CHAPTER - I

INTRODUCTION
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Stress like relativity, is a scientific concept which has suffered from the mixed blessing of being too well-known and too little understood. We are exposed to stress every moment of our lives and response to it often determines the quality of our life and health. Hippocrates, so called father of modern medicine and other Greek physicians recognized the phenomenon of Stress and its role in the treatment of certain disorders. Over forty five years ago, Selye (1956), the person responsible to bring maximum attention to the concept, wrote his first article on Stress. Despite widespread interest in the phenomenon of stress and the comprehensiveness of the framework, most findings in the area of stress are still tentative, controversial and inconclusive. An attempt at an adequate conceptualization of stress is made in this chapter.

During the eighteenth and nineteenth centuries, stress was equated with force, pressure or strain exerted upon a material object or person which resists these forces and attempts to maintain its original state. The use of the concept in this manner encouraged physicists and engineers to adopt it to suit their ends. Thus, stress in engineering is known as the ratio of the internal force brought into play when a substance is distorted to the area over which the force acts. (Hinkle, 1973). The popularity of the concept has dwindled in the physiological field where it was first introduced, and the use
of stress terminology continues to flourish in the psychological and social sciences. Stress, or the stress experience, can be considered from at least two perspectives. First, stress can be viewed as a trigger for a response. In this sense it may be thought of as a cause. When stress is used in this way, it is commonly called a stressor. Second, stress can be thought of as an effect, in that case it is called a stress response. The stress response is made up of a relatively stereotypic set of psychological and biological patterns. In reality neither stressors nor the stress response exists in isolation. Rather, both feed back on each other to produce the stress experience. The idea that stress exists only when there is a stress response has lead to concern about potential circularity in thinking by some researchers. That is, if there is a stress response, there must be a stressor and vice versa. For many researchers, this circularity is intentional, since the stress experience is made up of both stressors and the stress response. It is useful for discussion purposes to separate the two parts of the stress experience. When we refer to stress, we focus on the stressor end of the equation. Baum et al. (1981) have defined stress as a “process in which environmental events or forces, called stressors, threaten an organism’s existence and well-being”. Other investigators have defined stress as a condition in which there is a marked discrepancy between the demands made on an individual and the individual’s ability to respond to those demands (e.g., Caplan, 1981). Lazarus and Folkman (1984) have provided what is widely regarded as the best definition to date: Stress is “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her well-being”. This definition emphasizes that stress refer to a “taxing relationship” between the person and the environment. When a
person is unable to deal with that relationship, he or she may experience a reduction in physical and psychological well-being. Stressful life events are those external events that make adaptive demands on a person. Individuals may successfully adapt to those demands or they may not. When they fail to adapt, the end result may be physical or psychological illness, or both. What constitutes a stressor? Virtually any stimulus that makes demands on an organism requiring adaptation or adjustment can be termed a stressor. These stimuli can include heat, cold, joy, sorrow, exercise, drugs, lack of sleep, nutrition, fear, anger, frustration, noise, crowding, or change in any of these conditions. Obviously some of these stimuli are much easier to study than others, because they are observable. It is also important to note that this list includes events that have both negative and positive consequences. Positive experiences, like negative ones, may require adjustment and result in biological changes commonly associated with exposure to events that have negative consequences. Dohrenwend and Dohrenwend (1984) have distinguished between stressful life events and personal dispositions. They suggest that stressful life events are by definition those events that are proximate rather than distant in time. Thus the death of a parent is a stressful life event even if it occurs in the recent past, but is considered a personal disposition when it occurred in the distant past when the subject was a child. The early death is important to understanding current illness episodes only insofar as it is internalized in some way. During the last 20 years, the term stress has come to be widely used in relation to work organizations (Agarwala et. al 1979). Mason (1975) reviewed literature on stress and concluded that the term stress has been used variously to refer to (a) stimulus (external force acting on the organism), (b) response (change in the
physiological functions), (c) interaction (interaction between an external force and the resistance opposed to it), and (d) more comprehensive combinations of the above factors.

STIMULUS-ORIENTED APPROACH

This view of stress was expressed very forcefully by Symonds (1974) who said stress is that which happens to the man, not that which happens in him, it is a set of cause, not a set of symptoms. Hooke's law of Elasticity states that if a strain produced by a given stress falls within the elastic limit of material, when the strain is removed the material will simply return to its original conditions. If, however, the strain passes beyond the elastic limit then some permanent damage will result. This analogy suggests that just as physical systems have an elastic limit, people have some built-in resistance to stress. Up to a point stress can be tolerated, but when it becomes intolerable, permanent damage, physiological and psychological, may result. There appears to be greater individual variations in resistance to stress. Speeded information processing, noxious environmental stimuli, perceived threat, disrupted physiological function, isolation, confinement, blocking, group pressure and frustration have been classified as stressful situations by Weitz (1970). Perceived threat in general and threat to person's most important values and goals in particular have been recognized (Lazarus, 1966, 1976) as stressful events. Frankenhaeuser (1975) added lack of control over events to Weitz's list of stressful situations. All of these situations can be viewed in terms of demands made on the person by his environment.
According to Margetts (1975) living organisms adjust themselves to handle and maintain a reasonable input of stimuli. If the input of stimuli is insufficient or excessive for the individual, it can be considered as stress. The organism's homeostasis is threatened by stress, and if the organism fails to manage the excessive or insufficient load it goes into a state of disequilibrium or breakdown. This may be temporary, pending readjustment, or may proceed to a more profound disorder, leading to functional or structural pathology. Several difficulties are associated with stimulus oriented approach. The major one is that of identifying with some surety what is stressful about particular real life situations. Intention and consensus seem to be main agents of decision. In addition there is a need to quantify the degree of stress present. A further problem arises if a situation appears to be stressful because of its stimulus characteristics and evokes the appropriate response to stress from most but not all people. Individual differences perhaps present the greatest difficulty, statements about stressful environments made in this context have by necessity to rely on normative data.

