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GRT TO STUDY THE DEATH ANXIETY AND LOCUS OF CONTROL AMONG THE HIV/ AIDS PATIENTS.

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Abstract:-The Concepts of state and trait Anxiety:

State Anxiety (A state) may be conceptualized as a transitory emotional, state or conditional of the human organize that various in intensity and sluctclaes over time this condition is characterized by subjective consciously perceived feelings of lesion and apprehension.

Keywords:death anxiety , HIV/ AIDS patients , transitory emotional.

INTRODUCTION

Level of A-State should be high in circumstances that are perceive by an individual to be, treating irrespective of the objective danger. A state intensity should be low in non stressed situations or in circumstances in which an exiting danger is not perceived as threatening.

Trait Anxiety (A-Treat) futers to relatively stable individual difference in anxiety proneness, that is to differences in the disposition to perceive a wide range of stimulus. Situations as dangerous or threatening and in the tendency to respond to such treats with A-State reactions as dangerous or traitening than persons who are low in A-trait and to respond to threading situation with A-State elevations of greater intensity.

A major task for a trait - state theory of anxiety is to describe and specify the characteristics of stressor, stimuli that evoke different ional levels of A state of anxiety in persons who differ in A-state trait.

Atkinson (1964) suggests that a fear of failure motive is reflected in measure of A-traits experimental investigations, of anxiety phenomena have produced findings that are generally consistent with Atkinsons, suggestions that fear of failure is major characteristics of high A-trait people and with seasons conclusion.

That ego-involving instruments are more detrimental to the performance of high A-trait and than low A-trait subjects. Apparently failure or ego-involving instructions evoke higher levels of A-state intensity in high A-trait subjects than in low A-trait subjects. Levels of A-trait would not necessarily to influence the intensity of A-state responses to all stressors. But only to shows that persons with high A trait perceive as more threatening.

Since high A-trait A-state Anxiety individuals have been described as more sell dependent it might be expected that they will manifest higher leads A state in situations that involve Psychological threats to self- esteem rather than physical dangers. There is some evidence that persons with high A-trait do not perceive physical dangers as any more threatening than A-trait individuals.

A- Trait State theory of Anxiety

The Theory especially concerned with clarifying the properties of A-state and A-Trait as psychological of stressful stimulus conditions which evoke differential levels of A-State in personas who differ in A- trait. The theory of also recognized the centrality of cognitive (Appraisal) in the evocation of anxiety state and the imp oral once of cognitive and metric processes (difference mechanism) that serve to eliminate or reduce anxiety states.

The theory assumes that the arousal of anxiety states involues a process of sequence of temporally ordered events initiated by either external or internal stimuli that are perceived, to be dangerous or threatening b individual, Examples of external stressors that are likely to evoke anxiety reactions are that iraminent danger of injures or death that is faced by a soldier in combat any internal state which cases an individual to think about or antiapasta dangerous

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or fathering situation many also evoke high level of A-State treat anxiety E.g. A student who suddenly remembers that he has failed to prepare for an examination that is scheduled for, the next class period would probably experience a sudden increase in A-State.

It should be noted however the appraisal of a particular stimulus or situation as threatening is also influenced by a persons aptitude, abilities and past experience as well as by his level of A-Trait and the object danger that is inherent in the situation.

Once a stimulus situation is appraisal as threatening it is assumed that.

1. An A-State reaction will be evoked
2. The intensity of this- reaction will be proportional to the amount of threat the situation poses for -the individual.

Stressful situation that are encountered frequently may lead an individual to develop effective coping responses that quickly alleviate or minimize the danger and thereby immediately reduce level of A-State intensity.

A person may also respond to threatening situations with defensive process that serve to reduce the intensity of reappraisal of the situation the persons not anticipate about severe shock, since he uses "Denial" and intellectualized as defenses against danger.

