keep people healthy (Cook, 2004). Similarly, medicine in ancient India was called *Ayuurveda*, or the science of life or health. By the 17th Century, most medical textbooks commonly used the term *restoration*. By the end of 19th Century, the world *health* was replaced with the word *hygiene* (Cook, 2004). In 1948, World Health Organization (WHO) defined health in its constitution as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1974).

Among the many concerns of humankind, the ability to lead a life free from illness or disability during old age is a dominant one. Health is thus a key factor to livability. For older persons, health determines their ability to perform the task that facilitates their participation in society. Society for its part depends on the good health of its members to enable them to perform their roles adequately, be they of an economic, community or family nature (World Health Organization, 2002).

To a layperson, health would mean a sound physical body. It is more so, a condition of a body that helps a person to perform his day-to-day activities to the expectation of others (Mehta, 1992).

The concept of health is variable from culture to culture, and the study of what is considered in each context to be the absence of disease or the state of
positive well-being whether physical, psychological, or both, involves not only the study of definitions and theories of disease but conditions and elements which contribute to the concept of the person and his or her development and relationship to the world and to others (Seymour-Smith, 1986).

Health can be conceptualized in three major ways: the medical model (or physical definition); the functional model (or social definition); and the psychological model (or the subjective evaluation of health) (Borgatta and Montogomery, 2000).

3.1.2 Ageing

Ageing is a natural, irreversible and biological process. Age is the chronological indicator of ageing but the particular age at which the individual are considered 'old' considerably varies over time and space. The term 'old' signifies to a certain extent, deterioration in an individual's biological, psychological and health related capabilities and consequent changes in social roles. In other words, a person is considered 'elderly' either chronologically or functionally. The chronological definition of old age implies how many years a person has lived or how many birthdays have passed. Generally, age of sixty is considered as a chronological age for entering into the phase of 'elderly'. Functional definition of elderly generally incorporates notions of 'later maturity' and 'old age'. While the former refers to the time when one has a sense of closeness with one’s spouse, less physical energy and greater susceptibility to illness and later is the period when one becomes fragile and susceptible to death (Sidhu, 2011).

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The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people.

In cases it is the loss of roles accompanying
physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible (Gorman, 2000).

3.1.2.1 Healthy Ageing: The phrases “healthy ageing”, “successful ageing” and “active ageing” have become increasingly common in research protocols, reports and policy documents. World Health Organization (2002) states: “Active Ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age”.

The Swedish National Institute of Public Health (2006) defines healthy ageing as the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.

Health promotion, preventive measures, and a positive approach to ageing are needed to improve the quality of life for older people. Health promotion is defined as the process of enabling people to increase their level of control over, and to improve, their health (World Health Organization, 1986).

Health Promotion represents a comprehensive social and political process. It entails action to strengthen individuals’ skills and capabilities and to change unsatisfactory social, environmental and economic conditions in order to alleviate their impact on public and individual health. Participation is essential for sustaining health promotion.

Evidence indicates that the introduction of healthy ageing could lengthen life and improve the quality of life of the elderly so that they can remain healthy, active, independent and productive (Bone et al, 1995).

3.1.2.2 Elderly: The term elderly encompasses a whole array of irreversible biological and psychological changes that occur in a genetically mature human being with the passage of time, adversely affecting its survival and adjustment potency and eventually leading to death. On the other hand, psychologically an elderly person experiences a general decline in the mental abilities that accompany old age. Socially, the term is totally distinctive from
the biological and psychological connotations of the elderly. It refers to that stage of an individual where he/she has to give up certain adult roles, with or without substitute roles, even though their biological and mental ageing may not need such changes (Sidhu, 2011). Thus, in the present study, the elderly were defined as all those individuals who had attained 60 years of age.

3.1.2.3 Institutional Care: Change in the value system and life styles in a state of flux along with the decline of family solidarity, institutions or old age homes (concept used in India) are being established to care for the sick, destitute and unwanted elderly. To institutionalized means to place in or commit to the care of a specialized institution; to accustom a person to the care and supervised routine of an institution. The characteristics generally associated with institutional life are regulation, regimentation, standardization and impersonality (Webster, 1961). Institutionalization therefore means the quality or state of being institutionalized. The institutionalized are those who are mostly forced to live under protection due to adverse circumstances such as lack of family support, unwillingness or incapability of family to take care of them, lack of financial resources, etc. and are taken care of by the persons employed in the institution.

