

**A STUDY OF THE EFFECT OF RELIGIOSITY,  
EDUCATION, AND LENGTH OF MARITAL LIFE  
ON STRESS MANAGEMENT OF HOUSEWIVES**

**THESIS**

**Submitted To**

**Pt. Ravishankar Shukla University, Raipur (C.G.)**

**For The Degree Of**

**DOCTOR OF PHILOSOPHY**

**In**

**HOME SCIENCE**

**Under The Faculty Of  
Science**

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**2014**

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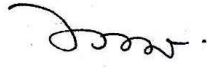
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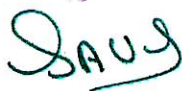
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# PREFACE

***“I just prayed and prayed and God stopped that thing just before it would have hit us”.***

**- TORNADO SURVIVOR**

*Stress is an inevitable phenomenon in human life. It is a general phenomenon, not always bad but usually unwanted, unpleasant, and undesirable. Stress in moderation can be empowering because many individuals relate how they are only able to be productive when under stress. But generally, stress in excess serves to hamper abilities. In every part of the world, the role of women is changing with rapidly changing norms, customs, traditions, and values. The role of being modern women has added more tensions and stressor in her traditional roles of taking care of her husband, children, and house. However, she is experiencing, boredom, feeling of worthlessness, financial distress and thus feels dissatisfied with her life. All these put havoc on her life and she must need to cope with all these stresses effectively for her better general well-being.*

*Stress management encompasses techniques intended to equip a person with effective coping mechanism for dealing with psychological stress. There are various factors which determine stress management ability of housewives. The present research attempts to throw light on roles of religiosity, education and length of marital life in stress management ability of housewives. The findings have implications in improving stress management ability of housewives which is a dire need of the modern time.*

***In Chapter One** of Introduction, details about stress, sources of stress, coping with stress, stress management of housewives, and determinants of stress management i.e., religiosity, education, and length of marital life, have been described at length. **Chapter Two** of ‘Review of Literature’ deals with several studies done by researchers in the field of interest. **Chapter Three** elaborates the problems and relevant hypotheses undertaken for investigation in the present research. **Chapter Four** deals with methodology followed in the present investigation. Analysis of the obtained data has been described in **Chapter Five**, and **Chapter Six** deals with*

the discussion of the findings. **Chapter Seven** of Summary has also been provided to present the whole work in short.

I dedicate this work to my grand father-in-law late **Mr. Shrichand Jethani** and my father late **Mr. J.M. Dewani** who had been a constant source of encouragement in all walks of my life. They had actively supported me in my determination to find and realize my potential, and to make this contribution to the world.

There are a number of people without whom this thesis would not have been in the presentable form, and to whom I am greatly indebted and take pleasure to utter the words “Thank you” from deep of my heart.

On this very special occasion, I would like to express my deep gratitude and appreciation to **Dr. (Mrs.) Sandhya Verma**, In. Principal and HOD, Home Science of Govt. Arts & Commerce Girls’ College, Devendra Nagar, Raipur (C.G.), for turning my vision into reality and inspiring me to continue working on this project to its completion. I am thankful to God for blessing me have her as my guide. Thank you Mam!

A special note of thanks to my co-guide **Dr. J.C. Ajawani** who has supervised my work and given his valuable time, advice, criticism and correction to this thesis from the beginning till the end of its writing. Without his guidance and persistent help, this work would not have been possible. I pray to the great Lord to bless my sir with joy and peace. Thank you Sir!

Vote of thanks is due to my mother **Mrs. H. Dewani** who continuously helps me and makes me grow in my learning, to my mother-in-law **Mrs. S. Deonani** who is always trying to recreate my life despite of the tremendously constraining situations around.

Thanks to my dear husband **Dr. Gautam Deonani** who remains willing to engage in my struggle and ensuing discomfort. A very special thank you for your practical and emotional support, as I added the roles of wife and then mother, to the competing demands of work, study and personal development.

Thanks are due to my children **Bhawna** and **Ayushman** for their constant love and support that made it possible for me to finish my study in the given span of time.

*Many thanks are due to my staff of my Home science Department – Dr. Shailbala Jais, Dr. Chitra Deshpande, Dr. Kalpana Jha, Mrs. Prabha Verma, and Dr. Versha Verma for their helpful input during the research work.*

*I gratefully acknowledge contribution of the authors, publishers who provided me in-depth knowledge of subject. I thank to the principals and the teachers of various institutions for their co-operation during the study. I also owe to the students and their parents for extending me their kind support for the collection of data during research.*

*I am also grateful to Mr. Samir Vairagade for his painstaking effort in typing the manuscript magnificently. His patience and efficacy deserve true appreciation.*

*I am also thankful to all the people who contributed either directly or indirectly to my study.*

*Our worldly successes cannot be guaranteed, but our ability to achieve spiritual success is entirely up to us. Thanks to the grace of God for leading my path to wordly success through spiritual growth.*

**Date: 01.07.2014**

**Place: Raipur (C.G.)**

  
**(Mrs. Laxmi Deonani)**

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***CHAPTER 1***

*INTRODUCTION*

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## INTRODUCTION

### STRESS

Life in the 21<sup>st</sup> century is infinitely far more complex than it has ever been. Human beings never designed to live in this complex modern world with its many demands on them. It is frequently asserted that stress has become a major feature of modern living. The term “stress” refers to an internal state, which results from demanding, frustrating or unsatisfying conditions. A certain level of stress is unavoidable. In fact, an acceptable level of stress can serve as a stimulus to enhance an individual’s performance. However, when the level of stress is such that the individual is incapable of satisfactory dealing with it then the effect of performance may be negative. Thus, extreme stress conditions are said to be detrimental to human health, but in moderate stress, it is normal and in many cases proves useful.

Stress is a somewhat difficult concept to define largely because it is solely a unique, individual and subjective experience. Psychologists have viewed stress in three different ways – as a stimulus, as a resource and as an ongoing interaction between an organism and its environment.

Some models are derived, to some extent, from the engineering approach to the elasticity of materials, where stress refers to a load applied to an object or structure, setting up a force known as strain, which can result in damage once the elastic limit is exceeded, applied to human beings. It is assumed that individuals have a certain tolerance to stress but will become ill when the stress is too great.

Another model concentrates on the physical and the psychological feeling of being stressed or completely stressed out with symptoms such as anxiety, poor concentration, insomnia, body tension, and fatigue. This position is taken by theorists who develop response model of stress, theorists who concentrate on the

psycho-physiology of stress and who investigate possible mechanism linking stress to physical illness such as coronary disease and viral infections by way of the cardiovascular and immune systems, respectively. Response models have also provided the impetus for the introduction of stress management programs that focus on controlling the psycho-physiology of stress using techniques such as relaxation and breathing exercises, yoga, meditation, aerobics, and other forms of physical exercises.

The third model is developed in interactional models of stress by theorists who argue that stress occurs when there is an imbalance between the perceived demands placed on the individual and the ability to meet those demands, often described as coping resources.

Stress is often defined as a threat, real or implied to homeostasis. In common usage stress usually refers to an event or succession of events that cause a response often in the form of “distress” but also in some cases, referring to a challenge that leads to a feeling of exhilaration as in ‘good’ stress. But the term stress is full of ambiguities. It is often used to mean the event (stressor) or sometimes the response (stress response). Furthermore, it is frequently used in negative sense of ‘distress’ and sometimes it is used to describe the chronic state of imbalance.

One of the central concepts in biology is the notion of a ‘balance’ where all systems in the body are maintained at certain optimum level. The scientific term is ‘homeostasis’ and it is defined as the stability of the physiological systems that maintain life. Typically, it applies to a limited number of systems such as acidity, body temperature, glucose level, and oxygen tension that are truly essential for life and are therefore maintained within an optimal range.

This concept has been expanded in recent years to consider a number of changes that take place in one’s body in response to different events. The scientific term used is ‘allostasis’ which can be defined simply as achieving stability through



change. This is a process that supports homeostasis i.e., these physiological parameters essential for life as environment change or the person grows through different stages in life. This means that the 'set points' and other boundaries of control must also change. The body has a number of tools to achieve allostasis which also helps an individual to clarify an innocent ambiguity in the term 'homeostasis' and distinguishes between the systems that are essential for life (homeostasis) and those that maintain these systems in balance (allostasis) as the environment and life state change. A number of changes occur in the body to retain allostasis and the primary actors (mediators) in this process are the hormones released by the hypothalamus and the pituitary gland. The allostatic state refers to altered and sustained activity levels of the primary mediators that integrate physiology and associated behaviours in response to changing environments and challenges such as social interactions, weather, disease predators and pollutions. An allostatic state results in an imbalance of the primary mediators, reflecting excessive production of some and inadequate production of others. Examples are hypertension, a perturbed rhythm during a period of major depression or after chronic sleep deprivation, low cortisol in chronic fatigue syndrome and imbalance of corticotrophin releasing factor (CRF) and cytokines that increase risk for autoimmune and inflammatory disorders.

## **SOURCES OF STRESS**

People can experience stress from four basic sources.

**(i) Stressor** – Stressors are specific kinds of stimuli, whether physical or psychological, they place demands on people that endanger their well-being and require them to adapt in some manner. The more the demands of a situation outweigh the resources they have to deal with them, the more stressful a situation is likely to be.

Stressors differ in their severity, they can range from micro-stressors (the daily hassles, minor annoyances such as different coworkers, traffic jams, and academic deadlines) to severe stressor. Major negative events such as the death or loss of a

loved one, an academic or career failure, serious illness, or being the victim of a serious crime, place strong demands on people and require major efforts to cope. Catastrophic events tend to occur unexpectedly and typically affect large number of people (Resick, 2005). They include traumatic, natural disaster such as the Indian Ocean Tsunami of 2004, act as war or terrorism and physical or psychological torture. All the classes of stressors can have significant negative effects on psychological and physical well-being (Zautra, 2003; and van Praag, 2004).

Other researchers have approved stress as the physical and psychological response to stressors. In this view, stress is the internal feeling of somatic reaction generated in response to events or situations such as those just described (Coyne & Holroyd, 1982; and Selye, 1993).

**(ii) Environment** – Stress is a process involving an interaction between the person and his or her environment (Lazarus & Folkman, 1984; and Lazarus, 1999). The degree of stress an individual feels in response to an environmental event is dependent upon many aspects of the fit between the individual and his or her environment. Some people thrive on pressure and do quite well in a fast paced and unpredictable work atmosphere. Others appreciate predictability and a slower pace, and find a high pressure environment taxing physically and emotionally. Depending upon how extensive his or her resources are, the individual may be more or less able to deal with the demands that situations present.

**(iii) Life Changes** – Researchers have attempted to study the relation between life events and well-being. Daily hassles are minor annoying events for which people have no automatic adaptive responses, they take them by surprise and always require some degree of adjustments. Daily hassles have been shown over the long term to have negative cumulative effects on health (Kanner et al., 1981; DeLongis et al., 1982; Wu & Lam, 1993; Norman & Malla, 1994; Fernandez & Sheffield, 1996; and Arango & Cano, 1998).

Although the term 'hassles' might suggest that these inconveniences are no big deal. However, they are actually crucially important. In fact several researchers have examined the relative impact of major stressors versus minor hassles and the latter were even more important influences on physical health than former (Kanner et al., 1981; and Ruffin, 1993).

In order to study hassles researchers use an instrument called the 'Hassles Scale' which lists 117 disruptive day to day events. Many are only mildly unpleasant (such as misplacing or losing things or having to deal with other people who are inconsiderate), but some of them are serious (such as having concerns about owing money). All are things that might occur on a daily basis, often stemming from more major life changes (Kanner et al., 1981; and Lazarus, 1984, 1999) for instance, when going through the trauma of a divorce, one must deal not only with the psychological aspects of the breaking itself but perhaps also with things like having less money, finding and moving to a new place to live, answering questions from family and friends, having to do more hard work or household chores and eventually dating, all of these can add up.

Researchers have found that other aspects of life (more pleasant experiences called uplifts) can help to combat the bad feeling that arises for the experience of hassles. Uplifts are believed to 'buffer' or prevent the full impact of the stress of hassles on an individual's physical and mental conditions. Uplifts serve to reduce the effects of annoying, frustrating problems or difficulties and serve as sources of peace, satisfaction and even joy (Kanner et al., 1981).

**(iv) Thoughts** – An individual's brain interprets and perceives situations as stressful, difficult, painful, or pleasant. Some situations in life are stress provoking, but it is one's thoughts which determine whether those situation's pose a problem for him. This involves:

- Overestimation of danger,
- Underestimation of one's ability to cope,
- Underestimation of help available, and
- Worries and catastrophic thoughts.

Stressors can contribute to one's feelings of anxiety. Examples of stressors that contribute to feelings of anxiety might include trauma (being abused, being in an accident, war); illness or death; things people are taught ("snakes will bite you"); things they observe (an article in the newspaper about a plane crash); and experiences that seem too much to handle (giving a speech, job promotion or termination, having a baby).

The thoughts that accompany anxiety involve the perception that people are in danger or that they are threatened or vulnerable in some way. A threat of danger can be physical, mental, or social. A physical threat occurs when one believes that he will be physically hurt (e.g., a snake bite, a heart attack, being hit). A social threat occurs when a person believes that he will be rejected, humiliated, embarrassed, or put down. A mental threat occurs when something makes a person worry that he is going crazy or losing his mind.

The perception of the threats varies for person to person. Some people, because of their life experiences, may feel threatened very easily and will often feel anxious. Other people may feel a greater sense of safety or security. Certain life experience such as growing up in a chaotic home with volatile surroundings may lead a person to conclude that the world and other people are dangerous.

The perception of danger and sense of vulnerability may have helped a person survive as a child. Being able to recognize danger and its early warning signs are critical to one's emotional and psychical survival. Some may have developed a very fine ability to spot and respond to dangerous situations.

## KINDS OF STRESS

Psychologists categorize stress into three different types: acute stress, episodic stress, and chronic stress.

### Acute Stress

Acute stress is the most widely experienced one, since it typically is caused by the daily demands and pressures encountered by each one of us.

Acute stress is what actually brings about excitement, joy, and thrill in one's life . Acute stress occurs only for a very short period of time, as the symptoms might only come out when the stress has already accumulated. Acute stress finds expression in two ways.

- **Emotional distress**, such as anger, anxiety, irritability, and acute periods of depression.
- **Physical problems**, such as headache, pain, stomach upset, dizziness, heart palpitations, shortness of breath, hypertension and bowel disorders.

### Episodic Stress

Acute stress that is suffered too frequently is called episodic stress. This type of stress is usually seen in people who make self-inflicted, unrealistic or unreasonable demands which get all clamoured up and bring too much stress in their attempt to accomplish these goals. Episodic stress is not like chronic stress, though, because this type of stress ceases from time to time yet not as frequently as acute stress does.

Episodic stress is also typically observed in people with "Type A" personality, which involves being overly competitive, aggressive, demanding and sometimes tense and hostile. Because of this following symptoms of episodic stress are found in Type A persons.

- Longer periods of intermitted depression, anxiety disorders and emotional distress
- Ceaseless worrying
- Persistent physical symptoms similar to those found in acute stress
- Coronary heart diseases, or other heart problems

## **Chronic Stress**

Chronic stress is the total opposite of acute stress; it's not exciting and thrilling, but dangerous and unhealthy. Chronic stress tears the life of a person apart his mind, body or spirit.

This type of stress is brought about by long-term exposure to stressors, such as unhappy marriage, traumatic experiences, unwanted career or job, stress of poverty, chronic illnesses, relationship conflicts, political problems, and dysfunctional families. These stressful situations seem to be unending, and the accumulated stress that results from exposure to them can be life-threatening, and can even lead a person to report to violence, suicide and self-harm. Serious illnesses like stroke, heart attack, cancer, and psychological problems such as clinical depression and post-traumatic disorder can originate from chronic stress.

Common physical signs and symptoms of chronic stress are:

- dry mouth
- difficulty in breathing
- pounding heart
- stomach ache
- headache
- diaphoresis



- frequent urination
- tightening of muscles
- .. and more.

Mental signs and symptoms include:

- sudden irritability
- tension
- problems with concentration
- difficulty in sleeping
- narrowed perception
- frequent feelings of fatigue
- ..... and more.

## **BIOLOGICAL ASPECT OF STRESS**

Stress is experienced in the condition in which person-environment transactions lead to perceived discrepancy between physical or psychological demands of a situation and the resources of the individual's biological, psychological or social systems (Singer & Davidson, 1986; and Trumbull & Appley, 1986; and Lovallo, 1997).

Many of the physiological responses for emotional situations are also relevant to day to day instances of stress. Such transient states of arousal with typically clear onset and offset patterns, are examples of acute stress. Chronic stress on the other hand, is a state as enduring arousal, continuing over time in which demands are perceived as greater than the inner and outer resources available for dealing with them.

The ANS regulates the activities of the body's organ. In stressful conditions, breathing become faster and deeper, heart rate increases, blood vessels constrict and blood pressure rises. In addition to these internal changes, muscles open the

passages of the throat and nose to allow more air into the lungs while also producing facial expressions of strong emotions. Messages go to smooth muscles to stop certain bodily functions such as digestion, that are irrelevant to preparing for the emergency at hand.

Another function of the autonomic nervous system during stress is to get adrenaline flowing. It signals the inner part of the adrenal glands, the adrenal medulla, to release two hormones, epinephrine and norepinephrine, which in turn signal a number of other organs to perform their specialized functions. The spleen releases more red blood corpuscles and the bone marrow is stimulated to make more white corpuscles. The liver is stimulated to produce more sugar, building up body energy.

The pituitary gland responds to signals from the hypothalamus by secreting two hormones vital to the stress reaction. The thyrotrophic hormones (TTH) stimulate the thyroid gland, which makes more energy available to the body. The adrenocorticotrophic hormones (ACTH) known as the “stress hormones” stimulates the outer part of the adrenal gland, the adrenal cortex, resulting in the release of hormones that control metabolic processes and the release of sugar from the liver into the blood. ACTH also signals various organs to release about 30 other hormones, each of which plays a role in the body adjustment to this call alarms.

## **PSYCHOLOGICAL ASPECT OF STRESS**

Some early theorists considered a stressor to be any life event that requires significant life adjustments, whether a negative event or a positive one such as a job promotion (Holmes & Rahe 1967; and Selye, 1976). Because later research showed that only negative life changes consistently predicted adverse health and behavioural outcomes, most modern researchers now define stress in terms of negative life changes only (Cohen et al., 1995; and Lazarus, 1998). Indeed positive life events sometimes counter or even cancel out the impact of negative events (Thoits, 1983).

## **THEORIES OF STRESS**

Theories that focus on the specific relationship between external demands (stressors) and bodily processes (stress) can be grouped in two different categories: approaches to 'systemic stress' based in physiology and psychobiology (Cannon, 1929; and Selye, 1976) and approaches to 'psychological stress' developed within the field of cognitive psychology (Lazarus, 1966, 1991; McGrath, 1982; Lazarus & Folkman, 1984).

### **FIGHT OR FLIGHT RESPONSE THEORY**

Cannon (1929) outlined the first scientific description of the way animals and humans respond to danger. He found that a sequence of activities is triggered in the nerves and glands to prepare the body either to defend itself and struggle to run away to safety. Cannon (1929) called this dual stress response – 'the fight or flight response'. At the centre of this stress response is the hypothalamus which is involved in a variety of emotional responses. The hypothalamus has sometimes been referred to as the stress center because of its twin functions in emergencies : (1) it controls the autonomic nervous system (ANS), and (2) it activates the pituitary gland.

An analysis by health psychologist Taylor et al. (2000) suggests that these physiological responses to stress may have different consequences for females than for males. Taylor et al. (2000) suggest that females do not experience fight or flight. Rather these researchers argue that stressors lead females to experience a 'tend and be friend' response. In times of stress females ensure the safety of their offspring. By tending to their needs females be friend other members of their social group with the same goal of reducing the vulnerability of their offspring.

### **SYSTEMIC STRESS: SELYE'S THEORY**

The popularity of the stress concept in science and mass media stems largely from the work of the endocrinologist Selye (1936). In a series of animal studies he

observed that a variety of stimulus events (e.g., heat, cold, toxic agents), applied intensely and long enough, are capable of producing common effects, meaning not specific to either stimulus event. Besides these nonspecific changes in the body, each stimulus produces its specific effect too, heat, for example, produces vasodilatation, and cold vasoconstriction. According to Selye (1976), these non-specifically caused changes constitute the stereotypical, i.e., specific, response pattern of systemic stress. Selye (1976) defines this stress as 'a state manifested by a syndrome which consists of all the nonspecifically induced changes in a biologic system'.

Selye (1976) described the stress response in terms of a General Adaptation Syndrome (GAS) whereby the individual responds and deals with a stressor in three stages: the alarm reaction, the stage of resistance, and the stage of exhaustion.

### **Stage 1: Alarm**

When the body first reacts to a stressor, the sympathetic nervous system is activated. The adrenal glands release hormones that increase heart rate, blood pressure, and the supply of blood sugar, resulting in a burst of energy. Reactions such as fever, nausea, and headache are common.

### **Stage 2: Resistance**

As the stress continues the body settles into sympathetic division activity, continuing to release the stress hormones that help the body fight off, or resist, the stressor. The early symptoms of alarm lessen and the person or animal may actually feel better. This stage will continue until the stressor ends or the organism has used up all of its resources.

### **Stage 3: Exhaustion**

When the body's resources are gone then resistance ends, the parasympathetic division activates, and exhaustion occurs. Exhaustion can lead to the formation of stress related diseases (i.e., high blood pressure and weakened

immune system) or the death of the organism if outside help is unavailable (Stein-Behrens et al., 1994).

## **PSYCHOLOGICAL APPRAISAL AND THE EXPERIENCE OF STRESS: THE LAZARUS THEORY**

### **Cognitive Appraisal**

Lazarus & Folkman (1984) proposed a model that emphasizes the transactional nature of stress. Stress is a two-way process; the environment produces stressors and the individual finds ways to deal with those.

Cognitive appraisal is a mental process by which people assess two factors:

1. Whether a demand threatens their well-being?
2. Whether a person considers that he has the resources to meet the demand of the stressor?

There are two types of appraisal:

#### **1. Primary Appraisal**

During the primary appraisal stage a person will be seeking answers to the meaning of the situation with regard to their well-being. One of three types of appraisals can be made:

1. It is irrelevant.
2. It is good (benign-positive).
3. It is stressful.

Further appraisal is made with regard to three implications:

**(i) Harm-loss:** Harm-loss refers to the amount of damage that has already occurred. There may have been an injury. The seriousness of this injury could be exaggerated producing a lot of stress.

**(ii) Threat:** Threat is the expectation of future harm, for example, the fear of losing one's job and income. Much stress depends on appraisals which involve harm-loss and threat.

**(iii) Challenge:** Challenge is a way of viewing the stress in a positive way. The stress of a higher-level job could be seen as an opportunity to expand skills, demonstrate ability, and make more money.

## **2. Secondary Appraisal**

Secondary appraisals occur at the same time as primary appraisals. A secondary appraisal can actually cause a primary appraisal. Secondary appraisals include feelings of not being able to deal with the problem such as:

I can't do it-I know I'll fail.

I will try, but my chances are slim.

I can do it, if I get help.

If this method fails, I can try a few others.

I can do it, if I work hard.

No problem-I can do it.

Stress can occur without appraisal such as when one's car is involved in an accident and he has not had time to think about what has happened. Accidents can often cause a person to be in shock. It is difficult for people to make appraisals whilst in shock as their cognitive functioning is impaired.

Events are stressful depending on two types of factors (Cohen & Lazarus, 1983):

- Those that relate to the person.
- Those that relate to the situation.



Personal factors include intellectual, motivational and personality characteristics. People who have high self-esteem are likely to believe they have the resources to meet demands. Stressful events are seen as challenges rather than as threats (Cohen & Lazarus, 1983).

Since its first presentation as a comprehensive theory (Lazarus, 1966), the Lazarus stress theory has undergone several essential revisions (Lazarus & Launier, 1978; Lazarus & Folkman, 1984; and Lazarus, 1991). In the latest version of revision of Lazarus (1991) theory, stress is regarded as a relational concept i.e., stress is not defined as a specific kind of external stimulation pattern of physiological, behavioural, or subjective reactions. Instead, stress is viewed as a relationship (transaction) between individuals and their environment.

### **RESOURCE THEORIES OF STRESS: A BRIDGE BETWEEN SYSTEMIC AND COGNITIVE VIEWPOINTS**

Unlike approaches discussed so far, resource theories of stress are not primarily concerned with factors which create stress, but with resources that preserve well-being in the face of stressful encounters. Several social and personal constructs have been proposed, such as social support (Schwarzer & Leppin, 1991), sense of coherence (Antonovsky, 1979), hardiness (Kobasa, 1979), self-efficacy (Bandura, 1977), or optimism (Scheier & Carver, 1992). Whereas self-efficacy and optimism are single protective factors, hardiness and sense of coherence represent tripartite approaches. Hardiness is an amalgam of three components: internal control, commitment, and a sense of challenge as opposed to threat. Similarly, sense of coherence consists of believing that the world is meaningful, predictable, and basically benevolent. Within the social support field, several types have been investigated such as instrumental, informational, appraisal and emotional support.

The recently offered conservation of resources (COR) theory (Hobfoll, 1989; and Hobfoll et al., 1996) assumes that stress occurs in either of the three contexts:

when people experience loss of resources, when resources are threatened, or when people invest their resources without subsequent gain. Four categories of resources are proposed: object resources (i.e., physical objects such as home, clothing, or access to transportation), condition resources (e.g., employment and personal relationships), personal resources (e.g., skills or self-efficacy), and energy resources (means those which facilitate the attainment of other resources, for example, money, credit, or knowledge).

Hobfoll et al. (1996) outlined a number of testable hypotheses (called principles) derived from basic assumptions of COR .

1. **Loss of resources is the primary source of stress.** This principle contradicts the fundamental assumption of approaches on critical life events (Holmes & Rahe, 1967) that stress occurs whenever individuals are forced to re-adjust themselves to situational circumstances, may those circumstances be positive (e.g., marriage) or negative (e.g., loss of a beloved person). In an empirical test of this basic principle, Hobfoll & Lilly (1993) found that only the loss of resources was related to distress.
2. **Resources act to preserve and protect other resources.** Self-esteem is an important resource that may be beneficial for other resources. Hobfoll & Leiberman (1987), for example, observed that women who were high in self-esteem made good use of social support when confronted with stress, whereas those who lacked self-esteem interpreted social support as an indication of personal inadequacy and consequently, misused support.
3. **Following stressful circumstances, individuals have an increasingly depleted resource pool to combat further stress.** This depletion impairs individuals' capability of coping with further stress, thus resulting in a loss spiral. This process view of resource investment requires focusing on how the interplay between resources and situational demands changes over time

as stressor sequences unfold. In addition, this principle shows that it is important to investigate not only the effect of resources on outcome, but also of outcome on resources.

