INTRODUCTION

Anxiety is currently a central explanatory concept in most theories of personality and psychopathology, and it is also widely regarded as a principal cause of such diverse behavior as insomnia, debilitating psychological and psychosomatic, immoral and sinful acts and even instances of creative self-expression, anxiety a feeling of dread, fear, or apprehension, often with no clear justification. Anxiety is distinguished from true fear because the latter arises in response to a clear and actual danger, such as one affecting a person's physical safety. Anxiety, by contrast, arises in response to apparently innocuous situations or is the product of subjective, internal emotional conflicts the causes of which may not be apparent to the person himself. Some anxiety inevitably arises in the course of daily life and is normal. But persistent, intense, chronic, or recurring anxiety not justified in response to real-life stresses is usually regarded as a sign of an emotional disorder. When such an anxiety is unreasonably evoked by a specific situation or object, it is known as a phobia (q.v.). A diffuse or persistent anxiety associated with no particular cause or mental concern is called general, or free-floating, anxiety.

There are many causes (and psychiatric explanations) for anxiety. Sigmund Freud viewed anxiety as the symptomatic expression of the inner emotional conflict caused when a person suppresses from conscious awareness experiences, feelings, or
impulses that are too threatening or disturbing to live with. Anxiety is also viewed as arising from threats to an individual's ego or self-esteem, as in the case of inadequate sexual or job performance. Behavioral psychologists view anxiety as an unfortunate learned response to frightening events in real life; the anxiety produced becomes attached to the surrounding circumstances associated with that event, so that those circumstances come to trigger anxiety in the person independently of any frightening event.

An anxiety disorder may develop where anxiety is insufficiently managed, characterized by a continuing or periodic state of anxiety or diffuse fear that is not restricted to definite situations or objects, and is generally classed as one of the psychoneuroses (neuroses). The tension is frequently expressed in the form of insomnia, outbursts of irritability, agitation, palpitations of the heart, and fears of death or insanity. Fatigue is often experienced as a result of excessive effort expended in managing the distressing fear. Occasionally the anxiety is expressed in a more acute form and results in physiological concomitants such as nausea, diarrhea, urinary frequency, suffocating sensations, dilated pupils, perspiration, and rapid breathing. Similar symptoms occur in several physiological disorders and in normal situations of stress or fear, but they may be considered neurotic when they occur in the absence of any organic defect or pathology and in situations that most people handle with ease.
DEFINITION OF ANXIETY

Anxiety as defined by English and English in their Dictionary of Psychology is "an unpleasant emotional state in which a present and continuing desire or drive seems likely to miss its goal; a fusion of fear with the anticipation of future evil, marked and continuous fear of low intensity; a feeling of threat, especially of a fearsome threat without the person's being able to say what he thinks threatens ................." The term anxiety is also used to refer to a complex psychological process (Spielberger, 1972). In essence, the concept of anxiety as a process implies to a theory of anxiety that includes stresses, threat and state anxiety as fundamental constructs or variables. Thus, anxiety as process refers to a sequence of cognitive effective, psychological and behavioral events. This process may be initiated by a stressful external stimulus that is perceived or interpreted as dangerous or treating, or by a thought or idea that free casts threat or that causes the individual to recall an earlier danger situation, cognitive appraises of danger are immediately followed by a state reaction or by an increment in the level or a state intensity. It should be noted that while an anxiety state lies at the core of the anxiety process. The process also involves stresses threat physiological changes and behavioral reactions.
CONDITIONS OF ANXIETY

Many everyday situations arouse anxieties in the individuals who suffer from undefined fears. These situations may be merely uncomfortable for a normal person, but for the highly anxious they are unbearable the following conditions are particularly to him:

1. If placed in a situation from which escape is impossible, he becomes severely disturbed. He will try to avoid such a situation, and if unsuccessful is doing so, may develop physical symptoms of illness as manifestations of anxiety.

2. The anxious individual is terrified of any situation in which he can perceive even the remotest possible failure. People sometimes develop personality disorder as a result of earlier childhood punishment. After repeated and severe punishment, the threat of punishment can because so great that it produces more fear than the punishment warrants.

3. The individual becomes anxious when separated from his source of support. The most obvious example is the child who is last while out with his mother serious physical symptoms, such as uncontrollable crying, humbling, may result. Loss of parent, separation from one or both parents break up of the family, and even loss or separation from a close friend leave the anxious person in a state of anxiety grateful exceeding of the normal person.
SYMPTOMS OF ANXIETY

Many physiological reactions are associated with anxiety such as rapid heart rate, rapid or irregular breathing and dizziness. A person is likely to report feelings of apprehension, vague expectations of impending disaster of more specific fears of losing control, going to pieces, going insane or dying. He is likely to experience, insomnia, restlessness, recurring, nightmares or anxiety dreams, difficulty in concentration, forgetfulness, physical fatigue and general inefficiency to work or study. He is frequently irritable and somewhat depressed about his condition. The patient can see no rational explanation for the reaction, any real dangers that could account for such an extreme fear.

Against a background of chronic anxiety, individuals may experience periods of acute anxiety that last from few minute to an hour or more, any vary in frequency from several times a day to once every six month or longer, a sees to have experienced mild to moderate anxiety in a chronic fashion.

ETIOLOGY

Anxiety neurosis is common disease. The incidence of this disease in the general population is approximately 5% but many patients with mild form of anxiety neurosis never consult a physician; therefore prevalence must be greater. It is claimed that one third of the adult population suffers from express, anxiety one fifth of all
patients seen in one day by general practitioners suffers from stress disorder; and 6 to 26% of psychiatric patients are anxiety neurotics. These figures are rather staggering. Dynamically oriented psychiatrists claims the problem of anxiety is rooted on psychological difficulties. But reader replies that a third of population is attested no evidence against this argument. However, genetic studies including twins studies brought up apart, adaptive studies and family survey shows that anxiety state an anxious personalities are determined by hereditary factor. Two third of the patients with anxiety are woman and the disease mammy affects young adults between the ages of 16 to 40, with an average age of onset in the mid twenties.

One twin study clearly illustrates the role of genetic loading. Monzygotic (MZ) twins showed anxiety symptoms in 65% of the cases studies and dysgenic twins (DZ) IN 13% of the cases studied: while anxiety neurosis in this study was found in 50% of MZ twins and 2.5% of the DZ twins. The authors of that study thought that the appearance of anxiety or anxiety neurosis depended upon the interaction of environmental stress and constitution, i.e., the environmental stress, when not to severe, elicited adaptive anxiety. But when the stress was serve by individuals with obsessive compulsive depressive or hysterical tendencies, anxiety

Neurosis (non – adaptive) developed. In that study the MZ twins showed deviation only along an anxiety axis while the DZ twins showed deviation in other direction. Besides the dynamic and
behaviorists psychiatrists assume that anxiety neurosis is a psychological disease the result of conflict, faulty development, learning conditioning etc. Other proposes that anxiety neurosis a genetic autonomic disease or a pattern relation disease in which the genotype is expressed under stress.

CAUSAL FACTORS OF ANXIETY

Anxiety reactions reflect the individual's acute feelings of inadequacy in the fact of inner and outer stress perceived as threatening. In our present unsettled world, many of us feel uneasy a good deal it the time and may even experience occasional mild anxiety attacks. There are many casual factors of anxiety.

1. CONDITIONING

A tense and anxious mother can transmit her anxiety to Even a very young infant, if interaction which such a faculty parental mode continue. Anxiety neurotics come form families in which parents have high expectations for their child and when parents' expectations are beyond the proper limit of capability of their children.

2. INABILITY TO HANDLE "DANGEROUS" IMPULSES

The neurotic is likely to experience intense anxiety situations that elicit "dangerous" feeling that would develop his self-image, his relationship with other people.
3. ANXIETY AROUSING DECISIONS

We have noted that anxiety neurotics tend to have difficulty in making decisions. Under certain conditions such conflict involving moral values and possible loss of security and status there may be acute anxiety.

