

A Comparative Study of Anxiety, Stress and Wellbeing between widowers/widows and normal control Males/ Females.

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Abstract

The present study was taken up to determine to assess, compare and to find out the relationship the widowers/widows and normal control males/females. The sample of 30, 30 widowers/widows and 30, 30 normal males/ females. Therefore the total numbers of participants are 120. ADS scale and PGI general well-being Questionnaire. ADS scale has been used to access the anxiety and stress. The data was analyzed using Mean, S.D., t-test. The result indicates that widower/widows scores higher than normal control males/females.

Key Words: Anxiety, stress, well-being.

Introduction

Anxiety

It is a generalized state of apprehension or foreboding. There is much to be anxious about. Our health, social relationships, examinations, careers and conditions of the environment are but a few sources of possible concerns. It is normal, and even adaptive, to be somewhat anxious about these aspects of life. Anxiety serves us when it prompts us to seek regular medical checkups or motivates us to study for tests. Anxiety is an appropriate response to threats, but it can be abnormal when its level is out of proportion to a threat. In extreme forms, anxiety can impair our daily functioning.

Sigmund Freud (1895) coined the term anxiety neurosis, which he believed resulted from dammed-up libido: a physiological increase in sexual tension leads to a corresponding increase in libido, the mental representation of physiological event. The normal outlet of such tension, in Freud's view, is sexual intercourse; but 2 sexual practices such as abstinence and coitus interrupts prevent tension.

The word anxiety has as its root angst, German for fear. According to (1992 Hallam) anxiety is a word used in every day conversation and refers to a complex relationship between a person and his situation. Anxiety is often a diffuse, unpleasant and uncomfortable feeling of

apprehension, accompanied by one or more bodily sensations that characteristically recur in the same manner in the person

Symptoms of anxiety

Mood symptoms: Mood symptoms in anxiety disorders consist primarily of anxiety, tension, panic, and apprehension. An individual suffering from anxiety experiences a feeling of impending doom and disaster. Secondary mood symptoms caused by anxiety may include depression and irritability.

Physical symptoms: The physical symptoms of anxiety can be divided into two groups. The first group consists of the immediate symptoms, including sweating, dry mouth, shallow breathing, rapid pulse, increased blood pressure, throbbing sensations in the head, and feelings of muscular tension.

Motor symptoms: Because of the high level of arousal, anxious individuals often exhibit restlessness, fidgeting, pointless motor activity such as toe taping, and exaggerated startle responses to sudden noise.

Cognitive symptoms: Cognitive symptoms in anxiety disorders revolve around the doom-and-disaster scenarios anticipated by the individual. Because the individual's attention is focused on potential disasters, the individual ignores the real problems at hand and is therefore inattentive and distractible. As a consequence, the individual often does not work or study effectively, which can increase his or her anxiety.

Stress

The use of terminology "Stress" in our daily conversation has increased. Though we all talk so much about stress but it often isn't clear what stress really is about all? We are well aware with some terms which are used synonymously for stress. These terms are stress, strain, conflict, burnout, depression and pressure. Many people consider stress is something that happens to them, an event such as a harm or encouragement. Whereas others think stress is what happens to our bodies, psyche and our behaviour in response to an event. When something happens to us, we as a reflex action start evaluating the situation mentally. We try to come to a decision, if it is threatening to us, how we need to deal with the situation and what skills and strategies we can use. If we come to conclusions that the demands of the situation overshadow the skills we have, then we label the circumstances as "stressful" and need to react it with the classic "stress response". If we trust that our coping skills prevail over the demands of the situation, then we don't see it as "stressful". Some situations in life are stress-provoking, but they are our thoughts about situations that determine whether they are a problem to us or not. How we look it and perceive a stress-inducing event and how we react to it determines its impact on our health. If we respond in a negative way our health and happiness suffer. When we understand ourselves and our reactions to stress-provoking situations, we can learn to handle stress more effectively.

