CHAPTER-II
REVIEW OF RELATED LITERATURE
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2.0 INTRODUCTION

This chapter describes anxiety, neuroticism and personality traits as discussed by researchers together with the nature of relationship between anxiety and neuroticism. Studies concerning the relationship of stress and stressors in the teaching profession to anxiety and neuroticism are reviewed to show how teachers suffer from anxiety and neuroticism due to stress in the teaching profession. Research studies on the correlates of anxiety, neuroticism among women college teachers are reviewed and presented under two heads namely, job-related stressors and gender-related stressors to highlight how women college teachers are subjected to mental ill health due to occupational and physiological factors. Studies on psychological problems of teachers with demographic factors and the relationship of extraversion-introversion dimension to the mental health of teachers are also reviewed. Studies done in India are presented separately to summarise research studies in India focusing on problems of teachers at higher educational level. A synthesis of the research review is also given.
2.1 RESEARCH STUDIES

2.1.1 ANXIETY

Anxiety or tension in one’s body is its way of telling that something is going wrong and there is a need to correct it. It is an absolutely essential signal from the built-in automatic warning system, necessary for the survival and well being of human beings. In contrast with the instant reaction of many fears and panic, anxiety is usually quite cognitive, that is, how one sees a situation determines how one feels about it. Anxiety, thus, involves constant tension or vigilance, expecting trouble, and sensing, perhaps wrongly, that one will be unable to handle a possible danger (Coates and Thoreson, 1976). Anxiety is future-oriented cognition, as individuals may not have specific notions about exactly how they will be inadequate in coping with the problem. In the more extreme cases, all these dire expectations of disasters and failures to cope may become chronic and intense, interfering with effective coping by the brain. The panicking brain no longer effectively thinks of solutions, as concentration is lost. Thus, it seems likely that the better adjusted are the ones who constantly both reducing some of their unneeded anxieties and increasing other beneficial anxieties.
Anxiety affects all professions but tends to be more pervasive in the human service occupations such as teaching. Symptoms include dissatisfaction, negativism, boredom, frequent illness, forgetfulness, depression, and tiredness. Although universities have traditionally been regarded as low stress working environments, several reports have appeared in the research literature during recent years of studies of stress and anxiety in university and college teachers in different countries. Anxiety in teachers has been a topic of much discussion over the years. Travers and Cooper (1996), in their classification of several occupations in terms of the degree of stress that they cause on the employees indicated that, as far as the occupations of human service are concerned, teachers experience the highest levels of stress and anxiety. Stressors have been explored by researchers for many years and recently a survey revealed that, 200,000 teachers, that is, more than 2 in 5 in the profession in England and Wales had experienced major stress in just two years of the study (Bunting, 2000). Similar situations could be prevalent in other countries as well. Research studies have found that stress and anxiety has become a cause of concern as a result of increased pressures and stress. Unproductive levels of anxiety might be harmful to teachers and can affect their teaching, personal lives and, most importantly, their students. Many of the frustrations and pressures teachers experience in
their social, personal, and work lives cause them to feel highly anxious. High levels of anxiety influence the attitude of teachers to work, teacher productivity, and students' learning (Fraser et al., 1988; Fraser, 1989).

Most studies define anxiety as the unpleasant feelings experienced by teachers as a result of excessive stress. This has led to considerable support for the assertion that, a person's emotional experience can be explained by the two independent dimensions of positive and negative affect. Positive affect is a pleasurable emotional state characterised by terms such as enthusiasm, energy, mental alertness and determination, whereas negative affect refers to the subjective experience of distress and includes emotional states such as anger, anxiety, fear, guilt, and nervousness (Blase, 1986). A person's emotional state, is a major component of their overall quality of life, which also includes cognitive (Dewe, 1986) and somatic health (Cox and Brockley, 1984) dimensions. There is also strong evidence to suggest that positive and negative life experiences operate differently in determining a person's level of psychological well-being (Coldicott, 1985). Different patterns of association often emerge, with negative life experiences correlating more strongly with the ill-being dimension, while positive experiences tend to relate more strongly to the well-being component (Cole
and Walker, 1989). It has also been demonstrated that everyday life experiences can be appraised in either negative or positive terms, and that the nature of these appraisals has different consequences for adaptation outcomes (Fimian, 1982). The negative life experiences are generally referred to as stressors by researchers as they lead to stress, anxiety, neurotic behaviour and other psychological problems. But, it is also true that one’s negative experiences could be another one’s positive or challenging experiences.

2.1.2 NEUROTICISM

Neuroticism is associated with physical, mental, and emotional exhaustion. Physical exhaustion may manifest itself in difficulty getting out of bed in the morning, avoiding stressful situations in day to day activities, etc. Mental exhaustion may manifest itself in attention and concentration problems, while emotional exhaustion may lead people to be irritable and short-tempered. Individuals who present signs of neuroticism typically perceive work as fatiguing and overwhelming (Cattell and Scheier, 1961). Response correlates of neuroticism may be psychological like anxiety and depression, physiological like headaches, hypertension and increased blood
pressure or behavioural like alcohol consumption, smoking, and sleeping problems.

