CHAPTER-I
INTRODUCTION

1.1 STRESS: THEORETICAL FRAMEWORK

Scientific and technological progress all over the globe has made man among other things highly sensitive, critical and creative. Associated with this growth is the emergence of stress. The term ‘stress’ has become a part of every day vocabulary. Stress has been defined as a force, which acts upon the individual causing him to respond to it and cope with it in such a way that strain, ensues.

Lazarus (1968) in the International Encyclopedia of Social Science, writes that ‘stress’ suggests excessive demands made on man and animals, demands that produce disturbance of physiological, social and psychological systems. Later Lazarus (1984) talks about stress, as the relationship between person and the environment and that individual’s perception of an event was a direct result of his/her cognitive appraisal of the event. Cognitive appraisal is the evaluative process used by the individuals to determine why and to what extent a particular transaction or series of person environment transaction occur. Levi (1972) suggests “stress is one of the mechanisms suspected of leading under circumstances to disease”.

Cofer & Appley (1964) and Mechanic (1970) propose that stress arises when there is some type of discrepancy between individual’s perception of environment demand and his/her perceived ability to meet or cope with demand. Sells (1970) aptly summarizes the role of perceived demand, perceived ability and the perceived consequences in his statement that stress arises when:(1) The individual is called on in a situation to respond to circumstances for which he has no adequate response available. The
unavailability of an adequate response may be due to physical inadequacy, absence of the response in the individual’s repertoire, lack of training, equipment or opportunity to prepare and (2) The consequences of failure to respond effectively that are important to the individual. Personal involvement in situations can be defined in terms of importance of consequences to the individual.

Similarly, Scot and Howard (1970) note that stress occurs when an individual confronts a situation where his usual modes of behavior are insufficient and the consequences of not adapting are serious. If the individual is unable to mobilize personal or social resources to cope with the situation or restore homeostasis, his or her energy will be bound up in dealing with this perceived disturbance. This preoccupation defines stressful condition.

Beehr and Newman (1978) consider stress to be a condition that disturbs the individual’s psychological and physical state such that he is forced to deviate from normal functioning.

Cox (1978) perceives stress, as a mismatch between demand and coping. Demand is an internal or external stimulus, which is product of our own value system and expectation.

According to Lazarus (1984), “Stress is inharmonious fit between person and the environment, one in which the person’s resource are taxed or exceeded, forcing the person to struggle, usually in complex ways and to cope with.” According to him stress is a feeling of tension that is both emotional/physical. It can occur in specific situations.

Stress is closely related to strain. According to Patterson (1987) strain is defined as a condition of felt tension or difficulty. It is usually associated with the need or desire to change something.
Solanki and Ganguly (1987) conceive life stress as a “state of imbalance within an organism that is (a) elicited by an actual or perceived disparity between environmental demands and the organism’s capacity to cope with these demands and (b) manifested through variety of psychological, emotional and behavioral responses”.

Baum (1990) defines stress as a ‘negative emotional experience accompanied by predictable biochemical, physiological, cognitive and behavioral changes that are directed either towards altering the stressful events or accommodating its effects’.

Chrouses and Gold (1992) define stress as “the state of disharmony or threatened homeostasis” Stress is anything that imposes an extra demand on child’s ability to cope with something that is new and different (Furman, 1995). For Ellis (1999) stress is a feeling of tension that is both emotional and physical. It can occur in specific situation.

Stress, as a concept, has been borrowed from physics. A car hits the other and both are smashed. Similarly many forces in our lives pull and push us. Life is a constant challenge to meet various biological, psychological and social needs. Hunger, thirst and sleep etc are biological needs that demand satisfaction. Every one has socio-psychological needs of affection, care, sympathy understanding and belongingness. All these needs pose challenges to meet with. If these are successfully met one feels contentment and satisfaction. But it is not always so, often one has to face obstacles and failures. This creates a sort of imbalanced state of mind. Hence, stress may be explained as demand made on an organism to adjust, to cope and to adopt

A certain amount of stress is desirable to provide the individual with the necessary stimulators and motivation to overcome the many obstacles that prevent one from attaining one’s various goals. Stress can be regarded as
instigator of action. There are people who thrive on stress, and the stereo-
typed image of the harassed company director who is surrounded by the
incessant sound of ringing telephone and who is frustrated in his attempts to
meet critical deadlines, may not necessarily be a prime victim for a heart
attack. Indeed there are executives who would regard such a work
environment as perfectly acceptable and conducive to their decision-making
tasks.

Many researchers (Mintner, 1991; Sadri and Marcoulides, 1994)
suggest that stress can actually prolong life, particularly where the individual
undergoes repeated stressful experiences over a period of years. Amongst this
has been shown to be true for mice, whose life span has been almost doubled
as a result of continual exposure to stress. Moreover, mild stress in infancy
resulted in noticeable developmental changes in the mice. Stress at times can
dispel boredom and goad one into action. Within bounds it serves as a
powerful stimulant. One often initiates mild stressful experiences to help
overcome periods of boredom or dull routine. Active participation in
dangerous sports, the search for excitement in gambling, casinos and clubs, or
various experiences of danger gained through watching films in the cinemas
and on television are all attempts at reducing monotony of daily life. Many a
bored housewives in Britain have found solace in their routine visits to the
bingo hall, which provided them with a certain amount of excitement.

The concept of stress may differ according to the individual’s state of
context and interpretation. Those who are able to handle stress effectively
develop a positive way towards life and vice versa. Each person’s stress level
is not just the result of the problems that have accidentally occurred in their
lives recently, it is more complicated than that. For one thing, individuals are
surely to some extent in control of how many and what kind of problems
come along. More importantly, as individuals, we respond to a problem stressor very differently. For example having a handicap makes some one think that they are meant to be inferior while others become obsessed with becoming superior and they do. These enormously different opinions on stress have been explained theoretically, as briefly mentioned below:

Within constitutional genes and physiological framework the biological inheritance that is genes keep on influencing the health and behavior of the person from birth to death. There is pretty good evidence that children of parents with serious psychiatric disorders have somewhat higher risk of having the same problem (Selye, 1976).

Most personality traits do not seem to be inherited, but some evidence does exist in favor of genetic influence on personality traits. It has also been reported (Agrawal, 2006) that male abusers in a family in England, have an abnormal genes on the X chromosome. However it is a very rare abnormality, thus not accounting for all the anger in the world. In terms of other inherited traits, the activity level of three and four year old infants are slightly related to the anxiety level experienced by the mother during the pregnancy. Hyperactive parents are far more likely to have hyperactive child (Agrawal, 2006).

Frustrations upset people and making difficult decisions creates anxiety. Having unusual or surprising experience also causes stress. Most humans are stressed by viewing dead or mutilated body. Just because one has inherited a problem such as being shy or hypersensitive doesn’t mean that one is helpless, but as compared to others one may require more effort, relaxation or correcting one’s thinking to overcome tendency of fear, speech, anxiety etc.
Referring to the behaviorist learning approaches, stress is a conditioned response. Feeling stressed and anxious may involve all three kinds of learning – classical, operant and observational.

The old conception of classical conditioning was that an association was learned when a CS (conditioned stimulus) and an UCS were paired together several times. That is still the essence of classical conditioning. Many people who had been hurt in certain situations, like auto accidents or climbing on something and later on develop a fear. However classical conditioning in humans is far more complex than just pairing a neutral stimulus (CS) with a situation that is unconditional stimulus (UCS) that automatically arouses a reaction. It is believed that CS arouses expectancies about the UCS (actually one develops mental representation of the UCS one evaluates and then develops different reactions of the UCS), which of course, influences the final conditional response (CR). Clearly a lot of mental events influence the CS – UCS connection.

In Operant conditioning learning theories, stress and fear development involves more of negative reinforcement. Fear are self developing, if one runs away from and/or avoids the frightening situation. The possibility that running away from fear strengthens it even more, has important implications. Every time in a lecture if one is unclear about something but decides not to ask about it in class because the teacher discourages it, one is learning to be afraid of asking questions. Avoiding frightening situations may reinforce and build fears and stress. This theory doesn’t explain the origin of irrational fears but describes only their growth.

One can learn fear from watching a fearful person in family or outside in the environment. In conceptualization of their observation theory of learning Bandura and Rosenthal (1966) say that if a parent has an obvious fear, say fear of flying or of storms or of dealing with the authorities, his/her children
are likely to assume that there are greater risks involved and be afraid of these things also. However, observing fearless children interacting with a phobic stimulus, such as a snake or a dog, has successfully eliminated fears. The reinforcement of the desired behavior may be presented either in real life or on film. Modeling is often combined with reinforcement of desired behavior; for example, in teaching verbal behavior to autistic child, the child is immediately rewarded with food upon each successful imitation of therapist’s vocabularisation.

According to Cognitive learning theory both unreasonable and reasonable fears (phobias) are based on thoughts. Of course it is logical thought that enables us to distinguish between rational fears and irrational fears, but for a frightened person this differentiation is difficult. Yet, one’s survival depends upon cognition – recognizing real dangers like driving while drinking or smoking while lying in bed. Richard S. Lazarus (1984) believes that stress and anxiety primarily arise when one believes that he/she cannot handle the approaching problem. Obviously this involves an appraisal of the nature and seriousness of the threat in comparison to the kind and strength of coping mechanisms we think we are capable of using.