4. REACTIVATION OF PRIOR TRAUMA

A stressful situation that parallels some earlier trauma may elicit intense anxiety in an individual who is basically insecure.

5. GENERALIZED ANXIETY DISORDER

In generalized anxiety disorders anxiety persists for at least several months and is not attributable to recent life experiences disturbances in four areas of functioning are especially noticeable motor tension, hyperactivity of the autonomic nervous system, dread of the future and hyper vigilance.

A. MOTOR TENSION

The individual is unable to relax is all keyed and visibly shaky and tense. Strained facial expression is common as a furrowed brow and deep sighs. The individual is easily started.

B. AUTOMATIC REACTIVITY

The sympathetic and parasympathetic nervous system seems to be working over time. There is some combination of
sweating dizziness, heart pounding. Cold clammy hands, lights headedness lump in the throat, high pulse and respiration rate.

C. APPREHENSIVE FEELINGS ABOUT THE FUTURE

People with generalized anxiety disorder worry about what the future holds for them, for people close to them or for valued possessions.

D. HYPERVIGILANCE

People who form generalized anxiety constantly see the environment for dangers, although often they cannot specify what those dangers might be.

TYPES OF ANXIETY

Many psychologists have explained their views an anxiety. But in this reference of course Freud's thoughts are mainly important so there are mainly three types of anxiety according to Freud:

1. Objective anxiety
2. Moral anxiety
3. Neurotic anxiety

OBJECTIVE ANXIETY

Such type of anxiety is based on a person materialistic world or social environment, when a person's ego power finds himself inferior to face the stressful stimulation of the materialistic world then it is
natural to appear in his types of fear emotions. Because the symptoms of this type of anxiety is for outwardly fearfully situation is called objective anxiety. Normally the symptoms of this type of anxiety are temporary and for a short period when the stimulation becomes normal, the related symptoms of objective anxiety come to an end spontaneously.

**MORAL ANXIETY**

Moral anxiety appears due to immoral manifestation of Id and expectation of defines bad results.

In this critical situation man remains fearful for being morally injured for this ego and superego. Because the person has been punished in his childhood for expressing his id emotion so he had a fear for his self respect also.

**NEUROTIC ANXIETY**

The reason of neurosis is the struggle of unconscious mind of the person according to Freud. In neurotic anxiety the pressed wishes related with Id remain fearful to collision with reality. Because the person has been punished in his childhood for these Id emotions. Normally the symptoms of anxiety is temporary and for a short period when the situation becomes normal the related of objective anxiety comes to an end spontaneously.
ANXIETY AND PSYCHOPATHOLOGY

The clinical literature on anxiety middle childhood and adolescence is heavily weighted with studies of various psychopathological conditions. Implicitly or explicitly, it generally supports Freud’s concentration that anxiety holds the key to understand psychopathological behavior. As we have seen defense mechanism can distort reality and block the development appropriate ways of dealing with anxiety producing situation, the individual is apt to be labeled deviant or emotionally disturbed, as his distortion becomes extreme and his behavior grossly inappropriate to his development stage. The hysterical young woman for expel, can utilize the defense of repression and deny she has sexual feelings while dressing in an obviously provocative manner and complaining that man are always making passes to her. The compulsive adolescents may live in terror may live in terror to dirty and disorders and may expend a disproportionate amount of his energies in non – utilitarian actions, such as washing his hands, adding a column of figures again and again, repeatedly returning home for fear he has not turned off the stove or lights or sheet his closet door. Under the adolescent can regress to the primitive level of antis tics thinking; e.g. in his omnipotence he can believe he is the son of God, to in his confusion between inner feelings and external reality he can be convinced that the world is coming to an end.
THEORIES OF ANXIETY

1. PSYCHOANALYTIC THEORY PRIMARY, DERIVED AND SINGAL ANXIETY.

The following summary is based upon Freud's two most valuable contributions to an understanding of anxiety, beyond the pleasure principle (1959), and the problem of anxiety (1936). It was in the former work that Freud introduced the concept of primary anxiety as equivalent to excessive stimulation of the cerebral cortex, or as sensory overlord. Primary anxiety is considered to be the basic anxiety from which all others forms are derived. Freud postulated that the cerebral cortex can withstand only a limited amount of excitation. In the course of evolution, the sensory receptors and the nervous system developed in such a manner as to provide barriers against excessive stimulation, as well as to transmit lower levels of stimulation should the "stimulus barrier" against excessive stimulation be breached, traumatic neurosis results. Unlike other neurosis, the traumatic neurosis is not determined by unconscious conflict, but is considered to be a fundamental reaction to over-stimulation that all individuals are susceptible, matter what their past experience.

In beyond the pleasure principle, Freud distinguishes three related states, fears anxiety, and fright a distinction, which he does not always adhere to later. He states:
The state anxiety describes a particular state of expecting the danger or preparing for it, even though it may be an unknown one. Fear required a definite object of which to be afraid. Fright however, is the name we give to the state a person gets into when he runs into danger without being prepared for it; emphasizes the factor of surprise [pp. 29-30]. Freud noted that fright is particularly apt to produce the traumatic neurosis, and that anxiety, which signifies anticipation, protects against it. Thus he considered expectancy to be a crucial factor in determining whether there will be a destructive outcome following high absolute levels of stimulation.

While Freud noted the significance of high levels of stimulation and speculated about “stimulus barriers”, he did little to develop these concepts, other than to relate them to traumatic neurosis, and to note that excessive stimulation is the basic source from which other forms of anxiety, in which he was more interested, are derived. Having stated that the birth trauma, as the initial experience of overwhelming stimulation, is the prototype of all later anxiety Freud derived basic fears of abandonment, loss of love, and of unacceptable impulses. The development, which could readily be expressed in conditioning terms, proceeds as follows. The child learns to fear being left alone by the mother a, in her absence, he is apt to experience excessive stimulation since there is no one to take care of its needs. The fear of being left alone is then hierarchical development of fear occurs when the child is able to react to his own “bad” impulses, anticipating that
their expression will elicit disapproval, loss of love, and abandonment. As the impulses are vague compared to the external threats, and as acknowledging them is in disturbing the child is apt to know, or to actively repress awareness of, the source of fear. The result is anxiety, or fear without an object, that occurs when the impulses are aroused. Signal anxiety develops as the individual learns to use small magnitudes of anxiety along the anxiety gradient as a signal for initiating repression. Repression, as instigated by signal anxiety, can thus be viewed within the avoidance conditioning paradigm is an avoidance response initiated early along the anxiety gradient in order to avoid higher levels of anxiety. As proficiency develops, initiating the repression at an increasingly early point it time increasingly efficiently reduces anxiety.

In his earliest thinking about anxiety, later discarded, Freud believed that anxiety was produced by the repression of sexual impulses. This created a dammed-up state, which in turn created tension and toxic effects, which presumably accounted for the anxiety. Later, Freud decided that it was the anxiety that produced the repression, and not the reverse. However, the possibility should be considered that viewpoints ate correct, namely that frustration in the form of blocking of an impulse can generate anxiety, and that anxiety can serve as a signal to repress an impulse.
2. PAVLOV: OVER-EXCITATION AND TRANSMARGINAL INHIBITION

Pavlov (1927, 1928, 1941) does not use the word anxiety. However, he was greatly interested in experimental neuroses, and in his later years, studies the behavior of patients in mental hospitals. He accounted for symptoms, in both circumstances, by relating them to over-excitation and protective inhibition.

According to Pavlov, the cerebral cortex is susceptible to biological injury from over-stimulation. As stimulation approaches an individual's upper limit of tolerance, "Trans marginal inhibition" is evoked, which protects him from over-stimulation, although at the cost of producing symptoms in its own right, such as general withdrawal reactions, cataleptic states, and a disruption of response hierarchies. A number of conditions were found by Pavlov to produce experiment neuroses, including (1) intense primary stimulation such as loud noises and painful shocks, (2) difficult disseminations, (3) long delayed conditions stimuli, which necessitated prolonged inhibition, (4) conflict between excitatory and inhibitory tendencies directed toward the same object, and (5) rapid alternation between excitatory and inhibitory tendencies produced by different stimuli. Through conditioning and stimulus generalization, new stimuli that are not in themselves intense can produce excessive excitation. Conditions within the organism conducive to a low threshold of tolerance for
excitation are old age; extreme excitatory of inhibitory personality types illness, fatigue, and certain drug states.

