EXAMINATION ANXIETY AND DEPRESSION PRONENESS AMONG HIGHER SECONDARY SCHOOL STUDENTS

A

DISSERTATION

SUBMITTED TO THE MIER COLLEGE OF EDUCATION (AUTONOMOUS)
UNIVERSITY OF JAMMU

IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF EDUCATION

SUPERVISOR

Dr. Bharti Tandon

Associate Professor

INVESTIGATOR

ARTI

M.Ed. Sem. IV
Roll No. 1801014

MIER COLLEGE OF EDUCATION (Autonomous)

JAMMU

2020

CERTIFICATE

This is to certify that **Ms. Arti** student of M.Ed. Semester IV, Session 2018-20, bearing Roll No. 1801014 has worked under my supervision for her dissertation entitled:

"EXAMINATION ANXIETY AND DEPRESSION PRONENESS AMONG HIGHER SECONDARY SCHOOL STUDENTS"

Her dissertation is fit for submission, in partial fulfilment of their requirements for the award of the Degree of Master in Education.

Date: **(Dr. Bharti Tandon)**

SUPERVISOR

ACKNOWLEDGEMENT

As I reach the end of my research journey, I look back and immense pleasure and satisfaction and realize journey the vast range of learning experience and encountered. During the journey I came in contact with many people who guided, inspired and challenged me in my professional growth. I am thankful to all. In the successful completion of the present study, many people helped me. First and foremost, I wish to express my sincere and warm gratitude to esteemed Associate Professor Dr. Bharti Tandon , under whose eminent and able supervision, the present study was undertaken. It was only due to her valuable academic guidance, encouragement, deep personal interest and inspiration that the present study could be completed well in time. It was her time to time guidance in a cheerful manner and her creative energy that I could complete my research in spite of all odds.

I wish to place my heartfelt gratitude to Dr. Arun. K.Gupta, Chairman, MIER Group of Institutions, Dr. Renu Gupta, Vice Chairperson, MIER Group of Institution, Dr. Adit Gupta, Principal, MIER College of Education and Dr. N.R Sharma, Dean Academic, MIER College of Education, Dr. Mool Raj Sharma H.O.D PG Department who deserve a special mention and appreciation for providing me valuable access to various facilities for conducting research and also the freedom to interact with the students and staff of the different wings of the institution.

My special thanks are due to Dr. Nishta Rana and other faculty member of the P.G Department for intellectual and academic inputs. Dr. Bharti Tandon for providing computer support. I would also like to acknowledge the library support by Eesha Sharma, Librarian, P.G Department.

My sincere thanks to the principals, teachers and staff who permitted me to collect data in their respective Higher Secondary Schools. I am also thankful to those research scholars, whose studies I have quoted in my study.

Last but not the least; I thank to my family who stood behind me like a rock and for his inspirational spirit, which gave me a renewed vigour and impetus to work with devotion and absolute commitment in every possible way. My words are insufficient to express my deep felt thanks to my Parents Mr. Raj Kumar, Mrs. Beena Devi and Dr. Kasturi Sharma who gave generous encouragement for research and stood by me at all stages of work. I am also highly

grateful to my parents for their support and encouragement, which constantly motivated me to pursue and complete this research.

Finally, I wish to sincerely thank to my brother Mr. Rohit Kumar and my friends and peer group for understanding and cooperating with me in times of difficulty. Their love and support contributed immensely in the completion of this research.

ARTI

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABBREVIATIONS USED

S.D	Standard Deviation
SPSS	Statistical Package for Social Science
EAS	Examination Anxiety Scale
DM	Depression Measurement
SEM	Standard Error Mean
AT	Anxiety Test
DP	Depression Proneness
d.f.	Degree of Freedom

ABSTRACT

The present study attempts to examine the Examination Anxiety and Depression Proneness among higher secondary school students studying in eleventh class in schools of Jammu city. The study is quantitative in nature and the sample consists of 200 students (100 males and 100 females) have been selected through stratified randomly selected 4 government and 4 private schools (4 schools in urban area & 4 schools in rural area) located in Jammu city. The main objective of the study is to find Examination anxiety and Depression Proneness based on gender, residential background and type of school. Also, significant differences in Rural and Urban students with Examination Anxiety and Depression Proneness as the dependent variables have also been analyzed. In this study two standardized tools namely *Examination Anxiety scale (EAS)* by Subhash Sarkar in (2005) and *Depression Scale (DS)* by Dr. Shamim Karim and Dr. Rama Tiwari in (1986) have been used. For analyzing the data t-test and Pearson's Coefficient of Correlation have been employed. Results indicate that there exist no significant difference in Examination Anxiety of Higher Secondary School Students in relation to gender and residential background but there was significant difference of Examination Anxiety in relation to types of school of Higher Secondary School Students. Likewise, there exist no significant difference is found in Depression Proneness of Higher Secondary School Students in relation to gender difference but there was significant difference in Depression Proneness of higher secondary school students in relation to residential background and types of school. Also, there was significant relationship between Examination Anxiety and Depression Proneness of Higher Secondary School Students indicating that the higher the Examination Anxiety, the higher would be the Depression Proneness of Higher Secondary School Students.

CHAPTER-I

INTRODUCTION

CHAPTER-II

REVIEW OF RELATED LITERATURE

CHAPTER-III

RESEARCH METHODOLOGY

CHAPTER-IV

ANALYSIS AND INTERPRETETATION OF DATA

CHAPTER-V

FINDINGS, CONCLUSIONSAND DISCUSSION, EDUCATIONAL IMPLICATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

CHAPTER- I

INTRODUCTION

1.1 INTRODUCTION

Education is the powerful instrument for the social, political and economic development of a country. Education is a rope that can carry us to greatness because knowledge is a power. Education system prepares individuals for their role in society. It shapes self-perception of adolescents, and gives them the foundation for their future participation in society that is not formal agencies of education which plays a major role in moulding the ideas, habits and attitudes of a child. School is the first major environment outside the home that provides opportunities for a child to learn, increase his abilities, and gain respect and admiration. Education acquired by children in school helps them to develop well balanced personalities, to become physically strong, mentally alert, emotionally stable, culturally sound, and socially efficient along with the most desired aspects of knowledge and learning. It is a place where the students grow and learn as they travel the road from childhood to maturity. Therefore, the school education is considered to be a necessary component for the children of all the citizens of a nation for the development, betterment and utilization of best side of human resources, especially school goers' resources and potentials.