Psychologists regarding the causes of neurosis and neurotic behaviour have advanced various theories. Neuroticism is the name Eysenck gave to a dimension that ranges from normal, fairly calm and collected people to ones who tend to be quite "nervous." His research showed that these nervous people tended to suffer more frequently from a variety of "nervous disorders" called neuroses, hence the name of the dimension. But he was not saying that people who score high on the neuroticism scale are necessarily neurotics but only that they are more susceptible to neurotic problems. Eysenck's (1947) original study resulted in the establishment of the two basic dimensions of personality known as 'extraversion-introversion' and 'neuroticism-stability'. Though he established a third dimension with further research, which he labelled psychoticism, it has received relatively little attention because it does not concern with normal people. Eysenck's studies have suggested that psychotic disorders are very different from neurotic disorders. There are different routes to psychoticism and neuroticism. Thus, a person may become more and more neurotic without becoming psychotic.
2.1.3 PERSONALITY TRAITS

In his early descriptive research, Eysenck (1957) pointed out that individuals differ in the reactivity of their brains and central nervous systems and in the speed with which they develop conditioned responses. These differences correlate with the dimensions of emotional stability/neuroticism and introversion/extraversion. Later in 1967, Eysenck proposed that extraversion and neuroticism are the two main dimensions required to explaining and describing the rest of human personality. In his view, the neuroticism dimension is similar to the notion of emotional instability. Those individuals who fall at the extreme neuroticism end of the dimension tend to be more prone to worries and anxieties and more easily upset. They are also likely to complain of headaches, and sleeping or eating difficulties. Although they may be more likely to develop neurotic disorders under stressful conditions, the frequency of such problems is low and most individuals function adequately in their family and work life. Some people tend to be well integrated and emotionally stable, while others tend to be integrated poorly, emotionally unpredictable, and neurotic. Eysenck hypothesised that emotional stability versus neuroticism is due to differences in visceral brain activity. The visceral brain includes the limbic system and
hypothalamus, which are both involved in motivation and emotional behaviour. They exert their influence through the autonomic or involuntary nervous system. Eysenck theorised that individuals who have a low threshold of visceral brain activation may be very emotional in their behaviour and more susceptible to neurotic disorders. Eysenck suggested that there is a casual connection between biological functions of the brain and the basic personality dimensions of emotional stability/neuroticism and introversion/extraversion.

The extraversion versus introversion dimension reflects the degree to which a person is outgoing and participative in relating to other people. Some people tend to be friendly, impulsive, and talkative whereas others tend to be reserved, quiet, and shy. Eysenck also suggested that introversion/extraversion is related to arousal thresholds in the ascending Reticular Activating System (RAS) of the brain and emotional stability/neuroticism is related to differences in Visceral Brain (VB) activation. The primary function of the RAS is to regulate levels of arousal ranging from sleep to states of high alertness. Destruction of these tissues causes one to sleep almost continuously, whereas stimulation will cause it to become more aroused. Thus, the RAS controls the brain's level of
excitability and its responsiveness to stimuli. Eysenck believes that introverts may have higher levels of RAS reactivity than extraverts. Thus, given identical stimulating conditions, the state of arousal would be higher in introverts than in extraverts. The high levels of arousal may create a constraint on their behaviour and contribute to the specific traits, such as reserved and careful, that generally characterise introverts. In the same way, the low levels of arousal experienced by extraverts may lead to an absence of constraints and a predominance of impulsive and outgoing behaviour normally associated with extraversion. More specifically, extraverts, for example, habituate more quickly than introverts do and that implies that they get easily anxious by doing the same thing for a long time. As it is usually difficult for them to concentrate on the same task for a long time, they need frequent intervals without which they feel extremely stressed. These intervals in Eysenckian terms are called "involuntary rest pauses" (Eysenck, 1970). As they are very sociable people, they derive stimulation from their social environment and they prefer working with others. So, if they are deprived of opportunities to socialise due to time constraints or other pressures, they tend to exhibit neurotic symptoms. Introverts, on the other hand, operate and behave in the opposite way. They feel very uncomfortable with change as they have difficulty with adjusting themselves to different
situations and under such situations they become very anxious. They show neurotic symptoms when they are pressurised to change their behaviour according to changing trend in the society or in the educational system. Besides, as people grow older, they tend to become more self-critical, which makes them score high towards neuroticism and that is why the stable extraverts perform better in the beginning of their teaching, whereas neurotic introverts perform better when they advance in age.

2.1.4 RELATIONSHIP BETWEEN ANXIETY AND NEUROTICISM

Anxiety and neuroticism are interrelated and each contributes for the other. Freud (1949), early in his psycho analytic investigations referred to anxiety as a kind of signal, a premonition of impending danger and indicator that something is not going well in life of the affected individual. A neurotic is a person who attempts, knowingly or unknowingly to neutralise this signal or indicator without finding out what it means or taking realistic steps to eliminate the objective danger which it represents.

Anxiety in one situation becomes displaced to other situations and the attack of anxiety may cause anxiety reactions. An anxiety attack can make
persons thoroughly miserable, force them to neurotic behaviour, and upset their health. Hence, it is evident that not only problems can make a person suffer from anxiety but it is also true that anxiety can itself lead to further problems in the person. Not all individuals have the requisite skills and courage and social opportunity to deal openly and realistically with their problems and anxiety caused due to that and hence their first move is towards dissociation involving deception and denial with respect to others. As a result of this strategy of dissociation and denial, the individual may succeed in banishing his anxiety, but in its stead there will now be a susceptibility to neurotic anxiety (May, 1950).