It is noteworthy that Pavlov observed that symptoms of fear, behavioral disorganization, and experimental neuroses could be produced by difficult discriminations as well as by strong and painful stimulation.

3. **LIDELL: ANXIETY AS VIGILANCE**

Liddell (1964), anxiety is an outgrowth of the vigilance response. At low magnitude, the vigilance, or "what – is – it" response serves the adaptive function or bringing the individual into contact with this environment by causing him to attend to change is evaluated and is found to have no signal value of significance. Should the conditions be such that the vigilance response is maintained over a prolonged period, symptoms of anxiety appear, and experimental neurosis occurs?

Liddell observed that the simplest and most reliable way to produce an experimental neurosis was to present his sheep with repeated trials of a shock proceeded by a time of 10 seconds duration. He concluded that it was the vigilance produce experimental neuroses included violation a diminution in noxious stimulation such as when shock was omitted after a number of reinforcement trails.
4. GOLDSTEIN: ANXIETY AND THE CATASTROPHIC REACTION

Goldstein (1939) developed his views in anxiety through observing the behavior of brain-injured soldiers. He noted that they respond to small departures from expectancy and familiarly with fear and defensive ness. They tended to develop compulsive rituals and to show an undue need for orderliness in order to simplify their environment. Goldstein concluded that human beings have a basic need to comprehend and cope with their environment, and when this need is threatened, they experience anxiety in the form of dread of a catastrophic reaction. Fear of specific events is less stressful than anxiety, as it permits the individual to focus upon a specific object and to mobilize himself for action, such as flight. That is, in fear the nature of the threat can be assessed, appropriately evaluated in degree, and reacted to. In anxiety on the other hand, the threat is vague, objectless, appears to be total, and there is no effective action against it. As the catastrophic reaction is a state of total disorganization and disorganization, the threat is to the existence of the organism. The catastrophic reaction is viewed as basic anxiety\textsuperscript{1}. More usually anxiety consists of an apprehension of the catastrophic state.

4. ROGERS: ANXIETY AS THREAT TO THE SELF-CONCEPT

According to Rogers (1951) anxiety is experienced when the individual perceives something that is a threat to his self-concept. It is
assumed that discrepancies between the self, as conceived, and perception of really which cannot be ignored generate tension, and it is this tension, which provides the basis for anxiety. Rogers stats: "......... If the individual becomes to any degree aware of this tension or discrepancy, he feels that he is no united or integrated, that he is unsure of his direction [p.511]." Thus, Rogers, like Goldstein, believes that anxiety is related to a lack of integration and an inability to direct oneself, the difference being that Rogers represents the threat as to the self-concept, and Goldstein as to the organism. As a further indication of the similarity of the two positions, Rogers states: "If the self cannot defend itself against deep threats, the result is a catastrophic psychological break down and disintegration [p.516]. "In summary, then, Rogers's views anxiety as awareness of a discrepancy between the self-concept and reality, and, as a more profound level, as a disintegration of the self-concept.

5. LEARNING THEORY: FEAR AND ANXIETY AS CONDITIONED PAIN

According to neo behaviorist such as Miller (1951) and Mowrer (1939) fear is a conditioned response to pain. If an animal experiences pain in a particular situation, stimuli that were present during the experience tend thereafter to elicit the emotional and avoidance tendencies that were initially elicited by the pain. That is, anticipatory reactions of pain occur to stimuli that are defined as fear. The adaptive ness of fear is evident, as it reduces the likelihood that
an animal will re-expose itself to a biologically destructive situation. While pain motivates escape from a currently biologically destructive situation, fear motivates avoidance of the situation ahead of time that is it extends the animal's "protective shield" in time and space. From this viewpoint there is no fundamental distinction between fear and anxiety in so far as the response state, itself, is concerned. However, Miller (1951), following the lead of psychoanalysis, believes it useful to distinguish fear when its source is vague, or unknown, from fear when its source is known, and to designate the former as anxiety. It should be noted that when fear and anxiety are differentiated in this manner, it does not imply that they are different states and the word anxiety is useful only in so far as it provides shorthand for referring to state and its source at the same time.

In addition to the concept of fear as a conditioned response to pain, learning theory has made a significant contribution to an understanding of anxiety in its analysis of avoidance conditioning (cf. Solomon & Wynne, 1954). In avoidance conditioning, the animal learns to make a response that prevents a noxious stimulus from appearing. With experience, the response occurs earlier and earlier along the time dimension that extends from onset of an enduring signal to the point at which the noxious stimulation is presented. As the response occurs earlier, emotionally appears to subside, and the animal makes the avoidance response in a routine manner without evident emotional upset. The remarkable thing about avoidance
conditioning is that the response is self-maintaining, persisting for extremely long periods of time without reinforcement. The explanation that has been offered that has been offered for this phenomenon is that a gradient of anxiety develops along the time dimension as result of classical conditioning. By making the response early, anxiety is kept to a minimum, and response is reinforced by a decrease in whatever anxiety there is this interpretation is supported by evidence that animals become increasing anxious, as indicated by defecation and other symptoms, if they are prevented from making the avoidance response early in the sequence. If certain symptoms are considered from the situation, viewpoint that they not only avoid a painful situation, but reduce anxiety conditioned to the situation, and do so at an early point along. A gradient of increasing anxiety, the low anxiety level at which symptoms are maintained, as well as their resistance to extinction in the absence of reinforcement, become understandable. Also the avoidance-conditioning paradigm accounts for the clinical observation that removal of symptoms under certain circumstances produces an increase in anxiety. Thus many clinical phenomena associated with anxiety can profitable be viewed from the perspective of avoidance conditioning.

6. KIERKEGAARD: ANXIETY AS RELATED TO COMMITMENT AND AWARENESS

Kierkegaard, as represented by May (1950), relates anxiety to decision, commitment, choice, and awareness. Whenever there is a
decision, or a "opportunity to actualize a possibility", there is anxiety. Thus, in order for referred to as a "school", and as "one of the best teacher", since through facing anxiety awareness is increased. The normal person faces anxiety and moves a heard. The neurotic is viewed as a "shut-up" person, who constricts his awareness and individually in order to avoid anxiety, and there by becomes automation. Kierkegaard's view that awareness and anxiety are intimately related is not unlike Liddell's, although it is expressed in very different terms. However, Kierkegaard's adds a new element when he relates anxiety to indecision and choice, and notes that anxiety is a state of incompletion of lack of closure. Possibilities arouse diffuse or conflicting action, action tendencies, which produce anxiety unless they are expressed in, directed action or sin a commitment to such action.

7. Mc REYNOLDS: ANXIETY AS UNASSIMILATED PERCEPTS

Mc REYNOLDS (1956, 1960) attributes anxiety to a failure in assimilating percepts. Percepts are defined as a conceptual unit. "Used to refer to that which one is, or is assumed to be. Aware of, regardless of whether this is related to sensory input or whether it results from the individual's re-examination and re-organization of older percepts and memories [Mc Reynolds, 1956, p.294]." It is assumed that there is an inherent to obtain new percepts, exhibited in a continuous seeking if new experiences. It is further assumed that "man has an inherent tendency to assimilate percepts in to perceptual
systems” The combined process of obtaining and assimilating new percepts constitutes “perceptualization”. Perceptualization has an optimum rate; when it is too low, boredom results, when too high, excitement. Assimilation normally keeps pace with intake. If it does not, a surplus of unassimilated percepts accumulates which generates anxiety. Thus anxiety is defined as “the feeling tone concomitant with a large mass of unassimilated percepts”.

