Review of Literature

We must first understand what research is. It is another word for gathering of information. The more information we have the closer we get of making our own decision. Research is the result of advancing knowledge created in the past. The research that investigator do and evidence that are gathered will have impact on his future work, thus every research contributes a drop of to the vast ocean of knowledge, hence knowledge is therefore the sum total of a multitude of researchers conducted by different investigators over a vast period of time. Not only does research contribute to knowledge per se, but by clarifying and raising new issues, it provokes further researches. In conclusion research is very vital to our everyday decision making. It arms you from wrong information and save time and money. Therefore, it is essential to be familiar with developments which have taken place in the domain of our research. This will enable to benefit from vicarious experience, by selecting issues that are pertinent and avoiding the limitations and drawbacks which become clear only after the research has been conducted. In this chapter an attempt has been made to recapitulate the researches which have been conducted in the area since it is humanly impossible to list all the work that has been done, important milestone and major studies which provide perspective of the work are being put forward. Studies conducted during the last decades are being given special emphasis although important studies conducted earlier are also being referred to. First of all researcher will examine studies related to Personality traits and their impact on anxiety and depression.
Personality Traits

The Five Factor Model (FFM) of personality was derived in factor analyses of trait terms recorded in English language dictionaries (Digman, 1990). The FFM has received wide support as a consensual personality structure at the highest order of generality. The robustness of this structure has been confirmed in diverse populations, using peer ratings as well as self-report data, and it has been replicated in many languages (Watson, Clark, & Harkness, 1994). The five traits, often referred to as the Big Five, are Neuroticism, Extraversion, Conscientiousness, Agreeableness, and Openness.

In an investigation Luqman, N.(2011) investigated do personality traits appears as risk factors of anxiety among adolescents or not in order to measure personality traits investigator used NEO FFI and Beck Anxiety Inventory to measure anxiety a sample of (N=100) adolescents was collected, findings suggest that Neuroticism appeared as significant predictor of anxiety.

In an investigation Kotov et al (2010) found that common mental disorders are strongly linked to personality and have similar trait profiles, neuroticism was the strongest correlate across the board but several other traits showed substantial effects independent of neuroticism.

Bagby et al (2008) investigated Personality features in depressed samples reliably differ from those of healthy samples. The associations between personality and depression are consistent with a variety of causal models these models can best be compared through longitudinal research. Research demonstrates that attention to personality features can be useful in diagnosis and treatment. Indeed personality information has been on fore front of recent efforts to advance the current diagnostic
classification system. Moreover, personality dimensions have shown recent promise in the prediction of differential treatment outcome. For example, neuroticism is associated with preferential response to pharmacotherapy rather than psychotherapy, considerations of personality features is crucial to the understanding and management of major depression.

Gordon et al. (2006) tried to relate personality to depression. The current paper examines this research from a critical perspective. It is argued that existing research is limited by 1) A failure to adopt a broad conceptual approach to the study of personality and depression 2) The use of personality measures with questionable psychometric properties our observations lead us to suggest that greater adherence to established methodology and conceptual development in the personality fields will result in substantial improvements in research on personality and depression and may ultimately provide a more accurate appraisal of the role of personality factors in depression.

Matsudaira et al. (2006) aimed to examine the effects of personality (temperament and character) on specific depression and specific depression and anxiety. A total of (N=541) Japanese undergraduates were investigated by using the temperament and character inventory (TCI) and the hospital anxiety and depression (HAD) scales. Hierarchical multiple regression analysis demonstrated that specific depression was predicted by lower reward-dependence, persistence self-directedness, Co-operantiveness, and self transcendence, self-specific anxiety was predicted by higher novelty seeking harm avoidance persistence and self transcendence and lower self directedness immaturity of self directedness is a risk factor for negative affectivity. Immaturity of all character dimensions is a risk factor for specific depression.
Jylha and Isometsa (2006) investigated the relationship of the personality dimensions of neuroticism and extraversion to the symptoms of depression and anxiety in the general population. A random general population sample (ages 20-70 years), from two Finnish cities was surveyed with the Eysenck Personality Inventory (EPI), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI). In addition, questions regarding diagnosed lifetime mental disorders, health care use for psychiatric reasons in the past 12 months, and history of mental disorders in first-degree relatives were posed. Among the (N=441) subjects who participated, neuroticism correlated strongly with symptoms of depression (r=.71, P<.001) and anxiety (r=.69, P<.001), and somewhat with self-reported lifetime mental disorder (r=.30, P<.001) and health care use for psychiatric reasons in the past 12 months (r=.24, P<.001). Extraversion correlated negatively with symptoms of depression (r=-.47, P<.001), anxiety (r=-.36, P<.001), self-reported lifetime mental disorder (r=-.17, P<.001), and health care use for psychiatric reasons in the past 12 months (r=-.14, P=.004). In multiple regression models, even after adjusting for gender, age, and education, BDI scores were significantly associated with neuroticism, extraversion, and age, whereas BAI scores were associated only with neuroticism. Neuroticism is strongly associated with depressive and anxiety symptoms, and introversion is moderately associated with depressive symptoms in the urban general population.

