Aim of present investigation is to examine Personality traits, Cognitive distortions, Life Expectations and Achievements as risk factors of Anxiety and Depression among Students, now the question arises why the investigator decided to explore all these factors.

If we see the overall scenario we will find that, student population is worst affected with Anxiety and depression reasons are many first the illogical competition among parents, demand of academic excellence from their children’s put lot of pressure on their children’s to excel in any subject they consider proper thus in turn if children’s are not able to achieve parental expectations it results in Anxiety and Depression, sometimes they develop suicidal tendency too.

Now the question arises what other factors trigger anxiety, depression and suicidal tendency, these are personality traits, and kind of thinking they inherit thus keeping in mind all these issues investigator formulated above mentioned research problem using such a combination of variables.

**Personality Traits.**

Personality is one of those concepts that is familiar to everyone but is difficult to define, most people use the term, “Personality” to identify the most obvious characteristics of a person, or to refer to that person’s social skills.

Although the construct of personality has been defined in many ways, there is a general consensus on what personality is, Allport (1937) collected some more than 50
definitions of personality and also created one of his own, according to Allport,
Personality is dynamic organization within the individual of those psychophysical
systems that determine his unique adjustments to his environment.

Allport (1965) revised his definition of personality, this new definition contained
word “characteristic” for word “uniqueness” and words “behavior and thought” in place
of adjustment: “Personality is a dynamic organization within the individual of those
psychophysical systems that determine his characteristic behavior and thought”.

According to Pervin (1970) Personality represents those structural and dynamic
properties of an individual or individuals as they reflect themselves in characteristic
response situation, according to this definition personality to be ultimately defined in
terms of behavior and that consistency within a single individual consistency across all
the individuals and consistency along the groups of individuals are the salient features of
personality, as far as definition of personality is concerned one of the important reason to
have the concept of personality is that we want to describe an individual as an integrated
behaving unit for example: an occasional anger outburst by an individual would not
brand him as hostile person, however if he were to show frequent displays of temper he
would probably be considered to be an angry or hostile person, hence it is the unit of trait
that would define him as an angry or hostile person, now what traits are, why they are so
called?

According to Guilford (1959) a trait is any distinguishable relatively enduring
way in which one individual differs from others.

Allport (1937) a generalized and focalized Neuro-physic system (Peculiar to
individual), with the capacity to render many stimuli functionality equivalent and initiate
and guide consistent (equivalent) form of adaptive and expressive behavior, if behavior changes, does this mean that one of our trait has changed, or has our environment influenced our behavior.

According to Buss (1989) Personality traits have been challenged as unimportant determinants of behavior, but evidence suggest that traits may carry as much variance as experimental manipulations, asking whether traits or manipulations control more variance is useless because researchers can plan paradigm that favours one or the other when traits and manipulations complement each other there are several major kinds of interaction. The trait-manipulations dichotomy is analogous to the person-environment dichotomy and both are related to active versus passive models of behavior. Individual responses are on a continuum of breath that extends successively upward to response classes, personality traits and higher order traits, broad and narrow traits each have advantages and disadvantages. Recent researches has led to novel personality traits and to knowledge about the origin and maintenance of traits. If there is to be a specialty called personality, its unique and therefore defining characteristic is trait, as this is study states that “personality is unique and its defining characteristic is trait”. Maher and Maher (1994) an area that has long been of interest in psychology is the relationship between personality traits and psychopathology.

Quimette et al. (1996) found that variety of personality or traits attributed may predispose individuals to mood disorders may be altered as the result of the experience of a major mood disturbance.

As far as present investigation is concerned investigator is interested in investigating relationship between, Big Five Model(i.e., the Five Factor Model) and there
relationship to anxiety and depression among students, before we go in much depth let's have bird's eye view on history of Big Five Model.

The Big Five model originated with Allport and Odbert’s work on trait descriptors which they reduced to 171 variables. Digman (1990), Goldberg (1993), John (1990), by sorting these variables into synonym group, they reduced variables to 35 bipolar scales through a cluster analysis of trait rating. Cattle further reduced these 35 variables to 12-15 factors using peer rating of these scales. Borgatta (1964), Fiske (1949), Norman (1963), Tupes (1992) subsequent investigators consistently found that five robust factors were sufficient to represent the structure of these traits.

According to Watson and Clark (1994) in studying the connection between personality and major mental disorders, researchers have frequently relied upon the five-factor model of personality and have found that some of the factors are related to several DSM disorders.

Present investigator investigated five facets using NEO FFI by Costa and McCrae (1992) is based on five broad and robust traits. According to Goldberg (1993) investigators have recognized that the various factor models are quite similar in structure and meaning.