RESPONSE-ORIENTED APPROACH

Response oriented approach is a response oriented interpretation concerned with the specification of the particular response or pattern of responses which may be taken as evidence that the person is or has been under pressure from a disturbing environment. That response or pattern of response is either actually treated as stress or, at least, is treated as its defining parameter. Occurrence of the response syndrome thus is, or represent, the
simultaneous occurrence of stress. In studies of this nature, stress is usually treated as the dependent variable, as a response to a stressor agent. Frankenhaeuser (1975) has pointed out that such a response may in turn act as a stimulus for the production of further responses. According to Selye (1956), ‘Stress is the non-specific (physiological) response of the body to any demand made upon it. Selye’s primary concern was for the physiological mechanism and this has led to a close association between response- based and physiological model of stress. There are three basic ideas built into Selye’s concept of stress. First, he believed that physiological stress response did not depend upon the nature of the stressor. The response syndrome represented a universal pattern of defence reactions serving to protect the person or animal and preserve its integrity. Second, he believed that this defence reaction progresses, with continual or repeated exposure to the stressor, through three identifiable stages. Together these stages represent his General Adaptation Syndrome. During the first phase, the alarm reaction the body shows the changes characteristic of initial exposure to the stressor, and at the same time its level of resistance is reduced. If the stressor is sufficiently severe, resistance may collapse and death results. The second stage, that of resistance ensues if continued exposure to the stressor is compatible with adaptation. The bodily changes characteristic of alarm reaction disappear and are replaced by the changes marking the persons’ (or animals) adaptation to the situation. Resistance rises above normal. Finally, following long term exposure to the same stressor and one to which the body has adapted, the necessary energy for adaptation may be exhausted. The sign of alarm reaction reappears as the person dies.
INTERACTIONAL APPROACH

The Interactional approach expresses the view that stress arises through the existence of a particular relationship between the person and his environment. According to Cox and Mackay (1976) “stress can be most adequately described as part of a complex and dynamic system of transaction between the person and his environment”. This description of stress is eclectic in that it deliberately draws from both response and stimulus based approaches, but in so doing it emphasizes the ecological and transactional nature of the phenomenon. McGrath (1976) has argued on the basis of Lowe & McGrath (1971) findings that the closer perceived demand is to perceived capability and given an imbalance, then the greater is the stress experienced and has expressed it as:

\[ S = (Co) (K/D-C/); \]

where K= Constant; S = Amount of stress experienced; D = Perceived demand; C = Perceived capability; Co = Coping;

Experienced stress is an inverted U-shaped function of the imbalance between perceived demand and perceived capability. Lazarus (1976) has presented what is essentially an interactional definition of stress: he suggested that stress occur when there are demands on the person, which tax or exceed his adjustive resources. He has emphasized that stress is not simply out there in the environment, that it depends not only on external
conditions but also on constitutional vulnerability of the person and the adequacy of his cognitive defence mechanism. Lazarus draws particular attention to the person’s appraisal of his or her situation, and to the role of frustration and conflict, and of threat in producing that stress.

INDIAN PERSPECTIVE

The concept of stress in the modern sense is not easily found in the traditional India Literature. However, a number of concepts developed by ancient Indian Scholars relate to or appear similar to the phenomenon of stress. Some of these, for example, are dukha (pain, misery or suffering), klesa (afflictions) Kama or trisna (desires), atman and ahankara (self & ego), adhi (mental aberrations) and prajanapradha (failure or lapse of consciousness). The body-mind relationship, characteristic of modern stress studies, is emphasized in the Ayurvedic (Indian system of medicine. In a laudable effort, Rao (1983) has highlighted the ancient Indian contribution as an alternative way of thinking about stress so that a comprehensive conceptual model of stress culturally specific to India can be developed. Confining himself to the indigenous systems known as Samkhya, Yoga and Ayurveda, Rao (1983) highlights two Indian concepts namely klesa and dukha which correspond not only to the concept of stress in common use but also to an extent with this concept in its technical sense. The concept of klesa, as crystallized in the Yoga framework, refers largely to the stressor aspect, and the concept of dukha in the Samkhya, more to the phenomenon of stress itself. Patanjali’s Yoga-sutra adds a new dimension to the discussion of stress by classifying the klesas, which are really innumerable,
into five sequential phases arranged in two levels (Sutra, 2,3,4). The fundamental cognitive failure, called Avidya (non-cognition) constitutes the first of these levels. It is the ground for the other level comprising four types of klesas. Asmita is the self-appraisal of an aroused organism, an inter-individual stressor indicating personal involvement in the situation. The consequence phase of self-appraisal is intentionality (raga), defined in the text as anticipation of satisfaction. It is a klesa or stressor in as much as it involves the evaluation of the environmental details, and tends to press on the individual to make approach responses. Intentionality (raga) defines the situation for the individual, and necessitates a fresh evaluation of one’s own needs and abilities apropos the situation, it provides the direction for behaviour. The next phase in the sequence is called dvesha-intense repulsion involving the tendency to strike (pratigha), alarm or anxiety when confronted with inimical object (manyu), urgency to remove (jighamsa), and anger (krodha). It is obvious that at this stage the individual perceives threat either to one’s own integrity (or self-esteem, asmita) or to one’s need-dominance (raga). This involves not only the re-evaluation of one’s own ability and the extenuating conditions in the situation on hand, but the role of emotions appropriate in conflict, competition, or antagonism. It may be seen that it is this phase which broadly corresponds with the stage of initial shock (or alarm) in Hans Selye’s model. It will be conceded that the analysis in Yoga-sutra takes into account the psychodynamics that precedes this stage. The conceptual model provided by the Indian text thus seems more meaningful. The final phase in the Yoga-sutra series is called abhinivesa – which signifies fear of death (marana-trasa), defensive reactions. This phase does not indicate a collapse of the adaptive mechanism as Selye’s stage of
exhaustion implies, but mark the beginning of the behavioural response pattern or what the modern stress analysis would call coping behaviour. In sum, *asmita* is self-appraisal, *raga* object appraisal, and *dvesha* is threat appraisal. They represent the increasing relevance of transactional cognitive processes to life situations, and also the role of energy dynamics. All these three phases half in what may be called the arousal mechanism and reality testing, but they are only preparations for deliberate adaptive behaviour. It is true, however, that some behavioural response is involved in each of these phases, but it is only the fourth phase (*abhinivesa*) that behaviour can be described as ‘coping activity’ (Ramachandra Rao, 1983a). The *Samkhya* system takes *dukha* to signify the stress that the individual experiences in the course of his interaction with the world around him. It describes an orgasmic state involving the experience of emotions, and is characterized by an urge to escape or avoid. The well-known tripartite division or *dukha* into personal (*adhyatmika*), situational (*adhibhautika*) an environmental (*adhidaivika*) is a contribution of the *Samkhya* thinkers. Personal stress is occasioned by physiological (*sarira*) and psychological (*manasa*) stressors. Situational stress is caused by unwholesome interpersonal transactions (conflicts, competition, aggression, exploitation, etc.). It is conceded by Gaudapada, the commentator on *Samkhya Karika* that all stress is mental. But he argues that the nature of the stressor (viz., the source of stress) determines whether the stress is personal, situational or environmental. Some stresses are purely psychological (*mane-mantra-janya*), while others have non-psychological sources (*amanasa*). The liability of the individual to stress is universal and continuous; but the incidence of stress depends upon stretching of the stressor beyond the limit of endurance. The expression in *Samkhya Karika*
for the state is *abhighate* (direct striking), which is explained as ‘unbearable relationship’ (*asahya-sambandha*).

