

CHAPTER II
REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

An offshoot of the socio-economic changes that are taking place in society, is the emergence of the family where both husband and wife are gainfully employed. However, it is significant in what kind of "work" the couple is engaged. Work, as distinct from career, may involve any kind of gainful employment. A career may be defined as those jobs which require a high degree of commitment and which have a continuous developmental character (Rapoport and Rapoport, 1969). The "dual career" marriage is a new prototype that reflects the increasing education and career aspirations of women. The emergence of the dual-career life style has been accompanied by a unique set of stressors that affect both spouses in the marriage. The balancing of professional, familial and societal roles often creates strain for married men and women involved in the career. The present study focused on understanding of factors affecting stress experienced and role fulfilment by career women in dual career families.

An intensive and extensive survey of literature was carried out to gain insight into the status of work pertaining to the current topic of research. The review of related literature is presented under two major headings as Theory and Research related to stress and role fulfilment.

1.0 THEORY RELATED TO THE CONCEPTS OF STRESS AND ROLE FULFILMENT

Theories and concepts regarding stress, coping strategies and social support are presented first and theories and concepts regarding role, role conflict and role fulfilment are presented next.

1.1 CONCEPTUALISATION OF STRESS

Experiments in 1936 on various species of experimental animals showed (Selye, 1956) that the organism responds in a stereotyped manner to a variety of widely different agents, such as infections, intoxication, trauma, nervous strain, heat, cold, muscular fatigue and x-irradiation. The specific actions of all these agents are quite different. Their only common feature is that they place the body in a state of stress. Hans Selye (1956) concluded that the stereotyped response which is superimposed upon all specific effects - represents a reaction to stress as such.

“Stress” or “Stressor” refers to any environmental, social or internal demand which requires the individual to readjust her/his usual behaviour patterns (Holmes and Rahe, 1967). The term “Stress reaction” refers to the state of physiological or emotional arousal that usually, but not inevitably, results from the perception of stress or demand.

The systematic study of stress in humans began to flourish some years later with the publication of Holmes and Rahe’s (1967) checklist of major life changes and their associated readjustment weights. Since the late 1970s, a variety of new methods of measuring stress have been developed and refined (Brown and Harris, 1978; Pearlin and Schooler, 1978; Bolger et al., 1989; Wheaton, 1990) and stress theory has been elaborated to incorporate factors which moderate or buffer the effects of stress on physical and mental health.

Hans Selye was the first and the most prolific writer on individual stress. He was the first to define and measure stress adaptations in the human body. As a result of his research, he postulated that ‘stress is the common denominator of all adaptive reactions in the body’. He further defined stress as “the state manifested by a specific syndrome which consists of all the non specifically induced changes within a biologic system”. Stress can be defined in various ways, viz. the wear and tear produced in the body by any type of exposure or the non-specific response of the body to any demand. Cox (1978) defined stress as the physiological state that prepares the organism for action. Degree of stress results from events or situations that have potential to cause change. Stress is change, by

itself it is neither good nor bad; it depends on how the organism reacts to it (Lazarus 1966; Lazarus and Folkman, 1984). Theory generally holds that stressors motivate efforts to cope with behavioural demands and with the emotional reactions that are usually evoked by them (Lazarus and Folkman, 1984). As stressors accumulate, individuals' abilities to cope or readjust can be overtaxed, depleting their physical or psychological resources, in turn increasing the probability that illness, injury or disease or psychological distress or disorder will follow. (Dohrenwend and Dohrenwend, 1974; Pearlin, 1975; Brown and Harris, 1978; Lazarus and Folkman, 1984).

Stress Curve The traditional stress curve identifies understress, healthy stress and overstress and their relationship with individual performance. If the individual feels too little stress which will reduce the effectiveness at that time will reflect their understimulation. The individual who feels bored or lethargic or have no enthusiasm for the job, reveal such a state of mind. This phase is called understress. As the stress increases, the individual's energy generally rises and performance grows until it reaches the optimum level. The individual feels stimulated, excited and challenged by the opportunities presented by a demand, appropriately in control, and with right amount of variety and change for them. This is when they deliver their best work. This phase is called healthy stress. However, if this goes on for too long or the pressure increases either in or outside work with inadequate supports the individual hit a point where they will begin to be overstretched and overstimulated and where their performance will diminish. Then the individuals begin to feel that the demands are too great that they cannot fulfill their commitments and their feeling becomes reality as they experience overstress. Long term overstress can lead to physical and mental illness with low level of performance. (Warren and Toll, 1994).

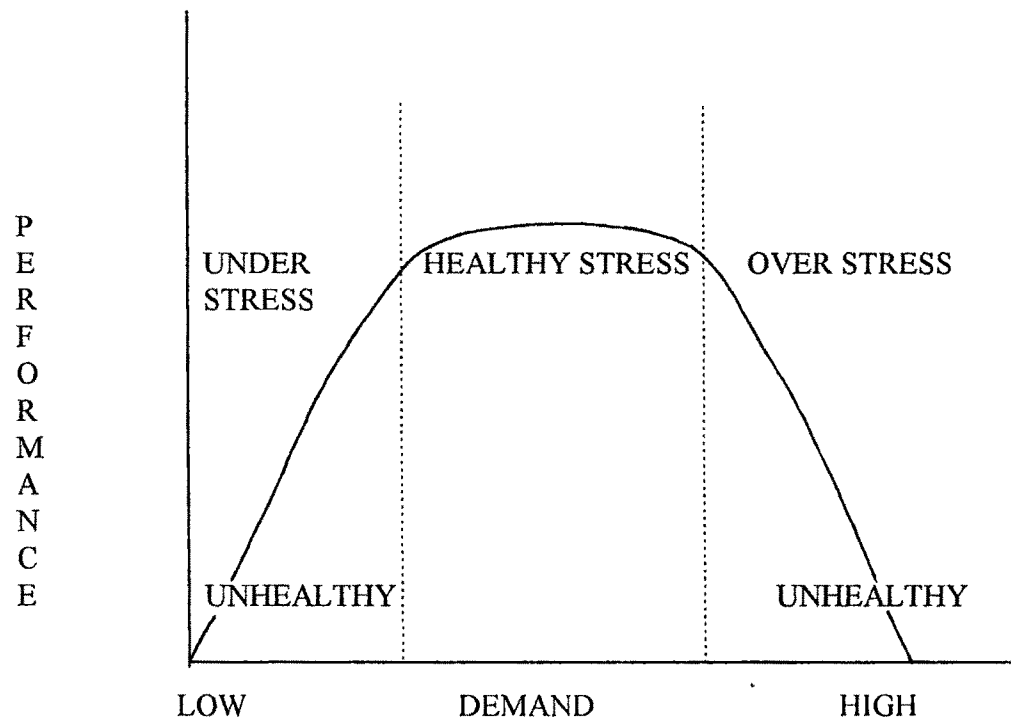


FIG.1 THE STRESS CURVE

Manifestations of Stress : Emotional reactions are usually expressed through bodily organs. Psycho-sexual maladjustment such as hysteria, amenorrhoea and dysmenorrhoea are common manifestations of such disturbances. Stress can cause a number of diseases of various organs and bodily systems. Stress caused diseases included thyrotoxicosis, hypertension, peptic ulcer, ulcerative colitis, bronchial asthma, rheumatoid arthritis and coronary heart diseases. further, diseases such as rheumatoid arthritis and ulcerative colitis are acute immune diseases which are markedly influenced by stress (Kumar et al., 1977).

An individual may develop some form of psychological disturbances when exposed to any overwhelming stress, even if it does not strike at the specific sensitivity. Sometimes a depression is precipitated, not by a single overwhelming incident, but by a series of traumatic events. Nonspecific stress situations do not necessarily produce depression.

Other types of pathological reaction may be produced depending on the specific predispositions of a particular person. Some individuals subjected to the same traumatic situations might have totally different disturbances such as paranoid reactions, anxiety reactions, or psychosomatic disorders or no psychiatric disorders at all (Paykel et al., 1969).

The predispositional and precipitating factors probably do not include all the conditions necessary for the development of depression. One of the likely is not readily identifiable contributing factors is psychological strain. A number of persons who have been over taxed or over stimulated for long periods are especially susceptible to specific stress. The same persons, on the other hand can sustain the same stress if it comes at a time when they have not been strained (Paykel et al. 1969).

Psychosomatic Disorders : Many psychosomatic derangements are due to stress and particularly to disruptions of the General Adaptive Syndrome - Many of these depend not so much upon the apparent pathogen but up on the way the organism react to it. Among the most common somatic diseases frequently traced to a psychogenic stress situation are; allergies, asthma, skin disorder, gastrointestinal maladies, and derangement of the cardiovascular system, particularly hypertension and coronary heart disease. Even immune reactions can be influenced by psychogenic stress and in latent diabetics, keto-acidosis is occasionally precipitated by emotional stimuli (Selye, 1979).