While Digman (1990), Digman and Takemoto-chock (1981), Goldberg (1990, 1993), John (1990), the traits that make up the Big Five structure are Neuroticisim (or emotional disorganization) versus emotional stability (or ego strength); Extraversion (or surgency); Conscientiousness, dependability (or will to achieve); Agreeableness (or friendly compliance) versus hostile non-compliance; and culture, imagination, intellect (or openness to experience).
A measure based on the five factor model is the NEO FFI personality inventory designed by Costa and McCrae (1992) although they have labeled them with different names: Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A) and Conscientiousness (C), now present investigator will explain all the above mentioned facets.

*Neuroticism* is a fundamental personality trait in the study of psychology. It is an enduring tendency to experience negative emotional states. Individuals who score high on neuroticism are more likely than the average to experience such feelings as anxiety, anger, guilt, and depressed mood. They respond more poorly to environmental stress, and are more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. They are often self-conscious and shy, and they may have trouble controlling urges and delaying gratification. Neuroticism is associated with low emotional intelligence, which involves emotional regulation, motivation, and interpersonal skills. It is also a risk factor for "internalizing" mental disorders such as phobia, depression, panic disorder, and other anxiety disorders (traditionally called neuroses).

*Extraversion* is "the act, state, or habit of being predominantly concerned with and obtaining gratification from what is outside the self". Extraverts tend to enjoy human interactions and to be enthusiastic, talkative, assertive, and gregarious. They take pleasure in activities that involve large social gatherings, such as parties, community activities, public demonstrations, and business or political groups. Politics, teaching, sales, managing and brokering are fields that favor extraversion. An extraverted person is likely to enjoy time spent with people and find less reward in time spent alone. They tend to be
energized when around other people, and they are more prone to boredom when they are by themselves.

*Openness* is one of five major domains which are used to describe human personality. Openness involves active imagination, aesthetic sensitivity, attentiveness to inner feelings, preference for variety, and intellectual curiosity. A great deal of psychometric research has demonstrated that these qualities are statistically correlated. Thus, openness can be viewed as a global personality trait consisting of a set of specific traits, habits, and tendencies that cluster together. Openness tends to be normally distributed with a small number of individuals scoring extremely high or low on the trait, and most people scoring near the average. People who score low on openness are considered to be *closed to experience*. They tend to be conventional and traditional in their outlook and behavior. They prefer familiar routines to new experiences, and generally have a narrower range of interests.

People who are open to experience are no different in mental health from people who are closed to experience. There is no relationship between openness and Neuroticism, or any other measure of psychological wellbeing. Being open and closed to experience are simply two different ways of relating to the world.

*Agreeableness* is a tendency to be pleasant and accommodating in social situations. In contemporary personality psychology, agreeableness is one of the five major dimensions of personality structure, reflecting individual differences in concern for cooperation and social harmony. People who score high on this dimension are empathetic, considerate, friendly, generous, and helpful. They also have an optimistic view of human nature. They tend to believe that most people are honest, decent, and
trustworthy. People scoring low on agreeableness are generally less concerned with others' well-being, report less empathy, and are therefore less likely to go out of their way to help others. Their skepticism about other people's motives may cause them to be suspicious and unfriendly. People very low on agreeableness have a tendency to be manipulative in their social relationships. They are more likely to compete than to cooperate.

Conscientiousness is the trait of being painstaking and careful, or the quality of acting according to the dictates of one's conscience. It includes such elements as self-discipline, carefulness, thoroughness, organization, deliberation (the tendency to think carefully before acting), and need for achievement. It is an aspect of what has traditionally been called character. Conscientious individuals are generally hard working and reliable. When taken to an extreme, they may also be workaholics, perfectionists, and compulsive in their behavior. People who are low on conscientiousness are not necessarily lazy or immoral, but they tend to be more laid back, less goal oriented, and less driven by success.

Bienvenu et al. (2004) examined (N= 731) community subjects using NEO personality traits, subjects were examined by psychiatrists with the schedule for clinical assessment in Neuropsychiatry, all of the lifetime disorders of interest (simple phobia, Social phobia, Agoraphobia, Panic disorder, Obsessive-compulsive disorder, Generalized anxiety disorder, Major Depressive disorder, and Dysthymia) were associated with high Neuroticism. Social phobia, agoraphobia, and dysthymia were associated with low extraversion, and OCD was associated with high openness to experience. In addition, lower-order facets of extraversion (E), openness (O), agreeableness (A), and
conscientiousness (C) were associated with certain disorders (specifically, low assertiveness (E) and high openness to feelings (O) with MDD, low trust (A) with social phobia and agoraphobia, low self-discipline (C) with several of the disorders, and low competence and achievement striving (C) with social phobia). Neuroticism in particular was related to acuity of disorder.