Mc Reynolds belongs in the company of Goldstein, Rogers, and Liddell and to some extent, Pavlov, with respect to relating anxiety to the inability to meaningfully integrate experience.

8. LAZARUS: ANXIETY AS APPRAISAL OF THREAT IN THE ABSENCE OF AN OBJECT

According to Lazarus (1996) anxiety occurs when is an appraisal of threat in the absence of locating the source of the threat so, that no clear action tendency is possible. Because anxiety exits in the absence of secondary appraisal in which a source of the threat is located coping action selected tends to be replaced by other emotions, such as fear and anger. That is, Lazarus views anxiety as resulting from incomplete appraisal of the threat situation. There is a tendency for the appraisal to continue until a response is selected. Such as a direct action or defensive re-appraisal. The nature of the coping reaction determines the emotion that is experienced. If the decision is too flee, the emotion is fear; if it is to attack, the emotion
is anger. "The one time anxiety can remain the dominant affective response to threat is when the source of threat (the harmful agent) remain the ambiguous [p.310]," Lazarus' position here is the same an May's in so far as May consider anxiety to be a diffuse emotional response to threat that lacks an action tendency because the source of the threat has not been located. The same criticism thus appeals to Lazarus as to May, namely that by including the response state and the condition of anxiety, the question is begged as to whether other conditions can produce the same state. We will later show that they can and that most people identify such states as anxiety.

Lazarus takes issue with the concept of signal anxiety. He states that "anxiety is a threat reaction and signal anxiety is an unnecessary concept, also very difficult to identify since it seems to imply just a trace of anxiety, a small amount that is aborted by the defense which calls it into play [.279]. As we have already noted, there is nothing mysterious about the concept that anxiety can serve as a signal, as well as an emotion. It is a widely accepted assumption in learning theory (cf. Dollard and Miller, 1950) that inner states as well as external responses can serve as cues. The explanation of avoidance conditioning presented earlier (cf. paper by Soloman and Wynne (1954), for a through discussion of avoidance conditioning) is consistent with the view that a mounting gradient of anxiety provides increasingly strong cues that can be used as signal for avoidance responses. In fact, if generally recognized principles of
conditioning are accepted, the assumption that anxiety can function at low levels as a cue for making avoidance responses is a necessary one. There appears to be little question but that anxiety serves as a cue of a signal. The only meaningful question is how widely and under what circumstances, it does. Given the usefulness of reacting to small increments in anxiety as a means of automating avoidance behavior, we suspect such reactions occur widely.

9. MAY: ANXIETY AS A THREAT TO EXISTENCE AS A PERSONALITY

After reviewing a number of theories of anxiety, May (1950) notes that anxiety has the following properties; (1) it is a diffuse apprehension; (2) it differs from fear in that it is unspecific, vague and objectless; (3) it is associated with feelings of uncertainly and helplessness; (4) it involves a threat to the core or essence of the personality. Apparently, may feels that the latter point is its most crucial aspect, for he defines anxiety as “the apprehension cued off a by a threat to some value which the individual holds essential to his existence as a personality [p. 191].” Since the significance of the value is determined by its role in maintaining the existence of the personality, May’s definition has much in common with Goldstein’s & Rogers. That in basic anxiety is associated with a disintegration of the personality.
According to May, there are three developmental stages, differing in complexity that can be observed in reactions to a threatening stimulus. The first is the startle pattern, which is innate, reflexive, and organized, and is considered as pre-emotional. The second is anxiety, which is a diffuse undifferentiated emotional response to threat. With further development, when a specific object is recognized and reacted to with avoidance responses, fear occurs. The same three stages that occur developmentally can be observed successively in the reactions of a duly to a strong stimulus for which he unprepared. First there is a startle response. This is followed, for a fleeting moment, before the source of the threat has been assessed, by anxiety, and then, after it is assessed, by fear.

It should be noted that May's actually presents two views on anxiety, one in his definition, and one in his analysis of anxiety as lying developmentally between the startle response and fear. May's formal definition has much in common with Goldstein's and Roger's, both of which relate anxiety, as it's most fundamental, to disintegration of the personality. It should be noted that such a definition does not define the state of anxiety as a response, but states what the source of the apprehension is. This is not true of May's description of anxiety when he differentiates it from fear and the startle response. Here he notes that anxiety, unlike fear, is an undifferentiated, diffuse reaction following perception of threat, and that it is a developmental stage in the emergence of feat. While he
links anxiety to a failure to locate the source of the threat, it does not necessarily follow that this is the only condition that can produced the diffuse state of arousal following perception of danger that he identifies there is a distinct advantage in identifying anxiety as a state, only, as the condition that give rise to it can then be established by inquiry, rather than settled by definition.

10. CATTELL: ANXIETY AS DEFINED BY FACTOR ANALYSIS

Using a factor-analytic approach applied to data from questionnaires life-history reports, and laboratory investigations, Cattell (1966) finds a relatively broad, second-order factor, which he identifies as anxiety. This factor correlates with psychiatric ratings of anxiety, differentiates neurotics, but not psychotics, from normal, shows a reduction following therapy, rises in normal as they encounter threats and uncertainties, shows a U-shaped function from adolescence to old age, varies directly with economic insecurity and lack of cultural integration in cross-cultural studies, and is associated with increases in general autonomic activity, such as high serum cholinesterase, high skin conductance, and increased heart rate.

Concepts, which appear to be related to anxiety, but are factorial distinct, are “efforts-stress”, general excitement, or arousal, and fear, which are viewed as a motive state, or “erg”, associated with escape behavior. General excitement is the broadest of the factors.
Cattell offer two definitions of anxiety. The one which he believes is best supported by his data is that anxiety is a function of the Magnitude of all unfulfilled needs (or ergs) and the degree of uncertainty that they will be fulfilled, or more simply stated, anxiety corresponds to uncertainty of reward, or of total need fulfillment. The second definition, about, which he has some doubt, is that anxiety is specific to the fear erg, and result from the threat that occurs when there is anticipation of deprivation of any or all ergs.

It is noteworthy that Cattell distinguishes among fear as a motive state, general arousal or excitement, and anxiety, which differs from the others in that it is associated with uncertainty and anticipation with regard to unfulfilled needs or values. It is of interest that Cattell further notes that anxiety is fostered by lack of integration, by an inability to focus upon external fears, and by the existence of incompatible needs.

11. MANDLER: ANXIETY AS A REACTION TO INTERRUPTION OF BEHAVIOR

Mandler & Watson (1966) note that they are not concerned with developing a general theory of anxiety, or for that matter, a general theory of interruption of behavior, but only with determining the influence of interruption of behavior upon anxiety. They view the interruption of organized behavioral sequences under appropriate circumstances as one of the condition that is sufficient for evoking
anxiety. Kessen and Mandler (1961) note that anticipation of pain, claimed by learning theorists to be what anxiety is, is simply one of a number of conditions that can produce anxiety.

It is apparent from this statement that interruption of behavior is not to be restricted to the blocking of motor responses, but includes the inability to obtain closure with respect to cognitive planning. That the cognitive element is emphasized is further indicated by the requirement that the blocking must be unanticipated. Thus, it appears that Mandler does not mean to include within his model anticipated, blockade, and physical response tendencies. The heroine tied to the railroad tracks by the villain (who she anticipated would do just this desperately trying to undo her bonds before the train arrives (which she correctly anticipates it will), apparently is not experiencing the kind of anxiety that Mandler is referring to. In this respect, Mandler's views have much in common with other theorists who have discussed anxiety in terms of cognitive stress produced by difficult to assimilate percepts, or by the inability to maintain expectancies. Mandler, of course, draws affection to a specific source of cognitive stress. Namely that associated with the interruption of organized sequences. He cries a number of experiments that leave little doubt that such information is as least one significant source of disturbance and behavioral disorganization.