Brandes and Bienvenu (2006) investigated that Personality traits and most anxiety disorders are strongly related. In this article, we review existing evidence for ways in which personality traits may relate to anxiety disorders 1) as predisposing factors, 2) as consequences, 3) as results of common etiologies, and 4) as Pathoplastic factors. Based
on current information, we conclude the following: 1) Personality traits such as high neuroticism, low extraversion, and personality disorder traits (particularly those from Cluster C) are at least markers of risk for certain anxiety disorders; 2) Remission from panic disorder is generally associated with partial "normalization" of personality traits. 3) Anxiety disorders in early life may influence personality development. 4) Anxiety disorders and personality traits are usefully thought of as spectra of common genetic etiologies and 5) Extremes of personality traits indicate greater dysfunction in patients with anxiety disorders.

In an investigation Bienvenu and Brandes (2005) tried to investigate, do anxiety disorders are strongly related to normally distributed personality traits such as neuroticism, as well as personality disorder traits. Current investigations suggests that high neuroticism (a general tendency to experience negative emotions) frequently precedes onset of anxiety disorder.

Sturman and Mongrain (2005) studies personality style of self-criticism within an evolutionary framework to help explain its relationship to major depression. It was expected that self critics would engage in poor social comparisons and have greater feelings of entrapment, which are both processes related to depression by evolutionary thinkers. Regression analyses revealed that self-criticism significantly predicted internal entrapment and social comparison when controlling for mood and for levels of dependency. Subsequent structural equation modeling (SEM) revealed that a factor of self-reported entrapment and social comparison mediated the effect of self-criticism on the number of previous episodes of depression. These findings suggest that part of the
reason self critics are vulnerable to clinical episodes of depression lies their subjective experience of entrapment and in their negative social comparisons.

In an investigation Bienvenu et al (2004) investigated normal personality traits in persons with psychiatrist-ascertained and depressive disorders in a general population sample, investigators probed revised NEO personality inventory traits in (N=731) community subjects examined by psychiatrist with the schedules for clinical assessment in Neuropsychiatry, all of the life time disorders of interest (simple phobia, social phobia, agoraphobia, panic disorder, obsessive compulsive disorder (OCD), generalized anxiety disorder (GAD), major depressive disorder findings suggest that all of them were associated with high neuroticism.

Grucza et al (2003) studied relationship of temperamental aspects of personality to symptoms of depression in a community-based sample of (N=804) individuals was examined using a multi-dimensional approach to account for heterogeneity in symptom patterns. Method: The Temperament and Character Inventory (TCI) was used to assess personality and the Center for Epidemiologic Studies Depression scale (CES-D) was used to measure depressive symptoms. Canonical correlation analysis was used to relate (CES-D) item combinations to temperament traits in multiple dimensions. The relationships between temperament and various conditions correlated with depression were examined using logistic regression. Results suggest Temperamental aspects of personality are related not only to total (CES-D) score, but also to the patterns of (CES-D) items endorsed by subjects. High Harm Avoidance is related to total (CES-D) score; high Reward Dependence combined with high Persistence is associated with restless sleep and subjective symptoms; high Reward Dependence combined with low Persistence is
negatively associated with appetite loss and low energy; high Novelty Seeking is related to maintenance of positive affect and inability to concentrate. High Novelty Seeking is also associated with past suicide attempts, after adjusting for total (CES-D) score. Limitations of present investigations are as follows Cross-sectional data prevent analysis of causation; the severest cases of clinical depression may not be represented in a general population sample. Depressive symptoms are self-reported. Conclusion Substantial differences in level of symptoms and in symptom patterns exist among individuals in a continuum of depressed states and those differences are partially explained by temperament traits.

According to Berlanga et al (1999) combination of three variables predicted recurrence of depression in 90% cases. They were all elevated EPQ scores on the Neuroticism subscale, a short duration of treatment of the index episode, and slow onset of response to treatment of the index episode. Findings suggested that personality traits, treatment duration, and variation in response to treatment might have an impact on long term treatment outcome.

Tanaka et al (1998) examined the different personality dimensions between depression and anxiety with cloningers seven factor model of temperament and character. The temperament and character inventory (TCI), which measures four temperaments and three character dimensions of cloningers personality theory (125-item short version), the self rating depression scale (SDS) and the state trait anxiety inventory (STAI) were administered to (N= 223) Japanese students, with hierarchical regression analysis, the SDS score was predicted by scores of harm avoidance and self-transcendence even after controlling for the (STAI) score. The (STAI) score was predicted by scores of self
directedness and co cooperativeness even after controlling for the SDS score more important should be attached to these dimensions of character because they might contribute to both depression and anxiety.

