

Psycho-Social Issues of Middle Aged Working Women in Cochin City Based on Stress

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Abstract – Women all around the world hold a major role in the economic and social development of its nation. The multiple roles and overlapping responsibilities she has, to support her family financially, emotionally and physically takes a toll on her physical, emotional and mental health. Stress levels are higher in middle aged working women as there is a shift from adulthood to old age and as a result the physical contributions by the body in response to the mental stress increases with age and professional variance. The stress levels of the same age group differ according to their professional competencies. Stress is also considered as a part of the package with City life. The significance of this study is to identify the psycho-social issues related to stress in middle-aged working women at the city level, the underlying causes and levels that stress affects the human body and to identify the salient features of stress and hence determine the respondents' perception and response to the different levels of it. Based on this regard, identify its implication and help women face stress with a positive attitude, and use different remedial measures and interventions to enhance their life and well-being.

Keywords: Psycho-Social Stress, Stress Responses, Middle-Aged

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I. INTRODUCTION

Women have journeyed a long distance from being a home – maker and raising children to a highly skilled professional and a financial earner. Women are part of the working force today and are a part of almost all professional fields' now. Women all around the world hold a major role in the economic and social development of its nation. The more empowered a woman is, the better her family and her society. Just as a woman's womb holds the future, so is her ability and presence, the designer and developer of a creative community. Though they are the potential power, they are not free from the side effects of the nurturing, which is stress. They have to deal with stress in their personal and professional life.

1.1 Background

Traditionally, Indian women have been home makers but in the recent decades, the trend has been changed, the advancements of technology and living styles, have increased the cost of living, which has forced women out of her shell to choose careers. Having a career poses several challenges. Women face different challenges at different age groups. There are innumerable challenges that a woman has to face every day in her personal and professional life.

According to the study by Schneiderman 1983, evolution has provided mammals with effective homeostatic mechanisms for dealing with short term stress. Healthy individuals do not get affected much with stress but if the stress is persistent, on the longer run ,the older and unhealthy individuals responds to stress and develop diseases. Small doses of stressors make an individual push an extra mile and work for excellence. But stress is of different kinds and excess of stress makes a women demotivated, less productive and create physical issues.

1.2 Problems of the middle aged working women

According to various reports women at work place face several issues such as gender bias, discrimination at the tasks assigned, sexual harassment, safety issues, wage scale variance and many more. Though a majority still face these issues there are still a number of women successful in science and research, technology and business. Working women's problems can be categorized mainly into environmental, social and psychological. In each category the problems emerge due to the marked differences at home and work place. One is the inner conflict due to the commitment and concern towards family and work, and the other is the practical difficulty in carrying out both the commitments well.

1.3 Objectives

This research is aimed to assess the selected sample of middle aged women in Cochin City undergoing different psychosomatic issues related to stress. This study is:

1. To explore the influence of Stress in middle aged women.
2. To understand the levels at which Stress affect the psycho- social areas.
3. To explore the influence of the after-effects of Stress in daily life.
4. To learn about responses and hence create an awareness and help women enhance their life.

1.4 Scope of the study

The significance of this study is to identify the psycho-social issues related to stress in middle-aged working women at the city level, the related illness and diseases that could be acquired as a result of the stress and its importance to create an awareness of stress busters. Work-life balance and individual well-being has become a major focus for research due to the wide range of emotional, physical and social imbalances that has been on the rise compared to the past. The change from household works to different professional careers has set in a wide range of stressors from different areas at varying degrees and levels.

1.5 Need and importance of the study

The study focuses on the impact of stress, among middle aged working women from different sectors of Cochin City and the psychosocial issues created as a result. With stress comes stress response which affects a person physically and psychologically. According to scientific studies when a body is under stress it prepares for a fight or flight situation which is called as acute stress, this makes the body release stress hormones such as cortisol and adrenaline which on the long run and frequent levels cause severe health problems. The long term activation and positive production of cortisol negatively suppresses the digestive system, immune system, reproductive system and overall growth process it also alters brain activity by generating fear, depression and anxiety. According to a report from the University of California at San Francisco, extra cortisol over the years can damage the hippocampus, the area related to memories. Several studies have found that high cortisol levels leads to poor memory.

1.6 Limitation of the study

Women laid up for paralysis or accidents, those with an unsound mind, those who are undergoing treatment

for serious ailments or terminal illness are not included in this study. Generalised category of middle aged working women is taken for the study.