In summary, Mandler provides an interesting analysis of one source of anxiety, the unexpected interruption of behavioral
sequences, and the associated feeling of helplessness. The theory could readily be extended to include the frustration, or blocking, of physical response tendencies where the blocking is not unanticipated. This would add another important source of anxiety and helplessness, and anticipation would become a parameter within the broader theory.

12. FREUD'S THEORY OF ANXIETY

Freud's theory of anxiety is fundamentally a physically one, based on the notion that the experience of anxiety is the subjective reflection of a floating of the "Mental apparatus" by mental stimuli, which may be the result of primarily end psychic or primarily external events.

Freud's first theory of anxiety was based primarily on his experiences with anxiety neurotics and neurasthenics. Freud was struck by the observation that, with these patients me onset of anxiety attacks or men equivalents often was closely associated with radical changes in their sexual behavior.

In his second theory of anxiety Freud conceives of anxiety on longer as demand up libido, as the consequences of repression, but rather as the initiator of repressive maneuvers.

13. HORNEY'S DESCRIPTION OF 'BASIC ANXIETY'

A feeling of psychological is also the decisive feature of 'basic anxiety' described by Horney as the dynamic care of every neurosis.
In tracing the roots of childhood anxiety Hornsey, unlike most orthodox. Freudians de-emphasized the importance of specific traumatic events, stressing instead the basic evil of family atmosphere deficient in genuine warmth and affection.

APPROACHES TO ANXIETY

THE PSYCHOANALYTIC APPROACH

Sigmund Freud, The originator if the theory and method of psychoanalysis attempted to explicate the nature and meaning of anxiety within the context of psychological theory. He was concerned with the persons suffering from psychopathology and tried to find out the causes of neurosis. In this attempt he explained the symptoms on the basic of this theory of anxiety.

In his view the experience of anxiety was an everyday phenomenon and as such needed no introduction. The main problem before the psychoanalyst was to understand while some persons appears to be more vulnerable to it and show a high degree of intensity in their feeling of this emotion.

In his earlier writings he solved this problem by positing two types of anxiety. The first of these two realistic anxieties that is anxiety that has reference to real objects in a person's environment. The second, the neurotic or nonrealistic anxiety has reference to some particular object or situation. Neurotic anxiety is thought to be a consequence and direct manifestation of unemployed libido. This
means that when the sexual energy is not permitted to express it, it is directed and converted into anxiety. This blocking of libido, takes place when the sexual impulse is too threatening to the person’s ego. The defends itself through the mechanism of repression.

In **Freud’s words**, “repression corresponds to an attempt at flight by the ego from libido which is felt as danger” (1917. p.410). However, repression was believed to inhibit only the idea component of the sexual impulse and not energy component of it. This energy therefore, was discharged by its conversion into low anxiety. Freud regarded anxiety as an affective state which was characterized lay” all that is covered by the word ‘nervousness’, apprehension or anxious expectations, and efferent discharge phenomena” (1942). It was his belief that the sources of anxiety were embedded in the past experience of the individual, “the historical element which binds the afferent and efferent elements of anxiety finally together” (1936).

In his later and final conception of anxiety **Freud** defined anxiety as a, **“special state of unpleasure with act of discharge along particular path”** (1926, P133).

According to him, “analysis of anxiety state, therefore, reveals existence of a specific character of unpleasure,

1. Acts of discharge and,

2. Perceptions of these acts” (1926.P.P. 132-131).
Freud has described two stages in the development of anxiety; Primary Anxiety and subsequent anxiety. The essence of primary anxiety is the, "Traumatic state".

In traumatic state, "the organism is flooded by amounts of excitation beyond its capacity to master" (1945 P.42). The process of birth is an example of such a state and Freud believes that anxiety is modeled upon the process of Birth (1959 P. 134).

As has been pointed out by Fisher, primary anxiety has four constitutive factors:

1. The flooding and overwhelming of the mental apparatus with excitation.

2. The passivity and helplessness of the organism.

3. Existence of separation fears that correspond to the actual physical separation of the factors from the mothers.


The onset of subsequent anxiety is correlated with the differentiation of mental apparatus into ego, superego into ego superego and id processes with the development of ego the individual begins to show increased sensitivity to the outer world and becomes capable of coping with internal and external dangers. The ego has the
difficult task of obeying their harsh masters; the external world, the super ego, and the id. As a consequence, these forms of anxiety may develop corresponding to these three sources of peril. These forms, reality anxiety a reaction to threat by the external world; moral anxiety a reaction to threat from the superego, and neurotic anxiety a reaction to threat from the instinctual impulses of the id.

Rapaport (1960) has systematized Freud's theory of subsequent anxiety. According to him when an instinctual impulse becomes so strong that the ego comes to know of it, the ego performs four functions before taking an action.

1. It ascertains whether a suitable object is present in the external world to satisfy the impulse.

2. It consults the superego to determine whether the attainment of the object is morally permissible.

3. It determines whether other interests are in conflict with the present impulse of not.

4. It determines if the object can be obtained safely.

THE NEO-FREUDIAN APPROACH

The Neo-Freudian approach is adequately expressed in the development theory of Sullivan (1953), which deals with the development of person necessary environment processes.
According to him, these processes have twin objectives of pursuit of bodily needs and pursuit of security i.e. avoidance of anxiety. The person necessary environment complex is like a field and as such can have different degrees of equilibrium or disequilibria.

The causes of disequilibria are; tensions origination from bodily needs; and tensions associated with anxiety results from disapproval by a significant other Person. Since at different stages of development there are different modes of action and feeling; there are different degrees of being anxious. Sullivan has; however; emphasized only two points along this continuum; mild anxiety and severe anxiety of these; the former is an everyday phenomenon while the latter occurs during infancy and in pathological states. the disapproving person; and the severity with which the disapproval is expressed. To explain the induction of anxiety, Sullivan Made use of the concept of empathy which means 'seeing' ourselves as others as 'see' and 'Feeling' about ourselves as others as 'see' and 'feeling' about ourselves as others fell about us.

THE EGO-PSYCHOLOGICAL APPROACH

The many ego-psychologists, Jacobson (1953, 1964) has been specially interested in the dynamics of effective growth in the course of ego-differentiation and diversification. In her view, anxiety is both a signal and an adaptive phenomenon. When the ego is unprepared to meet the instinctual urges, anxiety works as a signal and the ego uses
it to mobilize its defense against these urges. Anxiety is adaptive in the sense that its emergence facilitates the development of new discharge pathways, new means of ego control. According to this theory, anxiety develops in the ego and is a state of unpleasure arousing from inter-systemic tension between the ego and the id.

**PHYSIOLOGICAL APPROACH**

The principles that underlie the physiological approach to anxiety have been summarized by Fisher in the following terms:

1. The emotional state, in this case anxiety is conceptualized as a psychological construct i.e. it belongs to the experiential realm and its scenic existence must be grounded in physical, quantitative phenomenon.

2. As a construct anxiety is understood to be an affect, the ultimate cause of which is to be found in the stimulus condition of the environment, the external fundamental to it are the various physiological processes and mechanisms of the body ..........

3. Finally, it is the natural scientists' task to delineate those causally conceived psychological relations that constitute the scientific meaning of anxiety. This means that he is concerned with clarifying the sequence of correlations
between external stimulus, physiological processes and affective experience” (1970, P.52)

Research has shown that in addition to the thalamus and hypothalamus, the limbic system is also integral to the experience of pain and pleasure and is, therefore, involved in the occurrence of anxiety (Olds and Milner 1954; Brady 1958; Health 1964). The significance of another area of brain, the reticular formation, has been emphasized by Lindsley (1957). This area is said to be related to the level of cortical functioning and as such regulates the state of emotional arousal. Malmo (1957) hypothesized that this reticular activating system controls the possibility of the experience of anxiety and suggests that “anxiety is a result of a weakening of the inhibitory aspect of the RAS. This permits too many facilitative impulses to be discharged in the cortex, leading to an arousal level beyond the optimal” (Malmo, 1975). More recently Barratt (1972) has proposed a neuropsychological model of anxiety. On the basis of his researches he has speculated that feeling of anxiety is determined by hypothalamic- hypo physical control of endocrine function which consequently affects the changes in ANS. The awareness of the feeling of anxiety in the person perhaps results from nonspecific reticular control of cortical ascetical activity.