## **COPING WITH STRESS**

Basically coping refers to an individuals' attempt to tolerate or minimize the effect of the stress, whether it is the stressor or the experience of stress itself.

The Lazarus model outlined above represents a specific type of coping theory. These theories may be classified according to two independent parameters: (a) trait-oriented versus state-oriented, and (b) microanalytic versus macroanalytic approaches (Krohne, 1996). Trait-oriented and state-oriented research strategies have different objectives: The trait-oriented (or dispositional) strategy aims at early identification of individuals whose coping resources and tendencies are inadequate for the demands of a specific stressful encounter. An early identification of these persons will offer the opportunity for establishing a selection (or placement) procedure or a successful primary prevention program. Research that is state-oriented, i.e., which centers around actual coping, has a more general objective. This research investigates the relationships between coping strategies employed by an individual and outcome variables such as self-reported or objectively registered coping efficiency, emotional reactions accompanying and following certain coping efforts, or variables of adaptational outcome (e.g., health status or test performance). This research strategy intends to lay the foundation for a general modificatory program to improve coping efficacy. Microanalytic approaches focus on a large number of specific coping strategies, whereas macroanalytic analysis operates at a higher level of abstraction, thus concentrating on more fundamental constructs.

Psychologists Lazarus & Folkman (1984) scientifically defined coping as the sum of cognitive and behavioural efforts, which are constantly changing, that aim to handle particular demands, whether internal or external, that are viewed as taxing or

demanding. Simply put, coping is an activity people do to seek and apply solutions to stressful situations or problems that emerge because of their stressors. Actually, the term “coping” is more associated with “reactive coping”, because in general, coping is seen as a response to a stressor. On the other hand, there’s also what is called “proactive coping”, wherein the coping response is aimed at preventing a possible encounter with a future stressor.

While coping mechanisms are brought about by a person’s conscious minds, it doesn’t mean that all of them bring about positive coping; there are some types of coping mechanism which are maladaptive. Other psychologists say that maladaptive coping is also synonymous to “non-coping”, since a person who responds to a stressor using a coping mechanism but is not able to positively ward off the stressor or solve the stressful situation, hasn’t coped with the stress at all.

Coping is a tool by which an individual deals with stress and tries to solve the problem that he or she faces, or live with its effects. Coping may in fact buffer the effects of stress on the body. Coping is a dynamic process. An individual may attempt several coping strategies. Coping efforts fall into two major functional categories: problem-solving coping efforts and emotion-focused coping efforts (Lazarus & Folkman, 1984).

## **PROBLEM-FOCUSED COPING**

Problem-focused coping involves taking direct action to change a stressful situation or to prevent or reduce its effects. The goal of problem-focused coping is to reduce the demands of the situation or enhance one’s resources to deal with it. Problem-focused coping can even begin before the problem does. This approach is called proactive coping (Aspinwall & Taylor, 1997). In this case, the individual anticipates potential causes of stress and does things to plan ahead for the situation. Using proactive coping doesn’t mean that one will never encounter stressor but it can enable a person to be better prepared to handle it. People tend to use problem

focused coping when they believe that there is something that they can do about the stressful situation they face (Lazarus & Folkman, 1984).

### **EMOTION-FOCUSED COPING**

Emotion-focused coping involves attempts to regulate or reduce the emotional (and relatedly social) consequences by the stressful events. The individual attempts to regulate his or her emotions. When faced with the breakup of a romantic relationship, for example, people may try to cope with their feelings of distress by distracting their attention with day to day activities. In response to stressful events the emotion-focused coping response may also involve cognitively, re-evaluating the situation.

While both problem focused and emotion-focused coping are necessary when facing stressful situations, research suggests that people generally tend to use the former more often than the latter. Emotion-focused coping is more likely to be used after stressful events are over, when the situation cannot be changed and women tend to use more emotion-focused coping strategies than do men (Billings & Moos, 1981). In most cases, however, both problem-solving and emotion-focused approaches are necessary for effective long-term coping.

### **SOCIAL SUPPORT COPING**

A third type of coping strategies involve seeking social support that is, turning to others for assistance and emotional support in times of stress.

Having a strong social support network can provide a lot of benefits to anyone, because every one is bombarded by stress in one's daily lives.

#### **Social Support Network**

A social support network is a network of family, friends, and peers who provides support in times people are faced with stressful situations. This is not like a

support group that is organized by a mental health professional, though; it is more like one's group of social supporters who are present on a regular basis, and whom he/she can relate to even when he/she is not under significant stress.

### **Advantage Of Social Support Network**

Stress can be better when social support network is as strong as it can be. These are the reasons why people should strive harder in strengthening relationship with each identified member of social support network.

Social support network has it all – information about a person's stressful situation, advice on how to manage stress, and even the silence and listening ear he needs when he experiences burnout. When he has the close by, he knows he is secure even when stress seems to consume him.

When an individual feels like giving up because of too much stress, his social support network is there to remind of the abilities possessed to cope up with the stressful situation. They can personally help with solving problems which can not be handled himself alone.

In times of stressful moments, one may feel alone and no one is there to help him. Calling a friend, parents, workmate or social mate and talking about one's feelings, emotions and thoughts will make him feel a lot better and will remind him that there is always someone to comfort and support him.

The coping strategies that an individual chooses depend a great deal upon the situation and the unique interaction of person and situation. Cohen & Lazarus (1979) suggest five major types of strategies.

1. **Seeking information:** Consider what behavioural choices are open and the probable outcome of each as well as learning precisely how one would follow any particular course of action.

2. **Taking direct action** : Enacting specific behaviours meant to deal directly with the stressor. When direct action is possible, this coping strategy is more adaptive emotionally and physically than taking no actions. Direct action promotes a sense of mastery and control and allows for the discharge of physiological arousal in the fight or flight response (Gal & Lazarus, 1975).
3. **Inhibiting action**: Suppressing the desire to take action. Under some circumstances this approach may be the best course of action.
4. **Engaging intrapsychic efforts** : Such action as suppressing or ignoring upsetting thoughts or reframing them into more positive ideas.
5. **Calling on others**: Asking other people for both physical and emotional support.

## **NEW DEVELOPMENT**

Coping research is itself dynamic and new directions are emerging that are helping the field move forward, including future-oriented proactive coping, a dual process model of coping, social aspects of coping, and three new directions are tied closely to emerging emotion research: emotion-approach coping, emotion-regulation, and positive emotion and coping.

### **Future-Oriented Proactive Coping**

Although the concept of threat – anticipated harm or loss – is central to cognitive theories of stress, most studies of coping focus on how people cope with events that occurred in the past or that are occurring in the present. One of the new developments in coping has to do with ways people cope in advance to prevent or mute the impact of events that are potential stressors, such as a pending lay-off, a medical procedure that has been scheduled or having to deal with the results of a test that is scheduled in the near future (Aspinwall & Taylor, 1997). Aspinwall & Taylor (1997) refer to these responses to potential stressors as “proactive coping.”

Their model defines five interrelated components to the proactive coping process: (a) the importance of building a reserve of resources (including temporal, financial, and social resources) that can be used to prevent or offset future net losses (Hobfoll, 1989), (b) recognition of potential stressors, (c) initial appraisals of potential stressors, (d) preliminary coping efforts, (e) and the elicitation and use of feedback about the success of one's efforts (Aspinwall, 2003).

Schwarzer & Knoll (2003) distinguish among reactive coping, which alludes to harm or loss experienced in the past; anticipatory coping, which refers to efforts to deal with a critical event that is certain or fairly certain to occur in the near future (e.g., preparing for an exam); preventive coping, which foreshadows an uncertain treat potential in the distant future (e.g., beginning an exercise program to prevent an age-related medical condition such as osteoporosis); and proactive coping, which involves upcoming challenges that are potentially self-promoting. According to Schwarzer & Knoll (2003) the proactive person creates opportunities for growth, and though like Aspinwall & Taylor (1997), they emphasize the importance of accumulating resources, the purpose of these resources is to enable the individual to move toward positively valanced goals that are challenging and associated with personal growth.

Future-oriented coping, including anticipatory, preventive, and proactive coping, deserves attention. This type of coping may be a particularly good candidate for inclusion in cognitive-behavioural or psycho-educational interventions. Measures need to be developed that tap coping methods that are distinctly future-oriented so one can learn how people manage to reduce the potential adverse impact of future events and maximize opportunities for benefit.

### **Dual Process Model of Coping**

Stroebe & Schut's (1999, 2001) Dual Process Model of Coping (DPM) is a theoretically based cognitive model of coping designed for an important context that



has broad relevance in the social, behaviour, and health sciences, namely, bereavement.

The DPM specifies a dynamic process of coping whereby the bereaved person oscillates between two orientations: loss and restoration. Loss-oriented coping includes grief work, breaking bonds and thinking of the deceased person in a different place, and denying and avoiding changes associated with restoration. Restoration-oriented coping includes attending to secondary stressors that come about as a consequence of the bereavement, such as changing identity and role from “wife” to “widow”, or mastering new skills and responsibilities that had previously been the provenance of the deceased. Each of these orientations can be thought of as a set of related goals. Importantly, the DPM defines adaptive coping as involving oscillation between loss- and future-orientation, between approach and avoidant coping, and between positive and negative reappraisals. Thus, the DPM specifies the major adaptive tasks associated with bereavement, specific cognitive processes associated with each adaptive task, and describes what “effective” coping might look like in this context. Several studies have tested various aspects of the model and findings suggest that the DPM, with its characteristic pattern of oscillation is helpful in explaining adjustment to bereavement.

### **Social Aspects of Coping**

Although most models of coping view the individual as embedded in a social context, the literature on coping is dominated by individualistic approaches that generally give short shrift to social aspects. Themes of personal control, personal agency, and direct action are central to most theories of coping (e.g., Pearlin & Schooler, 1978; and Lazarus & Folkman, 1984), all of which reflect the emphasis on the individual.

Recent discussions of social aspects of coping include the impact of individual coping on social relationships and vice versa (e.g., DeLongis & O’Brien, 1990; Coyne &

Smith, 1991; O'Brien & DeLongis, 1997; and Berghuis & Stanton, 2002) and the notion of communal, prosocial coping (e.g., Wells et al., 1997).

**Individual Coping And Social Relationships** : O'Brien & DeLongis (1997) summarize some of the main issues related to the coping of couples. Their review indicates that strategies that may be beneficial to the individual's well-being are not necessarily beneficial to the individual's spouse, and vice versa. Further, an individual's strategies that may be beneficial to the spouse may be hurtful to the individual. For example, Coyne & Smith (1991) studied coping strategies intended to buffer or protect another person from stress. In a study of myocardial infarction patients, they found that the use of such strategies by wives resulted in improved self-efficacy for the husbands, but diminished self-efficacy for the wives.

Berghuis & Stanton (2002) evaluated infertile couples' coping with at all failed attempt to inseminate. They found that the individual's level of distress was influenced both by the individual and the spouse. The pattern of findings suggests that women and men tend to experience each other's coping strategies differently. Women, for example, benefited from their male partner's problem-focused coping, but the converse was not true, and avoidance by female partners contributed to distress in men, but the converse was not true.

**Communal coping** is as a counterpoise to the emphasis on individualistic coping. Hobfoll et al. (1994) have developed a multi-axial coping model that takes both individualistic and communal perspectives into account. It includes a prosocial-antisocial dimension and a passive-active dimension (Wells et al., 1997). The communal perspective is contained in the prosocial-antisocial dimension and refers to coping responses that are influenced by and in reaction to the social context. Thus, a person may delay or not engage in a direct action to solve a problem if that action is perceived as causing distress to another member of the social environment. Communal coping can be prosocial (e.g., "Join together with others

to deal with the situation together,” “Think carefully about how others feel before deciding what to do”), or antisocial (e.g., “Assert our dominance quickly,” “Be firm, hold your ground”) (Monnier et al., 1998). In a series of studies, Hobfoll et al. (1994) found that active prosocial coping was associated with better emotional outcomes (Wells et al., 1997), and that women use more prosocial and men use more antisocial coping (Dunahoo et al., 1998).

## **RELIGIOUS COPING**

Religious coping received little attention until relatively recently. Now it has become one of the most fertile areas for theoretical consideration and empirical research. The interest in religious coping is spurred in part by evidence that religion plays an important role in the entire stress process, ranging from its influence on the ways in which people appraise events (Park & Cohen, 1993) to its influence on the way in which they respond psychologically and physically to those events over the long term (Seybold & Hill, 2001). But people also use religion specifically to help cope with the immediate demands of stressful events, especially to help find the strength to endure and to find purpose and meaning in circumstance that can challenge the most fundamental beliefs.

The recent interest in religious coping has been fueled by increasing evidence that religious involvement affects mental and physical health (Seybold & Hill, 2001). Religious involvement is not synonymous with religious coping. Religious involvement can be a part of an individual’s life independent of stress in that person’s life. However, some people do become involved with religion as a way of coping with stress. Further, studies by Holland et al. (1999) and Baider et al. (1999) show a relationship between a measure of religious and spiritual beliefs and practices and active forms of coping.

Pargament (1997) has articulated complicated conceptual issues inherent in the study of religious coping in his seminal book, “The Psychology of Religion and

Coping”, and in subsequent publications. One issue is the need to distinguish religious coping from religious dispositions and psychological and religious outcomes (Smith et al., 2000) that parallel similar issues in the conceptualization and measurement of coping more generally (Lazarus & Folkman, 1984; Stanton et al., 1994). A second issue is the need to define methods of religious coping that are distinct from methods of secular coping. Pargament et al. (1988), for example, defined three such methods: the self-directing approach, in which people rely on their God-given resources in coping; the deferring approach, in which people passively defer the responsibility for problem-solving to God; and the collaborative approach, in which people work together with God as partners in the problem-solving process. A third issue has to do with the potential confounding between religious and nonreligious coping. Religious methods of gaining control, for example, could be just a reflection of a basic nonreligious desire for control. A fourth issue has to do with the fuzzy boundaries between concepts of religiosity and spirituality (Zinnbaurer et al., 1997). Many diverse points of view are expressed in the literature on this issue. Spirituality can exist outside the boundaries of formal religious coping. Efforts to find meaning or purpose, or efforts to connect with a higher order or divine being that may or may not be religious are also included in spiritual coping.

Until the late 1990s, most measures of religious coping relied on just one or two items that asked about religious involvement, religiosity, or prayer. For example, one of the earliest coping measures, the “Ways of Coping” (Folkman & Lazarus, 1980, 1988), has just one item that is clearly religious, “I prayed.” The COPE (Carver et al., 1989), another widely used measure of coping, has a religious coping subscale that consists of four items: “I seek God’s help,” “I put my trust in God,” “I try to find comfort in my religion,” and “I prayed.”

In the late 1990s, Pargament et al. (2000) developed the RCOPE, an important contribution to the measurement of religious coping (Pargament et al., 2000). The RCOPE is designed to assess five religious coping functions: (a) finding meaning in the

face of suffering and baffling life experiences, (b) providing an avenue to achieve a sense of mastery and control, (c) finding comfort and reducing apprehension by connecting with a force that goes beyond the individual, (d) fostering social solidarity and identity, and (e) assisting people in giving up old objects of value and finding new sources of significance. Specific religious coping methods were defined for each of these religious functions, and subscales were created. In other work, Pargament et al. (1998) grouped religious coping methods into positive and negative patterns. Positive religious coping methods are an expression of “a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others” (Pargament et al., 2000). Benevolent religious reappraisals, collaborative religious coping, and seeking spiritual support are examples of coping methods that fall within this category. Negative religious coping is an expression of “a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance” (Pargament et al., 2000). It includes punitive religious reappraisals, demonic religious reappraisals, reappraisals of God’s powers, and spiritual discontent.

Pargament et al. (2001) conducted one of the few studies to examine religious coping (as opposite to religious involvement) as a predictor of mortality. The study produced mixed findings. The authors used item from the RCOPE (Pargament et al., 2000) to measure positive religious coping and religious struggle in a two-year longitudinal study of 596 hospitalized persons 55 years of age or older. They found that religious struggle items (e.g., “Wondered whether God had abandoned me,” “Questioned God’s love for me”), but not positive religious coping, predicted mortality after controlling for demographic physical health, and mental health variables. The authors point out that their study was the first empirical study to identify religious variables that increase the risk of mortality. Their study shows the importance of using measures of religious coping that include methods that are potentially adaptive.

## **STRESS MANAGEMENT FACTORS**

It is frequently asserted that stress has become a major feature of modern living, caused particularly by changes in the type of work that people do, by the breakdown of traditional family structures, and by many features of the contemporary urban environment. Stress is thought to be a principal cause of psychological distress and physical illness and millions of working days every year are believed to be lost as a consequences of this. The ability to cope successfully with stress is frequently held to be the key to human happiness.

## **RELATED MODELS TO STRESS MANAGEMENT**

**A. The Transactional Model:** In 1984, Lazarus & Folkman proposed the Transactional Model (Cognitive Appraisal), a model that emphasizes how stress becomes the result of the imbalance between what the situation demands and what the person possesses in relation to those demands. According to them, stress is not directly resulting from the source of the stress otherwise known as the stressors; rather, it emerges because of the individual's inability to satisfy demands. For these two researchers, therefore, stress management relates to the capacity of a person to utilize his resources in order to cope with the stress.

Transactional Model tells that a stress management program can only become effective if the individual's ability to eliminate, reduce, or cope with stress is successfully assessed, and that the factors related to such capacity are put into consideration.

**B. Health Realization Model:** Also called as the Innate Health Model of Stress, the Health Realization Model states that the presence of a probable stressor does not directly result to the stress experience. This idea opposes that of the Transactional Model, because it states that the stress management program must be centered on the perception of the potential stressor by the individual, not on his appraisal of stress coping abilities

According to this model, the appraisal must be focused on filtering one's mind of negativity or insecurity, so that he would not perceive a potential stressor as a source of stress, and would therefore lead to a more effective elimination or reduction of stress.

In many coping skill programs, people learn to modify habits of thought that trigger inappropriate emotional responses and to control physiological arousal responses through stress management techniques (Barlow et al., 2001; and Greenberg, 2005).

Holahan & Moos (1990) studied coping patterns and psychological outcomes in more than 400 California adults over a 1 year period. Although, people often used several coping methods in dealing with a stressor, problem-focused coping methods and seeking social support were most often associated with favourable adjustment to stressor. In contrast, emotion-focused strategies which involved avoiding feelings or taking things out on other people predicted depression and poorer adjustment. Other studies have yielded similar results. In children and adults and across many different types of stressors, emotion focused strategies involve avoidance, denial, and wishful thinking and seem to be related to less effective adaptation (Snyder, 2001). On the other hand, there are adaptive emotion focused strategies, such as identifying and changing irrational negative thinking and learning relaxation skill to control arousal, which are effective methods for reducing stress responses without avoiding or distorting reality (Meichenbaum, 1985; and DeLongis & Preece, 2000).

## **STRESS MANAGEMENT OF HOUSEWIVES**

There are several social, economic and psychological causes of stress among housewives.

1. **Relation With Husband** – In case of the less educated, middle class housewives, mostly the spouse is too dominating and often abusive too. The women have

muster up courage to express their opinion, which may not go down well with the husband. Among the educated, there may be clash of attitude towards life, lifestyle, likes and dislikes, leading to a strained relationship.

2. **Relation With Other Family Members** – When a woman leaves her own parents' home and comes to live with her in-laws, she expects love and respect from the family. Unfortunately strained mother-in-law-daughter-in-law relation is a widespread universal phenomenon. How educated the new bride may be, she is made to feel inferior by the in-laws. If the husband is not able to speak up for her, it becomes an unending inner battle for the women. Dowry, infertility, desire for male child are some common causes of harassment of married women in India.
3. **Economic Factors** – The housewife is the one who has to take care of the needs of the family within the family income. Uncertain or loss of source of income (job insecurity) of the husband causes stress as the future appears bleak. The type of inflation witnessed these days can cause stress among the housewives with limited resources.
4. **Social Factors** – In today's competitive/ consumerist world, people are always comparing themselves with those who are upwardly mobile and rich. They are not satisfied with what they have. The comparison and unfulfilled desire of living a luxurious life, causes inferiority complex. Not just economic comparison, women also tend to compare their children's educational and extra-curricular capabilities with other kids. They want only their son to be always the best and feel stressed or go into depression even if he/she comes second.
5. **Children's Education** – The stress of school syllabus is actually on the parents. The responsibility of taking care of the children's studies mostly lies on the mother. Coping with the daily requirements of revision, homework, tests, extra-



curricular activities, competition and projects, often become stressful, when one has to balance these with family and social demands like guests and other essential family or social functions to attend. The level of stress is more during the examination time and if there are more than one child to be taken care of.

6. **Feeling Of Worthlessness/Lack Of Identity** – Women are too busy with own kids till they are toddlers or in school, never ever thinking about one's own needs, desires, wishes till total immersion in the daily household chores and responsibilities creates a void which is felt when the children become independent grown ups. Sometimes, housewives are looked down by the family members and the society as 'inferior', because she does not earn money. Often in families where there are two daughter-in-laws, the one who brings more dowry gets more respect, irrespective of the behaviour or talents of the other one. In case of the educated housewives, a sense of worthlessness occurs when she misses having a career of her own.
7. **Other Factors** – There can be several other factors like too much housework, the health of husband, children, parents or herself, aging parents living alone in another town, the daily stress of driving through traffic and bad roads to reach school on time, taking care of all house and outside responsibilities when husband is out of town etc.

Aziz (2004) has reported that the educationally qualified women who are staying at home or have been made to stay at home have a feeling of under utilization of their talent and hence derive frustration out of it. Further the researcher has suggested that there is a feeling among housewives that their complete involvement at the domestic front goes unacknowledged which further intensifies frustration of housewives. The housewives indulge in household activity and restricting themselves to the role of mother, wife, and caretaker of other family members. Leading to frustration among these women (Chakraborty, 1990). Hence, it was hypothesized that housewives are more frustrated than working women.

Ferree (1976) concluded that housework was a preferred and generally satisfying occupation for most working class women. In fact, fulltime housewives were more dissatisfied and felt themselves to be worse off than women with jobs. Housework might not be felt to be menial or degrading, but it also did not lead to a sense of competence.

In a study (Singh, 2000) the sample consisted of 300 working women and 300 housewives. They were administered Marital Role Stress Scale (MRSS) identify extreme cases of high and low marital role stress among working women and housewives. This criteria led to the identification of 50 cases in each category. These cases were then administered the Marital Adjustment Questionnaire to measure the marital adjustment of the four groups. The obtained responses were scored and subjected to 2x2 ANOVA. Results revealed that the working women had significantly higher marital adjustment than that of the housewives. Further, a 2x2 interaction was also found to be significant.

## **DETERMINANTS OF STRESS MANAGEMENT**

There are various factors which determine stress management capabilities. The present research deals with some such determinants in regard to stress management ability of housewives.

### **RELIGIOSITY AND STRESS MANAGEMENT**

Religion is a powerful institution which plays important role in shaping of social behaviour. It has psychotherapeutic value, although a few studies (Opier, 1963) have shown that religion is a source of mental disorder as well. "Religion In The Developing Personality" (Academy of Religion and Mental Health, 1960) presents illustrations and discussions of the important roles religion plays in childhood, adolescence, adulthood, and old age.

Hackney & Sanders (2003) reviewed several definitions of religiosity and in general, defined religiosity as a person's spiritual beliefs, religious practices, and involvement with a faith community. Examples of spiritual beliefs include belief in the eternal nature of marriage, examples of religious practices include prayer and study of scripture. Aspects of religious involvement include attendance at religious meetings, participation in other faith community activities, or making financial contributions to a faith community.

Religious beliefs and practices have been present in nearly all cultures since recorded history. According to some estimates, 86% of the world's population identifies an affiliation with some sort of religious or spiritual system (Barrett et al., 2001). In the United States alone, approximately 82% of adults express belief in God (Harris Interactive Poll, 2005), 58% pray daily, 44% attend religious services at least twice a month, and 56% identify religion as a very important influence in their lives (Pew Research Center, 2008).

By mid century, it has become a truism that the modern world was in the midst of "an age of anxiety", a "time of upheaval of standards and values", of "painful insecurity" (Rollo May, 1953). This anxiety deepened in the next decades according to the findings of two national surveys of American adults, the first conducted in 1957 and the second, a replication, in 1976 (Veroff et al., 1981). Over the period of generation, these researchers reported that, there was a significant increase in worry and symptoms of anxiety, especially among young adults. Moreover, among the sources of unhappiness reported in 1976, "community, nation, and world problems" were more often mentioned first or second than any other source, a rate nearly double that of 1957.

These pressing issues are not, however, the whole of the psychology of religion. The field's rich inaugural period preceded the profound disillusionment brought about by World War-I, and even some of those who wrote in the midst of it apparently thought of religion as a timeless something that bears no essential relation to current

political and social events. Religion is by its very nature, concerned with a dimension or complex of values that transcends MUNDANE reality. Even in its diverse historical expressions there are constants of MYTHIC and ritual content that seems to persist more or less unchanged in spite of political and social upheaval.

The second way in which “the psychology of religion” is misleading is for more serious. The problem lies in the noun religion, a satisfactory definition of which has eluded scholars to this day. In a well-documented study, Smith (1963) demonstrated that the noun religion and its plural, along with the nouns that we commonly use to refer to specific religious traditions – Buddhism, Hinduism, Christianity – are not only unhelpful – what is worse, they may insidiously undermine the very piety to which they only vaguely refer.

The word “religion” derives from the Latin ‘religio’, which some scholars say was first used to designate a greater than human power that requires a person to respond in a certain way to avoid some dire consequence. Other scholars have concluded that ‘religio’ refers to the feeling that is present in persons who vividly conceive of and observe such power. The term also came to designate the ritual acts carried out at the shrine of a particular god. In every instance ‘religio’ referred to “something that one does, or that one feels deeply about, or that impinges on one’s will, exacting obedience or threatening disaster or offering reward or binding one into one’s community” (Smith, 1963).

Over the centuries, the meaning of the word “religion” underwent an elaborate evolution. From designating something that one has perceived, felt, or done oneself, the word came to be used with a variety of alternative meanings. “Religion” referred in turn to the alien ritual practices of others, to a universal disposition, an inner piety, to an abstract system of ideas to the totality of all belief systems, to a peculiar type of feeling, and to an unchanging essence that underlies the diversity of observable, dynamic forms. The general trend was toward reification:

religion became in time a fixed, objective entity and each of the traditions a definable system understood as personal piety or reverence. "Religion" made sense only in the singular; but once it came to refer to the abstracted, depersonalized and reified system of others. It could be used in the plural as well. The concepts of religion and the religions, Smith (1963) concludes, are recent derivations of Western and Islamic traditions and far less useful than many assume. It is crucial to note, he says that, these reified religious concepts – including the names of most of the religious traditions – were formulated to serve the practical purposes of outsiders. From within the traditions, such concepts appear as serious distortions. Inherently depreciative, they overlook the dynamic personal quality of religiousness and leave out the crucial factor of transcendence. When these terms are unsuspectingly adopted by insiders as well, they may undermine faith from within, if inadequate for the insider. Smith (1963) declares, these concepts must be judged unserviceable for the outside observer as well. Thus, it is advised to abandon them once and for all.