2. REVIEW OF LITERATURE

2.1 Social Roles of women in the present era

Social roles of women have changed radically over the last years with regard to employment and Gender equivalence (Lee & Powers, 2002; Barnett, 2004). Rapid changes in the life styles, values and industrialization has changed the whole face of humanity. Many studies have provided evidence that women report more physiological distress than men says Hamilton S., in his studies on Chronic Stress and coping styles. Swanson NG in his studies on working women and stress shows in general, women are more prone to stress with visible symptoms such as headaches, irritability, fatigue etc. The capability of coping with job stress is also limited compared to men.

2.2 Stress

The concept of Stress was introduced by Selye Hans in 1936 from the Latin word 'stringere', which meant physical hardship, starvation and pain. Selye Hans defined stress as the "non-specific response of the body to any demand placed on it. According to Robbins and Sanghi Stress affects not only our physical health but our mental well-being also.

Modern era seems to be more like a competition for everyone to excel in every walk of life. And this is the major cause of stress according to Abrol. The contradictory roles of women in the present, compared to the traditional, have led to many problems of working women according to the studies of Muntazir M, et.al. Makowska in his studies on psychosocial determinants of stress and well-being among working women states that the significance of the work-related stressors was evidently greater than that of the stressors associated with the family function.

The overall well-being of an individual is dependent of the degree of state of balance after the influence of internal or external stressors. Lazarus & Folkman, (1984) defined stress as a "particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being". The vast demand of multiple roles when exceed the resource limit leads to distress feelings.

2.3 Multiple roles of women

Super D.E in his studies indicated that the need to balance the different roles simultaneously. Rather than following a transitional sequence from one role to another, women are required to perform an

accumulation of unrelated roles simultaneously, with its unique responsibilities. Role strains are experienced because of multiple roles, such as role conflict and role overload. Pearlin reported that married working women due to increase house hold responsibilities experienced more psychological stress. Maclean, Glynn and Ansara examined stress levels of different categories of women and found that high level of stress was present in single mothers and unemployed mothers. Muhammad and Gagnon found that divorced women had higher stress than married women.

Cooper & Marshall (1976) determined that professionals who were involved in interacting with other people were more exposed to job-related stress than workers who worked in organizations. Studies among the different professions of police, administrators, teachers, students, and others confirm this fact. Research has shown that the more juggling incidents per day, the more the chances of being less satisfied towards the day end (Williams & Suls, 1991). In addition, women who do not get support for household management experiences high level of stress. (Repetti et al, 1989).

2.4 Factors that contribute to Stress among different professionals

Anxiety disorders always lead to stress according to Faravelli & Pallanti 1989, Finlay-Jones & Brown 1981. Studies reveal that anxiety occurs before depression and it could occur after life's stressful events Angst & Vollrath 1991, Breslau et al. 1995. Kristina (2008) investigated work-related stress in women and the findings reveal that the major factor causing stress among them is 'stress owing to hard to set limits', and followed by 'increased workload'.

Stephen (2005) in his studies discovered work overload, uncooperative patients, disapproval, negligent co-workers, lack of support from seniors and supervisors, and difficulties with physicians are the main causative factors that cause stress among the nurses. Interventions to reduce stress improve interpersonal and motivational aspects of job performance.

Bhuvaneshwari (2013) revealed that stress in married working women is due to family and official commitments, agitations at work place, long duration working hours and improper work life balance and these factors lead to stress in working women which in turn leads to headaches, hypertension and obesity. Physical exercises and balanced work- life would lead to well-being.

O'driscoll, et al., (1992) reported that interpersonal conflict, overload of work and role conflict contributed

to increased psychological distress and goal loss that resulted in the experience of emotional exhaustion. According to Khetarpal & Kochar (2006), poor peer relations, intrinsic hardship and under-participation are the key stressors which affected maximum number of women.

Dhanabakyam and Malarvizhi (2014) stated that there is a direct relationship between stress and family difficulties in working women. It is observed that working women with high job demand were more prone to experience work family conflict and work stress. According to Sindu and Satyamoorthy (2014) role conflict, role ambiguity and work family conflict create stress among women managers and coping strategies such as stress management, intervention programs, career planning and redesigning the job, reduces stress.

According to Kodavatiganti & Bulusu (2011) women educators face comparatively higher level of stress than men counterparts. The stresses are caused due to lengthy working hours, inadequately spaced resources and classrooms. Tomba and Rapheileng (2013) stated that female entrepreneurs feel more stressed than males due to the inability to spend quality time with families and friends. According to a study conducted by Bakshi et al; (2008), the occupational stress is very common in working women. The stress creates a lack of concentration in their kitchen and house needs.