Related to the above hypothesis, is the theory of general arousal put forth by Duffy (1941), Schachter & Wheeler (1962) and Schachter and Singer (1962), Levi (1963), Korchin (1964) and
Schachter (1964). This theory holds that there are on particular emotional states rather, "the physiological reaction is simply a general arousal of activation.

Martin (1970) after assuming anxiety as fear or one type of fear has presented a cleat account of these processes. Cardiac output, respiration rate, frontal is muscle tension, forehead temperature, palmer conductance, CNS activity and blood sugar level; and decease in peripheral resistance, diastolic blood pressure, hand temperature and Salivary output. Some investigators have tried to uncover the endocrinological patterns underlying these processes. In the opinion of Martin and Breggin (1964), these patterns of bodily processes result from increased adrenalin (epinephrine) secretion. Summarizing the results of biochemical studies regarding emotions, Leavitt remarks "The search for an ultimate, Physiological cause of emotional reactions and illness goes on the patiently awaited break through still seems fear off in the future. The totality of experimental findings remains confused, conflicting and ambiguous. Assuming that the ultimate cause is biochemical, many possibilities have already been investigated, but the unexplored area is vast". (1972)

LEARNING APPROACH

Exploration of anxiety, under the rubric of learning theory started from a basic assumption of Mowrer in which he equated anxiety with fear. He wrote, "Psychoanalytic writers sometimes
differentiate between fear and anxiety to the grounds that fear has a
consciously perceived object and anxiety does not. Although this
distinction may be useful for some purpose, these two terms will be
used ................. as strictly synonymous” (1939).

Later Learning theorists accepted Mowrer’s identification
of anxiety with fear, which has worked as a basic principle in the
experimental researches on anxiety. About the nature of anxiety
Mowrer held that this phenomenon is to a large extent learned, it
motivate behaviors, and the reduction of anxiety has reinforcing
effects on the learning of new behaviors.

Dollard and Millar’s theory of anxiety is rooted in the
connectional framework of Hull’s theory of learning. They believe
that all behaviors are consequences of drives and all learning results
from reinforcement. They distinguished between primary and innate
drives (e.g. hunger, sex thirst etc.) and secondary drives that are
formed cut of necessities of our social living. Fear and for that matter,
anxiety is regarded as an extremely important secondary or learned
drive. These theorists hold that anxiety and fear are not synonymous.
Rather, anxiety is a particular kind of fear. This distinction is made
explicit when they write that “when the source of fear is vague or
obscured by repression, it is often called anxiety” (1950).
Dollard and Miller’s theory attempt to explain the learning of
anxiety reactions and the occurrence of repression phenomenon.
Since, according to this theory, anxiety is a particular variety of fear, it
is essential to the understand the behavioral properties of fear itself. They conceive of fear as a learned drive and give experimental support to this conception. "They write we say that fear is learned because it can be attached to previously neutral cues ........ We say that it is a drive because it can motivate, and its reduction reinforces the learning of new responses..............Therefore, we call fear of a previously neutral cue, a learned drive" (1950, P.68)

Another theorists who employed the learning theory approach to the phenomenon of anxiety were Eysenck. In addition to the use of learning principles, Eysenck (1947, 1955, 1957, 1960, 1965) also gives due importance to personality factors in the development of anxiety. He has postulated two major dimensions of personality, namely, neuroticism and introversion-extroversion. In his view, all the neurotic behaviors of individual can be analyzed in terms of interaction of these two personality dimensions. Talking about the courses of anxiety, Eysenck asserts that there are two sources of this phenomenon. The first sources are the major component of neuroticism dimension. The neurotic amyloidal is excessively sensitive and responsive to anxiety provoking stimuli because of his inherited of the autonomic nervous system tendencies. This genetically determined liability of the automatic nervous system is a direct and fundamental source of anxiety. The second source of anxiety the inheritance of an excitation-inhibition balances. If excitation is dominant tendency, the person becomes unusually accessible to

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conditioning processes involved in socialization. Such a person becomes an introvert and is characterized by excessive guilt, shame, and anxiety. On the other hand, if inhibition dominates the individual becomes less condition able in the course of socialization. Such a person becomes an extrovert and demonstrates childish, impulsive, and unsocial zed behaviors. The second source of anxiety involves learning and this learning is it self based on the inherited excitation - inhibition balance.

THE EXISTENTIAL APPROACH

Philosopher Kierkegaard conceived anxiety as an experiential stress which is the outcome of individual's freedom to choose between possibilities and at the sometimes the realization of the responsibility for his choice. Wherever the person is faced with the problem of making a decision, he experiences anxiety. Because he is aware of his limited capacity to foresee all the consequences of a possible choice and because he may not have an objective justification for the choice made Kierkegaard believes that in order for self-development to advance one must experience anxiety because by facing anxiety, awareness in increased.

According to Heidegger, another existential philosopher fear and anxiety are dispositional or affective states. Both are unpleasant affective states. Both have some object or situation that threatens, both involves sense of one's existence. The sufferance between fear
and anxiety is that in fear the sense of one’s existence relates to a particular potentiality of one’s being whereas in anxiety. It relates to totality i.e. individual’s whole world.

As summarized by Epstein, existential psychologist may have enumerated the properties of the following manner.

1. “It is a diffuse apprehension.

2. It differs from fear in that it is unspecific, vague and objectless.

3. It is associated with feeling of uncertainty and helplessness.

4. It involves a threat to the core or essence of the personality” (1972).

OTHER APPROACHES TO ANXIETY

Goldstein’s approach the propounded of the organism approach Goldstein, has expressed the view that it is the “basic tendency of the individual to actualize itself in accordance with its nature”. (1963, P. 88)

When the organism is unable to cope with his environment and self-actualization is obstructed it results in disordered or ‘catastrophic’ reactions. Goldstein makes use of both, external and internal points of view. He writes. “We can disclose characteristic bodily changes.......................... Certain expressive movements of the face and
the body, and certain states of physiology processes, motor phenomenon, changes of the pulse rate and vasomotor phenomenon etc. and we certainly have no reason to exclude these changes from an investigation of the phenomenon of anxiety in (1936, p.29).

According to him, in addition to the external point of view, anxiety should also be considered from the perspective of the person experiencing it. He observes;

"It is ................. the experience of the 'Catastrophic 'situation of danger, of going to pieces, of 'losing'one's "existence". (1951, p.58).

**ROGER'S APPROACH**

In the opinion of **Carl Rogers** (1951) anxiety is that experience which occurs when the person perceives something which is a threat to his self-concept. The incompatibility of person's self-concept and his perception for reality gives rise to tension, which is basis of anxiety. In his words, "............... if the individual becomes to any degree aware of this tension or discrepancy, he feels anxious, feels that he is not united or integrated, that he is unsure of his direction” (1951, p. 511). The only difference between conception of anxiety be **Goldstein** and **Rogers** is that to the former it is the consequence of a threat to the organism where as to the latter it is the result of a threat to the self – concept.
McREYNOLDS APPROACH

According to McReynolds, anxiety is the result of failure in assimilating new percepts. A percepts is a conceptual unit, used to refer to that which are is, or is assumed to be aware of, regardless of whether this is related to sensory input or whether it results from the individual’s reexamination and reorganization of older percepts and memories” (1956, P 294). Lidell: Attribute anxiety to the vigilance or what is it response, when the magnitude of this response is low; it helps the individual in his adaptation by making him attentive to changes in stimulation. The vigilance response is short lived and terminates when the change is evaluated and is found to have no signal value of significance. However, under certain conditions the vigilance response is sustained over a longer period and views rise to anxiety.