Bagby et al. (2008) used the depressive experiences questionnaire (DEQ) developed by Blatt (1976) to compare patients with panic disorder with agoraphobia with patients with non-psychotic, unipolar major depression. As they had predicted, their findings suggested that a personality attribute of self-criticism was unique to depression whereas another personality trait encompassing dependency was evident in both panic disorder and major depression.

Jaylah and Isometsa (2006) in their study found that neuroticism is strongly associated with Depressive and Anxiety symptoms, while introversion is moderately associated with Depressive symptoms in the urban general population.

**Cognitive distortions**

'Perception is everything,' then individual may well be a cognitivist. Cognitive theory is focused on the individual's thoughts as the determinate of his or her emotions and behaviors and therefore personality. Many cognitive theorists believe that without these thought processes, we could have no emotions and no behavior and would therefore not function. In other words, thoughts always come before any feeling and before any action.

Biological theory was popular for thousands of years second only to mythology in explaining personality. In the early 1900's, Psychoanalysis gained in both popularity and
criticism. By the 50's, Behavioral thought ruled contemporary psychology, ousted by the growing interest in Humanistic thought in the 60's and 70's. Knowing this, you could say that Cognitive theory became king in the 80's and 90's. Many self-help books have been written from the cognitive perspective, each telling us various ways to change the way we think about ourselves and the world.

In layman's language, faulty thinking leads to biased processing tendencies in an individual that is a normal psychological process in all human beings regardless of age, gender, sexual orientation, race, culture, or socio-economic group, the causal factor that leads to faulty thinking pattern can exist for many different reasons for example: to deny responsibility for our behavior, to deny negative consequences of our behavior, to allow us to continue to behave in a way that we know is wrong.

By changing our thoughts, it can be said that we can change our mood, decrease our anxiety, or improve our relationships. We can quit smoking, make more friends, and enjoy our jobs more. The basic premise: If we perceive the glass as half full rather than half empty, the world will look much brighter; In a brighter world, we are happier individuals.

Concept of cognitive distortions was originally defined by Beck (1967) the idea behind framework of Cognitive distortions is based on the theory that individual’s subjective evaluation of early life experiences that shapes and maintains fundamental beliefs (Schemas) about self, in support of or in defense against early schemas, secondary beliefs develop and function as rules or assumptions about the self and world, according to Beck the depressed individuals acquired a negative schema, during childhood and adolescence; they develop a tendency to see the world negatively, there are many reasons
for these negative thought processes, negative schemata or beliefs so acquired by depressed individuals are activated whenever they confront with new situation. These new conditions resemble in one way or the other, with the negative beliefs, hence negative schemata of depressed people are further fueled by certain cognitive biases this condition makes the depressed person perceive the reality other way round, depressed individuals think of failure most of the time due to above mentioned negative schemata or beliefs they think that whatever wrong happened is because of their own faults.

Depressed people with a negative self-evolution schema think that they are of no use for anybody hence developing self-serving cognitive distortions further these self-serving cognitive distortions are divided into two main type primary and secondary distortions. According to Gibbs et al (1996) the primary cognitive distortion is egocentric bias which is characterized by self-centered attitude, thoughts, and beliefs.

There are three secondary cognitive distortions. The first concerns causal attributions such as who is responsible for an act in using this cognitive distortion individual blames others for his own actions.

The second self-serving cognitive distortions, mislabeling, happens when an individual makes his misdeeds seem harmless, acceptable, or even admirable, or when he refers to others in de humanizing or degrading ways. The third self-serving cognitive distortion is termed assuming the worst in which one unnecessarily attributes hostile intent to others assumes it’s impossible to improve his/her situation and thinks worst-case scenarios for social situations are avoidable.

Beck named Negative schemata with Cognitive biases, as ‘Negative Traid’, Negative traid consists of negative view of self, negative view of world and future, Beck
defined six systematic errors in thinking i.e, arbitrary inferences: The process of drawing a negative conclusion in the absence of specific evidence to support that conclusion (Beck et al., 1979; Burns, 1980,1989,1999), for example: Mind reading: Without checking it out, that one arbitrarily concludes that some one is reacting negatively Black-and-white thinking the tendency to view all experiences as fitting into one of two categories (e.g., positive or negative; good or bad) without the ability to place oneself, others, and experiences along a continuum (Beck et al.,1979; Burns, 1980, 1989, 1999; Freeman & DeWolf., 1992) for example: When a young women on a diet eat a spoonful of ice cream she told herself ‘I’ve blown my diet completely.’. This thought upset her so much that she gobbled down an entire quart of ice cream. Magnification: The tendency to exaggerate or magnify either positive or negative Importance or consequence of some personal trait, event, or circumstance (Burns., 1980, 1989, 1999) this is also called ‘binocular trick’.