Despite the fact that education is universally given a high priority, academic institutions today do not show a motivating atmosphere. Students are being pressurized and forced to mug up things without really understanding them just to get more distinctions and good grades in examinations. To secure more distinctions and ranks students are pressurized by teachers and parents to attend extra classes and coaching that add their mental pressure to perform well. Students hardly get time for recreation in their busy schedule. As a result stress has been seen tightening its grip on the students, as they have to compete at every step of their academic career in this fast moving world. High school students seem especially vulnerable to this reality. For many students, high school may be stressful. Students feel the effects of stress in harsh and also negative ways. Some of these effects include a sudden drop in grades, depression, general fatigue, insomnia, mood swings, temper tantrums and aggression. Failure to complete high school not only affects the well-being of the students, but also the well-being of the nation as a whole. Most of the students in high school face stress almost every day.

High school students are particularly prone to stress than young adults and older groups because of the corresponding age and transition related changes in their life. Stress among the high school students can be due to a number of reasons such as parents' expectations, pressure to perform well academically and a number of intra and inter-personal factors operating either together or in isolation. Besides, most of the high school students apart from their school, attend coaching classes preparing them for entry into various professional courses in several institutions. They thus experience additional strain and stress- physical as well as mental. Hence academic

problems have been reported to be the most common source of stress for students (Aldwin & Greenberger, 1987; Clark & Rieker, 1986; Evans & Fitzgibbon, 1992; Felsten & Wilcox, 1992; Mallinckrodt et al., 1989; Struthers et al., 2000). Parents and teachers perceive the family and school reputation at stake in the examination performance of their wards and turn the pressure further to them. Studies showed that stress and anxiety may even have a negative effect on cardiovascular health of otherwise healthy teenagers. It also can harm a person's emotional well being as well. Stress and anxiety levels affect the students academically and change the way the person thinks and acts during school or time spent in studying. Most of students are suffering from anxiety at some level during an examination. However, when anxiety affects examination performance it has become a problem. Examination anxiety is actually a type of performance anxiety-a feeling someone might have in a situation where performance really count or when pressure's on to do well. Examination anxiety can bring a stomachache or headache. Some people might feel shaky, sweaty; feel their heart beating quickly as they wait for the test to be given out.

Depression among adolescents has emerged as a major mental health problem in the last two decades. Depression is a serious mental illness with a wide variety of mood variations of melancholy, sadness, disappointment and despair. It is a combination of emotional, cognitive and behavioural symptoms. Broadly speaking, a person faces an uncomprehending situation either courageously or succumbs to emotions that would precipitate into various types of depressive illnesses. We all, at one stage or the other, come across mentally demanding environment, temporarily or continuously. But, if an abnormal pattern of behaviour in a normal environment is shown repeatedly, it calls for immediate consultation and therapy. In India, adolescent depression is an under researched area. Psychiatric morbidity among school samples of adolescents was found in about 29% of girls and 23% of boys with depression being the most common disorder. While rates of depression increase from childhood to adolescence for all, a consistent finding is that adolescent girls are between 1.5 to 3 times more likely to develop depression than adolescent boys.

1.2 MEANING OF ANXIETY

Anxiety is feeling of unease, such as worry or fear that can be mild or severe. Everyone has feeling of anxiety at some point in their life. For example: You may feel worried and anxious about sitting on exam or having a medical test or job interview. Their feeling of anxiety are more constant and can often affect their study. The body responds to anxiety both physically and mentally. At sometime, about one person in ten will see a doctor because they are feeling anxious. Anxiety doesn't cause us serious physical harm.

Anxiety is an emotion characterized by an unpleasant state of inner turmoil, often accompanied by nervous behavior such as pacing back and forth, somatic complaints, and rumination. It is the subjectively unpleasant feelings of dread over anticipated events, such as the feeling of imminent death. Anxiety is not the same as fear, which is a response to a real or perceived immediate

threat, whereas anxiety involves the expectation of future threat. Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to situation that is only subjectively seen as menacing. It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder.

1.2.1 DEFINITIONS OF ANXIETY

According to Jersild, "Anxiety is also take up as painful uneasiness of mind concerning impending ill."

According to Joanna Blythman , "That worry and constant anxiety keeps them awake at night."

According to Meenakshi, "Anxiety is conditioned form of reaction to pain. It is strong motivating force for behavior."

According to Martlew, Gillian & Silver, Shelley, "Man people find that the Bach flower rescue remedy helps them in situation, where they experience nervousness or anxiety."

According to Steinberg, Laurence & Levine, Ann, "School phobia is intense anxiety and fear of going to school."

According to American Psychiatric association, "Anxiety is a feeling of fear, worry and un-easiness, usually generalized and – unfocused as an overreaction to a situation that is only subjectively seen as meaning."

1.2.2 CAUSES OF ANXIETY

1. Biological Causes of Test Anxiety:

In stressful situations, such as before and during an exam, the body releases a hormone called adrenaline. This helps prepare the body to deal with what is about to happen and is commonly referred to as the "fight-or-fight" response. Essentially, this response prepares you to either stay and deal with the stress or escape the situation entirely. In a lot of cases, this adrenaline rush is actually a good thing. It helps prepare you to deal effectively with stressful situations, ensuring that you are alert and ready.

For some people, however, the symptoms of anxiety they feel can become so excessive that it makes it difficult or even impossible to focus on the test. Symptoms such as nausea, sweating, and shaking hands can actually make people feel even more nervous, especially if they become preoccupied with these test anxiety symptoms.

2. Mental Causes of Test Anxiety:

In addition to the underlying biological causes of anxiety, there are many mental factors that can play a role in this condition. Student expectations are one major mental factor. For example, if a student believes that she will perform poorly on an exam, she is far more likely to become anxious before and during a test.

Test anxiety can also become a vicious cycle. After experiencing anxiety during one exam, students may become so fearful about it happening again that they actually become even more anxious during the next exam. After repeatedly enduring test anxiety, students may begin to feel that they have no power to change the situation.

1.2.3 TYPES OF ANXIETY

Anxiety is of the following types:

- **Situational Anxiety:**
  When an individual feels anxiety because of the situation in which he finds himself, no sooner he is out of the situation or gains control of it then the anxiety subsides.
- **Conscious Anxiety:**
  Where the individual is conscious of what he is anxious about, here the cause is mostly knows and the individual knows that he is anxious.
- **Unconscious Anxiety:**
  When an individual experiences endowing spells of tension and restless without knowing with makes him so. The manifestation of unconscious anxiety may be psycho-physiological level usually in the form of psychometric reaction e.g. a migraine.
- **Health Anxiety:**
  Health anxiety is mostly experienced under stress like examination, preparation of textbooks, cramming of questions, answers or responses to the questions of classroom, debates and like situations.
- **Morbid or Pathological anxiety:**
  Morbid or pathological anxiety is experienced without presence or absence of any obvious stimuli. The subject knows that his fears are irrational and beyond ground realities, but he cannot help it and it often upsets the life of the person and may make him mentally disturbed.
- **Test/ Examination anxiety:**
  Test anxiety may be specific instance of a more generalized academic anxiety that he chronic effects on performance, whether or not, the context of performance is the test like in character (Meenakshi, 2002).