Gershuny and Sher (1998) conducted a study to investigate do high neuroticism and low extraversion had a synergistic effect in predicting Anxiety and Depression, data was collected from two community samples finally results suggests that Neuroticism predicted both Anxiety and Depression but there was no interactional effects found between Neuroticism and Extraverion.

In this study victoria del Barrio (1998) investigated personality correlates of depression and anxiety among Spanish children. A total of (N=423) adolescents (aged 11–15) were administered the State-Trait Anxiety Inventory Children (STAIC), the Child Depression Inventory (CDI), the Escala de Evaluación de la Depresión (EED), and the Eysenck Personality Questionnaire-Junior (EPQ-J). The results revealed a significant positive relationship among Neuroticism, Anxiety and depression and a negative correlation between Extraversion and depression. The Neuroticism level had a stronger relationship to social class, and depression to gender.

Watson et al (1994) found that personality traits are relevant to the distress disorders is that NA and PA, the core of constructs specified by the hierarchical model, have strong links to temperament traits, Specifically, NA is related to a trait called by different reserachers Negative Affectivity, Neuroticism, or Negative Emotionality (NEM), PA is associated with positive affectivity, extraversion, or positive emotionality (PEM).
In an investigation Zuroff, D.C. (1994) examined the depressive personality construct Dependency and self-Criticism, Sociotrophy and Autonomy were examined in relation to the five-factor model of personality. Male (N=91) and Females (N=81) undergraduates, completed the Depressive Experience Questionnaire, Personal Style Inventory and the NEO personality inventory. Friends of the subject completed a peer-report version of NEO-PI. Dependency and sociotrophy were positively correlated with Neuroticism and with Agreeableness in both Men and women. In women, self-criticism and autonomy were positively correlated with neuroticism, but autonomy was negatively correlated with agreeableness and openness. Similarities and differences between Blatt and Becks Constructs were discussed. Research addressing vulnerability to depression may be able to profit work on the five factor model of personality.

Cognitive distortions

Studies of perception and memory support the view that the mind has organizational structures that influence the interpretation of sensory data shape the encoding of the information into long term memory, bias the retrieval of items stored in memory, and help to determine the behavioral response. These organizing cognitive functions are called cognitive model or schemata.

Cognitive model of anxiety emphasizes attention and interpretation biases as vulnerability factors, Beck, Emery and Greenberg (1985) defined vulnerability to anxiety in terms of presence of schema reflecting themes of threat or danger. Beck et al proposed that individuals who are cognitively vulnerable to anxiety would exhibit preferential attention and memory, as well as schema-congruent interpretation biases. Riskind, Williams, Gesser, Chrosniak, and Cortina, (2000), have provided detailed hypotheses
regarding the type of schema likely to contribute vulnerability to anxiety which they named the looming maladaptive style, these attention and interpretation biases are hypothesized to mediate the link between the looming maladaptive style and both the development and maintenance of anxiety.

According to Beck et al (1985) the cognitive organizations are composed of a hierarchy of beliefs labeled as “controlling cognitive constellations”, that forms the framework assigning meanings, interpretations’, explanations and expectations. The core beliefs consists of most sensitive component of the self-concept (e.g, vulnerable, helpless, loveless, worthless) and the primitive view of others (rejecting, hostile, demanding). The conditional rules (embedded in the “orienting schema”) stipulate the conditions under which the core belief is applicable and thus, becomes operative, the orienting rule corresponds to the “if…..then” behavioral rules. When the criteria for these rules have been fulfilled, the core beliefs or its derivatives is either activated or enhanced. In his cognitive theory of Depression Beck (1987) believed that the cognitive symptoms of depression actually precede the affective and mood symptoms of depression, rather than vice versa. According to Beck, Negative thoughts are central to depression, instead of hormonal changes or low rates of reinforcement as postulated by other theorists. He argued that negative automatic thoughts, generated by dysfunctional beliefs, were the cause of depressive symptoms, and not vice versa. His main argument was that depression is initiated by ones view of oneself, instead of one having a negative view of oneself due to depression. This has large implications of how we as a group perceive each other and relate our dissatisfaction with one another.
Luqman, N.(2011) investigated the role of cognitive distortions as factor of Anxiety among adolescents, investigations comprised of (N=100) adolescents investigator used Dysfunctional Attitude Scale (DAS) to measure cognitive distortions and Beck Anxiety Inventory (BAI) to measure anxiety, finally when analysis was done findings suggest that cognitive distortions appeared as significant factor of anxiety among adolescents.

Muris and Field (2008) investigated the role of distorted cognition in the pathogenesis of childhood anxiety problems. A comprehensive model of information processing that can be employed for discussing various types of anxiety-related cognitive distortions is presented. Evidence for the occurrence of these cognitive distortions in anxious children and adolescents is summarised. Then, the origins of cognitive distortions in anxious children and adolescents are addressed with reference to genetic-based vulnerability, environmental influence, and gene-environment interactions. Finally, the article provides a critical discussion of the developmental aspects of cognitive distortions, their precise role in the aetiology and maintenance of childhood anxiety disorders, and their relevance for the treatment of this type of psychopathology. Throughout the article many leads are given that may guide future research in this area.