Abirami (2011) stated that balancing family and work effectively creates stress among women. According to the study the stress factors among working women are view of stress, low working standards, low financial benefits and stress due to lack of safety and security. Rajasekhar and Sasikala (2013) concluded that the stress faced by employed women face stress due to family responsibilities, job insecurity and demand of high level performance and workplace culture can be managed effectively by preparing the women to understand the nature of stress an enabling them to develop strategies for coping with stress.

In a study done by Beena & Poduval (1992) the reports state that the female executives showed greater stress than males due to the consequence of work-family conflict, social expectations, and behavioural norms. Dhanabhakyam and Anitha (2011) observed that managing the daily home activities is identified as the sources of personal stress and developmental opportunity and availability of transportation and recognition of hard work is considered as organizational stress in working women.

Dr. Hemanalini (2014) researched on the causes of stressors of working women in the textile industry and found that job insecurity and high targets were the stressors. A diverse manner of research study, inspected the well-being of managerial women with regard to the interplay of several social roles.

2.5 Stressors and its impact on Physical Body

Sigmund Freud, the founder of psychosomatic approach, studied about the psychosomatic illnesses and their treatment through psychological techniques. Demas (1990) in his studies identified diabetes as a source of psychological stress and the factors of stress were different for different occupations and they varied according to the psychological maturity of women.

Although small bouts of stress have shown to be advantageous to health, prolonged stress elicits adverse physiological responses such as increased blood pressure, weakened immune system, inflammation, and diabetes all significant risk factors for coronary heart disease. Janssen et al reflected on the need to understand the roles and role satisfactions' in women that influences on occurrences of coronary heart diseases. Sussanna (2012) identified high psychological demands such as job strain and low job control linked with increased risk of stroke in working women. Over a period of time the accumulated stress symptoms such as headaches and musculoskeletal problems have disrupted the well-being and day to day activities, says Verbrugge, 1986, 1989.

Studies by V. A. Skumin (1952) and H. Treasaden (2002) have shown that physical ailments like back pain, hypertension, ulcers are directly linked to stress. According to M. Greco (1998) the overlap between physical and psychosomatic makes it difficult to differentiate the two, the common factor that influences both is mental factors. According to the studies of Chiriboga, 1989; Markovitz et al., 1993, Kaplan, 1985, Schleifer et al., 1985, Chiriboga, 1984; Dohrenwend & Dohrenwend, 1981 and Brown & Harris, 1986 when under stress the sympathetic nervous system activates the adrenal medulla to secrete more epinephrine and norepinephrine which are stress hormones and it boosts the cardiac and respiratory functions.

Corticosteroids and thyroid hormones in abnormal levels cause weakened immune system. Several life events such as like loss of job, family issues, death etc. act as stressors and cause a variety of physical, mental and social dysfunctions and increase the risk of several diseases including depression. Denton, Prus, & Walters, 2004 research on the impact of stress on mental health had its main focus on chronic stresses of daily life and they found that exposure to social life stress, financial stress, relationship stress, child stress, environmental stress, family health stress, and job strain are directly linked to psychological distress.

Mukhopadhyay (2000) observed that the difficulties and problems of working women are multidimensional and is classified into three types - environmental, social and psychological. Highest numbers of chronic illnesses and as a result poorest health were seen in "young women with none or with four or more roles and mid-age and older women with none of the defined social roles" (Lee & Powers, 2002, p. 195). Sachs-Ericsson and Ciarlo (2000, p. 620) also stated that substantial results with regard to age and social roles as the possibility of any psychiatric disorder.

Many studies show that psychosomatic disorders caused by stresses and are not linked to any specific physiological dysfunction says J. L. Levenson (2006). Most of the disorders show up as somatization illness. Studies have also shown psychological stresses as causative factors of headache, hypertension and digestive problems. Ahmed Al-Balkhi and Haly Abbas established a concept related to mind body relationship and they said that there is a correlation between physiology and psychology.

Studies by R. N. Melmed, (2001) reveal that people under severe stress can experience pain without any major organic causes. Many people are in the state of Hypochondria which is a common psychosomatic disorder where the individual worries about having a serious disease without actually having one. Researches prove that all physical illness have psychological factors that determine and define it, says T. N. Wise (2008) and J. Lacey (1998). The present era and the life style have brought in a lot of psychosomatic illness, E. Shorter (1992). The crucial step in treating and preventing these illnesses is only through stress management.