In Eysenck and Rachman's (1965) words, "at the one end we have people whose emotions are labile, strong and easily aroused; they are moody, touchy, anxious, restless, and so forth. At the other extreme we have the people whose emotions are stable, less easily aroused, people who are calm, even-tempered, carefree, and reliable." In both dimensions, most people fall somewhere in the middle of the two extremes. In the words of Morgan and King (1975), the behaviour that deviates from conventional ways of responding is called neurotic behaviour and it implies that something is wrong either with the functioning of a person’s nervous system
or with his psyche. A neurosis is an unsuccessful solution to the anxiety created by painful problematic situations. All types of neuroses are ways of handling anxiety as the neurotic person tries to maintain balance of his personality and attempts to make adjustment by neurotic defence mechanisms and hence he follows a deviant behaviour. But the deviant behaviour is not so acute as to cut off the individuals from the realities of their environment. They remain in touch with their environment and are able to establish rapport with those around them. Though they are tense and feel unhappy, they are generally able to adjust fairly well to normal life. They do not land in mental hospitals as often as psychotics do. The key point is that neurotic disorders are distinguished by anxiety and by specific and repeated patterns of behaviour. Anxiety has a dual effect, according to Yerkes-Dodson law (Eysenck, 1970). It can sometimes help the teacher and sometimes be of disadvantage. An optimum (middle) level of anxiety is required so that the teacher can be stimulated enough to deal effectively with a task. If, however, the teacher is already anxious enough (the "neurotic type"), then a high level of anxiety would "paralyse" them, prevent them from concentrating on their task and, thus, lead to poor performance in teaching. The second part of the Yerkes-Dodson law asserts that teachers with a high level of anxiety perform better on easy tasks whereas, if a task
were particularly difficult and complicated, then a low level of anxiety would be more effective. Experiments conducted by Eysenck with neurotic extraverts supported this assumption. Besides, as people grow older, they tend to become more self-critical, which makes them score high towards neuroticism, according to him.

2.1.5 RELATIONSHIP OF STRESS AND STRESSORS TO ANXIETY AND NEUROTICISM

Anxiety blooms out of stress and stress is actually the body's reaction to the stressors one encounters (Kaiser & Polczynski, 1982; Terry, 1997). A stressor is defined as a factor causing stress and anxiety, and it has been studied for many years by researchers in psychology, sociology, and medicine.

Selye (1956), father of the study of modern stress, found that stress is caused by physiological, psychological, and environmental demands. When confronted with stressors, the body creates extra energy; and stress occurs because human bodies do not use up all of the extra energy that has been created. According to him, the General Adaptation Syndrome includes three distinct stages: (a) alarm reaction, (b) stage of resistance, and (c) stage of
exhaustion. Human bodies are alerted and activated during the first stage, and anxiety levels are the highest during this stage. The body’s defences attempt to adapt during the second stage, and stress levels begin to reduce. The stage of exhaustion happens when the body’s defences toward stress become totally depleted (Selye, 1974). It is during this stage that physical and mental breakdown occurs, individual performance plummets, and neuroticism intensifies (Hubert, 1984). Stress, is defined by Ivancevich & Matteson (1980), as "an adaptive response, mediated by individual characteristics and/or psychological processes, that is a consequence of any external action, situation, or event that places special physical and/or psychological demands upon a person". Stress has also been defined as a condition of mental and physical exertion brought about as a result of harassing events or dissatisfying elements in the environment (Okebukola & Jegede, 1989). Situational demands or stressors cause persons to adapt; individuals tend to react and adapt in different ways to the stressors they are presented, and some form of physical and/or psychological responses will occur (Alley, 1980; Fimian, 1982; Kreitner, 1989). On a specific note ‘teacher stress’, has been defined by Kyriacou (1987) as the experience by teachers of unpleasant, negative emotions such as tension, anxiety, frustration, anger, and depression, resulting from aspects of work as
teachers. In this definition the author sees 'teacher stress' as negative and accompanied by bodily changes which ultimately can be damaging to health. The broadest definitions of stress include the entire complex sequence of events like the internal processes, emotional reactions and other behavioural-bodily reactions. In a more limited usage, stress is the upsetting situation, which leads to anxious reaction. Therefore words which, imply the amount of anxiety and stress being experienced become a commonly accepted index of how well one is coping. Indeed, very high anxiety is an aspect of most nervous breakdowns or neuroticism. People who are stressed very much commonly suffer from high anxiety, tense muscles, headaches, and neurotic behaviour. It was observed from the study of Misra (1986) that, stress and anxiety scores were significantly and positively related. Eysenck’s neuroticism trait, a measure of manifest anxiety, is based on a temperamental predisposition to emotional arousability. Therefore, individuals high on Eysenck’s neuroticism trait will be susceptible to more potential stressors (Burke et al, 1996).

