CHAPTER – 3

STRESS AND NEUROSIS
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INTRODUCTION

Stress is the word to describe the body's biological non-specific response mechanisms. It is a state of mind, which reflects certain biochemical reactions in the human body and is projected by a sense of anxiety, tension and depression and is caused by such demands by the environmental forces or internal forces that cannot be met by the resources available to the person. The intensity of such demands that require a readjustment of resources or operational styles would determine the extent of stress. Such environmental events or conditions that have the potential to induce stress are known as "Stressors".

It must be understood that in order to occur stress, the response should be non-specific. All responses require utilization of energy. Any demand made on the body that is for some specific activity, which is natural, expected and a part of daily routine does not necessarily create stress. Even walking, thinking, writing and doing other physical activities that are a part of personal and organizational existence, requires energy consumption of the body but are not necessarily stressing producing forces.

Stress does not necessarily occur due to undesirable developments. All situations that produce increased demand on a vital
activity requiring adaptation to new situation produce stress in the form of a stereotyped pattern of bio-chemical, functional and structural changes in the human organism. These situations could be fear, pain, fatigue, emotional arousal, humiliation, frustration, need for concentration, loss of blood, drugs, loss of a loved, one, non-occurrence of an expected event and even unexpected successes that require a change in the operational style.

The stress created by desirable and successful effects is called 'eustress' and the stress created by undesirable outcomes are known as distress. It is primarily the distress form of stress, which requires examination and steps to copy with it. Eustress is a positive, healthy and developmental stress response. Thus, just as tension on muscles causes them to strengthen, some level of stress may lead to better performance and a more adjusted personality. Since we learn how to deal with our problems better, it improves our capacity to confront distress better.

However, even though some levels of stress are necessary for psychological growth, creative activities and the acquisition of new skills such as learning to drive a car or learning to use of a computer, it is the highly stressful situations, which weaken a person's physical and psychological capacity to cope with the stresses that have dysfunctional consequences. Just as high level of stress is damaging to the physical and psychological well being of the person, extremely low levels of stress are equally undesirable for they cause boredom, and result in lack of
stimulation, innovation and challenges. Thus moderate level of stress is necessary for higher level of performance.

MEANING AND DEFINITIONS OF STRESS

Stress is a concept that has been linked to various aspects and operations. For some it is stimulus, some times more, sometimes less complex, for others it is an inferred inner state and for some others it is an observable response to stimulus or situation (Dohrenwend & Dohrenwend, 1974). Thus the use of the term is confusing and hence requires a clear definition.

Almost all investigators in this field attempted to define stress. According to Chaplain (1982), stress is a state of strain whether physical or psychological. Here 'strain' requires further explanation. A concise enpsyclopaedia of Psychiatry, (1977) gave an elaborate operational definition. It says psychological stress is any stimuli, which is sufficiently intense to produce an emotional response, either because there is a threat to the individual's self esteem or peace of mind or because there is a need for a special effort.

Coffer and Apply (1964)\(^3\) defined stress "a state where the well being (or integrity) of an individual is endangered and must devote all of his energies to its protection". This idea holds well probably in extremely stressful situations. According to Laux et al. (1976)\(^4\) Stress is a transaction between the person and the environment in which stressors are linked to anxiety reactions by perception of threat.

Wolff (1950)\(^5\) believes stress as the interaction between external environment and organisms with the past experience as a major factor. The 'Strain' in the alteration or deformation in the organism that then ensues. Lazarus (1966)\(^6\) suggested that, considering the fields of stress which would include physiological, sociological and psychological phenomena and related concepts. In this opinion, stress in not a stimulus, a response or an intervening variable, but a collective term. Holmes and Rahe (1967)\(^7\) defined stress as any set of circumstances, the advent of which signifies or requires change in the individuals' ongoing life pattern. They felt that the change in the individual causes illness.

Girdana and Everly (1979)\textsuperscript{8} defined stress referring it to different fields. It is a term used mostly in physics to mean strain pressure or force on a system. When used in relation to the body cells, it describes the effects of the body reactions, which are the build up of pressure, the strain of muscle tensing. In the contest of psychology it is taken to mean a fairly predictable arousal of psycho physiological (Mind body) systems, which is prolonged, can fatigue or damage the system to the point of malfunction and disease.

A pioneer in the field of stress research, Selye (1980)\textsuperscript{9} defined stress as "The nonspecific (that is, common) result of any demand upon the body" it is essentially the rate of wear and tear in the body.

He also said "Stress is the state manifested by a specific syndrome which consists of all the nonspecifically - induced changes within a biological system (1976). It is common denominator of all adaptive reactions in the body". His explanation is essentially an "Operational definition", but fits well to a medical model only. Weiten (1983)\textsuperscript{10} defines stress as any circumstance that threaten or perceived to be threaten our well being and thereby tax our adaptive capacities. He further felt that stress may be either physical or psychological or both overlapping and/or interacting. The perception of stress is subjective.


Jonathan (1986) felt that stress is an unfavorable perception of the social environment and its dynamics that threaten social and psychological well-being. She says that, the key here is the perception of a social situation and one's role in social relationships and in society in general.

According to Holroyd and Lazarus (1982), stress is relational to both the person and the environment. Rutter (1983) feels that stress applies equally to a form of stimulus (stressor), a force requiring change (strain), a mental state (distress) and bodily reaction or a response (general adaptation). Haan (1982) felt that stress ensures when situations are "bad" from a personal point of view and it is essentially in the eye of the beholder. Pestonjee (1985) feels that in psychology, stress refers to a state of the organism resulting from some interaction with environment. In psychophysiology, stress is "that stimulus which imposes detectable strains that can not be easily accommodated by the body and so presents as impaired health or behavior". From the above definitions and explanations it can be reasonably concluded that

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stress is a term which cannot be easily and precisely defined as it is a multidimensional and refers to different aspects in different fields. As earlier Lazarus (1966) and others noted that, there are mainly three types of models in understanding stress concept. Stimulus oriented theories view stress as a potential residing within the stimulus properties of the organism environment that can demand or disorganize individual well being. Response oriented theory defines stress in a different light. It is a response of the individual to the events of the environment. The third group of theorists supporting interaction point of view emphasizes the characteristic of the organism as a major mediating mechanism between the stimulus characteristics of the environment and the response they invoke. Cognitive perceptual and other characteristics of the individual that serve mediate response to stress. Personality traits, coping styles, psychodynamic mechanism of defenses as well as many other personal variables enter into interaction postulates concerning stress. This approach is relatively newer than the other two types (Derogatis, 1982) and highly amenable to actual methods of scoring. Hence in the present study stress is viewed in the international model. Mathney et al (1986) in their extensive misanalysis suggested an

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integrated model of stress which include (1) internal or external demands placed on the person (stressors), (2) appraisal of both the seriousness of these demands and of the adequacy of one's own resources and options for coping with them and (3) the stress response. Although a given approach may greatly emphasize the role of one component over the others, each component seems vital to a full understanding of the stress phenomenon. For the purpose of uniformity and consistency we propose to adapt the following definition as a working model for the present study. Stress is a psychical assault, which builds up tensions in mind and body.