Neuroses : The most common stress-induced minor nervous derangement are migraine headaches, chronic fatigue, and bruxism as well as various types of neurotic behaviour, which are viewed by numerous authors as manifestation of maladjustments to the stress of life (Dumbar, 1947, Alexander, 1950; Wolfe, 1963).

Autism and Schizophrenia : Evidence is particularly strong with regard to the important role played by stress in the pathogenesis of autism. Parents of autistic children are often under stress and that at least a large proportion of autists are victims of some

kind of environmental stress, whose basic trouble is of an emotional nature. There seems to be general agreement that stressful life situations can precipitate schizophrenia in genetically predisposed individuals. Studies pointing to a possible relationship between Schizophrenia and the General Adoptive Syndrome led to the conclusion that schizophrenics - unlike normal subjects - fail to react to various stressors with the usual indications of increased corticoid secretion, sometimes even exhibiting an inverse response (Dumbar, 1947; Alexander, 1950, Wolfe, 1963).

Mania and Depression : The conditions that are labelled as depression currently, have been described by a number of ancient writers under the classification of “melancholia”. The first clinical description of melancholia was made by Hippocrates in the fourth century B.C. He also referred to swings similar to mania and depression (Jelliffe, 1931). An individual may develop depression when exposed to overwhelming stress, even if it does not strike at the specific sensitivity. Descriptions of depression include the typical characteristics of this condition. There are few psychiatric syndromes whose clinical descriptions are so constant through successive eras of history. It is noteworthy that the historical descriptions of depression indicate that its manifestations are observable in all aspects of behaviour, including the traditional psychological divisions of affection, cognition and conation. Because the disturbed feelings are generally a striking feature of depression, it has become customary in recent years to regard this condition as a “primary mood disorder” or as an “affective disorder”. There are many components to depression other than mood deviation. Depression may be defined as “A specific alteration in mood, sadness, loneliness, apathy”, “A negative self-concept associated with self-reproaches and self-blame”, “Regressive and self-punitive wishes; desire to escape, hide, or die”, “Vegetative changes; anorexia, insomnia, loss of libido”, “Change in activity level; retardation or agitation” (Bem, 1974).

Drug Dependence : Drug dependence, including alcoholism has also been ascribed to stress, particularly the distress of being unable to cope with the problems of

daily life and the consequent tendency to replace reality with the pleasant sensations offered by drugs (Baldwin, 1971).

1.2. CONCEPTUALISATION OF COPING STRATEGIES

From a cognitive and phenomenological perspective, Lazarus (1976) a psychologist, defined coping as a cognitive activity incorporating (a) an assessment of impending harm (primary appraisal) and (b) an assessment of the consequences of any coping action (secondary appraisal). In other words, the coping process, is the cognitive use of primary and secondary appraisals of what is happening, whereas coping strategies or behaviours are the actual responses to a perceived threat. Further, coping behaviours are defined by (a) direct action behaviour, an attack or escape from threat (fight or flight), which are used to change a stressed relation with one's physical or social environment and thus deal with the stressor itself and (b) intrapsychic forms of coping, which are defense mechanisms (detachment or denial), used to reduce emotional arousal rather than to change the situation. That is, it can be palliative behaviours comprising of actions or thoughts that make the person feel more calm. Lazarus (1976) holds that an individuals coping behaviour is organised not by emotions but by the cognitive process that leads to the emotional response. Both actions and thoughts may make a person feel better even if she or he cannot change the source of the stress (Lazarus, 1976).

Categories of coping were proposed by various authors. According to Folkman and Lazarus (1980), categories of coping are problem-focused and emotion-focused coping. That is, it comes into play in specific situation. Problem-focused coping is defined as attempts to alter or manage the situations, whereas emotion-focused coping is defined as attempts to reduce or manage emotional distress. By adding to the Folkman and Lazarus dichotomy, Moos and Billings (1982) categorized coping as action, which focused on the stressor situation, cognitive reappraisal which focused on one's cognition of the situation and symptom management which focused on the stress symptoms or psychophysiological states. The strategies that are labelled "emotion focused coping"

proposed by Folkman and Lazarus (1980) are more or less the same as “cognitive reappraisal” because these coping strategies are most immediately and directly aimed at changing thoughts about the situation. According to Lattack (1984) they reflect recognition process thus, the categories - action and cognitive reappraisal - correspond essentially to problem focused and emotion-focused coping.

Bird et al., (1983) identified coping mechanisms for dual-income couples, viz. planning, seeking support through talking to others, withdrawing, cognitive restructuring and limiting job responsibilities. Planning involves structuring work and/or family activities by organizing, prioritizing and working more efficiently. Seeking support through talking to others refers to communicating with others who can empathize with one’s situation and provide a support system to relieve stress. Withdrawing is defined as temporarily avoiding stressful situations and responsibilities to reduce tension. Cognitive restructuring refers to an individual’s attempts to redefine stressful, negative situations as neutral or positive experiences. Limiting job responsibilities is defined as restricting participation in occupational activities. The level of stress a person experiences, and the extent to which deleterious effects occur, depends on how and how well the person copes in stressful situation. Individuals continually develop perceptual and/or behavioural coping strategies to prevent, reduce, divert, avoid or control emotional stress (Folkman, 1984).

Coping resources are social and personal characteristics upon which people may draw when dealing with stressors. Resources reflect a latent dimension of coping because they define a potential for action, but not action itself. Coping behaviour comprises a hugely diverse number of cognitive and/or behavioural activities and researchers are thus faced with numerous options for conceptualizing and measuring coping. Situational factors, personality characteristics, cultural practices and preferences, and cognitive appraisal are just some of the many factors which can influence the coping process and the way it is conceptualized (Aldwin and Revenson, 1987).

1.3. CONCEPTUALISATION OF SOCIAL SUPPORT

Social support is a social 'fund' from which people may draw when handling stressors. The belief that one has someone to talk to who is supportive and understanding in times of stress is an example of social support. Emotional intimacy too provides social support. Social support is conceptually diffused and abstract (Thoits, 1986). According to Pearlman et al., (1981) support comes when people's engagement with one another extends to a level of involvement and concern, not when they merely think at the surface of each other's lives. The qualities that seem to be especially critical involve the exchange of intimate communications and the presence of solidarity and trust. House (1984) referred to social support as the functions performed for the individual by significant others, such as family members, friends, and co-workers. Significant others can provide instrumental, informational and/or emotional assistance.

The need to draw a distinction between instrumental and expressive aspects of support was pointed out by Thoits (1986) as the role of available practical help may differ from that of intimate and confiding relationships. Social support is also classified as perceived or received social support and structural and functional (House, 1981).

Parry (1986) in his study identified instrumental and expressive social support and used two separate measures to assess the same. The former measure (instrumental) was developed to know the perception of individual about how supported she/he felt due to the availability of physical facilities, tools and machines while the latter measure (expressive) focused more on the objective availability of close ties and the degree of contact with them. Loscosso and Spitz (1990) defined social support as the availability of help from supervisors, co-workers, family members and friends in times of need.

1.4 CONCEPTUALISATION OF ROLE

The word 'Role', originally used by French which later penetrated into English, is derived from the Latin 'Rotula' meaning the little wheel, or round log.

There are two distinct schools of thought on the concept of role, namely, the structural initiated by Linton (1936, 1945) and the interactionist initiated by Mead (1934). The structuralists define role as an element of culture (normative) associated with a given social status or position. In Linton's (1936) words:

A role represents the dynamic aspect of a status. The individual is socially assigned to a status and occupies it with relation to other statuses. When he puts the rights and duties which constitute the status into effect, he is performing a role (p.114).

In his later work Linton (1945) more pointedly stressed the cultural context of roles:

Role will be used to designate the sum total of the culture patterns associated with a particular status. It thus includes the attitudes, values and behaviour ascribed by the society to any and all persons occupying the status (p.77).

The interactionist tradition, on the other hand, lays major emphasis on the emergent quality of roles- that is, a conception of roles as behavioural qualities emerging out of social interaction. In Turner's (1962) words.

Role refers to a pattern which can be regarded as the consistent behaviour of a single type of actor (p.25).

The difference between the structural and interactionist positions on role is not only a difference in emphasis (prescriptions versus behaviour), but also a difference in the types of social contexts considered for role analysis. The structuralist view is the most

appropriate to the study of roles in formal organisations or groups, where the cultural definitions for the roles are fairly clear. Interactionists, on the other hand, are more comfortable with analyses of roles in relatively unstructured, informal groups, where roles are vaguely defined where there is a good deal of latitude in role behaviour.

Gross et al (1958) succinctly sum up an important aspect of the controversy between cultural and behavioural emphasis on role in these words:

Another reason for some of the differences in definition is simply semantic; the same phenomena are frequently given different names. Thus what Linton and Newcomb define as a role, Davis defines as a status. What Davis defines as a role, Newcomb calls role behaviour and Sarbin role enactment (p.17).