The term religiosity refers to religious faith. Score on a test of religiosity will, therefore, indicate the degree to which an individual can be identified as religious. Since religion has many facets which vary in different societies, it has been very difficult to give a comprehensive definition of the term. Most of the major world religions, however, believe in fixed relationship between the human-self and some non-human entity, the sacred, the super natural or the Absolute God. A popular and representative definition is one given by Galloway (1956) according to whom, religiosity means "faith in a power beyond himself whereby he seeks to satisfy emotional need and gain stability of life, and which he expresses in acts of worship and service."

Smith (1963) proposes that use two alternatives, cumulative tradition and faith. With these two terms, he suggests, people may conceptualize and describe the entirety or human religious life, as believers or as skeptics, as members of a religious community or as outsiders. The phrase cumulative tradition, a human construct

offered as a means of making the dynamic flow of human history intelligible without distorting it, refers to all of the observable contents – temples, ritual scriptures, myths, moral codes, social institutions, and so on that are accumulated over time and then passed on to succeeding generations. Unlike “religion” which misleadingly suggests an unchanging essence, cumulative tradition and its specific variants – for example, the Christian tradition – make explicit the changing historical contexts that sustain personal faith and that were founded and continue to be nourished by that faith in turn.

In contrast to the perceptible and enormously diverse features of tradition, faith is an unobservable and less variable quality of persons. In a monumental work on faith and belief, Smith (1979) defines faith as one’s orientation or total response to oneself, others and the universe. It reflects the human capacity “to see, to feel, to act in terms of, a transcendent dimension”, to perceive meaning that is more than merely mundane. Faith, Smith (1979) says, is “an essential human quality” if not “the fundamental human category”. It is certainly the most basic religious one.

Apparently ‘being religious’ is different from ‘having a religion’. One may belong to a religious group but may not be religious. Similarly, it is difficult to identify a person as religious simply from his certain behaviour like visiting a religious place. Offering pooja in a temple or prayer in a mosque may be regarded as religious act, but one may be religious even no specific single act or manner can serve as a suitable criteria for judging individual’s religiosity. In fact, religiosity has three important aspects: theoretical, practical, and emotional. Theoretically it refers to individual’s faith in God, so often characterized as omnipotent, omnipresent, omniscient, benevolent, loving, and just. Experience of or belief in nearness to God constitutes the core of the theoretical aspect of religiosity which has three important dimensions: communion with God, partnership with God, and identification with God. The practical aspect of religiosity constitutes of individuals’ faith in observance of ethical and moral duties and rituals as divine commands. They also include the

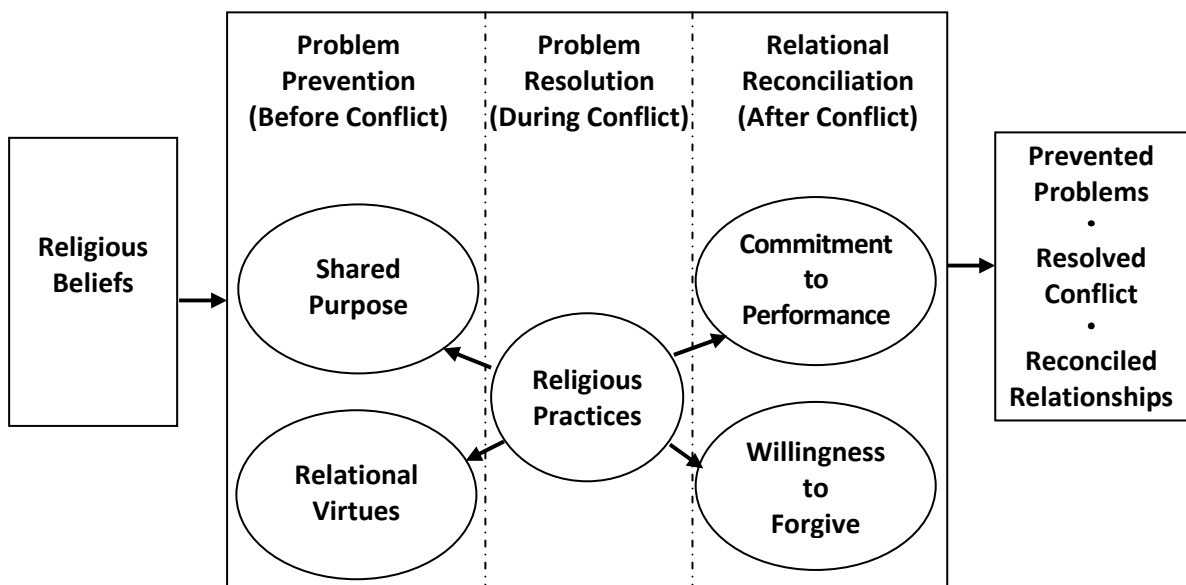
religious customs, rituals and ceremonies which differ in different religions. Still there are several common dimensions. Review of literature (Das, 1955; Galloway, 1956; Bonquet, 1958; Khan, 1962; and James, 1963) relating religious practices indicates that the behavioural dimensions of religiosity preached almost commonly by different religions are : observing prayer or worship to God; performing certain specific behaviour form the consideration of ethical good and bad (*Punya* and *Paap*); observing rituals with faith that there is life beyond death or world beyond this reality; and observing sacrifice, tolerance, forgiveness etc. as religious values, quite related to the theoretical and practical dimensions is the emotional aspect, which is reflected in the feeling of devotion and dedication to God and experience of pleasure, delight and satisfaction in observance of religious practices. Actually, it is this aspect of religiosity which serves as a motivating force to believe in or observe the religious act of worship and service.

Conflict between people in meaningful human relationships, such as marriage is inevitable (Canary et al., 1995). The existing literature on marital stress is enormous, yet a few studies have specifically measured the impact of religion on marital stress (Dudley & Kosinski, 1990; Brody et al., 1994; and Curtis & Ellison, 2002). In addition, extant research has tended to be limited in scope because it typically provides only a “distal” (i.e., more superficial) measure of religiosity and stress (Mahoney et al., 1999) yielding limited insight regarding aspects involved in the process of the relationship between religiosity and marital stress. Qualitative data, focusing specifically on religious couples, are needed to elucidate specifically on religious couples, are needed to elucidate specific ways that religiosity may help couples effectively manage marital stress. Greenberg & Johnson (1998) found prayer to be critical to relationship softening, which facilitates conflict resolution and thus a stress free state.

Thomas & Cornwall (1990) remarked that research examining religious practices and their specific effects in relationship systems was needed. More specifically, Curtis & Ellison (2002) noted that the possible role of religious factors in

shaping long-range trajectories of marital stress, quality, and disruption remains woefully understudied.

Lambert & Dollahite (2006) proposed a conceptual model illustrating relationship between religious beliefs and practices and three identified phases of conflict or stress. Couples reported that religious beliefs and practices influence their marital conflict at three phases in time : (a) problem prevention, (b) conflict resolution, and (c) relationship reconciliation. Religious beliefs seem to influence all phases of marital stress. In particular, couples’ religious beliefs appear to influence their religious practices, which influence their shared purpose, relational virtues, commitment to permanence, and willingness to forgive. For example, participants’ religious belief that they can speak to God through prayer seemed to influence their reliance on prayer as a means of resolving or overcoming marital conflict. As illustrated in Figure 1, religious beliefs and practices act as a safe container for marital conflict where it can be prevented, resolved or overcome.



**Figure # 1: The Influence Of Religiosity At Various Phases Of Marital Conflict**

The two lines that separate prevention, resolution, and reconciliation are dotted to represent the permeable nature of these artificially imposed divisions.



It has been observed that couples often expressed that their religious involvement had helped them to develop conflict-detering virtues (Rosen-Grandon et al., 2004).

One of the main themes identified by Dudley & Kosinski (1990) about the effects of religiosity on marriage was that religious participation helped couples more often “think of the needs of others, be more loving and forgiving, treat each other with respect, and resolve conflict” (p.82). Other researchers have also emphasized how virtues like selflessness are important to intimacy in marriage (e.g., Wallerstein & Blakeslee, 1995).

The literature suggests that the most salient variables associated with marital happiness are connected to the sharing of worship activities, such as attendance at religious services. Dudley & Kosinski (1990) found that church attendance was related to an increased ability to resolve conflict. Several religious communities strongly discourage divorce, sponsor marriage enrichment programmes, and offer pastoral counseling (McManus & McManus, 2003), which may partially explain why church attendance can help couples resolve conflict in marriage and thus show better stress management than those who do not attend church regularly.

Butler et al. (2002) found that prayer facilitated couple empathy, increased self-change focus, and encouraged couple responsibility for reconciliation and problem-solving. Indeed, research findings have generally concluded that there is a strong, positive relationship between religiosity and reduced marital conflict (Curtis & Ellison, 2002).

Holeman (2003) found that religious couples were motivated to be forgiving to others out of gratitude to God. Mahoney et al. (2003) have suggested that “religion offers couples theoretically grounded guidelines for methods to handle marital conflict when it erupts. It too had been observed that prayer promoted open communication in marriage (Lambert & Dollahite, 2006).

Mardhekar & Wadkar (2009) observed that housewives had lower self-confidence than working women. Housewives have limited opportunities for experience of mastery and work is not central to their self-definitive even if family relationships are crucial for their self-esteem, they may not bolster their self-confidence because these relationship are not egalitarian. The family roles of wife and mother are deemed as natural and hence do not call for any special pride or distinctiveness. In the Indian context, Markus & Kitmaya (1991) point out the self is perceived in terms of social relationship. Women are always associated with dependent status such as daughter and as a wife. It is observed that women in Indian families have low self-expectations and seldom consider their own individuality (Chodorow, 1995; Roy & Niranjana, 2002; and Kishore & Gupta, 2004). There are several studies stating the fact that most of the women population is still suppressed under the cultural norms and hence, it can be stated that with the exceptional few women, most of the women have low self-confidence.

Mahoney (2005) has discussed how religion can substantively influence the manifestation and resolution of conflict in marital and parent-child relationships. Religious systems of meaning are proposed to influence conflict by promoting which goals and values should be sought in family life and the appropriate means to achieve these ends. Conflict can be amplified or inhibited based on the extent to which family members differ, and agree about such religiously based parameters. Religion also offers families strategies that may facilitate or hinder the resolution of conflict after it erupts.

Many researchers remain enthusiastic about the intrinsic and extrinsic religiousness distinction. They are developing more complex and potentially fruitful theoretical frameworks (Gorsuch, 1988). One of the most promising is offered by Pargament and his associates (Pargament, 1990, 1996; and Pargament & Park, 1995). Rather than conceiving of religion as either a means or an end, as in the traditional intrinsic and extrinsic religiousness construction, Pargament (1992) proposes the

religion be conceived as “a general disposition to use particular means to attain particular ends in living”. A means and ends analysis of religion, he says, brings out aspects of the religious life that are overlooked in the literature dominated by the three religious orientations, including the social aspects that address the need for intimate association and the diverse feelings, beliefs, practices that are religion’s content. For such an approach Pargament (1992) has adopted the term coping as it is used in the clinical and social-psychological literatures. The coping model emphasized the constructive role that religion could play within the complex, ongoing processes by which people tried to comprehend and deal with the various personal and situational problems that come into their lives.

Religion may enter into the coping process in a variety of ways. The critical event may itself be religious, such as a conversion or mystical experience or some insight or realization from reading sacred scripture: or the event may be religiously framed, as in the case of an interpersonal experience within one’s congregation or a life, transition that is marketed by a religious ceremony.

Pargament (1990) notes that association with a religious tradition may multiply the number of available resources for coping but various traditional teachings and practices may also impose serious constraints.

In underscoring the complexity of the process of coping, Pargament’s (1990) theoretical framework offers a major challenge to other researchers on religion and mental health. Most researchers remain committed to the more subtle and broadly significant constructs, including the dimension of religiosity. Much of the research today on the mental health correlates of religion uses the Allport-Ross Religious Orientation Scale, with the expectation that the intrinsic scale will be positively associated with mental health and extrinsic scale will be negatively associated. Findings have tended to support these prediction. The intrinsic scale for example, has proved to be positively associated with life satisfaction (Zwingmann, 1991; and

Zwingmann et al., 1991), psychological adjustment (Watson et al., 1994), self-control and better personality functioning (Bergin et al., 1987), self-esteem (Nelson, 1990; and Ryan et al., 1993), an internal locus of control (Strickland & Shaffer, 1971; Kahoe, 1974a; Stewin, 1976; Jackson & Coursey, 1988; and Park et al., 1990), purpose in life scores (Bolt, 1975; and Crandall & Rasmussen, 1975), spiritual well-being (Mickley et al., 1992), adjustment and morale in the elderly (Koenig et al., 1988; Van Haitsma, 1986), but also proneness to guilt (Chau et al., 1990; and Richards, 1991). Negative association with the intrinsic scale have been found for anxiety and death anxiety in particular (Bergin et al., 1987; and Powell & Thorson, 1991), neuroticism (Chau et al., 1990), depression (Dorr, 1987, 1992; Nelson, 1989; and Genia, 1996), impulsivity (Robinson, 1990), and maladaptive narcissism (Watson et al., 1990). When correlation with the extrinsic scale are significant they tend to show the opposite pattern, such as positive correlation with anxiety (Bergin et al., 1987), depression (Genia & Shaw, 1991), and fear of death (Bolt, 1977; and Kraft et al., 1987), and negative one's with autonomy (Tisdale, 1966).

A belief in a higher power can also be a source of great comfort in times of stress. There are several ways that religious beliefs can affect the degree of stress people experience and the ability to cope with that stress (Hill & Butler, 1995; and Pargament, 1997).

Koenig & Larson (2001) reviewed over 850 studies and highlighted several positive associations between religiosity and health outcomes, particularly in the area of mental health. The authors concluded that those with higher level of religiosity had significantly lower rates of depression and anxiety.

One theoretical framework that attempts to provide clarity in understanding the relationship between religiousness and well-being is religious orientation (Fabricatore et al., 2004). For example, several authors (e.g., Gorsuch, 1988; and Maltby & Day, 2000) have suggested that religious orientation is related to

psychological well-being and is comprised of three primary orientations or approaches to religion. An intrinsic orientation is characterized by individuals with an internalized sense of religious faith that is evident in every aspect of life (Allport, 1966; and Allport & Ross, 1967). Extrinsic orientation is distinguished by the use of religion to provide participation in a powerful in-group (Genia & Shaw, 1991), to provide access to protection and social status (Allport & Ross, 1967), and to utilize as an ego defense mechanism (Kahoe & Meadow, 1981). Recent research (e.g., Maltby & Day, 2004) has suggested that an extrinsic orientation is comprised of two dimensions, extrinsic personal (protection consolation), and extrinsic – social (social status and social support). Finally, a quest orientation is characterized by an appreciation for existential doubt, paradox, and a rejection of simplistic explanations about the transcendent (Batson & Schoenrade, 1991a, 1991b; and Boyatzis & McConnell, 2006).

## **EDUCATION AND STRESS MANAGEMENT**

Education is one of the most critical determinants of success for both individuals and society. Individuals who are highly educated earn more, are healthier, and are more likely to contribute to civic organizations, whereas individuals with lower amount of education are more likely to commit crimes, suffer unemployment, default on loans, and be incarcerated (Sewell & Hauser, 1975; and Lochner & Moretti, 2004). As such, education is associated with economic growth and progress and is considered one of the main sources of prosperity for both individuals and nations (Marshall & Tucker, 1992; and Goldin & Katz, 2008).

Google dictionary has defined education as “The process of receiving or giving systematic instruction specially at school or university or the theory and practice of teaching. But education is actually much more than the definition. Infact by education mean the overall group development of a person. Education is not only the subjects people get in their academics but also many essential things in life like ethics, morals, responsibilities, manner, behaviour, relationships, respect, knowledge, and many other things in life, for example, how to set goals in life? How

to tackle problem in life? How to deal with people? How to work? How to accept things in life? How to handle pressures, failures, and planning the success etc.?

Education is one of the basic activity in all human society. Etymologically, the word "education" is derived from the Latin *ēducātiō* ("A breeding, a bringing up, a rearing") from *ēducō* ("I educate, I train") which is related to the homonym *ēducō* ("I lead forth, I take out; I raise up, I erect") from *ē-* ("from, out of") and *dūcō* ("I lead, I conduct").

Education in its general sense is a form of learning in which the knowledge, skills, and habits of a group of people are transferred from one generation to the next through teaching, training or research. Education frequently takes place under the guidance of others, but may also be autodidactic (Dewey, 1916/1944). Any experience that has a formative effect on the way one thinks, feels or acts may be considered educational. Education is commonly divided into stages such as preschool, primary school, secondary school and then college, university or apprenticeship.

In most countries today, education is compulsory for all children up to a certain age. Due to this the proliferation of compulsory education, combined with population growth, UNESCO has calculated that in the next 30 years more people will receive formal education than in all of human history thus far.

In the early years of schooling, the focus is generally around developing basic interpersonal communication and literacy skills in order to further ability to learn more complex skills and subjects. After acquiring these basic abilities, education is commonly focused towards individuals gaining necessary knowledge and skills to improve ability to create value and a livelihood for themselves. Satisfying personal curiosities (education for the sake of itself) and desire for personal development, to "better oneself" without career based reasons for doing so are also common reasons why people pursue education and use schools.

Education is often understood to be a means of overcoming handicaps, achieving greater equality and acquiring wealth and status for all (Sargent, 1994). Learners can also be motivated by their interest in the subject area or specific skill they are trying to learn. Learner-responsibility education models are driven by the interest of the learner in the topic to be studied.

Education is often perceived as a place where children can develop according to their unique needs and potentialities with the purpose of developing every individual to their full potential.

In most contemporary educational systems of the world, secondary education comprises the formal education that occurs during adolescence. It is characterized by transition from the typically compulsory, comprehensive primary education for minors, to the optional, selective tertiary, "post-secondary", or "higher" education (e.g. university, vocational school) for adults. Depending on the system, schools for this period, or a part of it, may be called secondary or high schools, gymnasiums, lyceums, middle schools, colleges, or vocational schools. The exact meaning of any of these terms varies from one system to another. The exact boundary between primary and secondary education also varies from country to country and even within them, but is generally around the seventh to the tenth year of schooling. Secondary education occurs mainly during the teenage years.

Higher education, also called tertiary, third stage, or post secondary education, is the non-compulsory educational level that follows the completion of a school providing a secondary education, such as a high school or secondary school. Tertiary education is normally taken to include undergraduate and postgraduate education, as well as vocational education and training. Colleges and universities are the main institutions that provide tertiary education. Collectively, these are sometimes known as tertiary institutions. Tertiary education generally results in the receipt of certificates, diplomas, or academic degrees.

Higher education generally involves work towards a degree-level or foundation degree qualification. In most developed countries a high proportion of the population (up to 50%) now enter higher education at some time in their lives. Higher education is therefore very important to national economies, both as a significant industry in its own right, and as a source of trained and educated personnel for the rest of the economy.

University education includes teaching, research and social services activities and it includes both the *undergraduate* level (sometimes referred to as tertiary education) and the *graduate (or postgraduate)* level (sometimes referred to as graduate school).

Education is both foundation and unifying force of our democratic way of life. It is the mainspring of our economic and social progress. It is the highest expression of achievement in our society, and enriching human life. At the same time it is the most profitable investment society can make and richest reward, it can confirm (Kennedy, 1962).

A society with democratic ideas attempts continuously to improve its programme and agencies for serving the common welfare of all citizens. It attempts to insure these improvements chiefly by establishing schools through which the socially acceptable interests and needs that each youth feels may be discovered and cultivated. It seeks through education to develop in each young citizen a strong feeling of need and responsibility for contributing his special abilities and understanding to the cooperative development of better solutions to the increasingly complex problems of modern living.

Education also affects many non-economic aspects of education in an women's whole life. It increases her contribution to family life by expanding her understanding, interest, values and family goals.



The benefits from education are thought to be attributable to gains in knowledge and skills. Borrowing from the economic literature, these skills are used in the labour market and life to garner better and higher paying occupations, stability in one's life and access to health care (Heckman, 2007). Education, traditionally, is thought to lead to the accrual of information that can be applied to problems, while also contributing to independent thinking. In psychological terms, educational experiences are thought to impact cognitive skills, such as critical reasoning and crystallized intelligence (Rutter, 1983).

One idea that has not been given much attention is that schooling experiences also change non-cognitive factors, such as personality traits (Heckman, 2007). Recent findings from the Perry Preschool Project provide an example of this possibility (Heckman et al., 2010). The Perry Preschool Project intervention program was intended to promote cognitive skill development in at-risk children. While the intervention had little long-term effect on academic or cognitive skills, intervention participants outperformed non-participants on a number of important life outcomes, such as employment and low criminal behaviour – suggesting that the benefits of the Perry Preschool Project were associated with personality factors, rather than cognitive abilities. Thus, psychological factors other than cognitive ability, such as personality traits, are potentially influenced by experiences within an education context.

In the terms of sheer time and resources, education can be considered one of the longest and most intense efforts created by societies to change psychological functioning. Moreover, since the educational system is in place to provide skills and abilities to navigate the world, school experiences should influence the development of personality. In fact, one of the main emphasis of education during the middle of the 19<sup>th</sup> century was the development of “character” and a “mature personality” (DeRaad & Schouwenburg, 1986).

Late adolescence and early adulthood is the time when personality traits tend to change the most. Specifically, individuals tend to increase in the personality traits of social dominance (a facet of extraversion), conscientiousness, agreeableness, emotional stability, and openness (Robins et al., 2001; Roberts et al., 2006; and Donnellan et al., 2007). The most salient environment during this time period, the educational environment, is thus likely to contribute to these changes in personality.

A natural outcome of this positive impact of education on personality and other infrastructural privileges is that education equips a person to be better adjusted and more stress tolerant. Educated housewives have specially advantage to to have exposure of outside world and opportunities for self-enhancement and thus higher self-esteem, which in turn can be expected to play a key role in stress management of housewives.

## **LENGTH OF MARITAL LIFE AND STRESS MANAGEMENT**

According to Marini (1978) early marital life is a period of adjustment to new patterns of life and new social expectations. The young adult is expected to play new roles. Such as that of spouse, parent, and breadwinner, and to develop new attitude, interests, and values in keeping with these new roles. These adjustments make early marital life a distinctive period in the life span and also a difficult one.

Marriage is an institution which admits men and women to family life. For the majority of young people, the quest for intimacy leads to marriage. Their life course takes shape within the family life cycle – a sequence of phases that characterizes the development of most families around the world. In early adulthood, people typically live on their own marry, and bear and rear children. As they become middle aged and their children leave home, their parenting responsibilities diminish. Late adulthood brings retirement, growing old, and death of one's spouse (mostly for women) (McGoldrick et al., 1993; and Framo, 1994).

Marital satisfaction is a mental state that reflects the perceived benefits and costs of marriage to a particular person. The more costs a marriage partner inflicts on a person, the less satisfied one generally is with the marriage partner. Similarly, the greater the perceived benefits are, the more satisfied one is with the marriage and with the marriage partner. Some factors related to marital satisfaction for example, are family background, age of marriage, length of courtship, timing of pregnancy, relationship to extended family, marital patterns in extended family, financial and employment status, personality characteristics etc.

Age of marriage is the most consistent predictor of marital stability. Young people who marry in their teens and early twenties are far more likely to divorce than those who marry at older ages (Heaton, 2002). Those who marry early may be running away from their own family or seeking the family they never had. Most have not developed a secure enough identity or sufficient independence for a mature marital bond.

In 1950, 78 percent of North American married couples were parents. Today 70 percent bear children, and they tend to have their first child at a later age. The choice of parenthood is affected by a complex array of factors, including financial circumstances, personal, religious values, and health conditions. Women with traditional gender identities usually decide to have children.

Most young adults are also aware that having children means years of extra burdens and responsibilities. When asked about the disadvantage of parenthood, they mention “loss of freedom” most often, followed by financial strain. Indeed the cost of child rearing is a major factor in modern family planning.

Greater freedom to choose whether and when to have children is more challenging today than in the past. The early weeks after baby enters the family are full as profound changes, disrupted sleep schedules, new care giving, and household tasks, less time for couples to devote to each other, and added financial

responsibilities. In addition the roles of husband and wife often become more traditional, even for couples like Sharese and Ernie who are strongly committed to gender equality and were used to sharing household tasks (Huston & Vangelisti, 1995; and Cowan & Cowan, 1997).

For most new parents however, the arrival of a baby does not cause significant marital strain. In contrast, troubled marriages usually become more distressed after a baby is born. In a study of newlyweds who were interviewed annually for 6 years, the husband's affection, expression of we-ness (values and goals similar to his wife's) and awareness of his wife's daily life predicted others' stable or increasing marital satisfaction after childbirth. In contrast, the husband's negativity and the couple's out of control conflict predicted a drop in mother's satisfaction (Shapiro et al., 2000).

There are a number of criteria's that contribute to marital adjustment. The first is the timing of parenthood. The first child arrives within the first year of marriage, before the young couple has had time to learn to adjust to, one another or to put their finances in a reasonably satisfactory condition. There is likely to be stress and tension.

The second factor is attaining a stable financial condition. If young people can have home and status symbols they want, though joint earnings they will be far better adjusted to marriage than they would be if, due to parenthood, they had to live on the husband's earning alone and deprive themselves of many of the things. Many young people, as was pointed out earlier have unrealistic concepts of what it costs to live. As a result, their expectations about their financial ability to have what they regard as essential to happiness are likewise unrealistic. When faced with financial reality, they often find marital adjustment difficult.

The third condition is unrealistic expectations about marriage. Young people are unaware of the problems and responsibilities marriage will bring.

The last condition is in-law relationships. Favourable in-law relationships are important to marital adjustment at any time but especially so in the early years of marriage and when parents are learning to adjust to the 'empty nest' stage of their own marriage which comes with the marriage of their children.

Miller (1976) has suggested a theoretical model of variables to assess marital satisfaction. Miller (1976) showed that some of the conditions (amount of anticipatory socialization, ease of family role transitions, length of marriage, number of children, amount of companionship, family socio-economic status) contribute to marital satisfaction that can be used to assess the degree of satisfaction achieved.

Late marital age is considered to extend from age forty to age sixty. Middle age is a long period in the life span, it is customarily sub-divided into early middle age, which extends from age forty to age fifty, and advanced middle age, which extends from age fifty to age sixty. During advanced middle age, physical and psychological changes that first begin during the early forties become far more apparent.

