

# Introduction

## **Introduction**

Anxiety is a commonly experienced feeling . It generally has an adaptive function that alerts is to real danger and motivates us to prepare for and succeed in various situations . However when feelings of anxiety are excessive and interfere with functioning , they are considered pathologic and are diagnosed as an anxiety disorder . ( Patricia , 1999 ) .

The prevalence of anxiety disorders in the general population is estimated to be 2 to 4 percent , with higher rates reported for specific disorders . social phobias are considered highly prevalent , affecting as many as 13 percent of the adult population . ( Juster & Heimbery , 1995 ) .

The high prevalence of anxiety disorders in the general population and the handicap associated with severe forms must incite to their systematic exploration in order to propose specific therapeutic procedures to the patients . In addition to the clinical exploration of various anxiety syndromes ( Pelissolo,1999 )

The prevalence of anxiety among normal population was 2-4 % . ( Okasha , 1988 )

In a leading community study by El-Akabawy etal ( 1982 ) point prevalence of psychiatric disorders in rural Egypt was found to be as high as 24.4% .

A recent report by Eisa etal ( 1997 ) estimated psychiatric morbidity in an Egyptian rural community to be 30.5%

A major change has taken place in our rural community. With emigration of the younger generation to cities, changing social values, the tendency to individualization and urbanization being risk factors for increase in psychiatric morbidity in the village. ( Okasha et al, 1988 )

Anxiety was mainly a feature of young adult life, the mean age as the mid – twenties, the great majority started from the age of 16 years. Although anxiety was observed to occur among School age children, Yet it is more Common in adolescence.

( Marks and Lader, 1973 )

The maximal prevalence of anxiety in normal adolescents was shown by the extremes of their age group ( 13- 20 years )

( Abe and Masui, 1981 )

Anxiety disorder affect twice as many woman as men, Also anxiety disorders tend to run in families. ( Johnson, 1993 )

Anxiety is multifactorial in origin and arise from an interaction between genetic, constitutional, biological, psychological and environmental factors. sociocultural and traditional influences may affect content and symptomatology of psychiatric illness. ( Cause, et al, 1992 )

Families develop characteristic means of dealing with anxiety individually and in groups. Certain sociocultural variables appear to be related to the development and level of experienced anxiety. ( Rawlins, 1993 )

Anxiety often occurs as a response to life stressors of a personal and financial nature , such as divorce or loss of a Job , and to changes in home and living environment , such as hospitalization , geographical relocation , and natural disasters .  
( Chisholm , 1993 )

Many researchers have found that nursing students identify a number of clinical situations that create anxiety and stress for them . These include the initial experience or transition to the clinical environment . ( Kleehammer / etal , 1990 )