3.1 JOB ALIENATION

Alienation is estrangement from other people, society, or work. The term is widely used in sometimes contradictory ways. Psychiatrists consider alienation a blocking or dissociation of a person's feelings, causing the individual to become less effective. The focus here is on the person's problems in adjusting to society. However, some philosophers believe that alienation is inevitably produced by a shallow and depersonalized society.

3.1 1. Brief history of Alienation

The term entfremdung a German equivalent of alienation, has been in use since the late middle Ages; however, the meaning of it has evolved over time. The German fremd translates closely to the English term “alien,” which means belonging or pertaining to another, or, more generally, a kind of strangeness or otherness; and the full translation of entfremdung becomes “to make alien,” or to take away something that belonged to someone else. Accordingly, the original application of alienation pertained to the stealing of another’s property or goods. Over time, though, the term began to be applied to other situations and conditions. For example, Martin Luther (1989) used alienation to describe one’s estrangement from God, and doctors applied it to depict the comatose state of a patient as a time when the soul was separate from the body. However, by the early nineteenth century alienation began to reflect its modern connotation of one’s separation from others and society (Schacht, 1970; Schaff, 1980). According to Marx, “mutilate the laborer into a fragment of a man, degrade him to the level of an appendage of a machine, destroy every remnant of charm in his work and turn it into a hated toil; they estrange him from the intellectual potentialities of the labor process, subject him during the labor process to a despotism the more hateful for its meanness; they transform his lifetime into a working-time, and drag his wife and child beneath the wheels of the Juggernaut of capital“, the worker was alienated because of the multiple roles he had to play.
Alienation is an idea developed by the young Marx in the 1844 *Economic and Philosophical Manuscripts* and later developed in his critique of political economy in *Capital*. Marx developed the idea out of his study of Hegel. Hegel believed that history was the manifestation of the movement of Spirit acting “behind the backs” of actors in history; Marx however held that Hegel’s “Spirit” was nothing neither more nor less than human activity itself. Mutilate the worker into a fragment of a human being, degrade him to become a mere appurtenance, make his work such a torment that its essential meaning is destroyed. As a result of this destructive relationship Marx said that workers experience at least three forms of alienation:

- Alienation from the product of their labor (dispossessed of what they produce, which is owned by the capitalist)
- Alienation from oneself (only find extrinsic meaning in work and are separated from their true selves)
- Alienation from others (the unique qualities of humankind are diminished and so workers are estranged from both their own humanity and others), Corlett, J. A. (1988).

**3.1.2. Definition**

Alienation has also had a particular legal-political meaning since at least Ancient Roman times, where to alienate property (alienato) is to transfer ownership of it to someone else. The term alienation itself comes from the Latin alienus which meant 'of another place or person', which in turn came from alius, meaning 'other' or 'another'. An alienus in ancient roman times could refer to someone else's slave.

Another usage of the term in Ancient Greco-Roman times was by physicians referring to disturbed, difficult or abnormal states of mind, generally attributed to imbalanced physiology. In Latin 'alienatio mentis' (mental alienation), this usage has been dated to Asclepiades. The source of the word in Western Civilization is tied up with humanity's erstwhile concern over separation of self from other, a distinctness of individual consciousness from the whole. Such distinctness entails human concern over loss of affection, resources another might represent, relationship with a deity, country, or even products of intellect (truth), one's mind, or one's self. In Medieval times, a relationship between alienation and social order has been described, mediated in part by mysticism and monasticism. The Gerhart B. Ladner (1967) have been described as forms of mass alienation. Some of the definitions are,
Fromm (1955) – mode of experience in which a person experiences himself as alien or estranged from himself.

Seeman (1975) – described in terms of powerlessness, meaninglessness, normlessness, social isolation and self estrangement.

Horowitz (1966) – intense separation first form the objects of the world, second from people, and third from ideas about the world held by other people.

Schacht (1970) – dissociative state of the individual in relation to some other element in his or her environment

Miller (1975) - objective state of isolation from others.

Kanungo (1979) – generalized cognitive state of psychological separation from work insofar as work is perceived to lack the potentiality for satisfying one’s salient needs and expectations.

Hirschfeld & Field (2000) – represents the extent to which a person is disengaged from the world of work.

One of the earliest definitions of alienation refers to it as an estrangement from self. Similarly, most definitions allude to the sense of separation (Fromm 1955; Horowitz, 1966; Kanungo, 1979) or dissociative state (Schacht, 1970) or disengagement from work (Hirschfeld & Feild, 2000). Further, this separation has been discussed in relation to work (Hirschfeld & Feild, 2000; Kanungo, 1979), people (Horowitz, 1966; Miller, 1975), and some other element in the environment or objects of the world (Horowitz, 1966; Schacht, 1970), and from the self itself (Fromm, 1955). Since the most basic understanding of alienation involves a separation or estrangement and given the varying targets of this separation, work alienation is defined here as estrangement or disconnect from work, the context or the self.

3.1.3. Types of Alienation

Social alienation, in which individual selves may find the social system in which they live to be oppressive or incompatible with some of their own desires and feels estranged from it. Harry Harlow (1971) studied infant monkeys who were raised in social isolation. Although they were well fed, they lacked the comfort of a mother and the opportunity to play with peers. When these isolated monkeys were one year old, Harlow placed them in a cage with other young monkeys who had been raised in
a normal environment. Instead of joining the others in play the isolated monkeys avoided social contact and cringed in the corner of cage. If one of the other monkeys approached, the isolated monkey would react viciously. Thus, it seems that without the early experience of social and interaction the desire to affiliate does not develop. Social isolation is characterized by a lack of stimulation can be very stressful.

**Indicators of social alienation**

1. Isolation or estrangement from other people,
2. Estrangement from norms and values, and
3. Violate behavior.

**Self-alienation (personal alienation)** in which individual selves may lose contact with any inclinations or desires that are not in agreement with prevailing social patterns, manipulate their selves in accordance with apparent social demands, and/or feel incapable of controlling their own actions.

**Indicators of personal alienation**

1. Suppression of or distance from needs,
2. Objectification of self and projection of powers, and
3. Over-incorporation into society.

### 3.1.4. Factors Inducing Employee Alienation

The followings are the personal and organizational factors of employee alienation,

#### 3.1.4.1. Individual Personal Factors

- Individual personality
- Individual values
- Individual belief
- Individual job satisfaction
- Supervisor impact on the individual
- Individual personal ethics
- Lack of mentoring
3.1.4.2. Organizational Factors

Both alienation from work and alienation from expressive relations are found to be more prominent in highly centralized and highly formalized organizations. The important alienation factors are

- Hierarchy of Authority
- Division of Labor
- Rules and Regulations
- Procedural Specifications
- Formality in Relations
- Promotions Based on Technical Competence, and
- Lack of Friendly Climate

3.1.5. Dimensions of alienation

The feeling that may be experienced can vary from individual to individual. Alienation as a state of mind is thus by definition not inevitable under capitalism. Blauner (1964) goes on to describe four dimensions of alienation:

- **Powerlessness** (due to being controlled by others in an impersonal system); the remedy is to increase autonomy and empowerment.

- **Meaninglessness** (from lacking a sense of how their own work contributes to the whole); the remedy is to ensure a sense of purposefulness.

- **Isolation** (no sense of belonging); remedied by giving a sense of belonging and identifying with the organization.

- **Self-estrangement** (detachment, no sense of identity or personal fulfillment): the remedy is to allow self-expression.

Take, for instance, Robert Blauner's well-known book Alienation and Freedom. Blauner traces the way in which different social and technological conditions affect the worker's attitude to his job and factory; whether the worker feels free or dependent, satisfied or dissatisfied with his job, whether he looks at it as his own free activity or as a monotonous routine that he is forced to do. Following up Marx, Blauner maintains that work permitting autonomy, responsibility, social connection and self-actualization furthers the dignity of the individual, whereas work devoid of such features restricts his development and is therefore to be negatively
valued. Blauner attempts, as he puts it, to reduce the idea of alienation, as framed in the early writings of Marx, to clear-cut empirical concepts.