The basic to the *Samkhya* thought (and thus to the entire Indian thought) is the notion of three-fold *gunas* (psychological field of existence); *sattva*, comprehending all activity (*sarva-bodhah*), *rajas* comprehending all activity (*serva-chesta*), signifying change or becoming, and *tamas*, comprehending all inhibition and resistance (*sarvasthitih*), tending toward withdrawal or offset. The three *gunas* may be taken to represent respectively, perceptions (appraisal, cognitive processes), performances (normal adaptive activities) and resistances (exhaustion, inhibition, fatigue). Rao (1983) reinterprets the three-fold aspects of Hans Selye’s General Adaptation Syndrome from this perspective ‘alarm’ in *sattva* (perception), adaptation in *rajas* (performances), and exhaustion in *tamas* (resistances). But the correspondence may not be more than superficial. In the *Samkhya* framework, besides other differences in the conceptual model, stress is not a consequence of the stage of exhaustion (*tamas*), but is a manifestation of the adaptive behaviour (*rajas*). Hence, Vachaspati’s emphasis on the differential and sequential change in *rajas* are major contribution toward the understanding of stress. The three *gunas* together are responsible for the existential, the experiential, the evaluative and the transactional dimensions, each of which may be regarded as an operative motivational source of stress.

On the basis of the review of the ancient Indian literature (Rao, 1983). It can be concluded that the broad-based conceptual model of stress provided by *Yoga-sūtra* relies on the cognitive appraisal of the self, the object and the threat. In fact, cognitive appraisal constitutes the functional framework for the conceptual model of stress, not only in *Samkhya-Yoga* system, but also
in the Vedanta and the Buddhism. Rao (1983) also discusses stress with reference to the situations in the *Gita* and Ayurveda, claiming that the *Gita* provides an excellent illustration of stress and how it is to be handled; and that the main importance of the *Gita* is to redefine the major aspects of stress in life situations. Adopting the conceptual model provided by Yoga-sutra, it brings out the importance of the individual's perception of himself in his role-status, and of the objective environment, including the task as assigned to or as accepted by him. Rao (1983) has also outlined an elaborate ideology of stress based on Ayurveda, Indian System of medicine, which relies on the Samknya school for its general theoretical orientation. In fact, the concepts of cognitive structuring, threat, emotional involvement, organic reactions and coping activity can be found in the discussion of stress in Indian thought. It has been demonstrated that such a conceptual model of stress concerns itself much more with cognitive processes than the Western model of stress. Thus, Rao (1983) convincingly brings to light the ancient Indian contribution to the understanding of ‘stress phenomenon’ on the basis of which a comprehensive model of stress culturally /typical to India can be developed.

**JOB STRESS**

Job stress refers to the stress which is stemming from one’s work job. The operational area of such forces or stimuli would be limited to the organizational boundaries of the stress to qualify as “Job Stress”. According to Jackson & Schuler (1985), the varied model that has been developed so far has tended to take partial or single perspective on the concept of stress
and has suffered as consequence. Orphan (1991) observed that the major source of stress is derived from the occupational environment. Proponents of this view tend to argue that person in certain occupations, irrespective of individual differences, are much more likely to experience stress, in as much as they are exposed to such job aspects as role overload, role conflict, physical harm, and noxious chemicals that are absent in other occupations. Emphasis in this perspective is on the “Objective Demands” on various jobs that have the capacity over a period of time to exhaust the physical and psychological resources of employees in an organization. The second perspective focuses on the reactions of individuals to the objective demands of the job. In this perspective, individuals are perceived as differentiating in their susceptibility to stress, regardless of their occupational levels. According to Beehr & Bhagat (1985), McGrath (1976), an employee will perceive any occupational situation as stressful irrespective of its objective attributes, provided he or she perceives its demands as exceeding or threatening to exceed the individual’s felt-capacity to cope with it. It is emphasized that what counts is how the situation is perceived. There are virtually no limits on what different individuals will perceive as threatening to exceed or actually exceeding their capabilities. It is a perspective which is sympathetic to the view that inherent personality attributes need to be invoked to explain the amount of stress a person experiences.

