

## AN OVERVIEW OF ACADEMIC STRESS-INDUCED ANXIETY AND DEPRESSION AMONG UNIVERSITY STUDENTS

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### ABSTRACT

Concerning are the prevalence of academic stress, anxiety, and melancholy among college students. Each country allocates a substantial amount of funds towards education. Nevertheless, according to research surveys conducted among college students, 10–2 percent of the student body suffers from psychological issues (such as anxiety, stress, and depression) at any given time. This article provides a concise overview of the research conducted over the past three decades, with a particular focus on tension, anxiety, and melancholy. It examines psychological issues of college students, tension among them, the character of psychiatric morbidity, emotional difficulties and adjustment, and emotional problems. Raise awareness among college students regarding the importance of seeking assistance from counselling centres by emphasising how counselling can assist students with emotional issues and suggesting preventative measures that colleges should implement, such as the establishment of student counselling centres. Also recommended is the implementation of a mandatory mentor-mentee program in all colleges. Each college should establish a student health committee comprised of mental health professionals. Regular seminars and workshops should be organized for college students and faculty members to discuss a variety of psychological issues and coping mechanisms.

**Keywords:** Academic stress, College students, Anxiety.

### 1. INTRODUCTION

The student is the future investment of society. Not only are their mental health and wellbeing significant in and of themselves, but they also contribute to the well-being of society as a whole. The prevalence of psychological issues among students ranges from 2% to 50%. An examination of student wellbeing at any particular time reveals that one in every ten students will be experiencing emotional conflicts of a sufficient severity to warrant professional assistance (Farnsworth, 1997). Depression and anxiety are prevalent mental health issues among students. At any particular time, twenty-five percent of the student body reports depressive symptoms. (Young and Beck, 1978). In contrast to a decade ago, college students often grapple with more intricate challenges. Frequent sources of stress in higher education include increased academic obligations, independent living in an unfamiliar environment, alterations in familial and social dynamics, and encounters with novel individuals, concepts, and temptations. Narasappa Kumaraswamy was his name. College students encounter several notable challenges, including but not limited to time constraints, apprehension regarding failure, difficulty in establishing a sense of self, the expectation for academic excellence, and the demand for rigorous competence. Emotional difficulties, including feelings of inferiority in comparison to others, cognitive impairment, excessive anxiety, and a sense that life lacks purpose. Experience anxiety for no evident reason.

#### What is Stressful to Under Graduates?

Diverse responses to college are observed among students. Certain students find college to be a source of tension due to the abrupt transition from high school. The experience of being separated from one's family causes tension for some individuals. While some degree of stress is essential for individual development, an excessive quantity of stress can be crippling for a student and impair their capacity to manage it. An additional cause of anxiety is the challenge of attaining social intimacy. Undoubtedly, academic failure anxiety is a source of stress (Spielberger CD, 1983; Kendall et al. 1965). Additionally, Kumaraswamy (1989) discovered that first-year medical students experienced increased tension, which could be attributed to a greater dread of failing to achieve their objective of becoming physicians. According to a number of studies, medical students are more stressed. First-year medical students are significantly burdened by the quantity and intricacy of material that must be mastered. The student experiences academic pressure due to the fact that every single classmate is a distinguished college graduate. Numerous researchers have documented a hypochondriac phenomenon in which medical students imagine they have the disease they are studying and fatigue as a stressor in the second year. Patients are cared for by medical students in their third year. In contending with stress, acceptance of mortality and dying emerges as a crucial factor. An initial examination was conducted by examining the published articles pertaining to the challenges faced by college students. The concept of "stress" pertains to an individual's psychological condition that arises from their evaluation of their ability to effectively adapt to the pressures of their social surroundings. Students may experience a heightened capacity to learn and a perception of

competence when they perceive their education as a challenge (Lazarus, 1966). Conversely, a sense of helplessness and an ominous sense of loss may result when education is perceived as a threat (1908). Individuals experiencing moderate stress learn the most, while those experiencing low or high stress acquire the least amount of knowledge.

The following emotional and psychological issues are encountered by students:

- Anxieties related to study-related topics, such as exams and presentations;
- General stress and anxiety; depression; relationship issues;
- Eating disorders;
- Bereavements and parental separations;
- Loneliness and homesickness;
- Low self-esteem or lack of confidence;
- Managing transitions;
- Making difficult decisions;
- Traumatic experiences, such as rape, assault, and abuse;
- Problems with alcohol or drugs;
- Issues with sex and sexuality;
- Self-harm; suicidal thoughts;
- Anger management;
- Concerns about appearance.

