ANXIETY NEUROSIS

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S.S.L.C. examination is fast approaching, only a few days more. Mr. Sadanandan is not satisfied with his preparation for the examination. The clock struck six, sun has set. He opened his book and began to read, "Lincoln, the president of united states was born in a poor family. He became a big personality through his constant effort."

He read the lesson four or five times but found nothing could be recollected. He felt giddy and developed a headache. His whole body was shivering. His mother had to wake him up for dinner. At dinner table he was behaving very oddly. He had forgotten to wash his hands and face, his mother was confused as to what had happened to her son. In the middle of the night she heard her son crying in the bed room. She rushed into his room and saw him panting and sweating. She was in tears to see him breathless. She cried out, "My child, what is happening to you." Sadanandan told her that his sleep was disturbed by a frightening dream in which a snake was chasing him. He wanted to go to the toilet but could'nt even stand; was extremely weak. His mouth and tongue were dry and badly needed something to drink. Then he went to sleep. The whole family was upset to see Sadanandan next morning fatigued and helpless. He thought "My expectations are shattered, can I appear for the examination? No, surely, I can't." He consulted a physician. The physician didn't find any physical disease in him and referred him to the psychiatric clinic.

Sadanandan is the eldest of four siblings. He has a poor family background. His father, a mason aged 48 is a very aggressive and an authoritarian type of person. Being an alcoholic he used to create a lot of trouble at home. His mother aged 42 is a housewife. She was very much concerned about children and was an over protective woman. She was always anxious about her son's studies and success in life. Since childhood Sadanandan was a victim of several ailments such as asthma, night terrors, persistent headache and so on. Now he is seventeen. His sexual urges and practices began at the age of fifteen. He had homosexual practices and often felt guilty about it. Since one year his interest in study was declining and was unable to concentrate or face any problems. Vague fears and disturbed sleep often incapacitated him. He was very much concerned about his examination and future plans.

Sadanandan was admitted in the psychiatry unit. His mental status examination revealed no psychotic features, was apprehensive and had no insight about his illness. He was having Anxiety Neurosis. He was put on diazepam. Later he was given psychotherapy and taught to relax. Now he is free from his illness and awaiting the next examination.

Anxiety is that state of mind which is characterised by uneasiness, tension and apprehension caused by an unreal danger or threat. Anxiety may occur in any situation that may cause threat to the goals of life. A person may experience anxiety when he appears on the stage, visits strange places or appears for examinations etc. The patient with anxiety neurosis may be subjected to acute terrifying panicky experiences lasting from a moment to hours. Anxiety which is a normal phenomenon in day to day life becomes a disabling illness at times in some persons.

Twentieth century is referred as an age of anxiety. Modern life style has driven man to a maladaptive state. He faces conflicts, frustrations in his day to day life in the present dynamic world. He finds it difficult to cope up with the changes in the environment.

Anxiety neurosis may occur in childhood, adolescence and old age. Anxiety neurosis in old age is difficult to cure. Anxiety in adolescence is mostly connected with sex as it is a crucial period during which lots of physiological changes take place. As there is no proper sex education in our country, lots of misconceptions regarding sex can capture the adolescent mind and can cause anxiety.

The causes of anxiety are various among which psychological stresses and conflicts during childhood are most important. Faulty parental models, too much dependancy, over protection or rejection by the parents in childhood may end in acute feelings of inadequacy to meet the inner and outer stresses of life. These feelings may threaten the self image and may predispose to anxiety neurosis. Thus childhood experiences in family can affect the future life of a person. Apart from psychological stresses, organic factors like hyperactivity of the thyroid gland, encephalitis and epitepsy may also cause anxiety. Women are more susceptible than men. In females during menarche, menapause and pregnancy, the anxiety may increase due to hormonal influences.

Symptomatology of anxiety neurosis is both physiological and psychological. In anxiety, adrenaline, an adrenal hormone is increasingly poured into the

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Adding to this the stigma, the society also will be changed if nurses wear sarees like other professional occupants. When Doctors can wear sarees and work briskly and in sharp, I really don't understand why the nurses cannot work in sarees so briskly as other incumbents in the medical sphere would do.