It would be possible to resolve the conflicting definitions by assigning the single term "role" to a set of cultural expectations of behaviour, attitudes, and values, while employing dynamic concepts such as role enactment, role performance, or role behaviour to the actual behaviour performed in enacting the role.

In relation to a given position, role has been employed both in the singular and plural. Linton (1936) employed the singular, gathering all the expected behaviour of position into one role. While he speaks of the roles of an individual, he has reference to the fact that each person occupies several positions, each of which involves one role. As a consequence, each person enacts several roles but only by virtue of occupying a number of positions (Linton, 1936).

In contrast, Merton (1957) and Gross et al (1958) argue that each position includes a number of roles. Merton (1957) on the other hand, writes:

A particular social status involves not a single associated role, but an array of associated roles. This is a basic characteristic of social structure. This fact of structure can be registered by a distinctive term, role-set ...that

complement of role relationship which persons have by virtue of occupying a particular social status (p.3).

Gross et al. (1958) view the role as composed of a number of segments, each of which is a set of expected behaviours which a relevant group holds for the role incumbent.

A role sector is defined as a set of expectations applied to the relationship of a focal position to a single counter position (p 10).

Role-playing is an act, a spontaneous playing. In Merton's (1957), words "Role-playing may be considered as an experimental procedure, a method of learning to perform roles more adequately". In 1936, the eminent anthropologist Linton proposed a classic distinction between status and role. A status, as distinct from the individual who may occupy it, is simply a collection of rights and duties. A role represents the dynamic aspect of a status. Role and status are quite inseparable. There are no roles without statuses or statuses without roles. Every individual has a series of roles deriving from the various patterns in which she/he participates and at the same time a role, generally' represents the sum total of these roles and determines what she/he does for her/his society and what she/he can expect from it.

Much of the behaviour of the child at play, the employee at work, and the individual at home is performance. Role enactment equivalent to role behaviour includes, among other segments of behaviour, gross skeletal movements, the performance verbal and motoric gestures, posture and gait, styles of speech and accent, the wearing of certain forms of dress and costume and the use of material objects. In short role enactment embraces what might be called the mechanics of the role taking process (Linton, 1936).

Any role may be enacted with different degrees of organismic involvement. This is essentially an intensity dimension, the intensity of the enactment being manifest in the number of organic systems involved. At the low end of the dimension would be the kind of interaction which occurs with little affect and with little effort. The role of the customer

in today's market involves only minimal movements carried out in the exchange of money. In contrast to this role, the intensity involved in enacting the role of the mother of a sick child is more prominent. In daily life some roles are enacted with minimal organismic involvement where as some are enacted with maximal organismic involvement (Linton, 1936).

Career woman in a dual career family is a part of employment organisation as well as family organisation. Different members in the employment organisation hold different set of expectations concerning her work and behaviour in the employment organisation. In the same way different members in the family organisation hold different sets of expectations concerning her work and behaviour in the family organisation. Each of these sectors of expectations are considered role sectors. Different bundles of responsibilities are included in the overall role.

Mehta (1975) expressed that in the Indian society different values of home and workplace maximize the differences in the instrumental roles of work place and expressive roles at home. Masculine and feminine stereotypes do not emerge from psychological differences between the two sexes, but from social conditioning. The inevitable component of the feminine role is domestic duty. It is an article of faith among men and some women too, that women are naturally endowed to undertake house work. A woman who is not predisposed to cook, clean or raise children is seen as lacking in essential wifely attributes. Terms such as womanly duties, domestic work, housewife, homemaker signify the ascriptive nature of household work. In effect, house works is assigned to women on the basis of their birth status.

In connecting positions of actual power to perceptions of control Pearlin et al.(1981) states that those lower in the social hierarchy have fewer options to act and thus little reason to feel in control. Because women are in positions lower in the social hierarchy in general and lower in marital power in particular, they perceive themselves to have less personal control over their social environment than men.

Research on a range of concepts, including learned helplessness, locus of control, mastery and fatalism, demonstrate that perceptions of personal control are important for well-being (Pearlin et al., 1981). Power has an obvious effect on personal control, as positions of greater power imply greater effect or influence on one's environment. Power within the family is defined as the real or potential ability of family members to change the behaviour of other family members. Women perceive themselves to have lower levels of personal control than men. Rodloff (1975) says about the origin of such differences. Women are both more susceptible and are more exposed to current situations of helplessness, i.e. where they have little control over what happens to them. Thus, women's perceptions of low control result in part from processes of childhood socialization and gender role training. These perceptions largely come from and are reinforced by adult social conditions which provide women with low levels of actual control (Chodorow, 1978).

Although most men and women report that they value their family more than their work, traditional gender roles prescribe different emphases for men and women. Work is for men, family responsibility and home maintenance are for women (Gutek et al., 1981). Despite the many changes in gender roles in the past year this tradition persists. Furthermore, it is entirely plausible that these gender roles will affect men's and women's perceptions of work interference with family and family interference with work. Low power limits individual's actual and thus their perceived influence over other's actions. High demands lower the probability of satisfying any one responsibility fully, thereby also producing the situation and perception that one's life is out of control (Barnett and Baruch 1985, Rosenfield, 1989). Thus, power and demand associated with gender can affect psychological well-being through their impact on personal control.

Inequalities between men and women appear to be particularly pronounced in power and demands when women are homemakers and when women are employed. These disparities can be seen as consequential for psychological well-being. Power and

demands shape the amount of actual control individuals can exert over their social world, and thus their sense of personal control, or their perceptions of their ability to act on and influence their environment (Rosenfield 1989). Gender has long been recognized as a critical element in the study of work and family (Thompson and Walker, 1989).

Gilbert (1993) described a three-fold theoretical structure of gender: gender as difference, as structure, and as process. Much of the research on work and family has used the gender as difference perspective, which compares and contrasts men and women with regard to strain, coping, stress and other relevant variables (Piotrkowski and Repetti 1984).

1.5 CONCEPTUALISATION OF ROLE CONFLICT

An organisation is a system of roles. Roles represent the channel through which information influence and affect the interpersonal behaviour influencing task performance get channelised. Each position in an organisation is directly related to certain other positions. An individual's position in an organisation is a relational concept, defining her/his position in terms of its relationship to that of others and the system as a whole. The positions closely related to the focal one, i.e., a position which is the point of focus or reference in an organisational network, constitutes the role set and includes the immediate superior, subordinates and certain members of the same department or other departments with whom the focal person must work closely. They are brought into her/his role set by virtue of the work-flow process, technology and authority structure of the organisation. The focal person is at the centre of the web of relationships and is subject to influence attempts directly and sometimes indirectly through subtle non-verbal cues. Thus, in terms of the activities and expectations reaching the focal person she/he is prone to role conflict (Harigopal, 1995).

Biddle (1964) concluded that role conflict occurred when the focal person was exposed to conflicting expectations that derive from the fact that she/he occupies two or

more positions simultaneously or when the focal person was exposed to contradictory expectations that derive from the focal person's occupancy of a single position.

Several types of role conflict have been identified by Kahn et al., including that which occurs between multiple roles or offices (eg., parent, spouse, employee) held by the same person ("interrole conflict") as well as that which occurs between the focal person's own role expectations and those applied to her/him by a significant other ("person - role conflict"). A specific type of conflict with important implications for understanding the dual-career relationship is work-family conflict, which is predicted on role strain and role conflict theory (Kahn et al , 1964).

Kahn et al. (1964) defined work conflict as the extent to which a person experiences incompatible pressures within the work domain and defined family conflict as the extent to which a person experiences incompatible pressures within the family domain. Work-family conflict was defined as a form of inter role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. That is participation in the work role is made more difficult by virtue of participation in the family role. Inter role conflict refers to demands or pressures within one role that are incompatible with another role. One source of interrole conflict occurs when family role intrudes into work role and vice versa (Pleck, 1977).

Role conflict occurs whenever a person is required to perform diverse social roles that demand incompatible behaviours. Home-work role conflict refers to the concurrent and incompatible time demands that people with both work and family delegations encounter (Horowitz, 1982)

-- In Greenhaus and Nicholas (1985) words, work-family conflict results from incompatible demands arising simultaneously from family and work roles. Such conflicts may arise because of intra role or inter role conflict. Intra role conflict refers to incompatible role pressures occurring within a single role. Inter role conflict may spill over

to other domains, such as when job stress affects the quality of family interaction or when women decrease work-role involvement to accommodate heavy family demands (Repetti 1989)

1.6 CONCEPTUALISATION OF ROLE FULFILMENT

Any actor when assuming certain roles is expected to fulfill certain obligations/functions specific to that role. Different actors achieve differential levels of role accomplishment with reference to one particular role or the same actor may achieve differential levels of role effectiveness/accomplishment with reference to different roles assumed.