According to a cross-institutional survey, stress was the health issue that students were most concerned about, followed by cancer, AIDS, body image, and physical fitness. According to the Stanford Survey, a high percentage of students reported experiencing psychological anguish. One person out of three said they felt tense or nervous. Regarding sadness, one in five people identified as "tired without any apparent reason." According to Martinez and Fabiano's 1992 survey, 43% of respondents indicated they sometimes felt "so depressed it is hard for them to get going," and 16% said they didn't think life was worth living. After reviewing a number of publications on college students' psychological discomfort, it is reasonable to estimate that 20 to 25 percent of students globally experience psychological anguish. Stress is any circumstance that makes someone feel bad about themselves or their position. Individuals may categorize stressful situations as "threatening" or "challenging" (Lazarus, 1966).

#### **Nature of Psychiatric Morbidity/Psychological Problem among Students:**

Numerous research on psychological issues and mental illness among students have been carried out and published. Here, only a chosen handful that directly relate to student issues are reported. The general health questionnaire (GHQ) is often used to check for various neurotic disorders in students. In 1978, Rao reported on one such investigation. He gave the GHQ (Goldberg, 1972) to 428 pupils between the ages of 13 and 16. Of these, 89 had a score of 13 or above, and 84 were classified as instances of neurosis. According to the survey, 19.62% of participants (18.8% males and 22.8% girls) had a clear neurotic issue. Of these individuals, 47 showed symptoms of depression, 21 of anxiety, 8 of psychogenic headaches, and 7 of difficulty concentrating, jitteriness, and nonspecific aches and pains. It was discovered that one pupil had schizophrenia. A psychiatrist conducted an independent clinical interview with each of the 89 students listed above, and the results were compared to the GHQ divided into several clinical categories. Chandrashekar et al. conducted a cross-sectional epidemiological study of mental illness among 1160 PsoT graduate and research students (1980). A individual scoring 12 or above on Goldberg's 60-item General Health Questionnaire was considered morbid, and particular sociodemographic and psychological factors that were motivating were examined, including specific life events on campus. Findings indicated that variables including age and sex. The morbidity rate was not significantly correlated with parental loss or separation, birth order, language, activities, or educational attainment of the parents. Mental morbidity was strongly connected with low family income, students' attitudes about choosing a certain subject, and students who rated their household as unpleasant. High mental morbidity is highly correlated with living arrangements-related discontent, low extracurricular activity involvement, low social interactions, and low staff-contact. A comparison of life events, stressors, and coping mechanisms was conducted. In college students classified as mentally "distressed" or "non-distressed" by Zeena et al (1990). Undergraduate students at four coeducational day colleges in Bangalore city participated in the research (N= 451). A sociodemographic data sheet was presented to them. The General Health Questionnaire, the copy check list, the life events inventory, and the life stresses inventory (GHQ). The sample was split into mentally troubled and non-distressed groups using the GHQ screening exam. 21.36% of the whole amount was in the distressed category. In comparison to "non distressed" students, high scorers on the GHQ reported a notably higher number of stressful events and negative life events as well as higher levels of subjective distress. According to Thackore et al. (1971), who reviewed the services provided by the urban health center in Lucknow, students made up 37.5% of the facility's

overall clientele. Certain features of a subset of university students are reported by Thackore et al. (1971). The sample for this research was made up of 58 medical students who saw psychiatrists over the course of four academic years starting in 1966. Starting in 1966, each student received comprehensive psychiatric care for four academic years. Every student had a thorough medical and psychological assessment. Based on the findings, 1% of this group had a prevalence rate of mental illness. The majority of them experienced anxiety and sadness, while over 85% had IQs that were ordinary or above normal. According to Wig et al. (1969), 50% of the 68 students who were sent to the student counseling center said they had trouble focusing. Other issues included "frequently in a depressed mood" (24.4%) and "getting nervous" (23.5%). Headache (23.5%) Memory problems (22.4%) and feelings of inadequacy. Of these pupils, anxiety neurosis was identified in 26 of them. Chaudhary (1979) examined 100 college students who visited the student counseling center in an effort to classify psychological problems under several headings. The only evaluation technique used was the clinical interview. The findings revealed that 57% of them had some kind of somatic ailment or another psychosomatic issue. Just 3% of the complaints were solely physical. He classified himself into four categories: miscellaneous, intellectual, emotional, and sexual adjustment. The findings of the analysis indicated that the main issues were with sexual and emotional integration. Acute psychological problems needing therapy were revealed by 28 pupils. Counseling was used to address the remaining 78%.

