# A STUDY OF GENERAL ANXIETY DISORDER (GAD) AMONG COLLEGE MUSIC STUDENTS OF HIMACHAL PRADESH IN RELATION TO THEIR SEX AND RURAL-URBAN BACKGROUND

#### Dr. Sushma Sharma

Former Head, Department of Music, LPU, Jalandhar

#### Introduction

Modern age is termed as the age of stress and strain. Due to fast growing technological advancements in every sphere of life, the spiritual values that have been the centre of our life style are pushed behind by the material values. This has caused the people to go beyond human capacities to work for material gain. The resulting continuous strain on their physical, psychological and social resources have led to the development of various psychological disorders. Anxiety disorders come under the prominent disorders that the people are suffering now days.

'Anxiety' is a common phenomenon, which is characterized by a state of apprehension or unease arising out of anticipation of danger. It is the most common symptom of clinical practice and anxiety disorders are among the most common disorders in the field of psychopathology and psychiatry.

According to Spielberger, (1972), "Anxiety refers to 'danger signal felt and perceived by the conscious portion of the personality. It is produced by a threat from internal or external situation".

Anxiety is a multisystem response to a perceived threat or danger. It reflects a combination of biochemical changes in the body, the patient's personal history and memory, and the social situation. As far as we know, anxiety is a uniquely human experience. Other animals clearly know fear, but human anxiety involves an ability, to use memory and imagination to move backward and forward in time, that animals do not appear to have. The anxiety that occurs in post-traumatic syndromes indicates that human memory is a much more complicated mental function than animal memory. Moreover, a large portion of human anxiety is produced by anticipation of future events. Without a sense of personal continuity over time, people would not have the "raw materials" of anxiety.

# What are Anxiety Disorders?

Anxiety disorders are the most common form of all mental disorders, illnesses and conditions. It is hard to tell exactly what portion of the World's population suffers from anxiety disorders but according to the various statistical data and researches from different countries and organizations, this number is huge. Citizens of the highly developed Western countries are the most likely group to be struck by anxiety disorders. Stress, pressure and high expectations are usually the main culprits.

Anxiety disorders usually start occurring in the early adulthood (early 30's) and women are 2-3 times more likely than men to become victims of these unpleasant and nasty disorders.

Anxiety is 'abnormal' if it

- Is out of proportion to the situation, or
- Persists when a stressful situation has gone, or the stress is minor, or
- Appears for no apparent reason when there is no stressful situation.

### Depression

Depression affects the life of many. We all feel depressed at times, although we may call the feelings something else, like "sad", or "blue" or "unhappy". Depression is associated with the perception of loss, events that occurred in the past, and decreased autonomic anxiety (Feldman, 1992). The term depression has been used to refer to a mood, a symptom, and a syndrome (Romano and Turner, 1985).

Depression is usually the consequence of feelings of powerlessness of aspects of life out of one's control. According to Gilbert (1995), depression affects us in many different ways and symptoms are spread over different aspects of functioning.

Motivation: Apathy, loss of energy, pointless, hopeless.

Emotions: Depressed mood, emptiness, anger or resentment, anxiety, shame.

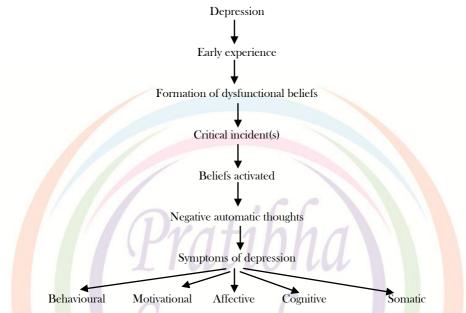
Cognitive: Poor concentration, negative ideas about the self, the world and the

Biological: Sleep disturbance, loss of apathy, changes in hormones and brain chemicals.