Cohen (1980) contends that there are three different kinds of effectiveness (i) real effectiveness, which implies the extent to which the executives meet the output requirement of the job (ii) apparent effectiveness, sometimes known as efficiency, which refer to inputs (iii) personal effectiveness, namely, the pursuit of self-centered goals rather than organisational objectives.

A person's role achievement or role effectiveness or role fulfilment can be viewed with reference to the attainment of goals through efficient functioning. Persons belonging to different disciplines view effectiveness differently. The effectiveness is viewed by an economist or a financial analyst in terms of profit or return on investment. To a production manager effectiveness often means quality and quantity of goods or services output. To a social scientist, effectiveness is often viewed in terms of quality of working life and to a research scientist, effectiveness is viewed as a number of inventions (Likert 1967).

An important dimension of role structure is aspirations. Aspirations refer to the goals and ambitions which an individual strives to attain. Goal is a condition or a state of being not yet attained which an individual or group is trying to or could try to attain (Edwards,1970) Likert (1967) states that “....direction of performance, goals.. are

implicit in the behaviour of a motivated person however explicit goal-setting occurs when several possible goals present themselves and thus necessitate a choice or when the future performance phase appears to be specifically difficult or unsafe for various reasons as after previous failure or if long time spans have to be bridged or intricately scheduled. In such cases, explicit goal setting seems to represent a technique for securing and insuring the attainment of the goal by an act of intention”

Any judgment of effectiveness becomes a commentary on the organisational situation as well as on the people being judged. Organisational determinants direct attention to enterprise policies, especially, to values and reward system, the general management system, the physical and social characteristics of the working environment, the nature and purpose of particular tasks, the design of each task, the nature and quality of immediate supervision. For the individual manager, significant determinants involve previous education and experience for given tasks, as well as values and motives which govern personal choices, behaviour and aspiration (Rizze et al. 1970).

The individual formulates its goal complex through its goal setting activity. The content of the goal complex varies from time to time and the importance attached to goal also changes, thus, resulting in a shuffling of the hierarchical placement of the goals. At any particular time in the stage of life cycle, some goals may be nearing completion, some may be formed, some may be deleted and some may be being strived at, for, some goals may endure for the life time. An individual's behaviour is directed towards certain ends and that once the ends are chosen the individual possesses positive intentions to act. In other words, it means that once objectives are chosen these are pursued to completion as far as possible. Further it was pointed out that intents are developed gradually. The strength or intensity of desire attached to a goal determines the effort extended in its pursuit. In this process one becomes committed to actions designed to attain goals (George, 1983).

2.0 RESEARCH

Research studies related to the present investigation are presented under the following heads.

- 2.1 Stress and health
- 2.2 Coping strategies and stress
- 2.3 Social support and stress
- 2.4 Multiple roles and stress
- 2.5 Role fulfilment and stress

2.1 STRESS AND HEALTH

A common understanding underlying varying approaches to study stress is that discomforting life situations, socio-cultural background, rapid modernisation and body type play a vital role in the occurrence of psychosomatic disorders. It is widely recognised that depressive disorders belong to the commonly occurring psychiatric disturbances in the Indian subcontinent. Paykel et al (1969) has rightly said depression has a definite relation to stressful life events. The intensity of depression felt by the individual would definitely have some association with the collective intensity of various stresses faced by an individual. Depression and marital problems are closely linked. Paykel et al (1969) found that increases in marital difficulties and disputes were the most frequent "life events" reported by depressed women in the six months prior to seeking treatment.

The five demographic variables of sex, age, marital status, social class and physical environment are significantly linked with the less severe but more chronic neurotic forms of depression. Dube (1970), Thacore et al. (1971) reported a greater prevalence of psychiatric morbidity in especially of hysteria in joint families. In a study of first-ever admissions to psychiatric hospitals in England and Wales, Spicer et al (1973) showed that for women, but not for men there existed a dramatic peak incidence for neurotic depression between the ages of 20 and 25. At age 25 it was 90 per lakh compared with only 30 for a lakh for men.

Grade de Alarcon et al. (1975) in a study of referred mental illness in Chichester and Salisbury, observed the diagnosis of neurotic depression to be markedly associated with the married state for women but not for men. This held for almost all age groups in both towns, but was the most evident at the peak referral age of 25 to 34.

In another study Weissman and Paykel (1974) assessed the social adjustment of depressed female out patients and compared them with a normal female population. They found that the depressed women had much more marital dysfunctioning than the normal women, characterised by poor communication, friction, disengagement and sexual problems. Other studies have suggested that women who lacked close confiding relationships with their husbands or cohabitantes are particularly vulnerable to episodes of depression (Millor and Ingham, 1976; Brown and Harris, 1978).

Two epidemiological surveys of urban areas (Sethi et al. 1974) and one survey of rural areas (Sethi and Sinha, 1977) from the Indian sub continent revealed that a higher percentage of psychiatric disorders were noted in nuclear families as compared to joint ones.

Neurosis in particular, showed a fairly strong correlation with family type Verghese and Beig (1974) in a survey of neurosis in Vellore township found a significantly higher occurrence in nuclear families as compared to joint ones (ratio 3:1 respectively). Veeraraghavan (1978) had also reported higher frequencies of neurotic patients in unitary families. Menon (1975) and Agarwal et al (1978) found that the emotionally disturbed women belonged more often to nuclear families.

The association between poor marital quality and depression is also well established and a number of studies have shown that depressives have poorer marriages than non-depressed controls (Weissman and Paykel, 1974; Coleman and Miller 1975).

Brown et al. (1975) reported that working class women with children in Camberwell were especially vulnerable to mental illness. Unlike their middle class counterparts, working class women experienced a marked deterioration in the quality of their marriage as soon as they began to have children.

Carstairs and Kapur (1976) did not find any significant correlation between family structure and psychiatric illness. Vyas and Bhardwaj (1977) also found a preponderance of joint families in a sample of 304 hysterical patients.

Rutter and Quinton (1977) observed that marital discord and maternal depression were particularly prevalent among working class women living in inner city areas. In an attempt to find out a correlation of any particular type of neurosis with family jointness, Sethi et al (1974) studied 383 neurotics suffering from either depressive neurosis, anxiety, neurosis, hysterical neurosis and did not discover any significant association.

Singh and Dubey, (1977) conducted a study on 300 cases of different stress disorders. A comprehensive subjective interrogation of these subjects revealed that several psychosocial factors were responsible for stress and strain which ultimately resulted in the precipitation of different stress disorders like bronchial asthma, rheumatoid arthritis and peptic ulcers. Sharma and Dubey (1977) also investigated the socio-cultural background of hypertensive individuals and found that several social factors like marital tension, economic crisis and strained relationship were directly associated with the incidence of hypertension. In another study on an urbanised community, Dubey and Sharma (1977) observed a higher incidence of ischaemic heart disease in urbanised than in rural areas. Similarly, occupational status also accounted for differences in the relative frequency of ischaemic heart disease.

Khatri et al. (1977) studied 18 and 7 cases each of carcinoma and sarcoma types of cancer respectively. They studied the psychological aspects of stress in cancer patients and performed biochemical analysis of blood and diseased tissues. A comparison of these

observations with normal controls ascertained the following facts that (a) cancer cases were positively linked with psycho-social stress (b) cortisol, acetylcholine and histamine (c) patients with sarcoma showed relatively more pronounced increase in histamine, while in the case of carcinoma, the catecholamine and cortisol levels were more markedly elevated, and (d) the tissue acetylcholine, histamine and serotonin levels were found higher in malignant tissues with a lowering of catecholamine. These biochemical alterations suggest that in addition to other factors, psycho-social stress contributed to malignancies.

Chaudhuri (1977) studied patients who complained of amenorrhoea and found that psychic stress such as overwork, anxiety, change in dwelling or occupation and confinement were prime factors responsible for such a disorder. Temporary emotional disturbances are known to affect the different bodily biochemical constituents.

Bebbington et al (1981) showed the prevalence of minor psychiatric disorders to be four times as high in married as in single women, but twice as high in single as in married men. Ensel (1982) observed that the younger age group contributed the most to the rates of depression in married women, and when this group was excluded, the difference in the mean levels of depressive symptoms between married women and married men disappeared.

Several surveys have found that, in addition to the menstrual cycle, alcohol or a change of weather, job stress or stress at home can trigger attacks of migraine (Drummond, 1985; Van Den et al., 1987).

Birtchnell (1988) carried out a study on 25 to 34 year old, British born married women living on a south east London housing estate. The reported early and current family relationships of fifty depressed and forty non-depressed women were compared. Significantly more of the depressed women reported a poor early relationship with their mothers, but not with their fathers. This finding was confirmed by corresponding low care

and high protection scores for mother only on the Parental Bonding Instrument. On the basis of what the women and their husbands said, the marriage of the depressed women were rated as much poorer. Significantly more depressed women reported four or more poor family relationships.