1.3 EXAMINATION ANXIETY

Test **anxiety** is a psychological condition in which people experience extreme distress and **anxiety** in **testing** situations. While many people experience some degree of stress and **anxiety** before and during **exams**, test **anxiety** can actually impair learning and hurt test performance. Test **anxiety** is a type of performance **anxiety**.

Test anxiety is a combination of physiological over-arousal, tension and somatic symptoms, along with worry, dread, fear of failure, and catastrophizing, that occur before or during test situations. It is a physiological condition in which people experience extreme stress, anxiety, and discomfort during and/or before taking a test. This anxiety creates significant barriers to learning and performance. Research suggests that high levels of emotional distress have a direct correlation to reduced academic performance and higher overall student drop-out rates. Test anxiety can have broader consequences, negatively affecting a student's social, emotional and behavioural development, as well as their feelings about themselves and school.

Test anxiety can also be labeled as anticipatory anxiety, situational anxiety or evaluation anxiety. Some anxiety is normal and often helpful to stay mentally and physically alert. When one experiences too much anxiety, however, it can result in emotional or physical distress, difficulty concentrating, and emotional worry. Inferior performance arises not because of intellectual problems or poor academic preparation, but because testing situations create a sense of threat for those experiencing test anxiety; anxiety resulting from the sense of threat then disrupts attention and memory function. Researchers suggest that between 25 and 40 percent of students experience test anxiety. Students with disabilities and students in gifted educations classes tend to experience high rates of test anxiety. Students who experience test anxiety tend to be easily distracted during a test, experience difficulty with comprehending relatively simple instructions, and have trouble organizing or recalling relevant information.

1.3.1 DEFINITIONS OF EXAMINATION ANXIETY

According to Zeinder M., “Test (Exam) Anxiety is a combination of physiological over arousal, tension, and somatic symptoms along with worry, dread, fear of failure and catastrophizing that occur before or during situations.”

According to Andrews, B & Wilding, J. M., “Exam Anxiety is a physiological condition in which people experience extreme stress, anxiety and discomfort during and/or before taking a test.”

According to Salend, S. J., “Exam (Test) Anxiety can have broader consequences, negatively affecting a student’s social emotional and behavioral development, as well as their feeling about themselves and school.”

According to Wikipedia Encyclopedia, “Test anxiety is a psychological condition in which a person experiences distress before during or after an exam or other assessment to such an extent that this anxiety causes poor performance or interferes with normal learning.”

1.3.2 CAUSES OF EXAM ANXIETY

Many causes are responsible for exam anxiety like lack of preparation, fear of failure, poor test history, prejudice towards subjects, home environmental. Details explanation of this causes were given below.

*** Lack of preparation**

Exam anxiety stems from many sources, but is most commonly caused by a lack of exam preparation. Poor study habits,, cramming the night before exam, poor time management lack of organization of the test, notes and homework are examples of being unprepared.

*** Fear of failure**

Exam anxiety can be caused by worrying about how others are doing best and consequences if you don’t do your best. While the pressure to perform can act as a motivator, it can also be devastating to individuals who tie their self-worth to the outcome of a test.

*** Poor test history**

Exam anxiety can be caused by worrying about past test performance. Bad experiences or previous problems with test taking can lead to a negative mind set and influence performance of future tests. Unfortunately, these feelings have a tendency to intensify if you are already an academic student.

*** Prejudice towards subject**

Some students feel like dislike to some subjects. Students gave more time and concentration toward their liking subjects. Those subjects they did not like they not prepare well so anxiety occurs.

*** Home environment**

Home environment plays a key role to create whatever beliefs in students mind. More love, poor social economic status, more comparisons with other students creates exam anxiety in students mind.

*** Some additional exam anxiety causes are listed below**

- The association of grades and personal worth

- A feeling of a lack of control

- A teacher embarrassing a student

- Being placed into a course above one's ability

- Fear of alienation from parents, family and friends due to poor grades.

- Timed tests and the fear of not finishing the test.

Above all causes the more expectations of parents. teachers, creates more exam anxiety. Present study regarding to know the exam anxiety of higher secondary school students. Because of it we know the exam anxiety then it will helpful to give guidance to students and we can stop to become them mentally disturbed person. In this modern age the more stress because of exam anxiety so after knowing exam anxiety we can take steps to reduce exam anxiety.

1.3.3 SYMPTOMS OF EXAM ANXIETY

The symptoms of test anxiety can vary considerably and range from mild to severe. Some students experience only mild symptoms of test anxiety and are still able to do fairly well on exams. Other students are nearly incapacitated by their anxiety, performing dismally on tests or experiencing panic attacks before or during exams. Exam anxiety may be a physical, emotional or mental responses students experience such as feelings of instant headache, butterflies in the stomach or going blank before or during exam. They physical symptoms of exam anxiety are:

- Headache

- Nausea

- Diarrhea

- Excessive sweating

- Rapid heartbeat

- Knot in stomach

- Light headedness

- Exam anxiety can lead to a panic attack.

* Emotional and behavioural symptoms of exam anxiety.

- Feeling of anger

- Fear, panic, restlessness, nervousness

- Continual doubt

- Helplessness and disappointment

* Behavioral / cognitive symptoms of exam anxiety

- Difficulty concentrating

- Thinking negatively

- Comparing oneself to others

- Indecisive about an answer and going blank

There are common emotional and behavioural responses to exam anxiety. The symptoms of exam anxiety can vary considerably and range from Mild to severe. Some students experience only Mild symptoms of exam anxiety and are still able to do fairly well on exams. A little nervousness can actually help you perform your best. When this distress becomes so excessive that it actually interferes with performance on an exam.

1.4 DEPRESSION PRONENESS

Everyone feels sad or low sometimes, but these feelings usually pass with a little time. Depression or "depression disorder" – is a mood disorder that causes distressing symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, symptoms must be present most of the day, nearly every day for at least two weeks.

Depression can occur during adolescence, a time of great personal change. You may be facing changes in where you go to school, your friends, your after-school activities, as well as in relationships with your family members. You may have different feelings about the type of person you want to be, your future plans, and may be making decisions for the first time in your life. Many students don't know where to go for mental health treatment or believe that treatment won't help. Others don't get help because they think depression symptoms are just part of the typical stresses of school or being a teen. Some students worry what other people will think if they seek mental health care.

Modern age has given us a serious psychological problem – Depression. The cases of depression have recently grown to an alarming number in developed and developing countries as well. Even in India, where the cultural and spiritual level is quite high, the number of depressed persons is increasing every day.

