

Vol 5 Issue 5 Feb 2016

ISSN No : 2249-894X

*Monthly Multidisciplinary
Research Journal*

*Review Of
Research Journal*

Chief Editors

Ashok Yakkaldevi
A R Burla College, India

Flávio de São Pedro Filho
Federal University of Rondonia, Brazil

Ecaterina Patrascu
Spiru Haret University, Bucharest

Kamani Perera
Regional Centre For Strategic Studies,
Sri Lanka

Welcome to Review Of Research

RNI MAHMUL/2011/38595

ISSN No.2249-894X

Review Of Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double-blind peer reviewed referred by members of the editorial Board readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

Regional Editor

Manichander Thammishetty
Ph.d Research Scholar, Faculty of Education IASE, Osmania University, Hyderabad.

Advisory Board

Kamani Perera Regional Centre For Strategic Studies, Sri Lanka	Delia Serbescu Spiru Haret University, Bucharest, Romania	Mabel Miao Center for China and Globalization, China
Ecaterina Patrascu Spiru Haret University, Bucharest	Xiaohua Yang University of San Francisco, San Francisco	Ruth Wolf University Walla, Israel
Fabricio Moraes de Almeida Federal University of Rondonia, Brazil	Karina Xavier Massachusetts Institute of Technology (MIT), USA	Jie Hao University of Sydney, Australia
Anna Maria Constantinovici AL. I. Cuza University, Romania	May Hongmei Gao Kennesaw State University, USA	Pei-Shan Kao Andrea University of Essex, United Kingdom
Romona Mihaila Spiru Haret University, Romania	Marc Fetscherin Rollins College, USA	Loredana Bosca Spiru Haret University, Romania
	Liu Chen Beijing Foreign Studies University, China	Ilie Pintea Spiru Haret University, Romania
Mahdi Moharrampour Islamic Azad University buinzahra Branch, Qazvin, Iran	Nimita Khanna Director, Isara Institute of Management, New Delhi	Govind P. Shinde Bharati Vidyapeeth School of Distance Education Center, Navi Mumbai
Titus Pop PhD, Partium Christian University, Oradea, Romania	Salve R. N. Department of Sociology, Shivaji University, Kolhapur	Sonal Singh Vikram University, Ujjain
J. K. VIJAYAKUMAR King Abdullah University of Science & Technology, Saudi Arabia.	P. Malyadri Government Degree College, Tandur, A.P.	Jayashree Patil-Dake MBA Department of Badruka College Commerce and Arts Post Graduate Centre (BCCAPGC), Kachiguda, Hyderabad
George - Calin SERITAN Postdoctoral Researcher Faculty of Philosophy and Socio-Political Sciences Al. I. Cuza University, Iasi	S. D. Sindkhedkar PSGVP Mandal's Arts, Science and Commerce College, Shahada [M.S.]	Maj. Dr. S. Bakhtiar Choudhary Director, Hyderabad AP India.
REZA KAFIPOUR Shiraz University of Medical Sciences Shiraz, Iran	Anurag Misra DBS College, Kanpur	AR. SARAVANAKUMARALAGAPPA UNIVERSITY, KARAIKUDI, TN
Rajendra Shendge Director, B.C.U.D. Solapur University, Solapur	C. D. Balaji Panimalar Engineering College, Chennai	V.MAHALAKSHMI Dean, Panimalar Engineering College
	Bhavana vivek patole PhD, Elphinstone college mumbai-32	S.KANNAN Ph.D , Annamalai University
	Awadhesh Kumar Shirotriya Secretary, Play India Play (Trust), Meerut (U.P.)	Kanwar Dinesh Singh Dept.English, Government Postgraduate College , solan

More.....