Mahatme et al. (1989) studied the correlation of intensity of symptoms with stressful life events in depressed patients. The intensity of symptoms and life stress events for 12 months prior to episode were obtained and compared on the basis of sex of patients. The findings of the study indicated that the depressed patients had the severity of symptomatology positively correlated with the severity of stress. Thus, with the increase in stress, the severity of symptoms would be on increase. The findings also indicated the distribution of more physical and affective symptoms in depressed females and more of behavioural symptoms in depressed males. It was seen that occurrence of undesirable life events which could be specific for Indian culture were perceived more than desirable events by the sample.

Kohler and Haimerl (1990) in a six month longitudinal study examined whether migraine attacks were preceded by or occurred on stressful days. Every evening 13 patients filled out a questionnaire assessing daily stress. Analysis on single subject level tested whether attacks occurred more than expected by chance, 3, 2 or 1 day after or on a day when stress scores were in the upper third of the subjects distribution. Increased stress was generally not 2 days after or 3 days after an attack, but one day after or on the migraine day itself. The latter findings were also significant on a group level

Upmanyu and Reena (1991) examined depression among 185 unemployed and 185 employed married women aged 25 to 59 years, and determined whether different measures of depression were structurally unrelated. The Beck Depression Inventory (BDI), the Self-Rating Depression Scale (SRS), the Minnesota Multiphasic Personality Inventory (MMPL) and a battery of other tests were administered to both groups. Factor analysis revealed that the measures derived from the BDI and MMPL and SRS were not

identical. The correlates of depression were influenced by the nature of self-report and the characteristics of the sample viz. married vs unmarried, employed vs unemployed.

Asha (1991) studied the problems of elderly women. A sample of thirty elderly employed women nearing retirement (aged 50 to 60 years) and thirtyeight unemployed women of the same age group completed Mathen Maladjustment Inventory and Personal Data Schedule. Results revealed that employed subjects were more anxious and depressed, whereas unemployed elderly subjects manifested inferiority, mania and paranoia.

Birtchnell (1991) in his study on negative modes of relating marital quality and depression, selected young married couples with or without a depressed wife and divided into three groups according to marital quality. Negative modes of relating were assessed by Self-Rating and Partner Rating Questionnaires. The inter correlation of scores for different modes of relating was higher on Partner-Rating than on Self-Rating Scales. There was significant gradient of mean negative relating scores across the three levels of marital quality. The partner ratings of depressives and their husbands were higher on all negative relating scales than those of non-depressed women and their husbands. The self rating of the depressives corresponded with these negative rating while those of their husbands did not. The partner rating scores differentiated between the depressives with poor marriages and those with better marriages.

2.2 COPING STRATEGIES AND STRESS

Bird et al (1983) felt that very little is known about the use and effectiveness of coping strategies among dual income families. Researchers have found that active coping mechanisms that involve others (eg., support and external role redefinition) as well as cognitive restructuring appeared to be the most useful coping mechanisms for dual income couples (Elman and Gilbert, 1984).

Gupta and Murthy (1984) studied role conflict and coping strategies among Indian women. The coping strategy that was the most popular amongst the respondents was personal role redefinition. This strategy was significantly associated with low role conflict and high satisfaction with coping. Reactive role behaviour methods, on the other hand, were associated with high role conflict and low satisfaction with coping. The qualitative data also indicated that "adjustment" and "compromise" were the most commonly used and successful methods of coping.

Kaur and Murthy (1986) also studied coping strategies of managerial personnel at different organisational levels in a public sector. The results indicated a significant difference in the coping strategies adopted by individuals working at different organisational levels. Avoidance strategies were predominant at the junior levels and approach strategies were predominant at the senior levels. The defensive style was used to the maximum by the junior management personnel, impulsive by the middle management personnel, and intropersistive by the senior/top management. There was a positive and significant relationship between role stress and avoidance strategies, between role stress and externality, and between externality and avoidance strategies. Organisational role stress was negatively and significantly associated with approach strategies.

Ghadiyally and Kumar (1987) explored stresses, strains and coping styles of thirtyfive female professionals from different organisations. Each respondent was requested to complete the interview form entitled "Stresses, Strains and Adaptive Responses Survey". In addition, Holmes and Rahe's (1967) Social Readjustment Rating Scale (SRRS) was used. Most salient stressors were inadequate pay followed by under utilization of skills and variability in work load and the least being derogatory public view of one's own profession. Major strains included tension followed by fatigue and physical complaints. When their adaptive responses were examined, the most commonly reported coping styles were reading to increase knowledge followed by planning and goal setting, seeking social support and time management and developing support networks with other

professionals. Only a small proportion used medication (14%) and counselling or psychotherapy (3%). On Social Readjustment Rating Scale no significant problem was reported in majority of cases, while some reported mild or moderate problems.

When cross cultural comparisons between India, U.S. and Taiwan were made, it was observed that similar strains were reported by American and Taiwanese respondents. Unlike the U.S. sample, professional women in India reported very little alcohol consumption (3 per cent) and smoking (none). Cultural similarities were due to major strains being physical or physiological in nature. Regarding the adaptive responses, a similar trend was found in Taiwan and India. In general women in all cultures often avoided the use of active direct coping strategies. In terms of frequency of stresses, strains and adaptive responses reported, striking cultural differences were observed. In India from a total of 13 stressors, 42 per cent of the respondents reported three or less. From a total of 13 strains 60 per cent respondents reported three or less strains. With regards to coping styles 17 per cent reported less than 3 strategies. While Taiwanese respondents showed quite comparable trend in terms of stressors and strains, they showed a wider range of coping options than Indians. A higher percentage of U.S. respondents reported more than 3 stressors and strains. All three cultures were different for stressors while all three cultures were same for strains. In terms of coping styles, Indian and Taiwanese samples were similar, while American respondents showed more variation. In terms of life crisis events and probability of illness, Indian and Taiwanese samples were similar whereas Americans showed high life crisis events and greater probability of illness.

Singh (1988) conducted a study to examine the modifying effects of coping strategies (avoidance and approach) which employees adopted to deal with their organisational role stress on the relationship between perceived role stress and mental health. The efficacy magnitude as well as direction of the two modes of coping in modifying the effect of perceived role stress was also tested. The sample comprised of 300 employees of supervisory cadre of the Life Insurance Corporation of India. The results indicated that employees' experienced stress arising from various inadequacies in their job

role had an adverse effect on their mental health. Employees who experienced high role stress manifested more symptoms of free floating anxiety, obsessive neurosis, neurotic depression, hysterical neurosis, phobic anxiety and somatic concomitants of anxiety. The findings also revealed that the avoidance coping strategy enhanced mental health, whereas the approach coping strategy attenuated the severity of mental health. The avoidance strategy adopted by the employees to deal with their organisational role stress enhanced the positive relationship between role stress and mental ill health, whereas the approach mode of coping had a buffering effect on the relationship between role stress and mental ill health.

Ahmed et al. (1990) studied stress and coping strategies among executive technocrats and collected data to examine whether there is any difference in the coping styles of male and female technocrats on Role Projective Instrument for Coping Instrument for Coping Strategies (PICS). The sample consisted of 100 executive technocrats- 60 males and 40 females. The results indicated that the total sample scores were higher for the approach style than for the avoidance style. The executive technocrats used intropersistive style as the dominant style for coping followed by defensive and extrapersistive styles. A difference was observed in the coping styles of male and female technocrats, while men used a defensive style more often than women, females largely used the approach style for coping. It was also found that none of the demographic variables - age, number of dependents, income, drinking/smoking habits, and health of the individual had a significant bearing on the strategies used for coping with stress.

Guelzow et al (1991) found that the use of cognitive restructuring was related to lower psychological stress for men and women, and limiting demands was linked to higher stress levels for men. Amatea and Fong (1989) expressed that dual-income wives use problem-focused coping (eg., role redefinition) more frequently than emotion focussed coping (eg., cognitive reappraisal, tension reduction) in role overload situations.

Srivastava (1991) in his study aimed at examining the relationship between employees' role stress and mental health, and moderating effect of coping strategies. Three hundred employees of supervisory cadre from Life Insurance Corporation participated in the study. The Organisational Role Stress (ORS) Scale developed by Pareek (1981) was employed to assess the extent of organisational role stress. The Mental Health Questionnaire developed by Srivastava and Bhatt (1993) was used to assess the mental health and the Projective Instrument for Coping Strategies developed by Pareek (1983) was employed to find out the modes of coping. The analysis indicated that employees' role stress and mental ill health positively correlated ($r=.84$). It was also noted that the "approach" coping group scored higher on the measure of role stress ($M=153.5$) in comparison to "avoidance" coping group ($M=114.5$). The study also revealed that approach coping strategies alleviate the adverse effects of high role stress on psychological well-being of the focal employees.