There are certain thoughts, which can reduce stress while others should be able to increase stress. Some interesting research by Baum (1993) deals with persons who had been in Vietnam or near the nuclear accident at Three Mile Island. Persons who continued to suffer intense prolonged stress had intrusive disturbing thoughts about their experience than persons with the same background who experienced less stress. Wegner (1989) and Pennebaker (1991) say that trying not to think about some stressful situation actually results in more uncontrollable negative thoughts about the situation. They and almost all ‘insight’ therapists say that these people need to think and talk about their stressful experiences and express fully their emotions.
Whereas some cognitive researchers disagree, believing some people simply think about traumatic experiences differently than others, and thus experience different levels of stress. These cognitive therapists focus on changing the thoughts, not expressing the feelings.

As regards to psychoanalytic theory, Freud theorized that birth was the first stressful experience, which influences one’s later lives. Hence stress is rooted in the structural and organizational aspects of personality development. His explanation started with an infant innately driven by its “id” to eat, to eliminate, to be comfortable, to be held and loved and to be touched and have sensual stimulation. If these needs were not met, the child experiences anxiety – a mild form of stress. To meet sexual and death needs and to relieve the anxiety, a part of the id develops into second part of the child’s personality that is thinking, reasoning, perceiving, self-controlling part called the “ego”. The ego devises many ways of coping to become unusually close and dependent on one parent – a daddy’s girl or a mommy’s boy. Or it may be to become sickly to gain attention and love. All these things help one to be less scared. As an adult ego is still handling neurotic anxiety by using defense mechanisms and by developing fears and phobias, all these neurotic symptoms help control or make up for the basic anxiety of not getting the love, security and sensual touching we want. Part of the process of identifying with the same sexed parent is the internalization of values, the development of conscience which Freud called the “super ego”. The superego, the part that makes us good and considerate of others is an outgrowth of the interactions that many people consider so wicked – the Oedipus or electra complex. Because one, as young, could have known the birth trauma, overwhelming the fear and sense of utter helpless and because one so desperately wants love, one handles ones fears by developing at about age five or six, a set of rules to
live by that will help his/her become good boy or a good girl. All the ‘shoulds’ come from superego part of the personality.

Freud saw anxiety as a signal of danger such as threat of childhood memories, urges and fantasies coming into our consciousness or actually being carried out. Events that happen to the people as adults might set off an old repressed urges. Immediately one becomes anxious often without knowing why. One develops defense mechanisms to prevent anxiety, keep hidden “true” causes of childhood fears, urges and shames. Thus a psychodynamic therapist would assume that an agoraphobic patient is symbolically terrified by a loss of love or separation from caretaker at home (may be the birth trauma, castration anxiety, loss of love etc.). In short, irrational adult fears and phobias are neurotic ways of continuing to cope with childhood traumas. These are manifestations of our earliest conflicts and stresses.

To sum up, stress can be defined as the level of bio-socio-physiological response an individual makes to either a given event, or culmination to life events. The severity of their response is in direct relation to firstly how threatening or distressing one perceives the events, and subsequently ability to cope. How an individual responds to given event is determined by a complex interplay of physical (biological), emotional (affective), cognitive and behavioral responses. Despite many opposing approaches to stress, all the theories discussed agree that stress could increase the risk of illness. Although stress is not the sole cause of many disorders, it is a significant contributor to their development.
1.1.1 Models of Stress

A number of models have been developed to explain and describe what happens to an individual in a stressful state. Some of them have been described below:

Physiological Model: Physiological changes in response to stress are similar, although not identical in all individuals. These changes were identified by Selye (1956), who called them the “general adaptation syndrome” (GAS). He identified three stages of response. First when stressor occurs, body’s resistance initially drops, and then rises sharply. This is stage 1 or alarm stage. It stays high throughout the second stage that is the resistance stage, but ultimately can be sustained no longer and falls in exhaustion. If a second stressor is added to the first, the resistance is lowered and exhaustion that is the last stage is reached earlier.

![Figure 1.1 The General Adaptation Syndrome (Source: Selye, 1956)](image)

Arousal Model: The concept of arousal is described in conjunction with emotion. Arousal was viewed as being beneficial to the individual’s
performance, up to the optimum level, but extremes of arousal produce stress and a corresponding decrement in performance. Performance in other words increases up to an optimum level of arousal; if arousal continues to increase, performance declines and stress may occur. A higher level of arousal is necessary for a simple boring task, where a slightly lower level or arousal is better for a complex task.

![Optimum level of arousal graph](image)

**Fig. 1.2. Relationship between Arousal and Performance (Source: Ivancevich and Matteson, 1993)**

**Transactional Model**: Cox and McKay (1976) opine that stress is due to a dynamic transition between individual and the environment. Important to this model is the individual’s *cognitive assessment of the perceived demands* made on him or her, and individual’s *perceived capability to deal* with those demands. Stress is the result of the perceived demands outweighing the perceived capacity. For example: An individual may perceive that the demand of taking form A level in two years out weight his or her capability. If the individual is pressurized to do so, stress may
result. This perception is influenced by a number of factors such as personality, situational demands, previous experiences and any current stress state already existing.

![Transactional Model of Stress](chart.png)

**Figure no: 1.3 Transactional Model of Stress. (Source: Cox 1978)**

**Interactional Model:** The view of stress proposed by Lazarus (1984) includes that the individual’s perception of capability interacts with cognitive appraisal of threat. Again a mismatch of the two results in stress. Lazarus also looked at the role of frustration and conflict within the individual in exacerbating stress. Lazarus emphasizes the importance of cognition in what he refers to as transaction with the environment in which individual, both
influence and respond to the environment. Stress is experienced with the magnitude of stressors exceeds the person's ability to resist them.

1.1.2 Types of Stressors

Stressors are psychologically or physically demanding events or circumstances. Research links stressors to increased susceptibility to the physical illness such as heart disease as well as psychological problems such as anxiety and depression. Stressors don’t always increase the risk of illness. They tend to affect health more when they are chronic, highly disruptive or perceived as uncontrollable. Usually distinction has been made among three types of stressors namely, (a) Catastrophic events: Earthquake, hurricane etc, (b) Major life changes, positive or negative: Marriage, divorce, death and (c) Minor hassles: Standing in line, traffic jams, noise.

The stressors themselves impinge on an organism that has specific characteristics of its own. Stressors have been divided into broad areas each of which can be applied to more specific situations:

(a) **Optimum arousal level:** Some people deliberately ignore their limit of stress tolerance and push themselves too hard; others may pass beyond this level without realizing they have done so. Whatever the reason, the consequences are the same: a tendency for the individual to develop a physical or psychological sickness, including headaches, insomnia, fatigue, hypertension, depression, ulcers, coronary heart disease etc. For example, results of research conducted in Philadelphia by Frasure and Prince (1989) on patients with history of heart attacks revealed that case history of coronary patients showed that they had experienced either gradual or acute stress prior to their heart attack. By contrast very few non-coronary patients had suffered from acute emotional strain, and none had experienced tension over a period of time.

(b) **Life state-changes:** The expression ‘a change is as good as a rest’ may have some relevance here. Nevertheless, too much change too quickly
can be responsible for the disease, and the aim should be to tread a path midway between too many changes and too little. A dramatic discovery made by Holmes and Rahe (1967) that fourth fifth of all those who have experienced a major life changes during the year could be expected to have serious illness some time during the next to years. With his colleague, Richard Rahe, Holmes designed a social Re adjustment scale (1967) which enables one to obtain a quantitative assessment of the amount of stress one is experiencing at a particular time. The underlying focus is on adaptation. Stress is likely to arise when changes occur in excess of a person’s ability to adapt to these changes and adaptation failure can lead to psychological breakdown. What is referred to here are the accelerated changes associated with modern living, changes which suddenly assail the individual and upset his equilibrium. The message is clear: failure to adapt may be prescription for ill health.

(c) **Motivation**: When two motives conflict and are not resolved, frustration will occur. The satisfaction of one motive may frustrate the other. Stress may be imposed on greater or lesser degree depending on the three categories of conflict situations i.e., (a) approach-approach category, (b) avoidance-avoidance category(c) approach avoidance situation.

(d) **Disruption in the circadian rhythm**: The circadian rhythm is a biological clock—a natural orderly rhythm of biological process which follows a cycle of 24 hours (Aschoff, 1965) and which coincide with events in the environment. Serious disruption of a person’s circadian rhythm can be contributory factor to stress. Perhaps this is best illustrated by referring to comparatively new phenomenon – ‘time zone fatigue’ which is usually identified by its common name ‘jet lag’. This can be a major source of stress for travelers today. Time zone fatigue is caused when an individual’s circadian rhythm is upset, thereby preventing his satisfactory adaptation to increased speeds. Travellers who suffer from time zone fatigue display various symptoms of stress such as insomnia,
irritability, fatigue, digestive malfunction, impaired judgment and delayed reaction time and these symptoms persist for several days.

(e) **Social Stressors**: Stressors, of course refer to the experiential circumstances that give rise to stress. Although virtually all social scientists engaged in stress research are interested in stressors, they differ considerably as to how they conceptualize stressors and as to the importance they attach to different types of stressors. In recent years attention has been given to life events on one hand and more enduring or recurrent life problems, sometimes referred to as chronic strain on the other hand.

(i) **Life Events as stressors**: Major life events generally do not tend to be related to the health problems that accompany stress (Krantz et al, 1985). Under some circumstances however major life events can be source of stress. Whether major life events involve positive or negative feelings, for instance is relevant. Major life events that are positively stressful actually tend to have either trivially stressful or actually beneficial effects, but major life events that are negative can be stressful and are associated with medical problems (Sarason et Sarason, 1991). Examples of major life events are getting married, divorced, being fired from job etc.