3.1.2.4 Old Age Homes: The fading joint family system in India and other innumerable factors has given rise to west-inspired phenomena of old age homes. Surprising cost of living and scanty return on savings have almost pushed the senior citizens on roads.

Life expectancy is steadily increasing, but cities are no longer safe nor do friendly neighbors a certainty. Children either settle abroad or in some other states, for better career opportunities.

Elders have started walking out of their own home in search of a journey that promises peace, joy and celebration of life with a group of people who share the same boat of life (the wrecked one). Also, some of the life’s hard-to-swallow problems such as insecurity, loneliness and lack of companionship become a daily reality for these elderly persons.

A question arises whether such elder homes are a bane or a boon in present changed circumstances? Old age homes is a boon for those elderly who are
neglected, dumped, and abused by their children; whose children are abroad or outside their city; who lack family support; for those living alone, widows and widowers; those living without children or anyone to look after and for those who cannot carry on with daily chores like washing, cooking, etc. by themselves. However, while living in an old age homes, one has to adjust oneself with the rules and regulations of such homes such as specific meal timings, food habits, servants’ behaviour, attitude, etc. It is a bane when senior citizens are forced to live in old age homes despite having their own children. Mushrooming of old age homes will only make children give up their responsibilities and send their parents to such homes.

3.1.3 Stress

Lazarus (1990) conceptualized stress as a complex multivariate process resulting from a broad system of variables involving inputs, outputs and the mediating activities of appraisal and coping. According to a transactional process, stress is dynamic, constantly changing as a result of continual interplay between person and environment.

Stress involves the perception of discrepancy between what is expected and the coping resources available to the individual. It is an intervening variable that sets off a coordinated pattern of compensatory responses having behavioural autonomic and experiential aspects (Goldstein, 1990). Stress is considered a response to a situation that demands that the individual adapt to a change physically or psychologically (Chatterjee, 1992).

Stress response consists of physiological arousal, subjective feelings of discomfort, and the behavioural changes people experience when they confront situations that they appraise as dangerous or threatening. Stress causes emotional distress and many impair physical functioning, so it is important to learn effective stress coping strategies (Auerbach, 1996).

Cohen et al. (1997) hold that stress is “a process in which environmental demands tax or exceed the adaptive capacity of an organism, resulting in psychological and biological changes that may place a person at risk for disease.”
Edworthy (2000) observed that stress can result in physical ill health, a lowering of job satisfaction and a loss of sense of achievement. These changes by their very nature will impair the quality of individual’s life.

Stress is a universal phenomenon that often results in intense distressful experiences that can have a tremendous influence on one’s behaviour and is usually associated with a negative feeling (i.e. feeling tense, worried and under strain). It can generally be defined as any environmental demand or circumstance that creates a threat or state of tension for our well-being, which requires change, adaptation or exertion of our coping abilities (Morris and Maisto, 2003).

Stress is an inevitable part of our lives. No one can escape stress, and as Hans Selye puts it “complete freedom from stress is death”. If stress is such an omnipresent part of one’s lives then one must also cope with it continuously in order to survive. Lazarus (1980) describes the situation better when he says, “Stress and coping are the two faces of the same coin” (c.f. Mohan and Sehgal, 2005).

Life can be stressful. Everyone faces a different mix of demands and adjustments in life, and anyone of us may break down if the going gets tough enough. Under conditions of over-whelming stress, even a previously stable person may develop temporary (transient) psychological problems and lose the capacity to gain pleasure from life. This breakdown may be sudden, as in the case of a person who has gone through a severe accident or fire, or it may be gradual, as in the case of a person, who in a deteriorating marriage or other intimate relationship, has been subjected to prolonged periods of tension and challenges to his or her self-esteem. Most often the individual recovers once the stressful situation is over, although in some cases there may be long-lasting damage to self-concept and an increased vulnerability to certain types of stressors. Today’s stress can be tomorrow’s vulnerability. In case of a person who is quite vulnerable to begin with, of course, a stressful situation may precipitate more serious and lasting psychopathology (Carson et al., 2007).
3.1.3.1 Stressors: Stressors are specific kinds of stimuli whether physical or psychological, they place demands on us that endanger our well-being and requires us to adapt in some manners. The more the demands of a situation outweigh the resources, the more stressful a situation is likely to be. Stressors differ in their severity. They can range from micro stressors—the daily hassles and minor annoyances, such as difficult colleagues, traffic jams, and academic deadlines to more severe stressors. Major negative events, such as the death or loss of a loved one, an academic or career failure, a serious illness or being the victim of a serious crime, place storing demands on us and require major efforts to cope (Resick, 20005).