Depression is a serious mental illness with a wide variety of mood variations of melancholy, sadness, disappointment and despair. It is a combination of emotional, cognitive and behavioural symptoms. Broadly speaking, a person faces an uncomprehending situation either courageously or succumbs to emotions that would precipitate into various types of depressive illness. We all, at one stage or the other, come across mentally demanding environment, temporarily or

continuously. But, if an abnormal pattern of behavior in a normal environment is shown repeatedly, it calls for immediate consultation and therapy.

As we know it is difficult to read human mind and it particularly so when we have to approach a patient with mood alterations. It is extremely complicated and challenging at the same time.

1.5 DEPRESSION

Depression is a common but serious mental illness typically marked by sad or anxious feelings. Most students occasionally feel sad or anxious, but these emotions usually pass quickly— within a couple of days. Untreated depression lasts for a long time and interferes with your day-to-day activities.

1.5.1 DEFINITIONS OF DEPRESSION

According to Wetzel, 1984, "Depressives are often agitated and irritable. They may perform repetitive motor tasks, like pacing or rubbing their hands together. They may exert a poor disposition and become "aggressively hostile" to others".

According to Schwartz & Schwartz, 1993, "Depression is an affective, or mood disorder. It is an illness that immerses its sufferers in a world of self-blame, confusion, and hopelessness. It is an illness of the mind and the body. Some could argue depression is a way of coping with life‟s pressures".

According to Kaplan and Sadock, 2003, "Mood disorder refers to sustained emotional states, not merely the external expressions of a transitory emotional state. These disorders mostly result in impaired interpersonal, social, and occupational functioning".

According to WHO, 2013, "Depression is defined as a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or poor self-worth, sleep disturbances, problems with appetite and feelings of tiredness and poor concentration".

1.5.2 TYPES OF DEPRESSION

Depressive reactions vary in severity and in the type of behavior and thought exhibited. The diversity of symptomatology has led to numerous attempts to distinguish meaningful subtypes of depression but as yet no classification system has been universally accepted. However, some important types of depression are discussed below:

1. **Normal Grief and Psychopathological Depression:** The criteria used to distinguish between normal and psychopathological depression are depth, duration and extent of depression to which depressive reaction is associated with guilt, feeling of worthlessness, delusions, and hallucinations. A psychopathological condition is considered when the grief reactions lead to excessive self-dislike, inordinate self-blame, or a prolonged pre-occupation with one's problem.

2. **Exogenous (Reactive) and Endogenous Depression:** Exogenous depressive episodes are caused by factors from outside the body, including infections and psychological causes like some loss or stressful events, such as the death of a loved one or the loss of a job. Endogenous depressive episodes are caused by factors from inside the body such as having biochemical or genetic etiology. Distinction between exogenous and endogenous depression is based on whether or not the depressive episodes appear to be a reaction to some life circumstances. Winokur and Pitts (1964) studied the causes of seventy-five people who were admitted to a hospital with diagnosis of exogenous (reactive) depression. At the time of discharge, however, the diagnosis had been changed for all but twelve of the seventy-five cases studied. In forty- five cases, moreover, the diagnosis was changed from exogenous to endogenous depression.
3. **Neurotic and Psychotic Depression:** Martarano and Nathar (1972) stated that neurotic depression is diagnosed when the depressive episodes seems to be a reaction to some environmental loss, such as nervousness and tension and psychotic depression is diagnosed when depressive episode does not appear to be a reaction to some environmental loss.
4. **Primary and Secondary Depression:** Robins and Guze (1972) have proposed that depression should be classified as primary versus secondary. Primary depression is diagnosed when depressive episodes occur in persons with no previous history of psychopathology except for 5 previous episodes of mania or depression. The primary category provides a group that is symptomatically pure for depression (Winokur, 1973). Secondary depression is diagnosed when depressive episodes occur in persons with previous history psychopathology other than depression or mania.
5. **Bipolar and Unipolar Depression:** The bipolar and unipolar depression is based on the presence or absence of recurrent manic episodes. Bipolar mood disorders are diagnosed when depressive episodes occur (Perris, 1966; Woodruff et al., 1974). Unipolar mood disorder is diagnosed when manic episodes do not occur. Both Schuyler (1974) and Winokur (1973) have suggested that bipolar and unipolar depression should be considered subcategories of primary depression. Research on bipolar and unipolar depression suggests that the distinction is useful. There is evidence that bipolar depression runs in families to a greater degree than does unipolar depression (Akiskal & Mckinney, 1973). Mindelwicz (1974) found that physical illness was more prevalent in the lives of bipolar patients who were studied than it was in the lives of unipolar patients. In most instances bipolar depression is a less severe condition than unipolar depression.

1.5.3 SYMPTOMS OF DEPRESSION

Symptoms of depression are behavioural, motivational, affective, cognitive and somatic in nature (Beck, 1976). The affective symptoms of depression include feelings of sadness, apathy, and anger. Back (1972) and Woodruff et al. (1974) revealed that the most commonly reported

complaint by depression is feeling of sadness. A significant proportion of depression, are visibly nervous, and some are interpersonally hostile. The cognitive disturbances in depression may be viewed in terms of the activation of a set of three major cognitive patterns that force the individual to view himself, his world and his future in an idiosyncratic way. The progressive dominance of these three cognitive patterns leads to the other. Phenomena that are associated with the depressive state.

The first component of the triad is the pattern of constraining experiences in a negative way. The patient consistently interprets his interactions with his environment as representing defeat, deprivation, or disparagement. He sees his life as filled with a succession of widens, obstacles or traumatic situations, all of which detract from him in a significant way.

The second component of the pattern is of viewing himself in a negative way. He regards himself as deficient, inadequate or unworthy and tends to attribute his unpleasant experiences to a physical, mental or moral defect in himself. Furthermore, he regards himself as undesirable and worthless because of his presumed defect and tends to reject himself because of it.

The third component consists of viewing the future in a negative way. He anticipates that his current difficulties or suffering will continue indefinitely. As he looks ahead, he sees a life of unremitting hardship, frustration and deprivation.

The behavioural symptoms of depression include crying, withdrawal, agitation and retardation. Crying spells are common in about half the cases and they provide one of the few outlets of relief in severe cases. Withdrawal from social environments (after accompanied by excessive brooding and preoccupation) can occur in varying degrees. Retarded depression is characterized by ethargy -d inactivity whereas agitated depression is characterized by visible nervousness. According to Woodruff et al. (1974), ‘Agitated depressives complain about their fate, worry, pace and may wring their hands. They ask for reassurance, they beg for help, yet another satisfies them. As Buss (1966) noted that depressives, when feeling whether retarded or agitated in motor movements, they show low level of meaningful accomplishments. Both retarded and agitated depressives have difficulty concentrating on tasks of sustained periods of time. Beck (1967), Woodruff et al. (1974) studied the common physical complaints associated with depression these are insomnia, fatigue, abdominal pains, constipation and feelings of being ill.