Late marital age is a time of radical adjustment to changes in roles and patterns of life, especially when accompanied by physical changes always tend to disrupt the individual and psychological homeostasis and lead to a period of stress. According to McClelland (1976), late marital age is a time when a number of major adjustments must be made in the home, business, and social aspects of their lives.

Marmor (1967) has divided the common sources of stress during late marital life that lead to disequilibrium into four major categories.

1. **Somatic stress**, which is due to physical evidences of aging.
2. **Cultural stress** stemming from the high value placed on youth vigor, and success by the cultural group.

3. **Economic stress**, resulting from the financial burden of educating children and providing status symbols for all family members.
4. **Psychological stress**, which may be the result of the death of a spouse, the departure of children from the home, boredom with marriage, or a sense of lost youth and approaching death.

Many challenging tasks of early marital life make it a particularly stressful time of life. Young adults more often report feeling of depression than middle aged people, many of whom have attained vocational success and financial security and are enjoying more free time as parenting responsibilities decline (Wade & Cairney, 1997; and Schieman et al., 2001). Also, late marital life housewives are better than early marital life housewives at coping with stress because of their longer life experience and greater sense of personal control over their lives. They are more likely to engage in effective problem-solving when stressful conditions can be changed and to manage negative emotion when nothing can be done about an unpleasant situation (Lazarus, 1991).

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***CHAPTER 2***

*REVIEW OF LITERATURE*

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## CHAPTER – TWO

# REVIEW OF LITERATURE

The review of scientific findings in every field of investigation shows significance of problems undertaken for the study. It is helpful in focusing the appropriation of methodology, procedure, and analysis of data collected. The present research deals with three important factors expected to play their key role in stress management ability of housewives. These are: religiosity, education, and length of marital life.

### RELIGIOSITY AND STRESS MANAGEMENT

Religiosity means faith in a power beyond oneself whereby one seeks to satisfy emotional need and gain stability of life, and which one expresses in acts of worship and service. Many adults find that religion is associated with better mental health and greater satisfaction with life.

Early social scientists such as Freud were convinced that mentally ill persons acted out their pathology in strange religious actions or else turn to religion for comfort. The bizarre behaviour of mystics, religious fanatics, and strange cults was used as evidence that religion was closely related to mental illness. Following this tradition, some researchers, clinicians, and therapists have concluded that religion is an experience of mental illness and irrationality (Ellis, 1980). Stark (1971) reviewed the early research supporting this hypothesis and found that most studies had serious methodological flaws. He tested the relationship between mental health and religion by comparing 100 patients in the San Mateo County Outpatient Mental Health Clinic. Three different measures of mental illness were assessed and all revealed the patients were less religious than the general population. He concluded that conventional religiousness is not a product of psychopathology. Indeed, psychopathology seems to impede the manifestation of conventional religious beliefs and activities".



Hawkins (1969), Le Shan (1973), and Sheehy (1976) found that on the whole adults were less worried by religious questions, less dogmatic in their beliefs, less sure that there was only one true religion, and more skeptical about the devil and hell and about miracles than college students. They had sound reasons to believe that religiosity level of a person affect his/her stress management capacity.

Shaver et al. (1980) analyzed data obtained from the readers of *Redbook* magazine. The data were collected in the fall of 1976 by inserting the questionnaire in the September issue. Over 65,000 women responded, and Shaver et al. (1980) drew a random sample of 2,500. They found that the relationship between religion and mental illness symptoms was curvilinear. Those women who were either strongly religious or strongly irreligious were more mentally healthy and happy than those in between. The authors concluded that certainty of belief, either religious or irreligious, was related to stronger mental health. These interesting results were explained using cognitive dissonance theory, which holds that consistency and confidence of belief, regardless of its specific nature, is associated with health and happiness and with the absence of tension and conflict.

Bergin (1983) conducted meta-analysis of 24 relevant studies with conflicting findings to ascertain any overall relationships. Thirty effects were tabulated in the 24 studies and only seven (23 percent) manifested a negative relationship between religion and mental health. Fourteen (47 percent) produced a positive relationship, while nine (30 percent) showed no relationship. Bergin (1983) concluded that the meta-analysis found "no support for the preconception that religiousness is necessarily correlated with psychopathology". He suggested that part of the inconsistency in the relationship between religion and mental health is the complexity of religiosity. He suggested that future research should separate the major dimensions of religiosity.

Part of a large replication of the classic Middletown community study was an examination of attitudes and behaviours of high school students (Bahr & Martin,

1983). Scores on two measures of religiosity (denominational affiliation and church attendance) and the Rosenberg Self-Esteem Scale were collected from 1673 high school students. It was found that religiosity and self-esteem were not related.

A study of particular interest focused on depression among the women who were members of The Church of Jesus Christ of Latter-day Saints (LDS) (Spendlove et al., 1984). A random sample of approximately 180 white, married women with at least one child under the age of 15 years were interviewed by telephone. Depression was measured using the Beck Depression Inventory. The LDS and non-LDS women had almost identical rates of depression, 23.8 versus 22.2 percent, respectively. In addition, several measures of religiosity were not related to depression in LDS women.

MMPI profiles of members of five different religious affiliations, including LDS, were compared by Judd (1986). Secondary analysis was conducted with data obtained in previous studies. The scores for men and women belonging to Catholic, Protestant, Jewish, and LDS denominations, along with those claiming no religion, revealed that the MMPI profiles from the five groups were quite similar and "indicated no extreme difference as to the presence or absence of mental pathology".

Crawford et al. (1989) used a small sample to obtain information from 90 men and 136 women across the United States. The respondents belonged to various denominations and had a wide range of religious activity. Of interest in this study is the finding that highly religious women were significantly less distressed and manifested better psychological adjustment than the less religious.

The relationship between religion and mental health was reviewed in a recent discussion by Bergin (1991). One of the studies he reviewed was one he conducted with LDS students at Brigham Young University. It was a longitudinal study of the interaction between religion and personality development of 60 former students. Bergin (1991) found that for "many" of the individuals, religious activity and beliefs were therapeutic while for "some" religion was part of a self-defeating pattern. He

resolved this inconsistency, as he did earlier, by pointing out that religiosity is a multidimensional phenomenon with divergent consequences.

The finding was however, similar to the majority of the literature on religious orientation, where many studies had found evidence that religious orientation was reliably associated with mental health (Donahue, 1985; and Pargament, 1997; Koenig et al., 1998; McCullough et al., 2000, and Smith et al., 2003). In addition, another research had found that those who were intrinsically religiously orientated appeared to perceive themselves as having less stress, than those who lacked this quality (Pollard & Bates, 2004).

Matthews et al. (1998) found that the empirical literature from epidemiological and clinical studies regarding the relationship between religious factors (e.g., frequency of religious attendance, private religious beliefs and relying on one's religious beliefs as a source of strength and coping) and physical and mental health status in areas of prevention, coping, and recovery was reviewed. The studies suggested that religious commitment might play a beneficial role in preventing mental and physical illness, improving how people cope with mental and physical illness, and facilitating recovery from illness. Thus, the conclusions of the studies conducted were in favour of expected outcome of positive relation between religiosity and stress management.

Maltby (1999) examined the relationship between public aspect of religiosity and obsessional symptoms among nonclinical samples. The study examined the relationship between frequency of church attendance and obsessional symptoms with particular reference in making the distinction between those individuals who showed the highest levels of public ritual and those individuals who did not. Results showed that subjects attending church at least once a week scored significantly higher on a measure of obsessional symptoms than subjects attending church less frequently or not at all.

Social and behavioural scientists have long assumed a buffering role of religious involvement in contributing to positive well-being and a self-perceived quality of life (Thoresen, 1999; and Thoresen & Harris, 2002).

Koenig (2000) concentrated on relation between religious beliefs and illness and its application in clinical medicine. Around 850 studies have examined the relationship between religious involvement and various aspects of mental health. Between two thirds and three quarters have found that people experience better mental health and adapt more successfully to stress if they are religious. An additional 350 studies have examined religious involvement and health. The majority have found that religious people are physically healthier, lead healthier lifestyles, and require fewer health services. Taking this in consideration physicians were suggested to respect and acknowledge the spiritual beliefs of patients and always keep the interventions patient centered. Thus, this study also goes in favour of a positive relation between good health and religiosity.

Ellison et al. (2001) have documented a positive relationship between religious participation and life satisfaction, improved physical health, and increase in overall subjective well-being. Relevant hypotheses were then tested using data from the 1995 Detroit Area study. The frequency of Church attendance bears a positive association with well-being and an inverse association with distress. The net effects of these religious variables were not mediated by the risk of social stressors or by access to social or psychological resources. Other religious variables including measures of church based social support were unrelated to stress or well being, and there was limited evidence of stress buffering effects, but not stress exacerbating effects of religious involvement.

In the study (Rogers et al., 2002), 379 individuals with persistent mental illness who attended 1 of 13 Los Angeles County Mental Health facilities completed a survey consisting of a demographic questionnaire and an adapted version of the Religious

Coping Index. More than 81% of the participants reported, using religious beliefs or activities to cope, 65% perceived religion as effective, and the majority devoted up to 50% of their total coping time to religion. Participants with more severe symptomatology were more likely to engage in specific religious coping strategies than those with less severe symptoms. These findings suggest that religion may serve as an important coping mechanism for those with persistent mental illness and that such coping could be appropriately incorporated into the treatment and research afforded by mental health professionals.

Analysis of data (Nooney, 2003) revealed that religious effects on adolescent's mental health were complex. While religiosity appeared to prevent the occurrence of stressors or buffer their impact, some support was found for the hypothesis that mental health could be restored by enhancing social and psychological resources.

One study by O'Connor et al. (2003) was intended to investigate the relationship between religiosity, stress, and psychological distress. One hundred and seventy seven undergraduate students (aged 17-44 years) completed the Francis Scale of Attitude Toward Christianity (FSAC), the Stress Arousal Checklist, the General Health Questionnaire (GHQ-30) and Multi-dimensional Scale of perceived Social Support. No association was found between scores on the FSAC, the measure of stress, social support or the GHQ-30. Stress and social support were the only variables significantly associated with scores on the GHQ-30. The results of this study provided evidence, among an undergraduate sample, that religiosity was not associated with psychological distress.

Eliassen et al. (2005) found higher level of depression among the moderately religious than among either very religious or nonreligious respondents. Interestingly, when observations were made within gender, this relationship applied only to females. Controlling for socio-economic status and social support largely accounted for the link between religiosity and depression. However, controlling for stress

exposure revealed as significant. It was interpreted that while established patterns of religious coping can routinely mitigate distress, heightened stress exposure might elicit increased prayer among the less religious.

In a study by Park (2005), 169 bereaved college students were presented to illustrate some of the pathways through which religious meaning can influence the coping process in making meaning following loss. Findings indicated that associations between religion and adjustment varied across time since loss, and that these associations were mediated by meaning-making coping.

Salsman & Carlson (2005) identified significant relationship between each of the religiousness measures and the SCL-90-R sub-scales and analyzed the relative contribution of each of the religiousness measures in predicting psychological distress with hierarchical multiple regression. The Faith Maturity Scale was particularly robust predictor of positive and negative psychological adjustment.

In a study (Lewis & Joseph, 1996), 150 Northern Irish University undergraduate students completed the Francis Scale of Attitude towards Christianity, the Satisfaction with Life Scale, and a single-item measure of frequency of church attendance. No significant association was found between scores on the Francis Scale of Attitude towards Christianity and scores on the Satisfaction with Life Scale ( $r = .05$ ) or between frequency of church attendance and scores on the Satisfaction with Life Scale ( $r = .00$ ). These data provide no evidence that, among a sample of Northern Irish University undergraduate students, those with a more positive attitude towards Christianity or a greater frequency of church attendance, are more satisfied with life. However, findings of Levav et al. (2008), suggested that people who were religious were more protected from stress than the non-religious. For example, inhabitants of Gaza and the West Bank who lived with ongoing terrorist threats were much less likely to become demoralized if they were active in their religious community.

Lim & Putnam (2010) found that religious people were more satisfied with their lives because they regularly attended religious services and build social networks in their congregations. The effect of within congregation friendship contingent, however, on the presence of a strong religious identity, little evidence was found that other private or subjective aspects of religiosity affected life satisfaction independent of attendance and congregational friendship.

Baqutayan (2011) investigated the effectiveness of religious orientation in managing stress among students. The result contradicted the notion that religious orientation was associated with psychological distress as proposed by Seybold & Hill (2001). The proposition linked religion or spirituality to mental and physical health status. The data also failed to provide evidence on the notion that religiosity buffers the impact of stress and strain on psychological distress among students. Maltby et al. (1999) suggested that the cope mechanism moderating the relationship between religiosity and psychological well-being depended on personal religious practice. For example, there was evidence that Church attendance buffered against suicide (O'Connor & Sheehy, 2000).

In recent decades, research on the association between volunteering and health has increased; and, findings have generally shown that volunteering has a number of beneficial mental and physical health effects, particularly for middle- and older aged adults (Wilson, 2000, 2012; and Konrath & Brown, 2012). Indeed, studies have consistently shown that volunteers in mid- to later- life tend to report fewer symptoms of depression (e.g., Musick & Wilson, 2003; Li & Ferraro, 2005; Lum & Lightfoot, 2005; Glass et al., 2006; Borgonovi, 2008; and Kim & Pai, 2010), increased life satisfaction (van Willigen, 2000), and better functional ability and everyday well-being (Thoits & Hewitt, 2001; Greenfield & Marks, 2004; and Piliavin & Siegl, 2007). In addition to these beneficial mental and physical health effects, there has even been evidence to suggest that volunteering may contribute to a decreased risk of mortality (Oman et al., 1999; Luoh & Herzog, 2002; and Konrath et al., 2011).

A number of studies have begun to explore potential mechanisms linking volunteering to better health outcomes, and have explained the relationship in terms of the presence (or, absence) of various psychosocial factors. For instance, some studies have suggested that the well-being benefits derived from volunteering are likely to occur as a result of reduced stress and “augmented psychological resources” (Wilson, 2012). Indeed, several studies have shown that volunteering is associated with an increased ability to cope with stress and stress-related events (Musick & Wilson, 2003; and Borgonovi, 2008), particularly in mid-to-later life when shifting roles can result in a loss of identity and self-esteem (Greenfield & Marks, 2004). Li & Ferraro (2005), for instance, found that older adults who volunteered reported fewer symptoms of depression than those who did not volunteer, and several researchers have found that volunteering in mid-to later-life increases volunteers’ self-esteem, perceptions of personal control, sense of purpose in life, and feelings of self-efficacy (e.g., Thoits & Hewitt, 2001; Morrow-Howell et al., 2003; and Piliavin & Siegl, 2007) – all of which have been linked to more positive health outcomes.

Other studies have suggested that volunteering may contribute to better health outcomes by integrating individuals into a social environment whereby they have access to more (or even better) forms of social support (Musick & Wilson, 2003). Volunteer work, for instance, has consistently been shown to increase social network connections and to reduce social isolation (Moen et al., 1992; and Midlarsky & Kahana, 1994); and being less socially isolated has long been linked to lower levels of depression and other positive mental health outcomes (House et al., 1988; Lin et al., 1999; and Cacioppo et al., 2010), particularly in mid-to later-life.

In addition to studies attempting to understand the mechanisms through which volunteering affects health, scholars have also begun to examine whether there are differential health effects of volunteering by exploring potential moderating influences. Some of these studies have found that individuals who have *fewer* social resources tend to reap the greatest health benefits from volunteering



(Musick et al., 1999; Piliavin & Siegl, 2007; and Morrow-Howell et al., 2009), while other studies have found the opposite to be true: that is, the *more* social resources individuals have, the greater the associated health benefits they derive from participating in volunteer activities. On the one hand, for instance, Greenfield & Marks (2004) found that older adults who experienced greater role losses in later life (e.g., spousal, employment, parental) benefited more from volunteering than those who experienced fewer role losses in later life. On the other hand, however, Harris & Thoresen (2005) found that older adult volunteers who were more integrated into their social environments had a greater reduction in mortality risk than those who were less socially integrated. Similarly, Oman et al. (1999) found that the protective health effects of volunteering were greatest among older adult volunteers who had stronger social ties. Despite the conflicting nature of these findings regarding the role of social resources in the volunteering and well-being relationship, it is clear that at least for some individuals, volunteering can result in more beneficial health outcomes than for others. What is less clear, though, is the extent to which religiosity, one of the most influential socio-cultural factors motivating voluntary participation, moderates this relationship.

Scholars have long acknowledged that service to others is a central tenet of most religious faiths, and that religious settings are the most fertile settings for voluntary participation (Musick & Wilson, 2003; Bureau of Labor Statistics, 2011; and Wilson, 2012). As a result, studies of volunteering and well-being have typically included frequency of attendance at religious services as a control variable in order to test whether volunteering is merely an added benefit of being associated with a religious group (e.g., Oman et al., 1999; van Willigen, 2000; Harris & Thoresen, 2005; and Li & Ferraro, 2005). Li & Ferraro (2005) examined the relationship between volunteering and depression in later life and found that church attendance was associated with a decreased risk of depression; and, van Willigen (2000) examined the differential health benefits of volunteering across the

life course and found that the relationship between volunteering and self-perceived health increased when religious service attendance was included into the analysis. The few studies that have examined the moderating influence of religious service attendance on the volunteering and well-being relationship have not produced entirely consistent results. For example, Harris & Thoresen (2005) found dramatically different effects of volunteering on mortality risk between religious service attenders and non-attenders; and, Oman et al. (1999) found that volunteering was more protective for individuals who attended religious services more frequently than for those who did not. Ayalon (2008), however, found no moderating effect of religious service attendance on the relationship between volunteering and mortality among older adults in Israel.

McDougle et al. (2013) examined whether and what extent public and private forms of religiosity act as moderators of the volunteering and well-being relationship in mid- to later life. They used data from the second wave of the National Survey of Midlife Development in the United States (n = 1,805). They analyzed the relationships between volunteering and indicators of well-being (self-rated physical and mental health), and tested the moderating effects of public and private religiosity on the volunteering and well-being relationship. Findings suggested that salubrious effects of volunteering on the self-perceived physical and mental health of middle-aged and older-aged adults varied by their participation in different forms of religiosity. In particular, volunteers who engaged in more public forms of religiosity reported significantly better physical and mental health than non-volunteers who engaged in these forms of religiosity. In other words, individuals who are actively engaged in public forms of religious practices and who volunteered, maximized the associated health benefits. Earlier also, it had been observed that volunteering for religious organizations provided adults in later life with a greater sense of meaning and purpose (e.g., Thoits & Hewitt, 2001; Morrow-Howell et al., 2003; and Piliavin & Siegl, 2007).

## **EDUCATION AND STRESS MANAGEMENT**

Education is an enterprising activity, carving the society from the ancient times. It attempts to develop the personality of an individual and then prepares him for membership in a society. Education is the modification of behaviour of an individual for a healthy social adjustment in the society. Education is another vital factor considered in relation to stress management in the present research. Education as such equips a person with the techniques of stress management. Educated people are believed to adopt better stress coping strategies than uneducated people.

Meile et al. (1976) observed no significant difference in mental disorder among women with high school or higher educational attainment. These findings suggest the advisability of refining current marital role explanations for mental disorder among women. This is confirmed by Veroff & Feld (1970) who found that for highly educated wives, being a parent is more gratifying than being a spouse, while the association is reversed for the less educated wives.

Ross & Willigen (1997) observed that education improved well-being because it increased access to non-alienated paid work and economic resources that increased the sense of control overall life, as well as access to stable social relationships, especially marriage, that increased social support. They examined the relationship between education and a variety of indicators of subjective quality of life-depression, anxiety, anger, aches, and pains, malaise, and dissatisfaction. They observed that education reduced distress largely by way of paid work, non-alienated work, and economic resources which were associated with high personal control; but the extent to which it reduced distress by way of marriage and social support was much more modest.

Iqbal et al. (2004) conducted study on anxiety in non-working women with reference to their education, family system, and number of children. It was observed that majority of nonworking women, who presented with anxiety were having less than 10 years of education.

Hashmi et al. (2007) conducted a research aimed at exploring the relationship between marital adjustment, stress, and depression. Sample of the study consisted of 150 non-working and working married women. Their age range lied between 18 to 50 years. Dyadic Adjustment Scale (2000), Stress Scale (1991) and Beck Depression Inventory (1996) were used. Results illustrated significant high relationship between marital adjustment, stress, and depression. The results also indicated that highly educated women performed well in their married life and they were free from depression as compared to less educated women.

Rani & Sarda Devi (2007) conducted interview schedule on 50 working and 50 nonworking women for satisfaction with life. The results revealed that there was no significant difference among the educational levels with regard to the role of stress of women. The women belonging to different educational levels had similar levels of role stress. This might be due to the fact that most of the working and nonworking women had similar educational qualifications and similar family background.

Mardhekar & Wadkar (2009) demonstrated that education had positive effect on self-confidence among women. Studies on education of women in African countries had revealed that education was beneficial not only in terms of economic returns but had exposed women to new values which emphasized independence, self-reliance, and social mobility (Oppong & Abu, 1987; Doodoo, 1992; and Hadden & Bruce, 1996).

Soomro et al. (2013) conducted a survey study. Fifty educated females were randomly selected, out of them 25 were working as health professional at Institute of Physical Medicine & Rehabilitation-Dow University of Health sciences, while 25 were housewives who were educated enough but not allowed to work. Rosenberg Self-esteem Scale (RSE) by Rosenberg (1965) was used to measure the level of self-esteem. It was hypothesized that educated housewives suffer from low self-esteem. Descriptive statistics (Percentage and frequencies) were used to find out the differences in the level of self-esteem of working women and housewives. Results

showed that 36% of housewives were suffering from low self-esteem while only 4% of working women fall in this category. Result showed that educated housewives were suffering more from low self-esteem as compared to working women.

Akram & Khuwaja (2014) observed positive correlation between education level of the women and their stress management ability.

## **LENGTH OF MARITAL LIFE AND STRESS MANAGEMENT**

Marriage is the baseline critical life event (Holmes & Rahe, 1967). Establishing a satisfactory relationship with a member of the opposite sex is crucial to development. Several factors have been identified as being influential in the quality of marriage and its stability. Length of marital life is an indicator, how successfully the couples have been living together and managing their stresses of marital life.

Cohen & Wills (1985) examined whether the positive association between social support and well-being was attributable to an overall beneficial effect of support (main or direct effect model) or to a process of support protecting persons from potentially adverse effects of stressful events. It was concluded that there was evidence consistent with both the models. Both conceptualizations of social support were correct in some respects, but each represented a different process through which social support might affect well-being. Thus, it was concluded that social support prevented people from adverse effects of stress as well as an overall beneficial effect of support.

In a study by Broman (2002) data from a national sample of the American population were used. He observed that people who were younger were more likely to think of getting a divorce. Thinking of getting a divorce was significantly related to actually getting one, or being separated three years later; however, about 90% of those who thought about getting a divorce did not so. Those who stayed married reported significantly greater satisfaction with their marriage than those who ended up divorced.

Mardhekar & Wadker (2009) found that that women from range 16-26 years of marriage were more frustrated than women falling in range of 5-15 years of marriage. This finding was explained in terms of the changing family roles with respect to years of marriage of women. The aspect of growing age also considered important. Women's life begins to change after children have left home and become independent. It is observed that as the children grow up and become independent the housewives find their major tasks diminishing.

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***CHAPTER 3***

***STATEMENT OF PROBLEM***

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## CHAPTER – THREE

# STATEMENT OF PROBLEM

This chapter deals with objectives of the present research. Accordingly, the problems under taken and relevant hypotheses are described here below.

### **A. INDEPENDENT ROLE/EFFECT**

#### **PROBLEM A (1)**

The first problem of the present research is whether religiosity level of housewives plays any role in their stress management ability? More specifically, the problem is whether high, moderate, and low religious housewives differ in respect of their stress management ability?

#### **HYPOTHESIS (A-i)**

It has been observed that religiosity develops a buffer system which helps an individual to deal with life stressor effectively. Hence, it has been hypothesized that high religious housewives would show higher stress management ability than moderate and low religious housewives, and low religious housewives would be the poorest in this regard.

#### **PROBLEM A (2)**

The second problem of the present research pertains to effect of education level of housewives on their stress management ability. In other words, the problem is whether stress management ability of housewives differs due to their educational level?

#### **HYPOTHESIS (A-ii)**

Education brings in positive changes in human's personality which help him deal with daily life stressors effectively. Hence, it has been hypothesized that housewives who are graduate would exhibit higher stress management ability than those who are educated only up to 12<sup>th</sup> standard.



### **PROBLEM A (3)**

Third problem of the present research is whether length of marital life exerts any effect on stress management of housewives?

#### **HYPOTHESIS (A-iii)**

With increase in length of marital life, the couple develop a sound relationship and understanding with each other along with a greater tolerance of family responsibilities. Hence, it has been hypothesized that housewives with greater length of marital life (11-20 years) would exhibit higher stress management ability than those with shorter length of marital life (0-10 years).

### **B. INTERACTION EFFECT**

#### **PROBLEM B(1)**

The fourth problem of the present research pertains to interaction effect of religiosity and education level of housewives on their stress management ability. More specifically, the problem is whether high, moderate, and low religious housewives vary in respect of their stress management due to their differential education level i.e., high or low or vice versa? In other words, the problem is whether the six sub-groups formed on joint basis of religiosity and education level i.e., (i) high religious – low educated (up to 12<sup>th</sup>), (ii) high religious – high educated (graduates), (iii) moderate religious – low educated (up to 12<sup>th</sup>), (iv) moderate religious – high educated (graduate), (v) low religious – low educated (up to 12<sup>th</sup>), and (vi) low religious – high educated (graduate), differ in respect of their stress management ability?

#### **HYPOTHESIS (B-i)**

It has already been assumed that high religious and high educated housewives would excel their counterparts in respect of their stress management ability. In reference to interaction effect of these two factors, it is expected that high religious

and high educated housewives would be the best stress manager while low religious and low educated housewives would be the poorest stress managers. The other four sub-groups would stand in between the two extreme groups in the same regard. More specifically, it is hypothesized that the difference among three religious groups of housewives in respect of their stress management ability would vary truly because of their differential education level (low and high). In other words, it is expected that the six sub-groups formed on joint basis of religiosity and education level would vary truly in respect of their stress management ability.

## **PROBLEM B(2)**

The fifth problem of the present research pertains to interaction effect of religiosity and length of marital life on stress management ability of housewives. More specifically, the problem is whether high, moderate, and low religious housewives vary in regard to their stress management ability due to their differential length of marital life? In other words the problem is whether six sub-groups formed on joint basis of religiosity and length of marital life i.e., high religious – shorter length of marital life (0-10 years), high religious – longer length of marital life (11-20 years), moderate religious – shorter length of marital life (0-10 years), moderate religious – longer length of marital life (11-20 years), low religious – shorter length of marital life (0-10 years), and low religious – longer length of marital life (11-20 years), vary in respect of their stress management ability?.