An affected person must experience either markedly depressed mood or marked loss of interest in pleasurable activities most of every day for at least two weeks. In addition, the person must experience at least four more of the following symptoms during the same period:

- fatigue or loss of energy;
- insomnia or hypersomnia (that is, too little or too much sleep);
- decreased appetite and significant weight loss without dieting (or) much more rarely, their opposites);
- psychomotor agitation or retardation (a slowdown of mental and physical activity);
- diminished ability to think or concentrate;
- self-denunciation to the point of claiming worthlessness or guilt out of proportion to any past indiscretions; and
- recurrent thoughts of death or thoughts of suicide.

According to Beck's cognitive model of depression, certain kinds of early experiences can lead to the formation of dysfunctional assumptions that leave a person vulnerable to depression later in life if certain critical incidents (stressors) serve to activate those assumptions. Once activated, these dysfunctional assumptions trigger automatic thoughts



that in turn produce depressive symptoms, which further fuel the depressive automatic thoughts.

In case of anxiety - academic achievement relationship the majority of bivariate studies report low negative but significant correlations (Sinha, D., 1966; Hundal et al, 1972; Rao, S.N. 1974).

However, Dubey (1976), found a positive relationship, Sharma, S. (1970), a curvilinear relationship; Singh, A. (1971) and Singhal (1974), found no relationship between measures of anxiety and academic performance.

In a recent review of 120 studies conducted in different countries, Sharma, S. (1975) has concluded that anxiety is related to different school courses, test anxiety scales are better predictors of academic success than are general anxiety scales and there is an evidence of anxiety by intelligence interaction.

Some studies, such as, Bauenneister and Colon (1974); King, Heinrich, Stephenson and Spielberger (1976) examined a theoretical model derived from drive theory and traitstate Anxiety theory which reported that trait-anxiety (A-trait) influences state-anxiety Astate) which influences achievement. The findings suggested that A-trait might have a direct influence on achievement in addition to influencing it through A-State.

Beer Singh and Pramod Kumar (1977) conducted a study on anxiety and educational achievement. The attempt has been made to find out the relation-ship between anxiety and educational achievement. The inter- correlations show that there is negative

relationship between anxiety and educational achievement. There is a difference between the average achievements scores of low and high anxious groups. The values indicate that low anxious students' achievement better in comparison to high anxious students, so far as their educational achievement is concerned.

Few studies on the school and college sample have supported the Yorke-Dobson Law, which states that the relationship between motivation (anxiety) and learning takes the form of inverted V-shaped curve which means that the optimum level of motivation for effective performance lies in the middle range rather than the high and low ends. (Sharma, 1970; Munz Costello and Korapik, 1975; Osterhouse, 1975).

Prell (1973) studied influence of anxiety on three measures of examination i.e. term paper, essay type and multiple-choice test. The correlation between debilitating anxiety score and total achievement was significant for the whole group.

Schwazer (1975) administered to 1,369 IV graders in a German version of the Test Anxiety Scale for children. Lower grades in German and Mathe¬matics were significantly associated with greater anxiety, especially for girls.

Merryman (1974) compared high, medium and low manifest anxiety subjects on performance on reading tests. Moderate and low anxiety groups performed significantly better than the high anxiety group on comprehension and vocabulary tasks. Reading tasks proved to be more anxious because of the urgency placed on it by teachers and parents.

Barton, Barsch and Cattel (1974) standardized achievement test in Social Studies, Science, Mathematics and Reading. Most important finding was that extreme scores on either end of anxiety and extroversion dimensions were related to high achievement.

Deffenbacher and Hazaleus (1985); and Sud, (1983) found that high anxious group perform more poorly compared to their low anxious counterparts, or high anxious control counterparts.

# **Objectives**

Following were the objectives of the study:

1. To measure the level of anxiety and depression (GAD) among Music students of Himachal Pradesh.

2. To study the impact of rural-urban background on the General Anxiety Disorder (Anxiety in particular) among Music students of Himachal Pradesh.

# Hypotheses

Following hypotheses were tested:

1. There will be no significant difference in the levels of anxiety of male and female Music students.

2. There will be no significant differences in the levels of depression of male and female Music students.

3. There will be no difference in the levels of anxiety of Music students coming from rural and urban areas.

4. There will be no difference in the levels of depression of Music students coming from rural and urban areas.

### Sample

The tools were administered to 100 male and 100 female pre-service teachers, selected randomly from Colleges of Shimla, but some of the subjects did not complete the tools properly and were rejected. A final sample of 86 male and 96 female Music students was included in the final analysis.