2.1.6 JOB-RELATED STRESSORS

Several lines of research converge indicating that teachers are stressed by personal and environmental factors. According to Goodall and Brown
(1980), there are two distinct types of stressors, those 'without' and 'within'. 'Without stressors' originate outside individuals and include such things as environmental or work-related demands. 'Within stressors' are those from within individuals. These stressors tend to include individuals’ personal values, attitudes, and self-concepts. Smith and Milstein (1984) also found stressors to emerge from the environment and individuals. However, Gupta (1981) has classified the stressors into three types as environmental, organisational, and individual. But, it is interesting to note that some people find certain situations stressful while other people may see the same situations as demands, which create excitement, greater interest and more job satisfaction (Gray and Freeman 1988). In the personal domain, a major source of variance in stress arises from individual differences in vulnerability to the impact of the stressors. These individual differences can be predicted by scores on measures of neuroticism and extraversion and by measures of propensity to experience generally low levels of positive affect and high levels of negative affect. The experience of stressors at work often results in depressed mood, exhaustion, poor performance, and attitude and personality changes, which, in turn, lead to illness and premature retirement (Fielding and Gall, 1982; Eskridge and Coker, 1985; Farber, 1984). There is a core of stressors common to all individuals as being teachers but still there
appears to be a wider range of stressors among women teachers than among men teachers (Lowe, 1989; Long and Gessaroli, 1989; Greenglass et al., 1990)

Most of the research studies in the mental health of teachers have adopted Kyriacou & Sutcliffe's (1978) definition, which describes the relationship of teacher stress to unpleasant emotions such as anxiety, tension, frustration, anger and depression. Goodall and Brown (1980) also found stress to be a major contributor to anxiety in teachers. Cox and Brockley (1984) found that 67% of the teachers in their sample indicated that their work was the main source of stress as opposed to 35% of the non-teachers in the sample. They concluded that "work appears as a major source of stress for working people, with teachers appearing to experience more stress through work than non-teachers". Spooner (1984) showed that stress experience and anxiety levels of teachers increased as the working term progressed, with periods of reduced anxiety reaction during the holidays. Borg (1990) defined anxiety as the unpleasant feelings that, teachers, experience as a result of their stress at work. A study by Dinham and Scott (2000) found those teachers who left teaching were significantly higher on perceived stress than those who stayed in their teaching positions. Teaching
is considered to be a stressful occupation associated with significantly high
levels of anxiety, according to Lowe, (2001). In other words, the conditions
of work rather than the experience of teaching seem to provide the stress
factors, which most strongly contribute to high levels of anxiety.

King and Peart (1992) discussed teaching as a ‘multi-track activity’,
in which teachers were required to do several things at once, in responding
to the needs of students or their interactions with colleagues. Such multi-
track activities also led to role conflict, where teachers felt torn and pulled
by the need to fill different roles. As all roles are important and teachers are
constantly pressed for time, they must often make difficult choices about
their priorities. For some teachers, these decisions result in an ongoing sense
of role conflict. (Gallen et al, 1995).

On the manifestations of stress conditions, increased stress levels in
teachers seemed to be associated with psychosomatic symptoms (Fimian and
Santoro, 1983; Farber, 1991; Gold and Roth, 1993; Guglielmi and Tatrow,
1998). Wilkinson's (1988) study of 60 teachers showed that the reactions to
stress indicated by the respondents were ‘irritability’, ‘frustration’, ‘tension’,
‘anxiety’, and ‘disturbed sleep’. Response correlates of teacher stress were
found to be psychological (anxiety, depression), physiological (headaches,
hypertension, increased blood pressure) and/or behavioural (alcohol consumption, smoking, lifestyle, sleeping problems) by these studies. Dunham (1992) reported that 'feelings of exhaustion', 'irritability', and 'tension headaches' were the most frequent indicators of anxiety and stress by teachers.

Considering the variables related to job stress for teachers, researchers have come out with many findings. Four categories of stressors identified by Kyriacou and Sutcliffe (1978) were 'pupil misbehaviour', 'poor working conditions', 'time pressure' and 'poor school ethos'. Stressors, that are science teacher-specific are, 'having to use obsolete equipment for science teaching', 'non-availability of safety devices in the lab', 'lack of maintenance facilities for lab equipment', 'students' poor performance in science subjects relative to other school subjects', 'lack of materials for laboratory use such as lab coats or dissecting sets', 'fear of getting wounded or contracting diseases in the lab', and the 'non-payment of science-teaching allowance' (Betkouski, 1981; Druger, 1986). Iwanicki (1983) identified 'low pay' and 'heavy workload' as major causes of stress. The survey conducted by Spooner (1984) also provided a list of factors which, stress teachers. Top on the list were 'lack of time with individual students', 'little
time to relax', 'insufficient time to complete work', and 'dealing with uncooperative students'. Dunham (1992) focused 'misbehaviour of students' and 'lack of resources for teaching' was emphasised by Smilansky (1984) as the major job stressor for teachers. Adding to this growing literature, Coldicott (1985) showed that 'difficult individual pupils' and 'trying to maintain and raise standards' were the most stressful for teachers in his sample, among a list of 21 possible stressors. Payne & Furnham (1987) found 'pupil misbehaviour', 'poor working conditions', 'time pressure', and 'poor school ethos' as the four cluster of variables within the area of occupational factors of stress. In Wilkinson's (1988) survey, it was found that the major sources of stress for teachers were 'difficulty achieving desired standards in lessons', 'lack of facilities', 'daily workload being too great', and 'class sizes too large for facilities'. However, Okebukola & Jegede (1989) found 'poor working conditions' as the major stressor. Cooley & Yovanoff (1996) have pointed out 'excessive paperwork requirements', 'increasing caseloads', 'low salaries', 'lack of administrative support', 'challenging student behaviours', and 'lack of visible student progress' as the major stress factors for teachers. In a recent study, Dinham and Scott (2000) found that, sources of stress and job dissatisfaction were 'inadequate salary', 'inadequate resources', 'conflicting and increased job demands',
'lack of promotional prospects', and 'lack of public recognition of worth'. Other causes identified were, 'lack of opportunities to use their abilities', 'hours of work', 'physical working conditions', 'relationship with colleagues', 'lack of recognition of good work', and 'lack of promotion prospects' (Pettegrew and Wolf, 1982; Schwab et al, 1984; Russel and Van Velzen, 1987; Schnorr and McWilliams, 1988; Schamer and Jackson, 1996; Michelson and Harvey, 2000).