Tina (2008) examined an important factor in cognitive theories of anxiety disorders is the way in which information is processed. Findings support the existence of a biased information-processing style in anxious children. So far, cognitive biases in children with anxiety disorders are typically assessed as a general phenomenon. Thus, there is a lack of studies in children focusing on anxiety-disorder-specific interpretation bias. A new forced choice paradigm using anxiety-disorder-specific material was
developed. Pictures illustrating separation and social situations were carefully generated and evaluated in a pre-study. In a school sample of (N=265) children the paradigm was investigated. The pictures were able to trigger emotional response and the paradigm demonstrated good internal consistency, and construct validity. Results clearly indicate evidence for content-specificity of the materials. Furthermore, preliminary results suggest a disorder-specific interpretation bias.

Carolyn et al (2007) cognitive features that have been posited to contributed to depressive vulnerability in adolescents. Using longitudinal sample of (N=331) young adolescents followed from 6th to 7th grade, cross- lagged structural equation analysis were conducted. Controlling for base line levels of depressive conduct and anxiety symptoms low self worth was associated with vulnerability to both depressive symptoms and conduct problems, whereas rejection sensitivity was uniquely predictive of increase in anxiety. In support of cognitive “Scar” models, baseline depressive and conduct problems were both predictive of a more negative attribution style. Depressive rejection sensitivity, whereas conduct problems predicted lower self-esteem.

Diane et al (2006) conducted two year longitudinal study investigators examined the variations of cognitive distortions with depressive symptoms in a sample of high school students. The relationship between depressive symptoms and academic performance was also examined, six hundred and forty four participants, from 13 to 16 years of age at first time completed the Beck Depression Inventory (BDI), the Dysfunctional Attitude Scale (DAS), the Cognitive Style Test (CST) and the cognitions check list. Results revealed that depressive symptoms were detected more clearly for girls
than boys, for girls significant changes in Cognitive distortions were present both for sub
groups.

According to Starcevic et al. (2006) Cognitive model of anxiety disorder propose
that certain constructs, that is underlying beliefs and cognitive processes, may be specific
for particular disorders, in this article, we review the specificity of four representative
cognitive constructs – anxiety sensitivity, pathological worry, intolerance of uncertainty
and thought-action fusion for particular disorders, conceptual overlap, inconsistent
definitions and insufficient considerations of the components of these constructs are
limitations of existing literature we suggest that the constructs are unlikely to be
pathogenic for any given disorder or to occur in isolation rather, the association of each
cognitive construct is evident to varying degrees with different disorders.

According to John and Riskind (2006) looming vulnerability identifies a cognitive
vulnerability factor for anxiety disorders. The looming cognitive style is hypothesized as
an overarching cognitive vulnerability to anxiety disorders but is not applicable to
depression. The looming cognitive style refers to a tendency to generate, maintain, and
attend to internally generated scenarios of increasing danger and rapidly risking risk.
Other models of threat appraisal may offer a relatively lifeless distillation of the anxious
individual phenomenological experience. The subjective sense of looming vulnerability is
proposed to elicit anxiety, sensitize the individual to sign of movement and threat, bias
cognitive processing, and impede habituation to threat stimuli (Riskind, 1997a). It also
discriminates anxiety and focal fears from depression.

According to Haffel et al. (2005) dual process model offer powerful accounts of
cognitive phenomena in social and personality psychology but they not been widely
adapted to clinical phenomena. This review presents a dual process model of cognitive vulnerability to unipolar depression. According to dual process theories, human process two model of information processing. A reflective mode involves slow, effortful processing that rests on symbolic rule-based interference. Whereas the associative mode occurs automatically, the reflective mode operates when expectancies are violated and sufficient cognitive resources are available to respond. A cognitive vulnerability to depression is observed when negatively biased associative processing is uncorrected by reflective processing. The circumstances when this is likely to occur are reviewed. New insights and implications for assessment, etiology and treatment of cognitive vulnerability to depression.

Stewart et al (2004) studied adolescents (N=2,272) they provided information regarding their depressive symptoms, cognitions Self-Efficacy, Negative cognitive errors and hopelessness, and stressful events between 2 surveys 6 months apart. Depressive symptoms and hopelessness were higher, and self efficacy and negative cognitive errors were lower in Hong Kong, in United States, cognitions were associated with concurrent depressive symptoms and predicted depressive symptoms 6 months later in both cultures. The reverse model was also supported with more variance predicted by depressive symptoms to later cognitions than from cognitions to depressive symptoms. There was some support for the hypothesis that self efficacy is less salient in collective compared with individualistic cultures. These findings extend cognitive theories of depression to a non western culture.