The damaging effects of employment have been discussed for many years. Marx identified several possible forms of alienation. Laborers can be alienated from the product of their labor (Marx, 1963). They can also be alienated from the process of production, making work external from their nature and not improving their abilities. In Marx's view capitalists abuse the power of ownership to alienate laborers from their work.

**Seeman (1975) noted six varieties of alienation:**

**powerlessness** -- sense of little control over events. (Due to being controlled by others in an impersonal system); the remedy is to increase autonomy and empowerment. "Nothing I do makes a difference." "You can't fight city hall."

**meaningless** -- sense of incomprehensibility of personal and social affairs. (From lacking a sense of how their own work contributes to the whole); the remedy is to ensure a sense of purposefulness. "I can't make sense of it all anymore." "What's it all about?"

**normlessness** -- use of socially unapproved means for the achievement of goals. (No sense of rules and regulation). "Being 'good' just won't cut it anymore." "Nice guys finish last."

**cultural estrangement** --- rejection of commonly held values and standards. "My culture's values aren't mine." "What is 'success,' anyway?"

**self-estrangement** -- engagement in activities not intrinsically rewarding. (Detachment, no sense of identity or personal fulfilment): the remedy is to allow self expression. "My work doesn't mean much to me." "What I learn in school isn't relevant."

**social isolation** -- sense of exclusion or rejection. (No sense of belonging); remedied by giving a sense of belonging and identifying with the organisation. "I'm alone." "I don't fit in." "No one visits me anymore."

Seeman argues that powerlessness and self-estrangement are the two most common forms in work. Most work has been via surveys of individual attitudes and feelings toward work. Most surveys reported generally high levels of satisfaction and
morale but high variation across occupations and work levels. High satisfaction tends to be associated with intrinsic interest of work, level of control, level of pay and economic security, and opportunities for social interaction (Special Task Force, 1973). The conflicting views as to whether alienation is an objective state of capitalism, or solely a subjective experience, is pivotal in the present context. Should it be the former, then no amount of management intervention can provide a remedy under capitalism. But if, on the other hand, alienation is regarded a subjective feeling then it should be possible to suggest remedies at least to alleviate it, and hopefully go beyond that, to its complete elimination for some if not all employees. In fact, alienation can be understood as a multi-dimensional concept requiring specifications in respect of the alienating conditions on the one hand and the alienated state on the other.

3.1.6. Relationship between anxiety and alienation

Alienation results when a person cannot feel any rewarding satisfaction from his social involvements. Alienation can produce isolation. The person's values have become different from the norm. However, since his values are more advanced than the norm, he is not willing to level downwards so as to gain social acceptance. Alienation results from guilt that has a social origin, from guilt that is generated by the social roles that the person has to play. This guilt is generated when the person feels that he has no choice over some major aspects of his life. It is a sense of degradation produced by being forced to participate in social necessities that one hates. For example, the economic need to take part in kinds of employment that do not fulfill a person will spawn alienation to some degree.

It is the narcissistic individual who feels alienation at its greatest intensity. Unfulfilling work has no meaning for the narcissistic individual; such work just produces high levels of anxiety. When a person's social roles are not valued by society any more, then alienation is generated as an anti-social belief, a belief that modern Western life is unnatural in many ways. It is a protest at the mechanization of human life: such mechanization degrades, even neutralizes, a person’s sense of identity. In modern society there is no place for the natural side of reality. In a harmonious life there would be no alarm clocks and no rigidity of life style.
Alienation makes the person despise society. He vents his hatred on the barren wasteland of materialism. Materialism is needed in order to fulfill bodily and mental necessities (the need for food, shelter, relaxation, recreation, etc), and it does no harm so long as a higher reality is being aimed at. But when society sees only materialism as the goal in life and nothing beyond it, then that society becomes a living death. Materialism, as an end in itself, does not go beyond having a nice job, a nice house, a nice car, a nice spouse, a nice social status. There is no depth, no intensity, anywhere. Alienation means that everything is bland, everything is regulated, and everything is regimented. Such a life lacks vision. Such a life lacks faith, a living faith.

Emotional Dynamics - Any state of mind is always underpinned by emotional factors. Use the term ‘emotional dynamics’ to mean the principal emotions that drive any particular state of mind.

The emotional dynamics of alienation,

\[
\text{Alienation} = \text{anxiety} + \text{guilt}
\]

\[
\text{Alienation} = (\text{fear} + \text{vanity}) + (\text{hate} + \text{self-pity})
\]

\[
\text{Alienation} = (\text{fear} + \text{hate}) + \text{vanity} + \text{self-pity}
\]

Since self-pity and vanity form a binary, they will cancel out each other when each is equal in intensity to the other one. When the intensities are unequal then whichever emotion is temporarily greater in intensity will prevail, reduced in effectiveness by the intensity of the lesser one. A person can start from an attitude or a belief, and try to discover what the underlying emotional dynamics are. Or she can start from the regular occurrence of a particular emotional dynamic and try to pinpoint what attitude or belief it gives rise to. Comparisons and end effects

a). When a person does not value himself, guilt is generated in the mode of self-hate. This can be called personal guilt.

b). When ‘the system’ does not value the person, social guilt is generated. Since society is felt to be impersonal, such guilt is impersonal guilt, or alienation. When these effects are taken to extremes, curious consequences occur.

c). When personal guilt is amplified, it leads to ‘depersonalization’. The person seems to become separated from identifying with the body.
d). When impersonal guilt is amplified, it leads to ‘impersonalisation’. Now we witness the person as complete outsider.

3.1.7. Employee Alienation In An Organization

Instrumental production working for money and such is the most obvious example: put up with boredom, fatigue, anxiety, and all sorts of crap at work, so one can experience a little delight at other times. First, the alienated person needs to find work that does in fact lead to rewards that are in fact rewarding. But beyond this, the alienated person needs to find and maintain sources of natural production and association meaningful activities and loving relationships. But it may also require changes in a person's ways of perceiving and thinking about work and people and themselves. The issue of employee alienation can refer to several different issues such as alienation from the company as well as alienation from society as a whole. Companies and the way they are structured have an effect on both of these factors, and the corporate culture of an organization can determine whether its employees enjoy a high level of morale, or whether they feel alienated from their surroundings and their employer. People can be said to be alienated when they lose their involvement in the activity of working itself and no longer experience it as a meaningful act of creation.

Where employees only communicate with their managers when there is a problem, can create feelings of alienation because the employee's only contact with the manager is when there are negative circumstances involved. Managers who take the time to let employees know when they are doing a good job, not only build a better personal relationship with the employee, but also build a situation where the employee feels valued by the organization. Again, this managerial approach requires active participation by the company as a whole, beginning with the upper echelons of management. Company structure itself (the organizational structure) can also be a factor in whether employees feel that they are part of the organization, or whether they feel alienated. Companies which have hierarchical organizations with many layers of management are likely to have artificial "walls" between workers.

3.1.8. Tips to reduce alienation at the workplace

by reviewing organizational structure (size, formalization, centralization),
by removing job-related tensions,
by improving leadership,
by improving morale by lifting thru motivation program
by creating job satisfaction,
by supporting change / innovation,
by improving work climate,
by improving employee communication,
by introducing conflict management resolutions,
by changing work- culture,
by providing support for mentoring,
by reviewing power / authority / control,
by providing autonomy,
by respecting self esteem.
by introducing performance management system.