It is not a phenomenon of man's physical nature, but rather, his states of diminished well being evolved from interactions with the environment. Stressful life circumstances in life can happen to any one. So, stress is the special pressure people feel as they face difficulties in life as they interact with the environment. It is relatively a better-integrated model, which aims both preventive and curative management of stress ills.

MEANING OF NEUROSIS

Neurosis is an illness resulting from psychological conflicts and characterized by a variety of symptoms affecting emotions, thoughts, and bodily functions. Although neurosis often produce physical symptoms and may be confused clinically with somatic diseases, the pathological, or abnormal lesions found in various body organs in patients with specific
somatic diseases, are not associated with neurosis. For example, headache associated with a brain tumor is the manifestation of a localized brain lesion, while headache accompanying the strain of extreme anxiety or depression is not.

A neurosis differs from a psychosis in that a neurosis involves only a portion of mental functioning and does not lead to major disturbances in perceptions, (hallucinations) in thinking, (paranoid delusions) or in the basic mental ability to distinguish reality from imagination all of which are characteristics of psychotic disorders. The meaning of Anxiety, May (1950)\textsuperscript{19} surveys the evidence of the centrality of the problem of anxiety in contemporary literature, music, art, and religion, as well as in psychiatry, psychoanalysis, and psychology. He also documents the concern with anxiety in current political and philosophical thought and examines in some detail the views of those philosophers who have most significantly influenced modern anxiety theory. For Spinoza, fear was essentially a state of mind or attitude, a subjective condition of uncertainty in which there was the expectation that something painful or unpleasant might happen. Spinoza held that do entertain fear was a sign of "Weakness of the mind," and that fear could be overcome by a "Courageous dedication to reason (May, 1950).

Sigmund Freud\textsuperscript{20} is undoubtedly the most important contributor to

\textsuperscript{9} May, The Psychoanalytic Theory of Neurosis'. 1960,39(5-A), 2816.

\textsuperscript{19} Sigmund Freud, Inhibitions, symptoms and Anxiety, in 'The standard edition of the complete psychological works of Sigmund Freud' vol, 20, P 77-178.
our present understanding of anxiety phenomena. In 1894, he conceptualized anxiety neurosis as a discrete clinical syndrome to be differentiated from neurasthenia (Freud, 1953), and subsequently came to regard anxiety as the fundamental problem in all neurotic symptom formation (Freud, 1936). Freud defined anxiety as "something felt," an unpleasant emotional (affective) state that is universally experienced.

Anxiety (or dread) itself needs no description; everyone has personally experienced this sensation, or to speak more correctly this affective condition, at some time or other. But in my opinion not enough serious consideration has been given to the question why nervous persons in particular suffer from anxiety so much more intensely, and so such more altogether, than others.... One thing is certain, that the problem of anxiety is a nodal point, linking up all kinds of most important questions: a riddle of which the solution must cast a flood of light upon our whole mental life (Freud, 1969).

For Freud, anxiety was not only a central problem in neurosis, but understanding anxiety was also essential to the development of a comprehensive theory of human behavior. Freud's theoretical views on fear and anxiety were continually modified over a period of nearly 50 years as he searched for the "right abstract ideas" with which to clarify the essential nature of these concepts.
Prior (1950)\textsuperscript{21}, however, there were relatively few experimental investigations of anxiety in humans. The complexity of anxiety phenomena, the lack of appropriate instruments for assessing anxiety, and ethical problems associated with inducing anxiety in the laboratory have all contributed to the capacity of research.

Anxiety is defined as "an emotion based on the appraisal of threat, an appraisal that entails symbolic, anticipatory, and other uncertain elements".

**TYPES OF STRESS**

The types of stress can be divided into Frustration and Anxiety.

**Frustration**

Frustration is a form of behavior, which occurs when a person wishes to achieve a certain objective or pursue a certain course of action, but is prevented in doing so. It refers to an obstruction or impediment to goal-oriented behavior. Examples of frustration include a salesman continuously failing to make a sale, a professor continuously applying for a promotion and failing to get it or to get subordinates to act according to our wishes. There are several factors that cause frustration. First factor affecting frustration is the unnecessary delay in achieving the goal, even

when the goal is eventually available. Delay in getting a promotion, deadly in finishing a report and even waiting for a friend after the due time can cause frustration. The second factor affecting frustration is the lack of resources. Some times the goals are not achieved because individuals lack the physical, personal or interpersonally resources. A professor who is burdened with administrative duties and does not get enough time to do research which is necessary for promotion may become frustrated because of such time constraints. The third cause of frustration may be the actual failure in achieving the goal. A lost client, a poor evaluation by superiors, failure in the exam or failure to get a promotion are some of the causes of frustration which are manifested in stress.

Anxiety

Another form of stress is 'anxiety' which is a feeling of inability and helplessness in formulating appropriate responses or plans for dealing with the anticipated negative outcomes. It occurs when a decision has to be made but the outcome of the decision could have positive as well as negative consequences. For example, should you cheat in the exam or not, not knowing whether you will get through or get caught? These are some anxious moments. Anxiety also occurs when all your options result in undesirable consequences. For example, if you are working with a company for a long time and have built roots in the community where you live and your company is moving to a different far off location and you
have the choice of either moving with the company or losing the job. Both of these alternatives make you feel uncomfortable and hence become a cause of anxiety. What causes anxiety in work environment?

According to Hammer and Organ, "Differences in power in organization which leave people with a feeling of vulnerability to administrative decisions adversely affecting them; frequent changes in organizations, which make existing behavior plans obsolete; competition, which creates the inevitability that some persons lose "face", esteem and status; and job ambiguity (especially when it is coupled with pressure). To these may be added some related factors, such as lack of job feedback, volatility in the organizations' economic environment, job insecurity and high visibility of one's performance (success as well as failures). Obviously, personal non organizational factors come into play as well, such as physical illness, problems at home, unrealistically high personal goals and estrangement from one's colleagues or one's peer group".

Accordingly, there are a number of factors, both organizational as well as individualistic that cause frustration and anxiety.