The nurses with the white frocs, cap, stockings appear so odd than other women in society. Imagine obesed woman in her 35 to 45 years wearing a froc. As the philosophy of the nursing is under vivid change and God speed, the concept of modern nursing has changed so much. It should come close to the patient, family and its constituents hence the woman-nurse wear a dress which is very close to the Society of women in which she has to fit every minute. Then they will not be segregated from the society as a whole. They become as one in the society and could mingle with people better and do better to the society's needs. So the nurses should be given as per the sociability of woman of that particular state in India. Because our country has different social customs and dresses, it would be possible for the nurses to mix easily with their society if they wear their accepted dress. For example, in Punjab and other northern parts of this Sub-continent, the Pyjama & Kurta is known dress—hence nurses also can wear the identical dress in colours viz., pink, light green etc., at Maharashtra, Orissa, A.P., Karnataka etc. They can wear sarees of some pleasant colours according to the respective offices they hold.

1. The white sarees can be given to staff nurses
2. Pink colour can be given to student nurses
3. Light-green or dark-green sarees can be given to supervisors, administrative cadre, teaching staff etc.

If I don't add this sentence I feel it will be an incomplete precis about the uniforms that is some of my senior most nursing personnel feel by wearing uniform and spending 8 hours in a corner of the hospital is the real duty than actual man-hours that are spent in real service on the patient and ancillary assignments. This is a very strange opinion of certain aged nurses. It is the man-hours that are spent in real service is more worthy than the nurse with uniform idling away the man-hours in the ward. Really a state to loathe at.

The lacunae could be fought out by changing to saree uniform from the aged, off froc (a replica of British dogma and slave attitude to the core and vein). With all verve and gusto the present day woman—Nurse could work hard with changed uniform just like she works in her own pantry or larder at home.

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blood stream and is responsible for many of the reactions. In addition there is sympathetic overactivity in the autonomic nervous system. The symptoms are variable and found in most of the systems of the body.

Cardiovascular features are, rise in blood pressure, tachycardia, retrosternal pain often mistaken for heart disease. Palpitation is an outstanding feature of anxiety neurosis. In respiratory system there will be suffocation, tachypnoea. Extreme fatigue is experienced because of reduced oxygen consumption. In the gastrointestinal system dryness of mouth and throat, burning type of epigastric pain, nausea, vomiting etc. are found. Difficulty in speaking due to dryness of the tongue. Urgency and frequency of stools or constipation are not uncommon. Urgency and frequency of micturation retention of urine are also features of anxiety. Sexually the male may show impotency, lack of libido and premature ejaculation. The females may have menorrhagia, amenorrhoea, dysmenorrhoea etc. The skin will be cold and clammy due to profuse sweating. Excessive sweating of the palm axilla and groin is a characteristic feature of anxiety neurosis. Tremor, muscular craps, hot flushes and fatiguability are also seen in most of the cases.

Psychological symptoms are more prominent. They are vague fear, inability to concentrate, declining interest, loss of memory, confusion, disturbed sleep and brooding. The patient may have inferiority feelings, difficulty in taking decisions or facing problems of life.

All these symptoms may not be present in a patient at the same time.

Treatment of anxiety neurosis comprises of medical, psychological and behavioral approaches. Diazepam groups of drugs are very effective in controlling acute symptoms. Psychotherapy is the basic treatment. The therapist studies the psychodynamics of the disease, interprets and reassures the client. This may take several sessions. Course of the treatment is rather prolonged. In behavioral model, progressive muscle relaxation is adopted to relieve muscular tension which in turn reduces anxiety. Muscular relaxation will stimulate the parasympathetic nervous system and counterpoise with the functions of sympathetics and alleviate anxiety of the patient.

Mild indications showing the development of anxiety neurosis in the early days of life, if left neglected and untreated it develops into disabling anxiety neurosis in later years. If tackled in the proper time by the proper person in the majority of instances anxiety neurosis is a curable condition.

References

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