Companies which are structured in a more vertical manner, meaning that they have fewer layers of management, are more likely to have employees who feel that they are an important part of the organization and who are not alienated from the company. Which include generalized work activity, work context: taxonomy and measurement of the work environment, organizational context, abilities, occupational interests and values, work styles, occupation-specific descriptors, occupational descriptor covariates, cross-domain analysis, occupational classification: using skills and generalized work activity to create job families. by organizational audit which includes measures of organizational communication, including communication satisfaction, organizational communications scales and audits, conflict management, team building, group communication, mentoring, communication competence, communication load, communication style, leadership, and organizational commitment. Also includes measures of instructional communication, interpersonal communication and mass communication.
3.2 JOB ANXIETY

Anxiety is a term used to describe uncomfortable feelings of nervousness, worry, and tension, which we all feel from time to time. Anxiety can affect anyone, whatever their age, gender etc. It affects our thoughts, physical reactions, moods and behaviors. Anxiety can also cause us to feel panicky and frightened and prevent us from doing things. Too much stress in our lives can result in higher levels of anxiety. People who experience anxiety can easily become overwhelmed by anxious experience itself and ill-equipped to effectively deal with the situation at hand. In order to better understand and manage anxiety, it’s important to take it apart. Anxiety can motivate people to prepare for an upcoming event and can help keep them focused on the task at hand. In fact, more people experience anxiety disorders than any other type of mental illness. A survey of people aged 15 to 54 in the United States found that about 17 percent of this population suffers from an anxiety disorder during any given year.

The term performance anxiety is used to describe the fear of performing, and is closely related to stage fright. Experiencing the fear response as described above to a threat that is imagined or not truly threatening to our physical safety. This may well elicit an inappropriate or exaggerated response that is neither helpful nor adaptive. People with anxiety disorder are three to five times more likely to go to the doctor, and six times more likely than non-sufferers to be hospitalized for psychiatric ailments. Basic Anxiety – according to Keren Horney, children’s fear of being left alone, helpless and insecure. Anxiety is also a perfectly normal response to threat and in some situations that are really threatening it can be helpful in preparing us for action. However, if anxiety occurs too often and for no apparent reason, or if it begins to interfere with our life, then it has become a problem.

3.2.1 Definition

Anxiety is "Characterized by an overwhelming sense of apprehension; the expectation that something bad is happening or will happen; class of mental disorders characterized by chronic and debilitating anxiety (e.g. generalized anxiety disorder, panic disorder, phobias, and post-traumatic stress disorder)" The Quick Reference Dictionary (2004), anxiety "is characterized by a diffuse, unpleasant, vague sense of apprehension, often accompanied by autonomic symptoms, such as headache,
perspiration, palpitations, tightness in the chest, and mild stomach discomfort"

**Kaplan, H. and Sadock, B** (1996), Anxiety (also called angst or worry) is a psychological and physiological state characterized by somatic, emotional, cognitive, and behavioral components Seligman, M.E.P. It is the displeasing feeling of fear and concern Davison, Gerald C. (2008). The root meaning of the word anxiety is 'to vex or trouble'; in either presence or absence of psychological stress, anxiety can create feelings of fear, worry, uneasiness, and dread. Bouras, n. and Holt, G. (2007). Anxiety is considered to be a normal reaction to a stressor. It may help an individual to deal with a demanding situation by prompting them to cope with it.

When anxiety becomes excessive, it may fall under the classification of an anxiety disorder NIMHR (2008). In psychology, a feeling of dread, fear, or apprehension, often with no clear justification. Anxiety differs from true fear in that it is typically the product of subjective, internal emotional states rather than a response to a clear and actual danger. It is marked by physiological signs such as sweating, tension, and increased pulse, by doubt concerning the reality and nature of the perceived threat, and by self-doubt about one's capacity to cope with it. Some anxiety inevitably arises in the course of daily life and is normal; but persistent, intense, chronic, or recurring anxiety not justified by real-life stresses is usually regarded as a sign of an emotional disorder. Britannica, (1994-2008), *Psychology* a state of intense apprehension or worry often accompanied by physical symptoms such as shaking, intense feelings in the gut, etc., common in mental illness or after a very distressing experience Collins Discovery Encyclopaedia, (2005), A physiological and mental state of apprehension and fear of something unknown to the conscious. McGraw-Hill Dictionary (2003).

### 3.2.2. Meaning

Anxiety in Freudian theory was “unpleasant feelings of tension or worry experienced by individuals in reaction to unacceptable wishes or impulses”. Anxiety is not fear, exactly, because fear is focused on something right in front of you, a real and objective danger. It is instead a kind of fear gone wild, a generalized sense of dread about something out there that seems menacing but that in truth is not menacing, and may not even be out there. Increased arousal accompanied by generalized feeling of fear or apprehension. If one is anxious, he becomes trapped in an endless loop of what-ifs. It is anticipatory tension or vague dread persisting in the
absence of a specific threat. In contrast to fear, which is a realistic reaction to actual
danger, anxiety is generally related to an unconscious threat. Physiological symptoms
of anxiety include increases in pulse rate and blood pressure, accelerated breathing
rates, perspiration, muscular tension, dryness of the mouth, and diarrhea. In
generalized anxiety, the individual experiences long-term anxiety with no explanation
for its cause; such a condition may be called free-floating, since it is not linked to a
specific stimulus. Panic disorder involves sudden anxiety attacks which are
manifested in heart palpitations, shortness of breath, or fainting.

The individual with a phobic disorder can identify the stimulus that causes
anxiety: such stimuli as enclosed space, heights, and crowds become imbued with
greatly exaggerated anxiety and are carefully avoided by the phobic individual.
Obsessive-compulsive disorders (OCD) are characterized by obsessions (mental
quandaries) and compulsions (physical actions) that engage the individual
excessively. Extreme anxiety may be experienced if the person does not carry out the
compulsion or attempts to ignore the obsession occurs when an individual has
recurrent dreams, flashbacks, or panic attacks after a particularly traumatic
uneasy, apprehensive, or fearful. People usually experience anxiety about events they
cannot control or predict, or about events that seem threatening or dangerous. People
often use the words fear and anxiety to describe the same thing. Fear also describes a
reaction to immediate danger characterized by a strong desire to escape the situation.

Everyone has worries and fears, even the rich and famous. Freud argued that
anxiety can be adaptive if the discomfort that goes with it motivates people to learn
new ways of approaching life’s challenges. But whether it is adaptive or maladaptive,
the discomfort can be intense, the anxious person who is waiting for the worst to
happen is often unable to enjoy a personal life-or gain gratification from work.
Anxious people may thus prevent themselves from experiencing positive outcomes in
life.

3.2.3. Phases of Anxiety

There are four phases to anxiety:

1. A Sensitive Trigger
2. The Interpretation
3. The Reaction

4. Response.

**The Sensitive Trigger:** Something triggers to interpret a situation or event as threatening. The brain is a highly adaptive organ and it will make powerful connections to fearful experiences. This is a feature that is designed to protect us but in our world today this feature gets turned on when it doesn’t need to. If one has had a fear reaction to something in the past, then he may be quite sensitive to other similar situations. Imagine he had a poor report card as a child that was quite upsetting for him and his parents. Then subsequent situations where his performance is being scrutinized or viewed may bring up similar anxiety, such as fears of: Loss of status, Ridicule and Criticism or rejection.

**The Interpretation of the Event:** How a person views or interprets a situation is a key factor in the anxiety response. Think about a person one knows who likes to give public presentations and a person who hates it and gets nervous. The reality of the situation is similar (one person talking, some people listening) but each person views it differently. If one is anxious about something at work then it is likely that who is interpreting one or more situations as threatening.

**The Reaction:** If it is interpreted a situation as dangerous, then he will likely experience a rush of adrenaline. Adrenaline is a natural chemical in the body that gets released by the Adrenal Gland when he believes he are in danger. Adrenaline causes a number of physical changes. Like an increase in his heart rate, cold hands and feet, his breathing changes. Focusing on these physiological changes increases our sense that something is wrong, thereby fuelling our anxiety. This is called the vicious circle of anxiety.

**The Response:** Almost always, people who get anxious want to avoid the situation that is making them anxious. This may seem to be an understandable response; indeed this is often how we learn to avoid harm as a child. Nevertheless, it has a downside. Most importantly, we continue to find similar situations as sources of fear and don’t learn that they may always be threatening. Nor do we learn more adaptive ways of coping and overcoming challenges.
Process of anxiety

Anxiety affects us in four main ways:

1. **Physical effects** – when we are anxious we will feel many physical symptoms of anxiety, such as a pounding heart, a churning stomach, or breathing difficulties. Long-term stress also affects us physically.