CLASSIFICATION OF NEUROSIS

The classification of neurosis into various clinical entities is an artificial imposition of order on a chaotic state of nature. Many patients show a mixture of several neurotic syndromes. The pure syndromes, however, appear with sufficient frequency and distinctness to form the
nucleus of the diagnostic categories into which they are divided into second edition of the Diagnostic and Statistical Manual of Mental Disorders DSM II. Published by the American psychiatric Association, nine neurotic syndromes are listed. Six constitute the bulk of neurotic disorders and three neurasthenic neurosis, depersonalization neurosis, and hypochondriacally neurosis occur less frequently and are less sharply delineated. In the description that follows, only the six major syndromes are discussed.

ANXIETY

Anxiety neurosis is characterized by the central position of the symptoms of anxiety. Anxiety is a painful inner state of nervousness, tension, and foreboding dread accompanied by a variety of unpleasant bodily sensations and reactions, such as rapid heartbeat, palpitations, sweating, trembling, "butterflies in the stomach", a feeling of being unable to get sufficient air into the lungs, and pain in the chest. Anxiety occurs in either an acute or a chronic form. In the acute form, sudden attacks of violent symptoms seize the patient for minutes at a time, inducting in him a state of panic that sufferers report to be more painful than the most intense physical anguish. Chronic anxiety, as the term implies consists of protracted symptoms of lesser intensity. Both forms may be capacitating and debilitating and lead the patient to seek medical help. Fear has bodily signs and symptoms similar to those of anxiety, but fear is a response, to an obvious environmental danger situation, whereas the anxiety of
anxiety neurosis occurs without any clear-cut in association with external stimuli. Such anxiety is often termed "free-floating anxiety".

CONVERSION HYSTERIA

The conversion type of Hysterical neurosis is more common in women than in men and is marked by a wide variety of somatic symptoms. The symptoms may affect the muscles, producing paralyses, contractures, or abnormal movements, the senses, producing anesthesia, blindness, or deafness or the vegetative functions causing loss of appetite or vomiting.

The bodily symptoms of hysteria differ from those due to an organic cause thus in hysteria, the disturbance, in function does not correspond to nerve pathways but rather to the common concept of a particular body part.

A patient with hysterical paralysis and anesthesia of a limb, for example, will have and arm on hand totally paralyzed and ox esthetic (glove anesthesia) from the elbow down. No lesion of the nervous system can possibly be found or made that will produce this distribution of paralysis or sensory disturbance. Hysterical patients characteristically show no worry or concern over what appears to be very serious and in capacitating disturbances in function-a-phenomenon frequently called "labella in difference".
DISASSOCIATIVE HYSTERIA

In the disassociate type of hysterical neurosis, the primary difficulty lies in altered states of consciousness of varying degrees of severity. The simplest and most common is amnesia, in which the patient loses his memory of events in his life that range in time from a few hours to his whole life. Naturally, this condition drastically affects the patient's identity. Repeated periods of amnesia may alternate with periods of normal memory. In each state the patient is able to remember only those events associated with that phase of consciousness present at any given movement.

In fugue states, the patient not only loses all memory of his past life but also characteristically travels far from home. Therefore, for some weeks or months, he takes up a new identity and life until his normal self suddenly returns, and he "awakes" in bewilderment about where he is and what he has been doing.

The double or multiple personality, allegedly common in the 19th century, is, for reasons not clearly understood, now rare. In the double personality from a disassociate hysteria, two separate persons appear to exist in one body. The two persons appear alternately and exhibit personality traits in addition that often are totally opposite from one another. Characteristically, one personality (the normal person) is good and well behaved and knows nothing of the other, while the secondary personality is a creature of the senses, knows all about the normal person, despises
his righteous behavior, and plays tricks on him to embarrass and distress him.

PHOBIA

At the core of the phobic, neurosis is an irrational anxiety in the face of an object (a subway, an elevator, a crowd, or a steeple) or a situation (height, being alone, or being in open spaces) in which there is no sufficient real danger to warrant the manifest fear. The patient is able to control his anxiety by avoiding the phobic object or situation. If the phobias are sufficiently extensive or affect a vital activity, the condition can so restrict an individual's life as to cause serious in capacity.

OBSESSIVE-COMPULSIVE NEUROSIS

In this type of neurosis, the obsession or obsessive thought is the central feature. An obsession commonly is a thought that some kind of harmer damage is going to occur to people or objects in the patient's environment. The thought forces itself on the individual's attention against his will and appears to him to be foreign to his sense of himself. He feels compelled, generally unsuccessfully, to fight against the thought. Although he knows intellectually that the thought is irrational and not likely to be realized, and less reacts emotionally with considerable anxiety.

A compulsive thought is a similar kind of idea in which the patient feels compelled to perform a certain actions; for example, he may be
compelled to perform an aggressive or blasphemous action, such as shouting obscenities in a church. In the compulsive act, the patient actually carries out an action under inner compulsion. The act is often performed to alloy anxiety by counteracting an obsessional thought, as in the patient who every time he turned on a light had the thought "My father will die" and would then tons of touch the switch again, saying "I take back that thought" in order to quiet his anxiety.

DEPRESSION

In a depressive neurosis there is a painful feeling of sadness and depressed mood. It occurs usually in response to an environmental loss of a person or a valued object or situation. It may be an accompanied by fatigue difficulty in concentration, loss of appetite, and troubled, rest less sleep. In addition the patient may experience an unpleasant, loss of self-esteem and self-confidence and tend to be critical of his own, short comings. In contract to patients with psychotic depressions, patients with neurotic depressions are rarely suicidal

STRESS AND ANXIETY DISORDERS

Anxiety was presented as a chief source of neurotic disorders and two sub-types, anxiety neurosis and phobic neurosis were identified. In addition, transient situational disturbances, classified separately, refer to acute reactions to overwhelming environmental stress in individuals

Research findings in this area are very limited, may be because of the shifting diagnostic conceptualizations. Much of the evidence has come from clinical reports and most of the work done is regarding stress and phobic disorders than on other anxiety syndromes.

STRESS AND DEPRESSION

In the field of stress research, more investigators have studied depression than all other psychological disorders combined. It was found that depressed patients report more life events than do schizophrenic patients do, although a few failed to find such a difference.

Barrett (1979)\textsuperscript{22} found that depressed symptomatic volunteers reported more events in particular categories, than did people with anxiety disorders. The cumulative evidence suggests that depressed patients do report more events in the period preceding the start of an illness episode. Brown Harris and Peto (1973)\textsuperscript{23}, Lloyd (1980), and Paykel (1979)\textsuperscript{24}, also reported that depressed patients had more stressful life events than do normal, especially immediately before illness onset.


\textsuperscript{24} Lloyd.C: Life Events and Depressive Disorder Reviewed (in two parts) \textit{Archives of General Psychiatry,} 1980,(3) P529-548.
Paykel (1979) states that patients with endogenous depression reported less life stress than did patients with non-endogenous depression. Winokur (1979) also failed to find systematic differences in frequency of life events and patients with depressive spectrum disorder compared to patients with pure familiar type depressive disorder.