3. METHODOLOGY

This study was conducted among middle aged working women 35-50 years, from different professions that are common in Cochin City. The sample size consists of 110 respondents chosen on the basis of stratified random sampling technique. The study was based on both primary and secondary sources of information and is both descriptive and statistical in nature. It investigates the qualitative and quantitative data collected from various sources, formal and informal interviews and structured questionnaires. The extrinsic and intrinsic stressors that affect the personal and professional lives are both being analysed in the areas of Physical, Emotional and Social Stress.

3.1 Tools and Techniques

3.1.1 Interview

The informal interview questions were semi structured to the level to identify the various psychosomatic issues related to stress in the different professional backgrounds from the Universe

of study. Available literature in the area of the study had also been consulted. Interview schedule was done after the data collection from the survey through Questionnaire.

3.1.2 Questionnaire

After identifying the variables, the self-designed questionnaire was revised and was used for survey. It was used for collecting necessary primary data. There were 60 questions in the questionnaire under Physical Emotional and Social Stress categories in a random manner.

Stress Scale based on Questionnaire

Response	Stress Index	Score for 60 questions	Score Range	Category
Always	4	240	180-240	Very low stress
Sometimes	3	180	120-180	Moderate Stress
Rarely	2	120	60-120	High Stress
Never	1	60	0-60	Extreme Stress

Table 1.1

4. DATA ANALYSIS

Emotional stress was assessed among different professionals to find out the common responses to the stressors faced in everyday life both professionally and personally. According to various studies it is proved that any psychosomatic issues have its origin from the mind and emotions in the form of Emotional Stress. But many stressors are left unnoticed and are attended to, only when it surfaces at different levels in the physical body. The Emotional Stress takes a toll when the person cannot cope up with the situation anymore and the weaker parts of the body start showing various symptoms. The cascade of reactions from the brain as a result of the stressors results in physical symptoms.

The table below shows the Emotional Stressors and the number of respondents in the selected category of Professions who are under High and Extreme Stress.

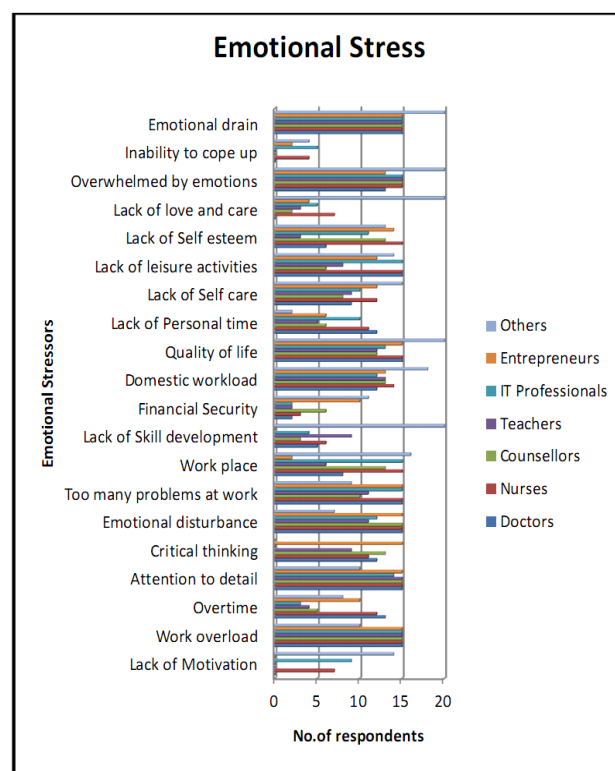


Table 1.2

Percentage of Emotionally stressed respondents among the different Professional categories.

Doctors	66%
Nurses	79%
Counsellors	62%
Teachers	55%
IT Professionals	67%
Entrepreneurs	68%
Others	63%

Table 1.3

According to the Stress Index and professional criteria Emotional Stress was found to be most in the decreasing order as follows:

Nurses > Entrepreneurs > IT Professionals > Doctors > Others > Counsellors > Teachers

The table below shows the Social Stressors and the number of respondents in the selected category of Professionals who are under High and Extreme Stress.