### **Tools Used**

1) Hindi Version of Beck's Depression Inventory (BDI) (1994)

The BDI is reported to possess adequate internal consistency (Upmanyu and Reen, 1990, 1991; Vredenberg, Krames and Flett, 1985). The Psychometric characteristics of this questionnaire have been well documented in the Indian set up (Upmanyu and Reen, 1990, 1991; Kumar, 1990). Kumar (1990) reported that the alpha co-efficient of the BDI was .88.

#### Procedure

A schedule was chalked out to visit various selected colleges for the administration of the tools. On the appointed day and time, the investigator herself visited the colleges and tools were administered in one sitting, as it was very difficult to approach the subjects on more occasions. The data sheets were collected and scoring was done for further analysis.

### Analysis of Data

After the collection of necessary and relevant data, the investigator subjected this data to statistical analysis for testing the hypotheses. As the purpose of the investigation was to determine whether there exist some significant differences between the means of anxiety and depression scores for male and female as well as rural and urban subjects, Analysis of Variance (ANOVA) technique was employed.

The details of the final analysis are given in the following tables. Table 1.1 to 1.4 shows the Means, S.D. and N for different groups of Music students. Table 1.5 and 1.6 show the details of Analysis of Variance (ANOVA).

Sex	Mean	<b>S.D.</b>	Ν
Male	16.86	10.25	86
Female	17.16	8.90	97

#### Table 1.2: Mean, S.D. and N for Anxiety Scores of Rural and Urban Subjects

Background	Mean	S.D.	N
Rural	13.15	9.25	108
Urban	11.91	9.31	75

Sex	Mean	S.D.	Ν
Male	12.90	9.81	86
Female	12.41	8.81	97

Table 1.4: Mean, S.D. and N for Depression Scores of Rural and urban Subjects	Table 1.4 : Mean	. S.D. and N for D	epression Scores	of Rural and	d urban Subjects
---	------------------	--------------------	------------------	--------------	------------------

Background	Mean	S.D.	Ν
Rural	18.55	10.04	108
Urban	15.55	8.61	75

#### Table 1.5. : Details of ANOVA for Anxiety Scores of Music Students

Sources of Variation	Sum of Squares	df	Mean Sum of Squares
Anxiety	381.49	3	127.1661
Error	16170.41	179	90.3375
Total	16551.91	182	

F=1.407

From Table 1.5 it is evident that the calculated value of F = 1.407 for df 3/179 is not significant even at 0.05 level of confidence (Table value of F is 3.89 for df = 3/179 at 0.05 level of confidence). Hence, it may be concluded that there exist no significant differences among various combinations of means of various groups. Thus, it may be said that there is no significant difference in the level of anxiety between different groups of male and female music students belonging to rural and urban areas.

Table 110. Details of 11100 VII for Depression Scores of Masie Statemas			
Sources of Variation	Sum of Squares	df	Mean Sum of Squares
Depression	247.94	3	82.65
Error	15404.25	179	86.06
Total	15652.20	182	
0.0001			

Table 1.6. : Details of ANOVA for Depression Scores of Music Students

F = 0.9604

From Table 1.6 it is clear that the calculated value of F = 0.9604 for df 3/179 is not significant at 0.05 level of confidence (Table value of F is 3.89 for df = 3/179 at 0.05 level of confidence). Hence, it may be inferred that there exist no significant differences among various combinations of means of various groups. Thus, it may be said that there is no significant difference in the level of depression between different groups of male and female music students belonging to rural and urban areas.

A perusal of Tables 1.1 to 1.4 shows that the mean scores for various groups on anxiety and depression are quite low (far below the average). Thus, it may be inferred that the levels of anxiety and depression among the male-female/rural-urban music students is quite low. It seems that music students of Shimla do not suffer from General Anxiety Disorders.

# Discussion

It is clear from ANOVA that the differences among various groups of music students of Shimla are not significant. Thus, all the four hypotheses, as given below are accepted.