Thus there appears to be an association between frequency of life events and onset of depressive illness. But the association is very small because the correlations between life events and illness are not statistically significant (Dohrenwent and Dohrenwend, 1981). But it has been demonstrated sufficiently that some relationship exists between life events and depressive disorders, accounting for a small portion of the variance associated with illness onset.

CAUSES FOR STRESS

A. Organizational sources

Almost every aspect of work can be a stressor for some one. Even though there are many factors in the work environment that have some influence on the extent of stress that people experience at the job, the following factors have been shown to be particularly strong in inducing stress.

1. Stressors intrinsic to the job
2. Role ambiguity
3. Role conflict
4. Role overload
5. Role under load
6. Responsibility for people
7. Lack of participation
8. Interpersonal Relationships

B. Personal Factors for Stress

Events in personal life cannot be isolated from events in work life. A person with an unhappy family life seldom expresses a positive attitude at work. Much of the stress brought about by non-work situations may be due to divorce, marriage, and death of a loved one, financial difficulties and many other socio-cultural relationships. Their difficulties are specially stress producers if they are unexpected. For example, we know that children leave home when they grow up or when they go to college so that this is expected and this separation does not necessarily cause stress. On the other side, problems at work can manifest in stress in personal life. Thus job stress and life stress are often related in that high stress in one area can induce or increase stress in the other.
CAUSES FOR NEUROSIS

Several schemes for explaining the causes of neurosis including learning theory and biological explanations have been proposed, but psychoanalytic explanations, based on Freud's theories, still provide the most useful framework.

PSYCHOANALYTIC EXPLANATIONS

Psychoanalysis is a conflict psychology that conceives of the mind as having elements opposed to one another in a dynamic equilibrium. Impulses, emotions, and fantasies, especially sexual and aggressive fantasies arise from the id, and have to be controlled by the ego at the dictate partly of the super ego and partly of the mores and sanctions of society.

A major source of control used by the ego is repression, a mechanism of defense that automatically renders the elements from the id unconscious and unavailable to conscious awareness through unconscious, the elements remain active and may retune or threaten to return to consciousness and to discharge their energy in action. The "forgetting" of a name that one knows exists somewhere but cannot actively remember, only to have it "pop into one's mind", when one has turned ones attention elsewhere, is an example of the force of repression and the existence of unconscious mind.

Neurotic symptoms occur when certain forbidden, repressed
impulses threaten to break through the repression into conscious representation and expression. Then repression is intensified or auxiliary defenses are called into operation with the specific defense determining the form of neurosis.

Anxiety arises as a result of the ego's reaction of fear to the dangerous impulses as it threatens to escape control. Anxiety is associated with most neurotic conditions, and when found in pure form, constitutes the anxiety neurosis.

Dissociate hysteria shows the effects of repression itself. The memory loss of amnesia results from the intensified repression of specific mental elements, the memories related to the forbidden impulses. In convention hysteria the pressure exerted by the repressed impulse is expressed in a disguised form through conversion of the impulse into a somatic symptom that often symbolically expresses the impulse. A hand paralyzed in a contracted first, for example, many represent a pressed, forbidden aggressive wish to hit an enemy.

In phobic neuroses, the phobic object is an external symbolic representation of the underlying impulse, often derived from a unimportant fragment of memories associated with the impulse or painful events. A patient of Janet's for example, was phobic of the colour red, a phobia, derived from a bunch of red flowers on her father's coffin, a scene projected from the minor frightening impulse onto an
environmental situation related to the impulse and is then displaced from the central important elements of that situation to a trivial, in significant component of the total constellation of elements.

The patient thus is rendered afraid of objects of outside himself rather than of his impulses. He then can control the anxiety by secondary defence of avoiding the phobic object. In the obsessive compulsive neurosis the impulse and associated emotion often aggression and anger are repressed an isolated from the thought representing them, such as killing some one is leaving only the emotionless thought in consciousness. The thought then seemingly foreign to the patient is forced on to his attention by the strength of the underlying unconscious impulse.

Neurotic depression results in part from a sense of sadness at the loss of a valued object. At the same time, the loss arouses anger at the object thus lost. The anger causes the patient anxiety, and he defends himself against it by the mechanism of turning away from the object, arousing the anger and turning it inward on himself. This leads to self-deprecation, guilt, and even suicide attempts are more severe in psychotic depressions.

EFFECTS OF STRESS

As mentioned briefly above in the General Adaptation syndrome, the process of stress elicits three types of responses. These are
physiological, psychological and behavioral responses.

**PHYSIOLOGICAL EFFECTS OF STRESS**

As soon as stress appears, the brain gets reacts an immediate biochemical changes take place in heartbeat and heightening of practically all the senses. The long-term physiological effects are more disturbing. Serious health problems occur as body confronts stress over a long period of time. The stress could lead to breakdowns in the body's immune systems and may result in serious health problems such as high blood pressure, ulcers and heart attack. In general, according to Baron, "Taking all evidence into account though, it seems reasonable to conclude that high level of stress can result in physical changes that threaten our health and well-being".

It is needless to document here the fact that the mind has a profound effect on the body. The entire gamut of studies on psychosomatic illness constitutes a vivid exemplification. It is these body effects of stress that have under scored the study of stress itself. Certain kinds of sensory and thought (Brain) originated impulses seem to throw the entire organism into stress.

This relationship between mind and body was of great concern to philosophers and scientists. Deutsh (1959)\(^2\) states that Sigmund

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Freud felt that mental process could bring about physical changes and called this is transformation as the mysterious leap from mind to body.

Selye (1936) observed three biological effects of noxious stimulation, viz., enlarged adrenal cortex; shrunken lymphatic structures and gastric ulcers. Since these findings, three essentially distinct stress adapters have been studies, viz., nervous, immunologic and phagocyte and hormonal mechanisms. These mechanisms act either Synotoxically (putting up with the aggressor) or catatonically (destroying it). Thus, he suggested a new concept "homeostasis" which is super coordinate to homeostasis and called this as the new philosophy of life.

Physiological effects of stress have been popularized by Selye (1973) who defined it as a nonspecific response in the body to any demand made upon it to adapt, whether that demand produces pain or pleasure. In fact, he adds that complete freedom from stress is incompatible with maintenance of life itself.

Grinker (1950) and schur (1955) regarded that intense and undifferentiated activation of the cardiovascular, visceral, and respiratory

systems accompany stress in early childhood. With maturity these diffuse reactions become modified and differentiated as we improve our coping abilities in handling stress.