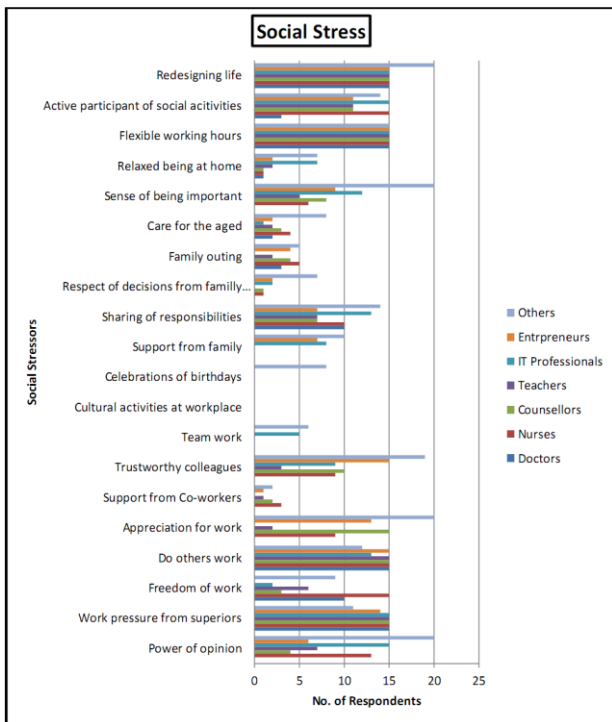


Table 1.4

Percentage calculation of socially stressed respondents from the selected sample among the different Professional categories

Doctors	30%
Nurses	50%
Counsellors	43%
Teachers	36%
IT Professionals	49%
Entrepreneurs	46%
Others	57%

Table 1.5

According to the Stress Index and professional criteria Social Stress was found to be most in the decreasing order as follows:

Others > Nurses > IT Professionals > Entrepreneurs > Counsellors > Teachers > Doctors

The table below shows the Physical stressors & issues related to Stress and the number of respondents in the selected category of Professions who are under High and Extreme Stress.

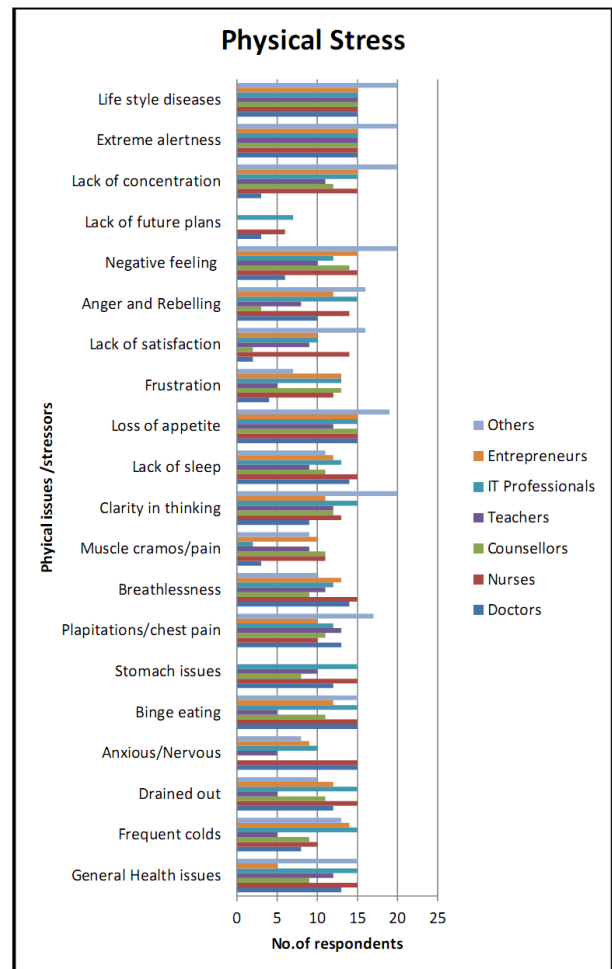


Table 1.6

Percentage calculation of physically stressed respondents from the selected sample among the different Professional categories.

Doctors	67%
Nurses	90%
Counsellors	64%
Teachers	60%
IT Professionals	85%
Entrepreneurs	73%
Others	66.5%

Table 1.7

According to the Stress Index and professional criteria Physical Stress was found to be most in the decreasing order as follows:

Nurses > IT Professionals > Entrepreneurs > Doctors > Others > Counsellors > Teachers

Based on the data of Stress ranking the respondents who were most stressed were ranked as follows.