1 There will be no significant difference in the levels of anxiety of male and female music students.

2 There will be no significant differences in the levels of depression of male and female music students.

3 There will be no difference in the levels of anxiety of music students coming from rural and urban areas.

4 There will be no difference in the levels of depression of music students coming from rural and urban areas

This may be due the fact that the subjects involved in this investigation are quite mature and are under the protection of their parents. The area from which the sample is drawn, is an area and life is comparatively slower than the life of similar subjects in the big cities. It has also been observed that level of anxiety increases if the person is under undue pressure for achieving excellence and also if he or she finds himself or herself in an environment of cutthroat competition. These two aspects are missing in this area of Himachal Pradesh.

The line of demarcation between sex roles is also becoming quite thin. It is also observed that boys as well girls both are treated on equal footings.

The sample drawn for the study came from such areas where the distinction between rural and urban areas was not very clear. Most of the villages are quite near to Shimla city and hence share most of the values of Shimla. Hence, it is not surprising that the investigator could not find any significant difference in the level of anxiety due to rural or urban background of the sample.

The male and female members of the local society face similar challenges in life. Hence, levels of GAD are almost similar and are quite low.

### **Bibliography**

- Alloy, L.B., Kelly, K.A., Mineka, S. and Clements, C.M. (1990). Co-morbidity in Anxiety and Depressive Disorders: A Helplessness/Hopelessness Perspective. In J.D. Maser and C.R. Clonings (Eds.), Comorbidity In Anxiety And Mood Disorders. Washington, D.C.: American Psychiatric Press, 499-543.
- American Psychiatric Association. (1980). Diagnostic and Statistical Manual of Mental Disorders (3rd ed.). Washington, D.C., Author.
- American Psychiatric Association (1987). Diagnostic and Statistical Manual of Mental Disorders (3rd ed, rev.): Washington, DC: Author.
- American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders (4th ed.). Washington DC; Author.
- American Psychiatric Association (APA). (2000). DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders (4th edition., Text Revision). Washington, DC: APA.
- Antonuccio, D.O., Thomas, M. and Danton, W.G. (1997). A Cost Effectiveness Analysis Of Cognitive Behaviour Therapy And Fluoxetine (Prozac) In The Treatment Of Depression. Behaviour Therapy, 28 (2), 187-210.