## **HYPOTHESIS (B-ii)**

It has already been assumed that high religious and housewives with longer duration of marital life would show higher stress management ability than moderate and low religious housewives, and those with shorter length of marital life. When their interaction effect is under consideration, it is hypothesized that there would exist true interaction effect of religiosity and length of marital life on stress management ability of housewives. In other words, it is expected that the difference

among high, moderate, and low religious housewives in regard to their stress management ability would vary genuinely for housewives with shorter and longer length of marital life or vice versa. More specifically, the six sub-groups formed on joint basis of religiosity and length of marital life would vary truly in regard to their stress management ability. That is, high religious and housewives with longer duration of marital life would show highest level of stress management ability while low religious and those with shorter duration of marital life would be the poorest stress manager. The other four sub-groups would stand in between in this regard.

### **PROBLEM B(3)**

The sixth problem of the present research pertains to interaction effect of education level and length of marital life on stress management ability of housewives? More specifically, the problem is whether four sub-groups of housewives formed on joint basis of the two independent variables i.e., low educated – marital life 0-10 years, low educated – marital life 11-20 years, high educated – marital life 0-10 years, and high educated – marital life 11-20 years, differ in regard to their stress management ability? In other words the problem is whether difference in stress management ability of high and low educated housewives varies due to their differential length of marital life or vice versa?

### **HYPOTHESIS (B-iii)**

It has already been hypothesized that high educated and housewives with longer length of marital life would excel their counterparts in respect of their stress management ability. In regard to their interaction effect accordingly, it is expected that there would exist true interaction effect of education level and length of marital life of housewives on their stress management ability. More specifically, it is assumed that the four sub-groups formed on joint basis of these two independent variables would vary genuinely in respect of their stress management ability. In other words, it is hypothesized that the difference in stress management ability of high

(graduate) and low (up to 12<sup>th</sup>) educated housewives would vary truly for two groups of housewives with differential length of marital life i.e., 0-10 years and 11-20 years or vice versa.

#### **PROBLEM B(4)**

The last problem of the present research pertains to joint effect of three independent variables – religiosity, education level, and length of marital life of housewives – on their stress management ability.

#### **HYPOTHESIS (B-iv)**

While formulating hypothesis pertaining to independent effect of three independent variables i.e., religiosity, education level, and length of marital life of housewives, it has been expected that high religious, high educated, and housewives with greater length of marital life would show higher stress management ability in comparison to moderate or low religious, low educated and housewives of shorter length of marital life. In respect of their joint effect, it is hypothesized that there would exist genuine interaction effect of these three independent variables on stress management ability of housewives. More specifically, it is assumed that the twelve sub-groups of housewives formed on joint basis of three levels of religiosity (high, moderate, low), two levels of education (up to 12<sup>th</sup> and graduate) and two levels of length of marital life (0-10, and 11-20 years) would vary genuinely in regard to their stress management ability.

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***CHAPTER 4***

*METHODOLOGY*

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**CHAPTER – FOUR**  
**METHODOLOGY**

The present research aims at studying role of religiosity, education level, and length of marital life in stress management of housewives.

The present research deals with two different aspects of assessments i.e., religiosity and stress management. The intent of the author is to reveal the causal relationship between religiosity and stress management, between education level and stress management, and between length of marital life and stress management of housewives.

However, before starting the assessment of variables under consideration the first step is to decide about the sample. Thus, in the present chapter elaboration will be made on the part of Sample, Tools, Research Design, and Procedure.

### **SAMPLE**

A researcher has always a special concern regarding the sample of the study, which is a vital aspect of any research. The essence of sampling is appropriate representation of population to which researcher desires to make generalization.

Initially, an incidental sample of 500 housewives were selected from Raipur city. Care was taken to select equal number of housewives (n = 250) who had marital life 0-10 years, and housewives (n = 250) who had marital life 11-20 years. Similarly, care was taken to select equal number of housewives (n = 250) who were educated up to 12<sup>th</sup> standard and housewives (n = 250) who were educated up to graduate level.

On the basis of scores on religiosity scale, these housewives were classified into high, moderate, or low religious groups.

A final stratified random sample of 240 housewives from this larger population was selected in the present research. Thus, equal number (n = 20) of housewives were selected randomly in each of the 12 sub-groups i.e.,

1. High Religious Housewives with Education Level up to 12<sup>th</sup> Standard and Marital Life 0-10 years.
2. Moderate Religious Housewives with Education Level up to 12<sup>th</sup> Standard and Marital Life 0-10 years.
3. Low Religious Housewives with Education Level up to 12<sup>th</sup> Standard and Marital Life 0-10 years.
4. High Religious Housewives with Education Level– Graduation and Marital Life 0-10 years.
5. Moderate Religious Housewives with Education Level – Graduation and Marital Life 0-10 years.
6. Low Religious Housewives with Education Level – Graduation and Marital Life 0-10 years.
7. High Religious Housewives with Education Level up to 12<sup>th</sup> Standard and Marital Life 11-20 years.
8. Moderate Religious Housewives with Education Level up to 12<sup>th</sup> Standard and Marital Life 11-20 years.
9. Low Religious Housewives with Education Level up to 12<sup>th</sup> Standard and Marital Life 11-20 years.
10. High Religious Housewives with Education Level – Graduation and Marital Life 11-20 years.
11. Moderate Religious Housewives with Education Level – Graduation and Marital Life 11-20 years.
12. Low Religious Housewives with Education Level– Graduation and Marital Life 11-20 years.

The details of the final sample are provided in Table 1.

**Table # 1: Details Of The Final Sample**

Education Level	Length of Marital Life	Religiosity			Total
		High	Moderate	Low	
Up to 12 <sup>th</sup>	0-10 years	n = 20	n = 20	n = 20	60
	11-20 years	n = 20	n = 20	n = 20	60
Graduate	0-10 years	n = 20	n = 20	n = 20	60
	11-20 years	n = 20	n = 20	n = 20	60
Total		80	80	80	240

## **TOOLS**

It has already been stated that the present study dealt with two different aspects of assessment i.e., religiosity and stress management. The tools used for the purpose are described here below in some detail.

### **1. Assessment of Religiosity**

Religiosity Scale constructed and standardized by Bhushan (1990) was used to assess the religiosity level of housewives. The religiosity scale possesses fairly high reliability. To determine internal consistency scores of 100 under-graduate students were taken into account. The r between the odd-even values was calculated and correlated by the Spearman Brown formula gave reliability coefficient of .82. Similarly, to find out temporal stability, the test was administered to 60 students again after an interval of four to five weeks. The test-retest reliability coefficient was .70.

Each item of the scale was judged by the experts. Thus, it can be said that the scale possesses content validity. To determine predictive validity, the R-scale was administered individually to two groups. The results are summarized in Table 2.

**Table # 2: R-Scores Of The Religious And Non-Religious Group**

Group	Mean R-Score	SD	t	P value
Religious	150.6	18.46	8.47	0.001
Non-Religious	118.8	17.62		



Further, the test was validated against the 'religious value scale' of the Allport-Vernon-Lindzey study of values. The two scores yielded a positive correlation of .57 which was found significant at .001 level and indicated that the test possessed concurrent validity as well.

## **2. Assessment of Stress Management**

Stress Resistance Scale constructed and standardized by Ajawani & Varwandkar (2010) was used to assess stress management ability of housewives. The test is comprised of two parts. In the first part, there are total 15 items. All the items are framed in the form of positive or negative statement. The positive items in this part of the scale are of nos. 1, 2, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15 and the negative items are of nos. 3, 4, and 5. The respondent has to put a tick ( ✓ ) mark on an option out of the given five options i.e., 'Always', 'Usually', 'Sometimes', 'Rarely', and 'Never', on each item. For negative items a score of '1' is allotted to the response 'Always', a score of 2 to the response 'Usually', a score of 3 to the response 'Sometimes', a score of 4 to the response 'Rarely' and a score of 5 is allotted to the response 'Never'. Reverse pattern of scoring is used for the positive items. Thus, the highest score in the first part of the scale is 75 and the lowest score is 15.

In the second part, certain situations have been presented through every item and as a response to them, three different behaviour options are mentioned namely 'A', 'B', and 'C'. The respondent has to select one behaviour option to each situation. Option 'A' has been allotted score of '1', option 'B' has been allotted score of '2', while option 'C' has been allotted score of '3'. There are total 15 items in the second part also. The highest score on the second part is 45 and the lowest score is 15.

Combining the scores obtained from both the parts, the highest score on this test is 120 and likewise the lowest score on this test is 30. Higher score on the scale is indicative of high stress resistance level. The test is highly reliable and valid, the coefficients ranging between .68 to .87 and are significant. The raw scores can be converted into percentile standard scores.

## RESEARCH DESIGN AND PROCEDURE

A 3x2x2 factorial design was used in the present research to observe independent and joint role of religiosity, education level, and length of marital life of housewives in their stress management. A total of 20 housewives were drawn from each of the 12 sub-groups, already described in the sample section, formed on joint basis of three independent variables i.e., religiosity (high, moderate, and low), education level (up to 12<sup>th</sup> standard and graduation), and length of marital life (0-10 years and 11-20 years).

An outline of the research design is given in Table 3.

**Table # 3: An Outline Of The Design Of The Present Research**

Education Level	Length of Marital Life	Religiosity			Dependent Variable
		High	Moderate	Low	
Up to 12 <sup>th</sup>	0-10 years	n = 20*			↑ Stress Management ↓
	11-20 years				
Graduation	0-10 years				
	11-20 years				

\* There would be equal number of randomly selected respondents in each cell of the design.

Data were collected in three steps. In the first step, housewives were contacted through various sources i.e., social clubs and schools apart from direct contact. Care was taken to select only those housewives who had marital length of 0-10 yrs. or 11-20 yrs. Care was also taken to select only those housewives whose education level was either up to 12<sup>th</sup> standard or who were graduates. In the second step, this incidental population was administered religiosity scale and on the basis of norms housewives were classified into three groups i.e., high religious (above  $Q_3 = 152$ ), moderate religious (between  $Q_1$  and  $Q_3 = 133 - 152$ ), and low religious (below

$Q_1 = 133$ ). In this way, total 12 sub-groups were formed on the basis of three levels of religiosity, two levels of education, and two levels of length of marital life. Twenty housewives were randomly selected in each of the twelve subgroups. Thus, a total of 240 housewives served as the final sample in the present investigation, who were administered stress resistance scale to seek scores for stress management ability of housewives, which served the base data for further computations.

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***CHAPTER 5***

*ANALYSIS OF DATA*

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CHAPTER – FIVE

**ANALYSIS OF DATA**

In the present research, stress management ability of the 240 housewives drawn equally (n = 20) from twelve sub-groups formed on the basis of three levels of religiosity, two education levels, and two levels of length of marital life were studied. The raw scores of the housewives on stress resistance scale are given in Appendix B and average of these scores for the twelve sub-groups are given in Table 4.

**Table # 4: Average Stress Management Scores of Housewives in Twelve Sub-Groups**

Education Level	Length of Marital Life	Religiosity			M
		High	Moderate	Low	
Up to 12 <sup>th</sup>	0-10 Years	n = 20 M = 108.70 $\sum x^2 = 872.20$	n = 20 M = 104.90 $\sum x^2 = 1133.80$	N = 20 M = 101.95 $\sum x^2 = 994.94$	Mr <sub>1</sub> = 105.1833
	11-20 Years	n = 20 M = 108.25 $\sum x^2 = 729.75$	n = 20 M = 104.40 $\sum x^2 = 842.80$	N = 20 M = 102.40 $\sum x^2 = 842.80$	Mr <sub>2</sub> = 105.01667
Graduate	0-10 Years	n = 20 M = 105.85 $\sum x^2 = 870.55$	n = 20 M = 102.65 $\sum x^2 = 948.55$	N = 20 M = 102.35 $\sum x^2 = 854.55$	Mr <sub>3</sub> = 103.6167
	11-20 Years	n = 20 M = 105.40 $\sum x^2 = 914.80$	n = 20 M = 100.85 $\sum x^2 = 778.55$	N = 20 M = 99.90 $\sum x^2 = 639.80$	Mr <sub>4</sub> = 102.05
Total M		M <sub>k1</sub> = 107.05	M <sub>k2</sub> = 103.20	M <sub>k3</sub> = 101.65	M <sub>G</sub> = 103.9667

M<sub>Up to 12th</sub> = 105.10  
M<sub>Graduate</sub> = 102.83

M<sub>0-10 years</sub> = 104.40  
M<sub>11-20 years</sub> = 103.53

In the analysis of research data, the researcher often requires to decide whether several independent samples can be regarded as having come from the same population. Sample values almost always differ at some extent and the problem is to determine whether the observed sample differences are nearly due to the change in variations that are to be expected from random samples drawn from

the same population or there are genuine differences among the various groups. The usual parametric techniques for testing, whether two or several independent samples have come from the same population, are analysis of variance, protected t test, and t test.

The assumption associated with statistical model underlying these tests are that the observations are randomly drawn from normally distributed population, and all which have the same variance. Hence, it was felt necessary to apply a test of homogeneity of variance before using ANOVA statistical model on the data obtained in the present research. For this purpose, Hartely's Test of Homogeneity of Variance was used. The obtained value of  $F_{\max}$  for stress management scores is 4.14. From the Table of  $F_{\max}$  distribution,  $F_{\max} = .95 (12, 19)$  is 4.37. Since, the observed value of  $F_{\max}$  statistics is lesser than the critical value for .05 level test, the hypothesis of homogeneity of variance is accepted in the case of distribution of stress management scores i.e., observation are randomly drawn from normally distributed population and all have the same variance and permit us to apply ANOVA statistical model to verify the hypothesis under consideration in the present research.

## **A. ANALYSES IN RELATION TO INDIVIDUAL ROLE/IMPACT**

### **(A-1) ANALYSES IN RELATION TO ROLE OF RELIGIOSITY**

In the present research, the first aim of researcher was to observe role of religiosity in stress management of housewives.

A perusal of Table 4 clarifies that average stress management scores of high, moderate, and low religious housewives are 107.05, 103.20, and 101.65, respectively. To verify significance of these differences among three religious groups of housewives in regard to their stress management ability, an F-ratio was computed in a 3-way ANOVA along with the two other independent variables i.e., education level and length of marital life (Table 5).

**Table # 5: Summary Of Three-Way ANOVA**

S.N.	Source	SS	df	MS	F-ratio	Remarks
1.	Among 3 Religiosity Groups (RG)	1236.92	2	618.46	13.52	P<.01
2.	Between 2 Educational Level Groups (ELG)	307.81	1	307.81	6.73	P<.05
3.	Between 2 Marital Length Groups (MLG)	45.40	1	45.40	0.99	N.S.
4.	Interaction Effects					
(A)	First-Order Interaction Effects					
(i)	RG X ELG	44.4337	2	22.21	0.48	N.S.
(ii)	RG X MLG	5.4326	2	2.7163	0.05	N.S.
(iii)	ELG X MLG	29.44	1	29.44	0.64	N.S.
(B)	Second-Order Interaction Effect					
	RG X ELG X MLG	70.96476	2	35.4823	0.77	N.S.
5.	Within Sets (Error Term)	10423.0875	228	45.7153		
Total		12163.485	239			

Apart from it, it was also thought reasonable to check significance of difference between two religious groups at a time in regard to their stress management ability. For this purpose protected t test is employed (Table 6).

**Table # 6: Summary Of Protected t Test**

Religious Group	M	Ordered Means			Critical LSD Values
		Low	Moderate	High	
		101.65	103.20	107.05	
Low	101.65	-	1.55	5.40*	$\alpha .95 = 2.05$
Moderate	103.20	-	-	3.85*	$\alpha .99 = 2.70$
High	107.05	-	-	-	

\* Significant at .01 level of significance

### **(A-2) ANALYSES IN RELATION TO IMPACT OF EDUCATION LEVEL**

The second objective of the research pertained to role of education level (up to 12<sup>th</sup> and graduate) in stress management ability of housewives.

Average stress management scores of the housewives with education level up to 12<sup>th</sup> and graduate housewives are 105.10 and 102.83, respectively. An F-ratio was computed in a 3-way ANOVA along with two other factors i.e., religiosity and length of marital life (Table 5) to check significance of this difference between two education level groups of housewives.

Apart from it, 5 t ratios were also computed to check significance of differences in stress management ability of housewives with education level up to 12<sup>th</sup> and with graduation (Table 7).

**Table # 7: Statistical Details For Comparisons Between Two Education Level Groups Belonging To Various Sub-Groups**

S. No.	Education Level Comparison Groups	n	M	$\Sigma x^2$	Obtained t value	Level Of Significance*
1.	Up to 12 <sup>th</sup> Vs. Graduate (High Religious Group)	40	108.47	1603.94	2.12	P<.05
		40	105.62	1206.002		
2	Up to 12 <sup>th</sup> Vs. Graduate (Moderate Religious Group)	40	104.65	1979.00	0.72	N.S.
		40	103.52	1821.92		
3.	Up to 12 <sup>th</sup> Vs. Graduate (Low Religious Group)	40	102.17	1839.42	0.58	N.S.
		40	101.12	3234.25		
4.	Up to 12 <sup>th</sup> Vs. Graduate (0 to 10 Years)	60	105.18	3458.48	1.18	N.S.
		60	103.61	2824.07		
5.	Up to 12 <sup>th</sup> Vs. Graduate (11 to 20 Years)	60	105.01	2768.98	2.50	P<.01
		60	102.05	2148.73		

\* Table value of t in one-tailed test  
.05 - 1.68  
.01 - 2.41



### (A-3) ANALYSES IN RELATION TO IMPACT OF LENGTH OF MARITAL LIFE

Another aim of the present research was to verify role of length of marital life in stress management ability of housewives. It is clear from Table 5 that average stress management scores of housewives with length of marital life 0-10 years (M = 104.40) is higher than those with marital length 11-20 years (M = 103.53). An F-ratio was computed in a 3-way ANOVA along with two other factors i.e., religiosity and level of education, in respect of their stress management ability (Table 5).

Apart from it, 5 t ratios were also computed to check significance of differences between two marital length groups belonging to various sub-groups (Table 8).

**Table # 8: Statistical Details For Comparisons Between Two Marital Length Groups Belonging To Various Sub-Groups**

S. No.	Marital Length Comparison Groups	n	M	$\Sigma x^2$	Obtained t value	Level Of Significance*
1.	0-10 years	40	107.27	1823.86	0.32	N.S.
	Vs. 11-20 years (High Religious Group)	40	106.82	1195.68		
2	0-10 years	40	103.77	2132.86	0.73	N.S.
	Vs. 11-20 years (Moderate Religious Group)	40	102.62	1747.20		
3.	0-10 years	40	102.15	1851.0	0.68	N.S.
	Vs. 11-20 years (Low Religious Group)	40	101.15	1545.0		
4.	0-10 years	60	105.18	3192.86	0.13	N.S.
	Vs. 11-20 years (Education Level up to 12 <sup>th</sup> )	60	105.01	2769.00		
5.	0-10 years	60	103.61	2824.06	1.32	N.S.
	Vs. 11-20 years (Education Level Graduate)	60	102.05	2148.70		

\* Table value of t in one-tailed test  
 .05 - 1.68  
 .01 - 2.41

## B. ANALYSES IN RELATION TO INTERACTION EFFECT

Analyses were also done to verify genuinity of joint role of two or more independent variables considered in the present research i.e., religiosity, and education, and length of marital life, at first- and at second-order levels.

### (B-1) ANALYSES IN RELATION TO INTERACTION EFFECT OF RELIGIOSITY AND EDUCATION LEVEL

Average stress management scores of six sub-groups formed on joint basis of religiosity and education level are given in Table 9.

**Table # 9: Average Stress Management Scores Of Six Sub-Groups Formed On Joint Basis Of Religiosity And Education Level**

Education Level	Religiosity			M
	High	Moderate	Low	
Up to 12 <sup>th</sup>	n = 40 M = 108.475	n = 40 M = 104.65	n = 40 M = 102.175	Mr <sub>1</sub> = 105.10
Graduate	n = 40 M = 105.625	n = 40 M = 101.75	n = 40 M = 101.125	Mr <sub>2</sub> = 102.8333
M	M <sub>k1</sub> = 107.05	M <sub>k2</sub> = 103.20	M <sub>k3</sub> = 101.65	M <sub>G</sub> = 103.9667

An interaction F-ratio was obtained in a 3-way ANOVA (Table 5) to study this interaction effect on stress management ability of housewives.

### (B-2) ANALYSES IN RELATION TO INTERACTION EFFECT OF RELIGIOSITY AND LENGTH OF MARITAL LIFE

Average stress management scores of six sub-groups formed on joint basis of three levels of religiosity and two levels of length of marital life are given in Table 10.

**Table # 10: Average Stress Management Scores Of Six Sub-Groups Formed On Joint Basis Of Religiosity And Length Of Marital Life**

Length of Marital Life	Religiosity			M
	High	Moderate	Low	
0-10 Years	n = 40 M = 107.275	n = 40 M = 103.775	n = 40 M = 102.15	Mr <sub>1</sub> = 104.40
11-20 Years	n = 40 M = 106.825	n = 40 M = 102.625	n = 40 M = 101.15	Mr <sub>2</sub> = 103.53
M	M <sub>k1</sub> = 107.05	M <sub>k2</sub> = 103.20	M <sub>k3</sub> = 101.65	M <sub>G</sub> = 103.9667

An interaction F-ratio was obtained in a 3-way ANOVA (Table 5) to study this interaction effect on stress management ability of housewives.

### **(B-3) ANALYSES IN RELATION TO INTERACTION EFFECT OF EDUCATION LEVEL AND LENGTH OF MARITAL LIFE**

Average stress management scores of four sub-groups formed on joint basis of education level and length of marital life are given in Table 11.

**Table # 11: Average Stress Management Scores Of Four Sub-Groups Formed On Joint Basis Of Education Level and Length Of Marital Life**

Length of Marital Life	Education Level		M
	Up to 12 <sup>th</sup>	Graduate	
0 – 10 yrs.	n = 60 M = 105.183	n = 60 M = 103.62	Mr <sub>1</sub> = 104.40
11 – 20 yrs.	n = 60 M = 105.017	n = 60 M = 102.05	Mr <sub>2</sub> = 103.53
M	M <sub>k1</sub> = 105.10	M <sub>k2</sub> = 102.83	M <sub>G</sub> = 103.9667

An interaction F-ratio was computed in a 3-way ANOVA (Table 5) to observed this interaction effect of education level and length of marital life on stress management ability of housewives.

#### **(B-4) ANALYSES IN RELATION TO INTERACTION EFFECT OF RELIGIOSITY, EDUCATION LEVEL, AND LENGTH OF MARITAL LIFE**

Average stress management scores of 12 sub-groups formed on joint basis of religiosity, education level, and length of marital life are given in Table 4.

An interaction F-ratio was computed to verify genuinity of the interaction effect of all the three independent variables i.e., religiosity, education levels, and length of marital life, on stress management ability of housewives (Table 5).

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***CHAPTER 6***

*RESULTS AND DISCUSSION*

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## CHAPTER – SIX

# RESULTS AND DISCUSSION

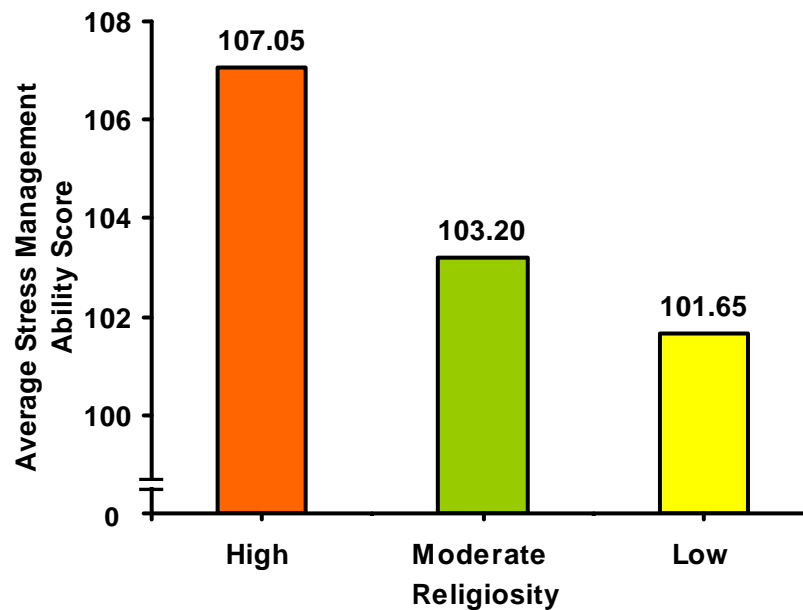
The present research aims at studying role of religiosity, education level, and length of marital life of housewives in their stress management ability. The obtained data were analyzed with appropriate parametric statistics (Chapter Four). The findings of the research are elaborated in the present chapter.

## A. INDEPENDENT ROLE/EFFECT

### (A-1) ROLE OF RELIGIOSITY IN STRESS MANAGEMENT

The first problem of the research pertained to role of religiosity in stress management ability of housewives. It had been hypothesized that high religious housewives would excel moderate and low religious housewives in regard to their stress management ability and low religious housewives would be the poorest in this regard.

It is clear from Table 4 and Figure 2 that average stress management score of high religious housewives ( $M = 107.05$ ) is higher than that of moderate religious housewives ( $M = 103.20$ ), and that of low religious housewives ( $M = 101.65$ ). The obtained significant F-ratio ( $F = 13.52$ ,  $P < .01$ ,  $df 2 \text{ \& } 228$ , Table 5) provides ample statistical ground to conclude that housewives with high religiosity truly excelled those with moderate religiosity and low religiosity.



**Figure # 2: Average Stress Management Score Of High, Moderate, Low Religious Housewives (As Per Table 4)**

Apart from it, protected t test was also employed as a post hoc test (Table 6). It is clear from Table 6 that the difference between high and moderate religious housewives (MD = 3.85) and between high and low religious housewives (MD = 5.40) are significant while the difference between moderate and low religious housewives (MD = 1.55) is not found significant. These findings further support the conclusion drawn on the basis of F-statistic.

Thus, it can be said that high religious housewives truly showed higher stress management ability as compared to moderate and low religious housewives, however, low religious housewives were not the poorest as had been expected. That is, moderate and low religious housewives showed equivalent stress management ability.

The findings of the present research are in Bergin et al. (1987), Williams et al. (1991), Maltby & Lewis (1997), Levin & Chatters (1998), Maltby et al. (1999), and Thoresen (1999), who observed religiosity as a potent factor in enhancing stress management ability.

Religiosity is defined as faith in a power beyond himself whereby one seeks satisfaction of emotional need and gains stability of life and which is expressed in acts of worship and services (Galloway, 1956). It is a person's spiritual beliefs, religious practices, and involvement with a faith community.

Theoretically faith in God is oftenly characterized as omnipotent, omnipresent, omniscient, benevolent, loving, and just, which include communion with God, partnership with God, and identification with God, all these theoretical constructs of religiosity inculcate a cognitive framework in a housewife with high religiosity, that she is under the core security of God, which enhances her stress management ability as it develops a buffering system against stress.