### 2.1.6 GENDER-RELATED STRESSORS

There are reported studies concerning the prevalence of mental disorders between men and women. Nadelson and Notman (1982) observed sex role stereotyping influencing diagnostic patterns like hysteria. They pointed out that women might be more likely to be in need of mental health care compared to men. Brody (1985) found that there are sex differences in several areas of functioning and women have higher interpersonal sensitivity and expressiveness and show more anxiety and nervous behaviours. Jorm (1987) showed that sex differences in depression and anxiety for females are a function of social situations. He further added that it relates to social role differentiation and social circumstances rather than hormonal patterns. Wilhelm and Parker (1989) also found significant sex difference in anxiety
and neuroticism with women scoring higher in both. Goldstein and Kreisman, (1989) suggested that with lessened social role expectations, more social support and greater societal tolerance, women's symptoms of stress and anxiety could be alleviated. It is well established by Kaplan and Sadock, (1989) that there is a significant level of psychological morbidity in the community and that for most disorders women show higher levels than men, particularly depression, anxiety states and somatisation disorders. They have also pointed out that women are twice as likely as men to report extreme levels of psychiatric distress, and two to three times more likely to report a history of affective or mood disorder.

There are many key issues relevant to women's mental health where complex biological, psychological and social factors interact resulting in vulnerability and morbidity to psychological problems. The plight of the working woman is still worse. The aetiology is best viewed within a multidimensional model with biological, psychological and social factors all being likely to interrelate and contribute to the occurrence of psychological problems in working women. Thomas and Abbs (1989) found that work processes stress down women, especially if the work is monotonous, human service oriented and emotionally demanding. Lippel (1999) observed that
the very nature of women's work provides opportunity for both the development of psychological stressors and the non-recognition of their consequences. Lippel discussed the 'double workload' issue, where she referred to the Armstrong and Armstrong (1994) study in stating that, women most often bear the brunt of responsibility related to the home and rearing of children. They are also likely to be less recognised as being stressed than are their male colleagues. She also suggested that there is little evidence of improvement in reducing anxiety for women over time, likely because of what she believed to be systemic discrimination against them. Data from the study by Michelson and Harvey (2000) supported the view that, men spend more time than women on sports and hobbies, which help them to relieve their stress and lower down their anxiety levels. But, women spend more time on domestic activities resulting in over stress and higher anxiety levels. Anxiety and neuroticism can affect any teacher but gender difference was a significant dimension according to Michelson and Harvey (2000). They reported that women teachers have higher anxiety levels than male teachers, with higher anxiety reported for women in areas of 'time crunch' and pressure.
There are many aspects of reproduction and biological changes that are potentially stressful for women, whether these are associated with physiological functioning or social role changes. Most women adapt well, growing and maturing with greater wellbeing and better mental health as a consequence. However, for some women these changes are associated with unfavourable outcomes, undue stress or other negative effects for mental health. There are considerable stressors, which create anxiety for women leading to neurotic behaviour in relation to stages of development and the psychosocial and cultural prescriptions existing in the society. Biological factors may contribute with ageing and the age group 30-40 have been found to be more vulnerable to anxiety (Carlile, 1985). According to Jorm (1987) also, sex differences in depression and anxiety for females are age specific.

Emotional women are more sensitive or aware of their bodily changes than normal females. For instance, premenstrual syndrome is a combination of psychological and physical symptoms of sufficient severity to interfere with interpersonal relationship or normal activities of emotional women. Gitlin and Pasanau (1989) define it as a ‘constellation of mood, behaviour and/or physical symptoms that have a regular cyclical relationship to the luteal phase of the menstrual cycle’. They have estimated that while 40 per
cent of women experience some mild premenstrual symptoms, two to ten per cent may have severe symptoms, which may impair their functioning in some way. Stressful circumstances can sensitise women for premenstrual symptoms and affect the physiological process leading to heightened cortisol response during the premenstrual phase resulting in common symptoms like depression, irritability, tension, anxiety and lethargy. Similarly, menopausal women are also affected by various psychological problems. Baliinger (1990) indicated that there are no increased number of depressive episodes among women than in the age groups around the menopause, between 45 and 55 years. Gath and Iles (1990) also showed that depressive moods occur due to stresses at this time of life. Baliinger (1990) found minor peak of anxiety occurring in the five years immediately before the menopause, with a fall in minor psychiatric morbidity in the decade following it.