There is a growing awareness of thoughts, emotions and environmental inputs as salient biological factors in disease and health processes. Lorenz (1965), for example, says that styles of social behavior are an essential part of an organism's inherited endowment. He says that social stimuli related to mating, perdition, infant care, aggression and social bonding, not only produce perceptual alterations but also have critical impact on the autonomic, endocrine and immune systems of the organism.

In the literature, this state is referred to as psychosocial stress. An environmental event (stressor) is stressful if it has an impact on the individual. Thus, stress-causing strain may exist in any of the three dimensions, biological, personal or environmental (i.e., physiological and psychological).

Zegans (1982)\textsuperscript{30} views that stress is an organismic state that can contribute to changes in body function, which if intense may lead to disease and says that the theory of conversion phenomenon by Freud

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formed the basis for explanations of earliest psychoanalytic studies by Ferenczi and Jellife, who regarded physiological disturbances as displaced, unconscious symbolic expression of repressed instinctual drives.

Even a person's appetite decreases when a person is under emotional stress (Krumbacher and Meyer, 1963). They cause a change and have an impact on persons eating and health habits (Antelman and Caggiula, 1977; Monat and Lazarus, 1977). Also several metabolic changes occur during emotional stress (Vitek, et al, 1966).

There was not much ground for psychosomatic medicine as a scientific discipline by 1955, As per Lipowski (1977), the field suffered a sharp drop in popularity and credibility and seemed to be heading for the analysis of medical history.

Yet, in recent years there has been an extraordinary revival of interest and activity in stress phenomenon and their links to disease at three separate but interconnected levels of analyses: the social, the psychological and the physiological. Numerous studies in the past twenty years or so have established a correlation between the occurrences of stressful life events and the one set of somatic and psychological illness.

The emphasis in this research has been an attempt to understand how stress consensual defined as charges (Vinokur and Selzer, 1975) demanding readjustment in one's normal routine, bring illness. Thus, if stress is a response to environmental, maturational and intra psychic events, the response at every stage is associated with cognitive, affective and physiological components. Zegans (1982) says that when stressful stimuli are appraised as a threat to one's basic needs, then these result in cognitive, affective and physiological reactions. In turn, they have an impact on protein metabolism, hormone secretion and other vegetative functions (Good Year, 1974; Weitzman, et al, 1975).

Dudley and Welke, E (1979) study reports of a correlation between stress-strain reactions and acute and chronic illness. This stress related phenomenon accounts for various human reactions, like physical and emotional illness. Stein, Keller & Schleifer (1981) feels that stress can cause disease by lowering or exaggerating the immune responses. From the above studies we find an increased attention addressed to relationship between stress and general illness.

But, despite extensive research in this area leading to statistically
significant correlations, the specificity of the relationship remains unclear
(Kimball, 1982)\textsuperscript{37}.

**STRESS AND THE HEART**

Not only the metaphoric heart but also the literal heart comes
heavily under the sway of a stress experience. A number of pathological
changes have been noticed in the circulatory systems of animals exposed
to stressors over long periods (Brandy and Harris\textsuperscript{38} 1977; Cohen and
Obrist\textsuperscript{39} 1975; Galosy and Gaebelein\textsuperscript{40} 1977; Schneiderman\textsuperscript{41} 1978).
The cardiovascular effects of stress have been described by several
investigators (Grinak and Ponomarenko\textsuperscript{42} 1967; Jenkins\textsuperscript{43} 1971; Shirom
and associates\textsuperscript{1973}; Johns\textsuperscript{44} 1973, 1974; Russek\textsuperscript{45} 1973 & Rahe\textsuperscript{46}
1975).

Research. 26(1), P63-71.

\textsuperscript{38} Brandy, J.V., & Harris, A.H. (1977): The Experimental Production of Altered
Physiological States. In W.K. Honig & J.E.R. Staddon (eds), Handbook of Operant

\textsuperscript{39} Cohen, D.H.& Obrist, P.A: Interactions Between Behavior and the Cardiovascular System
Circulatory Research 1975, 37, P 693-706.

\textsuperscript{40} Galosy, R.A., & Gaebelein, C.J. (1977): Cardiovascular Adoption to Environmental Stress : Its
Role in the Development of Hyper Tension, Responsible Mechanisms, Bio-Behavioral
Reviews. 1977, 1. P185-175.

\textsuperscript{41} Schneiderman, N. (1976): Animal Models Relating Behavioral Stress and Cardiovascular
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\textsuperscript{45} Russek, H.I.: Emotional Stress as a Cause of Coronary Heart Disease. Journal of American
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Dembroski\textsuperscript{47} (1984) identifies two categories of factors that are predictive of the incidence and prevalence of coronary heart disease, classic risk factors like an elevation in serum cholesterol, blood pressure and cigarette smoking and stress related risk factors including anxiety, neuroticism, depression and type A behavior.

Mckinney et al (1984)\textsuperscript{48} sum up and state that much evidence links responsively to stress to the appearance of cardiovascular disease.

Thiel, Parker & Bruce (1973)\textsuperscript{49} stated that stress related factors enhance risk of myocardial infarction. Mcquade and Aikman (1974)\textsuperscript{50} found that stress affects both physiological and psychological functions and leads to coronary disease or migraine headache.

Guillaume (1974)\textsuperscript{51} feels that, subjective experience of stress is rightfully seen as a precursor of a potential coronary problem. An effect of stress on the heart involves psychological, psychosocial and physiological interactions.


Stress induces liberation of corticoids and catecholamine, accelerates blood-clotting time, elevates serum cholesterol/lipids, reduces coronary blood flow; damages arterial wells, and elevates blood pressure and heart rate. Myocardial neuroses are produced by the combined action of potassium-depleting corticoids and oxygen-wasting catecholamine (Besser 1979)\(^{52}\).

Besser adds that due to the above features a picture of coronary prone person emerges which include the following features; stoicism, repression and hard driving, over compensation for feelings of depression, anger, insecurity and exhaustion.

Jenkins (1971) presents a comprehensive review of 160 papers concerning psychological and social factors involved in coronary disease.

Studies from various countries agree that life dissatisfaction and stress and correlated to ischemic heart disease. Orth-Gomer's (1979)\(^{53}\) studies indicate that periods of stress were reported to precede the onset of ischemic heart disease.


STRESS AND BRAIN

An important function of the brain is to maintain that regulated level of the internal environment called homeostasis. The brain regulates vital functions, such as, breathing, heart rate, blood flow - blood pressure, body temperature, energy balance and electrolytes balance. It controls the release of adrenaline into blood, and controls the pituitary, which in turn controls the hormones essential to growth, sex and reproduction.