Minimization is the process of minimizing or discounting the importance of some event, traits or circumstances (Burns., 1980, 1989, 1999).

Overgeneralization the process of formulation rules or conclusion on the basis of limited experience and applying these rules across broad and unrelated situations (Beck et al., 1979, Burns., 1980, 1989, 1999), for example: A depressed salesman became terribly upset when he noticed bird-dung on the windshield of his car. He told himself ‘just my luck birds are always crapping on my car!’

Personalization the process of assuming personal causality for situations events and Reactions of others when there is no evidence supporting that conclusion (Beck et al.,1979; Burns; 1980, 1989, 1999; Freeman & DeWolf.,1992), for example: when a
women received a note that a child was having difficulties at school she told herself this shows that what a bad mother “I am”.

Selective abstraction is the process of exclusively focusing on one negative aspect or detail of a situation, magnifying the importance of that detail thereby casting the whole situation in a negative context (Beck et al., 1979; Burns., 1980, 1989, 1999).

Further Burns (1980) renamed and extended Beck’s cognitive distortions to ten types All-or-nothing thinking; Overgeneralization; Mental filter; Discounting the positive, Jumping to Conclusion; Magnification; Emotional reasoning; should statements; Labeling & Personalization and blame.

Later on Freeman & DeWolf (1992), Freeman & Oster (1999) added some more forms of cognitive distortions these are externalization of self-worth; comparison; and perfectionism most recently Gilson & Freeman (1999) identified eight other types of cognitive distortions in the form of fallacies, these beliefs explain individuals worth that are related with emotions and develop later into learned habitual ways of thinking according to (Beck, Rush, Shaw & Emery., 1979; Ellis & Grieger.,1986) these habitual ways of thinking function to support core beliefs thus leading to cognitive distortions in-turn these cognitive distortions play crucial role in maintenance of emotional disorders.

Later on Kendall (1992) proposed a cognitive taxonomy with a explanation of important area of cognitions involved in the synthesis of cognitive distortions. Kendall’s taxonomy includes: cognitive content; cognitive process; cognitive products and cognitive structures. These domains form aggregate structure that serves to filter certain cognitive processes; cognitive distortions reside within the domain of cognitive processes. Within the domain of cognitive processes Kendall made distinction between
processing deficiencies and processing distortions, deficient processing occurs when a lack of cognitive activity results in an unwanted consequence, and distorted processing occurs when an activity thinking process filters through some faulty reasoning process, hence resulting in an unwanted consequence. The difference between the two is, failure to think versus a pattern of thinking in a distorted manner.

Few researchers do not support that cognition is always distorted among depressive individuals, for example, depressed people are accurate in their expectations of success, while normal people overestimated the chance of success (Lobitz & Post, 1979).

Alloy et al (1999) reported that depressed subjects were more accurate in their perception and judgment as compared to non-depressed subjects.

The second important reason is that negative beliefs of depressed people are in fact the causative factors of the depressed mood. Beck and others have found that depression and certain kind of thinking are correlated. Depression could cause negative thoughts or negative thought may be responsible for depression. It can be said to have the action both ways, depression can make thinking more negative and negative thinking can cause depression and even worsen the same. Even though Albert Ellis was more of a therapist than a theorist, his interpretation of cognitive theory has gained a great deal of notability over the past twenty plus years. On the surface, his model is quite simple and often described as the A-B-C process.

According to Ellis, we experience Activating Events (A) everyday that prompts us to look at, interpret, or otherwise think about what is occurring. Our interpretation of these events results in specific Beliefs (B) about the event, the world and our role in the
event. Once we develop this belief, we experience Emotional Consequences (E) based solely on our belief.

Nancy & Alloy (1997) found that ruminative response styles increased the chances of a non-depressed individual experiencing a depressive episode over 18 months after recruitment and that rumination increased the severity of the episode.

In an investigation Luqman, N. (2011) studied personality traits and cognitive distortions as risk factors of anxiety among adolescents, results suggests that cognitive distortions appears as risk factor of anxiety among adolescents.