LAZARUS’S APPROACH

According to Lazarus, “anxiety is an emotion based on the appraisal which entails symbolic, mean the anxiety results when cognitive systems longer unable a person to relate meaningfully to the world around him. On the response side anxiety may be accompanied by behavioral and physiological manifestation; often, however, cognitive modes of response predominate (1972.P.P. 246-247).

By symbolic characteristics Lazarus’s means that the threat which are productive of anxiety ate not concrete immediate events,
but are related to ideas, concepts values, or cognitive systems to which the individual is heavily Committed...man uses symbols to construct his world and invest it with meaning, when these symbols no longer fit reality or are in danger of disintegration, anxiety is the result (1972, P 247).

About anticipatory characteristics Lazarus holds that anticipation does not always involve future expectancies. The usual division of time into future, present and past is not always adequate for expressing phenomenal experience. In case we take anticipation as not an apprehension of some future event, but as failure to anxiety can belong to the present. Thus by and emphasis on anticipation, Lazarus does not deny the significance of the present.

The third important characteristic of anxiety is uncertainty. This uncertainty may be with respect to "exactly" What will happen, when it will happen, and what can be done about."

Mandler’s Approach; according to Mandler one of the sufficient conditions for the arousal of anxiety is the interruption for organized behavioral sequences. Mandler and Watson write “All that is implied by the idea of interruption is that plan can not be executed. Interruption necessarily implies that the blocking of sequence has not been anticipated by the organism; since if the blocking is anticipated it will necessarily become part of the plan” (1966 P. 264).
Cattell’s Approach to Cattell defines anxiety in two According to the first definition anxiety is a function of the magnitude of all unfulfilled needs (or ergs) and the degree of uncertainty that they will be fulfilled or more simply stated anxiety corresponds to uncertainty of reward, or of total need fulfillment. In his second definition Cattell holds that anxiety is specific to the feat erg and results from the threat that occurs when there is anticipation of deprivation of any or all ergs.

Cattell and his associated identify two different types of anxiety, which they label as trait anxiety and state anxiety. The trait anxiety factor is interpreted as measuring stable individual differences in a unitary and relatively permanent personality disposition.

The state anxiety factor, on the other and is based on a pattern variables that convey over occasion of measurement and is a transitory state of the individual which fluctuates over time.

According to Cattell and Scheier, The component characteriological variables, which load the trait anxiety factor includes: “ergic tension” “ege weakness”, “guilt proneness”, “suspiciousness” and “tendency to embarrassment” (1961 P. 57 & 182) on the state anxiety factor are respiration rate and symbolic blood pressure. These physiological variables have only slight loading on trait anxiety factor (1961. P. 82)
Spielberger's Approach: Spielberger points out that there is much ambiguity and semantic confusion in the use of the term anxiety is current psychological literature. The ambiguity arises from the fact that different thinkers invert this term with a variety of meaning, and use the word anxiety in more or less indiscriminate manner to refer to two logically very different constructs. One of these construct for which the term anxiety has been often used is the unpleasant emotional state, characterized by subjective feelings of tension, apprehension and worry with concomitant arousal of the autonomic nervous system. The other construct, which also goes by the name anxiety, refers to relatively stable individual differences in anxiety proneness.

Of these two constructs, the former may be called as anxiety state (A-state) and the latter may be designated as anxiety traits (A-Trait).

Spielberger opines that a conception and operational distinction between these two construct is essential for an adequate theory of anxiety. Spielberger offers the definitions of these constructs in the following terms:

"State anxiety (A-state) may be conceptualized as a transitory emotional state or condition of human organism that varies in intensity and fluctuates over time. Subjective, consciously perceived feeling of tension and apprehension, and an activation of the
autonomic nervous system characterize this condition. Level of A-State should be high in circumstances that are perceived by an individual to be threatening irrespective of the objective danger. A state intensity should be low in non-stressful situations or in circumstances in which an existing danger is not perceived as threatening” (1972 P. 39)

**TRAIT ANXIETY (A-Trait)**

Refers to relatively stable individual differences in anxiety proneness, that is, to differences in the disposition it perceive a wide range of stimulus situations as dangerous or threatening and in the past and in the provability that such states will be experienced in the future. Persons who are high in A-Trait tend to perceive a larger number of situations as dangerous or threatening then persons who are low in A-Trait and to respond to threatening situations with A-state elevations of greater intensity (1972, p.30)

The Above review of various approaches to the nature and meaning of anxiety reveals that a number of psychologists subscribe to the idea that cognitive factors are important in the arousal of anxiety, and that anxiety reactions are evoked by some form of stress or threat.

Apart from these two points of convergence, necessity of a distinction between state and trait anxiety is also apparent. Freud has regarded anxiety as a state of unpleasures. *Sullivan* too thought of
anxiety as a state that resulted from difficulties in a person’s interpersonal relations.

Ego psychologist Jacobson pines that anxiety is a specific state of unpleasure arising from intersystem tensions. Kierkegaard conceptualized it as an experiential state and Hiedeggar regards it as an affective state. May takes it to be a state of diffuse apprehension. In the opinion of Goldstein it “is...... The Experience of the ‘catastrophic‘ situation of danger, of going to pieces of loosing one’s existence.” Obviously this is a conception of anxiety as a state. Rogerian theory takes anxiety as a state while McReynold calls it feeling tome. According to Mandler it a state of arousal caused by interruption of an organized plan. In the view of Lazarus anxiety consists of unpleasant cognitive and affective states accompanied with physiological arousals.

Cattell and Spielberger both recognize state as a psychological conceptualization of anxiety as a state.

The conception of anxiety as a trait is implicit in the views of many psychologists. Dollard and Miller’s conception of anxiety as a result of neurotic conflict which emerges from unconscious emotional conflict Dollard and Molers Conception of anxiety as a result of neurotic conflict which emerges in childhood implies the dispositional basis of anxiety.
Eysenck points that the source of anxiety is the trait neuroticism and the excitation-inhibition balance and that these sources are inherited. Physiological psychologist Barrat's acceptance of trait-state distinction in implicit in his use of separate measures of state and trait anxiety in research with humans.

Levitt another psychologist having a physiological approach, has admitted the importance of state. Trait distinction in this book's 'the psychology of anxiety'. This distinction is also inherent in Beck's (1972) hypothesis that there are individual differences in vulnerability to stress and that these differences are important factors in the development of psychosomatic symptoms.

According to Atkinson A fear of failure motive is reflected in measures, of A-Trait which indicate that situations having a risk of failure may have greater effect on high A-Trait person's then on low A-trait individuals as noted by Spielberger though some worker on anxiety tend to overlook the role of individual differences in A-trait (e.g. Epstein. Lazarus). They nonetheless acknowledgement the significance trait-state distinction.

Spielberger (1966) notes that the concept of trait anxiety has characteristics similar to those constructs which have been given the name "acquired behavioral disposition" by Campbell (1963) and "motives" by Atkinson (1964)
According to Campbell (1963) acquired behavioral disposition involves residues of preview experience and predispose the person to seed the world in the particular way and to manifest “object consistent” response tendencies. Similar, Atkinson thinks of motives as those dispositions acquired during childhood, which are latest and are aroused by particular situations. In the words Spielberger (1966) “the relation between state and trait may be conceived as analogous in certain respects to the relation between the physical concepts of kinetic and potential energy”.

In consonance with above conceptualization the present research is rooted in the conceptual distinction between anxieties as a trait. The problem under study is related to A-Trait, that is individual differences in anxiety prunes. It is perhaps worth while to hope that persons having differences in anxiety proneness probably have differential personality characteristics and that the development of A-trait differences may be related to differences in certain antecedent demographic factors.