- Antonuccio, David, O., Danton, William, G., De Nelsky, Garland, Y. (1999). Raising questions about antidepressants. Psychotherapy and Psychozamaties, 68,3-14.
- Barkovec, T.D., & Whisman, M.A. (1996) Psychological treatment for generalized anxiety disorder. In M.R. Mavissakalian & R.F. Prien (Eds.), Long-term treatments of anxiety disorders (pp. 171-199). Washington, DC: American Psychiatric Association.
- Barlow, D.H. (1986). Causes of sexual dysfunction: The role of anxiety and dysfunction: The role of anxiety and cognitive interference. Journal of consulting and clinical psychology. 54, 140-48.
- Barlow, D.H. (1991). Disorders of emotion. Psychological Inquiry, 2, 58-71.
- Barlow, D.H., Chorpita, B., & Turovsky, J. (1996) Fear, panic, anxiety, and disorders of emotion. In D. Hope (Ed.), perspectives on anxiety, panic and fear. 43rd Annual Nebraska Symposium of Motivation. (pp. 251-328). Lincoln: University of Nebraska Press.
- Beck, A.T. (1961). An Inventory for measuring depression. Archives of General Psychiatry, 4, 561-571.
- Beck, A.T. (1976). Cognitive Therapy And Emotional Disorders. New York: International University Press.
- Beck A. T. (1983). Cognitive Therapy Of Depression: New Perspectives. In P.J. Clayton & J.E. Barrett (Eds.), Treatment Of Depression: Old Controversies And New Approaches. New York: Raven Press. 265-90.
- Beck, A.T. and Emery, G. (1985). Anxiety disorders and Phobias: A Cognitive Perspective. New York: Basic Books.
- Beck, A.T. Ward, C.H., Mendelson, M., Mock, J.E. and Erbaugh, J.K. (1962). Reliability Of Psychiatric Diagnosis: II. A Study Of Consistency Of Clinical Judgements And Ratings. American Journal Of Psychiatry, 119, 351-357.
- Beck, A.T., Rush, A.J., Shaw, B. and Emery, G. (1979). Cognitive Therapy Of Depression: A Treatment Manual. New York: Guilford.
- Blackburn, I.M., Eunson, K.M. and Bishop, S. (1986). A Two-Year Naturalistic Follow-up Of Depressed Patients Treated With Cognitive Therapy, Pharmacotherapy And A Combination Of Both. Journal Of Affective Disorders, 10, 67-75.
- Blazer, D., Hughes, D., George, L.K. (1987). Stressful life events and the Onset of a Generalized Anxiety Syndrome. American Journal of Psychiatry, 144, 1178-1183.
- Borkovec, T.D. (1988). Worry: Physiological and cognitive process. In P. Eelen (Ed.), Anxiety and the anxiety disorders. Hillsdale, NJ. Erlbaum.
- Borkovec, T.D& Costello, E. (1993). Efficacy of applied relaxation and cognitive-behavioural therapy in the treatment of generalized anxiety disorder. Journal of Consulting and Clinical Psychology, 61, 611-619.
- Borkovec, T.D., & Mathews, A. (1988). Treatment of Nonphobic anxiety disorders: A comparison of non-directive, cognitive and coping desensitization therapy. Journal of Consulting and Clinical Psychology 56, 877-887.
- Borkovec, T.D., & Ruscio, A. (2000). Psychotherapy for generalized anxiety disorder, Journal of Clinical Psychiatry, 62, 37-45.
- Bowlby, J. (1973). Separation: Anxiety and Anger. Psychology of Attachment and Loss Series (Vol. 3). New York: Basic Books.
- Bowlby, J. (1980). Attachment and loss, III: Loss, Sadness And Depression. New York: Basic Books.
- Brown, T.A., O'Leary, T.A. and Barlow, D.H. (1993). Generalized Anxiety Disorder. In D.H. Barlow (Ed.), Clinical Handbook of Psychological Disorders. New York: Guilford.