Patrick et al (2001) aim of this investigation was to test whether there were different types of dysfunctional schemas and cognitive distortions that could help to
differentiate three emotional, behavioral problems, i.e. anxiety, depression and aggression, from each other, five hundred eighty one Chinese adolescents from mainstream high schools in Hong-Kong were recruited and completed several self-report questionnaire. Bivariate correlation showed an indiscriminate pattern of association between dysfunctional schemas, cognitive distortions, and the three emotional behavioral problems. However, when the effects of the confounding correlated emotional/behavioral problems were controlled in regression analysis, different problems did show some specific association with different types of dysfunctional schemas and/or cognitive distortions, despite some inconsistency these findings generally supported a specificity hypothesis, cognitive variables thus not only relevant in understanding psychopathology, but different patterns of association with anxiety, depression and aggression also supported the separability of these three emotional/behavioral problems, despite their significant correlations.

Haaga and Beck (2000). Beck's cognitive theory of depression has provided a successful description of depressive thinking, with one major exception. The hypothesis that depressed people show biased negative thinking seems contradicted by research indicating that $S$s scoring 9 or above on the Beck Depression Inventory were more accurate than their non-depressed counterparts in judging contingencies between their responses and outcomes, seemingly showing “depressive realism”. Depressive realism research has attracted attention in numerous areas of psychology, along with critical commentary focused on such issues as whether realism is limited to mild depressive states, whether laboratory tasks are sufficient to document realism, and whether realism is a general characteristic of either depressed or non-depressed people. We analyze the main
critiques and show how debates about depressive realism can be heuristic for refinement of cognitive theory of depression.

Alvaro et al (2000) investigated the prevalence of self serving and self debasing cognitive distortions and their specific relations to externalizing and internalizing problems behavior in (N=96) incarcerated males and females delinquents and a comparison sample of (N= 66) high school students. The incarcerated participants evidenced higher levels of cognitive distortion (self-serving and self-debasing) and problem behavior (externalizing and internalizing) than did comparison of both participants, both self serving and self debasing cognitive distortions were associated with unique variance in overall problem behaviors. Most notably self serving cognitive distortions specifically related to externalizing behavior, whereas self-debasing cognitive distortions were related to internalizing behavior.

Leucht and Kurz. (1997) examined the changes from hospital to discharge of different categories of cognitive distortions automatic thought self concept and dysfunctional attitude in (N=67) patients with an ICD-10 diagnosis of depressive episode, furthermore cognitive distortions, degree of depression and personality dimensions (isolation, tendency, extraversion, rigidity, schizoid, frustration tolerance and neuroticism). There was a significant correlation between automatic thoughts and negative self-concept on the one hand and severity of depression on the other upon admission. There was a significant reduction of automatic thoughts and the negativity of self-concepts from admission to discharge. No significant association was observed however, between the severity of depression and dysfunctional attitudes showed a significant decrease until discharge only in patients with full remission of depressive
symptoms. These results underline the fact that automatic thoughts and self-concept are more state dependent than dysfunctional attitudes. Moreover even taking into account the degree of depression there was a significant relationship between the personality dimension, neuroticism and all cognitive scales upon admission. This indicates that a high degree of neuroticism may facilitate the emergence of negative cognitions during a depressive episode.

Marton and Kutcher (1995) examined the prevalence of cognitive distortions in depressed adolescents (N=94) consecutive depressed adolescents psychiatry out patients were administered the BDI, the interpersonal dependency inventory and the Maudsley personality inventory. Depressed patients who scored above a threshold for cognitive distortions were compared to those who fell below the threshold of the depressed patients 47.4% were found to meet the severity criteria for cognitive distortions, while remaining 52.6% were found to be below the severity threshold. Cognitive distortion was associated with more severe symptoms of depression, lack of social self-confidence and greater introversion. These results do not support the hypothesis that cognitive distortions are universal in depression. However, they do suggest the cognitive distortions are associated with more severe depression.

According to Sakamoto's (1994) depressed people perceive themselves. One argues that they attend excessively to negative of their selves. The other views that the depressed attend evenly to positive or negative side of themselves and the non-depressed person attend more to their positive aspects. This study examined these views of cognitive bias, through a comparison of self-referent judgment of trait objectives by mildly depressed and non-depressed groups of people. The BDI was used to measure the
severity of depression and mildly depressed and non-depressed students (N=342) in total made self-referent judgements with a list of trait adjectives. The list consisted of pairs of semantically similar adjectives with contrasting desirability with negative worlds the mildly depressed tended to judge themselves more negatively than non-depressed control with positive words no significant difference were found between the judgments by the two groups. It was concluded that negativity bias in self-judgment was characteristics of the depressed person.

According to Marton et al. (1993) cognitive theories of the etiology of depression in adulthood have received widespread acceptance. To date there is little evidence of the role of cognitive distortions in the etiology of depression among adolescents. This study was conducted to determine whether or not Cognitive distortions differentiate depressed adolescents from non depressed adolescents. The dysfunctional attitude scale, a measure of cognitive distortions was administered to three groups of adolescents without psychiatric disorders. A subset of the depressed patients was re-administered the scale after they had clinically recovered from the depressive episode. The depressed adolescents had significantly greater cognitive distortions than the non-depressed adolescents, remission of the depressive disorder was associated with a significant reduction in cognitive distortions was still significantly higher than normal.