This conceptualisation of stress possibly ignores environmental differences, unlike the former one that minimise individual differences. Orphan (1991) argued that what is necessary is the third perspective. This perspective emphasises that it is the degree of fit or match between environment and personal characteristics (subjectively measured) that
accounts for the degree of experiencing stress. From an occupational point of view, it should be recognized that experiencing stress at work need not necessarily affect an individual's sense of psychological well-being. Individuals can be dissatisfied with certain aspect of their job because of felt stress, but still not be generally anxious, depressed or even exhibit such physiological symptoms as hypertension, ulcers, or high blood pressure. This perspective examines stress principally from an organisational perspective. It gives a central place to job attitudes, seeing them as affected by experienced stress at work, and in turn, having consequences for an individual's general well-being both at work and away from it. Whether experienced stress at work leads to negative work attitudes depends on how much importance is attached to work and the extent to which the individual is capable of tolerating stress at work. In other words, in the form of negative work attitudes, organisational commitment could be affected by occupational stress experienced by the employees at the work place.

POLICE STRESS

Every human being has to deal with stress and there is considerable evidence suggesting that more law enforcement officers are killed by job-related stress than they are by criminals. For every police officer slain by an assailant in the line of duty, hundreds perhaps thousands—succumb to the insidious, long-range effects of job-induced pressures. The stress imposed by the physical hazards of policing is well known. Few occupations require employees to face the kinds of dangerous situations that police officers may encounter as part of their daily routines. Television shows have familiarized
viewers with the more obvious dangers police officers encounter in protecting society from the law breakers, namely hot pursuits, stop-and-search situations, and domestic disturbance calls. These situations impose on officers a unique type of stress precipitated by the often-violent nature of the risk involved. This constant exposure of police officers to physical danger puts them in a state of continual conflict between their instinctual tendency to avoid hazard and their obligation to face up to the risks. Their continuous observation of incidents of injury and death only serves to reinforce this conflict (Kalia, 1995). The working conditions of the policeman are lagging behind in many aspects-social as well as human, his training deficient in equipping him to meet the task pressures, public condemnation bad enough to add to his frustration and overall work environment which is dehumanizing and deintellectualizing. A policeman, on an average, has far too many frustrations most of which remain unresolved. He passes through incessant mental conflicts and inner turmoils. The unresolved frustrations and personal conflicts result in stress and anxiety and the process goes on. Everybody employs self-protective manoeuvres without awareness (sometimes one may be aware also) to prevent anxiety and stress by disguising or screening the sources of frustration or adjusting one's responses to them. Such redirection of responses and manipulation of sources of frustration is called defence mechanisms. It is thus evident that the common adjustment reactions of the policemen to their work environment may not be particularly healthy. Poor adjustment is a function of both the personal and the situational factors. Stress and stress related health and personal problems should be the concern to every administrator not only because of the humanitarian aspects but also because a failure to
deal with them can have a profoundly negative effect upon the total operation of the police organization. Over the past decade, a sizeable body of literature has developed that examines police stress from a variety of perspectives. Clinton (1981) discussed stress and pointed out that there are four types of stressors: (1) External, (2) Internal, (3) Task related, and (4) Individual. Smith (1982) also found characteristics of the police organization and its administration as a source of stress among police personnel, the criminal justice system as a source of frustration for the police and the public attitude toward the police were largely critical, suspicious and often hostile. Kroes and Gould (1979) in an empirical study of job stress in policemen found administrative lack of support to be a much more potent stress category than originally anticipated. Studies which significantly support these findings are reported by Straton (1979), McGuire (1979) Rimertz (1989), Hill (1982), Barton (1982) & Chopshy (1975). Mishra (1995) have reported that there are significant differences between urban police and rural police officers on such job stress factor as lack of group cohesiveness, role overload, lack of leadership support, job difficulty etc. It clearly indicates that urban police officers experience more job stress compared to rural police. Yadav (1994) reported that police personnel under training have lesser scores on the global measure of stress as well as on other measures of emotional problems than police personnel who have served for sufficient period of time. This shows an obvious relationship between stress and emotional problems. Mathur (1994) has done an empirical study of stressors and coping responses among police personnel and suggested that a majority of the subjects have been affected by job stress. Devender Singh & Ravinder Mohan (1997) has concluded that there is a significant degree of mental
stress prevailing among Punjab police personnel, and this is adversely affecting their professional, physical and psychological well-being. The study observes that because of the continuous stress, police officers are prone to depression, alcoholism, anxiety, disorders and post-traumatic stress disorders, all of which are associated with an increased incidence of psychological stress.

**STRESSORS**

Life would be simple indeed if our demands were automatically gratified. As we know that many obstacles Hindrences, both personal and environmental, prevent this ideal situation. Such obstacles place adjustive demands on us and can lead to stress. The term stress has typically been used to refer both to the adjustive demands placed on an organism and to the organism’s internal biological and psychological responses to such demands. As suggeted by Carson & Butcher (1992) the adjustive demands are refered to as the stressors. Hence a stressor is any stimulus that requires the organism to adapt or adjust. Adjustive demands or stressors, stem from a number of sources. These sources represent three basic catergories— frustrations, conflicts, and pressures.

When a person’s strivings are thwarted, either by obstacles that block progress toward a desired goal or by the absence of an appropriate goal, frustration occurs. A wide range of obstacles, both external and internal, can lead to frustration. Prejudice and discrimination, unfulfilment in a job, and the death of a loved one are common frustrations stemming from the environment; physical handicaps, lack of needed competencies, loneliness,
guilt and inadequate self control are sources of frustration based on personal limitations. Sometime stress may also result from conflicts, viz., the simultaneous occurrence of two or more incompatible needs or motives: the requirements of one preclude satisfaction of the other.

In essence the person has to make choices and he experiences conflicts while trying to make it.

Stress may stem not only from frustrations and conflicts, but also from pressures to achieve specific goals or to behave in particular ways. Everyone encounter many everyday pressures and he often handles them without an undue difficulty. But some time pressures are difficult to handle and they cause stress to the person. Pressures can be internal or external, e.g., a person sets his goal to finish the same work by specific time or he may be asked by employers to finish that work by specific time.

Occupational demands may be highly stressful, and many jobs make severe demands in terms of responsibility, time and performance. Policing is such a job which puts such demands on its personnel which leads to stress, which in turn affect their well-being and their job performances.