- Brown. T.A., Barlow, D.H., & Liebowtiz, M.R. (1994). The empirical basis of generalized anxiety disorder. American Journal of Psychiatry. 151, 1272-1280.
- Butler, G. and Mathews, A. (1983). Cognitive Processes In Anxiety. Advances In Behaviour Research And Therapy, 5, 51-62.
- Butler, G. and Mathews, A. (1987). Anticipatory Anxiety And Risk Perception. Cognitive Therapy And Research, 11, 551-565.
- Butler, G., Fennel, M., Robson, P.S. Gelder, M. (1991). Comparison of behaviour therapy in the treatment of generalized anxiety disorder. Journal of Consulting and Clinical Psychology, 59, 167-175.
- Carson, R.C., Butcher, J.N. Mineka, S. (2004). Abnormal Psychology and Modern Life. Pearson Education (Singapore) Pte. Ltd Delhi. India.
- Chambless, D.L., & Gillis, M.M. (1993). Cognitive therapy of anxiety disorders. Journal of consulting and Clinical Psychology, 61, 248-60.
- Ciccarelli, S.K. & Meyer, G.E. (2006). Psychology. Pearson Education.
- Clark, D.A. and Steer, R.A. (1996). Empirical Status of the Cognitive Model of Anxiety and depression. In P.M. Salkovskis (Ed.). Frontiers of Cognitive Therapy. New York: Guilford. 75-96.
- Clark, L.A. and Watson, D. (1991a). "Theoretical and Empirical Issues in Differentiating Depression From Anxiety". In J. Becker & A. Kleinman, (Eds.), Psychological Aspects Of Depression. Hillsdale, NJ: Erlbaum.
- Clark, L.A. and Watson, D. (1991b). Tripartite Model Of Anxiety And Depression: Psychometric Evidence and Taxonomic Implications. Journal Of Abnormal Psychology, 100, 316-36.
- Craighead, W.E., Craighead, L.W. and Illardi, S.S. (1998). Psychosocial Treatment For Major Depressive Disorder. In P.E. Nathan and J.M. Gorman, A Guide To Treatment That Work. New York: oxford University Press. 226-39.
- Crits-Christoph, P. (1998). Psychosocial Treatments For Personality Disorders. In P.E. Nathan, and J. M. Gorman. A Guide To Treatment That Works. New York: Oxford University Press, 544-53.
- Davison, G.C. & Neale, J.M. (1996). Abnormal Psychology Revised sixth edition. New York: Wiely.
- DSM-IV (1944). Diagnostic and statistical manual of mental disorders. 4th revision. Washington, D.C: American Psychiatric Association.
- Evans, M.D., Hollon, S.D., DeRubeis, R.J., Piasecki, J.M., Grove, W.M., Garvey, M.J., and Tuason, V.B. (1992). Differential Relapse Following Cognitive Therapy And Pharmacotherapy For Depression. Arch. Gen. Psychiat. 49(10), 802-8.
- Feldman, L. (1992). Integrating Individual and Family Therapy. New York: Brunner/Mazel.
- Gilbert, R. (1995). Varieties of Submissive behaviour as forms of Social Defense: Their Evolution and Role in Depression. In L. Sloman & P. Gilbert (Eds.). Subordination and Defect: An Evolutionary Approach to Mood disorders and their therapy Mahwan NJ: Erlbaum.
- Gilbert, S.J. (1995). Another Look at the Milgram Obedience Studies. The Role of the Graduated Series of Shocks. Personality and Social Psychology Bulletin, 7(4), 690-695.
- Gitlin, M.J. (1996). The Psychotherapist's guide to psychopharmacology (2dn ed). New York: Free Press.
- Gould, R.A., Otto, M.W., Pollack. M.H., & Yap. L. (1997). Cognitive behavioural and pharmacological treatment of generalized anxiety disorder: A Preliminary meta-analysis. Behaviour Therapy. 28, 285-305.