A definition is that stress is a bodily reaction to stressors; consequently, complex interaction of systems of the body can result in deleterious consequences to those systems and organs to

the point of a person becoming “stressed out”; and serious illness can follow. This class fits Hans Selye’s definition of stress as the nonspecific response of the body to any demand. The demands, Hans Selye (1978/1956) held, can be positive ones (Eustress) or negative ones (Distress).

The internal component of stress involves a set of neurological and physiological reactions to stress. Hans Selye (1985) defined stress as “nonspecific” in that the stress response can result from a variety of different kinds of stressors and he thus focused on the internal aspects of stress.

One of the most comprehensive models of stress is the Bio-psychosocial Model of Stress (Bernard & Krupat, 1994). According to the Bio-psychosocial Model of Stress, stress involves three components: an external component, an internal component, and the interaction between the external and internal components. (Bernard, 1994)

Stress may be understood as a state of tension experienced by individuals facing extraordinary demands, constraints or opportunities. The pressures of modern life, coupled with the demands of a job, can lead to emotional imbalances that are collectively labeled ‘Stress’. However, stress is not always unpleasant. Stress is the spice of life and the absence of stress makes life dull, monotonous and spiritless. While no definition of stress has been universally accepted, three common classes of definition are as follows: one is a stimulus, an environmental event, usually a threat, that affects the body in complex ways; in this interpretation, stress is referred to as a “stressor”, one that evokes complex reactions of the various systems of the body.

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Type of stress:

Acute stress-

Of all forms of stress, acute stress is the most widely experienced one, since it typically is caused by the daily demands and pressures encountered by each one of us. While the word “stress” connotes a negative impression, acute stress is what actually brings about excitement, joy and thrill in our lives. Riding a roller coaster in a theme park, for instance, is a situation that brings about acute stress, yet brings excitement. However, riding a higher and longer roller coaster can bring so much stress that you wish it would end sooner, or that you should have not gone for the ride in the first place. When the long and windy ride is over, you

might feel the effects of too much acute stress, such as vomiting, tension headaches, and other psychological and/or physiological symptoms

Episodic Stress

Neuroses, all of which were regarded by Freud as having a biological basis. The word anxiety has as its root angst, German Acute stress that is suffered too frequently is called episodic stress. This type of stress is usually seen in people who make self-inflicted, unrealistic or unreasonable demands which get all clamoured up and bring too much stress in their attempt to accomplish these goals. Episodic stress is not like chronic stress, though, because this type of stress ceases from time to time yet not as frequently as acute stress does.

Episodic stress is also typically observed in people with “Type A” personality, which involves being overly competitive, aggressive, demanding and sometimes tense and hostile. Because of this, the symptoms of episodic stress are found in Type A persons. These include:

Longer periods of intermitted depression, anxiety disorders and emotional distress ceaseless worrying persistent physical symptoms similar to those found in acute stress.

Chronic Stress: Chronic stress is the total opposite of acute stress; it’s not exciting and thrilling, but dangerous and unhealthy. Chronic stress tears the life of a person apart his mind, body or spirit.

Well Being:

Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively. Sustainable well-being does not require individuals to feel good all the time; the experience of painful emotions (e.g. disappointment, failure, grief) is a normal part of life, and being able to manage these negative or painful emotions is essential for long-term well-being. Psychological well-being is, however, compromised when negative emotions are extreme or very long lasting and interfere with a person's ability to function in his or her daily life.

The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, and affection. The concept of functioning effectively (in a psychological sense) involves the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships.

The term well-being encompasses all the ways in which people experience and evaluate their lives positively. What exactly it means to experience life positively can be understood in myriad ways. Some equate well-being with happiness, but this can sometimes conjure up images of an immensely joyful, cheerful person that many do not identify with. As a result, some prefer to view well-being as a prolonged state of contentment. For others still, well-being is simply about wellness--as in having good physical and mental health. None of these views is incorrect; but each perspective is incomplete in itself. A great challenge for the science of well-being has been to define and measure this broad, encompassing construct. An

important development in this field over the past few decades is the recognition and growing acceptance that well-being consists of many aspects--that it cannot be fully represented by any one measure. A person who is depressed cannot be said to be well; however, to equate well-being with an absence of depression misses much of what people strive for when they seek to enhance and preserve their well-being. In other words, well-being includes the lack of suffering, but it is more than this. (Diner, 1984,2000)

Recent years have witnessed an exhilarating shift in the research literature from an emphasis on disorder and dysfunction to a focus on well-being and positive mental health. This paradigm shift has been especially prominent in current psychological research. (arglye, 1984,1987,1999,1998,2002).This positive perspective is also enshrined in the constitution of the World Health Organization, where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). More recently, the WHO has defined positive mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001).