(ii) **Daily Hassles as stressors**: Daily Hassles are the little hassles or annoyances that occur practically everyday, such as having to make decisions, arguing with friends and family, trying to meet deadlines at school or work etc. Although a wide variety of daily hassles can be source of stress, they often involve conflicts between the behavior people may or may not want to do. If someone is experiencing an approach-approach conflict along with conflict a person has to choose between two attractive alternatives, such as going to vacation or buying a new computer. If someone is
experiencing an avoidance-avoidance conflict that a person has to choose between two unattractive alternatives such as having a pet put to sleep or spending money on expensive surgical procedure for it. If someone is experiencing approach avoidance conflict, one has to choose whether to engage in activity that has both attractive and unattractive qualities, such as mowing the lawn, an activity that would result in nice lawn but would not be enjoyable to do so (Lefton, 1994).

These stressors may become primary or secondary stressor. **Primary stressors** are those, which are likely to occur first in people’s experience. The stressor may be an event, especially one that is undesired and eruptive, such as the untimely death of a loved one, involuntary job loss, or injury; or it could be a more enduring or repeated stressor, such as those experienced in marriage or occupation whereas primary stressors can be conceptualized as occurring first in experience. Secondary stressors come about as a consequence of the primary stressors. Secondary stressors independently may become capable of producing even more intense stress than those considered to be primary.

Examples of **secondary stressors** resulting from more primary stressors may be drawn from the studies of specialized roles, those involving the care of impaired relatives or friends (Pearlin et al, 1989). Informal care giving to impaired people is an extreme instance of role restructuring; usually it occurs within established relationships and when impairment is severe, prolonged and progressive, the care giving comes to dominate the interactions between persons whose previous relationship were organized in a very different way. A number of primary stressors, those involved directly or providing care to the impaired person, can be observed. They include the vigilance that may be required to monitor and control the patient, the psychological losses that accumulate with the patient’s continued deterioration and exhaustion and overload. Several secondary stressors stem
from these primary problems. For example increased conflict with others is quite common, as when the caregiver feels abandoned by the family members. Caregivers holding outside jobs may find themselves unable to devote themselves fully to one's activity without neglecting requirements of other. Economic strain arising from diminished income or increased expenditure is another frequently observed secondary stressor, as are the losses of desired social relationships and activities outside the care giving situation. Once set in motion, these secondary stressors produce their own stressful outcomes.

Although individual situations may differ, certain sources of stress are common for almost everyone, these sources are most often associated with work, time and life events. For a student, college can be very stressful, demanding professors, class projects and extra curricular activities can all contribute to a stressed out college student. From schoolwork to social problems, students can sometimes, become so overwhelmed that they don’t know how to efficiently manage their stressful situations.

Excessive stress, over a long period of time, has been linked with such ailments as headaches, stiffness, pains, tiredness, lack of energy, emotional outbreaks and an increasing dependence upon smoking, alcohol and loss of appetite, binging of food in the attempt to seek refuge.

Stress may lead to skipping of meals. It is a saying that we speak through our stomach. The stomach like various other organs of the body can be used by mind as means of symbolic expression. Appetite depends largely upon mental serenity. If one is tensed the stomach stops secreting the gastric juices on which digestion depends and appetite and zest for food disappear.

Stress may also result into consuming alcohol, drug, abuse, smoking etc. The heaviest drinking among young men occurs at age 18-20, and in young women at 21-24 for some boys drinking may be a sign of conflict about their sex roles, which takes the misguided from a exaggerated.
masculinity and bravado. Stressful life events and emotional problems are powerful predictors of alcohol abuse. Since drinking provides a sense of relief, decreases tension temporarily, Sher (1984) has concluded that drinking in response to stress is a complex phenomenon, alcohol does appear to have stress-response dampening properties.

Raina (1983) listed some of the important behavioral psychological and health effects, which have been suggested to be linked to the experience of stress and have seen placed in the following table:

Table 1.1

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<th>Various behavioral, psychological and health effects of stress.</th>
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<td>Subject effects</td>
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<td>Health effects</td>
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<td>Organization effect</td>
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Source: Raina (1983)

Stress can be managed with stress management measures. Stress management refers to the effort to control and reduce the tensions that occurs with a situation that is considered difficult or unmanageable. Proper training, self-regulation, food and physical activity and exercise can reduce its impact.
1.1.3 Stress Among Adolescents

There is no doubt that adolescence is a time of high stress for teenagers and parents alike. Stress is the usual result of any rapid change and rapid change is what adolescence is about. Adolescence stresses come from within that is they can have a biological cause as well as from the various social spheres in which adolescents operate: family, peer group, school and society at large.

**Biological stress:** In general, the physical changes of the adolescence occur most rapidly from age 12 to 14 among girls and between 13 to 15 among boys. In addition to, or perhaps because of their body’s rapid changes, adolescents tend to be extremely self-conscious and typically assure that everybody is staring at them. Every pimple, every unwanted curve or lack of curves can be a source of misery and stress, particularly for those who do not fit the cultures narrow idea of beauty.

All the same time adolescents busier life revolving around schoolwork and socializing compete with an increase in their biological need for sleep. The result is that sleep deprivation is another often silent source of stress.

**Family stress:** Even the most well adjusted adolescents face a major source of stress in their relationships with their parents that is because every adolescent must work through the old struggle between the need to belong and to be taken care of and the need for independence and freedom.

Psychologist **Erikson (1902-1994)** has pointed out that adolescents are driven by a need to come and go with their own individual identities and a part of the process involves understanding their origin. Part of the task involves simply knowing their family history, where their parents grew up, in a particular place and time and who were shaped by complex emotions and relationships. This sort of understanding is difficult to come by. It is hard for an average teenager from a family with both parents living together, but when parents live apart, or when one or both are unknown (due to abandonment or death), the task becomes even more stressful.
**Societal stress:** Adolescents do not yet belong to the wider adult society, for example they cannot vote or buy alcohol legally, they are kept out of most well paying jobs. Their views are considered neither as children nor as adults leading to role ambiguity. They are not given respectful place in social gathering. At the same time many adolescents recognize that they are about to inherit all of society’s largest problems - war, pollution, global warming, an uncertain economy - without any real economic or political power with which to confront them, a recipe for stress.

**Peer stress:** Peer group stress tends to be highest, during the middle school years, but adolescents who do not find at least a minimal degree of acceptance at that time in their lives are likely to suffer lasting consequences: isolation, low self esteem and stress. The price of admission to peer society for some adolescents is involvement with cigarettes, alcohol and drugs. For some teens, substance use provides temporary relief from stress. However in the long run the physical and psychological ups and downs end up increasing, not decreasing, the level of stress they feel.

**Academic stress:** Academic pressures mount during high school, particularly the last two years. To avoid failing an important course, for example can be quite stressful, it may be the most academically capable students who feel the greatest pressure, as they find themselves competing for score, high prestige institutions.

Many adults believe that adolescents do not experience much stress because they are not expected to be responsible for many things in their lives, they have others to depend on and they can do variety of things to relieve stress. Infact the opposite is true, partly because they do not understand what is happening and pertly because they do not know what to do about it (Omizo Omizo and Suzuki, 1988). A very serious stress here is posed by the examination and misinformed vocational and educational choice resulting into a waste of resource and deep frustrating experience. In this study the emphasis is on academic stress because as academic pressure mounts adolescents find it very difficult to cope.
Children are constantly under the stress of studies and examinations, in short they are entangled in the web of ‘Academic stress’. It is a mental stress with respect to some anticipated frustration associated with academic failure or even an awareness of possibility of such failure (Gupta and Khan, 1987).

Most children experience academic stress, which is linked to their student life. In the context of school, academic stress means pervasive sense of urgency of learning all those things, which are related to or prescribed by school (Shah, 1988). The stress is an outcome of the number of factors like negative consequences of failure, future life and self-responsibility of failure. Some of the factors responsible for academic stress have been shown in the figure below:

Figure No 1.4: Academic stress among adolescents (Source: Jindal, 2005)
In the present scenario, academic success has become the key to educational goal. In the transition from the old education system to the new one, the true meaning of education has been lost. Education now lays stress only on ‘academics’ that show on the report card in terms of marks. Children are pushed into educational stream at an early age. There is an increased pressure on children to excel in academics, sports and interpersonal skills (Elkind, 1987). To do the best is no longer enough for adolescents. They often feel frustrated no matter how well they perform. (Lajoie and Shore, 1981). Excessive concern about errors, in addition to high parental and social expectation leads to depression among them. Many youngsters in today’s era believe that they are loved for their grades, honor and abilities only. As a result, they do not allow themselves to fail or make mistakes. When they fail, they are overpowered by the feeling of guilt, which in some cases lead to suicide (Lajoie and Shore, 1981).

Sometimes parents who had brilliant academic record may like their adolescents to match if not excel that standard, without taking into consideration their aptitudes, interests and abilities. Parents’ multiplied expectations from their own children play havoc in their children’s lives. Often parents look upon their adolescents as means of achieving their own thwarted ambitions. Children have to fulfill not only their own but also the unfulfilled dreams and wishes of their parents. They feel that every student requires good academic record for getting admission in good and reputed educational institutions or college (Chopra, 2002). They opt for different ways to make their children come up to their expectations. It was found that father of a 17 years old boy who was to appear in entrance test for medical college remarked to his son, “If you could not get top position in the examination, you will be devoid of all parties, your new bike and pocket money” (Chopra, 2002). This is not one case of one father. The same scenario can be seen in most of the homes where children are studying and are
often in the last year of schools are preparing to get admissions in professional colleges. Stress in general and academic stress in particular is that gift of today’s fast moving life to the coming generation.