- Greenglan, E.R. and Burke. RJ. (1989). Career Obientations and Career Development Among Male and Female Teachers. Psychological Repots, 64 (2643), 591-598.
- Haaga, D.A.F., Dyck, M.J. and Ernst, D. (1991). Empirical Status of Cognitive Theory of Depression. Psychological Bulletin, 110(2), 215-36.
- Hallam, Richard (1992). Counselling for Anxiety Problems. London: Sage Publications.
- Hoehn-Saric, R., Borkovec, T.D., & Nemiah, X. (1995). Psychological and pharmacological treatments for generalized anxiety disorder. In G.O. Gabbard (Ed.), Treatments for psychiatric disorders: the DSM-IV edition (pp. 1537-1568). Washington, D.C.: American Psychiatric Association.
- Hollon, Steven. D., Thase, Michael, E., & Markowitz, John C. (2002). Treatment and Prevention of Depression. Psychological Science in the Public Interest, 3, 39-77.
- Kendler, K.S. (1996). Major Depression And Generalized Anxiety Disorder: Same Genes, (Partly) Different Environments-Revisited. British Journal of Psychiatry, 168(30), 68-75.
- Kendler, K.S., Neale, M.C., Kessler, R.C., Heath, A.C. and Eaves, L.J. (1992d). Major Depression And Generalized Anxiety Disorder. Same Genes, (Partly) Different Environments? Arch. Gen. Psychiat., 49, 716-22.
- Kendler, K.S., Walters, E.E., Neale, M.C., Kessler, R.C., Heath, A.C. and Eaves, L.J. (1995). The Structure Of Genetic And Environmental Risk Factors For Six Major Psychiatric Disorders In Women: Phobia, Generalized Anxiety Disorder, Panic Disorder, Bulimia, Major Depression And Alcoholism. Arch. Gen. Psychiat., 52, 374-83.
- Kessler, R.C., Mc Gonagle, K.A., Zhao, S. Nelson, C.B., Hughes, M., Esheleman, S. (1994). Lifetime and 12-month prevalence of DSM-III R Psychiatric disorders in the United States: Results from the National Comorbidity Survey. Archives of General Psychiatry, 51, 8-19.
- Kessler, R.C. (1997a). The effect Of stressful Life Events On Depression. Annual Review of Psychology, 48, 191-214.
- Kessler, R.C. (1997b). The Prevalence of Psychiatric Comorbidity. In S. Wetzler, and W.C. Sanderson (Eds.), Treatment Strategies For Patients With Psychiatric Comorbidity. New York: Wiley, 23-48.
- Kessler, R.C., Mickelson, K.D. Barber, C., Wang, P. (2001). The association between chronic medical conditions and work impairment. In A.S. Rossi (Ed). caring and doing for others: Social responsibility in the domain of the family, work, and community (pp. 403-426). Chicago: University of Chicago Press.
- Kumar, U. (1990). A Study Of Correlates Of Suicide Ideation. Unpublished Ph.D. Thesis, Punjab University, Chandigarh.
- Ladouceur, R., Dugas, M.J., Frestong M.H., Legar, E. Gangston, F., & Thibodeau, N. (2000). Efficacy of cognitive behavioural treatment of generalized anxiety disorder: Evaluation in a controlled clinical trail. Journal of Consulting and Clinical psychology, 68, 957-964.
- MacLeod, A.K. and Cropley, M.L. (1955). Depressive Future Thinking: The Role Of Valence And Specificity. Cognitive Therapy And Research, 19, 35-50.
- MacLeod, A.K., Williams, J.M.G. and Bekerian, D.A. (1991). Worry Is Reasonable: The Role Of Explanations In Pessimism About Future Personal Events. Journal of Abnormal Psychology, 100, 478-486.
- Mandler, G. (1966) Anxiety In D.L. Sills (Ed.),International encyclopedia of the social sciences. New York: Macmillan Co.
- McCullough, J.P. Jr. (1999). Treatment for Chronic Depression. Cognitive behavioural analysis system of Psychology (CBASP). New York: Guilford Press.

- McDermtt, J.F. (2001). Emily Dickinson revisited: A study of periodicity in her work. American Journal of Psychiatry, 158(5), 686-690.
- McNally, R.J. (1994). Panic Disorder: A Critical Analysis. New York: Guilford.
- Mineka, S. and Zinbarg, R. (1996). Conditioning and Ethological Models Of Anxiety Disorders: Stress-In-Dynamic Context Anxiety Models. In D. Hope (Eds.), Perspectives On Anxiety, Panic and fear: Nebraska Symposium On Motivation. Lincoln: University of Nebraska Press.
- Mineka, S., Watson, D. and Clark, L.A. (1998). Comorbidity of Anxiety and Unipopular Mood Disorders. In J.T. Spence, J.M. Darley, and D.J. Foss (Eds.), Annual Review of Psychology, Palo Alto. (A: Annual Reviews. Annu. Rev. Psychol, 49, 377-412.
- Mittee, K., Noack, P., Steil, R. and Hautzinger, M. (2005). A Meta-Analytic Review Of The Efficacy Of Drug Treatment In Generalized Anxiety Disorder. Journal Of Clinical Psychopharmacology, 25, 141-150.
- National Institute of Mental Health (NIMH). (2001). The Numbers Count: Mental Disorders in America. NIH. Publication No. 01-4584. Bethesda, MD.
- Nolen-Hoeksema, S. (1990). Sex differences in depression. Stanford, CA: Stanford University Press.
- Rajwinder Kaur (1994). Depression At Adolescence: Correlates Attribution And Coping Strategies. Department of Psychology, Punjab University.
- Rapee, R.M. (1991). Generalized Anxiety Disorder: A review of clinical features and theoretical concepts. Clinical Psychology Review, 11, 419-440.
- Rapee, R.M., & Barlow, D.H. (1993). Generalized anxiety disorder, panic disorder and the phobias. In P.B. Sutker, & H.E. Adams (Eds)., Comprehensive handbook of psychopathology (2nd ed.). New York: Plenum.
- Riso, Lawrence P. & Newman, Cory F. (2003). Cognitive Therapy for Chronic depression. Journal of Clinical Psychology. Vol. 59(8), 817-831.
- Roemer, L., Molina, S. and Borkovec, T.D. (1997). An Investigation Of Worry Context Among Generally Anxious Individuals. J. Nerv. Ment. Dis., 185(5), 314-19.
- Romano, J.M. and Turner, J.A. (1985). Chronic Pain and Depression: Does the Evidence Support a Relationship. Psychological Bulletin, 97, 18-34.
- Rush, A.J., Khatami, M., & Beck, A.T. (1975). Cognitive and Behaviour Therapy in Chronic Depression. Behaviour Therapy, 6, 398-404.
- Sanderson, W.C. & Barlow, D.H. (1991). A description of patients with DSM-III-Revised generalized anxiety disorder. Journal of Nervous and Mental Disease (In Press). 178, 588-91.
- Schweizer, E. and Rickels, K. (1996). The Iong- term Management of Generalized Anxiety Disorder: Issues and Dilemmas. Journal of Clinical Psychiatry, 58 (3), 27-31.
- Shea, M.T., Elkin, I., Imber, S.D., Sotsky, S.M., Watkins, J.T., Collins, J.F., Pilkonis, P.A., Beckham, E., Glass, D.R., Dolan, R.T. and Parloff, M.B. (1992). Course of Depressive Symptoms over Follow-up: Findings from the National Institute of Mental Health Treatment of Depression Collaborative Research Program. Arch. Gen. Psychiat.
- Simons, A.D., Murphy, G.E., Levine, J.L. and Wetzel, R.D. (1986). Cognitive Therapy and Pharmacotherapy for Depression: Sustained Improvement Over One Year. Arch. Gen. Psychiat., 43, 43-48.
- Spielberger, C.D. (1972). The nature and measurement of anxiety. In C.D. Spielberger (Ed.). Anxiety: Current Trends in Theory and Research. New York: Academic Press.