There have been major changes in the status of women and in their place and power in society, women’s social roles may at times be stressful for them and may increase their vulnerability to, and risk of, mental health problems. Social roles for women involve the expression of feelings, the valuing of interpersonal relationships and the buffering of social support in the face of adversity. Marriage, for instance, is associated with more mental
health problems for women, yet is protective for men (Howell and Bayes, 1981). Juniper (1991) found that having to accept a state of dependency in married life after years of independence is a role change, which is always ego deflating and anxiety producing for women. Married college teachers too, just like other working women are burdened with their domestic responsibilities. They experience more role conflict in their multiple role expectations as they believe that they are responsible for the emotional tone and needs of the family unit and often make great personal sacrifices to maintain its stability. Moreover, they have to undergo the stress of biological processes concerning pregnancy and childbirth. Stress during pregnancy or childbirth and lack of support add further to a woman’s vulnerability to anxiety and neuroticism. Gitlin and Pasnau (1989) found that depressive symptoms during pregnancy contribute vulnerability to neurotic behaviour significantly. Dennerstein (1989) showed that post-partum depression was associated with feelings of hopelessness and anxiety about being unable to care for the new baby. The stress of caring for a young infant, especially when the woman lacks the support of significant others may interact with concurrent or pre-existing vulnerability to lead to neurotic symptoms and disorders, according to him. In addition to the personal distress engendered, this disorder may cause marital disharmony also (Gitlin and Pasnau, 1989).
Buist et al (1990) warned that, special difficulties may arise for breastfeeding women who, through problems of mental health, require treatment with psychotropic medication as part of the management of psychiatric problems and the levels or extent of excretion of these drugs in breast milk can have potential effects on the mother as well as the baby.

A stressful dimension of domestic life of women leading to anxiety is care giving. It relates not only to children but also to caring for ageing family members, especially in the joint family system. This may be more problematic for them physically and psychologically if they are frail. The greater the behavioural disturbance and the level of difficulty of the patient, the greater the burden for the carer. They experience considerable dual or multiple care-giving responsibilities in addition to the full time job. As a result of being torn between the demands of their job and the ability to provide quality care for their relative, caregivers often develop neurotic behaviour (Dorrell, 2000).

The extent of domestic violence for which women are the major sufferers is not an exception for women being college teachers. Irrespective of their occupational background, women at home perceive themselves as powerless, and find themselves in a cycle of violence, which confuse and
immobilise them. Women victims of domestic violence have been shown, when compared to women from non-violent homes, to higher levels of stress, anxiety and other psychiatric disorders by Queensland Domestic Violence Task Force (1988).

According to Raphel (1977; 1986), life crises may occur for women, making unique periods of life stress where there may be a heightened risk to mental health like bereavement, which includes divorce, marital separation, widowhood, or the loss of a pregnancy or child. Divorce leads to a radically changed pattern of life, to loneliness, and to social stigma and the effect of it on the personality of women is highly damaging (Hurlock, 1979). Abortion constitutes a high level of anxiety for many young women. According to Najman et al (1989), mothers were more likely to manifest mental health problems than fathers due to stillbirth and neonatal death. The loss of the baby and the meaning of this loss in terms of the woman’s images of herself and her feminine identity, the suppression of lactation and of social expectations add to her pain and anxiety. Condon (1986) described pathological grief reactions, which may occur after stillbirth. He suggested that these exist as absence of grief, prolonged grief, or adjustment disorder, with depressed mood and anxiety. Attachment to the foetus, and failure to
see it after birth are contributing to pathological outcome in women. Romans et al (1990) showed that poor outcome from abortion is more common if the woman has been ambivalent about the abortion or if there is a history of psychosocial instability or psychiatric illness at the time of the abortion. Depression, anxiety and neurotic behaviours may be a consequence. For most women both the cultural prescriptions and their own internal perceptions and wishes place great value on being able to bear children. Daniluk et al (1985) noted that only 5 per cent of the world’s married population choose voluntary childlessness. According to them, the discovery of infertility, or its confirmation may lead to a ‘crisis of infertility’ for the woman, particularly because of the threat to sexuality, sexual identity and what may be perceived as one’s basic biological role. It may be very stressful for women, as they may fear of rejection and marital breakdown. Psychological wellbeing may be adversely affected, and wide ranges of somatic complaints are not uncommon among them.

Women face a number of mental health problems in a number of contexts. Not only does this apply to normal biological functions and life changes but to the complexities which may be added to women’s lives by physical health problems or by some consequences of medical treatments
(Gitlin and Pasnau, 1989). Romans et al (1990) also found poor physical health correlating more strongly with psychiatric disorder in women. There may be mental health problems that older women suffer in association with earlier or life-long mental illness, depression and anxiety. There have been many studies, which report higher rates of psychological disturbance among women presenting to gynaecological treatment. Hysterectomy may be seen as helpful, dealing with a problem, or life saving in the case of gynaecological cancer; or as a threat to womanhood, as rendering the woman infertile. Some women may be vulnerable to negative outcomes, if they are stressed in other ways concurrently, or if they are vulnerable psychiatrically (Raphael, 1976). Middleton and Raphel (1989) have suggested that, where the woman requires gynaecological surgery for malignant disease, such as with a carcinoma of the cervix, uterus or ovarian carcinoma, it is also important that psychosocial assessments are made. According to Spiegel et al (1989), not only that breast cancer is affecting one in five women, but it is also a disorder which may be associated with distress and anxiety, as it confronts aspects of the woman’s feminine identity.
All of these gender-related problems serve as stressors for women teachers leading to anxiety and neurotic behaviour.