2. **Thoughts** – when we are anxious we tend to worry and have negative thoughts like. As well as thoughts, we may experience images or pictures in our mind such as an image of a car crash or someone criticizing us.

3. **Mood** – anxiety itself is a type of mood. Anxiety and prolonged stress can also affect our moods in other ways. For example, if we experience anxiety that restricts our lives over a long period of time, we may feel guilty, down and depressed.

4. **Behavior** - anxiety also affects our behavior, changing the things we feel able to do. This can result in avoidance of many things, such as going into a supermarket or going to the dentist. When we can’t avoid things we may do things to make us feel safe, such as always having someone with us, or carrying tablets that we don’t really need.

3.2.4. Symptoms Of Anxiety

It may look very different from person to person. One individual may suffer from intense anxiety attacks that strike without warning, while another gets panicky at the thought of mingling at a party. Someone else may struggle with a disabling fear of driving, or uncontrollable, intrusive thoughts. Yet another may live in a constant state of tension, worrying about anything and everything.

The basic characteristic of an anxiety reaction are the same as those of the fear response. In the quoted interview, reports trembling startle reactions to minor noises, and being sick to his stomach – all common features of acute anxiety reactions. Some years back Langford (1937) studied 20 eight to 14 year – old children who suffered from intense and persisting anxiety attacks. As described by the children themselves: “I have a lump in my throat; I get pains around my heart: it pumps real hard and fast. And I can’t get my breath. It seems I would die”. “My heart beats real fast. I get real hot in back of my ears and then I get real cold like a peppermint feeling. Last night it felt like my hand was off and I didn’t have any” : “my head comes in together and
then it goes round and round and then it gets warm and sweaty and I feel like I’m going to faint and if I get it too much I might die”. The duration of these attacks varied from five minutes to an hour, and they occurred two or three times a week on the average. Although the reactions tended to occur somewhat more frequently in the evening, either just before or after going to bed, they were not otherwise related to any obvious external conditions.

According to the American Psychiatric Association, when people suffering from anxiety disorders talk about their condition, they often include these descriptions:

- Unrealistic or excessive worry
- Exaggerated startled reactions
- Sleep disturbances
- Jitteriness
- Fatigue
- Dry mouth
- Lump in throat
- Trembling
- Sweating
- Racing or pounding heart

**Emotional symptoms of anxiety**

In addition to the primary symptoms of irrational and excessive fear and worry, other common emotional symptoms of anxiety include:

- Feelings of apprehension or dread
- Trouble concentrating
- Feeling tense and jumpy
- Anticipating the worst
- Irritability
- Restlessness
- Watching for signs of danger
- Feeling like mind’s gone blank

**Physical symptoms of anxiety**

Anxiety is more than just a feeling. As a product of the body’s fight-or-flight response, anxiety involves a wide range of physical symptoms. Because of the numerous physical symptoms, anxiety sufferers often mistake their disorder for a medical illness. They may visit many doctors and make numerous trips to the hospital
before their anxiety disorder is discovered. Common physical symptoms of anxiety include:

<table>
<thead>
<tr>
<th>Pounding heart</th>
<th>Tremors and twitches</th>
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<tbody>
<tr>
<td>Sweating</td>
<td>Muscle tension</td>
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<tr>
<td>Stomach upset or dizziness</td>
<td>Heads</td>
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<tr>
<td>Frequent urination or diarrhoea</td>
<td>Fatigue</td>
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<tr>
<td>Shortness of breath</td>
<td>Insomnia</td>
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The physical symptoms of anxiety reflect a chronic “readiness” to deal with some future threat. These symptoms may include fidgeting, muscle tension, sleeping problems, and headaches. Higher levels of anxiety may produce such symptoms as rapid heartbeat, sweating, increased blood pressure, nausea, and dizziness.

### 3.2.5. Causes

Most anxiety disorders do not have an obvious cause. They result from a combination of biological, psychological, and social factors.

**Genetics and Neurobiology**

Studies suggest that anxiety disorders run in families. That is, children and close relatives of people with disorders are more likely than most to develop anxiety disorders. Some people may inherit genes that make them particularly vulnerable to anxiety. These genes do not necessarily cause people to be anxious, but the genes may increase the risk of anxiety disorders when certain psychological and social factors are also present. Anxiety also appears to be related to certain brain functions. Chemicals in the brain called neurotransmitters enable neurons, or brain cells, to communicate with each other. One neurotransmitter, gamma-amino butyric acid (GABA), appears to play a role in regulating one’s level of anxiety. Lower levels of GABA are associated with higher levels of anxiety. Some studies suggest that the neurotransmitters norepinephrine and serotonin play a role in panic disorder.
Psychological Factors

Psychologists have proposed a variety of models to explain anxiety. Austrian psychoanalyst Sigmund Freud suggested that anxiety results from internal, unconscious conflicts. He believed that a person’s mind represses wishes and fantasies about which the person feels uncomfortable. This repression, Freud believed, results in anxiety disorders, which he called neuroses. More recently, behavioral researchers have challenged Freud’s model of anxiety. They believe one’s anxiety level relates to how much a person believes events can be predicted or controlled. Children who have little control over events, perhaps because of overprotective parents, may have little confidence in their ability to handle problems as adults. This lack of confidence can lead to increased anxiety.

Behavioral theorists also believe that children may learn anxiety from a role model, such as a parent. By observing their parent’s anxious response to difficult situations, the child may learn a similar anxious response. A child may also learn anxiety as a conditioned response. For example, an infant often startled by a loud noise while playing with a toy may become anxious just at the sight of the toy. Some experts suggest that people with a high level of anxiety misinterpret normal events as threatening. For instance, they may believe their rapid heartbeat indicates they are experiencing a panic attack when in reality it may be the result of exercise.

Social Factors

While some people may be biologically and psychologically predisposed to feel anxious, most anxiety is triggered by social factors. Many people feel anxious in response to stress, such as a divorce, starting a new job, or moving. Also, how a person expresses anxiety appears to be shaped by social factors. For example, many cultures accept the expression of anxiety and emotion in women, but expect more reserved emotional displays from men.

3.2.7. Anxiety Disorders

Anxiety disorders are the most common mental illnesses, affecting 19 million children and adults in the U.S., reports the Anxiety Disorders Association of America (ADAA). Psychological disorders that take several different forms but which we all related to the generalized feeling of anxiety. Although anxiety disorder describes a
group of illnesses such as generalized anxiety disorder, obsessive-compulsive disorders, panic disorder, post-traumatic stress disorder, social and phobias.

For persons suffering from anxiety disorders, intrusive thoughts often take the form of worries about possible future events and outcomes or catastrophic interpretations of past events that emphasize the negative, especially with regard to mistakes an individual might have made. These intrusive worries and exaggeratedly distressing interpretations are characteristic of the anxiety experience and often seem to have an automatic quality that emanates more from the individuals themselves than from what is actually going on in their lives. The characteristics of anxiety include feelings of uncertainty, helplessness, and physiological arousal. A person who experiences anxiety complains of feeling nervous, tense, jumpy, and irritable. Often he or she has difficulty falling asleep at night. An anxious person becomes fatigued easily and can have “butterflies in the stomach,” as well as headaches, muscle tension, and difficulty in concentrating. There is growing evidence that people suffering from anxiety disorders are overly sensitive to threat cues. Such individuals may exhibit a heightened sensitivity, vigilance, or readiness to attend to potential threats.

Lists common symptoms of anxiety and self descriptions given by people with high levels of anxiety. In addition to occurring after an event has taken place or in anticipation of a future event, the experience of intense anxiety may occur when a person decides to resist a preoccupying idea, change an undesirable aspect of behavior, or approach a fear-arousing stimulus.

There are six major types of anxiety disorders, each with their own distinct symptom profile: generalized anxiety disorder, obsessive-compulsive disorder, panic disorder (anxiety attacks), phobia, post-traumatic stress disorder, and social anxiety disorder. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, a handbook for mental health professionals, describes a variety of anxiety disorders.

