INTRODUCTION
CHAPTER-I
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In most of the societies, about a century ago, the family was the most valued system in almost all spheres of life and human living. In every society, however, family has witnessed changes that have occurred in that society. The causal relationship between family characteristics and social change or human history, are circular and complex rather than linear. Due to family’s central importance in human development and in socio-cultural continuity not only historians and social antropologists but also legal scholars, economists, philosophers, and sociologists have written about the family.

In the midst of great social, economic and political changes over the centuries, India has a long heritage of stable family life and family structure, and the spirit of family solidarity has remained a sustaining power, which has provided meaning to the daily lives of Indian people.

Family is the only institution which provides the security and support without any rewards in return. It is a recognized fact that family is a universal social agent. Its universality can be accounted for by its indispensable psychological and social functions. Family has distinguished four social functions — reproduction,
maintenance (of immature children), placement and socialization, out of these second and fourth are the most important. Apart from these, psychological functions include the satisfaction of sexual needs of marital partners, and the needs for affection and security. The effectiveness of family functioning in conditioning the children's personality and social development has an outstanding importance (Roelfse & Middleton, 1985).

Family which is closely related through the biological, psychological, sociological and economical bonds forms a stable, healthy family. Healthy families are important and responsible for the all round development of the individual and moulding their behaviour in accordance with conduct, norms and values of the society. In these families the mutual relationships are characterized by warm, mutual respect, and affection. Individuals from such families are more understanding and grow with positive mental health and thus have less frequent psychological problems such as anxiety, depression, dependency and adjustment problems (Amato & Booth, 1991; Spigelman et al., 1991). On the contrary, individuals from non-cohesive families (distressed or disrupted families) are more prone towards frustrations, maladjustment, crime, and antisocial behaviour.

The family interactions play an important role in the development of an individual. These interactions and interpersonal
relationships are between parent and parent, between parent and child, between siblings, and any other relative or person living in the household. These interaction patterns involve role, social support, cohesiveness, communication, reinforcement and leadership (Bhatti, et al., 1985). The healthy functioning of these interaction patterns enhances mental health of the individual. On the other hand, dysfunction in these areas of interaction or poor interaction patterns such as lack of social support in the family, undefined roles and inadequate reinforcement, lack of communication skills, and presence of weak leader and poor leadership qualities may predispose the individual towards poor mental health or psychological and physical problems (psychosomatic disorders).

Thus, healthy interpersonal relationships amongst the family members are important factors for maintaining the equilibrium of the family. Strong family ties encourage self-reliance, confidence, and healthy attitudes towards life. Therefore, it may be suggested that family is the most important agent of socialization and both family and society lay the foundation for mental and physical health right from childhood to adulthood. It is also regarded as the main matrix of the personality development (Beavers, 1981).

Apart from the family structure and family interaction patterns, stress is another important part of the individual’s life and
he can not escape from it. Stress refers to the situation that poses demands, constraints, or opportunities. It can be in two forms such as life events (death of a loved one; job loss, etc.) or daily hassles like bad weather, conflicts among spouses, dealing with children or parents, etc. (Levine & Scotch, 1970; Pearlin, 1975).

In the present era, there is high incidence of pressures and constraints in all domains of life because of rapid increase in men and women seeking jobs, working hard, high expectations, increased living standards and a lot of competitiveness. Such pressures have given rise to increase in daily hassles.

Daily hassles are smaller occurrences in our day to day life. When these occurrences are negative in course of life, they produce obstacles in the journey of life (Lazarus, et al., 1984). Exposure to daily hassles is actually more predictive of negative health outcomes than is the frequency of exposure to major life events. Some common examples of situations that constitute hassles include bad weather, homework, standing in a queue, school related pressure, deadlines, arguments with significant others, etc.

These hassles not only bring about immediate physiological changes but also affect one’s emotional state, the use of one’s intellectual abilities, one’s efficiency at solving problems and one’s social behaviour. These minor irritants, that are a constant source
of irritation and frustration can be very stressful and require major and sometimes sudden readjustments (Sliver & Wortman, 1980).