RANKING	EMOTIONAL STRESS	SOCIAL STRESS	PHYSICAL STRESS
1	NURSES	OTHERS	NURSES
2	ENTREPRENEURS	NURSES	IT PROFESSIONALS
3	IT PROFESSIONALS	IT PROFESSIONALS	ENTREPRENEURS
4	DOCTORS	ENTREPRENEURS	DOCTORS
5	OTHERS	COUNSELLORS	OTHERS
6	COUNSELLORS	TEACHERS	COUNSELLORS
7	TEACHERS	DOCTORS	TEACHERS

Table 1.8

Based on the ranking Nurses, Entrepreneurs, IT Professionals and Others were among the most stressed. Physical stress and issues were seen higher in Nurses, IT Professionals and Entrepreneurs among the Professions chosen for study.

5. RESULTS AND DISCUSSION

5.1 Hypothesis: Psychosocial issues are directly related to stress.

The research work dealt with analysing different stressors in middle aged working women both in the professional and personal areas. The professional areas chosen were Doctors, Nurses, Counsellors, Teachers, IT Professionals, Entrepreneurs and Others which includes Sales Sector, Hotel Chefs, Clerks and Helpers. The study focused on stress levels in three main areas Emotional, Social and Physical in the different professional areas and personal life.

5.2 Findings

Based on the information obtained majority of the respondents had many years of experience, and all of them had different life style diseases as a result of the stressors they were exposed to both professionally and at home. Tensions were a package in everyday life and hence majority had less quality sleep. Time available for self-development and relaxation were rarely obtained and that too had added to the stress and strain over a period of time. Though majority of the respondents were aware of the stressors, it was ignored and not heeded to. Many of them were aware of remedial measures to overcome stress but had opted for an easier way by taking medication.

Studies reveal that stress in any form has an impact on the body and the present study supports the fact that psychosocial issues are a byproduct of stress. Several physical symptoms have been reported by the respondents without involvement of any organ dysfunction. But over a period of time these psychosocial issues have become major diseases and health issues says reports. Studies have shown that social support by colleagues, family members and being part of social activities have curtailed the impact of stress.

The causes of stress can be a combination of biological, psychological and social distress, which leads to psycho-social issues which is now called as somatization disorders. The common psychosocial issues among the respondents from the various professionals studied from both the questionnaire and interview were as follows:

Sl. No.	Psycho-social issues of Stress	Percentage of Respondents
1.	Acidity and Stomach issues	56%
2.	Anger	71%
3.	Anxiousness & Nervousness	56%
4.	Back pain	80%
5.	Binge eating	80%
6.	Blood pressure	45%
7.	Body pain	75%
8.	Breathlessness	76%
9.	Cholesterol	33%
10.	Clarity in thinking	84%
11.	Difficulty to concentrate	83%
12.	Disturbed sleep & Insomnia	77%
13.	Dizziness	45%
14.	Drained out	73%
15.	Extremely alert	100%
16.	Fatigue	69%
17.	Frequent fevers and colds	67%
18.	Frustrations	61%
19.	Gastritis	40%
20.	General Health issues	76%
21.	Hair Loss	100%
22.	Headaches	93%
23.	Hypersensitivity	33%
24.	Irregular periods	79%
25.	Irritability	62%
26.	Leg pain	61%
27.	Loss of Appetite	96%
28.	Muscular pains and cramps	50%
29.	Mood fluctuations	55%
30.	Negative feelings	84%
31.	No plans about future	15%

32.	Palpitations/Chest pain	78%
33.	PCODs and	61%
34.	Tiredness	74%
35	Stomach issues	56%

Table 1.9

6. REMEDIAL MEASURES

Studies have shown various remedial measures for coping with stress.

- Meditation is a very good remedial measure, to calm down the self and create inner peace.
- Yoga and Physical exercises is another important aspect to create a harmony between the mind and body.
- Several Emotional Freedom Techniques and Relaxation therapies are used for immediate release of the effects of severe stress.
- Music therapy is also recommended as a remedial measure for stress.
- Creating an awareness of stressors and coping strategies.
- Counseling techniques help in creating customized remedial measures based on the requirement of each individual.
- Social activities bring in external support for the internal well-being.

There are many more coping strategies which are all non-invasive and can help live a better life with better health in this fast pace moving modernized era.

7. FUTURE WORK

Current research has not included all the stressors of individual professions. An intensive research on all the stressors and impact of the stressors on each profession would be of a greater requirement for the present trend.