Address:-Ashok Yakkaldevi 258/34, Raviwar Peth, Solapur - 413 005 Maharashtra, India
Cell : 9595 359 435, Ph No: 02172372010 Email: ayisrj@yahoo.in Website: www.ror.isrj.org

Review of Research

International Online Multidisciplinary Journal

ISSN: 2249-894X

Impact Factor : 3.1402(UIF)

Volume - 5 | Issue - 5 | Feb - 2016



STRESS COPING STRATEGIES AND REDUCTION RESPONSES OF INFERTILITY WOMEN



S. M. Pandian¹ and S. Kadiravan²

¹Ph.D. Research Scholar, Department of Psychology, Prist University,
Tanjore, Tamilnadu.

²Professor & Head, Department of Psychology, Periyar University, Salem, Tamilnadu.

ABSTRACT:

The stressful nature of infertility has long been recognized. In earlier years, the focus was on whether psychological stress or psychopathology prevented conception, particularly for women. With advances in the technological assessment of fertility's organic causes, the number of couples with unexplained infertility has decreased, resulting in less emphasis on mysterious psychological causes of infertility. One of the many challenges of infertility is hearing the assumptions family and friends make about the relationship between stress and infertility. However, infertility related stress often is

assessed through measures of anxiety and depression, and because these stress symptoms are more prevalent in women, current testing may be missing important reactions in men. In addition, because these measures are developed primarily for use with psychiatric patients, they can contain items that are interpreted differently by a population. Such items can either spuriously inflate estimates of psychopathology or lack the sensitivity to detect important concerns specific to infertility.



KEYWORDS: *chronic stress; anxiety; personality; depression;*

INTRODUCTION :

The term stress has been the source of much intangible confusion and has been defined several ways. Stress has been hypothesized both as an event and as a response the disturbance of a person's normal state. A psychological model argues that stress is neither by events nor by response variables. Instead, the experience of stress is a product of a combination of factors. Similarly, chronic stress has

been as a set of related events and conditions that persist over time and that are perceived to threaten important social roles. Unfortunately, the precise domains affected by chronic infertility have not been delineated. As a result, published instruments have an uncertain theoretic basis. For example, the Infertility questionnaire was developed to assess psychological dysfunction in the areas of self-esteem, blame, guilt, and sexuality. Although internal and retest consistency appear acceptable, the rationale for selecting only three domains for study is unclear. In a more recent study, content analysis of interviews with patients with infertility suggested that stigma, loss, and role failure also are significant aspects of infertility-related stress. We conjectured that a valid measure of infertility related stress would be sensitive to differences in both gender and infertility diagnosis. We also hypothesized that gender and infertility diagnosis would influence not only the magnitude of infertility-related stress but also the particular infertility domains affected. Finally, it was our premise that a valid new instrument would correlate with measures of depression, anxiety, and marital adjustment but that such correlations should be only moderate in size to ensure that a new measure did not duplicate preexisting tests.

Infertility has been considered as creating a form of chronic stress that can give rise to a variety of psychological difficulties. More recently, published evidence suggests that stress itself may influence the outcome of infertility treatment. Despite increasing attention to this issue, there have been few efforts to develop specific measures of infertility-related stress. Instead, psychological reactions to infertility historically have been examined through a variety of standardized psychological instruments that measure personality, anxiety, depression, and marital functioning. Standardized instruments offer advantages in terms of using measures with known reliability and validity, but measures not specific to infertility also have certain shortcomings. There is much evidence showing that women experience more infertility-related stress than men. Collateral Measures Several psychological self-report measures were used to provide collateral information about individual and marital functioning. The Beck Depression Inventory was chosen to measure depression. Both the reliability and validity of this inventory have been substantiated through a large body of research. State anxiety was measured by the State-Trait Anxiety Inventory. State anxiety reflects transient emotional arousal or situational distress. The Dyadic Adjustment Scale measures global marital adjustment. This instrument is applicable to married and unmarried couples and has well-documented reliability and validity. First, the popular and scientific literature on infertility was surveyed for problematic situations and beliefs reported by patients with infertility. Second, significant infertility-related themes identified by other researchers were considered. Seven relevant domains or themes of infertility-related stress were identified and definitions for seven corresponding scales were written. Preliminary scales included Social concern, Sexual concern, Relationship concern, Role loss, Role failure, Need for parenthood, and Rejection of childfree lifestyle. The purpose of this study was to develop a self-report instrument that could clarify and allow measurement of the important domains of perceived infertility-related stress. A composite score derived by summing all five domain scores is interpreted as providing a global measure of perceived infertility-related stress. Despite our efforts to be comprehensive and to assess all aspects of infertility-related stress, it is possible that relevant domains were omitted. However, efforts to develop an even broader instrument were constrained by the finding that considerable overlap existed between such constructs as social difficulty, role loss, and role failure. Because feelings of loss and failure appeared to arise largely in a social context, it appeared that the domain of Social concern captured both constructs and, from a pragmatic perspective, seemed more useful in terms of suggesting a locus for intervention. Individuals who reported greater infertility stress in terms of higher Social, Sexual, or Relationship concern, greater Rejection of childfree lifestyle, or greater Need for