**Life Expectations and Achievements**

Expectations as defined in simple language means anticipation probability. What one expect, Expectations and Achievements both begins long back in the lives of children’s when a man comes in the world he has to do some work for his existence in the world and thus he or she has to work in every walk of life, thus working in every sphere of life and getting response or reward in return of his performance is regarded as achievement.

Thus whatever we achieves in the different areas of performance is called ones achievement how far a man can attain success in a particular, field can be estimated by means of his attitude but how far he or she has been successful in a particular field and has possessed knowledge is called achievement, thus this achievement depends upon the expectations in the lives of adolescents.

Long back before they start educational experience building of such experiences starts at an early stage of interaction at home in community and school level thus consciousness of building expectations from one-selves starts at this stage thus this kind
of expectations by parents, community school helps children’s to build expectations from
one selves, expectations by teachers as well as parents play an important role in a
student’s academic as well as positive result and impact on their academic vocational and
social achievements.

If expectations are too high it can become a risk of failure and if they are too high
it can become a risk of failure and if they are too low it can become a risk factor of de-
motivation, thus the central element in the success for achievement is motivation apart
from motivation achievement depends on intellectual ability aptitude social and economic
factors difference in level of performance achievement has direct and indirect effect on
over all personality of a person directly the effect comes how a person evaluate himself
and indirectly from his realization of how others evaluates himself or herself of the two
the direct effect has greater effect on personality because normally the person expects
more about himself then others do thus this direct and indirect evaluation effects the
personality of a person.

This direct and indirect evaluation has an impact on social achievement
educational or academic achievements if a person receives positive evaluation directly
and indirectly then person will expect more from himself this will result in more positive
achievements but if a person receives negative direct and indirect evaluation, then there
will be de-motivation lower expectations lower self-esteem and lack of self-potential all
this will result in failure, hence when failure is there individual tends to recall the reason
behind the failure again and again or more scientifically it can be said that he or she tends
to ruminate the reasons behind the failure again and again thus this tends to cause anxiety
and depression, according to Nolen-Hoekeisma’s (1991) rumination theory proposes that
individuals who cope by focusing on their negative emotions instead of distracting themselves have an increased chance of experiencing a longer and more severe depressive episode regardless of stressful life events or social support.

Thus building of expectations by parents, teachers, community. Secondly level of aspiration high or low leads to negative and positive impact on our all achievements as well as direct and indirect evaluation that a person receives affects his/her personality, social, vocational and educational achievements and failures are linked by above factors, further these achievements and failures results in shaping a person’s personality, educational achievements leads to vocational achievements and in-turn vocational achievements depends upon the nature of job a person gets and this result in social achievements he earns a prestige and honor a status in society on the basis of this vocational and educational achievement the other aspect of educational achievement is social acceptance, if a person is well accepted by his parents and community then he/she will perform better than those who are neglected, on the other hand socially rejected or neglected person develops low self-esteem, low aspirations and lack of expectations from their own selves and from society that is the reason they fail to achieve in every sphere whether educational, social or vocational, and this over all atmosphere leads to positive and negative development of mental personality, this kind of rejection by society leads to low self-esteem and low expectations leads to failure in achieving educational, vocational and societal goals, this in turns becomes a cause of anxiety and depression among adolescents, thus in today’s world of performance perfectionism and high expectations from parents society school and self expectation is leading for constant race of competition comparison and struggle in every sphere.
It is not enough just to achieve in academics they must achieve in sports get into a prestigious college and to be the perfect son or daughter in all the realms of life, reason behind this development is that we are living in “success oriented” society where wanting and “being and more” is the constant battle cry, as result of this adolescents are all the time struggling to accomplish all the tasks in this struggle they loose focus from their health hobbies eating habits, lack of concentration, sleeplessness worrying about performance and achievement, having high expectations is typically seen as a positive character trait. Those who believe they deserve more often motivated to succeed, in some cases this may lead to a more fulfilled, meaningful life.

However high self expectations can also be detrimental to a person’s self esteem and personal well-being if expectations are not met, obviously certain level of expectation is important, as far as expectations are concerned one thing should be kept in mind is that whether or not they are realistic, if individuals constantly set “aims or expectations that are unrealistic to achieve, then individual is simply be setting himself/herself up to failure and in-turn leading to negative affect on ego and self worth, hence leading to excess stress and other symptoms.

Some times it so happens that individuals do have unrealistic beliefs, that are in one way inaccurate expectations, these expectations are likely to happen while individual is in social situations, for example: individuals beliefs I will stutter during my speech, Individuals beliefs: “If I stutter during my speech, the whole thing will be a disaster”, then individual will start thinking that “if I make a mistake, no one will like me”, if “I am criticized for one specific thing”, “I am worthless”, thus it can be said that whole concept
of beliefs and expectations is directly related to faulty thinking it is so said because there is gap between reality and fulfillment of those expectations.