In 1992, the ministry of Human Resource Development, Government of India, under the chairmanship of Prof. Yashpal set up a National Advisory Committee to advise on the ways and means of reducing academic burden and anxiety among students at all levels. The report highlighted that major sources of academic anxiety among children are the problems of curriculum load and scarcity of leisure time. Another source of anxiety among children is fear of examinations which is constantly reinforced by teachers and parents, resulting in children loosing interest under too much pressure of study (Chadha and Sahni, 1988; Verma and Gupta, 1990; Malhotra, 1999).

According to Polk (2001) components of academic stress which are likely to contribute to academic failure in adolescents are boredom, conflicts with teachers, low self concept and inadequate social skills, non-facilitative school and classroom environment, unsuccessful transaction from one school to another, lack of parental involvement, stress and pressure in family and peer relationship, teacher’s expectations, and belief’s, sense of alienation and isolation and differing culture and gender expectation.

Stress is another reason for concern with because it has been linked to mental and physical health (Zarski, Bubenzer and West, 1986). Academic stress is of concern because it has a negative effect on the physical, emotional, social and psychological development of children (Omizo, Omizo and Suzuki, 1988). Stress among school going children may give rise to psychosomatic illness. Arya, a child specialist says that, “They arrive in my clinic with constipation, vomiting, fevers, even chest pains” (Garewal, 2003).

Symptoms like headache, chest pain, abdominal pain or dizziness are some psycho-physiologic responses to stress, anxiety and depression (Smith,
Children under stress may become the victim of depression, irritability and impulsiveness, aggressiveness, anti-social behaviour. Rose 1985 and Price, 1986. These symptoms contribute to difficulties in school and at home.

Highly anxious students apparently respond to examination stress with intense emotional reactions and negative self-centered thoughts that impair their performance, while low-test anxiety students react with increased motivation and concentration. Lots of stress loaded somatic complaints like headache, insomnia; lack of concentration, blurred vision, and poor memory have been observed in students during examination. A 19 year old Jordanian boy confessed to having shot 12 members of his family due to heavy pressure to pass his final school examination (Garewal, 2003).

Although the present study is not directly concerned with the stress management, however a brief description of the stress management is being submitted here. This is done for utilising their relevance to coping strategies later.

1.1.4 Stress Management

Most people need a way to cope with anxiety, produced by the stress. Some people seek medial and psychological help; others turn to alcohol and drugs.

As stress exists in one’s lives, whether from school exams, parents or peer pressures, natural disasters, illness, death, divorce, inflation or financial difficulties, it needs to be managed. With the help of health psychologists, employees are sponsoring programs that focus on managing stress (Glasgow and Terborg, 1988). The programs usually involve education, exercise, nutrition and counseling. The results show fewer work days lost to illness and lower health care costs (Gebhardt and Crump, 1990). In an experiment (Frasure and Prince, 1989), people who were hospitalized for heart attacks
were treated for stress symptoms after their release from hospital, compared to control group that did not receive specific treatments, they had fewer subsequent heart attacks.

Monat and Lazarus (1991) described stress management as a general treatment approach to a wide variety of adaptations and health problems. Edelman and Mandle (1998) stated that stress management is a critical component of a healthy lifestyle. They stated that healthy behavior, such as good nutrition and exercise, might help strengthen individual’s resistance to stress. They also indicated dealing with stress in a positive way for managing stress. From all of the viewpoints, coping strategies are focused on reactions to stressed outcomes. In contrast, stress management is focused not only on dealing with stress as it occurs but also building resistance and preventing stress. There are a wide variety of stress management strategies for individuals to use. These techniques primarily involve cognitive behavioral approaches, relaxation, exercise, diet and nutrition, and medication.

a) **Cognitive behavioral Approaches**—Cognitive behavioral approaches to stress management attempt to change stress-related thoughts, feelings, and actions. Cognitive behavioral techniques traditionally have been used within the context of three types of therapies: cognitive restructuring, coping skills therapies, and problem-solving therapies. More recently, the same principles have been incorporated into self-help methods. The goal of cognitive restructuring is to establish patterns of thinking that are less stress-provoking (Beck, 1995). According to rational emotive therapy, stress occurs as a result of beliefs about stressors. The main purpose here is to identify stressors and to reveal why they don’t make sense. In rational behavior therapy, clients are taught self-instruction training, in that commands made to oneself can be used in basic behavior modification process. The goal of coping skills therapy is to develop a set of skills
designed to help people cope with a variety of stressful situations. The purpose here is to provide clients with more effective coping abilities by teaching them how to change the thoughts that occur automatically in anxiety provoking situations. In the management of anxiety training, the use of relaxation and competency skills to control anxiety without paying attention to anxiety provoking stimuli is made (Suin & Richardson, 1971). The goal of problem solving therapies is to develop general strategies for solving a wide range of problems. Problem solving therapies are essentially a combination of cognitive restructuring and coping skills therapies (Fuchs & Rehm, 1977). In general it involves familiarity with the problem, determining the problem, deciding several ways to solve the problem, deciding the method to solve the problem and verifying how well the chosen method worked to solve the problem.

b) **Relaxation**-The purpose of relaxation techniques is to reduce stress responses. Sometimes it is easy to relax just by getting a massage, listening to music or admiring peaceful works of art. Similarly simple environmental or ergonomic changes in people’s lives can be relaxing, by allowing their interaction with specific objects and their surroundings to be less strenuous.

c) **Exercise**-Aerobic exercise, weight lifting, yoga and taichi are different forms of exercise that can help with stress. Exercise uses large muscle groups in continuous repetitive motions and involves increased oxygen intake (Shepherd, 1986). Yoga involves aspects of meditation and special physical and breathing techniques used to control bodily process like heart rate and blood pressure (Lefton, 1994).

d) **Diet and Nutrition**- Switching to a diet that is healthier can relieve stress for people who do not already have a healthy diet, especially for people
who are overweight. No dietary secrets can lead to long-term stress reduction, people just need to eat right (Fair et al, 2005).

e) Medication- Over the counter pain relievers are used frequently by many people to relieve the pain of some problems associated with stress. (Barlow & Durand, 1995). Additionally wide variety of prescription drugs are used to treat mental disorders and physical illness associated with stress (Barlow, 1988).

Most people need a way to cope with stress and the physical ailment associated with it. One may use different stress management techniques to cope with stress or use some of the coping techniques that are more effective by others.

1.2 COPING AND COPING STRATEGIES

In general, coping means dealing with a situation. When individuals’ experiences stress, they adopt ways of dealing with it, as they cannot remain in a continual state of tension. This is coping. The word coping has been used mainly with two meanings ways of dealing with stress and the effort to master condition of harm, threat or challenge.

Coping is described as either a sub category of defense (Cohen & Lazarus, 1973) or a reaction that appears only in extensive manner to a particular stressful situation (White, 1974). Its meanings are concretized as particular strategy appropriate for the special situation. Coping mechanisms include individual’s own attempts directly to alter the threatening condition as also individual’s attempts to regulate emotions of distress. Theoretical, antecedents of coping as a style or a dispositional variables can be traced back to psychoanalytic and ego psychology.

According to Freud (1938) coping is a defense mechanism, which enables one to deal with, unconscious conflicts. The noted psychodynamic
writer Hann (1977) however has suggested important distinctions between coping and defense mechanism, namely, that defense mechanism has more negative properties in comparison to actual workings of coping mechanism. Defense mechanisms are rigid in their operations, unconscious and distorting of reality. On the other hand, coping supposedly is more forward looking, flexible, largely conscious and alternative to reality.

Coping is judged according to its effectiveness in reducing psychological distress. Two criterion of successful coping have been observed. A primary criterion of coping success has been biochemical functioning. Coping efforts are generally judged to be successful if they reduce arousal and its indicators such as blood rate, pulse rate and skin conductivity. The second criterion of successful coping is whether and how quickly people can return to their present activities. To what extent people's coping effort enable them to resume usual activities judges the success of coping (Aspinwall and Taylor, 1992).

Haan (1977) argues that coping is commonly understood to be a good way to handle problems. According to White (1974), coping is a process involving effort on the way towards solution of problems. Coping would occur when an individual confronts a fairly drastic change or problem that defies familiar ways of behaving, requires the production of new behavior and very likely gives rise to uncomfortable efforts like anxiety, despair, guilt, shame or grief, the relief of which forms part of the needed adaptation.

In Webster’s third Unabridged Dictionary (2006) coping means to maintain a contest or combat, usually on equal terms or even with success... or to face counter... or overcome problems and difficulties”. It is an attempt to overcome difficulties on equal terms; it is an encounter wherein people reach out within themselves for resources to come to terms with difficulties.
According to **Lazarus and Folkman (1984)** coping is the person's constantly changing cognitive and behavioral efforts to manage specific external/internal demands that are appraised as taxing or exceeding person’s resources. This definition has three key features. Firstly it is “process oriented meaning thereby that it focuses on what the person actually thinks and does in a specific stressful encounter. Secondly, coping is, contextual,” that is influenced by the person's approval of the actual demands in the encounter and, resources for managing them. Hence, coping can simply be defined as person's efforts to manage demands whether or not the efforts are successful.