parenthood also reported more intense symptoms of depression. Although the prospect is tempting, it is not possible to establish any causal relation from these findings. It remains unclear whether stress in one or more domains of infertility causes depression, or whether depressive symptoms undermine coping ability, causing increased infertility-related stress. Despite a widely held view that infertility can place stress on a couple's relationship, standardized measures of marital adjustment appear to lack sensitivity to infertility-related issues. As a result, infertile couples as a group have been found to have clinically normal relationship satisfaction. In comparison, the present results suggest that when questions focus on marital issues likely to be affected by infertility, increasing infertility-related stress is associated with decreased marital satisfaction. Research that combines a measure of infertility-related stress with measures of coping may help to clarify this interaction. The present findings suggest that the nature of the infertility diagnosis also is an important factor in determining the degree of infertility-related stress. More specifically, in contrast with female infertility, problems of both idiopathic and male infertility seem to leave individuals more vulnerable to social difficulties or concerns. Why this occurs is unclear, although the reasons may be different for men and women. Women may be reluctant to discuss ambiguous or male infertility with family or friends to protect a partner from embarrassment. Unfortunately, this hinders efforts to mobilize social support and deprives women of a primary coping strategy. For men, greater social concern with idiopathic and male infertility suggests heightened social sensitivity and is consistent with reports of lower self-esteem and greater stigmatization. Similarly, both men and women report more concern about their sexual relationship with male infertility than with idiopathic or female infertility. Both men and women seeking therapy for male infertility reported greater need for parenthood than individuals experiencing unexplained infertility. The reason for this finding is uncertain, although the results may have been influenced by a selection factor. Seventeen percent of the couples with male infertility were recruited while seeking donor insemination, and their willingness to consider this alternative, in itself, reflects a strong drive for parenthood. Individuals seeking to have another child are self-selected in terms of being dissatisfied with the status quo and may find it easier to reject a childfree existence because in their case it does not apply. In contrast, childless individuals may be feeling greater pressure to entertain the advantages of a childfree lifestyle. From a therapeutic perspective, the results of the study have several implications. Among couples actively seeking treatment, heightened social, sexual, or relationship difficulties appear to be at the core of infertility-related stress, and men and women experiencing these strains are at higher risk for problems of depression. Other researchers also have identified social factors as a significant component of psychological distress. However, these results suggest that, whereas close association with parenthood is clearly an important contributor to infertility-related stress among women, other, more important, factors underlie the association between infertility and depression. The intensity of such reactions may depend in part on the individual's expectations about how others should act and the kind of attributions made to explain others' behavior. Thus, it may be advantageous to address issues of loss not only by helping individuals to work through these feelings but, perhaps even more important, by examining the social situations in which feelings of loss arise. These findings point to the need to consider the client's social connections and the impact these have on both negative emotions and cognitions associated with infertility. From this perspective, a number of intervention options exist. Clients might be encouraged to alter their social environment by educating significant others and requesting change in the way others react to infertility. Cognitive restructuring also can be beneficial, either where a more realistic and constructive interpretation of family and peer reactions is called for or where repetitive negative social comparisons with others suggest a preoccupation only with the disadvantages of infertility. Alternatively, seeking new social environments with new patterns

of interaction could serve to minimize particularly destructive interactions or offer new and more rewarding outlets for a client's needs to encourage.