Paden and Buchler(1995) studied coping mechanisms in dual-income families. A total of 336 spouses formed the sample. Role over load and role conflict were measured. The dependent construct was individual well-being, which included measures of emotional affect and physical symptomatology. Five coping mechanisms were examined, namely, planning, talking, withdrawing, cognitive restructuring and limiting job responsibilities. The direct effects of coping on well-being were minimal. However, coping moderated several effects of role conflict and role overload on spouse's well-being. Planning and cognitive restructuring were significant buffering mechanisms for wives. Restructuring and withdrawing were important buffering mechanisms for husbands.

Erera (1996) in her study examined the coping mechanisms used by public welfare supervisors to deal with organisational stress. The study employed a qualitative inductive methodology and it linked coping behaviours with specific stimuli. Specifically, the study explored the coping behaviours of supervisors in Department of Social Services (DSS) from the supervisor's own perspective. These coping behaviours were examined in the context of two sources of stress, policy ambiguity and conflicting expectations of

management and peers. Data were gathered through an open-ended interview which addressed the stress generated by policy ambiguity and conflicting expectations. Both policy ambiguity and conflict arising from the incompatible expectations of management and peers were reported as stressful. The axial coding revealed that the coping mechanisms fell into two major categories; problem-focused or emotional focused. Content analysis of the data further suggested that problem and emotion focused coping were aimed at different targets. Emotion-focused coping was aimed at protecting the supervisors' sense of well-being. In contrast, problem focused coping was aimed at protecting subordinates, for whom the supervisors attempted to clarify ambiguous policies.

✓ Using the projective instrument for coping styles (PICS) developed by Pareek, the profiles of coping styles adopted by professional women were drawn. It was found that all professional women most often adopted the defensive style to cope with stress and the dysfunctional and avoidance styles were used twice as often to cope with stress than functional approach oriented styles. Women entrepreneurs, however, used the approach oriented style more than professional women.

2.3 SOCIAL SUPPORT AND STRESS

Supports have proved to be important as moderator variables in the experience of life events (Cobb, 1976). La Rocco and Jones (1978) reported that social support moderated the effects of stressors on health outcomes such as depression and somatic complaints, but they found no evidence of the effect on job related strains such as job dissatisfaction and boredom. Individuals who discussed their work related frustrations and problems with their spouse, perceived less stress than did individuals who did not do so. Perhaps a spouse's response to signs of job stress helps to shape the way job related moods are experienced and expressed in the family (Piotrkowski, 1979).

Research in the social sciences have sought to identify factors reducing or eliminating negative effects of stress in the work setting (Ganster et al., 1986) The primary social factor hypothesized to mitigate these effects or strains, is the degree of social support that an individual receives. The dominant social support hypothesis has been that it buffers the impact of stressors on manifestations of strain. Sandler and Lakey (1982) found that social support buffered the impact of critical life events on depression and anxiety for persons with an internal locus of control but not for those with an external locus of control.

Abdel-Halim's (1982) study reported evidence of the moderating effect of social support. An understanding and supportive spouse can serve as a buffer or as an agent for the coping mechanism for the stressed individual.

Kobasa and Puccetti (1983) reported that support from the boss buffered the effect of critical life events on illness symptoms but that support from the family did not. There is little doubt that social support reduces distress (Abdel-Halim,1982) but it is not clear why. Having some one to talk to, who is supportive and understanding should make a person more likely to talk about problems. Just as active problem solving is a reasonable link between the sense of control and well-being, talking about problems is a reasonable link between the sense of support and well-being. Evidence, however, contradicts the link between sense of support and well being. The sense of social support reduces distress, but actually talking to others in a crisis and receiving advice, comfort, practical help and cheering up does not do so

While some studies (Somdler and Lakey, 1982) to some extent support buffering effects of social support other investigations have not (Aneshensel and Stone 1982) Still others have reported what might be termed opposite buffering effects. That is, social support appeared to exacerbate the effects of stressor on strains. Beehr (1976) noted that work group support tended to increase the impact of role ambiguity on job dissatisfaction.

Similar, opposite buffering findings were reported by Abdel-Halim (1982) and Kobasa and Puccetti (1983). A few studies found no evidence that social support moderates the relationship between both job conditions and life events and job conditions and mental health outcomes (Wheaton, 1983; Cohen and Wills, 1985; Mirowsky and Catherine, 1989).

According to James and Breth (1984) "a complete mediating model has the form $X \rightarrow M \rightarrow Y$, where X is the antecedent, M is the mediator and Y is the consequence. The antecedent X is expected to affect the consequences Y only indirectly through transmission of influence from X to Y by the mediator M". Following the research strategy formulated by Parasuraman et al. (1978) the investigator predicted that the relationship between work family conflict (the antecedent variable) and marital adjustment (the consequence variable) could be partially accounted for in terms of either or both of the two potential mediating variables.

In sum, the evidence of moderating effects is equivocal, suggesting that their existence may depend on the source of support, the recipient, and the stressors and strains being examined. Social support has been related to improvements in life stress in terms of less depression and anxiety, better physical health and general psychological well-being (Cohen and Wills 1985).

Several American studies have shown that perceived spouse support is an important requirement for the management of work family conflict for dual careerists (Gilbert 1993) as well as for dual earner and single earner couples (Moos 1984). Other studies examining marital adjustment among dual careerists, dual earners, and single careerists have provided strong evidence for the facilitative effects of perceived social support on couple's marital adjustment (Repetti 1987).

Cohen and Wills (1985) have investigated the distinction between direct and buffering effects of social support. Social support could have a direct negative effect on the stressors. Social support could have a direct negative effect on burn-out. Social

support could serve a buffering role in which social support is related to burn out differentially for individuals under different levels of stress.

Beraado et al. (1987) examined the potential moderator role of social support in the relationship between inter-role conflict, (conflict between pairs of major life roles, viz., worker, parent, spouse and self) and marital adjustment within a sample of employed mothers. Results provided support for the hypothesis that spouse support exerts a moderating effect on marital adjustment, specifically, mothers high in inter-role conflict and low in spouse support experienced significantly lower marital adjustment than all other groups.

There is a controversy about whether such support has a direct, independent effect on psychological well-being and routine living, or whether its effects become apparent only in response to the demands of stressful life event. The evidence from Sekaran's (1985) study suggested that working class mothers who had experienced a severe life event and who lacked social support would be at higher risk of becoming depressed.

Greenhaus and Parasuraman (1987) observed that the social support in the work place can lesson or buffer the effects of workplace stress and that social support from family and friends can lesson or buffer the effects of life stress. Social support is hypothesized to interact with stressors such that the relation between stress and strain is stronger for persons with low levels of social support than those with high levels of support. Once the employed person returns home, spouse's supportive behaviour facilitates health enhancing reactions to job stress and curtails debilitating work - family spill overs. One possible mechanism by which spouse support operates has been proposed in terms of facilitating a stressed partner's recovery through social withdrawal and less expression of anger after a demanding day at work (Repetti, 1989).

Loscosso and Spitze (1990) aimed to clarify the process through which people were affected by the work they did and sought to establish the ways in which job demands,

job rewards, and social support at work combined to influence distress and happiness among samples of female and male blue-collar workers employed in the same firms and industries. Findings indicated that, both men and women were influenced by factors reflecting job demands, job deprivations and job rewards, and by the work environment. Social support exerted a direct effect on distress, and especially on happiness. The quality of relations among co-workers and between supervisors and subordinates did not necessarily buffer a lack of pleasant and satisfying working conditions among women or men.

2.4 MULTIPLE ROLES AND STRESS

Role strain theory (Goode, 1960) states that as a person engages in a larger number of roles, stress increases due to conflicting role obligations and expectations from others. Women in dual career marriages suffer stress from their efforts to combine the multiple roles such as that of wife, professional and frequently mother (Burke and Weir, 1976). Much of the stress affecting the dual-career dyad is attributable to problems related to role strain (Epstein 1971; Rapoport and Rapoport 1969; St. John Parsons 1978).

According to Goode (1960) determinants of role strain include demand on time, conflicts of task allocation, conflicts of normative values, expectations based on rigid role sets and self-imposed internal demands. Role overload results from a level of demands which exhaust individual's supply of time and energy. Satisfactory performance is improbable when there are many demands related to one's roles(s).

Some researchers have found more conflict and less marital happiness in dual-earner couples (Blood 1976, Nye 1976). Others have found more marital happiness (Dizard 1968, Birnbaum 1971) more sharing, enjoyment and more satisfaction (Rapoport and Rapoport, 1975). Studies conducted by Axelson (1963), reported less marital satisfaction for the husbands.

According to multiple role perspective women have a higher level of symptoms because they have fewer social roles than men. By equalizing the number of social roles, employment should lower women's symptoms to approximate men's more closely. Safilios (1975) discussed multiple roles as a major basis of power or control; specifically, the existence of options increases control directly in terms of real or potential resources. The availability of alternatives also increases one's sense of personal control indirectly by decreasing dependency on any one object, activity or individual. In general, women have higher rates of anxious and depressive symptoms because their positions of lower power produce lower actual control and thus lower perceived control than those of men. The greater the power differences between husbands and wives, the greater the sex differences in symptoms of distress.