### **Emotional Problem and Adjustment**

Rarely have research on two similar groups been published. To get some crucial conclusions, two individuals one emotionally disturbed and the other emotionally adjusted are put through separate tests. Krishnan and Sathyendra (1979) conducted a research in which they compared a group of disturbed adolescents to a similar group of 67 adjusted boys, ages 14 to 18. The 58 boys with emotional disturbances were specifically selected from among those who had sought therapy for their emotional issue. Randomly selected from 200 pupils, the group of 67 adjusted lads was formed. In terms of mean chronological age, educational attainment, and location of residence, both groups were matched. The two groups were given the following test: (2) Updated complete anxiety exam (1) Eysenck Personality Inventory (3) Inventory of security vulnerabilities. The fourth sentence completion test is followed by the Bells Adjustment Inventory and the choice Dilemma Questionnaire. Individual testing was conducted on emotionally unstable individuals, and group protocols were modified to accommodate the matched normal group. The findings unmistakably showed that the emotionally disturbed groups had worse levels of emotional and social adjustment in the home health sector and were more neurotic, nervous, and insecure. Similar findings were obtained from a different research conducted by Nataraj (1968) on emotionally balanced and emotionally maladjusted teenage college ladies using Bells' adjustment checklist.

Satappan and Kuppan (1980) conducted a comparative analysis of the adjustment patterns of postgraduate arts and science students. The Saxena Adjustment Inventory, which assesses overall adjustment as well as adjustment in five particular areas home, health, emotions, social life, and college life—was given to each of the fifty students. Compared to scientific students, humanities students were found to be more socially and generally adjusted. University education is crucial for the development of self-sufficiency, and the first years of study coincide with the late adolescent phase, which is often characterized as a challenging time that must be endured. The findings indicate that the following variables were consistently associated with anxiety and depression levels: "worry about examination success," "accommodation problems," "dissatisfaction with social activities" connected to stress, "relations with other sex," "fear of wrong career choice," and "worry about the future."

From the era of transition to early adulthood, there was a large variation in the intensity of stressful situations. Students had difficulties throughout the transition phase, particularly with regard to their new surroundings, but as they were used to their new surroundings, academic issues began to arise. The results shed light on the stressors that students faced throughout their university years of study. Understanding the causes of stress and sadness in young people may help adults come up with solutions for these issues.

### **Psychological Problems of College Students**

**Academic Problems:** concentration problems. Having trouble remembering. not able to effectively study. easily distracted and unable to comprehend the spoken word. A certain topic is very challenging. no desire to study.

**Emotional Problems:** feel less valuable than other people. unable to think clearly. Angry and easily agitated about little matters. For little reasons, I'm melancholy and sad. Feel unfounded anxiety. Feel inept and worthless. believe that life is not worthwhile. Being too concerned undue concern about trivial issues. disturbed slumber. Lack of appetite. According to Blain and McArthur (1961), the majority of psychological issues that students report having are Dislikes for the course include sloth, the inability to master a new language, unmanageable stress, disappointing or unsatisfactory romantic relationships, and the sickness of a close relative. the disappointment that results from not receiving the emotional recompense one expects, namely is admiration. Unintentional want to fail due to: Not being ready to conform to the expectations of others a desire for rebellion and retribution against parents, instructors, etc.

According to Beck and Young (1978), 25% of students report having depressive symptoms at any one moment. because of the following factors: tension brought on by the harder coursework in college. Loneliness and seclusion. Depression is often triggered by issues related to grades and studies. Dissolution of a close bond. In a 1990 research by Kumaraswamy, psychological issues were observed in 26 percent of college students studying 100 medical students, with 31 percent reporting anxiety and depression. It is well recognized that stress, anxiety, and depression are prevalent among college students.