The practical aspects of religiosity constitutes of individual's faith in observance of ethical and moral duties and rituals as divine commands. Performing these duties and rituals as divine commands lead to a secured platform and optimism for better outcomes while facing adverse stressful situations.

The emotional aspects of religiosity reflect in the feeling of devotion and dedication to the God and experience of pleasure, delight, and satisfaction in observance of religious practices and thus, it serves as a motivating force to believe in or observe the religious act of worship and service. And thus to remain stress resilient during adverse situations.

Hill & Butler (1995) and Pargament (1997) also observed that a belief in a higher power would be a source of great comfort in times of stress. Pargament (1997) argued that religion modified aspect of the stress appraisal process. Religiosity may well be better viewed in terms of a religious coping model, where religion can have emotion-focused and problem-focused coping properties.

Religiosity enhances religious orientation and thus well-being, (Gorsuch, 1988; Maltby & Day, 2000; and Fabricatore et al., 2004). An intrinsic orientation is



characterized by internalized sense of religious faith that is evident in every aspect of life (Allport, 1966; and Allport & Ross, 1967). While extrinsic orientation is disguised by the use of religion to provide participation in a powerful in group (Genia & Shaw, 1991), to provide access to protection and social status (Kahoe & Meadow, 1981). Both these orientations of religiosity seem to equip a high religious housewife to render her behaviour with certainty of positive outcomes while facing stressful situation, and thus is better stress manager.

One of the mechanisms put forward to explain this association is the buffering hypothesis – religiosity may buffer the impact of stress on psychological and physiological health (Kendler et al., 1997; Pargament, 1997; and Krause, 1998). This notion is consistent with the broader stress literature (Lazarus & Folkman, 1984; Cox & Ferguson, 1991; and O'Connor et al., 2000), and also with research conducted by others within the psychology of religion field.

The coping model of religion (Pargament, 1992) also emphasizes the constructive role that religiosity can play within the complex, and on going process by which people try to comprehend and deal with the various personal and situational problems that comes in their lives. It seems that religiosity serves the functions of coping effectively and constructively. This may be the reason for high stress management ability of high religious housewives.

General implications of the study confirm and extend other research suggesting that religious beliefs, commitments, practices, and communities are important resources for conflict prevention and resolution for couples and for practitioners working with them. Educators and clinicians should encourage religious beliefs to assist them to prevent, address and reconcile marital conflict. Practitioners who help couples look to their religious leaders, texts, practices, and communities have a much greater chance of assisting couples in finding lasting prevention and solutions to marital conflict and thus helping them to cope with their stresses effectively.

Religious belief and practice help couples prevent conflict by assisting them in developing a shared sacred vision and purpose, which in turn reduce marital conflict by decreasing stress levels in marriage and unifying couples (Lambert & Dollahite, 2006). Practitioners can work to help couples create and sustain a shared vision that, ideally, has its roots in a set of transcendent spiritual and religious ideas and ideals that can motivate and inspire the couple toward the relational unity. Practitioners can help couples explore what aspects of their religious beliefs may keep them prevent marital contention. Conflict is also prevented through the religious emphasis on the development of relational virtues such as selflessness and unconditional love. The ground breaking work of Flowers (2000) on marital virtues is recommended.

Religious practices aid in conflict resolution primarily through scriptural teachings, attendance at religious services, and couple prayer.

Couples reported that when they turn to scripture in time of conflict, they often find helpful examples concerning interacting with others (Lambert & Dollahite, 2006). Attendance at religious services helps couples to resolve conflict by changing their focus and giving them needed inner strength to work through severe stressors or problem. Couples reported that prayer alleviates anger and makes open communication possible (Lambert & Dollahite, 2006). Practitioners can help couples consider specific ways that religious practices (e.g., prayer, attendance) and religious texts (e.g., scriptures, writings of religious leaders) might assist them with marital conflict (Marks, 2004).

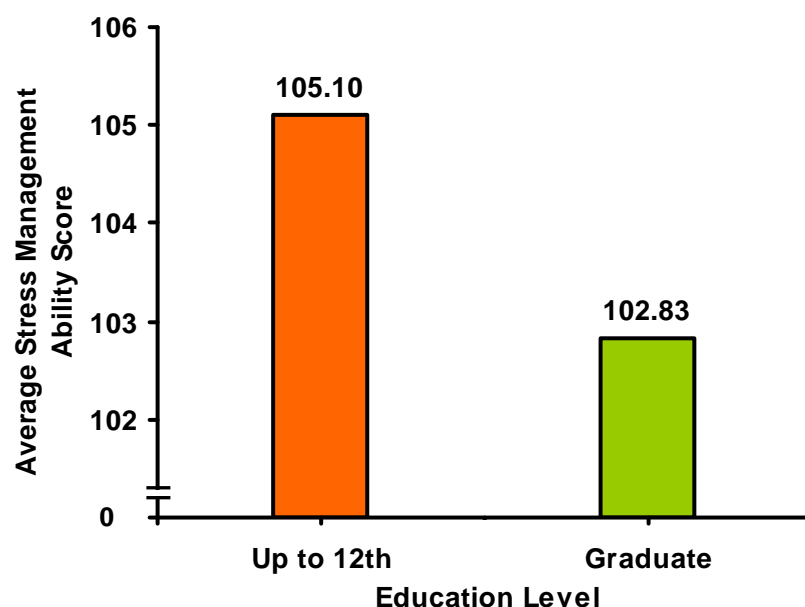
Couples stated that relational reconciliation was facilitated by a commitment to relationship permanence and willingness to forgive. Many couples reported that because they were committed to a permanent relationship, they were much more inclined to reconcile and heal their relationship. They also reported that religiosity helped them develop forgiving attitudes through worship services, scripture, and gratitude for divine forgiveness (Lambert & Dollahite, 2006). Practitioners can help

couples creatively draw on their religious contexts to make personal and relational forgiveness a meaningful and growing part of their marriage.

In sum, practitioners should encourage religious couples to draw to their religion as a source of preventing conflict, resolving conflict, and for giving one another after marital conflict, and thus be able to manage their stresses effectively.

### **(A-2) IMPACT OF LEVEL OF EDUCATION ON STRESS MANAGEMENT**

The second problem of the research pertained to effect of education level of housewives. It was hypothesized that graduate housewives would exhibit higher stress management ability than those housewives who were educated only up to 12<sup>th</sup> standard. A perusal of Table 4 clarifies that average stress management ability scores of housewives educated up to 12<sup>th</sup> standard (M = 105.10, Fig. 3) is higher than that of graduate housewives (M = 102.83, Fig. 3).



**Figure # 3: Average Stress Management Score Of Housewives Educated Up To 12<sup>th</sup> Standard And Graduate Level (As Per Table 4)**

The obtained F-ratio for this difference ( $F = 6.73$ , Table 5) is significant at .05 level of significance for 1 and 228 degrees of freedom which provides empirical ground to conclude that housewives educated up to 12<sup>th</sup> standard showed truly higher level of stress management ability in comparison to graduate housewives. Apart from it, the obtained significant t ratios too support this finding.

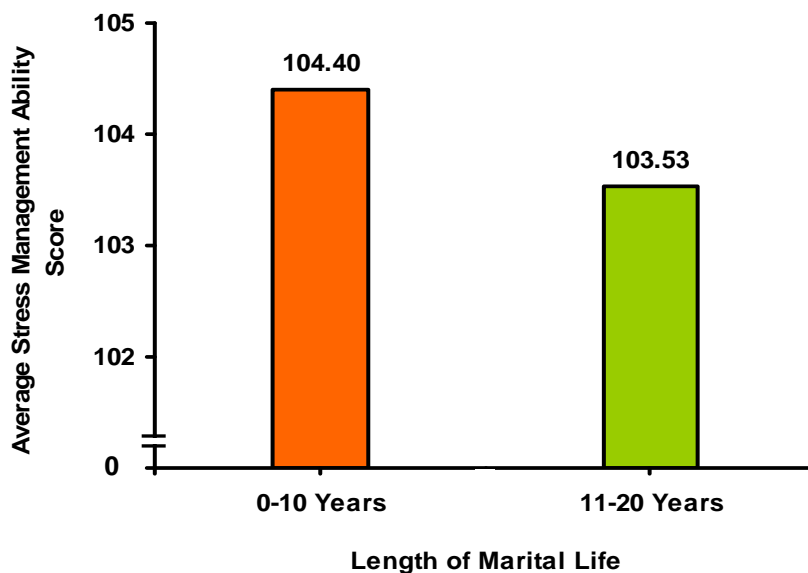
Though, it was expected that graduate housewives would show higher level of stress management ability than those educated up to 12<sup>th</sup> standard. The finding of the present research is just in contrast to this expectation. It was thought that higher education would bring in positive changes in personality of housewives which in turn would help them deal with daily life stressors effectively. However, the contrary finding of the present research throws light from different angle, that is, there is probably some positive state of affairs with low education of housewives and similarly there is probably some negative state of affairs when these housewives are educated at higher level.

It seems that housewives educated up to 12<sup>th</sup> standard are fit in specific Indian cultural situation wherein they are expected to perform well specified responsibilities within the home premise. Since, they are confined to home activities absolutely, fulfilling these responsibilities add to their self-esteem and self-confidence leading to better stress management ability. In contrast, the graduate housewives find themselves at conflicting stage as due to their higher education they prefer to work outside of the family to add to their family financial situation. However, at this verge their homely duties are not ignorable specially in Indian scenario. This conflicting situation inculcates a dissatisfactory state with life and lowers their self-esteem and self-confidence, which in turn put a negative effect on their stress management ability. These may be reasons for higher stress management ability of housewives educated up to 12<sup>th</sup> standard in comparison to graduate housewives as observed in the present research.

### (A-3) IMPACT OF LENGTH OF MARITAL LIFE ON STRESS MANAGEMENT

The third problem of the present research pertained to impact of length of marital life on stress management ability of housewives. It was expected that housewives of greater length of marital life (11-20 years) would exhibit higher stress management ability than those with shorter length of marital life (0-10 years).

It is clear from Table 4 that average stress management ability scores of housewives with shorter length of marital life (M = 104.40, Fig. 4) is higher than that of housewives with greater length of marital life (M= 103.53, Fig. 4).



**Figure # 4: Average Stress Management Scores Of Housewives With Differential Length Of Marital Life (As Per Table 4)**

The obtained F-ratio for this difference ( $F = 0.99$ , Table 5) is not significant at any acceptable level of significance for 1 and 228 of degrees of freedom, which provides sound statistical ground to refute the research hypothesis, accepting the null hypothesis in this regard. It can be concluded that there did not exist any true difference between housewives of two differential length of marital life i.e., 0-10 years and 11-20 years, in regard to their stress management ability.

Though, it was hypothesized that housewives with greater length of marital life would be showing higher stress management ability than those with shorter

length of marital life, the finding of the present research showed the tendency of better stress management ability in favour of housewives with shorter length of marital life. However, the insignificant differences proved that there is no true difference between the two groups in regard to stress management ability.

It was thought that with increase in length of marital life, the couple would develop a sound relationship and understanding with each other along with a greater tolerance of family responsibilities, but the insignificant finding throws light on another aspect in favour of housewives with shorter length of marital life. It seems that the couple, in general, develop an emotional attachment for each other just after being engaged and that seems to carry ahead also after the marriage at least for some longer period till they are over burdened with family responsibilities. This is very true in Indian scenario and that in case of housewives who find lessening of emotional attachment due to excessive involvement in child care and other family responsibilities for which she is considered a sole responsible. Probably this may be the reason for poor marital satisfaction leading to self-dissatisfaction and poorer general well-being of housewives of greater length of marital life which ultimately affect their stress management capacity negatively.

Further researches are recommended to throw more light on this line.

## **B. INTERACTION EFFECT OF FACTORS**

The problems raised above are confined to the operation of single factor at a time. But, it will be a lapsed study, if the researcher does not delve into the interaction between the two or more factors. In general, when a number of individual items are grouped according to general factor of classification, and these factors are not independent, there is said to be interaction between them. The interaction is a measure of the extent to which the effect upon the dependent variable of changing the level of one factor dependent upon the level of others factors.

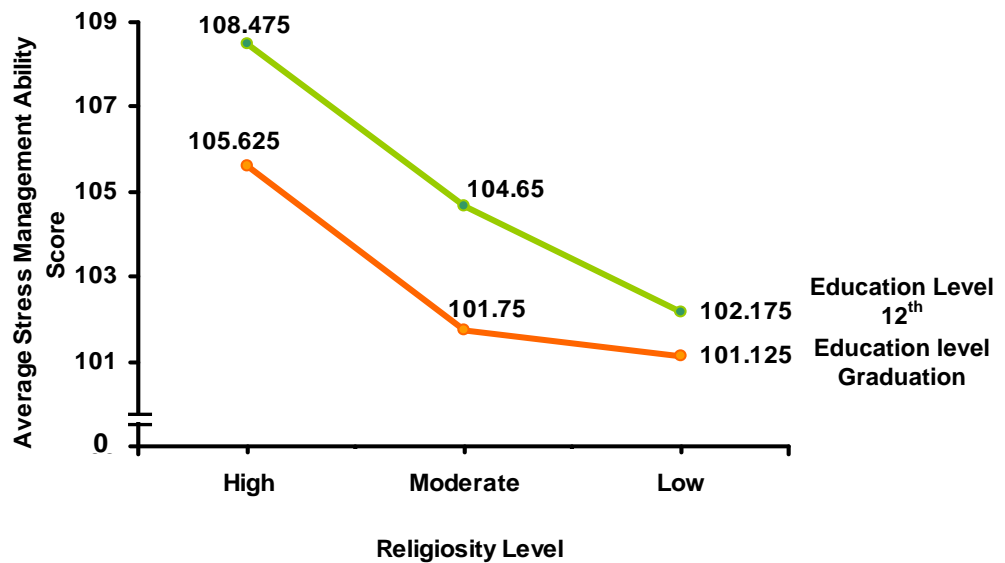
Thus, for the two treatments P and N, each of two levels (0, 1), the effects of four treatment combination can be written as  $n_0p_0$ ,  $n_0p_1$ ,  $n_1p_0$ , and  $n_1p_1$ . If the treatment are independent, the effect of varying 'n' from  $n_0$  to  $n_1$  would be the same with  $p_0$  to  $p_1$ . The extent to which this is not so is a measure of interaction.

## **FIRST-ORDER INTERACTION EFFECTS**

### **(B-1) INTERACTION EFFECT OF RELIGIOSITY AND LEVEL OF EDUCATION ON STRESS MANAGEMENT**

The problem here pertained to interaction effect of religiosity and level of education on stress management ability of housewives. It was hypothesized that their would exist genuine interaction effect of religiosity and level of education on stress management ability of housewives.

A perusal of Table 9 that average stress management ability scores of six sub-groups formed on joint basis of three levels of religiosity and two education levels i.e., high religious – low educated (up to 12<sup>th</sup>), high religious – high educated (graduates), moderate religious – low educated (up to 12<sup>th</sup>), moderate religious – high educated (graduates), low religious – low educated (up to 12<sup>th</sup>), and low religious – high educated (graduates), are 108.475, 105.625, 104.65, 101.75, 102.175, and 101.125, respectively (Fig. 5).



**Figure # 5: Average Stress Management Ability Scores Of Six Sub-Groups Formed On Joint Basis Of Religiosity And Education level of Housewives (Insignificant Interaction Effect – Table 5 & 9)**

The obtained nonsignificant F-ratio ( $F = 0.48$ ,  $df 2$  and  $228$ , Table 5) provide ample statistical ground to be believed that there did not exist any true joint effect of religiosity and level of education on stress management ability of housewives. In other words, it can be said that the six sub-groups did not differ genuinely in regard to their stress management ability.

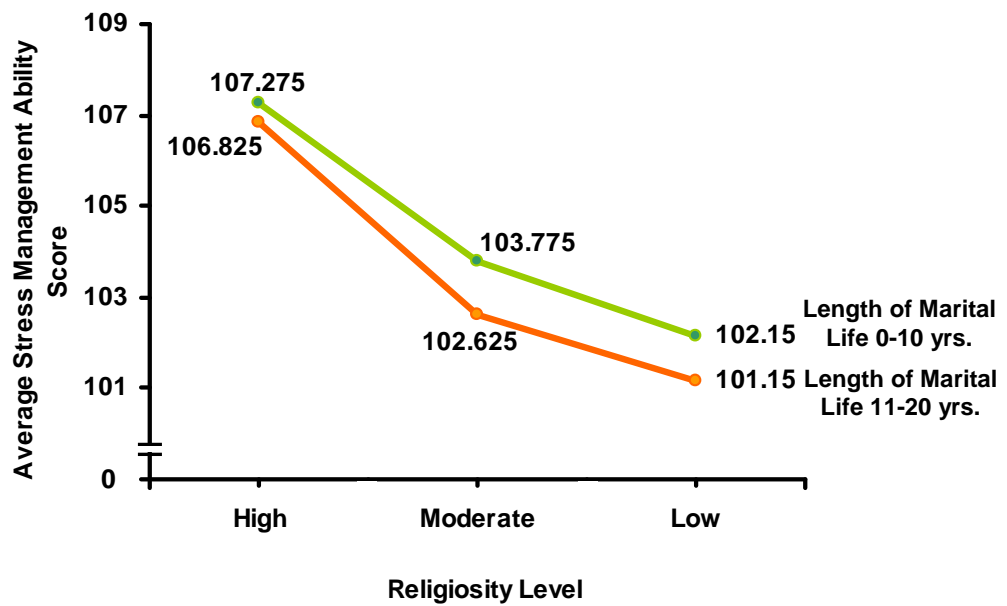
Earlier, it had been observed that religiosity and level of education played a key role in stress management ability of housewives. However, the insignificant interaction effect empirically provided base to conclude that the differences among three religious group in regard to their stress management ability were almost similar for two education level groups of housewives, or vice versa.

**(B-2) INTERACTION EFFECT OF RELIGIOSITY AND LENGTH OF MARITAL LIFE ON STRESS MANAGEMENT**

The second interaction problem at first-order level pertained to interaction effect of religiosity and length of marital life on stress management ability of housewives. It was expected that the two factors would play their genuine interaction effect on stress management ability of housewives.



It is clear from Table 10 that average stress management ability scores of six sub groups formed on joint basis of three levels of religiosity and two levels of marital length i.e., high religious – 0-10 years marital life, high religious – 11-20 years marital life, moderate religious – 0-10 years marital life, moderate religious – 11-20 years marital life, low religious – 0-10 years marital life, and low religious – 11-20 years marital life, are 107.275, 106.825, 103.775, 102.625, 102.15, and 101.15, respectively (Fig. 6.)



**Figure # 6: Average Stress Management Ability Scores Of Six Sub-Groups Formed On Joint Basis Of Religiosity And Length Of Marital Life Of Housewives (Insignificant Interaction Effect – Table 5 & 10)**

The obtained nonsignificant F-ratio ( $F = 0.05$ ,  $df$  2 and 228, Table 5) provides sound statistical ground to refute the research hypothesis, accepting the null hypothesis in regard to joint effect of religiosity and length of marital life on stress management ability of housewives. More specifically, it can be concluded that the six sub-groups did not differ genuinely in regard to stress management ability of housewives.

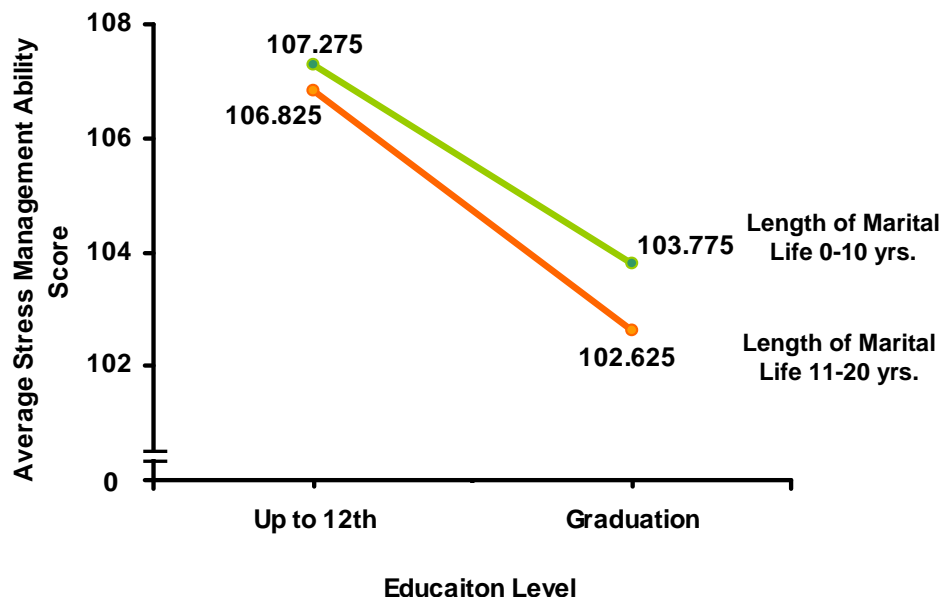
Earlier, it had been observed that high religious housewives truly showed greater stress management ability in comparison to moderate and low religious housewives. However, no such significant differences existed in between two marital length groups. The obtained insignificant F-ratio provided sound statistical basis to

conclude that the true difference among three religious groups in respect of their stress management ability did not vary genuinely.

### **(B-3) INTERACTION EFFECT OF LEVEL OF EDUCATION AND LENGTH OF MARITAL LIFE ON STRESS MANAGEMENT**

The last first-order interaction problem pertained to interaction effect of education level and length of marital life of housewives in their stress management ability. It was hypothesized that the two variables would exert true joint effect on stress management ability of housewives.

A perusal of Table 11 reveals that average stress management ability scores of four sub-groups formed on joint basis of education level and length of marital life i.e., education up to 12<sup>th</sup> standard – 0-10 years marital life, education up to 12<sup>th</sup> standard – 11-20 years marital life, education graduation – 0-10 years marital life, and education graduation – 11-20 years marital life, are 105.183, 105.017, 103.62, and 102.05, respectively (Fig. 7).



**Figure # 7: Average Stress Management Ability Scores Of Four Sub-Groups Formed On Joint Basis Of Level Of Education And Length Of Marital Life Of Housewives (Insignificant Interaction Effect – Table 5 & 11)**

The obtained F-ratio for these differences ( $F = 0.64$ , Table 5) is not significant at any acceptable level of significance for 1 and 228 degrees of freedom and provides empirical ground to refute the research hypothesis accepting the null hypothesis in this regard. It can be concluded that education level and length of marital life were independent in regard to their effect on stress management ability of housewives. That is, the difference in stress management ability of two education level groups (up to 12<sup>th</sup> standard and graduate) were all most similar for two marital length groups (0-10 years and 11-20 years).

## **SECOND-ORDER INTERACTION EFFECTS**

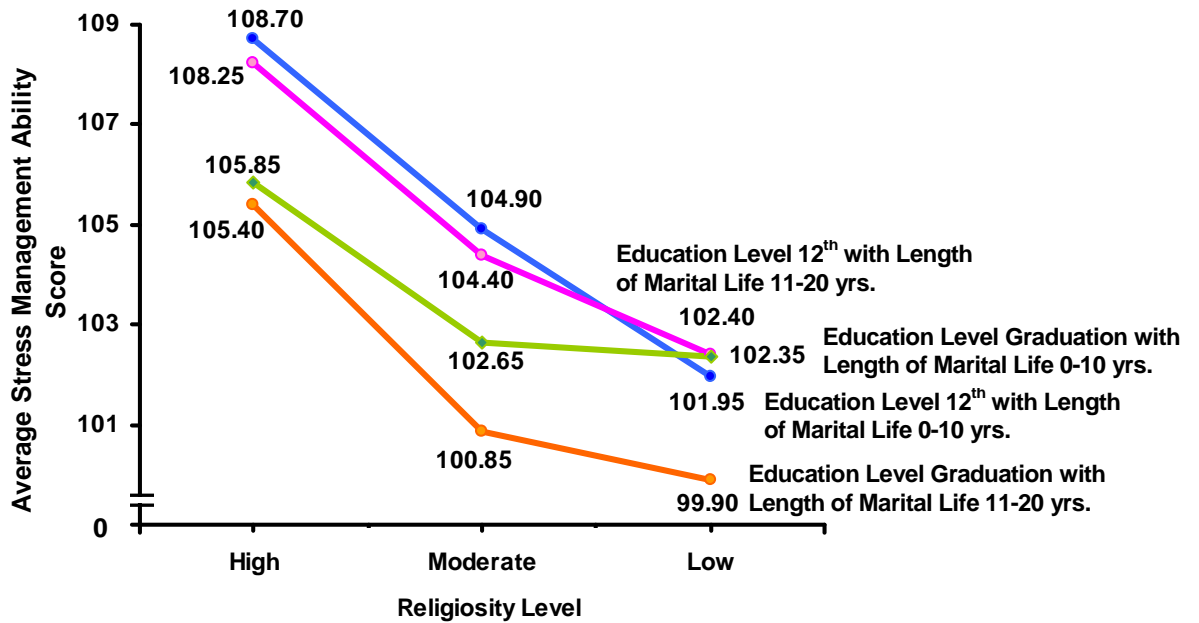
### **INTERACTION EFFECT OF RELIGIOSITY, EDUCATIONAL LEVEL, AND LENGTH OF MARITAL LIFE ON STRESS MANAGEMENT**

The last interaction problem of the present research pertained to joint effect of religiosity, education level, and length of marital life on stress management ability of housewives. It was assumed that the three variables would exert their true joint effect on stress management ability of housewives.

Average stress management scores of housewives in twelve sub-groups formed on joint basis on three levels of religiosity, two education levels, and two levels of marital length) are shown in Table 4 and Figure 8.

The obtained non-significant F-ratio ( $F = 0.77$ ,  $df\ 2 \ \& \ 228$ , Table 5) provides ample statistical ground to reject the research hypothesis, accepting the null hypothesis in this regard. It can be concluded that the three independent variables considered i.e., religiosity, education level, and length of marital life, did not exert true joint effect on stress management ability of housewives. That is, they were independent in this regard. In other words, it can be said that the twelve sub-groups did not differ genuinely in respect of their stress management ability. More specifically, it can be said that the difference among three religious groups of

housewives did not vary considerably due to their differential education level and length of marital life of housewives.



**Figure # 8: Average Stress Management Ability Scores Of Twelve Sub-Groups Formed On Joint Basis Of Religiosity, Education Level, And Length Of Marital Life Of Housewives (Insignificant Interaction Effect – Table 4 & 5)**

## **RECOMMENDATION & LIMITATION**

The findings of the present research clearly indicate that religiosity is a key factor in stress management. It works as a buffering agent and hence it is recommended that a person shall be encouraged to involve himself/herself in spiritual practices right from early developmental period. Mother and father shall also be trained in spiritual practices even before the conception of their child.