**Generalized Anxiety Disorder**

One of the most common anxiety types when it comes to disorder is generalized anxiety. Individuals who suffer from this condition have a tendency to worry about events, situations, and other variables in life on an excessive level. The sufferer of this particular condition typically has no rational reason to worry. If
constant worries and fears distract from day-to-day activities or troubled by a persistent feeling that something bad is going to happen, you may be suffering from generalized anxiety disorder (GAD). People with GAD are chronic worrywarts who feel anxious nearly all of the time, though they may not even know why. Anxiety related to GAD often shows up as physical symptoms like insomnia, stomach upset, restlessness, and fatigue.

It is common for the person to worry to the point that they feel an absolute dread of things to come. The problems that these individuals experience in life are often exaggerated and viewed in a more complicated manner than they really should be viewed in. Many that suffer from this anxiety disorder experience physical issues such as tension in the muscles, sweating, and even headaches. Although they recognize their anxiety as irrational or out of proportion to actual events, they feel unable to control their worrying. For example, they may worry uncontrollably typically worry about their performance at school or about catastrophic events, such as tornadoes, earthquakes, and nuclear war.

People with generalized anxiety disorder often find that their worries interfere with their ability to function at work or concentrate on tasks. Physical symptoms, such as disturbed sleep, irritability, muscle aches, and tension, may accompany the anxiety. To receive a diagnosis of this disorder, individuals must have experienced its symptoms for at least six months. Generalized anxiety disorder affects about 3 percent of people in the general population in any given year. From 55 to 66 percent of people with this disorder are female.

**Clinical Features of Generalized Anxiety Disorder**

1. Excessive anxiety and worry occurring for at least 6 months and affecting many areas of a person’s life
2. Inability to control the worry
3. The presence of 3 or more of the following symptoms:
   a. Restlessness; feeling on edge
   b. Being easily fatigued
   c. Difficulty concentrating; mind goes blank
   d. Irritability
   e. Muscle tension
f. Sleep disturbance (difficulty falling or staying asleep; unsatisfying sleep)

4. Considerable distress or impairment in social, occupational, or other important areas of life.

**Phobia**

A phobia is an unrealistic or exaggerated fear of a specific object, activity, or situation that in reality presents little to no danger. Common phobias include fear of animals such as snakes and spiders, fear of flying, and fear of heights. In the case of a severe phobia, one might go to extreme lengths to avoid the thing one fear. Unfortunately, avoidance only strengthens the phobia.

Phobos was the Greek god of fear. His likeness was painted on masks and shields to frighten enemies in battle. The word phobia, derived from his name, came to mean fear, panic, dread, or fright. Unlike people who have generalized anxiety disorders, people who have phobic disorders know exactly what they are afraid of. Except for their fears of specific objects, people, or situations, phobic individuals usually do not engage in gross distortions of reality. Nothing physical seems to be wrong with them. However, their fears are out of proportion with reality, seem inexplicable, and are beyond their voluntary control.

Traditionally, phobias have been named by means Greek or Latin prefixes that stand for the object of the fear, as shown in the following examples:

- Acrophobia: fear of heights
- Agoraphobia: fear of open places and unfamiliar settings
- Aqua phobia: fear of water
- Claustrophobia: fear of closed places
- Xenophobia: fear of strangers

It is an excessive, enduring fear of clearly defined objects or situations that interferes with a person’s normal functioning. Social phobias involve a fear of performing, of critical evaluation, or of being embarrassed in front of other people.

**Panic Disorder**

Panic disorder is characterized by repeated, unexpected panic attacks, as well as fear of experiencing another episode. Panic is an intense, overpowering surge of
fear. People with *panic disorder* experience panic attacks periods of quickly escalating, intense fear and discomfort accompanied by such physical symptoms as rapid heartbeat, trembling, shortness of breath, dizziness, and nausea. Because people with this disorder cannot predict when these attacks will strike, they develop anxiety about having additional panic attacks and may limit their activities outside the home. Pan, the Greek god of woods and fields, was blamed for the inexplicable dread sometimes felt by travelers in lonely places. His name has been given to a disorder identified by sudden, overwhelming, apparently senseless terror. Panic disorder may attack with no warning. The indicators of panic disorder are similar to those of generalized anxiety disorder, except that they are greatly magnified and usually have a sudden onset. However, there are differences between generalized anxiety disorder and panic disorder in their risk factors, rates of occurrence, and family incidence rates.

The term panic attack denotes an abrupt surge of intense anxiety rising to a peak that either is cued by the presence, or thoughts, of particular stimuli or that occurs without obvious cues and is spontaneous and unpredictable. In the former case (which is more common), persons experiencing panic often have phobic fears that the stimuli evoke. People who have panic attacks when evoking stimulate not present typically do not have phobias as well.

Individuals that experience panic disorder experience reactions that include unannounced attacks of nervousness. In addition to this, the individual may experience a high level of fear. While these are psychological reactions to anxiety, it results in potentially dangerous physiological responses. There are many fears that may suddenly affect an individual, but there is also usually an intense fear of the panic attacks that come on suddenly when an individual experiences this anxiety type. Common symptoms of this form of anxiety include feeling the sensation of terror, pain in the stomach, and even the fear of dying.

**Clinical Features of Panic Attacks**

- Shortness of breath or the feeling of being smothered
- Dizziness, unsteadiness or faintness
- Trembling, shaking, or sweating
- Heart palpitations or a racing heart rate
- Choking, nausea, or stomach pain
• Numbness or tingling; flushing or chills
• Chest pain or discomfort
• A sense of “strangeness,” of being detached from oneself
• or ones surroundings
• Fear of going crazy, losing control, or dying

Characteristics of Panic Disorder in Comparison with Characteristics of Generalized Anxiety Disorder

1. Clinical onset is later.
2. The role of heredity seems to be greater.
3. The ratio of women to men is greater.
4. Alcoholism is more common.
5. While depression is common in both, it is unusually more common in panic disorder.

Obsessive-Compulsive Disorder

Obsessions usually involve doubt, hesitation, fear of contamination, or fear of one’s own aggression. The most common forms of compulsive behavior are counting, ordering, checking, touching, and washing. A few victims of obsessive—compulsive disorder have purely mental rituals for example, to ward off an obsessional thought or impulse, they might recite a series of magic words or numbers. About 25% of people with an obsessive—compulsive disorder have intrusive thoughts but do not act on them. The rest are both obsessive and compulsive; compulsive behavior without obsessional thoughts is rare.

Obsessive-compulsive disorder (OCD) is characterized by unwanted thoughts or behaviors that seem impossible to stop or control. In obsessive-compulsive disorder, people persistently experience certain intrusive thoughts or images (obsessions) or feel compelled to perform certain behaviors (compulsions). Obsessions may include unwanted thoughts about inadvertently poisoning others or injuring a pedestrian while driving. Common compulsions include repetitive hand washing or such mental acts as repeated counting. People with this disorder often perform compulsions to reduce the anxiety produced by their obsessions. The obsessions and compulsions significantly interfere with their ability to function and may consume a great deal of time. The sufferers of this mental illness often find
themselves consistently performing behaviors that are repetitive due to the fact that they experience recurring thoughts that are distressing to one degree or another.

The rituals that are performed are engaged in so that the thoughts or obsessions that a person experiences goes away. Common symptoms include the fear of being unclean, issues with the possibility that a mistake may be made, experiencing consistent doubts and even a strong need for cleanliness.

The most common features of obsessive-compulsive disorder are the following:

1. The obsession or compulsion intrudes insistently and persistently into the individual’s awareness.
2. A feeling of anxious dread occurs if the thought or act is prevented for some reason.
3. The obsession or compulsion is experienced as foreign to; it is unacceptable and uncontrollable.
4. The individual recognizes the absurdity and irrationality of the obsession or compulsion.