**Anxiety**

In everyday contexts anxiety is a term used to describe uncomfortable and unpleasant feelings that an individual experience when in stressful or fearful situations.

As an emotion it is characterized primarily by feeling of dread, worry fear and apprehension. Anxiety is experienced by every individual at some point or other in his/her life for example: while making a presentation appearing for an interview waiting for test results, facing the boss, walking through a dark unfamiliar street, and so on. In addition, anxiety may be triggered in response to specific situations, people or event, as well in anticipation of an event.

According to Nijhawan (1972) anxiety one of the most pervasive psychological phenomenon of the modern era refers to a “persistent distressing psychological state arising from an inner conflicts”. Similarly May (1950) defines anxiety as “the apprehension cued off by a threat to some value which the individual holds essential to his existence as personality”.

Drever (1958), maintains “it is a chronic complex emotional state with apprehension or dread as its most prominent component, characteristic of various nervous mental disorders”. Heinrich Neumann (1859), in his influential textbook of psychiatry, developed on interpretation of anxiety as a danger signal. Anxiety, according to Neumann, arises when a person becomes aware of threats of vital concern.

In view of Freud (1924), anxiety was “something felt” a fundamental, unpleasant affective (emotional) state or condition. Freud observed it in his patients of anxiety
neuroses and found that it was characterized by apprehension or anxious expectations, “all that is covered by the word nervousness”, and efferent discharge phenomena.

The psychological symptoms of anxiety include heart palpitation, nausea, disturbances in respiration, sweating muscular tension, tremor and vertigo. Anxiety is distinguishable from other unpleasant effective states, such as anger or depression, by its unique combination of phenomenological and physiological qualities, which gave it a special “character of unpleasure”.

In his early theoretical formulation believed that anxiety resulted from the discharge of repressed, somatic sexual tensions, which he called libido. When libidial energy was blocked from normal expression, it accumulated and was automatically transformed into anxiety, or into symptoms that were anxiety equivalents. Freud subsequently modified that view in favour of a conception of anxiety which emphasized that anxiety was an internal reaction or response that served as a signal to indicate the presence of a danger situation.

Kierkegaard (1944) distinguished between two different kinds of anxiety, first which is especially evident in children, is the apprehension associated with “a seeking after adventure, a thirst for the prodigious, the mysterious”. The second is the anxiety concerned with the choice that one faces as function of his responsibilities as a person. It is the second of these that is most significant in his philosophy and in the existential approach to anxiety that he put forward. The basis of this interpretation of anxiety is that strong individuation and self-awareness necessarily make a man free in and at the same time responsible for his choices from a multitude of possibilities. In the awareness of his necessity to make choices, together with the possibilities of a failure and guilt, lie the
source of one’s anxiety. Anxiety is thus a necessary accomplishment of increased individualization.

Physical effects of anxiety may include heart palpitations, fatigue, nausea, chest pain, shortness of breath, stomach aches, or headaches. Physically, the body prepares the organism to deal with a threat. Blood pressure and heart rate are increased, sweating is increased, blood flow to the major muscle groups is increased & immune & digestive system functions are inhibited (the fight or flight response).

External signs of anxiety may include pale skin, sweating, trembling, and papillary dilation. Someone suffering from anxiety might also experience it as a sense of dread or panic.

Although panic attacks are not experienced by every anxiety sufferer, they are a common symptom. Panic attacks usually come without warning, and although the fear is generally irrational, the perception of danger is very real, person experiencing a panic attack will often feel as if he or she is about to die or pass out panic attacks may be confused with heart attacks.

Anxiety does not only consist of physical effects, there are many emotional ones as well, they include "feelings of apprehension or dread, trouble concentrating, feeling tense or jumpy, anticipating the worst, irritability, restlessness, watching (and waiting) for signs (and occurrences) or danger, and, feeling like your mind's gone blank- as well as "nightmares/bad dreams, obsessions about sensations, deja vu, a trapped in your mind feeling, and feeling like everything is scary.”

Cognitive effects of anxiety may include thoughts about suspected dangers, such as fear of dying. "Individual may...fear that the chest pains [a physical symptom of
anxiety] are a deadly heart attack or that the shooting pains in your head [another physical symptom of anxiety] are the result of a Tumor or Aneurysm. individual feel an intense fear when individual think of dying, or individual may think of it more often than normal, or can’t get it out of your mind. Besides this three important neurotransmitter Norepinephrine, Serotonin, and Gamma Amino-Butyric acid (GABA) have been found to be associated with anxiety.