The initial attempts to define source of stress in police-work relied upon personal experience and observations. Symonds (1970) divided sources of stress in police work into two broad categories: (1) The nature of police work, and (2) nature of police organisation. The first category included: (a) negative response of the public, (b) demands for good judgement and flexibility in stressful situations, (c) maintaining a constant state of readiness, and (d) functioning in public view. Symond's second category included: (a) quasi-military structure of police, (b) problems concerning law enforcement, promotions, inter-departmental, orders, assignments, long
hours of duty etc. Stress can be caused by too much or too little work, time pressures and deadlines, having too many decisions, fatigue from physical strains of work environment, excessive travel, long hours, having to cope with change at work and the expenses (monetary & career) of making mistakes.

Kahn (1964) found that man who suffered from role ambiguity experienced lower job satisfaction, high job related tension, and lower self confidence. Buck (1972) found that considerate behaviour of supervisors was significantly inversely related to feeling of job pressure. Hillgren, Bond and Jones (1976) have found two types of stressors: Major stressors of online personnels (a) administration, (b) role conflict, (c) double standard, (d) courts, (e) peer group pressure, (f) social exclusiveness, (g) home life, (i) public opinion vs sworn duty, and (j) supervisors and major stressors of chief administrators included: (a) imposing discipline, (b) communication difficulties, (c) public vs personal (conflicting/demands), (d) performance/conduct (of line officers), (e) change in law enforcement, (f) decision making process, (g) news media, (h) recruitment, and (i) limited authority.

Cooper (1982) in a study on police officers has identified nine stressors. These include: (a) work overload, (b) perceived unnecessary obstacles which inhibit the police functions, (c) autocratic management consequences, (d) the effect of perceived police/public relations, (e) work function/environment interface, (f) short term high intensity police stressors, (g) responsibility for a police unit, and (h) complaints against police. Mathur (1995) in a study on Indian police officers has found suspension, facing departmental inquiry, death on duty, severe injury on line of duty, arresting a
criminal, use of weapon, facing an ambush, close to retirement time, anti-terrorist operations, development of disease, non-granted leave etc. as stressors in Indian Police officers. Thus policing is a job which places high pressure in terms of time, handling difficult situations, anti-terrorist operations, handling weapons etc and consequently they experience more stress as compared to other jobs. Therefore, they are more vulnerable to stressgenic diseases and their well-being and job performance may also be adversely affected.

BURNOUT

Burnout is a phenomenon that has gained attention and empirical focus as a form of psychological distress arising from over-extension of the self that manifests as a severe loss of energy that cannot be renewed. A number of conceptualization of the phenomenon have been made (Freudenberger, 1980; Maslach, 1982). Shirom (1989) in a comprehensive review of the literature on burnout stated that the major conclusion which may be drawn from past validation efforts is that the unique content of burnout has to do with the depletion of an individual’s "energetic resources". Freudenberger (1974, 1975) is usually given the credit for first using the term in its present sense: to denote a state of physical and emotional depletion resulting from conditions of work. Burnout has been defined in a variety of ways. Graham Green (1961), wrote a novel about "A Burn-out case". Though his book became popular yet it did not give much popularity to the term burnout. It was Freudenberger as well as Christina Maslach & Ayala Pines and Colleagues at the university of California at Berkely, who popularized the
concept, pioneered its study and legitimized its status as a critical social issue. Pines & Aronson (1981) noted that Burnout is characterized by physical depletion, by feeling of helplessness and hopelessness, by emotional drain and by the development of negative self concept and negative attitudes toward work, life and other people. It is a sense of distress, discontent and failure in the quest for ideals. Maslach (1982) stated that most conceptualization of burnout have hypothesized a direct link between experienced burnout and a deterioration in the quality of service or care provided. This is a very serious consequence of burnout and is probably the bottom line for most institutions. Richards & Keley (1989) have reported that the consequence of burnout is productivity problem. Cherniss (1980) has stated that burnout reduces motivation and effectiveness and includes, as a symptom, a sense of failure. Maslach (1976) has stated that burned out professionals lose all concern, emotional feelings for the persons they work with and come to treat them in detached or even dehumanized ways. In addition, burnout professionals may become cynical towards clients, blaming them for creating their own difficulties or labeling them in diagnostic terms. Burnedout professionals are more frequently absent or late for work than their non burned out colleagues. Their performance at work deteriorates. The frustration attached to the phenomenon of burnout may lead to emotional stress (often manifest as anxiety, irritability, sadness, fatigue, high blood pressure).
BURNOUT STRESS SYNDROME (BOSS)

Maslach (1981) has reported that burnout is a syndrome of *emotional exhaustion* (EE), *depersonalization* (DP) and *reduced personal accomplishment* (PA) that can occur among individuals who do “people work” of some kind. (Maslach, 1981). A key aspect of burnout syndrome is increased feeling of emotional exhaustion, as emotional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level. A person gets overtly involved, emotionally over extends himself or herself and feels over-whelmed by the emotional demands imposed by other people. The response to this situation is ‘emotional exhaustion’. People feel drained and used up. Another aspect of burnout syndrome is the development of *depersonalization*—i.e. negative, cynical attitudes and feelings about one’s clients. Once emotional exhaustion sets in, people feel they are no longer able to give of themselves to others. They try to get out from emotional burden by cutting back on their involvement with others. The development of this detached, callous and even dehumanized response signals causes a second aspect of burnout syndrome ‘depersonalization’. It is as though the individual is viewing others through rust-coloured glasses developing a poor opinion of them, expecting the worst from them and even actively disliking them. Feeling negatively about others can progress until it encompasses being down on oneself. Care givers feel distress or guilt about the way they have thought about or mistreated others. The sense that he is turning in to the very type of person-cold and uncaring that no body especially him likes very much. At this point, a third aspect of burnout appears as feeling of ‘reduced personal
Providers have a growing sense of inadequacy about their ability to relate to recipients and this may result in a self-imposed verdict of “failure”. With the crumbling of self-esteem, depression may set in and persons will seek counseling or therapy for what they believe are their personal problems. Others will change their jobs often to abandon the kind of work that brings them into stressful contact with people.