Post-Traumatic Stress Disorder

The major similarity is that in the case of posttraumatic stress disorder, the stressor is outside the range of common experience (e.g., it is not just being involved in or, observing a minor, fender-bender type of car accident). PTSD involves an extreme experience, such as war or a natural catastrophe, whose effect may extend over a long period. The traumas range from those that are directly experienced (e.g., being threatened with death) to those that are witnessed (e.g., a family member being threatened with death). The onset of the clinical condition in posttraumatic disorders varies from soon after the trauma to long after.

Post-traumatic stress disorder (PTSD) is an extreme anxiety disorder that can occur in the aftermath of a traumatic or life-threatening event. PTSD can be thought of as a panic attack. Symptoms of PTSD include flashbacks or nightmares about what happened, hyper vigilance, startling easily, withdrawing from others, and avoiding situations that remind you of the event. People with this disorder relive the traumatic event through recurrent dreams or intrusive memories called flashbacks. They avoid things or places associated with the trauma and may feel emotionally detached or
estranged from others. Other symptoms may include difficulty sleeping, irritability, and trouble concentrating.

**Diagnostic Criteria for Posttraumatic Stress Disorder**

1. Exposure to a traumatic event that involved actual or threatened death or serious injure, or a threat to the physical integrity of self or others
2. A response to the event that includes intense fear, helplessness, or horror
3. Persistent reexperiencing of the traumatic event in the form of recurrent and distressing thoughts or dreams, or behaving or feeling as if the traumatic event were actually happening again, or intense psychological or physiological reactivity when exposed to cues that symbolize or resemble the event
4. Persistent avoidance of stimuli associated with the trauma, along with numbing of general responsiveness
5. Persistent symptoms of increased arousal—such as hyper vigilance, irritability, sleep difficulties, difficulty in concentrating, and exaggerated startle response—not present before the trauma
6. Symptoms of more than 1 month’s duration that cause significant distress or impairment (e.g., in the spheres of interpersonal relationships and work)

**Social anxiety disorder**

Social phobias are characterized by fear and embarrassment in dealings with others. Often the individual’s greatest fear is that signs of anxiety such as intense blushing, tremors of the hand, and a quavering voice will be detected by people with whom he or she comes into contact. Fears of public speaking and of eating in public are frequent complaints of socially phobic individuals. These problems often begin in late childhood or early adolescence, and may crystallize into a phobia in late adolescence (Beidel & Turner, 1998).

If we have a debilitating fear of being seen negatively by others and humiliated in public, we may have social anxiety disorder, also known as social phobia. Social anxiety disorder can be thought of as extreme shyness. In severe cases, social situations are avoided altogether. Performance anxiety (better known as stage fright) is the most common type of social phobia. Social anxiety is anxiety (emotional discomfort, fear, apprehension, or worry) about social situations, interactions with
others, and being evaluated or scrutinized by other people. The difference between social anxiety and normal apprehension of social situations is that social anxiety involves an intense feeling of fear in social situations and especially situations that are unfamiliar or in which you will be watched or evaluated by others. The feeling of fear is so great that in these types of situations one may be so worried that he feels anxious just thinking about them and will go to great lengths to avoid them.

According to the US National Comorbidity Survey, Walker, E.F (2001) social anxiety is the number one most common anxiety disorder and is also the third most common mental disorder in the U.S. An estimated 19.2 million Americans suffer from social anxiety disorder and it can occur at any time but most often it on-sets in adolescence, early adulthood, or even early childhood. Statistically it is also more common in women than in men. Davison, Gerald C. (2008). The diagnosis of social phobia refers to anxiety that is chronic, pervasive, and disabling across diverse situations that involve contact with others.

People with obsessive behavior are unable to get an idea out of their minds (e.g., they are preoccupied by sexual, aggressive, or religious thoughts); people with compulsive behavior feel compelled to perform a particular act or series of acts over and over again (e.g., repetitive hand-washing or stepping on cracks in the sidewalk).

**Separation Anxiety Disorder**

When they are not with major attachment figures, usually parents with separation anxiety disorder show excessive anxiety or even panic surroundings. They may be unable to stay in rooms by themselves and may refuse to go to school or visit friends’ houses. When these children are asked why they are afraid, they may express fear of getting lost and never finding their parents again. They may also have greatly exaggerated fears of animals, monsters, kidnappers, muggers, and accidents to illness that may strike them or their parents. Very often such children complain of nausea, headaches, abdominal pains, or rapid heart rate. Sometimes, especially in older children, feelings of anxiety or panic are anticipated when thinking about a coming separation and manifest themselves when the time for the separation approaches.

Complementary tendencies toward attachment and exploration are not limited to infancy; conceived more broadly as the balance between strivings for dependence and independence they endure throughout life. Most of us have known adults who are
handicapped by strong dependency needs; they seemingly cannot get along in life without continuing reassurance and support from others, they seek help on the most trivial matters, and frequently cannot assert their own interests for fear of alienating those they depend on. Some infants in strong dependency in the form of over attachment to their mothers, and Ainsworth’s suggested that one contributing factor to over attachment was a mother—infant interaction in which mother inconsistently rewarded and punished the infant’s dependency behavior (proximity seeking, wanting to be held, and so on). Sears, Maccoby, and Levin (1957) found the same relationship for five-year-old children; mothers who were both rewarding and highly punishing of dependent behavior were more likely to have overly dependent children.

**Diagnostic Criteria for Separation Anxiety Disorder**

1. Excessive anxiety concerning separation from home or from individuals the child is attached to that is developmentally inappropriate. At least three of the following criteria must be met, and they must be excessive and persistent or recurrent:

   a. Distress when the separation occurs or is anticipated.
   b. Worry about harm coming to attachment figures or about losing them.
   c. Worry about some event, such as getting lost or being kidnapped that will result in such a separation.
   d. Reluctance or refusal to go to school or other places because of fear of separation.
   e. Fear or reluctance about being alone or without major attachment figures at home or elsewhere.
   f. Reluctance or refusal to go to sleep without an attachment figure near or to sleep away from home.
   g. Nightmares involving the idea of separation.
   h. Complaints about physical symptoms such as headaches or stomachaches when separation from these attachment figures is anticipated.

2. In addition, the disturbance must extend over at least 4 weeks, must begin before the age of 18, and must result in clinically significant distress or impairment in an important area of functioning.
3. The disturbance must not be related to a pervasive developmental disorder, schizophrenia or other psychotic disorder, or; in adolescents or adults, to panic disorder with agoraphobia.

3.2.7. Anxiety In Work Situation

Job anxiety can have several causes. It can result from high expectations by employers, or from personal fears and insecurities that come from negative self-critique. Previous failures at work can also create anxiety in employees. Many mental health professionals agree that it is often people with these same perfectionist traits that have a tendency to suffer from panic and anxiety disorder (PAD). PAD manifests itself in sudden attacks of anxiety and may include such symptoms as trembling, difficulty breathing, rapid heartbeat, sweating, numbness and nausea. During an attack, the employee may fear she's having a heart attack or becomes so overwhelmed by panic that she feels compelled to escape to a place where she feels safe. Workplace stress can initiate or heighten anxiety, but even tension outside the job sphere may harm the employee's performance. Ashamed of and isolated by the disorder, she is constantly terrorized by thoughts of having an attack at in the presence of a boss or co-workers.

According to mental health professionals, both employers and employees stand the best chance of surmounting problems arising from panic disorder if they educate themselves about the condition and communicate in good faith. Lack of candor on either side can be quite damaging in a business relationship. A worker who inflates what she's realistically capable of handling at the present time for fear of "letting the company down" may sabotage the relationship as much as the boss who agrees to lessen workplace tension and then continues to impose rigid deadlines. "Part of the problem is distrust," says a former panic sufferer who works with others with the disorder. "For instance, a person with panic and anxiety went back to his job and was welcomed with open arms. Then he accidentally discovered they were keeping a file on him in preparation of firing him. That shattered him enough to put him back on sick leave and in a worse state than before."