OLD MECHANISMS OF STRESS COPING TO INFERTILITY

One of the best sources of coping strategies is your own past. Try to think of other crises you have been through losing a parent or being unemployed. To recall ways you calmed your fright and lifted your feelings. Maybe some of those techniques will common one

- Reaching out to family and friends
- Collecting information
- Forcing them to concentrate on one thing at a time and to get through one day at a time
- Trying to remove any unnecessary duties or pressures
- Lowering your expectations of how much work you'd be able to accomplish in the next few weeks.
- Seeing a therapist, or joining a support or therapy group.
- Looking for ways to turn the negative into something positive, responding to being fired by working on the career change you'd been thinking about but hadn't acted on yet.
- Meditating or praying.
- Relaxing tense muscles through exercise, deep muscle relaxation, yoga.
- Plan to use at least two of these coping methods every day. And don't stop the first day you wake up feeling normal, relaxed, and confident. Responses to infertility, as to any crisis, tend to be up-and-down. What seems like equilibrium can be totally upset by the onset of a menstrual period or the arrival of a baby announcement. Experts advise the use of stress management techniques on an ongoing basis to prevent stress from getting out of hand.

NEW MECHANISMS OF STRESS COPING TO INFERTILITY

- Stressful experiences will contribute to these feelings such as personal conflicting emotions may have, pressures from your partner and family, societal pressures, sex, doctors and technicians, tests and procedures, drugs and unpleasant side effects and difficult decisions may be face.
- All but the least sensitive can be educated about infertility, and can be taught by you how to be helpful and supportive. Ask them to do some reading on infertility. Also, be sure to let them know how you want to be treated. Most infertile women are saddened by invitations to baby showers and gleeful pregnancy announcements. But some are infuriated by not getting the invitation or by hearing that the gleeful announcement was carefully made when they were not around. So really have to let people know what you would like from them. Give yourself permission to cry and be angry. Do not try to shut off your feelings. If you need to cry about the unfairness of another pregnancy announcement, go ahead. If you need to pound a pillow or pummel a punching bag, do it. When you try to "snap out of it," you waste all your energy. Consider planning a certain time of day when you spend 30-40 minutes focusing on your feelings about infertility. When you let the feelings come, you will feel relief and have a little energy left over for coping.
- Give the partner permission to feel and cope differently than you. Do not waste energy trying to get your partner to feel as devastated as you do.
- We expect the impossible from our partners. If he really loved me, he had comfort me without my having to ask. She would not keep dwelling on infertility when it's all. But partners are mere humans, incapable of mind-reading. If need to pass up family gatherings that feature nieces and nephews under two, then say so. If want to be hugged or massaged or left alone for a few minutes, or just listened to without any response, it will be more likely to get.

- Many stress management experts point to the value of grieving. Unresolved grieving can be a major source of anxiety. Perhaps some of what you've interpreted as the inescapable pain of infertility is really the relievable pain of unfinished grief work. Even though you hope to have a successful pregnancy, whether you know it or not, your unconscious mind has already begun the task of grieving for the biological child you may never get to have together. In order for you to feel better again, you will have to go through a period of mourning.

Many people have found community support and peace of mind through religious involvements. Some attend church or synagogue on a regular basis. Others prefer to pray or meditate on their own. Don't have to have an old-fashioned belief in God to benefit from spiritual experiences such as feeling connected to the rest of the universe, oceanic feelings, feelings of peacefulness and renewal.

- Get plenty of sleep—many people need eight hours
- Allow time in your life for rest and recreation.
- Get plenty of exercise. Not only does it relieve physical tension, but if it's aerobic exercise like running or swimming you will actually metabolize norepinephrine and serotonin, the substances your body produces when you're under stress. You will truly get rid of stress.
- Consider taking a yoga, exercise, or dance class at your health club or adult education center. Learn to breathe deeply.