Symptoms of depression can be broadly divided into five general areas: emotional symptoms, cognitive symptoms, somatic symptoms, behavioural symptoms and other symptoms.

A. **Emotional Symptoms:** Depressed or dysphoric (unpleasant) mood is the most common and obvious symptom of depression. Most people who are depressed describe themselves as feeling utterly gloomy, dejected or despondent. There is no clear-cut line dividing normal sadness from the depressed mood that is associated with depression. The severity of a depressed mood can reach painful and overwhelming proportions. There is a particular kind of pain, elation, loneliness, and terror involved in this kind of madness.

The ideas and feelings are fast and frequent like shooting stars and you follow them until you find better and brighter ones. Shyness goes the right words gestures are suddenly there and the power to captivate others is certainly felt. There are interests found in uninteresting people. Sensuality is pervasive and the desire to seduce and to be seduced is irresistible. Feelings of ease, intensity, power, well-being, financial omnipotence and euphoria pervade one's marrow. But, somewhere, this changes. The fast ideas are too fast and there are far too many; overwhelming confusion replaces clarity. Memory goes. Humour and absorption on friends faces replaced by fear and concern. Everything previously moving with the grain is now against – you are irritable, angry, frightened, uncontrollable, and enmeshed totally in the blackest caves of the mind. You never knew those caves were there. It will never end, for madness carves it own reality. Kendall & Watson (1989) studied that anxiety is also common among depressed people.

B. **Cognitive Symptoms:** Depressed people show slowed down thinking, that they have trouble in concentrating and that they are easily distracted. Thought processes are almost completely shut down. Guilt and worthlessness are common preoccupations. Depressed patients blame themselves for things that have gone wrong; regardless of they are in fact responsible. They focus considerable attention on the most negative features of themselves, their environments and the future- a combination that Beck (1967) has labeled the 'depressive raid'. Many people experience self-destructive ideas and impulses when they are depressed. Hamilton (1982) found that interest in suicide usually 9 develops gradually and may begin with the vague sense that life is not worth living. Depressives face 'automatic negative thoughts' slips too quickly at the moment the emotions occur. They cover their selves with well-hidden self-blaming antecedent thoughts or interpretations of the situation.
C. **Somatic Symptoms:** The somatic symptoms of depression are related to basic physiological or bodily functions. They include fatigue, aches and pains and serious changes in appetite and sleep patterns. Sleeping problems are also common, particularly troubling to sleep.
D. **Behavioural Symptoms:** The symptoms of depression include changes in the things that people do and the rate at which they do them. The term psychomotor retardation refers to several features of behavior that may accompany the onset of serious depression. The most obvious behavioural symptom of depression is slowed movement. Patients may walk and talk as if they are in slow motion. Others become completely immobile and may stop speaking altogether. Some depressed patients pause for very extended periods – perhaps several minutes – before answering a question.
E. **Other Symptoms:** Studies reveal that depression is persistent sadness lasting for more than two weeks, loss of interest in usual activities, weight loss, sleep disturbances, energy loss, fatigue, hyperactive or slowed behaviour, decreased sexual drive, feelings of worthlessness, difficulty in concentrating or making decisions, recurrent suicidal thoughts

and memory loss. These symptoms are categorized in other symptoms as discussed below:

- **Depressed Mood:** This may include a sad, cranky or irritable mood. Excessive physical complaints and apathy also define this symptom.
- **Loss of interest or pleasure in most activities:** This may take the form of 'not caring anymore' or loss of interest in hobbies. For example, someone who loves golf may suddenly find excuses not play. This may also show up as a decreased interest in sex. Physicians call this lack of interest 'anhedonia'.
- **Indecisiveness or diminished ability to concentrate:** This may take the form of being easily distracted or having memory difficulties. Jobs that require concentration may become almost impossible to perform.
- **Recurrent thoughts of death:** Thoughts of one's own death are common in depression. These can range from a general feeling that others would be better off if one were dead to making specific suicide plans and preparations. These feelings should always be treated as an emergency are require immediate medical attention.
- **Sleeping difficulties:** Insomnia can mean difficulty in falling asleep, waking and restlessness during the night or waking up earlier than usual and not being able to fall back to sleep.
- **Feelings of worthlessness or excessive guilt:** This symptom includes unrealistic negative self-evaluations, unrealistic self-blame or very low self-esteem. Sometimes, a sense of guilt can also reach delusional proportions (such as feeling that you are to blame for world poverty).
- **Significant weight loss or gain:** An example of 'significant' weight loss or gain could be gaining or losing over five percent of body weight in a mouth, when not dieting or trying to gain weight. Weight gain or loss is usually the result of changes in appetite.
- **Psychomotor agitation or retardation*:*** Psychomotor agitation may appear as pacing, having trouble sitting still, hand wringing or pulling at skin. Examples of psychomotor retardation can include either long pause before answering questions and/or slowed thinking, speaking and moving.

1.6 EXAMINATION ANXIETY AND DEPRESSION PRONENESS AT HIGHER SECONDARY SCHOOL STUDENTS

Adolescent depression in school is increasingly common. For various reasons, adolescents are at great risk for depression during high school and college. Unfortunately, social stigma around mental illness still exists among people of all ages. As a result, high school and college students often hesitate to seek help for depression. In 2016, approximately 60 percent of teens who suffered a major depressive episode did not receive treatment of any kind. In order to counteract adolescent depression in schools and the resulting stigma, teens and parent need to be educated about mental health. Thus, they will be better equipped to help others, offer support, and even save lives.

Anxiety has been considered as a psychiatric disorder in childhood since the 1980s, and depression since the 1970s, always associated with the psychopathological concepts of the psychiatric adult. During childhood fear and sadness are developed, but it changes progressively since breastfeeding and childhood until adolescence. Frequently, anxiety and depressive disorders are expressed in the same individual at the same time, probably because fear is frequently accompanied by sadness in these pathologies. Anxiety disorders are the most frequently psychiatric disorders in the pediatric period, but most patients might not receive pharmacological or psychological treatment. The social anxiety, the anxiety by separation and generalized anxiety produce high suffering; interfere in educational performance and social relationships. In addition, anxiety in adolescence increases the risk of psychiatric disorders in the adult stage; increase the risk to develop anxiety disorders, major depression, suicide attempts and clinical hospitalization associated with psychiatric illness. The aforementioned may negatively impact the educational performance in students. Practically, transient worries and fears are common in children and adolescents, but are considered pathologic only when associated with significant impairment, distress and persistence. As mentioned, sweating, shaking and blushing are obvious signs of anxiety but some other elusive behavioral signs in young people make it difficult to detect it. For example, somebody may find it difficult to associate increased inflexibility, over-reactivity, emotional intensity, impulsivity, anger, constant arguments, trials to escape or avoid school or exams, for example, to anxiety-related behaviors associated to an underlying cause. In addition, anxiety, anxiety disorders have a somewhat different age and gender distribution during childhood and adolescence. Excessive worries about past behavior, self-image, competence and socio-sexual acceptance, excessive perfectionism, somatic complaints, nightmares, and internal tension are common in adolescents. Panic disorder and social phobia are more frequent in adolescents.