### **How does Counseling Help Students?**

By accurately perceiving and accepting reality, a student is capable of developing his personality, maintaining and enhancing his personal and social functioning, and achieving his academic goals with the aid of counseling. According to researchers, severe mental illness is more prevalent among college students than it was a decade ago; the majority of young people seek treatment for anxiety and depression. A study presented at the American Psychological Association found that over the past decade, the proportion of students taking psychiatric medications has increased by more than 10 percentage points. In addition, the following behaviors should unambiguously elicit concern: Young individuals may exhibit the following symptoms of anxiety, depression, or other emotional disorders: estrangement from friends and loved ones, loss of interest in formerly enjoyable activities, irritability or anger, outbursts directed at close individuals, changes in sleeping or eating patterns, and sudden, unexplained episodes of tearfulness. The aforementioned concerns might be exacerbated by the intrinsic nature of the collegiate setting. A considerable number of adolescents are commencing their first and protracted journeys away from their place of residence. Located outside the familiar and secure environment of the family, devoid of parental guidance, supervision, and discipline. They may find themselves faced with an entirely different group of peers in a demanding new setting.

### **Preventive Measures**

Among the precautions, particularly for college students, are:

1. Counseling facilities have to focus on the subject of early detection of psychological issues in pupils.
2. In order to achieve this, medical school instructors are being trained to recognize psychological issues in their students and to determine appropriate interventions via seminars and workshops.
3. establishing student counseling facilities at all universities with the assistance of mental health specialists; counseling may be provided as a preventative measure.
4. Raise awareness among college students about the benefits of seeing a student counseling center or mentor when they identify any emotional or academic issues.
5. Research should be done to find out if psychological issues exist at the relevant institutions.
6. Student mentors have to maintain regular communication with the student counseling center so that they may recommend students to them early on and get feedback from the counseling center.
7. A mental health professional (psychiatrist or clinical psychologist) should organize a student health committee and frequently hold workshops for teachers to update them on the committee's activities.
8. Students should regularly participate in workshops on time management, assertiveness training, and communication techniques.

### **A Student Expressing her Depression**

Are you aware of my true issue? Can you guess why I get down? The main issue is that since moving here, I haven't been able to study. Even at home, I wasn't content, but I could still study. I performed really well. I'm just now beginning to realize that. I'm not sure what's wrong with me. Sometimes I simply get tired of this world. I frequently think that it would be best if I passed away and wonder when I will. Please do not misunderstand me. My thoughts are not suicidal. All I want is for my life to end. Nobody seems to realize that my discontent stems from my academic pursuits. I wish to live freely and independently on my own. I detest having to depend on others to get by in life. In order to get a decent career, I must finish my studies. I doubt I'll be able to find employment and the independence I want without a degree, at the very least. I am unable to study. I'm not sure why exactly, but I find it difficult to focus. Even if I'm not interested, I push myself. I forget things when I make myself read my notes. It irritates me. It's very challenging for me. I might read something and not understand what I've read. I've tried previously effective methods. I convince myself that the only way I'll be able to get my way is if I study. I just cannot come up with a rationale for not being in charge of my life. I used to believe that studying would be beneficial. I reasoned that it would protect me from potential future issues. The reality is, I think I have the capacity to learn as much as I want to. I can get advanced degrees and master's degrees.

I want to show that I'm not a moron. It doesn't prevent me from studying. In my opinion, education is akin to being free from all negative outcomes. My goal has always been to pursue further education. However, observe me. Here, I'm simply wasting my time. My life has already been squandered by two years. If I stay here for the following two years, I'll be here for four years overall. Since depression is caused by so many factors, how can I ever overcome it?

Do you believe my medications will be able to heal me? I am expected to study by my parents. I'm causing them grief by achieving subpar outcomes. However, how can I assist myself? Have I not made an effort? The only thing that will help me overcome my unhappiness is studying. But with what I know, why am I unable to study? Why am I unable to focus? How do I force myself to study so that I may end this suffering?

## 2. CONCLUSION

Colleges need to provide a welcoming and impactful learning environment for its students. More than just facilitating information and skill development is required to prepare medical students for a career in medicine and ensure that they uphold the standards of professional behavior. In order to detect stress early and address it effectively, support and mentorship are needed. Mentorship, a decrease in the amount of material presented in the curriculum, and health education programs may all be helpful tactics in helping students adjust to the demands of postsecondary study. College teaching methods need to be closely examined, and students' psychological health has to be given greater consideration. The study concludes that three key concerns need to be addressed: instructors and their instruction need to be appreciated; educational processes need to be given more attention; and college students and trainees need to have access to suitable support systems.

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