Practice sitting comfortably with your eyes closed and consciously breathing long, slow, deep breaths. You can either breathe in and out through your nose or in through your nose or out through your mouth. Try to feel the pleasure of filling yourself slowly and calmly then releasing the air. Fill not only your chest but also your diaphragm. This is a wonderful method for calming yourself when you feel panicky. Try doing this for five minutes. You may want to try the following breathing technique. Breathe in to the count of one, out to the count of two, in to the count of three, out at four, and so on up to 10. Then start with one again. If you find yourself at 11 or above, that shows that you're obsessing or your mind is wandering and you're having a hard time concentrating. Simply return to one and try to stay more focused this time. These breathing techniques and other relaxation techniques can be done with your spouse. They might be a good transition point between an infertility conversation and an enjoyable evening.

- Practice progressive relaxation

Progressive relaxation, also known as "Deep Muscle Relaxation," consists of relaxing muscle groups' one at a time until you've progressed through your whole body, eliminating or reducing muscular tension.

NUMBER OF WAYS TO REDUCE STRESS RELATED TO INFERTILITY

Some women categories, chronic stress can affect ovulation by altering signals to the hypothalamus, the center of the brain that regulates some of the hormones that trigger the ovaries to release eggs each month. Women under nonstop stress may ovulate less regularly, making it more difficult to plan baby-making for the exact window when they're most fertile. Anything that helps you relax and unwind catching up on the latest celeb tabloids over a pedicure, meeting your best friends for brunch and shopping is certainly a step in the right direction. But certain tricks are especially beneficial for women dealing with trying-to-conceive-related stress.

- **Super-regenerative.** More than 80 percent of women ovulate between midnight and 8 a.m., so getting too little sleep and the hormonal imbalances this causes can have a surprising impact on conception. Sleep is super-regenerative and gives your body a chance to relax and recover from a taxing

day. While sleep needs vary from person to person, if you tend to wake up and still feel tired, or feel like you're running on empty as the day drags on, chances are you're not getting enough.

- **Babymaking kind.** As fertility-related stress takes its toll on you and your partner, it's common for your sex life to start feeling more like a science project. Do it when you're not ovulating just for the fun and intimacy.

- **Stress Relax.** It's called progressive muscle relaxation; this exercise involves tightening and relaxing every part of your body from head to toe. Furrow your forehead for five seconds, and then relax your face for five seconds. Then wrinkle your nose for five seconds, and relax it for five seconds. Do the same with your jaw, and so on, for 10 minutes, or more if you have time.

- **Scribble it down.** "Putting your worries on paper is one of the best ways to get perspective and feel like you're more in control of your problems," he says. Writing in a journal regularly, even for just a few minutes a day, can help you feel more positive and less anxious about whatever's bothering you.

- **Talk to an expert.** If you still feel like you can't get your stress in check, or tend to be prone to extended bouts of anxiety or feelings of hopelessness, sadness, or total ambivalence that won't go away, consider seeing a psychologist or psychiatrist who is experienced with infertility patients. Getting your emotional health on track is a must for a healthy pregnancy and beyond.

CONCLUSION

The stress does not cause infertility, infertility most definitely causes stress. Stressful experiences on the daily level are assessed with self-report using a daily diary or record. These diaries allow the investigator to examine stress at the level of daily experiences, rather than the more encompassing events assessed with major stressful life events instruments. This can be used to tackle important problems such as the nature of chronic stress, the mechanisms through which major stressors exert their effects, and the role of personality and social structure in the stress process. Depending on the situation, this types of assessment techniques needs to be select interval-contingent recording, signal-contingent recording, or event-contingent recording. In interval-contingent recording, data are collected at regular intervals determined in advance by the investigator, once an hour, once every three hours, or once a day.