1.7 SIGNIFICANCE OF STUDY

Examination anxiety and depression proneness is major problem for the students. The problem of examination anxiety affects mental health of the students. Many researchers have done researches on this topic at international, national and state level. This research is centered on examination anxiety of the students of secondary schools. Secondary students always face the problem related to their career. Examination anxiety of this research is related not only to a particular subject but all the subjects. It covers all the educational matters. This research is also related to physical, mental, social and educational problems. Students always have to pass through a critical situation. It is very important for the teachers, policy planners and administrators to know the parts played by test anxiety in relation to depression proneness of the students and also to suggest remedial measures to overcome the problem of test anxiety to develop teaching learning process affectively. Exam anxiety could lead to depression among adolescents. This study aims to study examination anxiety and depression proneness among the higher secondary school students.

1.8 STATEMENT OF PROBLEM

EXAMINATION ANXIETY & DEPRESSION PRONENESS AMONG HIGHER SECONDARY SCHOOL STUDENTS

1.9 OPERATIONAL DEFINITIONS

Various terms used in the study have been operationally defined as:

- **Examination Anxiety:** "**Test anxiety** is a psychological condition in which a person experiences distress before during or after an exam or other assessment to such an extent that this anxiety causes poor performance or interferes with normal learning." The Examination Anxiety scale developed measured by Dr. Subhash Sarkar in 2005.

- **Depression Proneness:** In the present study, Depression proneness means a serious mental illness with a wide variety of mood variations of melancholy, sadness, disappointment and despair, feeling of sadness and loneliness, loss of interest in activities once found enjoyable, feeling of hopelessness, worthlessness or excessive guilt, fatigue or loss of energy, sleeping too little or too much, loss of appetite, restlessness and being easily annoyed. The Depression Scale developed measured by Dr. Shamim Karim and Dr. Rama Tiwari in 1986.

1.10 OBJECTIVES OF THE STUDY

1) To study significant gender difference in examination anxiety of higher secondary school students.

2) To study significant difference in examination anxiety of higher secondary school students in relation to their residential background.

3) To study significant difference in examination anxiety in relation to types of school i.e. government and private higher secondary school students.

4) To study significant gender difference in depression proneness of higher secondary school students

5) To study significant difference in depression proneness of higher secondary school students in relation to residential background.

6) To study significant difference in depression proneness in relation to types of school i.e. government and private higher secondary school students.

7) To study relationship between examination anxiety and depression proneness of higher secondary school students.

1.11 HYPOTHESES OF THE STUDY

There is no significant gender difference in examination anxiety of higher secondary school students.

1) There is no significant difference in examination anxiety in rural and urban higher secondary school students.
2) There is no significant difference in examination anxiety in government and private higher secondary school students.
3) There is no significant gender difference in depression proneness of higher secondary school students.
4) There is no significant difference in depression proneness in rural and urban higher secondary school students.
5) There is no significant difference in depression proneness in government and private higher secondary school students.
6) There is no significant relationship between examination anxiety and depression proneness of higher secondary school students.

1.12 DELIMITATIONS OF THE STUDY

1. The study has been confined to higher secondary schools in Jammu city.
2. The present study has been confined to higher secondary school students.
3. The sample has been confined to 200 students i.e. 100 govt. and 100 pvt. School students.
4. The study has been confined to two tools Namely Examination Anxiety Scale and Depression Scale.

CHAPTER II

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

Review of related research is a vital pre-requisite to actual planning and for the execution of any research work before embarking on making a fresh study. Information about the findings of various research studies get accumulated over a period of time in the form of books, encyclopedia, generals, abstracts, theses and other form of records. When a new investigation is started, the investigator gets new ideas and directions from this huge mass of research findings. Realizing the importance of review Best (2008) says, "A familiarity with the literature in any problem area helps the students to discover what is already known and what is still unknown and untested". Survey of related literature helps in avoiding duplication, guides in carrying out the investigation successfully and makes the researcher familiar with the steps involved in it. It enables him to know the means of getting to the frontiers in the field of his research. Unless one has learnt what others have done and what still remains to be done, one cannot develop a research project. It will contribute something to the knowledge existing in this field. It provides ideas, theories, explanations or useful hypotheses available for formulating problem and valuable suggestions for significant investigation like methods, tried techniques and comparative data useful in the interpretation of results. It stimulates and encourages the investigator to go deep into various aspects of the problem. It is the basis of most of the research projects in basic and social sciences. It forms the foundation upon which all future work will be build. In fact, the researcher, who undertakes a research project without systematically reviewing other studies and writings related to the problem is not only derelict in his personality as a researcher, but also endangers the successful completion and evaluation of his research. Identification of a problem, development of a research design and determination of size and scope of a problem, all depends upon to a great extent on the care and intensity with which a researcher has examined the literature related to the intended research.

Review of related literature is brief summary of previous research and writing of recognized experts provide the researchers familiar with what is already known and with what is still unknown and untested. Since effective research must be based on past knowledge this step helps to eliminate the duplication of what has been already and provides useful hypothesis and helpful suggestions for significant investigation. The following is a review of some studies on examination anxiety and depression proneness.

2.2 REVIEW OF RELATED LITERATURE

Nair, Paul et al (2004) studied the prevalence and pattern of depression among adolescents. Adolescents of age group 13 to 19 belonging to school/college students and school dropouts were assessed using Beck's Depression Inventory (BDI) and the results revealed that 11.2% of school dropouts had severe and extreme grades of depression as against 3% among school going and nil among college going adolescents.

Hysenbegasi, Hass, and Rowlands (2005) investigated the relationship between depression and its treatments and the academic performance of undergraduate students. Results indicated that diagnosed depression was associated with a 0.49 points, or half a letter grade, decreased in student GPA (Grade Point Average) while treatment was associated with a protective effect of approximately of academic tasks was consistent with these findings. Depressed students reported a pattern of increasing interference of depression symptoms with academic performance peaking in the month of diagnosis and decreasing thereafter with the lowest levels reported in months 4 through 6 diagnosis, each of which is significantly less than the moth of diagnosis.

Jain et al (2007) studied perceived parental encouragement in male and female adolescent students attending coaching institutions at Kota (n=400) in Rajasthan was investigated. The adolescents with greater perceived parental encouragement had lesser academic anxiety. Furthermore, coaching attending and self attending boys and girls had disclosed significant influence on academic anxiety interaction of type of study, gender and parental encouragement also had significant effect on academic anxiety.

