

## **Investigation into Anxiety Level of M.Phil Students of Allama Iqbal Open University at Entry Level**

**Dr. Muhammad Javed Iqbal\***

### **ABSTRACT**

*Output of education largely depends on input made by the potential of learner. But anxiety of potential learner make it difficult to invest himself fully in academic and other related activities, Environment of learning, aptitude of learners', tutor, resource person and peer group have significant role in determining of anxiety level of the learner. This study investigates the anxiety level of MPhil Education students of Allama Iqbal Open University Islamabad, Pakistan at entrance level in the programme. Study was delimited to sessions 2008 to 2009. Rating scale was used as tool. Findings of the study include that: on receiving study material students interest increased, motivated feeling of relationship with university, while impaired hearing, impaired vision and over eating were symptoms of anxiety. It is recommended that an introductory positive orientation letter may be served to the students with mailing package, first session of workshop may be devoted to anxiety relaxation techniques, anxiety level of students may also be assessed after first semester so remedial treatment may be employed to the needy students.*

*Key Words: anxiety, generalized anxiety order, psychological symptom, phobia, distance education.*

---

\* \* Chairman, Distance, Non-Formal and Continuing Education Department, Allama Iqbal Open University, Islamabad, Pakistan. e-mail: javediqbal1941@yahoo.com

---

## **1. INTRODUCTION**

Education is considered as process as well as product and is supposed to prepare one for better life while teaching learning process is concerned with the promotion of desirable behaviour. Development and reshaping of attitude is an important aspect of learning. Thus education has to focus on the conditions those provide bases for learning.

Attitudes associated with programmes and subjects have impact on the student participation level and achievement. Researches examining the psychological effects found that "a students' self concept of his ability to perform in subject is positively correlated with the achievement embarrassing" (American Psychiatric Association, 1994, p.56).

Anxiety is an unpleasant state which is associated with feelings of un-easiness and apprehension. Both anxiety and depression are weeds that grow from the fertile soil of insecurity. It is uneasiness over an anticipated situation or object that typically would produce discomfort in rational individuals (Kendall, Hammen, 2000; Clark & Wells', 1995). Anxiety is usually considered to be highlighted physiological state which has cognitive semantic, emotional and behavioural components (Seligman, Walker and Rosenhan, 2001). All these components may combine together to create feeling of uneasiness. The anxiety state usually carries heart palpitation, nausea, pain, and headache or digestion disorder. Every one of us may feel anxiety at one or other time in one's life. Usually this is the result of stressful situation so anxiety is part of our life. Smith, et al. (2009) view anxiety as today's way of warning hence it is adaptive. Anxiety prepares a person to face threat. When anxiety is prolonged, intense, distressing and unwanted, it turns into anxiety disorder. Anxiety disorder hurdles oneself from normal life functioning.

## **2. REVIEW OF RELATED LITERATURE**

What 'anxiety' actually refers to and how can we identify its types and causes are concern to understand the concepts and aspects of anxiety.

## **2.1 Definition and Types of Anxiety**

"Anxiety is a psychological construct, commonly described by psychologists as a state of apprehension, a vague fear that is only indirectly associated with an object" (Scovel, 1991). Psychologists make a distinction between three categories of anxiety: trait anxiety, state anxiety, and situation-specific anxiety. Trait anxiety is relatively stable personality characteristic, 'a more permanent predisposition to be anxious' (Ellis, 1994) while state anxiety is a transient anxiety, a response to a particular anxiety-provoking stimulus such as an important test (Horwitz, 2001). The third category, situation-specific anxiety refers to the persistent and multi-faceted nature of some anxieties (MacIntyre & Gardner, 2001). It is aroused by a specific type of situation or event such as public speaking, examinations, or class participation (Ellis, 1994). In simple, anxiety is something we all experience from time to time. It is a normal response to situations that we see as threatening to us.

Types of anxiety include "signal anxiety, anxiety trait, anxiety state, free floating anxiety. Signal anxiety is anxiety to an anticipated event. A distance student who is normally relaxed before he receives bulk of study material first time but after receipt of study material, he is anxious; this is signal anxiety while anxiety trait is "component of personality which means it is present over a time period". This can be measured by using observational techniques. An anxiety state occurs as a result of a stress situation in which a person loses his emotions. Free floating anxiety is that which is always present and accompanied by a feeling of dread. A person may exhibit ritualistic and avoidable behaviour. Severity of anxiety may be normal, acute, chronic and panic. Normal anxiety is of small degree and it motivates the student. Acute anxiety interferes with ones' ability to think and creates extreme nervousness (Terry, 2007) and usually occurs suddenly but lasts over a small period. Chronic anxiety may sustain for months or years. Panic activity is severe form of anxiety which disintegrate the personality.