2.2 STUDIES IN INDIA

As far as Indian literature on stress and anxiety of teachers is concerned, there was not much to be found and this area needs great attention by educational researchers. Gender-related problems of women teachers had not been researched from the point of view of their mental health. Only very few studies were available on problems of teachers in general, and they too had not gone deeper into the psychological problems of women teachers.

According to the report of the University of Bombay Teachers’ Association (1954) on the problems of teachers in the University of Bombay, severe handicaps like absence of physical facilities and the absence of necessary academic atmosphere disturbed the mental peace of the teachers, which ultimately affected the quality of education. A study conducted by Sinha (1982) on university teachers of Bihar showed that many teachers felt distressed about the unsatisfactory academic conditions prevailed in the university. Many of them also felt that they had little
contacts with the students because of the large size of the classes, which was considered by 29 per cent of teachers to be an important cause for student indiscipline. And only, 56 per cent of the teachers wanted to remain in the teaching profession even if they had an alternative. Banerji and Pylee (1984) undertook a study sponsored by the National Commission on Teachers in Higher Education which revealed that there is a wide range of problems, which are faced by individual teachers. They found that college teachers ranked poor working conditions as their number one grievance. Second rank was given to unfair appointments and promotions. Discrimination in the allotment of remunerative work, providing facilities like, housing, conveyance etc. and callous behaviour of administrators were all reported as grievances. Amarsingh (1985) pointed out that the difficult work of teachers of colleges and their crucial role is seldom realised and is often not reflected in the status of the teacher obtaining in society. When these are combined with the problem of low salaries and high cost of living, it is obvious that there would be lot of frustration among teachers, and their minds and activities would tend to get diverted to issues other than academic. Comparing college teachers with schoolteachers, Uma (1983) found that the schoolteachers enjoyed better status and independence.
Regarding the variables related to the problems of teachers, Amarsingh (1985) proved age to be a positive correlate of job satisfaction and role conflict of teachers. Samad’s (1986) study showed that teachers of 20-30 years of age perceived disengagement to be higher than to teachers with 42 years of age and above. But, Mehta’s (1985) study with teachers of high schools and intermediate colleges in a district of Uttar Pradesh concluded that age did not have significant relationship with the degree of role conflict. Balwinder (1986) also found age not to be a correlate of job satisfaction among teachers. Misra (1986) did a study of teachers from three training colleges in Calcutta and found that teachers experienced stress, which varied according to age but they did not express burnout so early in their career.

Bhamwari (1986) found that the married women teachers had a higher role perspective than unmarried teachers. In Uma’s (1983) study, marriage did not have a bearing on job role conflict. Amarsingh (1985) proved that married professionals were more satisfied than unmarried professionals. Nayak (1982) analysed job satisfaction and adjustment of married and unmarried women teachers through an uncontrolled survey and found that job satisfaction was high among all teachers but married women teachers at
higher level had more problems of adjustment compared to unmarried teachers.

Saran (1975) made an attempt to find out the relationship between qualification and the attitude towards teaching profession and found they were related and level of education was positively related to the attitude towards the teaching profession. Kaul (1977) could also distinguish between most accepted and least accepted teachers by her study on secondary school teachers with qualification as a variable. In Amarsing’s study (1985), professionals with extra-academic and professional attainment had shown a trend towards reduced job satisfaction. But, Balwinder (1986) proved that qualification did not act as a correlate of job satisfaction.

Banerji and Pylee (1984) found that the seriousness of the grievances of teachers of higher education differed with designation of teachers but they could see no relationship between designation and job satisfaction.

In Uma’s study (1983), science teachers obtained a higher mean value for home-role conflict as compared to Arts and Social Science teachers. Bhamwari (1986) found the science graduate teachers having higher role perspective than Arts and Commerce graduate teachers.
Saran (1975) found that attitude towards teaching profession was not positively related to experience in the teaching profession. Banerji and Pylee (1984) pointed out that the seriousness of the grievances of college teachers differed with their teaching experience. Teachers with teaching experience of twenty one to thirty years gave the first rank to the grievance of unfair appointments and promotions against poor working conditions felt by a majority of teachers in their study. According to Amarsingh’s (1985) study, teaching experience contributed towards aggressiveness of teachers but its effect was not significant. Samad (1986) and Dixit (1986) also indicated that teachers with least years of experience (up to 5 years) had less satisfaction than to those with more years of teaching experience. However, Mehta (1985) found teaching experience as not having a significant relationship with the degree of role conflicts in teachers.

Non-payment of emoluments according to the letter of appointment was a serious grievance in the case of college teachers according to Banerji and Pylee (1984). But, Balwinder (1986) found salary not as a correlate of job satisfaction. Misra (1986) too found that meaning in professional life was derived primarily from psychic rewards obtained from task-related outcomes and relationship with students than from economic sources.
According to Joshi (1985), different types of management created different types of climates or job situations in their institutions. She also found that the attitude of teachers differed significantly under different types of management. Khanna (1991) found the majority of institutions comprising about six thousand colleges have little or only nominal participation by teachers in management. This applies to government and private colleges. In Mehta’s (1985) study, teachers of aided high schools were found to perceive and experience high role conflict than teachers of government and minority schools and the maximum number of private school teachers were alienated, according to Hussain (1985). Misra (1986) also found that the teachers at the higher level were confronted with many difficulties arising out of the grip of private management with regard to examinations and admissions. According to him, government colleges had no such problems, except the problem of transfer and stagnation.