Rodgers et al (2007) conducted a study to evaluate the link between the different dimensions of depressive symptoms and suicidal ideation in adolescents. A sample of 1057 adolescents completed the CES-D (Center for Epidemiological Studies Depression Scale) and three additional items measuring suicidal ideation. 271 participants had moderate/severe depressive symptoms. For both boys and girls depressed affect was the main significant predictor of the presence of any suicidal ideation and of the wish to kill oneself.

Birmaher et al (2007) conducted a cross-sectional study on depression among adolescents. Four hundred and two adolescents, aged 13-20 years, who attended outpatient clinic or were hospitalized between November and May 2004 at 15 medical centres in France, in Brussels (Belgium) and in Geneva (Switzerland) were included. Results revealed that one hundred and twenty six adolescents were depressed (mean age 16.4/ SD1.9; 32 males, 94 girls), 139 adolescents had a depressive experience but no MDD (mean age 16.6/ SD 1.8; 45 males, 94 girls) and 137 adolescents were not depressed (mean age 16.7/SD 2.1; 48 males, 89 girls).

Cunningham (2008) conducted a study to examine the relationship between a latent variable (demoralization) and measured variables (depression, anxiety, hopelessness) in a community sample of Canadian youth. The sample size was 971 high school students studying 10th to

12th grade. Beck Depression Inventory, Beck Anxiety Inventory, and Beck Hopelessness Scales were used. Results revealed that close relationships exist among depression, anxiety, hopelessness and demoralization.

Fletcher (2008) conducted a national longitudinal study of the health-related behaviours of adolescents and their outcomes in young adults. Center for Epidemiological studies depression (CES-D) was administered to the students in grades 7-12. The sample size was 13000 students. The findings of the study showed that 8% of the students had depression and females were more likely to be depressed than the males.

Goetz et.al. (2008) found that gifted students within a gifted peer reference group showed higher levels of test anxiety than gifted students within a non-gifted peer reference group of note, the present study focused exclusively on gifted students attending special gifted classes. The main research question was whether or not the assumed effects of individual and class achievement can be found for gifted students in special gifted classes when taking the variance of achievement level (grades) of the special gifted classes into account. Using hierarchical linear modeling (HLM) methodology, the assumed effects were vindicated for this special group of high ability students. Thus, in line for previous results, the worry component of test anxiety was more highly reactive to the effects of individual achievement than the emotionality component. Also, in line for theoretical assumptions, achievement/anxiety relations were largely medicated by the effects of academic self-concept.

Putwain, (2008) had found that students who reported the lower levels of anxiety have attained the highest grades in the mid stake examination. Regression analyses suggested that examination stake do moderate was not in the expected direction.

Pantel (2008) in his study to examine the role and function of anxiety, self-efficacy and resource management strategies on academic achievement in students found no significant differences for males and females on anxiety, self-efficacy and academic achievement.

Kahan (2009) in a study showed that test anxiety did not correlate to final exam scores whereas Sultania, M.K. et.al. (2009) in their study of anxiety, hostility and depression among college students found that female were significant higher on these variables than male counterparts.

Chaplin et al (2009) conducted a prospective study to examine gender differences in the relationship between anxiety and depressive symptoms in early adolescence. One hundred thirteen 11- to 14-year-old middle school students completed questionnaires assessing depressive symptoms at an initial assessment and 1 year later. Total anxiety and worry and oversensitivity symptoms are found to predict later depressive symptoms more strongly for girls than for boys. Physiological anxiety predicts later depressive symptoms for both boys

and girls. These findings highlight the importance of anxiety for the development of depression in adolescence, particularly worry and oversensitivity among girls.

Yousefi et al. (2010) conducted their study to determine the relationship between test anxiety and academic achievement among adolescents. Result of their study showed that there was a significant correlation between test anxiety and academic achievement among adolescents. In addition, there was a significant difference of academic achievement between male and female adolescents whereby female scored higher in their academic achievement.

Rana, and Mahmood, (2010) found a significant negative relationship existed between test anxiety scores and students' achievement scores. Results of their study showed that a cognitive factor contributes more in test anxiety than affective factors. Hence, they concluded that test anxiety is one of the factors which are responsible for students' underachievement and low performance.

Hemamalini (2011) conducted a study on anxiety and academic achievement of high school students of Mysore city. In this study an attempt has been made to find relationship between anxiety and academic achievement of high school students of Mysore city. The sample was selected through stratified random sampling technique. Data was collected by using standardized anxiety scale. A significant negative relationship was found between anxiety and academic achievement of high school students. The study revealed that both very high and very low anxiety levels lead to academic achievement among the high school students.

Qaisy (2011) conducted a study on the relation of depression and anxiety in academic achievement among group of university students and the results indicated that there was a positive relationship between achievement and Anxiety.

Carnevale (2011) conducted a study to identify instruments that can be utilized by the school nurse to perform rapid adolescent depression screenings. An integrative review of current depression instruments used in adolescents was conducted. Results revealed that out of the seven most commonly used instruments only four fit the criteria listed for conducting screening in the school setting by the school nurse. The four instruments include the Beck Depression Inventory (BDI), the Children's Depression Inventory, the Center for Epidemiological Studies-Depression Scale for Children, and the Reynolds Adolescent Depression Scale. The study concluded that based on other criteria such as affordability, ease of administration, and the ability of the instrument to be rapidly scored, the Center for Epidemiological Studies-Depression Scale for Children and the BDI were the reasonable choice of instruments for use by the school nurse.

Rosenberg et al (2012) conducted a cross-sectional study to assess the mediating and moderating effects of anxiety, affect, self esteem, and stress on depression at South Sweden. Sample size was 202 students (males-93, females-113). Rosenberg Self Esteem Scale, Perceived Stress Scale, Hospital Anxiety and Depression Scale, and Positive and Negative

Affect Schedule were administered. Results indicated that anxiety partially mediated the effects of both stress and self esteem upon depression, stress partially mediated the effects of anxiety and positive affect upon depression, stress completely mediated the effects of self esteem on depression, and there was a significant interaction between stress and negative affect, and between positive affect and negative affect upon depression.

Hametz et al (2012) conducted a cross-sectional study on screening for depression among adolescents in urban Latino clinic. Researchers screened adolescents aged between 13 and 20 years in three pediatric and adolescent primary care practices in New York City by using Columbia Depression Scale. Results revealed that 12% of adolescents screened were referred for mental health treatment. The study concluded that further study will be required in other Spanish-speaking and minority populations. New methods will also be required to reach a greater proportion of patients, particularly those presenting for sick visits.

Oliver et al (2012) conducted a study on identifying depressive symptoms in African American adolescent males. 49 African American male adolescents aged 13 to 19 years completed the Center for Epidemiologic Studies Depression Scale (CES-D). Results revealed higher rates of depressive symptoms in this subsample of African American male adolescents when compared to estimated prevalence rates of depression for adolescents as reported by large-scale studies and meta-analysis data.