REFERENCES

1. Demyttanaere K, Bonte L, Gheldof M, Vervaeke M, Meuleman C, Vanderschuerem D, et al. Coping style and depression level influence outcome of in vitro fertilization. (1998) 69:1026–33.
2. Fachinetti F, Volpe A, Matteo ML, Genazzani AR, Artini GP. An increased vulnerability to stress is associated with a poor outcome of in vitro fertilization-embryo transfer treatment. (1997) 67:309–14.
3. Mazure CM, Greenfeld DA. Psychological studies of in vitro fertilization/embryo transfer participants. *J In Vitro Fert Embryo Transfer* (1989) 6:242–56.
4. Wright JW, Dushesne C, Sabourin S, Bissonette F, Benoit J, Girard Y. Psychosocial distress and infertility: men and women respond differently. (1991) 55:100–8.
5. Newton CR, Houle M. Gender differences in psychological response to infertility treatment. In: Greenfeld DA, editor. *Infertility and reproductive medicine clinics of North America*. Philadelphia: WB Saunders, (1993) 545–58.

6. Cohen SJ, Kessler RC, Underwood GL. Strategies for measuring stress in studies of psychiatric and physical disorders. In: Cohen SJ, Kessler RC, Underwood GL, editors. *Measuring stress: a guide for health and social scientists*. New York: Oxford University Press, (1995) 3–25.
7. Lepore SJ. Measurement of chronic stressors. In: Stanton AL, DunkelSchetter C, editors. *Infertility: perspectives from stress and coping research*. New York: Plenum Press, (1991) 102–19.
8. Bernstein J, Potts N, Matlox JH. Assessment of psychological dysfunction associated with infertility. *JOGNN* (1985) (Suppl):635–65.
9. Nachtigall RD, Becker G, Wozny M. The effects of gender-specific diagnosis on men's and women's response to infertility. *FertilSteril* (1992) 57: 113–21.
10. Beck AT, Steer RA, Garbin MG. Psychometric properties of the Beck Depression Inventory: twenty-five years of evaluation. *ClinPsychol Rev* (1988) 8:77–100.
11. Spielberger CD. *Manual for the State-Trait Anxiety Scale*. Palo Alto: Consulting Psychologists Press, (1983).
12. Spanier GB. Measuring dyadic adjustment: new scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family* (1976) 38:15–28.
13. Jackson DN. *Personality Research Form manual*. Port Huron (MI): Research Psychologists Press, (1974)
14. Stanton AL, Tennen H, Affleck G, Mendola R. Coping and adjustment to infertility. *J SocClin Psych* (1992) 11:1–13.
15. Newton CR, Hearn MT, Yuzpe AA. Psychological assessment and follow-up after in vitro fertilization: assessing the impact of failure. *FertilSteril* (1990) 59:685–9.
16. Wasser SK, Sewell G, Soueles MR. Psychosocial stress as a cause of infertility. (1993) 59:685–9.
17. MenningBE. The emotional needs of infertile couples. *FertilSteril* (1980) 43:313–9.
18. Hunt J, Monach JH. Beyond the bereavement model: the significance of depression for infertility counselling. *Hum Reprod* (1997) 12:188–94.
19. Borysenko, J. (1988) *Mending the body, mending the mind*. Reading,
20. Avon. Goldstein, J. & Kornfield J. (2001) *Seeking the heart of wisdom*:
21. Boston: Shambhala *The Stress of Infertility* Barbieri, R. Domar A., Loughlin, K (2000) *steps to increased fertility*. New York:
22. Domar, D. & Kelly, A.L. (2004) *Conquering infertility: Dr. Alice Domar's mind guide to enhancing fertility and coping with infertility*. New York: Penguin
23. Zondervan. *Grieving Sterns*, A.K. (1988) *Living through personal crisis*. New York: Ballantine.
- Tatelbaum, J. (1993) *The courage to grieve*. London: William Heinemann.
24. Bolger, N. & Schilling, E. A. (1991). Personality and the problems of everyday life: The role of neuroticism in exposure and reactivity to daily stressors. *Journal of Personality*, 59, 355-386.
25. Brantley, P. J., & Jones, G. N. (1993) Daily stress and stress-related disorders. *Annals of Behavioral Medicine*, 15, 17-25.
26. Cohen, S., Kamarck, T. & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.
27. Cohen, S. & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.) *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.
28. Cohen, S., Kessler, R., & Underwood Gordon, L. (eds.) (1995) *Measuring Stress: A guide for health and social scientists*. New York: Oxford University Press.