Anxiety may be of many other types. Paul Tillich and Freud see anxiety as Trauma of non being. Test anxiety is uneasiness, apprehensions or nervousness felt by students who have fear of test. Parker (2000) identifies that student may experience: association of grades with personal worth, embracement by a teacher, taking a class that is beyond his ability, feeling of alienation from parents or

---

friends, time pressures, feeling a loss of control, dizziness, headaches, racing heartbeats, nausea, fidgeting and drumming on a desk. Terry (2007), explains anxiety related problems can range from chronic shyness and low self-esteem to disorders involving how we think, feel and act-shown in the five main types of classified disorders; generalized anxiety disorder (GAD), panic disorder, phobias, obsessive compulsive disorder and post traumatic stress disorder. Generalized anxiety disorder (GAD) is characterized by excessive exaggerated anxiety and worry about every day life events. People suffering from GAD remain worried about their health, business, education, family etc. Here worry is not pseudo rather disturbs daily life. Symptoms of GAD might include these “excessive, on going worry tension, unrealistic view of problems, restlessness or feeling of being “edgy”, irritability, muscle tension, headaches, sweating, difficulty in concentrating, nausea. frequent bathroom, tiredness, trouble in sleeping, teaming and easy started”.(Clinger, Martin and Guze, 1981; Forgersen, 1988; Kendall and Hammen, 2000).

Obsessive Compulsive Disorders (OCD) is that type of anxiety disorder which is characterized by unwanted thoughts or behaviours and this seems not to be stop or control i.e. recurring worry that I have forgotten to switch off lights, heater, washing hand over and over etc. Separation Anxiety is normal part of child development, which occurs when a child is away from home or parents. Social Anxiety or social phobia is anxiety when one has a feeling of humiliated in public, one might experience extreme shyness. Performance anxiety is most common type of social phobia.

Hamilton (2001) and Buss (1999) by factor analyzing anxiety scores obtained from psychiatric patients, obtained two factors ('psychic' and 'somatic anxiety) which accounted for the major portions of the variance in anxiety questionnaire scores. Schalling, Cronholm and Asberg (1995), after extensively review of the literature hypothesized that anxiety is made up of cognitive and somatic components.

## **2.2 Symptom /Effects of Anxiety**

Anxiety can be evaluated in terms of several criteria (e.g., behavioral, psycho physiological and psychometric measures). Psychological symptoms of anxiety include irritability, lack of concentration, strange thoughts, mood swings etc.

According to Joseph (2007), some of the possible symptoms of effects may be a rise in blood sugar, muscular tension, dry mouth, rapid heartbeat or palpitations, headaches, fatigue, impotence, colon spasms, diarrhea or constipation, insomnia, poor concentration and general feeling of apprehension and dread. People with generalized anxiety disorder may also experience depression at some point. Excessive anxiety must have at least three of these symptoms:

- Restlessness
- Easily fatigued
- Muscle tension
- Sleep disturbance ([www.fffexorxr.com](http://www.fffexorxr.com))

Anxiety symptoms range from mild uneasiness to intense condition, a certain amount of anxiety may raise arousal level and might improve performance. Common complaints of anxiety include persistent tension, nervousness, heart palpitation, swelling, trembling, dizziness and concentration problems. McFarland and Wasli (1992) listed 16 factors which may cause anxiety. Symptoms of anxiety may range from state of euphoria to panic and are also grouped into five levels as given below:

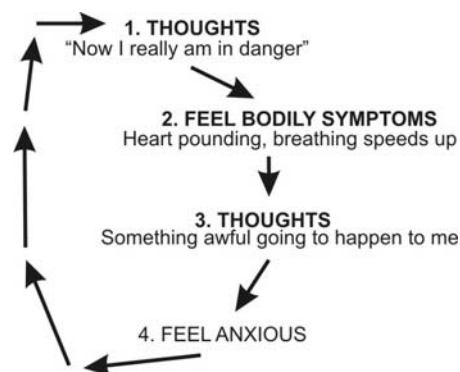
- Level 0: Euphoria:an exaggerated feeling of which are not directly proportionate to a specific situation.
- Level 1: Mild Anxiety: positive experience with increase ability to learn, motivated feeling of restlessness, may not be able to relax.
- Level 2: Moderate anxiety: narrows down the perception, voice tremors, increased, physiological changes.
- Level 3: Severe anxiety: perception reduced, focus on small details inability to communicate clearly, decreased intellectual thought process, feeling of purposelessness.
- Level 4: Panic state: complete disruption of ability to perceive, disfiguration of personality and loss of control. Panic attacks may last over 15-30 minutes.