REFERENCES

1. Abrol K.K. (1990). A study of Language Strain and Coping behaviors of Teachers, *Psycholinguia* 20: pp. 173-178.
2. Angst J, Vollrath M. (1991). The natural history of anxiety disorders. *Acta Psychiatr. Scand*; 84: pp. 446-452
3. Bakshi, R., Sudha, N., and Sandhu, P. (2008). "Impact of Occupational Stress on Home Environment: An Analytical Study of Working Women of Ludhiana City". *Journal of Human Ecology*, Vol. 23, No. 2, pp. 231-235.
4. Barnett, R. (2004). Women and multiple roles: myths and reality. *Harvard Review of Psychiatry*, 12(3), pp. 158-164.
5. Beena, C.; & Poduval, P.R. (1992). Gender differences in work stress of executives *Psychological Studies*. July – Nov. Vol. 37(2-3) pp. 109-113.
6. Bhuvaneshwari, M. (2013). A Case Study on Psychological and Physical Stress Undergone by Married Working Women. *Journal of Business and Management*, 14(06), pp. 38-44.
7. Chiriboga, D. A. (1989). Stress and loss in middle age. In R. A. Kalish (Ed.), *Midlife loss: Coping strategies* (pp. 42-88). Newbury Park, CA: Sage.
8. Cooper, C.L., & Marshall, J., (1976). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental health. *Journal of Occupational Psychology*, 49, pp. 11-28.
9. Demas, P. A. (1990). Diabetes as a source of stress. *Diss. Abstr. Int. B*, 51(5): pp. 2672.
10. Denton, M., Prus, S., & Walters, V. (2004). Gender differences in health: a Canadian study of the psychosocial, structural and behavioural determinants of health. *Social Science & Medicine* (1982), 58, pp. 2585-2600.
11. Dohrenwend, B. S., & Dohrenwend, B. P. (1981). *Stressful life events and their contexts*. New York: Prodist.
12. Dr. Hemanalini (2014). "Stress Management among women workers in Textile Industry-With reference to knitwear Industry in Tirupur", *Indian Journal Of Applied Research*, Vol.4, issue 3, ISSN 2249-555X.
13. Dr. M. Dhanabhakyaam and V. Anitha, "As study on stress management of working women in Coimbatore District", *International Journal of Multidisciplinary Research*, Vol 1, Issue 7, Nov 2011, ISSN 2231-5780
14. Dr.M. Dhanabhakyaam and J. Malarvizhi (2014). "Work-Family Conflict and Work Stress among Married Working Women in Public and Private Sector Organizations.", *International Research Journal of Business*

- and Management, Vol. no VII, issue 10, October 2014.
15. Dr. Rajasekhar and B. Sasikala (2013). "An impact of stress management on employed women", Language in India, ISSN 1930-2940 Vol. 13, No 4.
16. E. Shorter (1992). "From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era," Free Press, New York.
17. Faravelli C, Pallanti S. (1989). Recent life events and panic disorder. Am. J. Psychiatry, 146: pp. 622–626.
18. Hamilton S., Fagot B.I. (1988). Chronic stress and coping styles: A comparison of male and female undergraduates. J. Pers Soc Psychol 55: pp. 819-823.
19. J. Lacey (1998). "Differential Emphasis in Somatic Response to Stress: An Experimental Study," Psychosomatic Medicine, Vol. 14, 1998, pp. 71-81.
20. Janssen I., Powell L.H., Jasielec M.S., Matthews K.A., Hollenberg S.M., Sutton-Tyrell K., et. al. (2012). Progression of coronary artery calcification in black and white women: do the stresses and rewards of multiple roles matter? Ann Behav Med. 2012; 41(1): pp. 39–49.
21. J. L. Levenson (2006). "Essentials of Psychosomatic Medicine," American Psychiatric Press Inc., 2006.
22. Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. New York: Springer.
23. Kaplan, R. M. (1985). Psychosocial aspects of chronic illness: Direct and indirect associations with ischemic heart disease. In R. M. Kaplan, & M. H. Criqui (Eds.), Behavioral epidemiology and disease prevention (NATO ASI series A: Life sciences, Vol. 84, pp. 237–269). New York, NY: Plenum Press.
24. Karuna Kodavatiganti & Viswanadham Bulusu (2011). Stress Indicators and its Impact on Educators, Vol.7(2): 88-96, SIES Journal of Management.
25. Khetarpal, A. & Kochar, G. K. (2006). Role Stress And Preventive Management. Internet Journal of World Health & Societal Politics; Vol. 3 (1) pp. 2-2.
26. Kh. Tomba Singh, A.S. Rapheileng (2013). A study of occupational stress on entrepreneurship in Manipur; www.selptrust.org Research Explorer; ISSN: 2250-1940; Vol. 2: Issue 6.
27. Lee, C. & Powers, J. R. (2002). Number of social roles, health, and well-being in three generations of Australian women. International Journal of Behavioral Medicine, 9(3), pp. 195-215.
28. Maskowska Z. Psychosocial characteristics of work and family as a determinant of stress and well-being of women: A preliminary study. Int J Occup Med Environ Health. 1995;8: pp. 215–22.
29. Maclean, H., Glynn, K., & Ansara, D. (2004). Multiple roles and women's mental health in Canada. BMC Women's Health, 4S3-9.
30. Markovitz, J. H., Matthews, K. A., Kannel, W. B., Cobb, J. L., & D'Agostino, R. B. (1993). Psychological predictors of hypertension in the Framingham study: Is there tension in hypertension? Journal of the American Medical Association, 270, 2439–2443.
31. M. Greco (1998). "Illness as a Work of Thought: Foucauldian Perspective on Psychosomatics," Routledge, pp. 1-3, pp. 112-116.
32. Muhammad, A., & Gagnon, A. (2010). Why should men and women marry and have children? Parenthood, marital status and self-perceived stress among Canadians. J Health Psychol, 15(3), pp. 315-325
33. Muntazir M., Neharshi S., Manju P. (2014). A comparative study of mental health among working women and house wives. Indian Journal of Health and Wellbeing 5: pp. 1398-1400.
34. N. Deuraseh and M. Abu Talib (2005). "Mental Health in Islamic Medical Tradition," The International Medical Journal, Vol. 4, No. 2, 2005, pp. 76-79.
35. O'Driscoll, M. P., Ilgen, D. R., & Hildreth, K. (1992). Time devoted to job and off-job activities, inter role conflict, and affective experiences. Journal of Applied Psychology, 77, pp. 272–280.