- Upmanyu, V.V. and Reen, M. (1990). Study of Popular self-report measures of depression. Journal of Personality and clinical studies, 6, 159-164.
- Upmanyu, V.V. and Reen, M. (1991). Comparison of married employed and non-employed women on depression measures. Journal of Personality and Clinical Studies, 7, 153-162.
- Verjonen, Jyrki, Ramanor, Kallie, Kaprio, Jako, Heikkila, Kauko. Et al. (1997). Self-rated Depression in 12, 063 Middle-aged adults. Mordic Journal of Psychiatry, Vol. 51(5), 331-338.
- Vredenburg, K., Krames, L. and Flett, G.L. (1985). Re-examining the Beck Depression Inventory: The Long and Short of it. Psychological Reports, 56, 767-778.
- Wade, C. & Tavris C. & Tavris, C. (2006). Psychology. Pearson Education.
- Weisman, A., Lopez, S.R., Karno, M. and Jenkins, J. (1993). An Attributional Analysis of Expressed Emotion in Mexican-American Families with Schizophrenia. Journal of Abnormal Psychology, 102(4), 601-6.
- Wells, A. (1999). A Metacognitive Model and Therapy for generalized anxiety disorder. Clinical Psychology and Psychotherapy, 6, 86-95.
- Wells, A. and Butler, G. (1997). Generalized Anxiety Disorder. In D.M. Clark and C.G. Fairburn (Eds.), Science and Practice of Cognitive Behaviour Therapy. Oxford University Press, 155-178.
- Wittchen, H., Zhao, S., Kessler, R.C., Eaton, W. W. (1994). DSM-III-R Generalized Anxiety Disorder in the National Comorbidity Survey Arch. Gen. Psychiat., 51, 355-64.
- Wolpe, J. (1958). I. Standford, CA: Standford University Press.
- Zuellig, A.R., & Newman, M.G. (1996, November). Childhood anxiety disorder in adults diagnosed with generalized anxiety disorder or panic disorder. Poster presented at the 30th Annual Meeting of the Association for the Advancement of Behaviour therapy, New York.

banaan