---

## 1.4 Causes and Risk Factors

There are a number of causes which contribute to the anxiety disorders. Some important causes are environment family structure, brain chemistry, genetics, financial problems and marital problems. But the important thing is that no single factor alone leads to anxiety disorder. Anxiety might have four theoretical perspectives, biological, psychodynamic, behavioral and cognitive. There are at present 700 identified phobias. Some psychologists measure state and trait anxiety through physical signs: heart rate, respiration skin conductance and bio chemistry. Sometimes anxiety can go on and on, and become a lifelong problem. There can be a number of reasons for this: If someone has an anxious personality and is a worrier, then they will probably be in the habit of feeling anxious. Sometimes people have ongoing stresses over a number of years which means they develop the habit of being anxious. It is expressed in the following diagram:

Figure. 1



Source: *Stress and Anxiety- A Self Help Guide*, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust (2001).

Anxiety may be found in the students as they might not be well prepared of heavy study package, as anxious student and complex subject matter combine to create a difficult environment of learning. Such environment may create the following three problems:

1. Anxiety blocks the normal thought process.
2. Anxiety favours a passiveness to material rather than interaction with it.
3. Anxiety is associated with a general sense of incompetence.

## **1.5 Foreign Language Anxiety**

Horwitz, and Cope (1986) considering language anxiety with relation to performance evaluation within academic and social contexts, drew parallels between it and three related performance anxieties: (1) communication apprehension (CA); (2) test anxiety; (3) fear of negative evaluation.

### **a) Communication Apprehension (CA)**

Communication apprehension (CA) is "a type of shyness characterized by fear or anxiety about communicating with people" (Horwitz, & Cope, 1986). McCroskey's (2006) conceptualizes this while describing CA as "an individual's level of fear or anxiety associated with either real or anticipated". Communication apprehension obviously plays a large role in second/foreign language anxiety. People who are apprehensive speaking in groups are likely to be even in more trouble when doing so in a second/foreign language class, where "in addition to feeling less in control of the communicative situation, they also may feel that their attempts at oral work are constantly being monitored" (Horwitz, and Cope (1986). This apprehension is explained in relation to the learner's negative self-perceptions caused by the inability to understand others and make himself understood (MacIntyre & Gardner, 2005).

### **b) Test Anxiety**

Test anxiety, as explained by Horwitz, & Cope (1986), "refers to a type of performance anxiety stemming from a fear of failure". Test anxiety is quite pervasive in language classrooms because of its continuous performance evaluative nature. Unfortunately, for highly anxious students, second/foreign languages, more than any other academic subject, require continual evaluation by the instructor — the only fluent speaker in the class (1986). It is also important to note that oral testing has the potential to provoke both test and oral communication anxiety simultaneously in susceptible students.

---

**c) Fear of Negative Evaluation**

Fear of negative evaluation is an extension of the second component (test anxiety) of second/foreign language anxiety because it is not limited to test-taking situations; rather, it may occur in any social, evaluative situation, such as interviewing for a job or speaking in second/foreign language class (Horwitz & Cope, 1986). It is also broader in the sense that it pertains not only to the teacher's evaluation of the students but also to the perceived reaction of other students as well (Shams, 2006).

Horwitz & Cope (1986) believe that, although communication apprehension, test anxiety, and fear of negative evaluation provide useful conceptual building blocks for a description of second/foreign language anxiety, it is more than just the accumulation of these three components: "we conceive foreign language anxiety as a distinct complex of self-perceptions, beliefs, feelings, and behaviors related to classroom language learning arising from the uniqueness of the language learning process". What makes language learning a distinct and unique process is its interaction with the concept of 'self'.

**Treatment**

Most anxiety disorders are treated with cognitive behavioural therapy (CBT), medication or blend of these two. CBT as name speaks focuses on thinking disorder and behaviours. It takes 12-20 weeks. This may take place of individual as well as groups level.

Medication includes anti anxiety drugs, anti depressants and beta blockers, natural and herbal treatments also in use. Other Anxiety Disorder treatment includes Relaxation Techniques, self help. But for better results cultivation of support system is necessary.

**3. STATEMENT OF THE PROBLEM**

As no study on anxiety at M. Phil level has been conducted so far at AIOU so there was a need to look into the anxiety level of M. Phil students, thus this study entitled "An investigation into the anxiety level of M.Phil Education students of Allama Iqbal Open University at entry level" was taken.