These practices will inculcate stress management ability in the person. It is very vital in the case of housewives who seem to feel struggled all the time for their virtual existence in the modern scenario.

The present research is limited to only housewives. Further explorations shall be made to throw more light taking into consideration working women also.

There are various other factors which may play vital role in stress management ability of a person and have not been considered in the present research. These factors include family structure, socio-economic status, perceived family environment, number of children in the family etc. It is suggested that further researches shall be carried out taking into consideration these vital factors to throw more light on stress management ability dimension.

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***CHAPTER 7***

*SUMMARY*

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## CHAPTER – SEVEN

# SUMMARY

## INTRODUCTION

### STRESS

Life in the 21<sup>st</sup> century is infinitely far more complex than it has ever been. Human beings never designed to live in this complex modern world with its many demands on them. It is frequently asserted that stress has become a major feature of modern living. The term “stress” refers to an internal state, which results from demanding, frustrating or unsatisfying conditions. A certain level of stress is unavoidable. In fact, an acceptable level of stress can serve as a stimulus to enhance an individual’s performance. However, when the level of stress is such that the individual is incapable of satisfactory dealing with it then the effect of performance may be negative. Thus, extreme stress conditions are said to be detrimental to human health, but in moderate stress it is normal and in many cases proves useful.

Stress is often defined as a threat, real or implied to homeostasis. In common usage stress usually refers to an event or succession of events that cause a response often in the form of “distress” but also in some cases, referring to a challenge that leads to a feeling of exhilaration as in ‘good’ stress. It is frequently used in negative sense of ‘distress’ and sometimes it is used to describe the chronic state of imbalance.

### SOURCES OF STRESS

People can experience stress from four basic sources.

**(i) Stressor** – Stressors are specific kinds of stimuli, whether physical or psychological, they place demands on people that endanger their well-being and require them to adapt in some manner. The more the demands of a situation outweigh the resources they have to deal with them, the more stressful a situation is likely to be.

Stressors differ in their severity, they can range from micro-stressors (the daily hassles, minor annoyances such as different coworkers, traffic jams, and academic deadlines) to severe stressors. Major negative events such as the death or loss of a loved one, an academic or career failure, serious illness, or a being the victim of a serious crime place strong demands on people and require major efforts to cope. Catastrophic events tend to occur unexpectedly and typically affect large number of people (Resick, 2005). They include traumatic, natural disaster such as the Indian Ocean Tsunami of 2004, act as war or terrorism and physical or psychological torture. All the classes of stressors can have significant negative effects on psychological and physical well-being (Zautra, 2003; and van Praag, 2004).

Other researchers have approved stress as the physical and psychological response to stressors. In this view, stress is the internal feeling of somatic reaction generated in response to events or situations such as those just described (Coyne & Holroyd, 1982; and Selye, 1993).

**(ii) Environment** – Stress is a process involving an interaction between the person and his or her environment (Lazarus & Folkman, 1984; and Lazarus, 1999). The degree of stress an individual feels in response to an environmental event is dependent upon many aspects of the fit between the individual and his or her environment. Some people thrive on pressure and do quite well in a fast paced and unpredictable work atmosphere. Other appreciate predictability and a slower pace, and find a high pressure environment taxing physically and emotionally. Depending upon how extensive his or her resources are, the individual may be more or less able to deal with the demands that situations present.

**(iii) Life Changes** – Researchers have attempted to study the relation between life events and well-being. Daily hassles are minor annoying events for which people have no automatic adaptive responses, they then take by surprise and always require some degree of adjustments. Daily hassles have been shown over the long term to have negative cumulative effects on health (Kanner et al., 1981; DeLongis et al.,



1982; Wu & Lam, 1993; Norman & Malla, 1994; Fernandez & Sheffield, 1996; and Arango & Cano, 1998).

**(iv) Thoughts** – An individual's brain interprets and perceives situations as stressful, difficult, painful, or pleasant. Some situations in life are stress provoking, but it is one's thoughts which determine whether those situations pose a problem for him. This involves

- overestimation of danger,
- underestimation of one's ability to cope,
- underestimation of help available, and
- worries and catastrophic thoughts.

The perception of the threats varies for person to person. Some people, because of their life experiences, may feel threatened very easily and will often feel anxious. Other people may feel a greater sense of safety or security. Certain life experience such as growing up in a chaotic home with volatile surroundings may lead a person to conclude that the world and other people are dangerous.

## **THEORIES OF STRESS**

Theories that focus on the specific relationship between external demands (stressors) and bodily processes (stress) can be grouped into two different categories: approaches to 'systemic stress' based on physiology and psychobiology (Cannon, 1929, and Selye, 1976) and approaches to 'psychological stress' developed within the field of cognitive psychology (Lazarus, 1966, 1991; McGrath, 1982; and Lazarus & Folkman, 1984).

## **FIGHT OR FLIGHT RESPONSE THEORY**

Cannon (1929) outlined the first scientific description of the way animals and humans respond to danger. He found that a sequence of activities is triggered in the

nerves and glands to prepare the body either to defend itself and struggle to run away to safety. Cannon (1929) called this dual stress response 'the fight or flight' response. At the centre of this stress response is the hypothalamus which is involved in a variety of emotional responses. The hypothalamus has sometimes been referred to as the stress center because of its twin functions in emergencies: (1) it controls the autonomic nervous system (ANS), and (2) it activates the pituitary gland.

### **SYSTEMIC STRESS: SELYE'S THEORY**

The popularity of the stress concept in science and mass media stems largely from the work of Selye (1936), who in a series of animal studies, observed that a variety of stimulus events (e.g., heat, cold, toxic agents), applied intensely and long enough, are capable of producing common effects, meaning not specific to either stimulus event. Besides these nonspecific changes in the body, each stimulus produces its specific effect too, heat, for example, produces vasodilatation, and cold vasoconstriction. According to Selye (1976), these non-specifically caused changes constitute the stereotypical, i.e., specific, response pattern of systemic stress. Selye (1976) defines this stress as 'a state manifested by a syndrome which consists of all the nonspecifically induced changes in a biological system'.

Selye (1976) described the stress response in terms of a General Adaptation Syndrome (GAS) whereby the individual responds and deals with a stressor in three stages: the alarm reaction, the stage of resistance, and the stage of exhaustion.

### **PSYCHOLOGICAL APPRAISAL AND THE EXPERIENCE OF STRESS: THE LAZARUS THEORY**

#### **Cognitive Appraisal**

Lazarus & Folkman (1984) proposed a model that emphasizes the transactional nature of stress. Stress is a two-way process; the environment produces stressors and the individual finds ways to deal with those.

1. **Primary Appraisal:** During the primary appraisal stage a person will be seeking answers to the meaning of the situation with regard to their well-being.
2. **Secondary Appraisal:** Secondary appraisals occur at the same time as primary appraisals. A secondary appraisal can actually cause a primary appraisal.

## **RESOURCE THEORIES OF STRESS: A BRIDGE BETWEEN SYSTEMIC AND COGNITIVE VIEWPOINTS**

Resource theories of stress are not primarily concerned with factors which create stress, but with resources that preserve well-being in the face of stressful encounters. Several social and personal constructs have been proposed, such as social support (Schwarzer & Leppin, 1991), sense of coherence (Antonovsky, 1979), hardiness (Kobasa, 1979), self-efficacy (Bandura, 1977), or optimism (Scheier & Carver, 1992).

## **COPING WITH STRESS**

Lazarus & Folkman (1984) scientifically defined coping as the sum of cognitive and behavioural efforts, which are constantly changing, that aim to handle particular demands, whether internal or external, that are viewed as taxing or demanding. Simply put, coping is an activity people do to seek and apply solutions to stressful situations or problems that emerge because of their stressors. Actually, the term “coping” is more associated with “reactive coping”, because in general, coping is seen as a response to a stressor. On the other hand, there is also what is called “proactive coping”, wherein the coping response is aimed at preventing a possible encounter with a future stressor.

## **PROBLEM-FOCUSED COPING**

Problem-focused coping involves taking direct action to change a stressful situation or to prevent or reduce its effects. The goal of problem focused coping is to reduce the demands of the situation or enhance one’s resources to deal with it.

Problem-focused coping can even begin before the problem does. This approach is called proactive coping (Aspinwall & Taylor, 1997).

### **EMOTION-FOCUSED COPING**

Emotion-focused coping involves attempts to regulate or reduce the emotional (and relatedly social) consequences by the stressful events. The individual attempts to regulate his or her emotions. When faced with the breakup of a romantic relationship, for example, people may try to cope with their feelings of distress by distracting their attention with day to day activities. In response to stressful events the emotion-focused coping response may also involve cognitively, reevaluating the situation.

### **SOCIAL SUPPORT COPING**

A third type of coping strategies involve seeking social support that is, turning to others for assistance and emotional support in times of stress.

Having a strong social support network can provide a lot of benefits to anyone, because every one is bombarded by stress in one's daily lives.

### **RELIGIOUS COPING**

Religious coping received little attention until relatively recently. Now it has become one of the most fertile areas for theoretical consideration and empirical research. The interest in religious coping is spurred in part by evidence that religion plays an important role in the entire stress process, ranging from its influence on the ways in which people appraise events (Park & Cohen, 1993) to its influence on the way in which they respond psychologically and physically to those events over the long term (Seybold & Hill, 2001). But people also use religion specifically to help cope with the immediate demands of stressful events, especially to help find the strength to endure and to find purpose and meaning in circumstance that can challenge the most fundamental beliefs.

## **STRESS MANAGEMENT OF HOUSEWIVES**

There are several social, economic and psychological causes of stress among housewives.

1. Relation with husband
2. Relation with other family members
3. Economic factors
4. Social factors
5. Children's education
6. Feeling of worthlessness/lack of identity
7. Other factors – There can be several other factors like too much housework, the health of husband, children, parents or herself, aging parents living alone in another town, the daily stress of driving through traffic and bad roads, taking care of all house and outside responsibilities when husband is out of town etc.

Mardhekar & Wadkar (2009) observed that housewives had lower self-confidence than working women. Housewives have limited opportunities for experience of mastery and work is not central to their self-definitive even if family relationships are crucial for their self-esteem. They may not bolster their self-confidence because these relationship are not egalitarian.

## **DETERMINANTS OF STRESS MANAGEMENT**

There are various factors which determine stress management capabilities. The present research deals with some such determinants.

## **RELIGIOSITY AND STRESS MANAGEMENT**

Religion is a powerful institution which plays important role in shaping of social behaviour. It is conceived as a central projective system which reflects early experience and basic personality structure of the people.

Religious beliefs and practices have been present in nearly all cultures since recorded history. According to some estimates, 86% of the world's population identifies an affiliation with some sort of religious or spiritual system (Barrett et al., 2001). In the United States alone, approximately 82% of adults express belief in God (Harris Interactive Poll, 2005), 58% pray daily, 44% attend religious services at least twice a month, and 56% identify religion as a very important influence in their lives (Pew Research Center, 2008).

Religion may enter into the coping process in a variety of ways. The critical event may itself be religious, such as a conversion or mystical experience or some insight or realization from reading sacred scripture or the event may be religiously framed, as in the case of an interpersonal experience within one's congregation or a life transition that is marketed by a religious ceremony.

Koenig & Larson (2001) reviewed over 850 studies and highlighted several positive associations between religiosity and health outcomes, particularly in the area of mental health. The authors concluded that those with higher level of religiosity had significantly lower rates of depression and anxiety.

## **EDUCATION AND STRESS MANAGEMENT**

Google dictionary has defined education as "The process of receiving or giving systematic instruction specially at school or university or the theory and practice of teaching. But education is actually much more than the definition. Infact by education means the overall development of a person. Education is not only subjects people get in their academics but also many essential things in life like ethics, morals, responsibilities manner, behaviour, relationships, respect, knowledge, and many other things in life, for example, how to set goals in life? How to tackle problem in life? How to deal with people? How to work? How to accept things in life? How to handle pressures, failures, and planning the success etc.?"

Education is both foundation and unifying force of our democratic way of life. It is the mainspring of our economic and social progress. It is the highest expression of achievement in our society, and enriching human life. At the same time it is the most profitable investment society can make and the richest reward, it can confirm (Kennedy, 1962).

Education also affects many non-economic aspects of education in an women's whole life. It increases her contribution to family life by expanding her understanding, interest, values, and family goals.

Aziz (2004) has reported that the educationally qualified women who are staying at home or have been made to stay at home have a feeling of under utilization of their talent and hence derive frustration out of it. Further the researcher has suggested that there is a feeling among housewives that their complete involvement at the domestic front goes unacknowledged which further intensifies frustration of housewives.

## **LENGTH OF MARITAL LIFE AND STRESS MANAGEMENT**

Marriage is an institution which admits men and women to family life. For the majority of young people, the quest for intimacy leads to marriage. Their life course takes shape within the family life cycle – a sequence of phases that characterizes the development of most families around the world. In early adulthood, people typically live on their own marry, and bear and rear children. As they become middle aged and their children leave home, their parenting responsibilities diminish. Late adulthood brings retirement, growing old, and death of one's spouse (mostly for women) (McGoldrick et al., 1993; and Framo, 1994).

Marital satisfaction is a mental state that reflects the perceived benefits and costs of marriage to a particular person. The more costs a marriage partner inflicts on a person, the less satisfied one generally is with the marriage partner. Similarly, the greater the perceived benefits are, the more satisfied one is with the marriage and

with the marriage partner. Some factors related to marital satisfaction, for example, are : family background, age of marriage, length of courtship, timing of pregnancy, relationship to extended family, marital patterns in extended family, financial and employment status, personality characteristics etc.

According to Marini (1978) early marital life is a period of adjustment to new patterns of life and new social expectations. The young adult is expected to play new roles. Such as that of spouse, parent, and breadwinner, and to develop new attitude, interests, and values in keeping with these new roles. These adjustments make early marital life a distinctive period in the life span and also a difficult one.

Late marital age is considered to extend from age forty to age sixty. Middle age is a long period in the life-span, it is customarily sub-divided into early middle age, which extend from age forty to age fifty, and advanced middle age, which extended for age fifty to age sixty. During advanced middle age, physical and psychological changes that first begin during the early forties become far more apparent.

Late marital age is a time of radical adjustment to changes in roles and patterns of life, especially when accompanied by physical changes always tend to disrupt the individual and psychological homeostasis and lead to a period of stress. According to McClelland (1976) a time when a number of major adjustment must be made in the home, business, and social aspects of their lives.

Many challenging tasks of early marital life make it a particularly stressful time of life. Young adults more often report feeling of depression than middle aged people, many of whom have attained vocational success and financial security and are enjoying more free time as parenting responsibilities decline (Wade & Cairney, 1997; and Schieman et al., 2001). Also, late marital life housewives are better than early marital life housewives at coping with stress because of their longer life experience and greater sense of personal control over their lives. They are more likely to engage in effective problem solving when stressful conditions can be



changed and to manage negative emotion when nothing can be done about an unpleasant situation (Lazarus, 1991).

## **STATEMENT OF PROBLEM**

Following problems were undertaken in the present research.

### **A. INDEPENDENT ROLE/EFFECT**

1. The first problem of the present research was whether high religious and low religious housewives differed in respect of their stress management ability?

It was hypothesized that high religious housewives would show higher stress management ability than moderate and low religious housewives, and low religious housewives would be the poorest in this regard.

2. The second problem of the present research was whether stress management ability of housewives differed due to their educational level?

It had been hypothesized that housewives who were graduate would exhibit higher stress management ability than those who were educated only up to 12<sup>th</sup> standard.

3. The third problem of the present research was whether length of marital life exerted any effect on stress management ability of housewives?

It was hypothesized that housewives with greater length of marital life (11-20 years) would exhibit higher stress management ability than those with shorter length of marital life (0-10 years).

### **B. INTERACTION EFFECT**

4. The fourth problem of the present research pertained to interaction effect of religiosity and education level of housewives on their stress management ability.

It was expected that high religious and high educated housewives would be the best stress manager while low religious and low educated housewives would be the poorest stress managers.

5. The fifth problem of the present research pertained to interaction effect of religiosity and length of marital life on stress management ability of housewives.

It had been hypothesized that high religious and housewives with longer duration of marital life would show the highest level of stress management ability while low religious housewives with shorter length of marital life would be the poorest in this regard.

6. The sixth problem of the present research pertained to interaction effect of education level and length of marital life on stress management ability of housewives?

It had been hypothesized that higher educated and housewives with longer length of marital life would be the best while lower educated housewives and those with shorter length of marital life would be the poorest in respect of their stress management ability.

7. The last problem of the present research pertained to joint effect of three independent variables – religiosity, education level, and length of marital life of housewives – on their stress management ability.

It had been hypothesized that high religious, high educated, and housewives with greater length of marital life would show, the highest stress management ability and those with low religiosity, lower education level and shorter length of marital life would show the poorest level of stress management ability.

## **METHODOLOGY**

### **THE SAMPLE**

A final stratified random sample of 240 housewives from a larger population was selected in the present research. Care was taken to select equal number of housewives (n = 20) from each of the 12 sub-groups formed on joint basis of 3 religiosity levels (high, moderate, and low), 2 education levels (up to 12<sup>th</sup> standard and graduation), 2 marital length (0-10 years and 11-20 years) groups.

### **TOOLS**

1. **Assessment of Religiosity** : Religiosity Scale constructed and standardized by Bhushan (1990) was used to assess the religiosity level of housewives.
2. **Assessment of Stress Management** : Stress Resistance Scale constructed and standardized by Ajawani & Varwandkar (2010) was used to assess stress management ability of housewives.

### **RESEARCH DESIGN AND PROCEDURE**

A 3x2x2 factorial design was used in the present research to observe independent and joint effect of religiosity, education level, and length of marital life of housewives in their stress management ability.

Data were collected in three steps. In the first step, housewives were contacted through various sources i.e., social clubs and schools apart from direct contact. Care was taken to select only those housewives who had marital length of 0-10 yrs. and 11-20 yrs. Care was also taken to select only those housewives whose education level was either up to 12<sup>th</sup> standard or who were graduates. In the second step, this incidental population was administered religiosity scale and on the basis of norms housewives were classified into three groups i.e., high religious (scores above Q<sub>3</sub> i.e., 152), moderate religious (scores between Q<sub>1</sub> and Q<sub>3</sub> i.e., 133-152), and low

religious (scores below  $Q_1$  i.e., 133). In this way, total 12 sub-groups were formed on the basis of three levels of religiosity, two levels of education, and two levels of length of marital life. Twenty housewives were randomly selected in each of the twelve sub-groups. Thus, a total of 240 housewives served as the final sample in the present investigation and were studied for their stress management ability by administering a stress resistance scale.

## **DATA ANALYSIS**

The obtained data were analyzed with the help of parametric statistics i.e., ANOVA, protected t test, and t ratio. Hartley's Test of Homogeneity of Variance was employed before using these statistical models.

## **RESULTS & DISCUSSION**

In regard to role of religiosity in stress management ability of housewives, it was found that high religious housewives truly showed better stress management ability in comparison to moderate and low religious housewives.

In regard to impact of education level of housewives, it had been observed that housewives educated up to 12<sup>th</sup> standard showed greater stress management ability than graduate housewives.

No true impact of length of marital life was observed on stress management ability of housewives.

None of the interaction effect was found considerable.

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## ***APPENDICES***

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***APPENDIX - A***

*TEST USED*

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T. M. No. 458715

L. I. Bhusan (Bhagalpur)

Consumable Booklet

of

धार्मिकता मापनी

R S

(Hindi Version)

कृपया निम्न सूचनाएँ भरिये:—

नाम	आयु
व्यवसाय	शिक्षा
धर्म	जाति
पुरुष / स्त्री	मासिक आय
शहरी/ ग्रामीण	शहर/देहात में कितने वर्षों से रहते हैं

### निर्देश

अगले पृष्ठ पर जीवन के व्यवहार और दर्शन से सम्बन्धित कुछ कथन या वाक्य दिए गये हैं। प्रत्येक वाक्य के विचार से कुछ लोग सहमत या असहमत हो सकते हैं। आप ध्यान से हर वाक्य को पढ़ें और देखें कि आप उससे सहमत हैं अथवा असहमत। आपकी सुविधा के लिये प्रत्येक वाक्य के सामने 5 = बिल्कुल सहमत, 4 = सहमत, 3 = कह नहीं सकता, 2 = असहमत, तथा 1 = बिल्कुल असहमत; ये पाँच उत्तर दिये हुये हैं। आपके विचार से इनमें से जो उत्तर सबसे अधिक उपयुक्त हो उसकी क्रम संख्या को घेर दें। मान लें वाक्य है—'ईश्वर सर्वशक्तिमान है।' यदि आप इससे बिल्कुल सहमत हैं तो वाक्य के सामने 'बिल्कुल सहमत' यानी (5) को घेर दें।

Estd. 1971

☎ (0562) 364926

**NATIONAL PSYCHOLOGICAL CORPORATION**

4/230, KACHERI GHAT, AGRA - 282 004 (U. P.) INDIA

कथन	उत्तर				
	विल्कुल सहमत	सहमत	कह नहीं सकता	असहमत	विल्कुल असहमत
1. आत्मा ईश्वर का एक अंग है।	5	4	3	2	1
2. ईश्वर ने हमें दूसरों की सेवा करने के लिये पैदा किया है।	5	4	3	2	1
3. जब-जब धर्म की हानि और अधर्म की वृद्धि होती है तब-तब ईश्वर अवतार लेते हैं अथवा अपने दूतों को भेजते हैं।	5	4	3	2	1
4. पर-नारी का चिन्तन करना पाप है।	5	4	3	2	1
5. हमें उनकी प्रशंसा करनी चाहिये जो धर्म पर दृढ़ हैं।	5	4	3	2	1
*6. इस गलत बात को सुनकर दुःख होता है कि मनुष्य का भाग्य ईश्वर के हाथ में है।	5	4	3	2	1
7. विनम्र व्यक्ति ईश्वर का प्रिय पात्र होता है।	5	4	3	2	1
*8. यह सोचना बेकार और कष्टदायक है कि मृत्यु के बाद भी आत्मा जीवित रहती है।	5	4	3	2	1
9. दुनिया का अस्तित्व शस्त्रबल पर नहीं, सत्य और दया पर निर्भर है।	5	4	3	2	1
*10. ईश्वर में वही विश्वास करते हैं जिनमें आत्मविश्वास की कमी होती है।	5	4	3	2	1
11. दूसरों को क्षमा करने से मन बड़ा समुद्र रहता है।	5	4	3	2	1
12. हमें चाहिये कि अपना सर्वस्व ईश्वर को अर्पित कर दें।	5	4	3	2	1
*13. ईश्वर-पूजा मात्र एक ढोंग है।	5	4	3	2	1
14. मानव मात्र की भलाई करने से व्यक्ति ईश्वर के निकट पहुँचता है।	5	4	3	2	1
15. धार्मिक स्थलों पर जाने से मन पवित्र हो जाता है।	5	4	3	2	1
*16. स्वर्ग और नरक कहीं नहीं हैं।	5	4	3	2	1
17. इस संसार को चलाने वाला केवल एक मात्र ईश्वर है।	5	4	3	2	1
18. यदि कोई मनुष्य अपनी निन्दा सह लेता है तो वही सम्झना चाहिये कि उसने सारे जगत पर विजय प्राप्त कर ली है।	5	4	3	2	1
*19. वह कायर है जो पाप से डरता है।	5	4	3	2	1
20. ईश्वर की इच्छा के बिना एक पत्ता भी नहीं हिलता है।	5	4	3	2	1
*21. मोक्ष के लिये सांसारिक सुख का त्याग करना मूर्खता है।	5	4	3	2	1
22. हर व्यक्ति मन को पवित्र कर ईश्वर को देख सकता है या उसका अनुभव कर सकता है।	5	4	3	2	1
23. ईश्वर का विरोधी कभी मानव का सच्चा मित्र नहीं हुआ।	5	4	3	2	1
24. व्यक्ति की सुख-समृद्धि ईश्वर की दया का फल है।	5	4	3	2	1
25. जो स्त्री पर-पुरुष से अनुरक्ति रखती है वह प्रोचक की भागिनी होती है।	5	4	3	2	1
26. सांसारिक कष्टों से मुक्ति का एक मात्र साधन है ईश्वर की उपासना।	5	4	3	2	1
*27. ईश्वर सम्बन्धी सारे विचार मन की उपज हैं।	5	4	3	2	1
28. ऐसे व्यक्ति से मिलकर बड़ा दुःख होता है जो अपने माता-पिता का सम्मान नहीं करता।	5	4	3	2	1
*29. पुनर्जन्म एक कोरी कल्पना है।	5	4	3	2	1
30. जीव-हत्या महापाप है।	5	4	3	2	1
31. इस क्षणभंगुर शारीरिक सौन्दर्य के सम्बन्ध में चिन्तन करना व्यर्थ है।	5	4	3	2	1
32. प्राणी ईश्वर की प्रेरणा से ही प्रभावित होकर सभी कार्य करते हैं।	5	4	3	2	1
33. ईश्वर की उपासना में ही सच्चा आनन्द है।	5	4	3	2	1
*34. प्रयास या प्रयत्न की तुलना में प्रार्थना बेकार है।	5	4	3	2	1
*35. कोई व्यक्ति धर्म के बिना भी अच्छा-खासा जीवन बिता सकता है।	5	4	3	2	1
36. यह संसार माया और भ्रम है, केवल ईश्वर ही सत्य है।	5	4	3	2	1

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Printed By- Archana Printers, Subhashpuram, Bodli, AGRA-7

कृपया निम्न सूचनाएं भरिए:-

नाम :.....  
उम्र :..... लिंग: पुल्लिंग/स्त्रीलिंग.....  
शिक्षा :.....संकाय : कला /वाणिज्य/विज्ञान  
व्यवसाय :.....पद.....  
व्यावसायिक पता :.....  
परिवार :एकल/संयुक्त, परिवार में सदस्यों की संख्या.....  
परिवार में आपका जन्मक्रम: प्रथम/मध्य/अंतिम.....  
वार्षिक आय :.....रूपये, पारिवारिक वार्षिक आय.....  
निवासी :शहरी/ग्रामीण.....वैवाहिक स्थिति: अविवाहित/विवाहित .....