3.1.4 Coping

The word ‘coping’ has been used mainly with two meanings: a way of dealing with stress, or the effort to master conditions of harm, threat or challenge when a routine or automatic response is not readily available. Coping is also related to the quality and intensity of emotional reactions (Lazarus, 1974).

Coping can be defined as the "constantly changing, cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus and Folkman, 1984). According to Kleinke (1998), this definition can be viewed as having three key features, namely: coping involves a certain amount of effort and planning; coping responses are not assumed to always be positive; and coping as a process takes place over time.

A two phase process was described by Lazarus and Folkman (1984) when individuals experience a stressor. The first, namely appraisal, can be subdivided into primary and secondary appraisal. Primary appraisal is the initial evaluation the individual makes of whether an event is irrelevant, relevant but not threatening, or stressful. When the individual sees an event as stressful, he/she is likely to make a secondary appraisal, which implies an evaluation of coping resources and options for dealing with the stressful situation (Lazarus and Monat, 1991). The second phase, namely the coping appraisal, is conceptualised not as what the individual should, would or could do, but rather what the individual in fact does as he/she reacts to a specific stressful condition (Lazarus and Folkman, 1984).
According to Lazarus and Launier (1978), coping is the "efforts, both action-oriented and intra psychic, to manage i.e. to master, tolerate, reduce and minimize, environmental and internal demands and conflicts among them which exceeds a persons' resources".

Coping refers to the cognitive and behavioural efforts to manage specific external or internal demands (and conflicts between them) that are appraised as taxing or exceeding the resources of a person (Lazarus, 1991).

Coping is a set of cognitive and affective actions which arise in response to a particular concern. They represent an attempt to restore the equilibrium or remove the turbulence for the individual. This may be done by solving the problem (that is, removing the stimulus) or adjusting to the concern without bringing a solution (Frydenberg and Lewis, 1993a).

According to Mohan (2003), coping is a continuous cognitive and behavioural process of overcoming stress and stressful consequences of external forces.

3.1.4.1 Coping Strategies: Researchers have systematically examined coping strategies among different people. Usually coping strategies have been divided into two types i.e. problem-focused and emotion-focused. Others add a third style: appraised-focused coping based on cognitive analysis, redefinition and avoidance.

Antonovsky (1979) described three components of coping strategies viz. rationality which means the accurate objective assessment of the stressful situation, flexibility which means considering number of different possible ways of dealing with a stressful situation and farsightedness which means thinking through the consequences and discussing the problem with someone else.

Moos and Billings (1982) have organized the dimensions of coping into three dimensions: Problem focused coping which seeks to modify or eliminate the source of stress; Emotional focused coping which includes responses whose primary function is to manage the emotions aroused by stressors and thereby maintain effective equilibrium; and Avoidance focused coping which involves attempts to define the meaning of a situation and includes such strategies as logical analysis and cognitive redefinition.
Lazarus and Folkman (1984) opined that one’s efforts to cope may be problem-focused where focus is to decrease stress by changing person-environment relationship and emotion-focused where focus lies on the way one interprets the stress. The construct of problem-focused coping is based on a person’s capability to think and to alter the environmental event or situation. Examples of this strategy at thought process level include utilization of problem-solving skills, interpersonal conflict resolution, advice seeking, time management, goal setting, and gathering more information about what is causing the stress. Examples of this strategy at behavioural or action level include activities such as joining smoking cessation program, compliance with a prescribed medical treatment, adherence to a diabetic diet plan, etc. In the construct of emotion-focused coping, the focus is on altering the way one thinks or feels about a situation or event. Examples of this strategy at thought process level include denying the existence of stressful event, freely expressing emotions, avoiding the stressful situation, making social comparisons, and looking at the bright side of the things. Examples of this strategy at behavioural or action level include seeking social support to negate the influence of the stressful situation, use of exercise, relaxation or meditation; joining support groups, etc. Negative examples include escaping through the use of alcohol and drugs.

Moos and Schaefer (1993) have proposed four basic types of coping processes namely cognitive approach coping, behavioural approach coping, cognitive avoidance coping, behavioural avoidance coping.