M.Phil Education is research oriented intensive study programme. This programme is offered through distance mode so isolation of the students is one of the social characteristics of these students. So identification of the initial response and anxiety of students need to be addressed and this is an attempt to identify the anxiety level so that remedial measures may be adopted so as a result of this study teaching learning process may be initiated smoothly.

#### **4. OBJECTIVES OF THE STUDY**

Objectives of the study were:

1. To identify different types of anxiety.
2. To find out the anxiety level of M.Phil Education students.

#### **5. METHODOLOGY**

The study was delimited to M. Phil Education students admitted in the sessions 2008 and 2009. Population of this study was consisted of students enrolled in M.Phil Education programmes of Allama Iqbal Open University Islamabad in Spring 2008 and 2009 i.e. 183. While the whole population was taken as sample i.e. 100%.

The study was descriptive in its nature, after survey of related literature an anxiety, scale on 3 points was designed and developed. The draft was got validated by five psychologist and five educators. After professional judgmental validation, face sheet was placed on the scale.

This scale was served to the students when they came to attend the orientation workshop of the programme in 2008 and 2009. These workshops were conducted just after the receipt of the study package by the students. This study package consists of books entitled Trends and Issues in Education 3701, Trends and Issues in Distance Education 3705, Trends and Issues in Special Education 3709, Trends and Issues in Teacher Education 3704, Trends and Issues in Educational Planning and Management 3702 Computer Applications in Education 3705 and Educational Statistics and Research 3706 alongwith two assignments of each course

## 5.1 Analysis of Data

138 out of 180, students responded i.e. 77%. Data collected was tabulated and mean score was calculated.

### SCALE

Name: ----- (not necessary)

On getting information of admission to M.Phil, MS leading to Ph.D and receiving educational material of first semester, my state became.

Table: 1. *Frequency of Respondents*

S. No	Statement	To large extent (4)	To some extent (3)	To a little extent (2)	No effect (1)	Mean Score
1	Irritable	0	24	18	96	1.48
2	Anxious	30	30	24	54	2.26
3	Aggressive	0	6	36	96	1.35
4	Lost of cognitive activity	6	12	18	90	1.48
5	Forgetness	6	12	24	84	1.52
6	Disturbance of mood	24	18	30	66	2.00
7	Depression	24	6	36	66	1.91
8	Dependency	6	36	30	60	1.91
9	Hopelessness	6	12	30	90	1.52
10	Agitated	6	24	24	90	1.52
11	Self anger	6	30	24	78	1.74
12	Loss of initiative	12	0	24	102	1.43
13	Reduced interest	12	18	12	96	1.61
14	Sensitive to M.Phil/ Ph.D	54	12	30	42	2.57
15	Relationship with university	66	42	12	18	3.13
16	Avoidance	0	12	42	78	1.50
17	Muscular aches	24	24	12	78	1.96
18	Abnormal pain	0	24	12	102	1.43
19	Impaired hearing	0	6	6	120	1.14
20	Impaired vision	6	6	6	108	1.29
21	Relaxed	36	18	18	30	2.45

22	Headaches	12	30	30	60	1.95
23	Anger	0	48	42	72	1.59
24	Indifferent	12	24	12	72	1.80
25	Motivated	84	30	18	6	3.39
26	Increased interest	90	30	18	6	3.42
27	Aroused	48	12	42	30	2.59
28	Reduction body tension	36	30	36	36	2.48
29	Depression of mood	6	18	30	60	1.74
30	Increase in arousal	30	24	30	36	2.40
31	Pushed forward internally	54	24	36	6	3.05
32	Incentive	36	30	36	30	2.55
33	Increased hunger	12	12	18	90	1.59
34	Over eating	0	18	6	108	1.32
35	Accepted by other	30	36	60	6	2.68
36	Gain approval	36	24	42	18	2.65
37	Realized one's own potential	66	36	12	30	2.96
38	Boredom	6	12	42	66	1.67
39	Fear	24	24	30	54	2.14

## **DISCUSSION**

The item 26 increased interests have mean score of 3.42 the highest. Next mean score is of statement No.25 "motivated" with mean score 3.39. Next mean score is 3.13 of statement "relationship with university" i.e. item No.15. The lowest mean score is of 19 statement "impaired hearing" is 1.14 next higher mean score of item 20 "impaired vision", is 1.29 while the next higher mean score of statement of 34 "over easting" is 1.43. The all other statements lie between these extremes.