Locus of control

The concept of locus of control stands to whether a person attributes a particular outcome to himself or to outside factors

The event caused by outside factor which are beyond his/her control those attribute to luck or chance or some supernatural powers are external locus of control

Locus of the control is one of the most popular personality trait taken up by psychologists in the various studies causes of events in his/her life,

Do you believe that your destiny is controlled by our self or by external forces such as fate god or powerful others.

The full name rather give the construct was locus of control of reinforcement

In giving it this name Rotter was bridging behavioral and cognitive psychology Rotter's view was that behavior was largely guided by reinforcements, (Rewards and punishments) and that through contingencies such as rewards and punishments individuals come to hold beliefs about what causes their action

These beliefs in turn guide what kinds of attitudes and behavior people about this understanding of locus of control is consistent for example with Philip Zimbardo a famous psychologist.

Thus locus of control is conceptualized referring to a one-dimensional continuum ranging from external to internal.

External locus of control:

Individual believes that his/ her.

Behaviors is guided by fate luck or other external circumstances.

Internal locus of control:

Individual believes that his/ her behaviors is guided by his/ her personal decisions and efforts.

Is an internal locus of control desirable?

In general it seems to be psychologically healthy to perceive that one has control over those things which one is capable of influencing.

In simplistic terms a more internal locus of control is generally seen as desirable having an internal locus of control can also be referred to as self agency personal control self determination etc.

Research has found the following trends.

- ♦ Males tend to be more internal than females.
- ♦ As people get older they tend to become more internal.
- ♦ People higher up in organizational structures tend to be more internal Marlin Harris and case 2001.

However its important to warn people against lapsing in the overly simplistic view notion that internal is good there are important subtleties and complexities to be considered for example.

- Internals can be psychologically unhealth and unstable. And internal orientation usually needs to be matched by

competence self efficacy and opportunity so that the person is able to successfully experience the sense of personal control and responsibility overly internal people who lack competence efficacy and opportunity can become neurotic, anxious, and depressed in other words internals need to have a realistic sense of their circle of influence in order to experience "success"

- Externals can lead easy going, relaxed, happy lives. Despite these cantons psychological research has found that people with a more internal locus of control seem to be better-off they tend to be more achievement oriented and to get believes paid jobs however thought regarding causally is decided here to do environment circumstances. (Scubas privilege and disadvantages) cause be beliefs or do the relicts cause the situation? Some times locus of control is seen as a stable, underlying personality construct but this may be misleading since the theory and research indicates that locus of control is largely learned there is evidence that at least to some extent is a response to circumstances some psychological and educational interest have been found and produce shifts to words internal.

Weiner's early work in the 1970s suggested that more or less or to the internality externality dimension we should also consider differences between those who attribute to stable causes and those who attribute to unstable causes.

Scales to measure locus of control

The most famous questionnaire to measure locus of control is the 13 - item forced choice scale or Ratter 1966 but this is not two only questionnaire indeed predating Rotter's work by five years is Bialys 1961 23 item scale for children also of relevance to locus of control scale are the Crandall Intellectual Attribution of Responsibility by scale (Cranial 1965 and the Marwick Strickland scale one of the earliest psychometric scales to assess locus of control using a liker type scale in contrast to the forced choice alternative cause which, can be found in Ratter's scale was that devised by William James for his published doctoral dissertation supervised by Rotter at Ohio state university, all though published scale, many measures of locus of control have appeared since Ratter's scale, both these such as the control index.

METHODOLOGY:

Problem:

To study the death anxiety and locus of control among the HIV/AIDS patients.

Variable:

Independent variable:

- ❖ Sex
- ❖ Male
- ❖ Female

Dependent variable:

- 1) Locus of control.
- 2) Death anxiety.

Hypothesis:

- 1) There is a high death anxiety among HIV/AIDS patients.
- 2) High external LOC among male and female.

Objectives:

- 1) To know the death anxiety among HIV/AIDS patients.
- 2) To study the internal and external locus of control. Among HIV/AIDS patients.