Hall (1972) suggested that inter-role conflict was higher for employed women than for men because women were more likely to process work and family simultaneously rather than sequentially. Role-content theories say that employment reduces a wife's distress because house work is low prestige, invisible and ungratifying work for which one receives few rewards (Gove and Jeanette, 1973).

According to Bebbington (1973) moderate degree of stress resulting from the juggling of numerous roles actually may be less tension producing than the stress of boredom and dissatisfaction that might result from the wife's lack of involvement in meaningful work. Findings of a study by Booth (1979) seemed to support this conclusion. Husbands of working and non working women were interviewed in order to ascertain their perceptions of discord and stress in their marriage. Results of the study indicated that wife's employment had little or no effect on the amount of marital discord or stress reported by the husband; even though, husbands of working wives appeared happier and less stressed than men married to non-working women. Thus, the stress characteristics of dual career marriage at times may be positive in nature

Rodloff (1975), Rosenfield (1980) and Horwitz (1982) had predicted that employment would improve married women's mental health by providing greater relative power in the family. They found that to some extent this prediction had been supported empirically but the evidence was not strong.

Findings from the study conducted by Pleck (1977) indicated that individuals perceived the effects of stress and conflict as influencing not only themselves but also the family system. The stress associated with the interface of work and family system, had negative influences on all the aspects of family life quality

Gove and Geerken (1977) opined that employed women have two sources of potential gratification, job and family, instead of one. They had more prestige, power, and personal economic resources. They were less isolated socially and they received more gratification from their occupational roles than that received by housewives from housework. Role satisfaction has been found to promote generalised well-being, an overall state of contentment, and mental health (Coverman 1989; Mirowsky and Catherine 1989).

According to the rational view, the more hours one spends on one's roles associated with the work and family domains, the more conflict one perceives. This hypothesis was examined by researchers like Keith and Schafer (1984) Staines et al. (1978). Research also examined the effect of role overload on work home role conflict (Pleck 1979)

Scarato and Sigall (1979) stated that according to role strain theory, the differences between spouse's perceptions of the wife's role obligations merely increase her felt difficulty in fulfilling her numerous role functions.

Pearlin and Lieberman (1979) found that marital strains have a greater impact on women than on men. Kessler and McLeod (1984) showed that women are more affected

by network events, i.e., undesirable events that occur to others like the ongoing strains associated with their family roles. These events were linked to women's care giver role.

Studies of married women or mothers have reported a beneficial effect of paid employment. Kessler and Mc Rae (1981) found that employed married women had lower scores on measures of anxiety, depression, and low-self esteem than the non employed; however, their finding was specific to women reporting high-level job satisfaction and was much weaker for mothers with dependent children.

Results from Bebbington et al. (1981) Cochrane and Stopes-Roe (1981) suggested that although mental health differences between employed and non employed mothers were rarely found, they may be more common in working class groups. The effects of employment outside the home may be moderated by social factors that are more common in the working class group.

Man time and woman time are still far from equal, women time generally means trying to integrate professional and personal life, while man time traditionally involves using the personal as a support system for the professional pressure to "improve each shining hour" by devoting it to work hard enough on men; it is monstrous for women (Cunningham 1982)

Men were found to be more vulnerable to work stress, whereas women tended to be more susceptible to family stress (Cleary and Mechanic, 1983)

Kessler and McLeod (1984) noted, however, that women might fare better than men in their response to many stressful events such as divorce or widowhood. They suggested that if women did in fact have fewer personal or coping resources, they should not demonstrate better adjustment than men to certain types of life crises, especially in a careful test of the coping resource approach.

One of the most consistent findings in the sociology of mental health was that women have higher rates of psychological distress and depression than men. Researchers, estimated that women had as much as twice the rate of distress and depression as men. The Epidemiological Catchment Area studies which investigated the rates of mental disorders in the U.S. population confirmed that women had higher rates of diagnosis of anxiety and depressive disorders (Barnett et al. 1985).

Kessler and McLeod(1984), suggested that women were particularly reactive only to certain types of stresses, especially undesirable events that occur within their network of family and friends. Analysis of data showed that women were more psychologically distressed than men but were not more likely to report a greater overall level of stress (negative life events). However, women did indicate a larger number of crises in their network of close relationships. Men actually reported greater exposure to physical health and financial problems than women and also experienced similar numbers of marital disruptions and love losses. Most important, men and women responded almost equally to income loss, divorce or separation and other love losses in terms of symptoms of depression and psychological distress. Working men, however, were more adversely affected by income loss than women who were homemakers. Women were more negatively influenced by deaths, ill health and other adverse events within their social networks. Women's differential response to network events primarily accounted for gender differences in psychological well-being in these analyses.

On the other hand, maternal employment has also been associated with role conflict, stress, life dissatisfaction and family tension (Cooke and Rousseau 1984). These findings supported the role stress hypothesis, which states that the accumulation of roles is related to psychological strain and distress (Coser and Rokoff 1971). There is ample evidence to suggest that occupying multiple roles can have positive and negative effects on mother's psychological well-being, (Gutek et al. 1981)

Young Blood (1984) found that there was a positive relationship between levels of non work attachment and the duration of work place absence and a negative relationship between work attachment and absence frequency.

Work-family conflict was an important concern for individuals and organisations alike because such conflict as a source of stress had been correlated with negative consequences, including increased health risks for employed parents, poorer performance of the parenting role, decreased productivity tardiness, absenteeism, less turnover, poor morale, reduced life satisfaction and lower mental health . Work and family related to have permeable role boundaries, causing interference between work and family role obligations, and stress spillover from one role domain to another among working couples (Greenhaus and Nicholas, 1985; Bromet et al. 1990; Crouter 1984).

Thoits (1987) found that women were more likely than men to experience increased anxiety or depression as a result of uncontrollable network or personal events. Men were more reactive to negative controllable events such as financial problems Further, it was found that differences in feelings of mastery and control by men and women did not account for gender differences in distress.

Some investigators have suggested that lower status groups (including women) generally suffer greater emotional problems because they are exposed to a larger number of undesirable life events (Dohrenwend 1970; Thoits 1987).

Variations in social status, multiple role demands, coping resources or event exposure did not appear to account for the greater risk of certain types of psychological distress for women compared to men (Clay and Mechanie, 1987).

A number of studies have used diverse measures (eg., symptom checklists and psychiatric diagnoses), research procedures (eg., questionnaire, self-reports and intensive clinical interviews) and study populations (eg., urban versus rural) in demonstrating that

women report more symptoms of anxiety, depression, and psychological complaints than men . There is growing recognition, however, that men are at higher risk of demonstrating other symptoms of distress such as over aggression, criminal misconduct, or substance abuse (Cleny and Mechanie, 1983)

Rapoport and Rapoport's (1975) study demonstrated that due to the interdependence within the family system, stress associated with work and family demands was related to perceptions of the quality of family life. Further more, stress associated with conflict over work and family had the strongest negative influence on family satisfaction, followed by perceptions of family cohesion, and lastly family decision making. Also consistent with the model, work-family conflict issues affected perceptions of the quality of family life, but most of these effects were indirect, mediated through stress.

Greenglass et al. (1989) found that the correlation between role conflict and marital satisfaction was significantly higher for women than for men.

Studies generally showed that stressors embedded in work and family roles, such as excessive role responsibilities and tension in social relationship were detrimental to psychological well-being (Broman, 1988)

Ramu (1989) analyzed linkages between family system and work among dual-earner wives with a view to delineate inter-role conflicts, role strain, and personal stress among working wives / mothers. The demands, work and family systems placed were often viewed as incompatible and consequently working wives engaged in a zero-sum activity, i.e. the more they devoted themselves to one sphere, the less they had for the other. Positive or negative feelings derived from the work-place by individuals had an impact on their family relations. Likewise, positive or negative domestic relations tended to influence the work role of individuals. In effect, the psychological carry-over from work or family roles can affect psychological availability and the amount of energy available for performing the other role.

The permeable boundaries between work and family induce stress spillover from one role domain to another (Bolger et al. 1989). When demands within the family clash with work responsibilities. The home/work stress is likely to spill over to other spheres of life. This spillover occurs when the strain produced by stressors in one domain provokes stressful situations in another domain (Greenhaus and Parasuraman, 1987).

Bolger et al (1989) examined the impact of daily stressors on negative mood over a six-week period. Married couples were asked to record their levels of stress and negative feelings each day in a diary kept with them. The important findings were that women were more adversely affected than men by problems in relationships such as arguments with spouse and others within their social net works.