The ACTH and cortico steroids released during stress, have multiple effects throughout the body. The brain is also the source of emotions and drives and contains the mechanisms for perception, learning, etc. (Miller, 1964).54

Fity Patrick and Delong (1961)55 and Kanturek and associates' (1966)56 findings confirm that mental stress generates changes in higher nervous activity according to individual qualities of the central nervous system rather than according to objective stress quantity. Anisman (1978)57 also reported some evidence on the effect of stress on neuro

chemical changes in the brain, which in turn influences vital neurotransmitter systems.

The studies related to stress and brain is of various types (Fity Patrick and Delong, 1961). Bharucha (1962)\cite{58} says stress operates as a behavioral anesthetic and the blockage of input into brain. Due to stress, cognitive functioning and sensory-perceptual functioning is affected (Fenz, 1964)\cite{59}.

Sheldon & Elizabeth (1968)\cite{60} say that stress affects a person's reconstruction of earliest memory. Barrow & Prosen (1981)\cite{61} discuss how stress hampers productivity in mental tasks and they devised an explanatory model of stress which involves a stress cycle in which (1) environmental demands affect (2) mental processing of events of stimulation leading to (3) mental activation which in turn produces an (4) organ reaction, that reaction sends (5) internal feedback to the nervous system enabling the brain to register stress. Anisman & Zacharko (1982)\cite{62} in their review suggest that effects of stressful experiences on affective states may be related to the

\begin{itemize}
  \item \textbf{Fenz, W.D.} (1964): Conflict and Stress as Related to Psychological Activation and Sensory Perception. Psychological Monographs: P78.33.
\end{itemize}
depletion of several neurotransmitters, including norepinephrine, dopamine and serotonin. Aversive experiences give rise to behavioral attempts to cope with the stressor coupled with increased use and synthesis of brain amines to contend with environmental demands.

However, when there is no perceived control over the aversive stimuli, amine utilization may exceed synthesis, depleting disorder. The process governing the depletion may be subject to sensitization or conditioning, effecting later reactions to related stimuli. He further suggests that either the initial amine depletion provoked by aversive stimuli or a dysfunction of the adaptive process resulting in persistent amine depletion contributes to depression.

Thus when we accept that psychosocial nature can alter body function and self, it is an indication of acceptance that brain structures exist which mediate between cognitive-affective representation in higher cortical centers and those lower nuclei systems that regulate hormonal and atomic activity.

Brodal (1981)\textsuperscript{63} pointed out that the prefrontal cortex has two ways connections with structures involved in emotional and behavioral changes and in the regulation of the internal milieu of the organism.

Lesions in the Orbit-Frontal region of the cortex tend to create profound disturbances in emotional reactivity and to interfere with social behavior.

Reichlin (1979) in his review of the anatomical and physiological basis of anterior pituitary stress effects. Regulation observed that the functions of the central biogenic systems are under the domination of various inputs from the various parts of the visceral brain and thereby responsive to stress and emotional disturbance and thus have its influence on a person's sleep, wakefulness, appetite, drinking and affective states.

From the somewhat extensive research reviewed above, it is clear that there is plenty of evidence to support the notion that stress has an impact on physical health, such as coronary disease, gastro intestinal ulcers, increased adrenal activity and disturbance of homeostasis. Many of such studies are important in understanding the nature of stress effects.

PSYCHOLOGICAL EFFECTS OF STRESS

There are some people who can handle stress better than others. People who tend to be highly affected by stress tend to be depressed and lack of self-confidence and self esteem. They tend to believe that they are helpless and elicit sympathy from others. They have greater fear of the

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unknown and an increased sense of futility, tension and neurotic tendencies. They become irritated quickly, are impatient and tend to blame others for their own problems. They are more worried about their job security and their job commitment is very low.

Stress appears to be a sort of a general mobilization of the organism's resources to meet a demanding situation. This involves the brain as well. A mild mobilization results in an optimum arousal that enables brain function to be more efficient. But at higher levels of stress reaction, the brain seems to devote all its capacity to meet the "Fright-Flight or Fight" situation which results in a substantial arrest of the efficiency of the higher thought processes and disables the organism to think, discriminate and decide clearly and calmly. Thus the psychological effects of stress are as important as the physiological concomitants. A little elucidation of these effects in terms of research studies appears to be in order.

Research on the psychological effects of stress emerged largely as a result of a desire to understand breakdowns in combat (Grinker & Spiegel, 1945) and traumatic injury (Hamburg & Degoza, 1953), were the two major concerns which promoted this type of research.

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These disturbances that were observed were often as dramatic as the situations themselves and included psychotic or psychoneurotic behavior and severe anxiety (Paster, 1948). In the subsequent years the research expanded from field studies to laboratory studies examining the conditions under which skilled performance deteriorates and there is impairment of morale, overall functioning and somatic health in the naturalistic settings (Lazarus and Folkman, 1982).

STRESS AND PERFORMANCE

Kiesler (1966) stated that stress facilitates performance on speed tasks with low intra-task competition (simple) and hinder performance on speed tasks with high intra-task competition (Complex). He states further that under low stress conditions the presence of others may raise drive and affect performance in an analogous fashion to stress, and under high stress the presence of others may reduce drive hindering performance on simple tasks and facilitating it on complex tasks as compared to the performance of those who work alone. It is a well establish ecological stress affects human behavior (Rey Kowski, 1964).

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70 Rey Kowski,J(1964): The Effect of Psychological Stress on Human Behavior Psychological Reports 1(1) P270-274.
Various studies of psychological stress indicate that there is an optimum amount of stress that is beneficial in terms of its effects on performance. Welford (1965)\(^7\) noted that a mild degree of stress improves performance and more severe degrees lead to impairment of performance, i.e. stress that is higher or lower than this amount results in steadily decreasing performance.

Pearson (1969)\(^7\) also found that stress affects performance and autonomic responses as a function of individual differences in attitude toward a specific stress situation. Person and Sjoberg (1978)\(^3\), reviewing the influence of emotions on cognitive process says that stress has an effect on performance because there will be a narrowing of attention under emotional stress.

Barrow & Prosen (1981)\(^4\), discuss how stress hampers productivity in mental tasks. They devised an explanatory model of stress which involves a stress cycle in which (1) environmental demands affect, (2) mental

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\(^7\) Pearson, L.O(1969): The Influence of Emotions of Information Processing, Coteboroq Psychological Reports, 8(7), P82.
\(^3\) Sjoberg, L (1978): The Influence of Emotions on Information Processing, Psychological Reports, 8(7), P82.
processing of events and stimulation, (3) mental activation, which in turn produces an (4) organ reaction and that reaction sends (5) internal feedback back to the nervous system enabling the brain to register stress.