3.1.5 Happiness

Happiness is a state of mind or feeling characterized by contentment, love, satisfaction, pleasure, or joy (Cambridge Advanced Learner’s Dictionary). A variety of biological, psychological, religious, and philosophical approaches have striven to define happiness and identify its sources.

Aristotle’s view is that happiness (eudaimonia) is "an activity of the soul in conformity with excellence or virtue, and if there are several virtues, in conformity with the best and most complete."
Argyle et al. (1989) conducted research in the area of subjective well being and reported that happiness is composed of three related components: positive affect, absence of negative affect and satisfaction with life as a whole. In addition to these, Ryff (1989) added a fourth component of happiness that concerns self-fulfillment and other “depth” elements such as purpose in life and personal growth. Happiness is not merely a transient emotional state, short lived and completely dictated by environmental events (Veenhoven, 1994).

Webster’s Encyclopaedic Unabridged Dictionary of the English Language (1994) defines happiness as the quality or state of being happy; an agreeable feeling or condition of the soul arising from good fortune or pleasure of any kind; the state of contentment, felicity and aptness.

Myers and Diener (1995) described happiness as inclusion of experience of joy, contentment or positive well being, combined with a sense that one’s life is good, meaningful and worthwhile. Happiness is a subjective phenomenon for which the final judge should be ‘whoever lives inside a person’s skin’.

Lu and Shih (1997) opined that “the most general description of happiness would be an internal experience of a positive state of mind which can be induced through various means”.

Seligman and Csikszentmihalyi (2000) opined that: “One’s enduring level of happiness results in three factors:

a) One’s set range- the basic biologically determined range within which one’s happiness normally be;

b) The circumstances of one’s life- the conditions such as being married and living in a democratic country somehow seem to contribute to happiness

c) One’s voluntary control- the things you can do to get your happiness to the upper part of your set range.”
Happiness is a result of acceptance. Those who operate with greater mental constraints, for whatever reason, sometimes seem to have an easier time accepting their circumstances, their environment, and themselves, because they are not given to long-winded inner dialoguing and mental journeys into the various nuances of their perceived reality. Thereby, a so called simple minded person can shrug their shoulders and carry on, accept what is, and that is what creates the avenue for the experience of happiness.

3.1.6 Optimism

A useful definition of optimism was offered by anthropologist Lionel Tiger (1979): "A mood or attitude associated with an expectation about the social or material future- one which the evaluator regards as socially desirable, to his/her advantage, or for his/her pleasure". According to him, optimism is predicated on evaluation on given affects and emotions. Contemporary approaches usually treat optimism as a cognitive characteristic – a goal, an expectation, or a casual attribution – which is sensible so long as we remember that belief in question concerns future occurrences about which individuals have strong feelings.

Optimism is an inclination to put the most favourable construction upon actions and events or to anticipate the best possible outcome (Merriam-Webster's Online Dictionary, 2007). Scheier and Carver (1985) defined optimism as "the tendency to expect the best possible outcome or to think about the most hopeful aspects of any situation".

Optimism is not just a cognitive characteristic: It has inherent emotional and motivational components (Carver and Scheier, 1990). More generally, optimism in the form of wishful thinking can distract people from making concrete plans about how to attain goals (Oettingen, 1996).

Optimists are people who see the glass as half full. Some evidence indicates that optimists – people who have general expectancies for good outcomes (Scheier and Carver, 1988). They focus on problem-focused coping: making and enacting specific plans for dealing with sources of stress. They also seek to obtain social support – the advice and help of others (Carver et al., 1993).
Optimism acts by several pathways to ensure better health. First, optimism affects a person’s efforts to avoid illness by increasing attention to information about potential health threats. Secondly, optimism directly improves coping. Third, optimism acts through its influence on the maintenance of positive mood.

3.1.7 Social support

The term “social support” is often used in a broad sense, including social integration. However, social integration refers to the structure and quantity of social relationships, such as the size and density of networks and the frequency of interaction, but also sometimes to the subjective perception of embeddedness. Social support, in contrast, refers to the function and quality of social relationships, such as perceived availability of help or support actually received. It occurs through an interactive process and can be related to altruism, a sense of obligation, and the perception of reciprocity.

Social support is a companionship from others that conveys emotional concern, material assistance, or honest feedback about a situation. In stressful situations, people who perceive a high level of social support may experience less stress and may cope more effectively (Straub, 2007).