The National Institute of Educational Planning and Administration (NIEPA) conducted a study on autonomous colleges in Tamil Nadu in 1986. They found that the colleges were successful to a large extent in solving many critical issues without much difficulty. Ahmad (1986) showed that autonomous colleges induced more job-involvement, identification with
institution and job satisfaction among its teachers compared to affiliated colleges. One of the major advantages in autonomous colleges pointed out by Indiresan and Tulasi (1990) through a case study was the freedom available to the teachers. The colleges were given the freedom to manage many of the aspects, which were formerly managed at the university level in terms of participation and decision-making. However, the major disadvantage pointed out by them was over work burden for the teachers and the consequent mental and physical stress.

Regarding personality traits of teachers, Sathyagirirajan (1985) proved that teacher competency was related to emotional stability. Khanna (1991) found that successful teachers had personality traits, which were positively helpful and valuable for their mental health. According to Chhaya (1974), most of the effective teachers were extraverts. But Kaul (1977) showed that introversion promoted group acceptance and extraversion demoted group acceptance to teachers. Amarsing (1985) also found that high scores on extraversion affected the job satisfaction of teachers. Goel (1978) proved that the extravert teachers who had high role conflict demonstrated poor role performance as compared to those extravert teachers who had low role conflict. However, the performance of extravert teachers did not differ
significantly from the role performance of introvert schoolteachers with regard to their role conflict. The high role conflict resulted in poor performance and low role conflict resulted in better performance among introvert teachers according to him.

As discussed elsewhere, research studies are lacking in India concerning the mental health problems of women college teachers. Studies concerning mental health of women teachers with particular reference to anxiety and neuroticism were untraceable. Though the reviewed studies do not highlight whether the problems of teachers serve as stressors resulting in anxiety and neuroticism, they are helpful to understand that teachers are stressed due to various problems and their problems are related to certain variables. It is understandable that if one is dissatisfied or faces role conflict, it may be due to the problems one is experiencing and it will ultimately result in mental ill health.

2.3 SYNTHESIS OF THE RESEARCH REVIEW

Many researchers have explored anxiety in teachers resulting from stress and other problems. Kyriacou (1987), Travers and Cooper (1996) and Bunting (2000) found teachers experiencing high levels of stress and
anxiety. Kaiser and Polczynski (1982) and Terry (1997) showed that anxiety blooms out of stress. It was observed from the study of Misra (1986) that, stress and anxiety scores were significantly and positively related. Fraser et al (1988) and Fraser (1989) proved that high levels of anxiety influence the attitude of teachers to work, teacher productivity, and students' learning. May (1950) found that individuals develop susceptibility to neurotic anxiety in their attempts to banish anxiety.

Eysenck (1967) proposed that extraversion and neuroticism are the two main dimensions required to explaining and describing the rest of human personality. He also suggested that there is a casual connection between biological functions of the brain and the basic personality dimensions of emotional stability/neuroticism and introversion /extraversion. According to him, extraverts habituate more quickly than introverts, which implies that they get easily anxious by doing the same thing for a long time. So, if they are deprived of opportunities to socialise due to time constraints or other pressures, they tend to exhibit neurotic symptoms. Introverts, on the other hand, show neurotic symptoms when they are pressurised to change their behaviour according to changing trend in the society or in the educational system. Cattell and Scheier (1961) found that individuals who
present signs of neuroticism typically perceive work as fatiguing and overwhelming. Burke *et al* (1996) showed that individuals high on Eysenck’s neuroticism trait would be susceptible to more potential stressors.

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Many researchers have studied problems of teachers and they have come out with various stressors in the teaching profession. Goodall and Brown (1980), Smith and Milstein (1984) and Gupta (1981) have studied the nature of different types of stressors for teachers. Kyriacou & Sutcliffe's (1978), Goodall and Brown (1980), Cox and Brockley (1984), Wilkinson's (1988), Borg (1990) and Lowe, (2001) found stress to be a

Review of relevant literature reveals that international researchers have invested a considerable amount of efforts in their attempts to understand the dynamics of stress and anxiety of teachers. As for as Indian literature on stress, anxiety and neuroticism of teachers is concerned, there was not much to be found and this area needs great attention by educational researchers. Though some studies in India have concentrated upon the identification of variables connected with the problems of teachers and their teaching effectiveness, only fragmented attention has been given to the mental health dimension of teachers. Quite a few studies have analysed the problems of teachers at higher level, but most of them are repetitive or
confirmatory in nature and they too have not gone deeper into the psychological problems of women teachers. Research on women teachers’ mental health is very meagre and no serious attempt has been made to understand the correlates of mental ill health of women college teachers. Studies are conspicuously absent in the literature concerning the correlates of anxiety and neuroticism of women college teachers as members of the teaching occupation as well as women with various biological and social pressures. No study was traceable in examining the relationship among anxiety, neuroticism and personality traits among women college teachers. So, these gaps have necessarily to be bridged.

2.4 CONCLUSION

This chapter consists of review of research studies on anxiety and neuroticism of teachers. As problems and stressors contribute to anxiety and neuroticism in teachers, they are also reviewed and presented. The relationship of extraversion-introversion dimension to neuroticism is also highlighted through relevant studies. Studies on the association of demographic variables to the problems of teachers at higher educational level are also included. A synthesis of the research review is given at the end. The detailed research design and the methodology followed are explained in the next chapter.