**Burnout and Stress:** The two concepts are often taken to be interchangeable, no doubt, these almost overlap each other but they are not identical. Burnout is quite often not on account of the consequences of stress itself but often thought of being stressed having no out support system (Farber, 1982). What is often not kept in mind is that stress can have both positive and negative effect, a fact that (Selye, 1956) noted over 25 years back. Stress is the direct result of sufficient imbalance between emotional demands and the response capability of the individual. The response capability of the individual decreases proportionately to the increasing environmental demands. The likelihood of the stress becoming a negative experience and ultimately leading to burnout state is more probable. The two concepts are confused quite frequently in the large number of theories certain stress reactions are turned quite similar to those used in burnout subject for example Hackman (1970) noted and propounded four types of strategies to cope with the stress:

a) Explicit movement against aggression, attack or hostility which are the agents of stress.

b) Moving away from the source of the stress as withdrawal, avoidance or resignation in action or escape.
c) Submission of collaborative movement towards the stress or ingrediation or under co-operation.

d) Distortion of the situation through traditional psychological mechanisms, such as denial, displacement, reaction formation or internalization.

In this context burnout may seem as the last point in the degree of progression, from the active problem solving to submission and distortion methods / strategies. When the initial steps do not yield results and one does not came out of stress then this may lead to feelings of burnout. In nutshell, stress for a lengthy passage of time may lead to burnout. Burnout can be safely termed as the last step in the direction of unsuccessful attempts to cope with a variety of negative stress conditions. Stress and burnout are similar most of the time and cases of stress may not have negative effect while burnout always has. Stress can lead to burnout but not all who are stressed are burned out (Brill, 1984). It is suggested that stress and burnout are seperate constructs that can be thought of as distinct identifies (Laton, 1988) Watmough, (1983) examined factors relating to work environment focussing on those related to the caring professions and discussed eight factors that Edelwich & Broadsky (1980) considered to be built in source of frustrations that eventually lead to burnout among many dedicated workers, these are: noble aspirations and high initial enthusiasm, lack of criteria from measuring accomplishment, low pay at high levels of education, skill and responsibility, upward mobility through administrative channels, sexism, inadequate findings and institutional support, inefficient use of resources, high public visibility coupled with popular misunderstanding and suspicion.
COPING

When individuals experience stress, they adopt ways of dealing with it as they can not remain in a continued state of tension. How the individual deals with the stressful situation is called coping. However coping is primarily a psychological concept. In psychological usage, there are many definitions of coping, but all share a central theme, namely, the struggle with external and internal demands, conflicts and distressing emotions. The term has been used to denote the way of dealing with stress, or the effort to master condition of harm, threat or challenge when a routine or automatic response is not readily available. Coping has also been described as constantly changing cognitive and behavioural effort to manage specific demands (internal or external) that are appraised as taxing or exceeding the resources of a person. According to Burke & Wier (1980), coping process refers to any attempt to deal with stressful situations when a person feels he must do something about, but which tax or exceed his existing adaptation response patterns. Folkman & Lazarus (1980) and Lazarus & Launier (1978) have described coping as cognitive and behavioural efforts to master, reduce or tolerate the internal and/or external demands that are created by the stressful transaction. Thus, coping refers to the efforts directed to manage demands regardless of the success of those effects. The theoretical separation of coping efforts from their outcomes is necessary if the coping construct is to be used to predict outcome. It is because when coping is confounded with outcome, any use of coping as a predictor is tautological and meaningless (Folkman & Lazarus, 1980). Coping is used in this formulation as having two major functions: (a) the regulation of emotions of distress (emotion
focused coping) and (b) the management of the problem which is causing the distress (problem focused coping). It is also observed that both forms of coping are used in most stressful encounters and that relative proportion of each vary according to how the encounter is appraised (appraisal-focused coping). Billings and Moos (1982), on the other hand, have categorized coping in a different way. Their categorization included: (a) cognitive coping whereby individuals solve the problems, (b) behavioural coping whereby individuals engage in attempt to deal directly with the problems, and (c) avoidance coping whereby individual avoid the problems.

As has been mentioned above, coping strategies can be of several types but there are two major targets of coping: changing ourselves or changing our environment. Persons can either make adjustments to fit better with the environment (“go with the flow”) or change the environment to suit their own needs (“divide and conquer”). Imagine, for example, that someone’s neighbors are having a noisy party that interrupts his sleep. He could join the party (change himself) or call the police (change the environment). Coping efforts can be either emotion oriented or problem oriented. Emotion-oriented coping focuses on reducing the emotional arousal caused by the stress. Problem-oriented coping focuses on altering the event appraised as threatening or harmful. Problem and emotion oriented coping may be implemented simultaneously or separately and may be incompatible. In most stressful situations, coping efforts focus on both (Folkman & Lazarus, 1980). Imagine someone is very anxious about the midterm exams scheduled for next week. Problem-oriented coping would consist of intensive studying. Emotion-focused coping could involve taking tranquilizers to reduce anxiety. It may appear that problem-oriented coping
is preferable because it "gets at the root of the problem", but coping with emotional responses to stress is also important. Emotions are often painful and distressing and may consequently be a source of stress. Emotional arousal can also interfere with skilled cognitive and behavioral efforts to deal with the problem. Persons have to get themselves under control before they can tackle the problem. In some cases (e.g. natural disasters or enduring disabilities), very little could be done to deal with the problem. The primary task is to cope with the emotional arousal elicited by those events. Coping strategies take three major forms: cognitive, behavioral, and social.