Sample distribution:

Sex	HIV / AIDS Patients total
Male	25
Female	25
Total	50

RESULTS AND DISCUSSION

Table No. 1
Mean SD and 't'-value or death anxiety of male and female HIV/ AIDS patients

Sex		Mean	SD	t-value
Male	25	7.44	1.48	1.15
Female	25	7.02	1.40	

*(0.05 level of significance) No significance

The table no. 1 shows the mean and SD t-value of Male and Female HIV/ AIDS patients in relation with death anxiety. The mean and SD value of the male is 7.44 and 1.48 respectively and the mean and SD value of female is 7.02 and 1.40 respectively and t-value is 1.15 respectively.

The mean of male is —7.44 and SD is 1.48
Mean of female is — 7.02 and SD is 1.40

This table indicate that male HIV/ AIDS patients have higher death anxiety than the female. Calculate t-value is 1.15 is lower than table t-value of 0.05 level of significance hence there is no significance between death anxiety of male and female HIV/ AIDS patients.

Table No. 2
Mean SD and T-value of locus of control
Male and female HIV/ AIDS patients (internal and external)

Sex		Mean	SD	t-value
Male	25	15.16	3.03	0.48
Female	25	14.76	2.95	

*(0.05 level of significance)
No significance

The table No. 2 shows the mean SD and t-value of locus of control, Male and female HIV/ AIDS patients in relation with there locus of control.

The mean and SD of male REV! AIDS patients is 15.16 and 3.03 respectively.
The mean and SD value of female HIV/ AIDS patients is 14.76 and 2.95 respectively. This results shows that male HIV/ AIDS patients have external locus of control than the female.
Calculate t-value is 0.48 is higher than table t-value of at 0.05 level of significance hence there is no significant difference between male and female (internal! external) HIV/ AIDS patient.

Table No. 3
Mean SD and T-value of internal locus of control male and female HIV/ AIDS patients

	Male internal LOC	Female internal LOC
Mean	3.04	3.12
SD	0.6	0.6
t-value	0.8	

*(0.05 level of significance)
 No significance

Shows mean SD and t-value of internal locus of control male and female HIV/ AIDS patients in there relation with internal locus of control male HIV/AIDS patient is 3.04 and 0.6 respectively.

Internal locus of control female HIV/AIDS patients is 3.12 and 0.6, the t-value is 0.8.
 This results indicate that female have internal the male.

Calculate t-value is 0.8 is lower than table value of 0.05 level of significance hence there is no significant difference between male and female HIV/AIDS patients.

Table No. 4
Mean SD and t-value of external locus of control male and female HIV/ AIDS patients

	Male internal LOC	Female internal LOC
Mean	12.12	11.4
SD	2.41	2.28
t-value	1.10	

*(0.05 level of significance) No significance

Shows mean SD and t-value of external locus of control male and female HIV/AIDS patients in there relation with external locus of control. Male HIV/AIDS patient is 12.12 and 2.41.

External locus of control female HIV/AIDS patient is 11.4 and 2.28.

This results shows that male HIV/AIDS patient have external locus of control than the female.

Calculate t-value is 1.10 is lower than table value of 0.05 level of significance difference between male and female HIV/AIDS patients.

CONCLUSION

1. Male is internal locus of control
2. Female is external locus of control
3. Female have more death anxiety than male
4. Male have less death anxiety than female

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2. Mohanthy (1980) : Found that socio-cultural HIV +ve Patients had higher anxiety and poor adjustment than HIV

To Study The Death Anxiety And Locus Of Control Among The Hiv/ Aids Patients.

+ve patients. FIIV female showed better adjusted in health, emotional and social areas, where as females were better adjusted home.

3.Singh and Siuha (1991) concluded from their work that. socially disadvantaged person differed scientifically from the socially advantaged workers in home, health, social, emotional and over all total adjustment.

4.Gunthey and Siuha (1983) Investigated the adjustment of 30 advantaged HIV patient and 30 disadvantaged HIV patients. Socioeconomically disadvantaged subjected showed higher levels of anxiety and need for affiliation and lower levels of adjustments (emotionally, socially and economically than socio-economically advantaged FIIV ± ye patients.



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