But according to Anderson (1976) performance under stress follows an inverted-U-shaped function. This type of relationship between stress and performance is called as Yerkes-Dodson Law who was demonstrated in a number of laboratory studies under different types of experimental conditions.

Several explanations have been advanced for this inverted-U-shaped relationship with emphasis placed on the amount of motivation generated by the stressing agent.

Vroom (1964)\(^7\) in reviewing a number of studies that demonstrate this type of relationship between stress and performance provides two explanations for a decrease in performance under extremely high levels of stress.

First, the level of motivation to solve a problem under high levels of stress becomes so high that the subject's perception narrows to only very obvious cues and he ignores relevant information that may actually aid his performance.

Second, the high anxiety associated with high stress leads to physiological involuntary autonomic responses that interfere with performance and the subject becomes primarily motivated to reduce the anxiety rather than to perform the task.

**BEHAVIOURAL RESPONSES**

According to Cohen, people under constant stress behave differently as compared to people who are emotionally well balanced. Stress is usually associated with increased use of alcohol, smoking, eating and sometimes drugs. People under stress may gain weight and thus behave differently.

Their behavior becomes highly defensive or highly aggressive towards others and inter-personal relationships are highly affected. Stress induces irritation and lack of patience and these elements are exhibited in behavioral patterns. The person may become an introvert, may withdraw from social situations and may avoid communication with others resulting in social isolation.

**COPING WITH STRESS**

We know that some stress is necessary for optimum efficiency. We also have a general idea as to the level of stress, which is destructive to job performance. Accordingly, it is necessary for individuals, as well as management to take steps to reduce stress to acceptable levels.
INDIVIDUAL STRATEGIES

It is necessary for physical and psychological well being of the person to reduce or eliminate the negative effects of stress. It is possible to manage stress, at least in the sense that a person can avoid stressful conditions, change them or learn to cope with them. There are a number of ways by which the stress can be managed so that the person has control over his life. Some of these strategies deal with the individual himself and focus on improving his physical and mental strength to deal with stress for all sources and some strategies deal specifically with job related stress. Some of the stresses reducing strategies that are strengthen the individual's well being.

READJUST LIFE GOALS

Because of the severe competition to "get ahead" most individuals set very high standards and goals for themselves. They are always trying to do much in too little time. They have tremendous fear of failing and they are running to nowhere. These high expectations and limited resources to reach such expectations result in stress. Accordingly, people must readjust their goals and make sure they have the ability and proper resources to reach such goals. Perhaps the goals should be established after resources have been analyzed.
SOCIAL SUPPORT

There is a saying that, "a friend in need is a friend indeed". Good friends become highly supportive during the times of stress and crisis. Close and reliable friends may give a sympathetic hearing to your problems a more objective assessment of the situation and support your lagging self-confidence or self-esteem. Many people turn to God for support during times of difficulties, believing God to be their "best friend". The idea of confession to a priest in the Catholic religion is primarily meant to receive moral, support for stress created by some individual actions. Thus God, priests, family, and friends can all be a source of great comfort during times of stress.

PLAN YOUR LIFE IN ADVANCE

While the attitude of "whatever will be" is a way to accept the unexpected difficulties in life, it is better to project events in life and plant to confront them when they occur. Many times, people crease situations, which induce stress because they either did not plan or they did a bad job of planning. For example, a student who does not plan the pace of their studies during the semester fined exams excessively stressful. Accordingly, if we plan the proper utilization of our resources of time and money, the chances are that we will have less stress.
PSYCHOLOGICAL FITNESS

There is evidence to suggest that an individual who exercise and so strengthen their endurance and cardiovascular system, are much less likely to suffer from certain types of stress-resistance has become clear. Many organizations have added facilities for physical exercise in their premises. With proper exercise, diet control and non-smoking habits, blood pressure and cholesterol levels become low and the body becomes more resistant to pressures. People are more likely to get physically sick or emotionally depressed if they are overweight or poorly nourished.

YOGA

During the last twenty-five years, there has been a growing interest in yoga as a stress reduction strategy. The word "Yoga" means union and according to Amarjit Sethi, it "implies union with the ultimate where the process of desiring has come to an end and where the stress is non-existent". To a common man yoga is a structured set of exercises and body movements with deep breathing and mind concentration, so that it is a way of getting away from the stressors. To a serious student of yoga, it is a methodology to integrate body and mind forces to bring them into a state of harmony with the ultimate goal of being in unison with the infinite. At the lower levels of physical and mental fitness, yoga consists of certain postural habits (known as asanas) and these postures are non-dynamic, passive and stable, resulting in increased flexibility of skeletal structure.
This in turn stimulates the nervous system. Accordingly, with proper “asanas” and controlled breathing, the neuro-muscular coordination is strengthened affecting glandular activity, which is responsible for physical as well as mental health. Thus the development of a sound mind in a sound body improves the stress coping capabilities.

MEDITATION

Meditation involves concentration of mind away from stress producing areas, sitting in a comfortable position, closing eyes clearing the mind from all disturbing thoughts. Any form of concentration that redirects our thought processes away from daily concerns can be considered meditation. Primarily, it involves silently repeating a single syllable or "mantra" over and over again. This concentration on "Mantra" shuts out other distractions and results in physical and mental relaxation at its peak. The place of meditation should be such that the mediator is not disturbed from any outside force such as telephone, children or visitors. Maharishi Mahesh Yogi, an Indian mystic, popularized this technique and the meted is known as "Transcendental Meditation" or TM.

Another form of meditation that has grown popular is Benson’s method or "Relaxation Response". This technique is similar to TM and is designed to elicit "relaxation response" which is considered to be opposite to "Stress responses". The basic idea is
to block extraneous and distracting thoughts from one's mind. It is a form of breathing mediation, where the meditator consciously thinks of a world or a symbol on every out breath. The object is to dwell upon a particular word or sound or to gaze at a symbol or even concentrate on a particular feeling. Relaxation response should become as integral part of behavior so that life stresses are effectively countered. Benson recommends "relaxation response" break instead of coffee breaks to rejuvenate workers.

BIO FEEDBACK

Biofeedback is a methodology designed to alter undesirable physiological responses through psychological strategies. Sophisticated electronic instruments are used to measure small undesirable changes caused by stress. Then a state of relaxation is induced in order to bring back such bodily functions to a normal non-stress state. For example, whenever blood pressure is registered as too high, individuals then try to relax to bring the blood pressure down. This tendency to relax is voluntary on the part of the individual. The potential benefit of biofeedback is the human ability to bring some of the bodily functions under voluntary control. These functions include heart rates, brain waves, muscle tension, blood pressure and stomach acidity. Changes in these functions are most often caused by stress. By measuring these changes precisely through the system of biofeedback, an individual can respond to these changes effectively. Thus individuals can voluntarily practice stress management.
ORGANIZATIONAL STRATEGIES FOR COPING WITH STRESS

While it is necessary for individuals to design their own strategies to reduce stress to an acceptable level, it is equally important for organizations to develop programs that will help employees to reduce their stress. This will help in controlling employee turnover, absenteeism, and as a result, productivity will improve. Some of the steps that organizations can take are.