The development of well being

Social Factors and Brain Development people vary widely in their typical emotional style that is whether they tend to feel generally positive or generally negative. The key to understanding individual differences in emotional style is the extraordinarily protracted period of human brain development. Unlike the other major organs of the body, our brain undergoes most of its development personality, and is exquisitely designed to respond to the environmental conditions in which a child happens to grow up. There appears to be a sensitive period in brain development up to around age 2 (e.g.Dawson, Ashman & Corver, 2000), but major changes and reorganisation continue until puberty (Huttenlocher, 1990). Moreover, the development of our frontal lobes, which are responsible for such high-level processes as planning and emotional control, continues until early adulthood (Keverne, 2005, 2008).

In all mammalian species, later emotional well-being and cognitive capability are profoundly influenced by the early social environment. Of particular importance is the closeness of the bond between mother and infant. The body of research on human infants undertaken by Ainsworth and later investigators (e.g. Ainsworth & Bell, 1970; Maccoby & Martin, 1983) provides evidence that, even in infancy, positive emotions are associated with positive cognitive and social behavior that may provide a basis for resilience throughout life. This has been amply confirmed in an elegant series of experimental studies of rodents by Meaney and colleagues (Meaney, 2001), in which the underlying neurobiological mechanisms have been identified. High levels of maternal care (from either a biological or adoptive mother) produce a permanent increase in the concentration of glucocorticoid receptors in the hippocampus and prefrontal cortex of the brain (al., 1997 Liu et; Liu, Diorio, Day, Francis, & Meaney, 2000.

Genetic Factors

There can be no doubt that an individual's genotype also has an influence on the development of psychological well-being and resilience to stress. Recent research has shown that the short allele variant of the serotonin transporter (5-HTT) gene confers vulnerability to depression, but only when there are appropriate environmental triggers, while the long allele variant acts as a resilience or protective factor (al., 2003 Caspi; Kendler, Kuhn, Vittum, Prescott, & Riley, 2005).

Objectives:

1. To examine and compare between widowers and normal males on the level of anxiety.
2. To examine and compare between widows and normal females on the level of anxiety.
3. To study the impact of stress widowers on normal males.
4. To study the impact of stress widows on normal female
5. To examine the impact of well being widowers on the normal males.
6. To examine the impact of well being widows on the normal females.

Hypotheses:

1. There would be significant difference between widowers and normal males on anxiety.
2. There would be significant difference between widows and normal females on anxiety.
3. There would be stress significant difference between widowers on normal males.
4. There would be stress significant difference between widows on normal females.
5. There would be significant impact of poor well being between widowers on normal males
6. There would be significant impact of poor well being between widows on normal females.

Review of literature

A study was conducted on stress in widowhood: a systematic review, the association between widowhood and mental health problems, such as depressive symptomatology and stress, has been examined extensively. Studies were identified, exploring the prevalence and incidence of mood and anxiety disorders in 3,481 widowed individuals and 4,685 non-widowed controls. As expected, the prevalence of Major Depressive Disorder (MDD) and anxiety disorders were considerably elevated in widowed individuals, especially in the first year after the loss of a spouse. During the first year of bereavement, almost 22% of the widowed were diagnosed as having MDD; almost 12% met diagnostic criteria for Post Traumatic Stress Disorder; and there were higher risks of Panic Disorder and Generalized Anxiety Disorder. The incidence rate of MDD and several anxiety disorders ranged from 0.08-0.50. The relative risk of developing a mood or anxiety disorder ranged from 3.49-9.76, in the widowed, compared to control subjects.