Garber et al. (1993) examined the generalizibility of cognitive models of depression to adolescents and explored developmental differences with regard to depressotypic cognitions. Self-reported depressive symptoms and various hypothesized cognitive correlated e.g. automatic thoughts, attributions, dysfunctional attitudes were investigated in a sample of (N=688) adolescents in grade 7th and 12th of normative
adolescent cognitions (e.g., Ego-Centrism, Self-Consciousness), also were included. There was a strong association between negative thinking and depression in adolescents. There was no association between depressogenic thinking and age, nor did the strength of the association between negative cognitions and depression vary from early to middle adolescence. Finally, negative cognitions were associated with self-report measures of both depressive and anxious symptoms.

Seok-Man et al. (1992) tested an integrated model derived from Beck’s Cognitive theory of depression. The integrated model postulated dysfunctional attitudes as a cognitive moderator and automatic thoughts as a cognitive mediator in the relationship between negative life events and depressive symptoms. In this study (N=1,355) undergraduates completed the life experience survey, the dysfunctional attitude scale, the automatic thoughts questionnaire, and the Beck depression inventory. In general, the structural equation analysis confirmed not only the integrated model but also the symptom model, one of the competing models, where negative cognitions are a consequence of depression. Study re-examined the two models with two-wave panel date of (N=200) undergraduates who completed the four scales twice, with 3 months between testing sessions. The structural equation analysis on these data also confirmed both of the two models. These results were discussed in relation to the possibility of a model with a vicious circle between negative cognitions and depression.

According to white et al. (1992) Beck's cognitive theory of depression postulates several types of cognitive bias among depressed patients. Empirical studies supporting this hypothesis have usually used questionnaire "endorsement" measures of cognition, which may suggest responses to subjects. We used the Articulated Thoughts during
Simulated Situations (ATSS) method of cognitive assessment in comparing cognitive processes of (N=15) outpatients with major depression with those of (N=15) non-depressed psychiatric outpatients in three simulated situations. Depressed patients exceeded non-depressed patients in cognitive bias only in the negative (not the neutral or positive) simulated situation. Discussion centered on the possible utility of ATSS for research on cognition in stressful situations.

Norman et al. (1987) suggests that the relationship between cognitions and severity of depression hypothesized by cognition theorists may be relevant only to a subgroup of depressives. In a sample of (N=40) students with major depression who received the Dexamethasone suppression test (DST), scores on the dysfunctional attitude scale were equivalent in suppressor and non-suppressor groups, as well as in melancholic and non-melancholic depressive groups. Neither was there a difference between suppressors and non-suppressors on measure of depression. However, in the non-melancholic group, there was a significant relationship between dysfunctional cognitions and severity of depression. This relationship was found in the melancholic group. Finally independent of diagnostic and biological subtype, patients with elevated levels of dysfunctional cognitions when compared with the remaining sample revealed greater, severity of depression, more days in hospital and more readmission to hospital.

Murgai and Sathyavathi (1987) investigations explored cognitions in depressed individuals and compared them with those of normal controls. The aspect of hopelessness, helplessness self rated inferiority and detachment were assessed by Crandell’s cognitions inventory in 30 neurotic depressives and an equal number of normals matched for age and sex. The study groups were screened for level of depression
on Beck’s depression inventory to ensure that those in the experimental group were depressed while those in the central group were not, significant difference emerged on all four measures pointing to the presence of cognitive distortions during the depressive state. The findings were consistent with some current concepts of depressive cognitions.

Pietrorrongonaco and Markus (1985) investigated the nature of content of the negative thoughts that accompany depression by examining thoughts about one self and others during three cognitive tasks: imaging, recall, and inferences. Mildly depressed and non-depressed subjects were asked to image recall, and make inferences about a variety of events while thinking about themselves or another person. The events were sad or happy and either social or non-social in nature. The result suggests that the negativity in thought that accompanies depression is restricted to thoughts about oneself and does not extend to thought about others. The relation between negative thoughts and the depressive views if self is discussed. It is proposed that depressives have a negative self schema that makes the affective nature of their behavior particularly salient.

According to Chan and Florentius. (1985) depressed people have a significantly higher number of irrational beliefs and cognitive distortions than non depressed people. The purpose of this study was to identify the causal relationship among depression, irrational beliefs and cognitive distortions through the use of cross lagged panel correlational analysis. On the two occasions one month apart (N=138) college students were administered a battery tests that included the becks depression inventory (BDI), Irrational Belief Test (IBT), and the subjective probability questionnaire (SPQ). The order of these three tests was counterbalanced among subjects using the latin square to eliminate order effect. Results showed that the synchronous correlation between scores
on the BDI and scores on the IBT and SPQ were significant suggesting that depression, irrational beliefs and cognitive distortions are significantly related. Similarly, the auto correlation between the same measures in two testing sessions were significant, indicating that the measures are stable and reliable. The cross lagged panel analysis shows that depression irrational beliefs, and cognitive distortions covaried but were not causally related. The explanation that the relationship among these three variables is spurious seems implausible because previous researches have demonstrated that they are related. It appears that there is a reciprocal causal relationship among depression, irrational beliefs and cognitive distortions, in which no cross lagged correlation difference, would be expected. This explanation is in accord with the cognitive model of depression which suggests that these three variables form a vicious circle.