HEALTH MAINTENANCE

Many organizations provide facilities at their premises for physical fitness such as gymnasium, swimming pools, as well as psychological counseling. They hold seminars, workshops and lectures to help employees in understanding the nature and sources of stress, its ramifications and possible ways to reduce its negative effects. Workshops are designed in a manner that they are therapeutic in nature to help individuals who are already experiencing stress problems. Mostly the programs involve in one or more of the following techniques: biofeedback, meditation, muscular relaxation exercises, and skill training areas such as time management, interpersonal skills, training to think positively about life and its problems and looking at sources of stress realistically and analytically.
SELECTION AND PLACEMENT

The basic hiring process should be based upon matching of skills, personality and work requirements. Being placed in a job, which is not compatible with your ability and temperament, can be highly frustrating and stress producing. The applicants should be hired not only on the basis of educational background and past relative experience but the criteria for selection could also include the applicant's ability to handle role ambiguity and role conflict when present. Accordingly, during the process of hiring, some personality tests can be designed to evaluate the employee's stamina for stress.

JOB ENRICHMENT

Redesigning the job should be in such a manner as to use the maximum potential of the employee with emphasis on employee involvement in such redesigning. This will help reduce stress caused by monotony, routine work, role ambiguity, and work overload or under load. Job enrichment enhances motivation and leads to more challenging assignment, improved task significance, more responsibility, more meaningful work and more control over the employee's own work environment. It also improves feedback to the employee regarding his performance and this will reduce uncertainty. Since stress occurs when work is important and there is some uncertainly surrounding it, a redesigned job will help to overcome this stress and enhance "Quality of work life".
EFFECTIVE AND EQUITABLE PERFORMANCE APPRAISAL AND REWARD SYSTEMS

It is necessary that performance of an employee is to be appraised in an objective and non-biased manner and the rewards should be clearly and proportionately related to performance. The employee must know what is expected of him and for what exactly he is responsible and accountable. This will reduce role conflict. Employees' contribution to the organization must be well recognized, appreciated and rewarded. This will install enthusiasm and a sense of dedication and belonging to which in itself is a stress-fighting phenomenon. This is also stress. Thus the bonds of interpersonal relationship between the subordinates and the superiors help in clear and open communication.

PARTICIPATION IN DECISION-MAKING

If the employees are invited to participate in making decisions involving their own work setting, within the organizational guidelines, this would make the employees feel that they are their own boss, a factor which is associated with less negative reactions to stress. Participation increases job involvement and reduces ambiguity and conflict—the two stress-producing agents. This would also result in closer cooperation among superiors and subordinates and a better work environment, especially when the superiors support their subordinates.
BUILDING TEAMWORK

The management must create a work environment in which the members of the work group consider themselves as members of the same family. There should be no provision for interpersonal conflict within the group or for conflict between an individual and the group. Such conflicts are causes of stress and should be prevented from building or eliminated if they develop. Accordingly such groups should be developed that are more productive and mutually supportive. Members of the group would seek each other for social support, which is a necessary ingredient for diluting stress.

TREATMENT FOR NEUROSIS

The therapy of neurosis is a very complicated matter that cannot be explained in a few words. Generally the treatment is aimed at the cause or the symptoms of the particular neurosis and may be psychological behavior, or physiological in nature.
Psychoanalysis and various forms of psychotherapy is developed by Freud from his work with neurotic illness, it is often the treatment of choice for patients with neuroses, especially when changes in character structure as well as in symptoms are aimed for. In psychoanalytic treatment the patient lies on the couch with the doctor behind him and obeys the "fundamental rule" of analysis free association. The patient reports aloud every thing that comes to his mind, no matter how shameful, disgusting, unpleasant, or painful it may be. True free association is an ideal that is rarely, if never, achieved for the same defenses that serve to render forbidden impulses unconscious in the first place likewise prevent significant association from entering the patients mind and cause him to show resistance to speaking freely.

In psychoanalytic treatment, the analysis initial task is, through listening to his patient's associations to spot in signs of anxiety and resistance that point to under lying unconscious conflicts, manifested, as neurotic symptoms and under sizable character traits. Once the analyst becomes aware of these signs and conflicts he confronts the patients with their existence, helps him to clarify their nature and through interpretation enables the patient to gain insight into the unconscious forces behind the surface manifestations and their roots in pathological childhood events and relationships.
The analyst is aided in his work by the fact that in the course of analysis the patient develops a transference neurosis. He receives neurotic feelings and an attitude derived from early life, situations and inappropriately invests his analyst with these, allowing both analyst and patient through the analytic approach to discover the origins of the neurosis. Gradually, as the analysis proceeds, the patient repeatedly reviews his neurotic symptoms and behavior. He works through his neurotic conflicts, becomes aware of his unconscious motivations and defenses and achieves a healthy alteration of his personality and human relationships with a corresponding disappearance of his neurosis.

The length of analysis (generally three to five years) and the frequency of the analytic sessions often make analysis impracticable and it is unnecessary for many neuroses with uncomplicated symptoms. In these cases, brief analytically oriented insight psychotherapy may be recommended.

The aim of analytically oriented insight psychotherapy is a more limited exploration of the unconscious factors entering into the production of neurotic symptoms. In this kind of treatment the therapist is more active and focuses on specific areas of conflict without attempting a complete analysis of the entire patient's, pathological character traits or relationships.
SYMPTOMATIC THERAPY

There are many forms of symptomatic treatment. In the psychotherapeutic realm, supportive therapy aims at providing the patient a relationship with a professional therapist who through reassurance, guidance and skilful manipulations, helps to strengthen the patient's ego defenses against his psychological conflicts and to maintain his functioning in daily life. Hypnosis, which in the sensitive patient can create an altered state of consciousness similar to that seen in disassociate hysteria, is an intense form of suggestion aimed at the direct suppression and removal of symptoms.

Behavior therapy attempts to relieve anxiety by reconditioning techniques and involves teaching the patient how to achieve relaxation. Behavior therapy may also remove neurotic symptoms by associating them with painful external stimuli in the so-called aversive conditioning.

Pharmacological treatment, such as a tranquilizer, aims at altering the brain chemistry so that the neuro psychological processes, producing bodily symptoms are rendered inoperative. The results of treatment by any of the methods devised are uncertain. The current resurgence of research into therapeutic methods is therefore very timely.