Social support is the help obtained through social relationships and interpersonal exchanges (Heaney and Israel, 2002). It refers to a support system that provides assistance and encouragement to individuals with physical or emotional disabilities in order that they may better cope. Friends, relatives, peers, usually provide informal social support while formal assistance is provided by churches, groups, etc. It is a network that is available in times of need to give psychological, physical and financial help.

Social support can occur naturally, in the form of parents, spouse, other family members and friends or it can be created artificially by the health educator. House (1981) classified social support into the following four types:

i) Emotional support, which entails providing understanding, love, caring, and reliance.
ii) Informational support, providing information, guidance, and counseling;

iii) Instrumental support, refers to providing concrete assistance and support, and

iv) Appraisal support, which entails providing evaluative assistance.

In terms of its functional value, social support can have a main effect on various outcomes, or it can interact with the experience of stress. It has been postulated that social support might reveal its beneficial effect on health and emotions only in times of distress, as it buffers the negative impact of stressful events (Cassel, 1976). This moderating impact is known as the stress-buffering effect.

Many studies have demonstrated that social support acts as a moderating factor in the development of psychological and/or physical disease (such as clinical depression or hypertension) as a result of stressful life events (Kenneth et al., 2005). As such, it is a critical component in the assessment of overall well-being. There is growing evidence to suggest that social support affects humans differently throughout life, suggesting that the need to receive and provide social support shifts across development.

Another model explaining the function of social support is grounded in evolutionary theory, which posits that social support is more likely to be provided to individuals who are more genetically similar to the provider (known as kin selection), thereby the pro-social behaviors may be explained by the evolutionary necessity to promote the survival of provider's genes and the survival of the provider themselves (Brown et al., 2003). This model is known as the provided-support model.

3.1.8 Intelligence: Emotional and Spiritual

The success of any individual whether internal and external, is determined by three types of intelligence that determine our inner and outer success in life i.e. Intelligence Quotient (IQ), Emotional Quotient (EQ) and Spiritual Quotient (SQ).
IQ associates with having high logical, strategic, mathematical and linguistic talents where EQ relates well with others, have high self-esteem and respond appropriately to situations. The third paradigm of intelligence, i.e. SQ allows us to utilize our IQ and EQ in a unified way to express our gifts in the world in a way that improves not only our life but the life of other beings, too. SQ is truly a global intelligence (Helliwell, 2001).

3.1.8.1 Emotional intelligence (EI): The rules for work are changing. We are being judged by not how smart we are but how well we handle each other and ourselves. Our each and every action is systematically controlled by emotions; this is essential premise of Emotional Quotient (EQ). To be successful requires effective awareness, control and management of one's own emotions and those of other people.

There are a plethora of prominent authors who have defined “Emotional Intelligence” through varied perspectives that have been delineated below:

Emotional Intelligence has often been conceptualized as involving much more than ability at achieving, assimilating, understanding and managing emotions. These alternative conceptions include not only emotion and intelligence per se, but also motivation, non-ability dispositions and traits, and global, personal and social functioning (Goleman, 1995).

The Four Branch Model of emotional intelligence describes four areas of capacities or skills that collectively describe many of areas of emotional intelligence (Mayer and Salovey, 1997). More specifically, this model defines emotional intelligence as involving the abilities to:

- accurately perceive emotions in oneself and others
- use emotions to facilitate thinking
- understand emotional meanings, and
- manage emotions

Emotional intelligence describes the ability, capacity, skill or in a self-perceived ability to identify, assess and control the emotions of one’s self, of others, and of groups. Emotional intelligence is the innate potential to feel,
Petrides (2009) defined Emotional Intelligence as a self-perceived grand ability to identify, assess, manage and control the emotions of one’s self, of others, and of groups.

Bradberry and Greaves (2009) described Emotional Intelligence as a ability, capacity, skill or, in the case of the trait EI model, a self-perceived ability, to identify, assess, and manage the emotions of one’s self, of others and of groups.

BNET Business Dictionary (2011) defines EI as the ability to perceive and understand personal feelings and those of others. Emotional Intelligence means recognizing emotions and acting on them in a reflective and rational manner which involves self-awareness, empathy and self-restraints.

3.1.8.2 Spiritual intelligence (SI): Zohar (1997) coined the term “Spiritual Intelligence” and introduced the idea in her book ‘Rewiring the corporate brain: Using the new science to rethink how we structure and lead organizations’.

Spiritual Intelligence refers to a suite or set of propensities comprising; perceptions, intuitions, cognitions, etc., related to spirituality and/or religiosity, especially spiritual capital.