Linda et al. (1985) explored evaluative tendencies of non depressed, mildly depressed and severely depressed individuals are examined in the areas of judgement of contingency, attribution of causality, expectancy estimates and self schemata/self reference, the available empirical literature in these four areas indicate that non depressed people tend to exhibit positivistic evaluative response, whereas mildly depressed person tend to display unbiased (neither positivistic nor negative evaluative response patterns).

Bradely and Mathews (1983) found and investigated that negative self-schemata model of depression were tested using decision speed and recall measures for self and other person referent positive and negative adjective. Clinical depressives, compared to non-psychiatric controls, recalled more negative then positive self-referent conditions in the other referent conditions they exhibited the normal tendency towards positive recall bias. The self referent recall bias in depressed did not relate significantly to either
duration or intensity of depression. The results appear to be consistent with expectations derived from a negative self-schema model of depression but alternatively explanations remain to be investigated. The role of depressive self-schema in vulnerability to depression was explored in a longitudinal design five-groups of subjects hypothesized to be at differential risk for depression according to a schema model were identified

Bruce et al. (1978) investigated the relationship between irrational beliefs and the non-pathological personality characteristics origence and intelligence. The adjective check list (ACL) and the irrational beliefs test (IBT) were administered to (N=319) college students. Data was analyzed for the entire sample and for males and females separately, in each case, two combinations of score yielding significant canonical correlation coefficients were produced. The results offer a refinement to Ellis personality model and suggest that irrational are insufficient as indications of psychopathology.

**Life Expectations and Achievements**

Having high expectations is typically seen as a positive character trait. Those who believe they deserve more are often more motivated to succeed. In some cases this may lead to a more fulfilled, meaningful life, having high expectations in life is not bad but when we are not able to achieve those expectations then those, high self expectations can also be detrimental to a person's self esteem and personal well-being if these expectations are not achieved, then it results in various kinds of psychological problems like anxiety and depression, when it comes the matter of students, most of times what they expect is not realistic and achievable.

Ferenc and Zusuza (2007) investigated individuals aspirations and personal strivings among college students which may play an important role as protective factors
in the preservation of mental health, particularly regarding sub-clinical depressive syndrome (N=712) college students were involved in the study (N=545) females and (N=167) males. The abridged version of Beck’s Depression inventory was used for measuring the severity of depression, while the aspiration questionnaire was used to assess the rate of individual aspiration. When estimating the importance of individual aspiration, we found intrinsic aspirations to be predominant for both genders of college students, with a minor shift in individual parameters. While in case of women, health, social relationship and personal advancement were listed in order of importance; in the case of men, personal advancement was ranked first, followed by the categories of health and social relationship. Out of the symptoms of depression, social reservation showed the closest correlation with the importance of certain personal strivings, and, within these, with the lack of intrinsic aspirations. Certain symptoms of depression - irrespective of sex – were found to have a very close correlation with the probability of nearly every personal aspiration, as well as with their realization, and, within these, they were in a stronger correlation with the intrinsic aspirations than with the extrinsic ones (in the case of men, stronger correlation between probability of every aspiration for depressive syndromes and the realization thereof were also found to be stronger than in case of women). When examining overall correlation between all the three categories of individuals aspirations (importance, probability, realization) in depression, we found that depression showed a close negative correlation with the probability of personal growth and social relationships and the realization of health; while a positive correlation was detected with the importance attributed to intrinsic aspirations, which explained almost one-fourth of the variance of depression altogether. The depressive syndrome found to be
typical of college students (worthlessness, fatigue, hesitation, hopelessness, dissatisfaction) showed a much closer correlation with the importance, probability and realization of individual aspirations in the case of men than in the case of women. Out of the aforementioned symptoms of depression, individual aspirations, had the closest correlation with hopelessness in both genders. While in the case of men, the importance of intrinsic aspirations and the current dissatisfaction with these may lead mainly to the development of hopelessness for women, the development of feeling of hopelessness; is primarily correlated with an extrinsic aspiration, the importance of wealth and the current lack thereof. As for rest of the depressive syndromes, the explanatory power of the correlation with individuals aspirations was different for women and men.