29. DeLongis, A., Folkman, S., & Lazarus, R.S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. *Journal of Personality and Social Psychology*, 54, 486-495.
30. Dohrenwend, B. P., Raphael, K. G., Schwartz, S., Stueve, A., & Skodol, A. (1993). The structured event probe and narrative rating method for measuring stressful life events. In L. Goldberger & S. Breznitz (Eds.), *Handbook of Stress* (pp. 174-199). New York: Free Press.
31. Eckenrode, J. & Bolger, N. (1995). Daily and within-day event measurement. In S. Cohen, R. Kessler, & Underwood Gordon, L. (Ed.), *Measuring Stress* (pp. 80-101). New York: Oxford University Press.
32. Holmes, T. H., & Rahe, R. H. (1967) The social readjustment rating scale. *Journal of Psychosomatic Research*, 11, 213-218.
33. Lepore, S. (1995). Measurement of chronic stressors. In S. Cohen, R. Kessler, & Underwood Gordon, L. (Ed.), *Measuring Stress* (pp. 102-121). New York: Oxford University Press.
34. Monroe, S., & Kelley, J. (1995) Measurement of Stress Appraisal. In S. Cohen, R. Kessler, & Underwood Gordon, L. (Ed.), *Measuring Stress* (pp. 122-147). New York: Oxford University Press.
35. Notarius, C. I., & Vanzetti, N. A. (1983) The Marital Agendas Protocol. In E. E. Filsinger (Ed.), *Marriage and family assessment: A sourcebook for family therapy* (pp. 209-227). Beverly Hills, CA: Sage.
36. Osipow, S. H., & Spokane, A. (1987) Occupational stress inventory: Manual research version. Odessa, FL Psychological Assessment Resources.
37. Stone, A. A., & Neale, J. M. (1982). Development of a methodology for assessing daily experiences. In A. Baum & J. E. Singer (Eds.), *Advances in Environmental Psychology: Environment and health* (Vol. 4, pp. 49-83). Hillsdale, NJ: Lawrence Erlbaum.
38. Turner, R. J., & Wheaton, B. (1995). Checklist measurement of stressful life events. In S. Cohen, R. Kessler, & Underwood Gordon, L. (Ed.), *Measuring Stress* (pp. 29-58). New York: Oxford University Press.
39. Watson, D., Clark, L., & Tellegen, A. (1988). Development and validation of brief measure of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063-1070.
40. Wethington, E., Brown, G., & Kessler, R. (1995). Interview measurement of stressful life events. In S. Cohen, R. Kessler, & Underwood Gordon, L. (Ed.), *Measuring Stress* (pp. 59-79). New York: Oxford University Press.

Publish Research Article International Level Multidisciplinary Research Journal For All Subjects

Dear Sir/Mam,

We invite unpublished Research Paper, Summary of Research Project, Theses, Books and Books Review for publication, you will be pleased to know that our journals are

Associated and Indexed, India

- ★ Directory Of Research Journal Indexing
- ★ International Scientific Journal Consortium Scientific
- ★ OPEN J-GATE

Associated and Indexed, USA

- DOAJ
- EBSCO
- Crossref DOI
- Index Copernicus
- Publication Index
- Academic Journal Database
- Contemporary Research Index
- Academic Paper Database
- Digital Journals Database
- Current Index to Scholarly Journals
- Elite Scientific Journal Archive
- Directory Of Academic Resources
- Scholar Journal Index
- Recent Science Index
- Scientific Resources Database

Review Of Research Journal
258/34 Raviwar Peth Solapur-413005, Maharashtra
Contact-9595359435
E-Mail-ayisrj@yahoo.in/ayisrj2011@gmail.com
Website : www.ror.isrj.org