17 statements are at .05 above mean score 2.00. This reflects that most of the students at are level 1 mild anxiety i.e. level 1: positive feeling; relationship with university, motivated while lower mean score reflects level 2 moderate anxiety state: narrows down the perception; impaired hearing and level 3, severe anxiety, abnormal pain while 22 responses were below mean score 2. This reflects that just after receiving the study material of first semester more than half of the students i.e. 57% were at moderate anxiety i.e. level 2. Probably this is due to

---

different mode of transaction as most of the students enter this system for the first time of their educational career.

## **6. RECOMMENDATIONS**

It is recommended that:

1. Before actual mailing of study material to the students, an introductory positive oriented letter may be mailed to the student to make them prepare to receive the study material.
2. Students might receive the study material just after the receipt of introductory "welcome" letter.
3. First session of workshop at main campus may be devoted to anxiety relaxation techniques so that moderate and severe anxiety may be overcome.
4. Anxiety level of students may also be assessed after the first semester examination so that difference of both levels may be judged.

## **REFERENCES**

- American Psychiatric Association, (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Clark, D. M., & Wells, A. (1995). *A Cognitive Model of Social Phobia*. In R. G. Heimberg, M. Liebowitz, D. A. Hope, & F. Schreier (Eds.), *Social phobia: diagnosis, assessment and treatment*. New York: Guilford.
- Ellis, R. (1994) *The Study of Second Language Acquisition*. Oxford University Press.
- Forgersen, S., (1988). Genetics. In C. Last and M. Hersen (Eds). *Handbook of Anxiety Disorders*. New York: Pergoman Press.
- From Theory and Research to Classroom Implications. Englewood Cliffs, NJ: Prentice Hall, pp. 15-24
- Hamilton, M. (2001). The assessment of anxiety states by rating. *British journal of Medical Pssychology*-32.
- Horwitz, E. K. (2001) 'Language Anxiety and Achievement', *Annual Review of Applied Linguistics*, Vol. 21, pp. 112-126.
- Horwitz, M. B., & Cope, J. A., (1986). Foreign Language Classroom Anxiety, *The Modern Language Journal*, Vol. 70 (2), pp. 125-132

- <http://www.effexorxr.com/depression.aspx> What is Generalized Anxiety Disorder? retrieved on November 16, 2010.
- Joseph J. L. (2007). *Self-Coaching. The Powerful Program to Beat Anxiety and Depression Completely Revised and Updated Second Edition*; Published by John Wiley & Sons, Inc., Hoboken, New Jersey
- Kendall, P. & Hammen, G. (2000). *Abnormal Psychology*. Boston: Houghton Mifflin Company.
- MacIntyre, P., & Gardner, R. C. (2001) 'The Stable Effects of Language Anxiety on Cognitive Processing in the Second Language' Vol. 44 (2), 283- 305
- MacIntyre, P., & Gardner, R. C. (2007). The Stable Effects of Language Anxiety on Cognitive Processing in the Second Language', *Language Learning*, Vol. 44 (2), 283305
- McCroskey, M. C. (2006) 'The Development of Intercultural and Interethnic Communication Apprehension Scales', *Communication Research Reports*, Vol. 14 (2), pp. 145-156
- Newcastle North Tyneside and Northumberland Mental Health NHS Trust. (2001). *Stress and Anxiety- A Self Help Guide*.
- Parker, J. (2000). *The handbook of emotional intelligence*. San Francisco.
- Schalling, D., Cronholm. B., & Asberg, M. (1995). Components of state and trait anxiety as related to personality and arousal. In L. Levi, (Ed.), *Emotions: Their parameters and measurement* . New York ,Raven Press.
- Scovel, T. (1991) The Effect of Affect on Foreign Language Learning: A Review of the Anxiety Research', in Horwitz, E.K., & Young, D. J. (eds.) *Language Anxiety*:
- Shamas, A. (2006). The Use of Computerized Pronunciation Practice in the Reduction of Foreign Language Classroom Anxiety. Unpublished Ph.D. Thesis, The Florida State University.
- Smith, M. with Contributions from Gine Kemp, M.A., Heather, Larson, Jeelline Jaffe, Ph.D and Jeame Segal, *Anxiety Attacks and Disorders: Symptoms, Types and Treatment*. [www.anxiety.com/attacks.types.and.treatment.htm](http://www.anxiety.com/attacks.types.and.treatment.htm), retrieved on 29-08-2009.
- Terry, D. (2007). Help for Anxiety, Phobias, OCD, Depression and more... retrieved as e. book on 23 August, 2010 from [www. Help for .com](http://www.Helpfor.com).