According to Zohar and Marshall (2000), Spiritual intelligence is the most essential aspect of our well-being. SQ puts our individual life into a larger context. It provides meaning and purpose to life and allows us to create new possibilities.

SI is the intelligence with which we address and solve problems of meaning and value; the intelligence with which we can place our actions and our lives in a wider, richer, meaning-giving context; the intelligence with which we can assess that one course of action or one life-path is more meaningful than another. SQ is the necessary foundation for the effective functioning of both IQ and EQ. It is our ultimate intelligence (Zohar and Marshall, 2001).
Spiritual intelligence is concerned with the inner life of mind and spirit and its relationship to being in the world. Spiritual intelligence implies a capacity for a deep understanding of existential questions and insight into multiple levels of consciousness. Spiritual intelligence also implies awareness of spirit as the ground of being or as the creative life force of evolution. If the evolution of life from stardust to mineral, vegetable, animal, and human existence implies some form of intelligence rather than being a purely random process, it might be called spiritual. Spiritual intelligence emerges as consciousness evolves into an ever-deepening awareness of matter, life, body, mind, soul, and spirit. Spiritual intelligence, then, is more than individual mental ability. It appears to connect the personal to the transpersonal and the self to spirit. Spiritual intelligence goes beyond conventional psychological development. In addition to self-awareness, it implies awareness of our relationship to the transcendent, to each other, to the earth and all beings. Working as a psychotherapist, my impression is that spiritual intelligence opens the heart, illuminates the mind, and inspires the soul, connecting the individual human psyche to the underlying ground of being. Spiritual intelligence can be developed with practice and can help a person distinguish reality from illusion. It may be expressed in and culture as love, wisdom, and service (Vaughan, 2002).

Spiritual Intelligence can be defined as pure consciousness or awareness of one’s inner self (Wild, 2004). The manifestation of our spiritual intelligence is revealed in how we interact with other human beings, all living things, the universe and divine energy and God.

Spiritual Intelligence is a set of adaptive mental capacities which are based on nonmaterial and transcendent aspects of reality, specifically those which are related to the nature of one’s existence, personal meaning, transcendence, and heightened states of consciousness. When applied, these processes are adaptive in their ability to facilitate unique means of problem-solving, abstract-reasoning, and coping (King, 2007).

King further proposes four core abilities or capacities of spiritual intelligence:
1. Critical Existential Thinking: The capacity to critically contemplate the nature of existence, reality, the universe, space, time, and other existential/metaphysical issues; also the capacity to contemplate non-existential issues in relation to one's existence (i.e., from an existential perspective).

2. Personal Meaning Production: The ability to derive personal meaning and purpose from all physical and mental experiences, including the capacity to create and master a life purpose.

3. Transcendental Awareness: The capacity to identify transcendent dimensions/patterns of the self (i.e., a transpersonal or transcendent self), of others, and of the physical world (e.g., non-materialism) during normal states of consciousness, accompanied by the capacity to identify their relationship to one's self and to the physical.

4. Conscious State Expansion: The ability to enter and exit higher states of consciousness (e.g., pure consciousness, cosmic consciousness, unity, oneness) and other states of trance at one’s own discretion (as in deep contemplation, meditation, prayer, etc.).

It is assumed that spirituality and religion are same. Religion and spirituality exists together but as Twycross (1988) wrote “Everyone has a spiritual component, but not everyone is religious”. Religion includes specific beliefs and practices, where spirituality is far broader (Ebersole and Hess, 1995). It is a sense of inner balance, a deep form of spontaneity which helps us to maintain a balance with ourselves, our personal and our work life.

3.1.9 Socio-economic status

Socio-economic status of a family would mean the ranking of the family in the milieu to which the family belongs, in respect of defined variables viz., physical assets, economic status, education, occupation, social position, social participation, caste, muscle power, political influence, etc. (Tiwari et al., 2005). Education, occupational status and income are the most widely used indicators of socio-economic status (SES) (MacArthur Foundation, 1999).
Some researchers suggest that income is perhaps the strongest and most robust predictor of health (McDonough et al., 1997; Lantz et al., 1998) because to some degree the impacts of other SES variables are mediated through it (House and Williams, 2000).

Gender may also affect the availability of income within the household. Studies have shown that poor and working class family mothers may skimp on using available money for their own needs to provide first for the needs of their children and husband (Krieger et al., 1997).