Job can be stressful and these days it's getting harder and harder to keep the stress and anxiety from following back to his home. Anxiety disorders have the potential to negatively affect job-performance and could ruin ones career. Work is a
challenge and one should not ever expect it to go smoothly. Even without an anxiety disorder, it can be quite common to get nervous about leading a meeting or giving a presentation at work. Anxiety before presentations is normal. Probably about 80 percent of people have it. "It makes many people uncomfortable to be the center of attention at work, and that added pressure can make an underlying anxiety disorder even worse. As far as anxieties we have to take them one at a time and find solution.

Stress and Anxiety can run one’s life if he let it, instead take control and create a calmer work place by learning to cure his condition. The common work anxieties are as follows:

**Performance anxiety**

Performance anxiety on the job affects all of us at one time or another and is the result of very intense stress brought on by pressure “to perform to perfection” on our jobs. "A lot of people do have performance anxiety," notes Sally R. Connolly, LCSW, a therapist at the Couples Clinic of Louisville in Kentucky.

**New Job Anxiety**

Being the new person in an office can cause pressures and worries that can lead to having a Panic attack. Fear of losing a job and not being able to live up to those expectations required by the new position can lead the new person to failure.

**Job Interview**

Many people feel anxious in job interviews or when having to give a formal speech. Interviewing for a new job being at ease is a matter of knowing beforehand what to say and how to react.

**Social anxiety**

Social anxiety can be a problem when it becomes too intense or happens too often. Social anxiety disorder is one of the most common anxiety disorders, affecting between 7 and 13% of the population. People with social anxiety disorder tend to feel quite nervous or uncomfortable in social situations. They are very concerned that they will do something embarrassing or humiliating, or that others will think badly of them. These individuals are very self-conscious and constantly feel "on stage."

There are some ways to avoid performance anxiety or to bring it under control, but they do not work for all people. The first is talking to others about our anxiety. If
work really feels like it's going to induce panic attacks or near a panic state, then discussing this with a colleague, a good friend, or a family member can help lighten the load.

3.2.8. Copying With Anxiety in work

We should manage "normal" anxiety or the symptoms of anxiety disorder at work. One can make life at work more manageable by taking certain measures. Tips are as follows:

- Keep working. Apart from the obvious financial reason, employment is important for enhancing self-esteem and adds to social identity.
- Focus on the positive and our goals for the future rather than past disappointments or embarrassing situations.
- Refine time-management skills. Work on prioritizing projects and eliminating items so only have a few things to focus on each day.
- Be realistic. Don't over-commit by volunteering for projects or work. Don't agree to do something that you feel you can't manage.
- Savor success. Whether an accomplishment is big or small, congratulate yourself and others on a job well done.
- Tell a trusted co-worker about your disorder. Knowing that someone at work is aware of your condition, and accepting of it, can be comforting. It can help with both anticipatory anxiety and if you are experiencing symptoms.
- Learn to recognize the symptoms and how to handle them if you experience them while at work.
- Be healthy. Eat right, sleep, exercise regularly and avoid caffeine. Adhering to the basics will keep your body and mind in shape to handle challenging situations.
- Make time for fun and relaxation outside of work.

Some of the therapy focuses on to reduce job anxiety are the following:

- Avoiding perfectionism.
- Addressing feelings of inadequacy on the job.
• Helping to calm down negative self-talk, like “I’ll never get this right,” or “I’m such a screw-up.”
• Talking over real incidents of past failures in performance.
• Learning deep-breathing and meditative techniques to calm nerves.
• Recognizing when a work environment is unhealthy psychologically.
• Avoiding “all or nothing” thinking.
• Learning to appreciate and acknowledge success.
• Helping people focus on a well-balanced professional-personal life relationship.

Warm fluorescent lights seem to help in place of cold. The worker with Panic-Anxiety Disorder (PAD) may benefit even if these lights are installed over just the one work station. Move an anxious employee's desk away from high-traffic and noisy locations. Save a seat near a doorway in a meeting so the worker may exit the room quickly and unobtrusively if need be. Music (classical, New Age, etc.) played at low volume can soothe frayed nerves. Allow the worker a place to keep and play a cassette deck if relaxation tapes are helpful. Provide, if possible, a quiet, relatively private place where a worker can practice relaxation and breathing skills. A crowded "staff room" or public restroom are not appropriate settings. For people who think they might have anxiety disorder, Jeffrey P. Kahn, MD, a clinical psychiatrist and author of Mental Health and Productivity in the Workplace, recommends the following first steps of action:

• Talk about the problem with someone you feel comfortable with. Also ask that person what he or she notices about you.
• Take a break from your worry by playing sports, listening to music, praying, or meditating.

3.2.9. Treating anxiety disorders

The Psychodynamic Perspective Psychodynamic theorists suggest several possible causes of anxiety disorders. These include perceptions of helplessness and inability to cope with life situations, fear of abandonment or loss of love, sudden loss of emotional support, and unacceptable impulses that, while still unconscious, are
threatening to break into awareness. Freud defined several defense mechanisms that may play a role in obsessive-compulsive disorders. The mechanisms include isolation, undoing, and reaction formation. Psychodynamically oriented therapists typically deal with anxiety disorders by psychotherapy directed at helping clients gain insight into the unconscious roots of their anxiety.

**The Behavioral Perspective**, behavioral-learning concepts of conditioning, reinforcement, and extinction are all applied in behavior therapy. Behavioral therapists commonly use exposure therapy in treating phobic and obsessive-compulsive clients. Three types of therapy based on the exposure principle are systematic desensitization, in which fear-arousing stimuli are presented in a graded series paired with relaxation exercises; implosive therapy, in which the client imagines a complex and highly arousing fear situation; and in vivo exposure, in which the person actually is present in the feared situation. Flooding refers to a rapid, intense exposure to stimulation in an in vivo exposure situation. Modeling is used to help clients acquire adaptive responses and correct maladaptive ones.

**The Cognitive Perspective**, many of the behavioral therapies such as systematic desensitization include cognitive rehearsal. Cognitive-behavioral therapy is based on the learning principles of extinction and reinforcement that emphasize cognitive behavior. Cognitive therapy focuses on a number of techniques that are usually combined with various behavioral exercises. These include cognitive restructuring, thought stopping, and cognitive rehearsal.

**The Biological Perspective**, strong evidence for a genetic factor in anxiety disorders are shown in studies both animals and humans. There is also some weaker evidence for an environmental factor. A number of drugs are now used for treating specific anxiety disorders. The benzodiazepines, tranquilizing drugs such as Valium, are the most frequently prescribed drugs used in the general treatment of anxiety. One benzodiazepine derivative, alprazolam, has recently become popular for treating panic disorders. A group of antidepressant drugs, the tricyclics, are also used successfully in treating obsessive-compulsive disorder, especially in combination with behavior therapy. It is thought that one reason antidepressant drugs are useful in treating anxiety is because of the overlap in symptoms and certain other conditions in the different disorders. This overlap is referred to as comorbidity. Combinations of
biological and psychological treatment techniques have often been found to be more effective than either approach alone.

**Psychotherapy**

Therapists who attribute the cause of anxiety to unconscious, internal conflicts may use psychoanalysis to help people understand and resolve their conflicts. Other types of psychotherapy, such as *cognitive-behavioral therapy*, have proven effective in treating anxiety disorders. In cognitive-behavioral therapy, the therapist often educates the person about the nature of his or her particular anxiety disorder. Then, the therapist may help the person challenge irrational thoughts that lead to anxiety. For example, to treat a person with a snake phobia, a therapist might gradually expose the person to snakes, beginning with pictures of snakes and progressing to rubber snakes and real snakes. The patient can use relaxation techniques acquired in therapy to overcome the fear of snakes. Research has shown psychotherapy to be as effective as or more effective than medications in treating many anxiety disorders. Psychotherapy may also provide more lasting benefits than medications when patients discontinue treatment.