**Dewe, et al (1996)** defines coping with a focus on stress. Coping may be defined in terms of the response to work or work related encounters that tax individual abilities and resource. According to them, Coping is the cognitions and behavior, adopted by the individual following the recognition of a stressful encounter, that are in some way designed to deal with that encounter or its consequences.

Researcher has systematically examined coping strategies among different people. **Billing and Moos (1981)** divide coping strategies into two types i.e. problem focused (directly addressing the stress creating matter) and emotion focused coping styles.

Some ways of coping seem do be better suited to certain kinds of situation than others. For example, problem focused coping, directed to changing or eliminating sources of stress, is associated with more positive outcomes (**Vitianno et, al 1985**).

Coping is the response which may be felt to be satisfactory or unsatisfactory and which effects our future interpretation of demand. This is demonstrated in figure below:
Coping can help a person under stress through the development of a more hyperactive set of strategies at the organizational level. The idea behind these organizational strategies is to remove existing or potential stressors, like preventive medicine, prevent the onset of stress for individual job holders (Latham, 1995).

Coping assessment generally studies discrete situation and has not systematically examined overall coping patterns. Lester, et al (1994) examined a more general pattern, “coping flexibility” and, correlates of this style of approaching stressful situations. Flexible coping is reflected by systematic use of wide variety of different coping strategies in different situations rather than more rigid applications of few coping strategies across settings.

Prominent coping patterns are as follows:

Fig No 1.5. Model of stress and Coping (Source: Michie, 2002)
(1) Defense oriented coping strategies

Defense oriented coping strategies do not reduce stress, but instead help people protect themselves from its effects. These strategies ease distress, thereby enabling people to tolerate and deal with disturbances. Freud and other personality theorists described defense mechanism by which people distort reality in order to defend themselves against life’s pressures. One such mechanism is rationalization, whereby people interpret reality to make it more palatable.

(2) Task oriented coping strategies

The task-oriented strategy is problem-focused. It involves taking direct action to alter the situation itself to reduce the amount of stress it evokes. Stress management is becoming increasingly important to highly stressed individuals. Counselors commonly treat stress by identifying the source and then by helping the client modify his or her behavior. Through therapy a person troubled by stressful situations can learn to cope by untangling personal feelings, understanding the source of the stress, and then modifying his or her behavior to alleviate it. Students about to enter college, for example, often show signs of stress. They are worried about academic pressures, social life and adjustment. At some schools, incoming college students can receive counseling to learn how to deal with their stress. Similarly, stress management seminars, where psychologists help business executives deal with stress in corporate world, are becoming increasingly popular. The aim of both programs is the same, to modify a person's response to stress and replace maladaptive response with more useful ones.

Most psychologists, especially behavioral psychologists, recommend task oriented coping strategies that often involve stress management. The general strategy usually involves four steps (1) identifying the source of stress
(2) choosing an appropriate course of action for stress reduction (3) implementing the plan and (4) evaluating its success.

Moos and Schaefer (1984) have proposed four basic types of coping process i.e.

1) **Cognitive approach coping**: This encompasses paying attention to one aspect of the situation at a time, drawing on past experiences mentally repressing/alternative actions and their probable consequences and accepting the reality of a situation but restricting it to find something favorable.

2) **Behavioral approach coping**: Includes seeing guidance and support and taking concrete action to deal directly with a situation or its aftermath.

3) **Cognitive avoidance coping**: Comprises response aimed at denying or minimizing the seriousness of a crisis or its consequences, as well as accepting a situation as it is and deciding that basic circumstances cannot be altered.

4) **Behavioral avoidance coping**: Covers seeking alternate rewards, that is, trying to replace the losses involved in new crises by becoming involved in new activities and creating alternate sources of satisfaction.

Out of the many coping strategies that exist, a person may use one, two or many of them. Coping begins at a biological level. People’s bodies respond to stress with specific reactions, including changes in hormonal levels, autonomic nervous system and the amount of neurotransmitters in the brain. Effective coping strategies occur at the psychological level when people learn the ways of dealing with their vulnerabilities.

Folkman and Lazarus (1980, 1985) differentiate problem focused from emotion-focused coping. **Problem Focused Coping** is aimed to problem
solving or doing something to alter the source of stress. **Emotion Focused** Coping is aimed at reducing or managing emotional distress that is associated with the situation. Problem focused coping tends to predominate when people feel that something constructive can be done, whereas emotion focused coping tends to predominate when people feel that stressor is something that must be endured.

(1) **Problem focused coping**

Problem focused coping involves trying to understand the problem situation better and taking action to deal with it. This trend of coping includes various forms of stress management.

a) **Confrontive**—aggressive efforts to change the situation.

b) **Planful problem solving** – deliberate problem focused efforts to solve the situation.

(2) **Emotion focused coping**

Emotion focused coping involves an attempt to reduce the disturbing emotions, which invariably accompany the experience of stress.

a) **Seeking social support** —efforts to obtain emotional comfort and information from others.

b) **Self control** - effort to regulate one's feeling

c) **Distancing**- Efforts to detach oneself from stressful situation.

d) **Positive reappraisal** – efforts to find positive meaning in the experience by focusing on personal growth.

e) **Accepting responsibility** – acknowledging one’s role in the problem
f) **Escape avoidance**- wishful thinking (I wished the situation would go away).

Moos and Billing (1982) suggested two **primary coping domains** that can be identified in the literature of coping: (a) problem focused coping, trying to modify or eliminate the source of stress; (b) emotion focused coping, managing emotions aroused by stressors and trying to maintain effective equilibrium.

Stone et al (1984), group coping strategies in terms of general themes such as seeking social support, seeking information, situation redefinition, behavioral and cognitive avoidance, tension reduction and problem solving.

Kibico (1993), classifies coping styles as negative (irrational) and positive (rational) ones on the basis of their likelihood of leading to other stressful situations (stressors), while the individual is striving to reduce stressful situation, positive coping styles include “socializing factor”. The individuals using these strategies mainly in attempt to reduce stress are more likely to manage, than those individuals who are using other strategies. Negative coping styles include in “Antisocial”, “Aggressive” and “consummator’ factor. Those utilizing these coping strategies mainly in their struggle to alleviate stress are sure likely to fail to reduce stress sufficiently. This may lead to overtaxing of the person's adaptation energy resource, which is finite, exposing him to stress decompensation”. Those using aggressive coping styles mainly are worse off because active aggression is met with aggression. Even passive aggression may elicit aggression. Those using consummator coping styles mainly pose the danger of “addiction” and habit formation to drugs, alcohol and tobacco.

Coping refers to the specific efforts, both behavioral and psychological, that one employs to minimize stressful events. Coping with
stress begins with learning to give oneself permission to be happy. One who is not skilled at coping with stress will always feel that their life or career makes them feel stressed. Ultimately coping positively is about taking responsibility for one's reaction to stress.

1.3 PARENTAL ATTACHMENT

Attachment is a close emotional relationship between two persons, characterized by mutual affection and a desire to maintain proximity. Attachment is generally defined as an enduring affectional bond of substantial intensity, the first and the most basic forms of love felt by the child toward another human i.e. mother (Amsden and Greenberg 1987).

Attachments are not necessarily restricted to just one individual, they can occur at all ages and with other specific people in addition to mother. In recent years an attempt has been made to establish the link between adolescent parent attachment relations also. There is now consensus that many important developmental tasks of adolescence find their resolution in the context of attachment and family relations (Amsden and Greenberg, 1987).

The imitation and maintenance of close, enduring bonds is central to normal life cycle development. Familial-parental bonds and sexually intimate relationships both play a substantial role in healthy adult development and psychopathology (Blatt, 1974; Blat et al, 1979; Cohler and Geyer, 1982). Conversely the disruption of interpersonal bonds through separation and loss is a significant source of emotional distress (Holmes and Masuda, 1974; Berman and Turk, 1981; West et al, 1986; Weiss, 1976). Loss and the threat of loss through interpersonal conflict are major factors in the development of depression (Klerman et al, 1984; Weissman and Paykel, 1972) and other emotional difficulties (Budman and Gurman, 1988).
experience and impact of these separations depends in part on the nature of internal representations and early attachment experiences (Blooms Fesbach, 1987). Disruptions in childhood experiences of attachment and separation may predispose an individual to developing personality difficulties or depression in adulthood (Bowlby, 1979, 1988). Given the significance of attachment relationships beyond childhood, however, surprisingly little research has investigated into the nature of these bonds, or examined the disruption of intimate bonds during the normal life course.

Both psychoanalysts and learning theorists have appreciated and extolled the significance of the infant’s primary attachment to its mother. Freud (1938) identified the infant’s relation with its mother as “unique, without parallel, established unalterably for a whole lifetime as the first and the strongest love object” and as a prototype of later love relations. He, however, did not attempt a complete account of its development. Later, his followers, notably Mahler (1963) and Spitz (1960). Fleshed out the notion of this primary object is relation with the mother. They tended to emphasize the pleasure of feeding as the basis for its development. Social learning theorists such as Sears, R (1957) also emphasized feeding. They claimed that the infant's desire for physical contact with its mother was simply a secondary drive stemming from the association of the mother with the satisfaction of primary drive, hunger. Operant learning theorists such as Gewirtz (1991), on the other hand, viewed attachment as nothing special, merely one more example of behavior maintained by mutual reinforcements between mother and infant.