The effect of health on income (reverse causality, selection, drift), although probably a minor contributor to the overall association of economic status and health, yet it can have important consequences for some people (Smith, 1999).

3.2 THEORETICAL FRAMEWORK

The concepts of stress and coping used in the title of the study needs some theoretical explanations given as follows:-

3.2.1 Theoretical explanations to Stress

There are three general theories to conceptualize stress:

i) Stimulus theories;

ii) Response theories; and

iii) Interactional theories.

3.2.1.1 Stimulus theories: These are derived from the engineering approach, where stress refers to the load applied to a structure. Damage results when the strain exceeds the structure’s elastic limit. Applied to humans, individuals also have a certain tolerance to stressful life events, but become psychologically disturbed or physically ill when their tolerance is exceeded.

Several methods are used to study the relationship between stress and physical illness. Examples of measures of stress are ‘Social Readjustment Rating Scale’ (SRRS) and ‘Life Events and Difficulties Schedule’ (LEDS).
3.2.1.2 Response theories: These type of theories concentrate on the psychological as well as physiological aspects of stress. Hans Selye proposed the General Adaptation Syndrome (GAS), which is the mobilization of the body when it encounters a disruptive stimulus to adapt to that stimulus. GAS consists of three stages: (1) the alarm stage, where a physical response is initiated; (2) the resistance stage, where the body mobilizes itself to overcome the stressor; and (3) the exhaustion stage, where the body becomes so worn out that it begins to stop resisting the stressor (Morris, 1996). A stressor refers to the actual demand (external or internal) placed on the individual (Sheridan and Radmacher, 1992).

There are two active areas of investigation into the responses to stress: a) Psycho-neuroimmunology (PNI); b) Post-traumatic stress disorder (PTSD).

- Psycho-neuroimmunology – study of the effects of stress on the immune system.

3.2.1.3 Interactional theories: They focus on the imbalance between perceived demands placed on the individual and her/his coping resources.

The most influential of these models is the ‘Transactional Model’ of stress which was developed by Lazarus and Folkman (1984), in which stress is seen as a mismatch between primary appraisal (perceived demand) and secondary appraisal (perceived ability to cope). The COPE questionnaire is an example of a checklist that is designed to assess the person’s coping strategies.

Lazarus and Folkman (1984) viewed the interpretation of stressful events as far more important than the events themselves, thus emphasizing one’s subjective evaluation of specific events and the subjective interpretation of whether the demands are being experienced as stressors (Hobfoll, 1989). The effect that stress has on a person is based on the individual's feelings of
threat, vulnerability and his/her ability to cope (Brannon and Feist, 1997).

Lazarus (1966) (c.f. Neufeld, 1989) stated that a thorough understanding of stress requires knowledge of three factors, namely the environment, the individual's view of the environment, and his/her reaction to it. He thus argued that external stimuli become stressful through the process of appraisal. This researcher conceptualized stress in terms of “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his/her resources and endangering his/her well-being” (Lazarus and Folkman, 1984). Later research in the field of stress focuses on the cognitive-motivational-relational concepts of appraisals and coping (Lazarus, 2000).

The present study is based on the interactional model of stress and the researcher has selected the transactional model of stress and coping for her research study.