**Depression**

Depression is an emotional state marked by emotional symptoms (e.g. depressed mood), motivational symptoms (e.g. loss of interest or pleasure), cognitive problems (e.g. negative thoughts, feeling of hopelessness) and somatic (loss of energy, sleep disturbances).

It is usually marked by high level of sadness and apprehension, feeling of worthlessness & guilt, withdrawal from others, often depression is associated with other depression is associated with other psychological problems, such as panic attack, substance abuse and sexual dysfunction and personality disorder.

Depression as a diagnostic entity is characterized by an alteration of affect. It is indeed often referred to as an affective disorder. The most common and most obvious symptoms of depression, the symptom which have given it its name, are what are commonly called depressive affects griefs, despair, and guilt, in varying degrees and combinations. Not only are these affects painful themselves, they are also often associated with an inability to function normally and with self-injurious or even the self-destructive tendencies.
It is doubtless, this fact that the emotions of depression are both painful and associated with serious behavioral abnormalities some of the effects of depression are lowered response initiations, lack of aggression Loss of libido and appetite feelings of helplessness, and negative cognitive set. These behavioral effects were investigated in a number of studies and have been used as basis of diagnostic classifications.

Further Grinker, et al (1961) described lowered response initiation in a number of ways isolated and withdrawn prefers to remains by himself, stays in bed much of the time. Gait and general behavior slow and retarded, volume of voice decreased, sits alone very guilty… feels unable to act, feels unable to make decision. They give the appearance of an “empty” person who has given up.

Depression has caught the attention of clinical psychologists medical practitioners and social workers who are deeply concerned with the problem, particularly due to its resultant repercussion in human affairs and social well-being, loss of lives through suicide, reduction in industrial growth, and loss of zest in college life are some of the unhappy and unfortunate behavior that can be traced to it, although much has now became known about its cause and treatment, yet very much more needs to be known, and urgently, so due to its increased incidence in contemporary society.

Description of depression and depression related mental disorder goes back to the past (Sumerian and Egyptian documents dates back to 2600 B.C). However, Hippocrates (460 to 370) and his students who first studied these conditions in orderly manner and introduced the word “melancholic” to describe the symptoms and to provide a physiological explanation of their findings. The Hippocratic school attempted to link the balance of the postulated four humors (blood, yellow bile, black bile and phlegm) with
temperament and personality and latter two with tendency to develop one of the four disorders (mania, melancholia, phrenitis and paranoia). Freud originally understood depression as internally directed anger. In his view the self reproaches and the loss of self-esteem commonly experienced by depressed patients are directed not at the self but rather at an interject. He found that in some cases the only way the ego can give up an object is to interject it, so the anger directed at the vacillating held object takes on the clinical manifestation of depression. After his evolution of the structural model, he explained his understanding of depression to include harsh superego that punishes the person for nurturing of destructive wishes towards parental figures and other loved ones.

In 1975, Seligman described major depression as the “common cold” of psychiatry. Today, thirty years later, the situation has become even worse. Depression is currently affecting about 121 million peoples world wide (World Health Organisation: WHO, 2001a), and the incidence of depressive symptoms increase in all groups of age and in all western cultures.

According to the WHO (2001b) depression is today the leading cause of disability. Also, the WHO predicts that, of all diseases, in 2020 depression will impose the second-largest burden of ill health worldwide (Murray & Lopez, 1998).

Contemporary psychoanalytic contributors have down played the role of aggression in the development of depression. They are likely to view depression as a disturbance of self-esteem in the context of interpersonal relationship. A consistent observation is that depressed patients feel that they have not lived up to internal standards of conduct. The depressed patient’s awareness of the disparity between his actual
performance and high internalized expectations of such person involve eliciting a certain kind of response from an important person in the environment.

Depression may begin when they feel hopeless about their life plans because they realize that their effort have been wasted in living for someone else, from an object relations perspective many depressed patients unconsciously experience themselves to be at the mercy of a tormenting internal object that is unrelating in its persecution of them. In cases of psychosis, that primitive forerunner of the superego may actually be hallucinated as a voice that is unrelentingly critical. From the self psychological point view, depression is related to sense of despair about ever getting one’s self object needs met by people in the environment.

Psychoanalytic exploration of psychological factors contributing to mania has consistently recalled underlying depressive themes. Manic episodes serve a defensive function of that the patient does not get in touch with the painful affects associated with the undercurrent of depression.