**Cognitive Coping Strategies.** We can cope with a stressor or our emotions by problem solving, self-talk, and reappraisal. Problem solving involves analyzing the situation to generate possible courses of action, to evaluate the efficacy of the actions, and to select an effective plan of action (Janis & Mann, 1977). To continue with the midterm anxiety (emotion oriented, self as target), on which classes to drop to reduce worry (emotion oriented, environment as target), or on how to enlist the aid of fellow students to study (problem oriented, environment as target). Self-talk refers to covert statements or thoughts that are used to direct our efforts at coping with the stressful event and its associated emotional arousal. This internal talk directs attention to relevant stimuli, facilitates the formulation and implementation of coping strategies, and provides corrective feedback (Meichenbaum, 1977). Imagine some one is reclining in a dental chair and awaiting a root canal procedure. He might use the following self-statements: "The dentist is a caring person: he'll take care not to hurt me" (emotion oriented, environment as target); "I’m really tense, need to take a couple of deep
breaths to relax” (emotion oriented, self as target); “Maybe I can make this easier by distracting my self with pictures on the ceiling” (problem oriented, environment as target); or “I need to develop a plan to deal with this” (problem oriented, self as target). Reappraisal involves reducing the impact of a stressful event by altering how that event is interpreted. In other words, the event is given a different meaning. A student could deal with failure in an examination by thinking, “The test was unfair” (problem oriented, environment as target) or “I just had a bad day” (problem oriented, self as target). The anger engendered by the failure could be reappraised by thinking, “The teacher is a real creep, I have a right to be angry” (emotion oriented, environment as target), or “No big deal, this course isn’t important anyway” (emotion oriented, self as target).

Behavioral Coping Strategies. Persons also respond to stress behaviorally. There are four general classes of behavioral responses to stress: seeking information, direct action, inhibiting action, and turning to others. Seeking information refers to gathering data on the nature of the stressor and on possible coping strategies. An individual faced with a diagnosis of cancer, for example, may seek information about prognosis from a health care provider (Haan, 1977). Information thus provides useful, instrumental coping strategies and enhances feelings of control and predictability. Direct action refers to overt verbal and motor responses that alter the stressor or stress-related emotional arousal. An individual with a sprained ankle may rest, take pain pill, or see a physician to find relief. An individual who has recently experienced the death of a loved one may bury himself in his work or look at old pictures to deal with his grief. Inhibiting action involves not
doing something in order to reduce stress and emotional arousal. A person with a persistent cough may stop smoking. Avoidance of anxiety provoking situations would also fit in this category. For example, persons frequently “miss” their appointments with health providers because of the pain and embarrassment associated with those visits. The last class of behavioral coping, turning to others, has been traditionally labeled social support. The phrase “turning to others” is used here because it emphasizes the active, interactional nature of this coping strategy. Our relationships with other persons provide an important resource in dealing with stress. We can gain material, emotional and informational support from others. Material support includes money, goods, and services available from significant others (Cohen & McKay, 1984). Emotional support is the feeling of being loved and valued by others and the opportunity to reciprocate those feeling (Cobb, 1976). Informational support is available when others make suggestions about the meaning of stressful events or recommendations concerning coping strategies, and provide feedback about the appropriateness of coping efforts (Cohen & McKay 1984). Berkman and Syme (1979) for example, found social support to be a modest but significant predictor of mortality, even when controlling for initial health status, health-impairing behaviours and social status. Those persons with few social ties had higher mortality rates. Social support may also mitigate the negative effects of stress that have already occurred. For example, social support is associated with longer survival time among those with cancer (Weisman & Worden, 1975). A large proportion of the problems most frequently reported by persons with the disease are interpersonal. These include difficulty communicating with significant others about the cancer, speaking with family members about the
future, and gaining information from health providers (Wortman & Dunkel-Schetter, 1979). Health providers, family, and friends can provide cancer victims with clarification and reassurance about what is happening, show love and caring, and assist in developing strategies to deal with the physical and emotional demands of cancer and its treatment. Social support also promotes recovery by enhancing adherence to treatment regimens (Suls, 1982). Caring relationships enhance physical and mental health. The timing and manner in which social support is offered significantly influence its impact. Well-meaning assistance that is not wanted is not helpful. Social support is not a reservoir from which a person passively borrows but rather an interpersonal exchange in which both parties are active (Cohen & McKay, 1984). Social support may also have negative effects. For example, significant others can interfere with adherence to treatment regimens, suggest ineffective coping strategies, or create a dependence by a person who is ill (Suls, 1982).

According to Holahan and Moos (1987), Avoidance coping is a response to threatening situations when personal and contextual resources are scarce. Also when severe stressors persist, individuals may gradually lessen their use of problem solving coping and increase their reliance on Avoidance strategies (Moos, 1992). In Avoidance coping, personnel tried to reduce tension by drinking more (alcohol), eating more, smoking more and taking tranquilizing drugs (sleeping pills etc.)

Thus individuals experiencing stress have to do something to deal with this and what is done to deal is referred to as coping. There can be several types of coping strategies such as, cognitive, behavioural, avoidance or may turn to others. There is no agreement as to who will use a particular
type of coping strategy and who will use certain other. Persons use a mixture of several coping strategies.

WELL-BEING

General well-being may be termed as the subjective feeling of contentment, happiness, satisfaction with life experiences and of one’s role in the world of work, sense of achievement, utility, belongingness, and no distress, dissatisfaction or worry, etc. These things are difficult to evaluate objectively, hence the emphasis on the term “Subjective” well-being. It may well be maintained in adverse circumstances and controversy, may be lost in favourable situation. It is related to but not dependent upon the physical/physiological conditions. Psychological well-being is generally concerned with an individual’s feelings about his daily life experiences. These feelings extend from extreme negative state such as stress, worry or unhappiness to more positive states which are not simply states of absence of worry or unhappiness but are states which are related to sound mental health and include favourable self-esteem and success (Herzberg, 1966; Bery, 1975; Maslow, 1973). Studies of positive and negative affect of psychological well-being have been undertaken by Bradburn (1969) who found that positive affect corresponded with greater social relationship and more new experiences, whereas negative affect was closely related to fear of a nervous breakdown, ill health, anxiety and stress. Similar conclusions have been recorded by Philips (1967), Andrew and Withey (1974) and Cherlin & Reeder (1975). Warr (1978) used three measures: Positive and negative
affect, anxiety levels and feelings about present life as measures of well-being.