Drawing first on ethology and also on psychoanalysis and Jean Piaget’s theory of cognitive development, Bowlby (1969) provided a more complete and, to many, a convincing account of the course and nature of
attachment. Bowlby (1969, 1973) and his associates (Ainsworth 1982) were among the first to examine the formation and dissolution of close affectional bonds in infants. His studies of attachment, separation and loss have identified a ubiquitous dyadic emotional experience that begins by one year of age, and continues throughout the life. Attachment is an innate drive that has been described as "the stable propensity to seek proximity to and contact with a specific figure over time and despite ... vicissitudes”.

All infants are genetically predisposed to seek proximity, but the amount and kind they need depend on their experience and on the situations in which they find themselves. The degree of proximity required by a particular child is his or her set goal, which operates much like thermostat. When heat falls below the temperature at which the thermostat is set, the furnace turns on. Infants have different set goals, depending on the experience each has had with his or her particular caregiver. An infant whose mother has been absent, aloof or unresponsive may require more proximity than one whose mother has been accessible and responsive. Infants who are ill or tired may also require more proximity. Some infants may seek to be near their mother primarily when she gets up and moves away. The baby may then crawl after her or call to her. For other babies just the threat of their mother’s departure or distance may activate the baby’s nearness seeking behavior. If the infant’s efforts to gain proximity are not successful, or if the threat of anxiety has already caused too much anxiety, the baby may cry-another means of ensuring or sustaining proximity.

Since Bowlby first articulated his theory, Ainsworth et al. (1977) have supplemented it in particular. Ainsworth (1982) emphasizes second goal, which must be balanced with proximity seeking-the urge of infants to explore their surroundings. Sroufe (1977) has added an affective or emotional
dimension to the theory suggesting that appropriate set goal is just not physical proximity, but also a feeling of security.

The most recent advances in attachment research have focused on understanding attachment during the transition from childhood to adulthood; that is during adolescence. Various methods have been employed to assess attachment patterns in adolescence, including parent-adolescent and self-report measure (Bartholomero & Horowitz, 1991, Houser, 1984; Kobak and Sceery 1988). Patterns of attachment similar to those observed in childhood have been identified in late adolescent (Kobak and Sceery 1988) and young adult samples (e.g. Collins and Read 1990).

There are three basic and related issues to consider with respect to attachment among adolescents

a) The nature of changes in the child-parent relationship and their influence on the attachment relationship.

b) The adolescent's development of new close relationships (e.g. with peers and romantic partners) and the impact of these new ties on the child-parent relationship and.

c) The emergence of a differentiated attachment system versus a generalized attachment stance.

There are complex changes in the child-parent relationship during adolescence. Although self-reported attachment security to both parents decrease with pubertal maturity (Papini, Roggman and Anderson, 1991), a recent investigations indicate that only certain components of attachment relationship change while others remain stable. For example, the degree to which children seek proximity and rely on the principal attachment figure in times of stress decreases but that attachment figure's perceived availability
does not (Lieberman Dayle & Markiewicz 1999). Thus maintenance of physical proximity to parents and need for protection in times of threat or stress is less essential for older children due to increased mental and physical capacities, but that the availability of the attachment figure remains important (Bowlby, 1973) Moreover although the frequency and intensity of some attachment behavior is acknowledged to decline with age, the quality of the attachment bond is viewed as relatively stable (Bowlby, 1980).

With respect to the development of new attachment relationship during adolescence, it is accepted that this development phase involves a transition from a primary focus on parents as attachment figures to the development of a wider range of attachment relationships (e.g. peers and romantic partners, with variety of activities) and peaks at Grade 9 and then declines as older adolescents spend more time with romantic partners. Children turn to peers more than parents for companionship from age 9 on and for comfort when upset from age 12-13 (Fraley and Davis, 1997). However parents, particularly mothers continue to be sought more than best friends as a base of security well into late adolescence.

It is widely accepted that adult long-term romantic relationships are attachment relationships as well as sexual relationships (Hazan and Zeifman, 1994). Individuals seek proximity to their romantic partners, desire to rely on these as a safe haven and feel an emotional tie to them and mourn their loss (Bowlby, 1979). However in early and mid adolescence romantic relationships are often quite transitory, and parents especially mothers, remain primary providers of security. Though in late adolescence, as in adulthood, romantic relationships become the primary attachment relationship of the individual after two years duration (Hazan and Zeifman, 1994), parents remain albeit secondary, attachment figures.
Sternberg and Silverberg (1986) outline two competing views of the relationship between attachment to parents and attachment to peers:

The first view states that during adolescence there is a shift away from parents towards peers as a part of striving towards autonomy. According to this view attachment to parents and attachment to peers are inversely related. When a shift away from parents in early adolescence occurs feeling of self-reliance may be diminished and may lead to the adolescent being duly susceptible to peer group pressure, especially in antisocial activity.

According to second view the family and peers constitute two independent “social worlds”. Attachment to parents may be independent from attachment to peers and the relative importance of those two worlds will depend on which group the adolescent considers for self-evolution. According to this view, for example in situation that is adverse or stressful, attachment to parents may be compensated by the strong attachment to peers.

Late adolescence may be the most clearly identifiable landmark in the departure from parental attachment and familial involvement Adolescence has been described as the second major point of departure in one's lifetime following that of early infancy (Berman and Sperling 1991). Many of the significant emotional and behavioral problems that arise during late adolescence emerge as a result of problems negotiating the crucial separation from the parental attachment. While the loss of attachment to parents is necessary to achieve self-confidence but the child cannot achieve this self-confidence without attachment to parents. It is clear that supportive relationship with both parent and peer plays an important role in adolescent's adjustment (Smith and Smith, 1976).

Paterson, Field and Pryor (1994) view that parent–adolescent attachment contradict the notion of adolescents as a time of breaking
emotional ties with parents and see it as a time of negotiating relations with parents by moving away from the relative unilateral authority of childhood towards mutuality.

Weiss (1982) observes that while there are increasing intervals during which parental accessibility is not necessary for adolescents felt security, confidence in their parents, commitment to them remains crucial. These studies suggest that adolescent's motive, the sense of security, fostered by their parents becomes less due to their actual presence and more due to their capacities do function as competent allies.

The ways with which adolescents cope with the conflicts involved in achieving independence from the parents and identity formation is critically influenced by the elements of trust, neutral respect and good rapport in relationship with parents (Bloom 1980; Blos 1975). Thus it is seen that attachment behavior changes as child moves from infancy to adolescence.

The relevance of parental attachment during adolescence has been highlighted by numerous authors linking attachment to several indicators of adolescent psychological functioning, such as identity development (Lapsley, Rice & FitzGerald, 1990; Samuolis, Layburn & Schiaffino, 2001), and well being (Armsden & Greenberg, 1987; Barnas, Pollina & Cummings, 1991; Raja, McGee & Stanton, 1992). In addition, attachment seems to have an inhibiting influence on deviant development, such as general problem behavior (Leadbeater, Kuperminc, Blatt & Hertzog, 1999). Those adolescents who have warm, loving, intimate relationships with their parents are less likely to exhibit problem behavior (Le Croy, 1988; Barnes & Farrel, 1992; Dekovic, 1992) Conversely, low quality of attachment has been associated with higher indices of problem behavior (Raja et al., 1992; Marcus & Betzer, 1996; Laible et al., 2000).
Adolescence is the developmental period in which both internalizing and externalizing behavior show an increase in prevalence (Roberts, Andrews, Lewisohn & Hops, 1990; Moffitt 1993). Some studies did differentiation between these two types of problem behavior (Mathijssen, Koot & Verhulst, 1999), however it remains unclear whether the patterns of influence between attachment and these two types of problem behavior are similar or different.

Based on the assumption that low quality of attachment is connected to views of self as unlovable, one would expect a negative relationship between attachment and internalizing problem behavior, such as depression, anxiety and withdrawal (Allen, Moore, Kuperminc and Bell, 1998). Indeed, empirical studies have shown that adolescents with a low quality of attachment to their parents show high levels of depression (Raja et al., 1992; Laible et al; 2000) and anxiety (Raja et al. 1992). During adolescence parents and friends are the most important relations and sources of social support. Parents have great influence in future oriented domains such as choice of school, education, career plan and work. Peers are important source of support in current events and activities such as spending leisure time using alcohol and smoking. Both parents and friends are important sources of social support in questions concerning relationships, personal problems and friendship. A strong emotional bond between adolescents and parents or peers plays a very important role as to how adolescent cope with stress. One such bond is attachment. Strong parental attachment seems to have a special impact on the developmental course of an individual because basic expectations, not only about the social world but also about one's self, are established. A sense of social effectiveness, positive expectations regarding others, feelings of self-worth, and a better capacity to cope with challenges
and stress originate with strong attachment experiences which seem to also have influences on stress-coping abilities.

1.4 SOCIAL SUPPORT

Since the mid-1970's, there has been a strong interest among behavioral and medical scientists alike in the roles that social network and social support they provide, play an important role in influencing health and well-being. Two competing theories about the nature of the relation between social support and health provide a central focus. The “stress buffering” hypothesis argues that social support positively influences health and well-being by protecting people from the pathogenic effects of stressors. Alternatively, the “main effect” hypothesis argues that social support positively influences health irrespective of whether or not person faced stressful events.

Social support is a multidimensional concept and it has been conceptualized in many different ways. Definitions vary in their degree of specificity, breadth of transactions encompassed and the importance attributed to the stability of interpersonal relationship (Wolchik et al, 1989).