Psychoanalytic theorists interpret depression as a reaction to a sense of loss, whatever the nature of the loss, the depressed person reacts to it intensely because the current situation brings back all the fears of an earlier loss that occurred in childhood, that bring the loss of parental affection, therefore the individuals need for affection and care were not satisfied in childhood.

A loss in later life causes to regress to his or her helplessness dependent state when the original loss occurred, part of the depressed person’s behavior therefore, represents a cry for help, a display of helplessness and an appeal for affection and security (White and Watt, 1981).
Freud theorized that potential for depression is created early in childhood when during oral period, the child need may be insufficiently or over-sufficiently gratified. The person therefore, remains stuck in this and dependent on the instinctual gratification’s particular to it, with this arrest in psychosexual maturation and consequent fixation at the oral stage, he or she may develop a tendency to be excessively dependent on the people for the maintenance of self-esteem when these peoples fails to approve the individual and withdrawn their support these individuals may be thrown into a state of depression.

Psychoanalytic theories of depression therefore, focus on loss, overdependence on external approval, and internalization of anger they seem to provide a reasonable explanations for some of the behavior exhibited by depressed individuals, but they are difficult to prove or to refute, some studies indicate that people who are prone to depression are more likely than the average person to have lost a parent in early life (Barnes and Prosen, 1985), but parental loss (through death or separation) is also found in the case histories of people who suffer from other type of mental disorders, and most people who suffer such a loss do not develop emotional problems in adulthood (Tennant, Smith, Babbington and Hurry 1981).

Freud proposed as a causative factor the loss of a loved one by people whose oral dependencies retained from childhood make them particularly vulnerable to a lessening of external supports. It seems but a short step to connect depression to the reduction in activity that occurs when accustomed reinforcement is withdrawn when a loved one dies, an important source of positive reinforcement is lost learning theorists assume that lack of reinforcement plays a major role in depression.
The inactivity of the depressed person and the feelings of sadness are due to low rate positive reinforcement and or a high rate of unpleasant experience (Lewinsohn, Michel, Chaplin and Barton, 1980; Lewinshon, Howberman, Teri and Hautziner, 1985). Many of the events that precipitate depression (such as death of a loved one, loss of a job, or impaired health) reduce accustomed reinforcement.

Once peoples become depressed and inactive, their main source of sympathy is reinforcement and attention that they receive from relatives and friends. This attention may initially reinforce the very behavior that are maladaptive like weeping, complaining, criticizing themselves talking about suicide, depressed person’s behavior eventually alienates even close associates producing a further reduction in reinforcement and increasing the individuals social isolation and unhappiness, a low rate of positive reinforcement further reduce the individuals activities and the expression of behavior that might be rewarded both activities and rewards decrease in a vicious circle.

The most important contemporary theory of depression to regard thought processes as causative factors is of Beck (1967), his central thesis is that depressed individuals feel as they do because they commit logical errors, Beck call these errors in thinking “schemata” or characteristics set, which colours how the person is seen as operating within a schema of self-depreciation and self-blame. This set deposes the individuals to interpret or label events in a way that justifies his state of mind.

Beck’s cognitive model postulates three components of a theory of emotional disorder. The first component is negative automatic thoughts “automatic” by virtue of their coming “out of the blue”, often seemingly unprompted by events and not necessarily the results of directed thinking they seem immediate and often valid in the sense that they
are often accepted unchallenged by the recipient. Their effect is to disrupt mood, and to cause further thoughts to emerge in downward thought affect spiral. Depressive thoughts can be characterized in terms of cognitive – triad a negative view of the self. The second component is the presence of systematic logical errors. The third component of cognitive model is the presence of depressogenic schemata. This is a structure for screening, coding and evaluating impinging, stimuli in terms of the individual adaptations to external reality. It is regarded as the mode of which the environment is broken down and organized into its many psychologically relevant facets on the basis of the matrix of schemas, individual is able to orient himself and herself in relation to time and space and to categories and to interpret his experience in a meaningful way (Beck, 1967).

Seligman (1975) on the basis of experiments conducted, Seligman proposed a learned helplessness model of depression. He suggested that although anxiety is the initial response to a stressful situation, anxiety is replaced by depression is the person comes to believe that control is unattainable and that their actions make no difference in bringing about either pleasure or pain.

Depression is caused by the expectations of future helplessness, according to Seligman three dimensions contribute to this feeling of helplessness. The first has to do with whether the person sees the problem as internal or external. The helplessness theory assumes that a person is more likely to become depressed if he or she believes the problem is internal, i.e the result of his or her personal inability to control the outcome. To summarize Seligman’s theory predicts that individuals who explain negative events as internal, stable, and global causes, tend to become depressed when bad events occur Peterson and Seligman (1984).