TREATMENT WITH DRUGS

Drug Use 1

Anxiety is a state of pervasive apprehension that may be triggered by specific environmental or personal factors. Anxiety states are generally combined with emotions such as fear, anger, or depression. A person suffering from anxiety may complain of physical
symptoms such as palpitations, nausea, dizziness, headaches, and chest pains, as well as sleeplessness and fatigue. When such apprehension is severe and incapacitating, the person is said to suffer from anxiety neurosis, which may require treatment by psychotherapy. Many of the drugs used in the treatment of anxiety are for the most part safe and well tolerated and physicians often prescribe them either as an alternative to psychotherapy in severe cases, or as an aid to coping with different situations in mild cases.

The After World War II Swiss pharmacologists discovered muscle relaxant properties in a compound under investigation as an antibiotic. Modification of that compound led to the tranquilizing drug meprobamate. Another discovery showed that the benzodiazepines, which are complex ringed compounds, had even greater relaxing properties. Hundreds of analogues of the basic benzodiazepine ring were subsequently synthesized. The most widely prescribed compounds, chlordiazepoxide and diazepam, are now giving way to shorter acting compounds that are less likely to produce sedation. Different formulations of the basic benzodiazepine structure in higher dosages are used as muscle relaxants, antiepileptics, and hypnotics (see below Sedative-hypnotic drugs and Antiepileptic drugs).

Brain exhibits highly specific, high-affinity binding sites that can selectively recognize, or bind, the benzodiazepine compounds. The cellular and subcellular locations of these sites are near ion channels in the membrane that can admit chloride ions into the cell and also
near sites where a neurotransmitter, gamma-aminobutyric acid (GABA), acts. Benzodiazepine agonists in general enhance the effects of GABA. In 1985 scientists in the United States showed that brain extracts contain an endogenous inhibitor of benzodiazepine binding. Assessment of its behavioral effects on the brain suggests that this natural compound may cause rather than suppress anxiety and decrease rather than increase GABA transmission.

Acute treatment with benzodiazepines generally begins with doses taken before bedtime to facilitate sleep. Because the need for the drugs depends on the patient's response to psychotherapy and his ability to reshape the events that lead to the anxiety, more or less tolerance may develop to the sedation. There are side effects with the use of benzodiazepines. Because of the alterations in the effectiveness of inhibitory transmitter actions of GABA, which are profound in the cerebellum and cerebral cortex, the patient may also exhibit confusion and loss of motor coordination. Other drugs, especially alcohol, taken with benzodiazepines can interfere with coordination, and use of these drugs during pregnancy may increase chances of fetal malformations.

**ANTIDEPRESSANTS**

Severe emotional disorders, generally termed the affective psychoses, are those in which the patient is severely disabled because of long-lasting depression accompanied by weight loss, sleeplessness,
and often by contemplation of suicide; in such cases a family history of similar depression is often found. This severe form of depression accounts for a large number of admissions to psychiatric hospitals each year. Chemotherapy and electroshock therapy have significantly improved and subsequently stabilized mood in affected patients.

In 1957 imipramine emerged as the first therapeutically useful antidepressant. An accidental discovery led to the finding that the drug iproniazid caused some patients to become extremely euphoric and hyperactive by inhibiting monoamine oxidase, a liver and brain enzyme that normally breaks down norepinephrine and other monoamines. Drugs that were better at blocking the activity of this enzyme were even more effective in evoking euphoria. Shortly thereafter, the monoamine oxidase inhibitors, as they were later called, were introduced for the treatment of depression.

The most useful of the imipramine-like compounds all share the basic three-carbon ring structures of the early antipsychotic antihistaminic drugs, and for this reason they have been named tricyclic antidepressants. Clinically useful tricyclic drugs almost all inhibit the active re-uptake of the monoamines norepinephrine, serotonin, and sometimes dopamine into the presynaptic neuron. Inhibiting the active re-uptake of the monoamines allows them to remain in contact longer with their postsynaptic receptors. This mechanism seems to support the hypothesis that depression is due to altered monoamine transmission because, by allowing the
cause a loss of behavioral control. Tranquillizing drugs do not characteristically produce general anesthesia, no matter what the dose; this attribute tends to distinguish tranquillizing drugs from the barbiturates.

All the barbiturates, stimulants, and tranquilizers are widely prescribed by physicians, and all these drugs are available through nonmedical (illegal) sources. Most of these drugs are classified as "habit-forming." The minor tranquilizers are commonly associated with habituation and may induce physical dependence and severe withdrawal symptoms. The amphetamines and cocaine intoxicate at high dosages, and both are capable of inducing serious toxic and psychotic reactions under heavy use. The barbiturates are the leading cause of death by suicide. They are judged to be a danger to health by both the World Health Organization Expert Committee and the United Nations Commission on Narcotic Drugs, which have recommended strict control on their production, distribution, and use. The nonnarcotic drugs in widespread use among middle and upper class citizenry manifest considerable untoward consequences for the individual and for society when abused—thus placing their problem in a different perspective than that normally associated with the opiates, LSD, and marijuana.
Drug Use 3

Value in the treatment of depression, loss of appetite, high blood pressure, anxiety, migraine, and various gynecological and menstrual problems.

PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS

The effects of cannabis are difficult to specify because of the wide variations in the potency of the various preparations of the hemp plant. Hashish or charas would be expected to produce a greater degree of intoxication than marijuana or bhang. It would also make a difference whether the drug is smoked, drunk, eaten, or received as an administration of synthetic tetrahydrocannabinol (THC). In general, hashish produces effects similar to those of mescaline or, in sufficient quantity, to those of LSD—extreme intoxication being more typical when the substance is swallowed. Marijuana, on the other hand, is more apt to produce effects at the opposite or mild end of the continuum from those of LSD, when smoked, physiological manifestations are apparent within minutes. These include dizziness, lightheadedness, disturbances in coordination and movement, a heavy sensation in the arms and legs, dryness of mouth and throat, redness and irritation of the eyes, blurred vision, quickened heartbeat, tightness around the chest, and peculiarities in the sense of hearing such as ringing, buzzing, a feeling of pressure in the ears, or altered sounds. Occasionally drug use is accompanied by nausea and an urge
to urinate or defecate. There is also a feeling of hunger that may be associated with a craving for sweets. Toxic manifestations are rare and include motor restlessness, tremor, ataxia, and congestion of the conjunctivae of the eye, abnormal dilation of the pupil, visual hallucinations, and unpleasant delusions. Marijuana is not a drug of addiction. Use does not lead to physical dependence, and there are no withdrawal symptoms when the drug is discontinued. Psychological dependence does occur among certain types of users. Infrequently, a “cannabis psychosis” may occur, but generally this type of psychiatric reaction is associated only with heavy, long-term use of hashish, such as in India and Morocco. Other effects of chronic hashish use are a debilitation of the will and mental deterioration.

Psychological manifestations are even more variable in response to cannabis. Alterations in mood may include giggling, hilarity, and euphoria. Perceptual distortions may also occur, involving space, time, sense of distance, and sense of the organization of one's own body image. Thought processes may also become disorganized, with fragmentation, disturbances of memory, and frequent shifts of attention acting to disrupt the orderly flow of ideas. One may also experience some loss of reality contact in terms of not feeling involved in what one is doing; this may lead to considerable detachment and depersonalization. On the more positive side, there may be an enhancement in the sense of personal worth and increased sociability. Undesired subjective experiences include fear, anxiety, or
panic. These effects vary considerably with practice and with the setting in which the drug is taken.

Many articles have been written on the subject of cannabis, but there is precious little worthwhile data to support any kind of a conclusion with regard to its use. One carefully controlled study on marijuana suggests that it is a very mild substance that requires considerable practice before its full (desired) effects are achieved. Alcohol clearly appears more potent and far more deleterious.

From the point of view of those who favour the legalization of marijuana, the drug is a mild hallucinogen that bears no similarity to the narcotics. They feel that the evidence clearly indicates that marijuana is not a stepping-stone to heroin and that its use is not associated with major crimes. As a means of reducing tension and achieving a sense of well being, they believe that it is probably more beneficial and considerably safer than alcohol. The current hysteria over the use of marijuana and the harsh penalties that are imposed are perceived by users as a greater threat to society than would be a more rational and realistic approach to drug use.