In order to clarify the concepts of social support, House and Kahn (1985) have distinguished different aspects of social relationships that the term social support refers to. Social support is sometimes defined conceptually or operationally in terms of existence or quantity of social relations in general, or of a particular type such as marriage, friendship or organizational membership. Terms such as social integration or isolation are most often used to refer to the existence or quality of relationships. Social support has also sometimes been defined in the terms of structure of a person's social relationship. The terms social network is most often used to refer to the structures existing among a set of relationships. It draws attention
to multiple aspects and effects of these relationships and provides a method for describing the structural ties and analyze the effects of different patterns. The most commonly studied properties of social network are size and density of networks.

Social support can also be defined in terms of functional context of relationship (House and Kahn, 1985). Functional measures of social support assess the functions that a relationship or network serve. According to Tardy (1985) the functional context of social support varies greatly from situation to situation. House (1981) distinguishes among different types of support: emotional (refers to the provision to trust, empathy and love), instrumental (helping behavior such as loaning money or giving one’s time and skill), informational support (refers to evaluative feedback). This category system accounts for most types of support content.

Antonucci (2000) suggested that a natural hierarchy of people exists from whom an individual prefers to receive support. People prefer to receive support from a spouse and children first then turn to friends and neighbors if the former are unavailable. Only if all these informal sources of support are unavailable, a person is likely to seek support from a formal provider (e.g. government and community institutions).

Social support generally refers to helpful functions performed for an individual by significant others such as family members, friends, worker and relatives. Social support has also been defined as “those social interactions or relationships that provide individuals with actual assistance. Individuals within a social system believed to provide love, caring or sense of attachment to a value social group or dyad” (Hobfoll et al. 1994). This definition eloquently encompasses the two major facets of social support that have dominated research in the last two decades: received social support and
perceived social support. Received support refers to naturally occurring helping behavior that are being provided, whereas perceived social support refers to belief that such helping behavior would be provided when needed. In a nutshell received social support is helping behavior.

Social support has also been referred as an asymmetrical exchange of resources between at least two individuals a recipient and support provider(s), that is perceived by the recipient to be beneficial (Shumaker & Brownell, 1984). Being loved, liked preferred or approved of, could be thought of as an instance of these resources. Similarly having a large circle of friends who are able and willing to provide these resources is viewed as an index of social support.

Social support refers to information or actions (real or potential) that lead individuals to believe that they are cared for ‘valued’ or are in a position to receive help from others when they need (Heller, 1979). It has been conceptualized as a coping that effects the extent to which a situation is appraised as stressful (Lazarus and Folkman, 1984) and enables person under stress to change the meaning of situation or to change his or her emotional reaction to the situations (Thoits, 1986).

Higher levels of social support, generally contributes directly to lower the levels of stress and directly or indirectly to higher levels of mental health. In the recent past, there has been considerable amount of research showing that support from family, friends and community network is related to better physical health and lower levels of psychological symptomology (King, Reis, Porter and Norsen, 1993; House, Landis and Umberson, 1988; S. Cohen and Syme, 1985). Individuals with high levels of perceived social support appear to be more resistant to the adverse psychological effects of environmental stressors than do those with relatively low levels of perceived
social support (Lepor, Evans and Schneider, 1992; Cohen and Wills, 1985).

Social support is known to have buffering effect. Social support makes a greater contribution to health and well-being among those who are stressed than among those who are not experiencing stressors. There is a strong stressor-stain relation when support is low and weak stressor strain relation when support is high. It is the moderating effect that has received the most attention in the literature. One reason may be related to its practical implications—because stressor can sometimes not be reduced, increasing social support can compensate for the negative effect of high stressors. Social support buffers (protects) persons from the potentially pathogenic influence of stressful events. Brown and Harris (1978), suggest, social support bolsters self esteem and sense of environment mastery. Each of these, in turn, can foster a positive effect and thus reduce the disturbing psychological impact of stress. These theoretical suggestions although useful and empirically valid, (Pearlin et al, 1989) do not sufficiently explain how social support works. The implication is that to buffer stress, one needs only to assure troubled persons that they are still loved and valued, or that they will find another job or spouse in due course.

Moderating effects are at times the most misunderstood of the buffering effects models. Antonovsky (1979) suggested that resources such as social support would increase a person's resistance to stress. Moderators are antecedent conditions that interact with stressor to affect the outcome. There seems to be implicit assumption driving the literature that support from all sources is equally affective in buffering stress no matter what the circumstances. It is now being realized that support from all the sources may not be equally effective. This has led researches to postulate that in order to
have a buffering effect there must be a match between the source of the stress and the source or between the types of support (In that different types provide different functions) and the needs of support recipient.

Stress can also lead to decreased support because others turn away from people under stress. Indeed many stress situations, particularly stigmatizing or strongly traumatizing events, seems to effect social relationships in a negative way, such as by alienating others, by depleting their resources or even by causing caregiver burnout. Such circumstances may reduce the willingness or ability of others to provide support (Cohen-Silver, Wortman and Crofton, 1990; Coyne, Ellard and Smith, 1990; Hobfall and Parris-Stephens, 1990; Barrera 1986; Shinn, Lehman and Wong 1984).

Indeed, people seem to prefer the company of others who are equally well off or better off, as this type of interaction provides them with pleasant interaction and the necessary information further to improve their own situation. As a consequence, peers of stressed person may prefer to turn to even better offs instead of investing time and effort in helping their troubled peer. From the perspective of equity theory, individuals under stress may actively avoid others in order not to find themselves in uneven position of having to accept help without knowing when and how they will be able to restore equity. In turn, both people and professional helpers may find it difficult to maintain good relationship with individuals under stress because of extreme or chronic one-sided nature of the interaction. One of the causes of burnout in human service professionals is the lack of rewarding interactions experienced by care givers in their relation with stressed clients (Van Yperen, Buunk and Schaufeli 1992).
Alternate models of perceived support have focused on personality process (Lakey and Cassady, 1990; B.R. Sarason, Pierce and Sarason, 1990, Sarason and Shearin, 1986). According to these models perceived social support represents a generalized perception of others as supportive, which is not necessarily linked to any particular supportive transactions or relationship. Sarason, Pierce and Sarason (1991) hypothesized that perceived support reflects a generalized sense of acceptance and has its origin in childhood attachment. From this attachment persons develop working models of self and others that represent the world as benign and supportive and self as worthy of love and respect. Lakey and Casady (1990) took a social cognitive approach and hypothesized that perceived social support operates in part according to schematic process. In this view, organized beliefs about supportiveness influence information processing by guiding interpretation, memory, attention, speed and ease of information processing. This model views perceived support as more closely linked to cognition about self than to actual social environment.

Many measures of social support, generally ask persons about their perceptions of the availability of adequacy of resources provided by other persons (Cohen & Syme, 1985). These measures differ from measures of social embeddedness in that they do not quantify the number of support or the amount of social contact. They attempt to gain individual's confidence that adequate support would be available if needed, or to characterize an environment as helpful and cohesive or focus more exclusively on the perceptual adequacy of satisfaction with support (Barrera, 1981). These subjective functional measurement help to tap individual’s psychological representations of their support systems (Cohen and Syme, 1985) such as the degree to which relationships involve flows of affect or emotional concern, instrumental or tangible information and like.
Sarason et al (1990) have suggested that because perceived support remains quite stable over time, even during times of developmental transitions, it functions like a personality variable (a sense of social acceptance). According to them the sense of self-efficacy leads to adaptive behavior under stress and low levels of anxiety.

Social support can be divided into primary, secondary and tertiary levels on the basis of intimacy of social relationship. The primary level support structure includes one's family and closest friends. The secondary level includes friends, relatives, workmates and neighbors and the tertiary level involves, the authorities and other distant support structures. Professionals and non-professionals may also give social support. The primary and secondary levels include mainly non-professional and tertiary level professionals such as social and health care personnel (Cassel, 1976).

Social facts and relations may be of special significance during development or social transition points, periods when an individual may often experience some degree of psychological strain or distress. Adolescence is a development stage that is often marked by considerable uncertainty and occasional stress on account of multiple and simultaneous changes in various types of physical and cognitive development, as well as in social roles and cultural attributions, there is a need for coverage at this time to create a period of marked transition and demands for adjustment (Vondra and Garbarino, 1988)

From the above discussion of it is seen that social support is linked to psychological and physical health outcomes. Social support could be linked to health outcomes on a main effect basis, the mechanism through which stress-buffering effects occur. Social support is related to well being for persons
under stress. It is a mediator of the relationship between stress and health or coping outcomes.

1.5 STATEMENT OF THE PROBLEM

“A Study Of Academic Stress Among Adolescents In Relation To Coping Strategies, Parental Attachment And Social Support”

1.6 OBJECTIVES OF THE STUDY

1) To examine the relationship of Coping Strategies with adolescents’ Academic stress.

2) To study the relationship of Parental attachment with adolescents’ Academic stress.

3) To examine the relationship of Social Support with adolescent’s Academic stress.

4) To identify the factor structure underlying the variables of Academic Stress, Coping Strategies, Parental Attachment and Social Support.

5) To assess the relative and conjoint predictability of Coping Strategies, Parental Attachment and Social Support for the Academic Stress among adolescents.

6) To compare high and lower stressed adolescents on Coping Strategies, Parental Attachment and Social Support.

1.7 DELIMITATIONS

1) The study was delimited only to the adolescents studying in Govt. and Public schools of urban areas in the Union territory of Chandigarh.

2) The study was also limited to adolescents studying in class XII only (that is early adolescent period was not included).
3) Only three independent variables i.e. two types of Coping Strategies, namely problem focused and emotion focused, three types of Parental Attachment and two levels of perceived Social Support were included in the study.