In 1967, Warner Wilson presented a broad review of subjective well-being (SWB) research entitled, “Correlates of Avowed Happiness”. Based on the limited data available at that time, Wilson concluded that the happy person is a “young, healthy, well-educated, well-paid, extrovert, optimistic, worry-free, religious, married person with high self-esteem, job morale, modest aspirations, of either sex and of a wide range of intelligence” (p. 294). In the three decades since Wilson’s review, investigations into subjective well-being have evolved. Although researchers now know a great deal more about the correlates of subjective well-being, they are less interested in simply describing the demographic characteristics that correlate with it. Instead, they focus their effort on understanding the processes that underlie happiness. This trend represents a greater recognition of the central role played by people’s goals, coping efforts, and dispositions.

In a review of the researches conducted in the area of subjective well-being Diener, Sich, Lucas and Smith (1999) have reported that early research on subjective well-being was limited to cataloging the various resources and demographic factors that are correlated with subjective well-being. Although the most recent 30 years of research have increased our knowledge in this area, the most important contribution is in the understanding that these external, bottom-up factors are often responsible for only a small part of the variance in subjective well-being. One’s temperament and cognitions, goals, culture, and adaptation coping efforts moderate the influence of life circumstances and events on subjective well-being. Theoretical models have been developed in each of these areas to
explain how internal factors, within the person, moderate and mediate the impact of the environment on people’s subjective well-being.

In considering Wilson’s (1967) conclusions about who is happy, one must first recognize that the studies on which he based his judgements were really about who is most happy. In fact, the majority of people avow positive levels of happiness (e.g., Diene & Diener, 1996; Heady & Wearing, 1988; Marlin & Stang, 1978). Most individuals report that their well-being varies between slightly satisfied and very satisfied, and between slightly happy and very happy; Folkman (1997) found that even in the extremely distressing circumstances of caring for and losing a partner with AIDS, caregivers felt more positive than negative affect most of the time. Thus, there is a truncated range in subjective well-being that some have conjectured might be of genetic origin (Diener & Diener, 1996; Lykken & Tellegen, 1996).

What causes the variations in subjective well-being between people who score at varying places in the positive range may differ considerably from what causes a few people to experience depression and other severe negative states.

The area of well-being has three hallmarks (Diener, 1984). First, it is subjective. According to Campbell (1976), it resides within the experience of the individual notably absent from definitions of subjective well-being are necessary objective conditions such as health, comfort, virtue or wealth (Kammann, 1983). Although such conditions are seen as potential influences on subjective well-being, they are not seen as an inherent and necessary part of it. Second, subjective well-being includes positive measures. It is not just the absence of negative factors, as is true of most measures of mental health. However, the relationship between positive and negative indices is not
completely understood. Third, subjective well-being measures typically include a global assessment of all aspects of a person's life. Although affect or satisfaction within a certain domain may be assessed, the emphasis is usually placed on an integrated judgement of the person's life. Nonetheless, measures may cover a period ranging from a few weeks to one's entire life. There is no a priori way to decide what time period is best. Rather, researches must uncover the correlates of subjective well-being within varying time frames.

Wilson (1967) reported that health is strongly correlated with subjective well-being. This association, however, holds only for self-reported health measures (e.g., George & Landerman, 1984; Larson, 1978; Okun, Stock, Haring & Witter, 1984). The correlation weakens considerably when objective health ratings by physicians are examined (e.g., Watten, Vassend, Myhrer & Syversen, 1997). Ill health may negatively influence subjective well-being because it interferes with the attainment of important goals.

Within countries, increases in income are not inevitably associated with increases in well-being. Brickman et al. (1978) found that lottery winners were happier than controls but not significantly so. Wealth may contribute to subjective well-being by providing the means to meet certain basic needs such as food, shelter, clean water, and health care. Thus, poverty should affect subjective well-being if it affects basic needs. People who value money more highly than other goals are less satisfied with their standard of living and with their lives (Richins & Dawson, 1992; Crawford, 1998). Religion may provide both psychological and social benefits. Religious experiences can provide a sense of meaning in daily life (Pollner,
1989) as well as during major life crises (e.g., D.N. McIntosh, Silver & Wortman, 1993). The positive relation between marriage and subjective well-being noted by Wilson (1967) has been consistently replicated in national and regional surveys conducted in the United States (e.g., Glenn, 1975; Gove & Shin 1989) Canada (White, 1992) and Norway (Mastekaasa, 1995) as well as in international studies (Diener, Gohm, Suh & Oishi, 1998). The large-scale surveys reveal that married people report greater happiness than those who were never married or are divorced, separated or widowed. Life satisfaction does not decline with age (Butt & Beiser, 1987; Inglehart, 1990; Veenhoven, 1984).

**JOB OUTCOME**

The term job outcome/job performance is often viewed as behaviour in some measures of the adequacy of the behaviour involved. It refers to the accomplishment made which is only overt. In organizational psychology the term, organizational performance is frequently used but only in terms ‘as how adequately the organizational goals’ are being achieved. Therefore, in this context it is not only the performance of the organization which is measured rather is also involves the performance of worker, supervisor, leader, unit and management also, that is a part and partial of organizational performance, (Slater and Stanley, 1989).

In organizational job performance/job outcome has been conceptualized as ‘turn over’. It’s meaning varies from organization to organization. In police organization it refers to the amount of work done in particular period of time. Due to the diversity of the roles a police personnel
is required to do, it is not an easy task even than the work done may include successful handling of cases, maintaining of law and order, security etc. In the present study job outcome has been operationalized in term of successful handling of cases in last one year, any appreciation letter, recommendation letter, medal, special monetary reward, out of turn promotion received for outstanding performance/work. It also included any adverse remark in ACR, enquiry constituted against, punishment awarded etc. However, the nature of police performance is such that few analysts can agree on a direct, consistent, reliable, and valid scale of measurement (Needle 1978). Where such measuring devices are used, they are generally controversial and subject to labour-man-agement strife. Consequently, public policy analysis often makes use of negative indicators – numbers of instances where something goes awry – to indicate the inverse of police performance (O’Neill 1980).