Minor stressors produce physical or emotional threats because they create (at least short term) discrepancies between the demands of the situation and the resources of the person, and thereby increase acute distress (Lazarus & Folkman, 1984). Exposure to daily stress that cannot be cope effectively can have severe negative consequences. The occurrence of minor daily problems is associated with lower psychological well being and physical symptoms (Clark & Watson, 1988). The stressors produce feelings of anxiety, frustration, higher level of neuroticism, depression and helplessness in the individual. Daily exposure to these irritants over a period of time has a cummulative effect in the form of physical or psychological ailments. Individual’s personality constitution also plays a significant role; how he appraises the situation and solves his everyday problems, e.g., locus of control, self esteem or even moods. Individuals with an internal locus of control or strong meaning in life or who are assertive may have a high sense of well being regardless the severity of their stressors. In contrast, people with an external locus of control or weak meaning in life or who are unassertive may have a low sense of well being (Kobassa, 1979). Daily hassles’ effect varies with the moods of the individual also. Those with low self-esteem and low
emotional support have higher probability of a positive association between stress and both physical symptoms and poor mood than those who are high in these psychosocial assets (Wallstone, et al., 1984; Kessler & McLeod, 1985).

There are certain hassles which disturb us more. The hassles which are independent of our psychological functioning distress us less. On the other hand, the hassles which are dependent upon our psychological functioning distress us more (Vingerhoets, et al., 1984). These hassles are found to be specially important in determining the individual’s social functioning, health status, and morale.

It is very essential to learn how to cope with such hassles effectively. Though it is a complex matter as Lazarus (1984), has emphasized, yet the stressfulness of a given event is determined by how it is cognitively appraised and coped and this can vary considerably among individuals.

Some individuals combat stress by avoiding or denying and others by seeking and confronting the source of stress. There are many coping strategies which are used to cope with stress effectively. These coping strategies may attempt to eliminate or moderate the initial source of the stress reaction (stimulus-directed coping), reduce the magnitude of the stress response (response-
directed coping), or change the way the stressor is perceived (cognitive coping or cognitive reappraisal and restructuring), (McCrae, 1984; Stone & Neale, 1984). The coping strategies directed towards the stressor itself in stimulus-directed coping may eliminate the cause of the problem.

Besides these strategies, there are other ways which are used by individuals to cope with stress. Sometimes medication such as tranquilizers, or alcohol may be taken to reduce the unpleasant symptoms of the stress responses such as anxiety. All these things do reduce the effects of stress for a short period, but they also tend to create associated problems such as drug or alcohol dependence and this dependence slows down the reaction time, and leads to poor coordination, and inhibition in judgement. These effects may hinder work productivity and safety (Powell & Enright, 1990). Some people may even indulge in regular exercise to combat stress or even seek social and religious support. Previous researches have shown that social support acts as a buffer against stress. Individuals who perceive adequate social support from their family and friends tend to feel less stressed in the stressful situations (Rabkin & Struening, 1976; Newton & Keenan, 1985).

The physical changes which occur in response to stress warn that something in the environment is unusual and is a potential threat. Taking action to eliminate the threat not only removes the
present demand but also reduces the possibility of continued stress. Improving problem solving skills and knowledge about the problem increases understanding and improves access to solutions (Meichenbaum, 1985). Sometimes even with good stimulus-directed coping skills, it is not always possible to eliminate the stressor itself or stress completely. Such cumulative effect of stress may give rise to some physiological changes in the body which may sometimes result in health related problems such as ulcers, hypertension, etc.

Efficacious coping is important to combat stress, yet it also has costs. Successful coping can result in the over-generalized use of an effective strategy in an inappropriate situation (Cohen, 1986). Larger coping repertoire is desirable as it means a broader range and variety of coping behaviours at individuals’ disposal. It is suggested that such a person may be more flexible in his use of coping responses. Flexibility and larger coping repertoire is very important and related to health.

In light of the importance of family, daily hassles and coping strategies in the adjustment of individuals, the present research attempted to study the role of familial factors, daily hassles and the various coping strategies used to overcome various everyday problems in anxiety disorders, asthma and normal individuals. An
attempt has been made to study if any significant differences exist between those with anxiety disorders, asthma, and normal individuals on these variables.