In an investigation Covington et al (2005) found that anxiety is not a single, unified reaction to perceived threat, but rather a cluster of interrelated factors whose relationship to performance change as the individual progresses from one test event to another. This study investigated the presumed linkages between trait like predispositions to perceive threat and achievement performance as mediated by state like anxiety arousal on a longitudinal basis (Percieved threat, Anxiety arousal, impaired performance). College students were administered self-report questionnaire measures during a pre-enrollment period, after the first two midterms, and following the last two midterms, and following the last two midterms in a general psychology course. Four performance measures and 26 motivational indicators were fitted to a 10 factor latent model using “liseral” model fitting techniques. Path-analytic interpretations of this structural model provided little evidence for the commonly held view that trait like threat perception mediate performance via state like anxiety reactions. Far more promising, theoretically,
are those influences on test performance stemming from self-attributional, cognitive domain. Overall, the findings support a recent reinterpretation of achievement anxiety as stemming from the disruptive effects of diminished ability perception (and hence impaired personal worth), rather than from the interfering influence of diffused emotional arousal.

Andrews and Wilding (2004) studied apparent increase in seriously disturbed students consulting, student health services in the United Kingdom has led to concern that increasing financial difficulties, outside pressure may affect students mental health and academic performance. The current research investigated whether students anxiety and depression increases after college entry, the extent to which adverse life experiences contribute to any increases, and the impact of adversity anxiety and depression on exam performance (N=351) undergraduates completed questionnaires one month before university entry and mid course, zigmond & Snaith’s (1983)The Hospital Anxiety and Depression Scale was administered at both time of points and a modified List of Threatening Experiences by Brugha, Bebbington, Tennat, & Hurry (1985) was administered at the time of mid-course as far as results are concerned, by mid-course 9% of previously symptom free students became depressed and 20% of them became anxious at a clinically significant level, of those previously anxious or depressed 36% had recovered, after adjusting for pre entry symptoms, financial difficulties made a significant independent contribution to depression and relationship difficulties independently predicted anxiety, depression and financial difficulties mid-course predicted a decrease in exam performance from first to second year. This is the first study to confirm empirically that financial and other difficulties can increase British students levels of anxiety and
depression and that financial difficulties and depression can affect academic performance.

Peterson et al. (2001) conducted an study on (N=150) college students they completed questionnaires measuring explanatory style, general expectations for future good and bad events, specific expectations for good and bad events, and depressive symptoms. Structural equation modeling confirmed the prediction of the attribution reformulation of learned helplessness theory that the link between stability and globality of explanatory style and depression is mediated by expectations.

Cheung (1995) found that recent life events are related to depressive symptoms among children’s and adolescents. A supportive environment is frequently demonstrated to moderate the impact of life events. However, most of the studies focus only on the family environment, while the school environment is grossly neglected present study examines the effect of social support and achievement efficacy on depression and its possible moderating role among (N=3582) early adolescents. It is found that a supportive environment and a sense of achievement expectations have a direct beneficial effect on adolescents, but only achievement expectations demonstrates the moderating effect.

Robins et al. (1995) suggests that excessive interpersonal and achievement concerns 1) Create Vulnerability to depression in response to specifically congruent negative stressors, and 2) are related to specific constellations of symptoms among students who are depressed. We tested both hypotheses together in one prospective study of students, using Beck’s Sociotropy and Autonomy scales, a measure of Life Events, and Self-reported depressive symptoms. Both sociotropy and Autonomy were associated with stronger relations between events and depression, but evidence for domain specific
congruence was weak. The specific symptoms hypothesis was supported for both Sociotropy and Autonomy. We also used Blatt’s dependency and self-criticism scales in testing this hypothesis. Dependency showed specificity, but Self-criticism was associated with both predicted and non-predicted depressive symptoms. The findings are discussed in the context of measurement issues and research directions in interpersonal and achievement concern and psychotherapy, after going through the review of literature examiner reached to conclusion that no study is conducted with the variables mentioned in the present investigation thus investigator decided to frame such a research work, hence objectives of the present research work are as follows.

Macleod and Byrne (1996) attempted to distinguish between anxiety and depressive future thinking in terms of anticipation of future positive and future negative experiences. Anxious, mixed (anxious-depressed) and control participants were given an adapted verbal fluency paradigm to examine the ease with which they only in anticipating more future negative experiences. Anxious participants differed from controls only in anticipating more future negative experiences; mixed participants showed both greater anticipation of hopelessness and worry followed a similar pattern to future positive and negative anticipation, respectively.
Aims and Objectives of the Present Study

In complex phenomena like human behavior there are never straight one to one relationships that are applicable in all situations. Rather there are unique combinations of factors which function in many ways. Thus, the task of psychologist’s is to find laws and predictabilities within these complexities is undoubtedly a challenging one. Present investigation aimed at investigating Personality Traits, Cognitive Distortions, Life Expectations and Achievements as risk factors of Anxiety and Depression among students. The aims and objectives of the study may be summarized as follows.

• To determine that some personality traits leads as risk factors of anxiety and depression among students.
• To determine that cognitive distortions leads as risk factors of anxiety and depression among students.
• To determine that Life Expectations and Achievements leads as risk factors of anxiety and depression among students.