### [भाग 'अ']

#### निर्देश

अगले पृष्ठों पर कुछ कथन प्रस्तुत किये गए हैं। कृपया दिये गये पांच विकल्पों में से किसी एक विकल्प पर (✓) चिह्न लगाकर स्वयं के प्रति अपना मत प्रस्तुत करें। यदि कथन आपके लिये हमेशा सही है, तो “हमेशा” प्रत्युत्तर पर (✓) चिह्न लगाएं, यदि कथन आपके संदर्भ में प्रायः सही है, तो “प्रायः” प्रत्युत्तर पर (✓) चिह्न लगायें, यदि कथन कभी-कभी ही सही है तो “कभी-कभी” प्रत्युत्तर पर (✓) चिह्न लगाएं। यदि वह कथन आप पर बहुत कम बार लागू होता है, तो “बहुत कम बार” प्रत्युत्तर पर (✓) चिह्न लगाएं और यदि वह कथन आप पर बिल्कुल भी लागू नहीं होता है, तो “कभी नहीं” प्रत्युत्तर पर (✓) चिह्न लगाएं। कृपया प्रत्येक कथन को ध्यानपूर्वक पढ़ें तथा अपने स्वयं के संदर्भ में अपने अनुभव के आधार पर ही उपयुक्त प्रत्युत्तर पर (✓) चिह्न लगाएं। कोई भी प्रत्युत्तर न सही है, न गलत। आपके समस्त प्रत्युत्तरों का उपयोग केवल शोध-कार्य के लिए लिया जाएगा तथा उसे पूर्णतः गोपनीय रखा जाएगा। अतः निःसंकोच होकर समस्त कथनों के प्रति अपने प्रत्युत्तर दें।

क्रं.	कथन	हमेशा	प्रायः	कभी-कभी	बहुत कम बार	कभी नहीं
1.	मैं घबरा देने वाली समस्याओं से जूझना जानता हूँ।					
2.	मैं बिना विचलित हुए तनावों का सामना कर सकता हूँ।					
3.	अप्रिय परिस्थितियों का सामना करना मेरे लिये कठिन है।					
4.	जब किसी क्रोधित व्यक्ति का सामना करना पड़ता है, तब मैं आतंकित हो जाता हूँ।					
5.	मैं चिंतित हो जाता हूँ।					
6.	सुबह के समय मेरे लिये बिस्तर छोड़ना आसान होता है।					
7.	मैं अपनी दिनचर्या को पूरा करने में लचीला हूँ।					

क्रं.	कथन	हमेशा	प्रायः	कभी-कभी	बहुत कम बार	कभी नहीं
8.	मैं यह विश्वास करता हूँ, कि हम अपने अवसरों का खुद निर्माण करते हैं।					
9.	मैं अपने व्यक्तिगत समय को आनंदपूर्वक व्यतीत करता हूँ।					
10.	मेरा परिवार, मेरी खुशियों का एक महत्वपूर्ण स्रोत है।					
11.	मैं विश्वास करता हूँ, कि किसी भी कठिन परिस्थिति या समस्या का प्रभावशाली ढंग से सामना किया जा सकता है।					
12.	मैं जीवन के प्रति आशावादी हूँ, तथा किसी भी परिस्थिति में उम्मीदों को नहीं छोड़ता।					
13.	मैं अपनी आवश्यकताओं तथा आकांक्षाओं को अपनी क्षमता एवं उपलब्ध साधनों के भीतर ही रखता हूँ।					
14.	यदि मैं संपूर्ण प्रयासों के पश्चात् भी असफल हो जाता हूँ, तब इसे ईश्वर की इच्छा मानकर हृदय से स्वीकार करता हूँ।					
15.	मैं जीवन की वास्तविकताओं और कटु सत्यों को सरलतापूर्वक स्वीकार करता हूँ।					

## [भाग 'ब']

### निर्देश

नीचे कुछ परिस्थितियाँ प्रस्तुत की गई हैं। प्रत्येक परिस्थिति तथा उसके प्रति प्रस्तुत तीन प्रतिक्रियाओं को ध्यानपूर्वक पढ़ें तथा आपके लिये जो प्रतिक्रिया सही हो, उसके सामने (✓) चिह्न लगा दें।

- जब किसी कारणवश आपकी नियमित गतिविधियाँ अचानक छूट जाती हैं, तब आप क्या करते हैं?
  - जीवन की अनिश्चितता को लेकर निराश हो जाता हूँ।
  - परेशानी का अनुभव करता हूँ।
  - कोशिश करता हूँ कि नियमित गतिविधियाँ जल्द से जल्द शुरू हो जाएं।
- जब कभी आप किसी दुर्घटना को घटते हुए देखते हैं, तब आप क्या करते हैं?
  - भय के कारण कांपने लगता हूँ।
  - घबराकर उस स्थल से चले जाता हूँ।
  - दुर्घटनाग्रस्त व्यक्ति की मदद में जुट जाता हूँ।
- जब कभी परिवार में बड़े व्यक्ति आपसे अत्याधिक गुस्सा हो जाते हैं, तब आप क्या करते हैं?
  - डर के कारण कांपने लगता हूँ।
  - मन ही मन तनाव का अनुभव करता हूँ।
  - शांत रहते हुए उनसे माफी मांग लेता हूँ।

4. यदि आप परिवार के साथ बाहर गये हुए हों और किसी सदस्य को दुर्घटना में गंभीर चोट लग जाएं तब आप क्या करेंगे?
  - (अ) खून से सने सदस्य को देखकर बेहोशी-सा महसूस करूंगा।
  - (ब) परेशान हो जाऊंगा, कि अब क्या करूँ।
  - (स) तत्काल उसे अस्पताल ले जाने का प्रयास करेंगे।
5. किसी कार्य में असफल हो जाने पर आप क्या करते हैं?
  - (अ) निराश होकर उस कार्य को अधूरा छोड़ देता हूँ।
  - (ब) बेचैन हो जाता हूँ।
  - (स) असफलता के कारण को समझ कर पुनः प्रयास करता हूँ।
6. यदि आपके परिवार का कोई बच्चा आपकी कीमती वस्तु को तोड़ दे, आप क्या करेंगे?
  - (अ) क्रोधित होकर बच्चे को मारने लगूंगा।
  - (ब) बच्चे को डाटूंगा।
  - (स) बच्चे को प्यार से समझाऊंगा, कि भविष्य में वह सावधान रहे।
7. यदि आपको ऐसा लगे कि, आपके परिवार के लोग आपसे अधिक अन्य सदस्य को चाहते हैं, तब आप क्या करेंगे?
  - (अ) परिवार के लोगों के प्रति क्रोध का अनुभव करूंगा।
  - (ब) उस सदस्य के प्रति ईर्ष्या की अनुभूति होगी।
  - (स) परिवार के अन्य सदस्यों से अपने मन की बात कहूंगा।
8. किसी कार्य पर बहुत मेहनत करने के बाद भी यदि परिणाम अच्छा नहीं आता, तब आप क्या करते हैं?
  - (अ) निराश होकर कार्य छोड़ने का विचार करता हूँ।
  - (ब) ग्लानि महसूस करता हूँ।
  - (स) अच्छे परिणाम न आने के कारण को समझकर पुनः प्रयास करता हूँ।
9. यदि आपकी गिनती परिवार के योग्य सदस्यों में नहीं हो, तब आप क्या करेंगे?
  - (अ) निराश होकर अलग-थलग रहने लगूंगा।
  - (ब) अन्य सदस्यों से ईर्ष्या होगी।
  - (स) साथ रहकर उनके जैसा योग्य बनने का प्रयास करूंगा।
10. यदि कोई महत्वपूर्ण कार्यक्रम नजदीक हो और आपकी तैयारी पूरी नहीं हुई हो, तब आप क्या करेंगे?
  - (अ) निराश होकर कार्यक्रम को स्थगित कर दूंगा।
  - (ब) भगवान से प्रार्थना करूंगा, कि किसी भी तरह से कार्यक्रम टल जाए।
  - (स) जितना भी समय बचा है, उसका उपयोग कर कार्यक्रम को सफल बनाने का प्रयास करूंगा।

11. महत्वपूर्ण कार्यक्रम के समय त्रुटि होने पर आप क्या करते हैं?
- (अ) इतना अधिक तनावग्रस्त हो जाता हूँ, कि कार्यक्रम को आगे नहीं बढ़ा पाता।
- (ब) उस त्रुटि के विषय में सोचकर परेशान होते रहता हूँ।
- (स) त्रुटि का निराकरण कर आगे अच्छा करने का प्रयास करता हूँ।
12. जब किसी स्थिति के परिणाम आपकी अपेक्षा के अनुकूल नहीं होते, तब आप क्या करते हैं ?
- (अ) क्रोध एवं हताशा से मन भर जाता है।
- (ब) दूसरों का सामना नहीं कर पाता।
- (स) असफलता के कारण को समझकर पुनः प्रयास करता हूँ।
13. परिवार में किसी प्रिय सदस्य का स्वास्थ्य खराब होने पर आप क्या करते हैं?
- (अ) मन में बुरे विचार आने के कारण चिंतित हो जाता हूँ।
- (ब) भगवान से उनके जल्दी ठीक होने के लिए प्रार्थना करता हूँ।
- (स) समुचित इलाज की व्यवस्था करता हूँ।
14. यदि आपकी परीक्षा नजदीक हो तथा उस समय घर पर कोई मेहमान आ जाए, तब आप क्या करेंगे?
- (अ) व्यवधान के कारण पढ़ नहीं पाऊँगा।
- (ब) परेशान हो जाऊँगा।
- (स) मेहमान के साथ कुछ समय आनंदपूर्वक गुजारने के पश्चात् अतिरिक्त समय देकर पढ़ाई पूरी करूँगा।
15. यदि आपको किसी कमजोर टीम का नेतृत्व करना पड़े, तब आप क्या करेंगे?
- (अ) हताशा में मैच न खेलने का निर्णय करूँगा।
- (ब) निरूत्साहित रहते हुए मैच में भाग लूँगा।
- (स) टीम के कमजोर सदस्यों का उत्साहवर्धन करते हुए मैच जीतने का प्रयास करूँगा।



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***APPENDIX - B***

*RAW SCORES*

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**Table # 01: Religiosity And Stress Management Ability Scores Of High Religious Housewives, Educated Up To 12<sup>th</sup> Standard, And Of Marital Life 0-10 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	153	85	11.	159	108
2.	167	114	12.	154	107
3.	153	110	13.	160	109
4.	163	108	14.	167	110
5.	164	113	15.	153	115
6.	163	108	16.	156	111
7.	168	111	17.	159	106
8.	160	115	18.	167	114
9.	163	98	19.	160	112
10.	153	109	20.	154	111

**Table # 02: Religiosity And Stress Management Ability Scores Of Moderate Religious Housewives, Educated Up To 12<sup>th</sup> Standard, And Of Marital Life 0-10 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	150	112	11.	135	95
2.	142	107	12.	148	112
3.	144	109	13.	143	98
4.	147	111	14.	134	103
5.	142	110	15.	149	115
6.	148	113	16.	146	101
7.	141	106	17.	147	100
8.	133	85	18.	149	114
9.	151	96	19.	135	101
10.	152	102	20.	151	108

**Table # 03: Religiosity And Stress Management Ability Scores Of Low Religious Housewives, Educated Up To 12<sup>th</sup> Standard, And Of Marital Life 0-10 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	124	117	11.	116	94
2.	115	101	12.	108	88
3.	126	97	13.	120	108
4.	132	91	14.	131	111
5.	119	99	15.	123	96
6.	132	100	16.	121	112
7.	120	102	17.	123	106
8.	130	103	18.	129	107
9.	130	101	19.	122	99
10.	126	99	20.	126	108

**Table # 04: Religiosity And Stress Management Ability Scores Of High Religious Graduate Housewives, And Of Marital Life 0-10 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	155	115	11.	159	110
2.	156	103	12.	160	96
3.	153	96	13.	156	113
4.	167	96	14.	153	98
5.	159	114	15.	153	102
6.	160	116	16.	161	104
7.	175	109	17.	157	99
8.	154	113	18.	160	100
9.	155	110	19.	154	108
10.	154	108	20.	157	107

**Table # 05: Religiosity And Stress Management Ability Scores Of Moderate Religious Graduate Housewives, And Of Marital Life 0-10 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	137	92	11.	134	102
2.	144	112	12.	139	110
3.	145	110	13.	145	97
4.	144	100	14.	139	104
5.	149	103	15.	133	119
6.	136	107	16.	141	98
7.	144	110	17.	145	101
8.	145	100	18.	134	103
9.	134	101	19.	144	94
10.	134	91	20.	142	99

**Table # 06: Religiosity And Stress Management Ability Scores Of Low Religious Graduate Housewives, And Of Marital Life 0-10 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	120	97	11.	114	114
2.	122	97	12.	127	107
3.	131	98	13.	99	98
4.	129	105	14.	128	106
5.	110	103	15.	130	83
6.	127	101	16.	113	105
7.	127	108	17.	125	105
8.	131	97	18.	117	112
9.	127	101	19.	128	101
10.	126	101	20.	115	108

**Table # 07: Religiosity And Stress Management Ability Scores Of High Religious Housewives, Educated Up To 12<sup>th</sup> Standard, And Of Marital Life 11-20 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	155	97	11.	153	120
2.	164	117	12.	155	104
3.	158	106	13.	158	104
4.	158	100	14.	168	110
5.	164	112	15.	159	109
6.	164	120	16.	168	110
7.	173	107	17.	156	109
8.	166	107	18.	168	110
9.	162	100	19.	157	106
10.	153	113	20.	153	104

**Table # 08: Religiosity And Stress Management Ability Scores Of Moderate Religious Housewives, Educated Up To 12<sup>th</sup> Standard, And Of Marital Life 11-20 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	141	108	11.	151	112
2.	150	103	12.	134	104
3.	146	107	13.	147	94
4.	145	103	14.	138	95
5.	150	99	15.	138	107
6.	139	97	16.	151	92
7.	136	106	17.	140	111
8.	142	102	18.	148	112
9.	148	102	19.	136	115
10.	135	114	20.	147	105

**Table # 09: Religiosity And Stress Management Ability Scores Of Low Religious Housewives, Educated Up To 12<sup>th</sup> Standard, And Of Marital Life 11-20 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	123	109	11.	117	100
2.	109	102	12.	123	102
3.	103	113	13.	114	97
4.	127	98	14.	132	104
5.	132	111	15.	127	115
6.	120	90	16.	119	103
7.	128	100	17.	120	110
8.	112	95	18.	132	97
9.	132	102	19.	129	93
10.	132	102	20.	119	105

**Table # 10: Religiosity And Stress Management Ability Scores Of High Religious Graduate Housewives, And Of Marital Life 11-20 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	172	113	11.	161	110
2.	155	91	12.	161	101
3.	154	111	13.	155	119
4.	159	114	14.	165	105
5.	159	100	15.	166	108
6.	169	106	16.	166	100
7.	160	106	17.	162	106
8.	179	91	18.	171	104
9.	157	111	19.	163	105
10.	165	102	20.	163	105

**Table # 11: Religiosity And Stress Management Ability Scores Of Moderate Religious Graduate Housewives, And Of Marital Life 11-20 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	147	104	11.	147	97
2.	142	93	12.	140	94
3.	136	104	13.	146	101
4.	145	107	14.	137	101
5.	135	97	15.	152	116
6.	133	98	16.	143	100
7.	139	101	17.	135	99
8.	147	100	18.	147	108
9.	151	109	19.	146	86
10.	144	102	20.	141	100

**Table # 12: Religiosity And Stress Management Ability Scores Of Low Religious Graduate Housewives, And Of Marital Life 11-20 Years**

S.No.	Religiosity Scores	Stress Management Scores	S.No.	Religiosity Scores	Stress Management Scores
1.	116	101	11.	123	91
2.	98	90	12.	128	101
3.	115	97	13.	130	110
4.	131	107	14.	121	106
5.	125	105	15.	131	97
6.	89	100	16.	130	102
7.	129	98	17.	113	98
8.	128	90	18.	81	99
9.	118	96	19.	103	110
10.	131	100	20.	129	100

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***APPENDIX - C***

*RESEARCH PAPERS PUBLISHED*

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Volume I , Issue V  
April to June 2014

Reg. No.- MPHIN/28519/12/1/2012- TC  
ISSN 2320-8767

# Naveen Shodh Sansar

(An International Multidisciplinary Refereed Journal)



# नवीन शोध संसार

Editor - Ashish Sharma

Office Add. "Shree Shyam Bhawan", 795 - Vikas Nagar Extension 14/2 , NEEMUCH (M.P.) 458 441, (INDIA)  
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## Impact Of Education On Stress Management Ability Of Housewives

Mrs. Laxmi Deonani \* Dr. Sandhya Verma \*\* Dr. J.C. Ajawani \*\*\*

**Abstract** - The authors intended to study impact of education on stress management of housewives. It was hypothesized that high educated housewives would show better stress management ability than low educated housewives. A final incidental sample of 120 housewives was drawn equally from two education levels i.e., up to 12<sup>th</sup> and graduate. Though, it was expected that graduate housewives would exhibit higher stress management ability than those who were educated only up to 12<sup>th</sup> standard, a non-significant reverse trend was observed in the present research.

**Key Words** - Stress Management Ability, Housewives, and Education.

**Introduction** - Life in the 21<sup>st</sup> century is infinitely far more complex than it has ever been. Human beings never designed to live in this complex modern world with its many demands on them. It is frequently asserted that stress has become a major feature of modern living. The term "stress" refers to an internal state, which results from demanding, frustrating or unsatisfying conditions. A certain level of stress is unavoidable. In fact, an acceptable level of stress can serve as a stimulus to enhance an individual's performance. However, when the level of stress is such that the individual is incapable of satisfactory dealing with it then the effect of performance may be negative. Thus, extreme stress conditions are said to be detrimental to human health, but in moderate stress it is normal and in many cases proves useful.

Education is one of the most critical determinants of success for both individuals and society. Individuals who are highly educated earn more, are healthier, and are more likely to contribute to civic organizations, whereas individuals with lower amount of education are more likely to commit crimes, suffer unemployment, default on loans, and be incarcerated (Sewell & Hauser, 1975; and Lochner & Moretti, 2004). As such, education is associated with economic growth and progress and is considered one of the main sources of prosperity for both individuals and nations (Marshall & Tucker, 1992; and Goldin & Katz, 2008). Education is a vital factor considered in relation to stress management. Education as such equips a person with the techniques of stress management. Educated people are believed to adopt better stress coping strategy than uneducated people.

**Problem & Hypothesis -**

The present study intended to study impact of education on stress management of housewives. It had been hypothesized that high educated housewives would exhibit better stress management ability than low educated housewives.

**Methodology :**

**Sample:** A final incidental sample of 120 housewives was drawn equally from two education level i.e., up to 12<sup>th</sup> and graduate.

**Tools:** Stress Resistance Scale constructed and standardized by Ajawani & Varwandkar (2010) was used to assess stress management ability of housewives.

**Procedure:** Two-randomized-group design was used for the purpose through which impact of education of housewives was verified in regard to their stress management ability. Incidentally selected 60 housewives having education up to 12<sup>th</sup> class and 60 graduate housewives were administered stress resistance scale. Care was taken to consider only those housewives who had marital life of 0-10 years.

**Results And Discussion :**

**Table#1: Statistical Details For Comparison Between Two Education Groups Of Housewives**

Education	n	M	Σx <sup>2</sup>	Obtained t value	Level of Significance
Up to 12 <sup>th</sup>	60	105.18	3458.48	1.18	N.S.
Graduate	60	103.61	2824.07		

A perusal of Table 1 clarifies that average stress management scores of housewives with education up to 12<sup>th</sup> class (M = 105.18) is higher than graduate housewives (M = 103.61). The obtained t ratio (t = 1.18) is not significant at any acceptable level of significance for 118 degrees of freedom and provides empirical ground to refute the research hypothesis, accepting the null hypothesis in this regard.

Though, it was hypothesized that higher education of housewives would prone them to be better stress manager; the finding of the present research did show opposite trend; that is, housewives with lower education showed better stress management ability. However, the insignificant statistical

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difference could not provide empirical ground to confirm this trend also.

It seems that graduate housewives find difficult to confine at home serving the role of homemakers only. In spite, lower educated housewives find it comfortable with this homemaker role. Probably, this may be the reason of the trend of better stress management ability of housewives with lower education.

The findings of the research throw light on important issue, that is, if higher educated girls are accepting the role of housewives than they must be counseled accordingly to avoid undue stressful life. It may also be possible to search new avenues for them apart from homemaker role so that their life satisfaction can increase and will in turn help these higher educated housewives to cope with stresses effectively.

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Volume I , Issue V  
April to June 2014

Reg. No.- MPHIN/28519/12/1/2012- TC  
ISSN 2320-8767

# Naveen Shodh Sansar

(An International Multidisciplinary Refereed Journal)



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## Impact Of Length Of Marital Life On Stress Management Ability Of Housewives

Mrs. Laxmi Deonani \* Dr. Sandhya Verma \*\* Dr. J.C. Ajawani \*\*\*

**Abstract** -The authors intended to observe impact of length of marital life on stress resistance of housewives. Incidental samples of 60 housewives with marital life of 0-10 years and 60 housewives with marital life of 11-20 years were studied for their stress management ability. Care was taken to select only graduate housewives. Though, it was expected that housewives with greater length of marital life would exhibit better stress management ability, a non-significant reverse trend was observed in the present research.

**Key Words:** Stress Management Ability, Housewives, and Length of Marital Life.

**Introduction** - Life in the 21<sup>st</sup> century is infinitely far more complex than it has ever been. Human beings never designed to live in this complex modern world with its many demands on them. It is frequently asserted that stress has become a major feature of modern living. The term "stress" refers to an internal state, which results from demanding, frustrating or unsatisfying conditions. A certain level of stress is unavoidable. In fact, an acceptable level of stress can serve as a stimulus to enhance an individual's performance. However, when the level of stress is such that the individual is incapable of satisfactory dealing with it then the effect of performance may be negative. Thus, extreme stress conditions are said to be detrimental to human health, but in moderate stress it is normal and in many cases proves useful.

Stress is a somewhat difficult concept to define largely because it is solely a unique, individual and subjective experience. Psychologists have viewed stress in three different ways – as a stimulus, as a resource and as an ongoing interaction between an organism and its environment.

Stress is often defined as a threat, real or implied to homeostasis. In common usage stress usually refers to an event or succession of events that cause a response often in the form of "distress" but also in some cases, referring to a challenge that leads to a feeling of exhilaration as in 'good' stress. But the term stress is full of ambiguities. It is often used to meet the event (stressor) or sometimes the response (stress response). Furthermore, it is frequently used in negative sense of 'distress' and sometimes it is used to describe the chronic state of imbalance.

It is frequently asserted that stress has become a major feature of modern living, caused particularly by changes in the type of work that people do, by the breakdown of traditional family structures, and by many features of the contemporary urban environment. Stress is thought to be a principal cause of psychological distress and physical illness and millions of working days every year are believed to be lost as a consequences of this. The ability to cope

successfully with stress is frequently held to be the key to human happiness.

Marriage is an institution which admits men and women to family life. For the majority of young people, the quest for intimacy leads to marriage. Their life course takes shape within the family life cycle – a sequence of phases that characterizes the development of most families around the world. In early adulthood, people typically live on their own marry, and bear and rear children. As they become middle aged and their children leave home, their parenting responsibilities diminish. Late adulthood brings retirement, growing old, and death of one's spouse (mostly for women) (Mcgoldrick et al., 1993; and Framo, 1994).

Most young adults are also aware that having children means years of extra burdens and responsibilities. When asked about the disadvantage of parenthood, they mention "loss of freedom" most often, followed by financial strain. Indeed the cost of child rearing is a major factors in modern family planning.

According to Marini (1978) early marital life is a period of adjustment to new patterns of life and new social expectations. The young adult is expected to play new roles. Such as that of spouse, parent, and breadwinner, and to develop new attitude, interests, and values in keeping with these new roles. These adjustments make early marital life a distinctive period in the life span and also a difficult one. Late marital age is considered to extend from age forty to age sixty. Middle age is a long period in the life span, it is customarily subdivided into early middle age, which extend from age forty to age fifty, and advanced middle age, which extended for age fifty to age sixty. During advanced middle age, physical and psychological changes that first began during the early forties become far more apparent.

Late marital age is a time of stress. Radical adjustment to changed roles and patterns of life, especially when accompanied by physical changes always tend to disrupt the individual and psychological homeostasis and lead to a period of stress. According to McClelland (1976), late marital

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age is a time when a number of major adjustment must be made in the home, business, and social aspects of their lives.

The many challenging tasks of early marital life make it a particularly stressful time of life. Young adults more often report feeling of depression than middle aged people, many of whom have attained vocational success and financial security and are enjoying more free time as parenting responsibilities decline (Wade & Cairney, 1997; and Schieman et al., 2001). Also late marital life housewives are better than early marital life housewives at coping with stress because of their longer life experience and greater sense of personal control over their lives. They are more likely to engage in effective problem solving when stressful conditions can be changed and to manage negative emotion when nothing can be done about an unpleasant situation (Lazarus, 1991). **Problem & Hypothesis** - The only problem of the research pertained to impact of length of marital life on stress management ability. It had been hypothesized that housewives with greater length of marital life would exhibit higher stress management ability than those with lesser length of marital life.

**Methodology - Sample:** Incidental samples of 60 housewives was selected from each of the two marital life length groups i.e., 0-10 years and 11-20 years.

**Tools:** Stress Resistance Scale (Ajawani & Varwandkar, 2010) was used assess to stress management ability of housewives.

**Procedure** - Stress Resistance Scale was administered on incidently selected sample of 120 housewives, equally (n = 60) drawn from both the marital life groups i.e., 0-10 years and 11-20 years.

**Results and Discussion** - A perusal of Table 1 clarifies that average stress management ability scores of housewives with marital life of 0-10 years (M = 103.62) is higher than housewives with marital life of 11-20 years (M = 102.05). The obtained t ratio (t = 1.18) for this difference is not significant at any acceptable level of significance and provides empirical ground to conclude that the length of marital life did not have any considerable say in stress management ability of housewives. In other words, it can be said that the two groups of housewives i.e., with marital life of 0-10 years and with marital life 11-20 years did not differ genuinely in regard to their stress management ability.

**Table#1: Average Stress Management Ability Scores Of Housewives With 0-10 Years And With 11-20 Years Of Marital Life And Obtained t Value**

Length of Marital Life	n	M	$\Sigma x^2$	Obtained t value	Level of Significance
0-10 years	60	103.62	3215.06	1.18	N.S.
11-20 years	60	102.05	3096.85		

Though, it was expected that longer marital life would have positive impact of stress management ability of housewives, reverse trend had been observed in the present research.

However, the difference between the two groups in respect of their stress management ability was proved to be negligible.

It was thought that with increase in length of marital life, the couple would develop a sound relationship and understanding with each other along with a greater tolerance of family responsibility, but the insignificant finding in favour of housewives with shorter length of marital life throws light on another aspect. It seems that the couple, in general develop an emotional attachment for each other just after being engaged and that seems to carry ahead also after the marriage at least for some longer period till they are over burdened with family responsibilities. This is very true in Indian scenario and that in the case of housewives who find lessening of emotional attachment due to excessive involvement in child care and other family responsibilities for which she is considered a sole responsible. Probably, this may be the reason for poor marital satisfaction leading to self-dissatisfaction and poorer general well-being of housewives of greater length of marital life which ultimately affect their stress management ability negatively. Further researches are recommended to throw more light on this line.

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