Widowhood among women in late life is a high probability event and this is particularly the case for women aged 75 years or over. For example, 65% of women in this

age group are widowed (OPCS, 1990). This reflects both women's greater life expectancy and their tendency to marry men older than themselves.

Methodology

Research Design: 2(Gender) *3(variable) factorial design would be used for study in which anxiety depression stress well being is dependent variable.

The present study was conducted on a sample of 30, 30 widowers/widows and 30, 30 normal males/ females. Therefore the total numbers of participants are 120. The subject of the present study were drawn on the basis of stratified proportionate random selection from Varanasi place. Of the age range 30 to 70.

Sample distribution

| City | Gender status | Anxiety | Stress | Well being |
|----------|----------------|---------|--------|------------|
| Varanasi | widowers | 30 | 30 | 30 |
| | widows | 30 | 30 | 30 |
| | Normal males | 30 | 30 | 30 |
| | Normal females | 30 | 30 | 30 |
| Total | 120 | 120 | 120 | 120 |

Instruments

ADS scale and PGI general well being Questionnaire. ADS scale has been used to access the anxiety depression stress developed by Pallavi Bhatnager , Megha Singh , Manoj Panday ,Sandhya , Amitabh with 48 item. There are three dimension in this scale anxiety depression stress . Reliability of the scale .71 and validity of the sale .74. PGI well being scale access the well being developed by S..K. Verma & Amitya Verma with 20 items.

Statistical Techniques:

To test the purposed hypothesis the obtained data were analyzed in tremns of Mean ,S.D , and t-test.

Results and Discussion

Mean, S.D. and t values of Anxiety between widows/widows and normal male/normal female. (N =30 each group)

TABLE NO-1

| variable | Widower | | | Normal Male | | | t values |
|----------|---------|-------|------|---------------|------|------|----------|
| | N | Mean | S.D. | N | Mean | S.D. | |
| Anxiety | 30 | 10.67 | 2.52 | 30 | 4.68 | 2.43 | 10.89** |
| | Widow | | | Normal Female | | | |
| | N | Mean | S.D. | N | Mean | S.D. | |
| Anxiety | 30 | 13.00 | 2.08 | 30 | 3.67 | 2.07 | 17.39** |

Note: - * = $p < .05$, ** = $p < .01$, NS = Not significant.

Analysis of anxiety difference between Widowers / Widows and Normal Males / Females.

Following hypothesis was formulated to the would be significant difference between widowers and normal males on the level of anxiety.

Hypothesis 1 .There would be significant difference between widowers and normal males on anxiety. Mean, S.D and T values were calculated to find out that there will be difference between widower and normal male are presented table 1.

An inspection of table 1 indicate that there are significant difference between widowers and normal males.(T value = 10.89**, $p < 0.01$, $p < 0.05$ level).

So formulated hypothesis is accepted.

Following hypothesis was formulated to there would be significant difference between widows and normal females on the level of anxiety.

Hypothesis 2 There would be significant difference between widows and normal females on anxiety.

So formulated hypothesis is accepted.

Mean, S.D and T values were calculated to find out that there will be difference between widows and normal females are presented table 1.

An inspection of table 1 indicate that there are significant difference between widows and normal females. (t-value =17.39**, $p < 0.01$, $p < 0.05$ level).

So, my formulated hypothesis is accepted.

Mean, S.D. and t values of stress between widower/widow and normal male/normal female. (N =30 each group)

TABLE NO-2

| | Widowers | | | Normal Males | | | t values |
|--------|----------|-------|------|----------------|------|------|----------|
| | N | Mean | S.D. | N | Mean | S.D. | |
| Stress | 30 | 8.67 | 1.82 | 30 | 3.07 | 1.98 | 10.58 |
| | Widows | | | Normal Females | | | |
| | N | Mean | S.D. | N | Mean | S.D. | |
| Stress | 30 | 11.57 | 3.67 | 30 | 3.67 | 2.44 | 14.79 |

Note: - * = $p < .05$, ** = $p < .01$, NS = Not significant.

Analysis of stress difference between Widowers/Widows and Normal Males/Females. Following hypothesis was formulated to there would be significant difference between widowers and normal males on the level of stress.