Men, on the other hand, were more distressed by financial problems. Similar, results are reported by Wheaton (1990) in a three-wave panel study of Canadian adults. He found that men's emotional well-being (depression and anxiety) was more strongly influenced by work related stressors while women were more responsive to stresses involving social relationship.

Furthermore, conflicts in managing role demands and stress spillover were found to induce negative psychological outcomes. Lin and Lu (1990) found indirect evidence for the spillover effects of stress arising from family roles to the work sphere among working couples in China

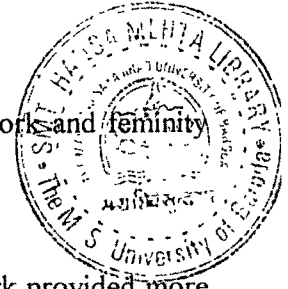
In testing an exploratory model of the stress process for dual earner women and men, Guelzow et al (1991) found gender differences with respect to role strain, for women, working long hours was associated with higher role strain. For men, larger family size, and having work schedules that could not accomodate family needs were associated with higher role strain.

Link et al (1992) found that both men and women in jobs allowing for direction, control and planning (DCP) were less likely to exhibit major depressive disorders and symptoms of demoralization.

Simon (1992) examined gender differences in distress among parents, taking into account the salience of parental identity in men's and women's self-conceptions. Two hypotheses, namely, parental identity was more salient to women than to men, and parental identity salience contributed to female vulnerability to parental role strains were evaluated. This research underscored the utility of identity theory for explaining distress among women and men. Regression analysis confirmed that women's greater exposure to ongoing strains, both in the parental role domain and from combining the roles of parent and worker, was a major source of mental health disadvantage of mothers. Having found that gender differences in distress were explained by differences in exposure to parental role strains the researcher next examined whether parents who highly valued the parental identity for self-conception were more vulnerable to parental role strains than individuals for whom the parental identity was less salient. Subsequent analyses confirmed that parents who were highly committed to the parental identity were more vulnerable to strains in the parental role, providing support for the guiding hypothesis of this research. In contrast, the strain of combining the roles of parent and worker was found to have a greater impact on employed parents' distress under conditions of low parental commitment, suggesting that the work identity may be involved in low commitment parents and greater vulnerability of this source of stress.

Soumimitra and Sen (1993) studied the nature and extent of stressors faced by male and female executives in their job situation. A group of 160 middle level executives consisting of 80 male and 80 female executives were administered the ORS Scale, the Job Anxiety Scale and the Bex Sex Role Inventory. Results indicated that male executives who were predominantly masculine in their sex role orientation faced greater stress and anxiety in their job situation than female executives who were predominantly androgynous in their sex orientation. And the two groups differed maximally in terms of role ambiguity,

role conflict, inter role distance, future prospects, human relations at work and femininity and masculinity dimensions.



Bird and Rose (1993) found that relative to paid work, housework provided more autonomy, as measured by the opportunity to decide both what work to do and how to do it. They also found housework to be more routine, less intrinsically gratifying and providing fewer extrinsic rewards.

Sahoo et al (1994) used the lens model to generate idiographic data in the context of individual judgement of work-family conflict or harmony. A sample of thirty females and thirty males were presented with twenty five profiles each. Each profile contained bar diagrams depicting differential magnitudes of harmony factors, the magnitude of which was systematically varied across profiles. Each participant was asked to examine a profile and indicate the extent of harmony experienced on a 20-point scale. This procedure was repeated for conflict factors. Child related support emerged as the most significant factor. Emotional support from spouse and clarity of division of duties were moderately significant. Temperamental differences between partners was a significant conflict inducing criterion. Family demands and work obligations were significant in the case of females only.

Gina Lai (1995) focused on the impact of work and family roles on psychological well-being in urban China: Gender differences were found in the relationship between role stress and distress. Men tended to report higher levels of work and family satisfaction. However, the difference in the levels of psychological distress was not significant between men and women while men spent more time on paid work women spent more time on household tasks. However, the amount of housework time reported by men was greater than that found in the United States (Coverman and Shelley 1986). No significant gender difference was found in the report of interpersonal conflicts at home or at work place. Stress spillover from work to family roles was greater for men than women. Due to centrality of work roles for the Chinese, work stress exerted a stronger relationship on

psychological well-being than did family stress. Further more, the Chinese were more vulnerable to stress arising from interpersonal conflict than from role demands. The findings suggested similarities between men and women in work and family role experiences. However, Chinese women did not report significantly greater generalized distress than men.

Weigel et al (1994) evaluated a conceptual model that specified relationships between work and family demands, work-family conflict, stress and the quality of family life and proposed that the interaction of structural and psychological characteristics of work and family would predict work-family conflict and stress and eventually predict the quality of family life.

2.5 ROLE FULFILMENT AND STRESS

The perceived occupational stress is contingent upon an interaction between the characteristics of the employee and the potential sources of stress in the work environment. The subjectively experienced stress is contingent upon person's appraisal of the stressors. The highly motivated individuals have been observed experiencing comparatively lesser stress (Hebb, 1955; Kissel 1965). Johnson and Stinson (1975) reported that an achievement moderates the relationship between role stress and job satisfaction.

Srivastava and Sehgal (1984) examined the effect of employee need for achievement on their perception of occupational stress. A group of 200 "white collar" employees were selected from a big organisation for the study. The results of the investigation indicated that the employees possessing high and low degrees of need achievement significantly differed from each other with regard to their perception of most of the job stressors. The highly motivated employees perceived markedly lesser job stress in comparison to low motivated ones. The investigation also yielded that employees' need

for achievement inversely correlated with almost all the components of occupational stress.

The literature on occupational stress revealed many different classes of job related stressors and related them to issues as job satisfaction and worker productivity (Bechr and Bhaget 1985) One of the major sources for occupational stress is whether the person is satisfied with job or not. Job satisfaction is the favourableness or unfavourableness with which employees view their work.

Mc Geegail et al(1987) studied two groups of workers, namely, those high in stress and job satisfaction, and low on job stress and job satisfaction. He reported that highly stressed subjects were satisfied and perceived their jobs as more challenging and interesting.

Bharati et al(1991) made an attempt to investigate whether occupational stress had any relationship with the effect on job satisfaction. The total sample consisted of 90 clerical cadre employees of three different organizations-business, service and common weal. The subjects' occupational stress and job satisfaction were assessed with the help of Srivastava and Singh's "Occupational Stress Index" and Kanungo's "Job Satisfaction Scale". Occupational stress was found to be significantly related to job satisfaction. The greater the stresses the lower the satisfaction.

Tharakan (1992) made an attempt to bring out the difference between professional and non professional working women in their job related stress and level of job satisfaction. A sample of 90 technocrats working women (doctor, engineers and lawyers) were compared with 90 non-technocrats working women (clerks, officers and teachers) on these variables. Occupational Stress Indicator (OSI) scale developed by Cooper was administered to measure occupational stress. Job satisfaction was found to be significantly associated with occupational stress of professional women and non-professional working women. It was observed that professional working women experienced greater work

related stress than non professional working women, because the expectations of technocrats were much higher than the non-technocrats.

Goklaney(1993) studied relationship between stress and creativity among middle level managers. Stress is generally viewed as a negative stimulus. In the present study however, a more positive view was explored, ie., in trying to cope with a high stress situation, a person could be more creative. The sample consisted of 55 middle level managers who responded to exercise on stress and to a test on creativity. Adaptation and anxiety reactivity were two of the stress variables that were found to be related positively to the creativity of the managers.

Through the intensive review of related literature, the following research gaps pertaining to the present research topic were identified.

Stress was seen to be a favourite concern of social scientists and stress in relation to diseases of various organs, bodily systems and psychological disturbances in general was explored by most researchers. Not much attention was focused on learning how stress arises in the first place To achieve a reliable understanding of how the impact of stressful conditions is mediated, it is felt appropriate to identify and to understand how stress originated, how stress could be expressed and reflected in the functioning, feelings and behaviours of career women in dual career families.

The existing research on coping strategies and its impact on stress were found to focus mainly to understand the coping strategies adopted by managerial personnel, female professionals and so on Not much facts came into focus regarding the coping strategies adopted by career women in dual career families in dealing with stress producing situations in employment and family organisations.

Though buffering effect of social support in the work set up gained attention of researchers, it was noted that the moderator role of social support from employment as

well as family organisations for career women in dual career families needed attention of researchers.

Role stress, role strain, stress due to multiple roles, role conflict and work - family conflict gained attention by researchers. However, there was a lacunae in research on the knowledge regarding stressors that revolve around the roles that the career women played in employment and family organisations, and their impact on health and role fulfilment.

Stress linked to roles of career women in dual career families is likely to influence their role fulfilment in both employment as well as family organisations and vice versa. However this concept received not much attention in the previous researches.

In view of the existing research gaps, the present study was formulated to study the stress cycle starting from how stress originates, how it is controlled and managed and how it affects role fulfilment of career women in dual career families.