NEED OF THE STUDY

The importance of studying familial factors may be highlighted by the fact that these play a very important role in the overall personality development of the individual. Stable and cohesive family pattern, cordial relations within the family members and adequate leadership play a significant role in forming the healthy modes of behaviour and overall growth of family members. On the other hand, absence of positive qualities in a family give rise to many discordant relations and maladjustments. Evidence from the researches reveals that pathological family interaction patterns predispose the family members not only to anxiety disorders but also towards other kinds of mental illness (Liem, 1980 and Bhatti & Channabasavanna, 1982).

The above mentioned studies have focussed only on a particular area and with not too large sample size. As in Liem’s (1980) research, only the family interaction patterns of schizoprenics were studied and no comparisons were made with neurotics or normals. On the other hand, Bhatti & Channabasvanna (1982), studied family interaction patterns of neurotic depressives, hysterical anxiety disorders, alcoholics and
normals. But their sample size was not too large and focussed only on family interaction patterns.

The present investigation focuses not only on family interaction patterns, but also on family structure to probe deeper into the family pathology as well. This will enable us to study the total perspective of an individual in terms of family structure, dynamics, interactional patterns, social network and social support system.

Earlier, the psychologist stressed on life events as a stress indicator or leading to stress. Today the emphasis is laid more on daily hassles because daily hassles play an important role in the maintenance of health. Moreover, daily hassles are a more useful way of conceptualizing and measuring stress (Rabkin & Struening, 1976; Hyman & Woog, 1982).

Various other researchers also report that daily hassles are a better predictor of psychological symptoms than long term strains. Minor stressors produce physical or emotional threats because they create (at least short term) discrepancies between the demands of the situation and the resources of the person and thereby acute distress (Bolger, et al., 1989).

Delongis, et al. (1982) reported that hassles were more strongly related to somatic health than life event scores. Life events may encompass only a small portion of the ongoing
stressful aspects of an individual's environment. On the other hand, daily hassles show a full picture of everyday problems which irritate and annoy us. Moreover, if they persist over a cumulative period of time, they predispose an individual to experience more psychological & physical problems (Jamner, Shapiro, Golstein & Hug, 1991; Stone & Marco, Cruise, Cox & Neale, 1996).

The above mentioned studies have been conducted in the west. In India, very few attempts have been made to study the effects of daily hassles on individual's mental and physical health. Thakur & Misra (1995) conducted a study on daily hassles but they studied only correlates of daily hassles among dual career women. Very few studies have focussed on daily hassles of those with anxiety disorders and psychosomatics, in comparison with the normal individuals.

During the course of one’s life, it is very essential to have efficacious and flexible coping repertoire. Efficacious coping may play an important role in health promotion, disease prevention and more rapid recovery from illness. How individual copes with stress is an important mediator of the stress-illness relationship (Cohen, 1984). Besides efficacious coping, one should have flexible coping repertoire. Flexible coping repertoire involves a larger and flexible number of coping strategies at individual’s disposal such as problem focussed strategies, emotion focussed
strategies, social support, etc., in order to minimize the effects of daily hassles and stressful events.

Coping is viewed as a stabilizing fact that can help individuals to maintain psychosocial adaptation outcomes during stressful periods (Lazarus & Folkman, 1984). Rosenbaum (1980) also suggested that appropriate coping protects the individual from environmental, cognitive and biological factors that otherwise could lead to depression and anxiety. Therefore, coping strategies in themselves, may not be ‘good’ or ‘bad’ but the situation in which they are used may make them effective or ineffective such as approach coping, cognitive and behavioral patterns of coping, problem-focussed coping are associated with better psychological well being whereas avoidance and emotion-focussed coping with poorer outcomes (Compas et al., 1988; Holahan & Moos, 1990; Moos & Schaefer, 1993). A study of this kind can be helpful to identify the coping strategies used by anxiety disorders* patients and asthmatics as compared with the normals. The study would have implications on the non-pharmacological methods of cure like family therapy and individual counselling.

* Though the term neurotic has been used in the title as per DSM III which was prevalent at the time when the title of this study was framed, the term anxiety disorders has been used throughout in the text of the thesis. This term is as per DSM IV, which is currently prevalent. The disorders covered by the investigator fall into the anxiety disorders category. Hence the term anxiety disorders was adopted.