Hypothesis -3. There would be stress significant difference between widowers and normal males.

Mean, S.D and T values were calculated to find out that there will be difference between widowers and normal males are presented table 2.

An inspection of table 2 indicate that there are significant difference between widowers and normal males. (t-value = 10.58**, $p < 0.01$, $p < 0.05$ level).

So formulated hypothesis is accepted. Following hypothesis was formulated to the would be significant difference between widows and normal females on the level of stress.

Hypothesis-4. There would be stress significant difference between widows and normal females. Mean, S.D and T values were calculated to find out that there will be difference between widows and normal females are presented table 2.

An inspection of table 2 indicate that there are significant difference between widows and normal females. (T value = 14.80**, $p < 0.01$, $p < 0.05$ level).

So formulated hypothesis is accepted.

Mean, S.D. and t values of wellbeing between widower/widow and normal male/normal female. (N =30 each group).

TABLE NO- 3

| | Widowers | | | Normal Males | | | t values |
|------------|----------|-------|-------|----------------|-------|-------|----------|
| | N | Mean | S.D. | N | Mean | S.D. | |
| Well being | 30 | 10.27 | 3.005 | 30 | 15.67 | 1.989 | 10.18** |
| | Widows | | | Normal Females | | | |
| | N | Mean | S.D. | N | Mean | S.D. | |
| Well being | 30 | 7.93 | 2.26 | 30 | 15.57 | 2.933 | 11.26 |

Note: - * = $p < .05$, ** = $p < .01$, NS = Not significant.

Analysis of stress difference between Widowers / Widows and Normal Males/ Females.

Following hypothesis was formulated to the would be significant impact between widowers and normal males on the level of well being. Hypothesis -5. There would be well being significant impact between widowers and normal males. Mean widowers (10.27) and males (15.67), S.D widowers (3.05) and males (1.99) T values were calculated to find out that there will be difference between widowers and normal males are presented table 3.

An inspection of table 3 indicate that there are significant difference between widowers and normal males (T value = 10.18**, $p < 0.01$, $p < 0.05$ level).

Sob formulated hypothesis is accepted. Following hypothesis was formulated to the would be significant impact between widows and normal females on the level of well being.

Hypothesis -6. There would be well being significant impact between widows and normal females. Mean widows (7.93) and females (15.57), S.D widows (2.269) and females (2.939) T values were calculated to find out that there will be difference between widower and normal male are presented table 3. An inspection of table indicate that there are significant difference between widows and normal females (T value = 11.27**, $p < 0.01$, $p < 0.05$ level).

Discussion

The appropriate result is clear from Anxiety on impact of widowers/ widows so their position in society is not good we need to pay attention of them. If the level of anxiety is high they will have effect of personality. Some studies are proves the hypothesis. According to Grrelly et al 1999 and sulverman 2001 CI study of anxiety between widowers/ widows if the high level of anxiety so they can have variety of anxiety disorder and their adjustment gets also spoil.

According to Barry et al 2002 also studies of anxiety between widowers/ widows and explained that when his beloved on death after 4 month then increase the anxiety level. So there by contain emotional disturbance physical symptoms on behaviors and so many changes on behaviors.

So the hypothesis is accepted.

The appropriate result is clear from Anxiety on impact of widowers/widows .so their position in society is not good we need to pay attention of them. If the level of stress is high they will have effect of personality.

Some studies are stress on widower/widow show that if the stress level high on widowers/widows in compare to normal (male/female) so caused by major depression and anxiety disorders some times after the death of his beloved it seems to visible.

The appropriate result is so that well being poor between widowers/widows compression to male/ female. If the poor level of well being widowers/widows show many symptoms changes in personality. And poor social adjustment level.

According to Harlow et al 1991; Jacobs et al 1989; Ferrero 1989. Study of well being between widowers/widows if the decrease positive emotion level, so that depression low morale decline in the physical health in short term .

Conclusion:

Widowers and widows suffering physical mental and psychological, problems and felling of loneliness.

The anxiety level normal female and males lower than widowers/ widows.

There are difference found in total anxiety depression stress well being widowers/widows on the normal males/females.

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