### 3.2.2 Transactional Model of Stress and Coping:

Stress can be thought of as resulting from an “imbalance between demands and resources” or as occurring when “pressure exceeds one’s perceived ability to cope” (Lazarus and Folkman, 1984). They interpret stress as a transaction between people and their external environment, popularly known as the Transactional Model. The stress process is dependent on the relationship between the stress stimulus, individual’s response, and reaction. The process changes constantly as the individual appraises the situation and copes if necessary. The model conceptualizes that stress is a result of how a stressor is appraised and how a person appraises his/her resources to cope with the stressor. The model breaks the stressor-stress link by proposing that if stressors are perceived as positive or challenging rather than a threat, and if the stressed person is confident that he/she possesses adequate rather than deficient coping strategies, stress may not necessarily follow the presence of a potential stressor. The key constructs of the transactional model of coping are given in Table 3.1.
<table>
<thead>
<tr>
<th>CONCEPT</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Appraisal</td>
<td>Evaluation of the significance of a stressor or threatening event.</td>
</tr>
<tr>
<td>Secondary Appraisal</td>
<td>Evaluation of the controllability of the stressor and a person’s coping resources.</td>
</tr>
<tr>
<td>Coping strategies</td>
<td>Actual strategies used to mediate primary and secondary appraisals.</td>
</tr>
<tr>
<td>• Problem-focused coping</td>
<td>Strategies directed at changing a stressful situation.</td>
</tr>
<tr>
<td>• Emotion-focused coping</td>
<td>Strategies aimed at changing the way one thinks or feels about a stressful situation.</td>
</tr>
<tr>
<td>Meaning-based coping</td>
<td>Coping processes that induce positive emotion, which in turn sustains the coping process by allowing reenactment of problem- or emotion focused coping.</td>
</tr>
<tr>
<td>Outcomes of coping</td>
<td>Emotional well-being, functional status, health behaviors.</td>
</tr>
<tr>
<td>Dispositional coping styles</td>
<td>Generalized ways of behaving that can affect a person’s emotional or functional reaction to a stressor; relatively stable across time and situations.</td>
</tr>
<tr>
<td>• Social Support</td>
<td>Help obtained through social relationships and interpersonal exchanges</td>
</tr>
<tr>
<td>• Optimism</td>
<td>Tendency to have generalized positive expectancies for outcomes.</td>
</tr>
<tr>
<td>• Happiness</td>
<td>State of mind or feeling characterized by contentment, love, satisfaction, pleasure, or joy</td>
</tr>
</tbody>
</table>

Source: Glanz et al., 2002.
Lazarus and Folkman (1984) defined psychological stress as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being. In the process of stress, certain stressful conditions exist within the individual and in the situation, there is interactivity of the mediating appraisal process, and the interactive process has an effect on the ways of coping and response to the stress.

The transactional model of stress and coping includes stressors, appraisals, coping and outcomes (Figure 3.1). The first set of stressors (personal factors) has an effect on how the individual perceives a person-environment relationship. A second set of stressors (situation factors) includes novelty, predictability, duration, and imminence. Perceptions based on these stressors and environmental factors form the foundation for the cognitive appraisal of the situation as being stressful or not. Two separate appraisal processes determine if a situation is stressful or not. First, the primary appraisal determines if the situation is considered stressful. A secondary appraisal is initiated if a situation is deemed stressful. The appraisal process is a complex evaluative process that takes into account which coping options are available, the likelihood that a given coping option will accomplish what it is supposed to, and that the individual can apply the strategy effectively (Lazarus and Folkman, 1984).

Coping is the process through which the person manages the demands of the person-environment relationship that are appraised as stressful, taxing, or exceeding the resources of the individual (Decker and Borgen, 1993; Lazarus and Folkman, 1984; Taylor and Schneider, 1989). As coping strategies are initiated, and the person-environment relationship changes, the individual reappraises the situation. This process continues until the condition is deemed not stressful or at least tolerable. Coping research has identified two major groups of coping strategies (Lazarus and Folkman, 1984; Taylor and Schneider, 1989).
Fig. 3.1: Transactional model of stress and coping

**MEDIATING PROCESSES**

**PRIMARY APPRAISAL**
- Perceived Susceptibility
- Perceived Severity
- Motivational relevance
- Causal focus

**SECONDARY APPRAISAL**
- Perceived control over outcomes
- Perceived control over emotions
- Self-efficacy

**STRESSORS**

**COPING EFFORT**
- Problem-focused coping
- Emotion-focused coping

**MEANING-BASED COPING**
- Positive Reappraisal
- Revised Goals
- Spiritual beliefs
- Positive Events

**OUTCOMES**

**ADAPTATION**
- Emotional well-being
- Functional status
- Health behaviours

**DISPOSITIONAL COPING STYLE**
- Social Support
- Optimism
- Happiness
- Emotional Intelligence
- Spiritual Intelligence

**MODERATORS**
Emotion-focused coping occurs when there has been an appraisal that nothing can be done to modify harmful, threatening, or challenging person-environment transactions. This strategy is directed toward lessening emotional distress through avoidance, distancing, selective attention, positive comparisons and finding positive value in negative events. Problem-focused coping, on the other hand, can be employed when the situation is appraised as changeable. These coping methods are directed at defining the problem, generating alternative solutions, weighing the alternatives in terms of their costs and benefits, choosing among them, and acting.

Finally, outcomes are produced as a result of the process. Lazarus and Folkman (1984) describe short-term outcomes as positive and negative feelings and long-term outcomes as social functioning and morale. The exact short-term and long-term outcomes are determined by the coping option chosen and may vary depending on setting. The research discussed herein addresses short-term outcomes and did not measure long-term outcomes.