Anxiety disorders can be distressing and debilitating. They may contribute to loss of educational and employment opportunities and difficulties in family and social relationships. Recovery is possible with appropriate treatment such as exposure therapy, attention training, and a range of anxiety management techniques that can help you manage your symptoms. Additionally, people with anxiety can learn how to calm themselves using meditation, deep breathing, and progressive muscle relaxation before a big presentation, meeting, or other anxiety-provoking situation.
3.3. LIFE INSURANCE CORPORATION

The story of insurance is probably as old as the story of mankind. The same instinct that prompts modern businessmen today to secure themselves against loss and disaster existed in primitive men also. They too sought to avert the evil consequences of fire and flood and loss of life and were willing to make some sort of sacrifice in order to achieve security. Though the concept of insurance is largely a development of the recent past, particularly after the industrial era past few centuries yet its beginnings date back almost 6000 years.

Life Insurance in its modern form came to India from England in the year 1818. Oriental Life Insurance Company started by Europeans in Calcutta was the first life insurance company on Indian Soil. All the insurance companies established during that period were brought up with the purpose of looking after the needs of European community and Indian natives were not being insured by these companies. However, later with the efforts of eminent people like Babu Muttylal Seal, the foreign life insurance companies started insuring Indian lives. But Indian lives were being treated as sub-standard lives and heavy extra premiums were being charged on them. Bombay Mutual Life Assurance Society heralded the birth of first Indian life insurance company in the year 1870, and covered Indian lives at normal rates. Starting as Indian enterprise with highly patriotic motives, insurance companies came into existence to carry the message of insurance and social security through insurance to various sectors of society.

Bharat Insurance Company (1896) was also one of such companies inspired by nationalism. The Swadeshi movement of 1905-1907 gave rise to more insurance companies. The United India in Madras, National Indian and National Insurance in Calcutta and the Co-operative Assurance at Lahore were established in 1906. In 1907, Hindustan Co-operative Insurance Company took its birth in one of the rooms of the Jorasanko, house of the great poet Rabindranath Tagore, in Calcutta. The Indian Mercantile, General Assurance and Swadeshi Life (later Bombay Life) were some of the companies established during the same period. Prior to 1912 India had no legislation to regulate insurance business. In the year 1912, the Life Insurance Companies Act, and the Provident Fund Act were passed. The Life Insurance Companies Act, 1912 made it necessary that the premium rate tables and periodical valuations of companies should be certified by an actuary. But the Act discriminated
between foreign and Indian companies on many accounts, putting the Indian companies at a disadvantage.

The first two decades of the twentieth century saw lot of growth in insurance business. From 44 companies with total business-in-force as Rs.22.44 crore, it rose to 176 companies with total business-in-force as Rs.298 crore in 1938. During the mushrooming of insurance companies many financially unsound concerns were also floated which failed miserably. The Insurance Act 1938 was the first legislation governing not only life insurance but also non-life insurance to provide strict state control over insurance business. The demand for nationalization of life insurance industry was made repeatedly in the past but it gathered momentum in 1944 when a bill to amend the Life Insurance Act 1938 was introduced in the Legislative Assembly. However, it was much later on the 19th of January, 1956, that life insurance in India was nationalized. About 154 Indian insurance companies, 16 non-Indian companies and 75 provident were operating in India at the time of nationalization.

Nationalization was accomplished in two stages; initially the management of the companies was taken over by means of an Ordinance, and later, the ownership too by means of a comprehensive bill. The Parliament of India passed the Life Insurance Corporation Act on the 19th of June 1956, and the Life Insurance Corporation of India was created on 1st September, 1956, with the objective of spreading life insurance much more widely and in particular to the rural areas with a view to reach all insurable persons in the country, providing them adequate financial cover at a reasonable cost.

LIC had 5 zonal offices, 33 divisional offices and 212 branch offices, apart from its corporate office in the year 1956. Since life insurance contracts are long term contracts and during the currency of the policy it requires a variety of services need was felt in the later years to expand the operations and place a branch office at each district headquarter. Re-organization of LIC took place and large numbers of new branch offices were opened. As a result of re-organization servicing functions were transferred to the branches, and branches were made accounting units. It worked wonders with the performance of the corporation. It may be seen that from about 200 crores of New Business in 1957 the corporation crossed 1000 crore only in the year 1969-70, and it took another 10 years for LIC to cross 2000 crore mark of new
business. But with re-organisation happening in the early eighties, by 1985-86 LIC had already crossed 7000.00 crore Sum Assured on new policies.

LIC functions with 2048 fully computerized branch offices, 109 divisional offices, 8 zonal offices, 992 satellite offices and the Corporate office. LIC’s Wide Area Network covers 109 divisional offices and connects all the branches through a Metro Area Network. LIC has tied up with some Banks and Service providers to offer on-line premium collection facility in selected cities. LIC’s ECS and ATM premium payment facility is an addition to customer convenience. Apart from on-line Kiosks and IVRS, Info Centres have been commissioned at Mumbai, Ahmedabad, Bangalore, Chennai, Hyderabad, Kolkata, New Delhi, Pune and many other cities. With a vision of providing easy access to its policyholders, LIC has launched its satellite sampark offices. The satellite offices are smaller, leaner and closer to the customer. The digitalized records of the satellite offices will facilitate anywhere servicing and many other conveniences in the future.

LIC continues to be the dominant life insurer even in the liberalized scenario of Indian insurance and is moving fast on a new growth trajectory surpassing its own past records. LIC has issued over one crore policies during the current year. It has crossed the milestone of issuing 1,01,32,955 new policies by 15th Oct, 2005, posting a healthy growth rate of 16.67% over the corresponding period of the previous year. From then to now, LIC has crossed many milestones and has set unprecedented performance records in various aspects of life insurance business. The same motives which inspired our forefathers to bring insurance into existence in this country inspire us at LIC to take this message of protection to light the lamps of security in as many homes as possible and to help the people in providing security to their families.

### 3.3.1. Some of the important milestones in the life insurance business in India are:

1818: Oriental Life Insurance Company, the first life insurance company on Indian soil started functioning.

1870: Bombay Mutual Life Assurance Society, the first Indian life insurance company started its business.

1912: The Indian Life Assurance Companies Act enacted as the first statute to regulate the life insurance business.
1928: The Indian Insurance Companies Act enacted to enable the government to collect statistical information about both life and non-life insurance businesses.

1938: Earlier legislation consolidated and amended to by the Insurance Act with the objective of protecting the interests of the insuring public.

1956: 245 Indian and foreign insurers and provident societies are taken over by the central government and nationalized. LIC formed by an Act of Parliament, viz. LIC Act, 1956, with a capital contribution of Rs. 5 crore from the Government of India.

The General insurance business in India, on the other hand, can trace its roots to the Triton Insurance Company Ltd., the first general insurance company established in the year 1850 in Calcutta by the British.

**Mission**

"Explore and enhance the quality of life of people through financial security by providing products and services of aspired attributes with competitive returns, and by rendering resources for economic development."

**Vision**

"A trans-nationally competitive financial conglomerate of significance to societies and Pride of India."

**3.3.2. Objectives of LIC**

- Spread Life Insurance widely and in particular to the rural areas and to the socially and economically backward classes with a view to reaching all insurable persons in the country and providing them adequate financial cover against death at a reasonable cost.

- Maximize mobilization of people's savings by making insurance-linked savings adequately attractive.

- Bear in mind, in the investment of funds, the primary obligation to its policyholders, whose money it holds in trust, without losing sight of the interest of the community as a whole; the funds to be deployed to the best advantage of the investors as well as the community as a whole, keeping in view national priorities and obligations of attractive return.
• Conduct business with utmost economy and with the full realization that the moneys belong to the policyholders.

• Act as trustees of the insured public in their individual and collective capacities.

• Meet the various life insurance needs of the community that would arise in the changing social and economic environment.

• Involve all people working in the Corporation to the best of their capability in furthering the interests of the insured public by providing efficient service with courtesy.

• Promote amongst all agents and employees of the Corporation a sense of participation, pride and job satisfaction through discharge of their duties with dedication towards achievement of Corporate Objective.
FIGURE NO. 3.1: OPERATIONS OF LIC

CORPORATE OFFICE: MUMBAI
ZONAL OFFICES - 8
DIVISIONAL OFFICES - 100
BRANCH OFFICES - 2048
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