1.8 HYPOTHESIS

Based on the review of literature the following hypothesis has been formed.

1) There is a significant relationship between Coping Strategies and adolescent’s Academic Stress.

2) Significant relationship exists between Parental Attachment and adolescent’s Academic Stress.

3) Social Support and adolescent’s Academic Stress are significantly related to each other.

4) Measures of Coping Strategies, Parental Attachment and Social Support cluster together with Academic Stress in different combinations to yield significant results.

5) Coping Strategies, Parental Attachment and Social Support are differential predictors of adolescent’ Academic Stress.

6) The conjoint contribution due to the independent variables of Coping Strategies, Parental Attachment and Social Support towards adolescent’s Academic Stress is higher as compared to that of three variables taken singularly.

7) (a) High and low stressed adolescents differ significantly on Coping Strategies.
(b) There are significant differences between the high and low stressed groups on Parental Attachment.

(c) Significant differences exist between the high and low stressed groups on Social Support.

1.9 RATIONALE AND NEED OF THE STUDY

Very often adults commonly tell young people that the teenage years are the best years of life. The rosy remembrances of the happy groups energetically involved at dance or sports event forms only the part of the picture. Life for many adolescents is a painful tug of war filled with mixed messages and conflicting demands from parents, teachers, coaches, friends and oneself. Growing up, negotiating between independence from and reliance on others is a tough business. It creates stress, and it can create serious depression in youngsters ill equipped to cope, communicate and solve problems.

Adolescents frequently experience stress that may originate from problems with family, school or friends. While adolescence has never been an easy stage of life, being a teenager in the modern era now is particularly difficult. Adolescence is frequently confronted with difficult choices, many of which stretch their developmental capacities to a limit. Even the most stressed adolescents face a major source of stress in their relationships. Academic pressure mounts, and societal pressure increases. In the present academic scenario also learning is not joyful. It is rather stressful because focus of learning has shifted from learning for the joy to the learning for the achievement. A study of academic stress is therefore crucial for understanding the developmental issues and problems in the process of their growing up.

Further the expectation of the parents, teachers and the society for high academic achievement from children has resulted in the pressures, stress and
anxiety. A better awareness of the academic stress during adolescence can enable adolescents, parents and teachers to cope and manage stress effectively and will also have a positive effect on their well being.

When stress is perceived negatively or becomes excessive, students experience physical and psychological impairment (Murphy and Archer, 1996). Methods to reduce stress by students often include effective stress management skills like coping strategies. The concept of coping strategies is generally defined in terms of clusters of behavior that are deemed to facilitate productivity and alleviate stress. The harmful effects of stress do not depend exclusively on the characteristics of stressing events, but the resources used to cope to such deleterious results. Coping includes behavior and thoughts employed by the individual to manage the stressing situation.

Adolescence is a period in which there is a preoccupation with the search for identity (Collins and Read, 1990). It is also a time when the individual is developing psychological competence including strategies for coping. Understanding how adolescents cope with stress and what types of coping strategies prove to be more beneficial than others is an area that is too little understood (Compass et al. 1996).

Furthermore factors such as gender, family circumstances may contribute to how coping strategies are employed. Secure attachment has been increasingly recognized as central to adaptive functioning over the life span. More recently attention has turned towards understanding the role of attachment with parents to healthy adjustment during adolescence. Parents play a significant role in supporting secure attachments. Adolescent’s benefit from parental support that encourages autonomy development yet ensures continued monitoring and emotional connectedness. Parental support during stressful periods predicts positive adolescent adjustment.
Secure attachment has been increasingly recognized as central to adaptive functioning over the life span. More recently, attention has turned toward understanding the role of attachment with parents to healthy adjustment during adolescence. Secure attachment during adolescence is related to fewer mental health problems, including lower levels of depression. Securely attached adolescents are less likely to engage in substance abuse, antisocial and aggressive behavior, and risky sexual activity. Securely attached adolescents enjoy more positive relationships with family and peers. They demonstrate less concern about loneliness and social rejection than do insecurely attached adolescents, and they also display more adaptive coping strategies.

Since the relationship with the parents provides support throughout life, people who have trouble with interpersonal relationships probably run the risk of not developing adequate resources for coping with stress. These persons tend to perceive the world as extremely menacing and hostile and feel it must be approached aggressively or ignored through evasive generalized inhibition. The amount of social support from the school and outside contributors like family, friends, and mentors can have a huge impact on students' success. Emotional, academic, and financial supports are tremendous factors in the success of a student. The years spent at school and college can be stressful and life-changing experiences. If a student has a family, support of everyone is needed even more to achieve the academic goal (Armsden et al. 1990).

Social support is directly related to stress. Many investigators have suggested that social support may act as a protector variable, mediating the relationship between life event and disorder (Gotlieb, 1978, Thoits, 1986). Typically referred to as buffering hypothesis this view predicts significant
interaction effect for social support and life events in relation to psychological outcome. Thus according to this hypothesis psychological distress will be significantly higher under conditions of high stress and low support. Keeping this in view it would be meaningful to see the type of social support adolescents perceive for themselves and coping strategies they use to tackle stress. Attachment styles are also seen to be related to coping strategies (Allen et al. 1998). Same is true of Parental attachment, adolescents need unconditional love, trust during this stage. They have to set reasonable limits for themselves and model coping strategies.

Study of adolescence growth and development formulates a significant component of Child Development. Stress in pre-schoolers and adolescence has long been the subject of interest in Home Science, and studies of Stress, Coping and Social Support have been done in middle aged and above but that too on the western population. Studies related to Stress and Coping strategies among adults particularly can be frequently located yet little has been done in this regard in adolescents.

Currently the incidence and causes of stress are attracting growing attention among researchers and professional organizations. Research findings show that adverse effects of stress cost the society dearly both in terms of individual suffering and economic burden of medical expenses and absenteeism. Stress has been shown to predispose individuals to health problems and decreased productivity (Kohn & Frazer, 1986). Heins at al. (1984) point out that intense anxiety in students arises from two areas of stress namely that associated with academic expectations and performance and that related to developing and maintaining interpersonal relationships.
Effective coping strategies seem to lower academic stress. Hence faculty members and counselors can emphasize participation in stress management seminars to improve academic success of students. It is important that the students be made aware of stress managements’ potential impact on academic stress and of what activities should be undertaken instead of leaving it to trial and error. Courses and seminars on stress management could enhance efficiency. Psychologists report that due to academic stress, neurotic disorders like depression, anxiety, withdrawal, physiological and behavioral disorders are on the increase. Sometimes adolescents also become the victim of negative motivation like taking drugs, attempting suicides etc. in this mad race of comparison and contrast. In trying to score higher in life, there is possibility of loosing many of the budding citizens into lost horizons of mangled personalities. Before one can chalk out action plan to combat this problem, a serious probe into various nature of academic stress and their coping strategies used are called for.

Considering its grave consequences, stress has started getting limelight all over the world, but much needs to be done in this area especially in the area of research. Thus the present study has been undertaken so as to examine the relationship of Coping Strategies, Parental Attachment and Social Support with Academic Stress and select best possible predictors of managing stress.

1.10 OPERATIONAL DEFINITIONS OF THE TERMS USED

1.10.1 Academic Stress

For the purpose of this study the term Academic Stress has been taken as conceptualized by Bisht (1987) that is academic stress reflects subject’s perception as well as his way of coping with academic events; it reflects subjective feelings of distress or interpersonal perceptual responses.
According to the scale stress includes following components, (a) Frustration, (b) Conflict (c) Pressure and (d) Anxiety. Frustration items are based on delays, lack of resources, loss and failures. Conflict items relates to three types of conflict-approach avoidant, double approach and double avoidant conflicts. Pressure items are on competitive achievement, sustained concentration of efforts and rapid changes. The worry items of anxiety are concerned with the conscious concern about consequences, negative expectation and negative self-evaluation. The emotionality items of anxiety are on uneasiness and nervousness.

1.10.2 Coping Strategies

In the present study, the term “Coping Strategies” is operationally defined as viewed by Lazarus and Folkman (1984), that is, individuals’ constantly changing cognitive and behavioral efforts to manage (reduce, minimize, master or tolerate) the external or internal demands of person-environment transactions that are perceived as taxing or exceeding the persons’ resources. In coping with these demands of personal-environment transactions, various strategies are employed by people, two of these namely confrontive coping and planful problem solving are focused on problems of distress (problem focused coping) and others such as distancing, escape-avoidance, accepting responsibility or blame exercising self-control over the expression of feelings, seeking social support and positive reappraisal are focused on emotional response to the problem. (emotion-focused coping). For the purpose of the present study both problem focused coping and emotion focused coping strategies as measured by the ways of coping questionnaire (WOC) developed by Folkman and Lazarus (1988) have been taken.
1.10.3 Parental Attachment

The term Parental Attachment for the purpose of the present study has been operationally defined as viewed by Armsden and Greenberg (1987). It is the enduring affectional bond of substantial intensity—the first and the most basic kind of love felt by the child towards parent or the caretaker. The parental attachment scale by Armsden and Greenberg (1987) used to measure here, Parental Attachment submits three dimensions that is mutual trust, quality of communication and extent of anger and alienation.

1.10.4 Social Support

The term Social Support for the purpose of the present study has been operationally defined as viewed by Johnson and Sarason (1978). It is the help people receive from family, friends and society in times of need. Perceived social support has been taken in terms of two sets of scores that is Number of support and Satisfaction with social support as measured by Social Support Questionnaire (SSQ) developed by Sarason et al, 1983).