36. P. Abirami (2011). Eighth AIMS International Conference on Management January 1-4th, 2011.
37. Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior*, 19, pp. 2–21.
38. Repetti, R. L. (1989). Effects of daily workload on subsequent behavior during marital interaction: The roles of social withdrawal and spouse support. *Journal of Personality and Social Psychology*, 57, pp. 651– 659
39. Robbins P.R., Sanghi S. (2006). *Organizational Behavior* (11th edn.). Dorling Kinderslev, India.
40. R. N. Melmed, "Mind, Body and Medicine: An Integrative Text," Oxford University Press Inc., Oxford, 2001, pp. 191-192.
41. Schleifer, S. J., Keller, S. E., & Stein, M. (1985). Stress effects on immunity. *Psychiatric Journal of the University of Ottawa*, 10, pp. 125–131.
42. Selye H. (1956). *The stress of life*. McGraw Hill, New York.
43. Ms. Sindu Sivan, Dr. Satyamoorthy (2014). "Management of Occupational Stress and Work-Life Balance among women Managers in Indian Industries: A Contemporary issue", *Indian Journal of Applied Research*, December 2014, Vol 4, issue 12.
44. Stephen Palmer and Kristina Gyllensten (2005). "The role of gender in workplace stress: a critical literature review" *Health Education Journal*, Vol. 64, No. 3, pg. 271-288.
45. Super D.E. (1980). A life-span, life-space approach to career development. *J.Vocat Behar*.1980; 16: pp. 282–9.
46. Sussanna Toivanen (2012). "Social Determinants of Stroke as Related to Stress at Work among working Women: A Literature Review", *Stroke Research and Treatment*, Hindwai Publishing Corporation, Vol. 2012.
47. Swanson N.G. (2000). Working Women and Stress. *Journal of the American Women's Medical Association* 55: pp. 76-79.
48. T. N. Wise (2008). "Update on Consultation-Liaison Psychiatry (Psychosomatic Medicine)," *Current Opinion in Psychiatry*, Vol. 21, No. 2, pp. 196-200.
49. V. A. Skumin (1991). "Borderline Mental Disorders in Chronic Diseases of the Digestive System in Children and Adolescents," *Zhurnal Nevropatologi Psikhiatrii Imeni SS Korsakova Moscow Russia* 1952, Vol. 91, No. 8, pp. 81-84
50. Verbrugge, L. M. (1989). The twain meet: Empirical explanations of sex differences in health and mortality. *Journal of Health & Social Behavior*, 30, pp. 282–304.
51. Williams, K. J., Suls, J., Alliger, G. M., Learner, S. M., & Wan, C. K. (1991). Multiple role juggling and daily mood states in working mothers: An experience sampling study. *Journal of Applied Psychology*, 76(5), pp. 664-674.

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