Fritsch et al (2013) conducted a randomized clinical trial on depression among school students from Santiago, Chile. A total of 2512 secondary school n students from 22 schools and 66 classes participated. Depression was measured by using Beck Depression Inventory–II at 3 months (primary) and 12 months (secondary) after completing the intervention. Results found that there were 1291 participants in the control group and 1221 in the intervention group. There was no evidence of any clinically important difference in mean depression scores between the groups (adjusted difference in mean, −0.19; 95% CI, −1.22 to 0.84) or for any of the other outcomes 3 months after completion of the intervention. No significant differences were found in any of the outcomes at 12 months.

Reddy, et al (2013) studied the academic performance and test anxiety in Indian Students in The Course of Cognitive Science. Test anxiety is a relatively stable trait. Periodic tests and examination at all stages of education have become an integral part of evaluating students in our competitive education system. Students are subjected to a wide variety of testing situations, such as school examinations, scholastic-achievement tests, intelligence tests (Ackerman & Heggestad, 1997; Hembree, 1988; Zeidner, 1998) and entrance examinations. Test and examination stress is thought to prevent some individuals from reaching their academic potential. It has been found that students consistently perceive examination as a source of increase in anxiety and a situation engulfed with uncertainty/unfairness in letting them demonstrate their true achievements (Zollar & Ben-chain, 1990; Speilberg, 1985).

Simmons, Hetrick et al (2013) conducted a qualitative study to explore the experiences and beliefs about treatment decision making for young people diagnosed with depressive disorders at Melbourne, Australia. Samples were clinicians who had provided treatment to young people aged 12-18 years old with MDD. 22 Psychiatrist were selected through purposive sampling technique. Interviews were audio taped, transcribed verbatim and analysed using thematic analysis. The current data support a collaborative model of treatment decision making for youth depression.

Rasing, Creemers et al (2013) conducted a randomized controlled trial to evaluate a program for preventing depression and/or anxiety in high risk adolescents over a 12-month follow-up period. Adolescents aged between 11 and 15 years old with depressive/or anxiety symptoms and with parents who showed indicators of parental psychopathology were randomly assigned to the experimental (N=80) or control groups (N=80). Depression was measured by using Child Depression Inventory. Primary outcome was depressive symptoms, and secondary outcome was anxiety symptoms and parental control, parental psychopathology, parenting stress and adolescent's depression and depressive symptoms according to the parents.

Dedding et al (2013) conducted a cross-sectional study on depression, anxiety, and suicidal ideation among Vietnamese secondary school students. The sample size was 1161 secondary students and Depression was measured using the Center for Epidemiology Studies Depression Scale. Results revealed that the prevalence of depression was 41.1%. Webb et al (2013) reported that Major depressive disorder significantly impacts the developmental trajectory of youth as well as adults, and cognitive vulnerability models of depression have contributed to the understanding of the onset, maintenance, and recurrence of depression. The report revealed that selective, cognitive vulnerability factors implicated in depression in youth and adults.

Balogun (2014) studied the relationship between anxiety test anxiety and academic performance among undergraduates. Results of the moderated hierarchical regression analysis revealed that while academic performance decreased with high level of test anxiety, it increased with high level of achievement motivation. Also, achievement motivation buffered the effect of test anxiety on academic performance.

Sadh and Gupta (2014) studied the academic anxiety of school students of class 8^{th} in relation to gender and type of management of school. The study revealed that (1) there was no significant difference in academic anxiety of male and female students, (2) government and private school differed significantly regarding their academic anxiety.

Singh (2014) conducted a study to study the students' anxiety levels and their correlates in school performances. With the help of t- test, the study tried to find out different anxiety levels for science and arts stream higher secondary students of Imphal East and West districts

of Manipur state. The result of findings was there did not exit high anxiety levels, academic anxieties and test anxieties among the higher secondary school students of Imphal East and Imphal West districts of Manipur. There exist similar level of anxiety, academic anxieties and test anxieties among the higher secondary school students of Imphal East and Imphal West districts of Manipur.

Nativio et al (2014) conducted a study to identify the symptoms of depression in students in the school settings. Researchers used the Patient Health Questionnaire-9 item for detecting depression in middle school/high school-aged children in selected urban schools. Students having positive screens were referred to the multidisciplinary school-based Student Assistance Program team for further evaluation and referral. The study concluded that these screening improved the identification and referral for treatment of children suffering from depression by expediting the connection to services.

Sabiston et al (2014) in their study examined measurement invariance of the depressive symptoms scale (DSS) during adolescence. Data were drawn from the Nicotine dependence in Teens (NDIT) study, an ongoing prospective cohort study of 1,293 adolescents. The analytical sample included 527 participants who provided complete data. Confirmatory factor analysis revealed that an inter-correlated three-factor model with somatic, depressive, and anxiety factors provided the best fit. Finally, DSS scores at Time 3 correlated significantly with depressive and anxiety symptoms measured at Time 4. The study concluded that the DSS is multidimensional and suitable instrument to examine sex differences in somatic, depressive, and anxiety symptoms.

Shakir (2014) investigated the effect of academic anxiety on the school performance of senior secondary school students. The study utilised data gathered from a random sample of 352 students. The Academic Anxiety Scale for Children (Singh & Gupta, 2009) was administered under group situations, along with a personal data sheet, to collect primary data pertained to academic anxiety, while secondary data pertained to academic achievement was procured from school records. Analysis revealed that presence of a significant but negative correlation between academic stress and achievement. The high and low anxiety groups were found to differ significantly in their school performance; the low anxiety group performing better. The observed difference between high and low anxiety in their academic achievement was found to exist in both gender groups. Significant gender difference was observed in the academic achievement of high anxiety groups; wherein girls excelled the boys. A similar gender difference in achievement was noticed in low anxiety groups also.

Natarajan (2015) studied the level of anxiety among school student undergoing higher secondary examination. Convenience sampling based on inclusion and exclusion criteria was used on a sample size of 150 higher secondary students (75 males and 75 females). Descriptive as well as inferential statistics was used for the analysis of data. The finding shows that there was no association between level of anxiety and gender.

Malhotra (2015) studied exam anxiety among senior secondary students to know the level of examination and influence of gender, locality and their different interactions on exam stress.

The findings of the study indicated that majority of the senior secondary students possessed normal test anxiety (62%) and a few students experienced high and low test anxiety (22% and 16% respectively). The present study also revealed that girls experienced more exam anxiety than boys of the secondary school. It also indicated that students of urban area possessed more exam anxiety than that of the students from the rural area. The join effect of gender and locality was also found significant on the test anxiety of the senior secondary school students.

Kumaran, and Kadhiravan (2015) conducted a study on personality and test anxiety of school students and found that test anxiety was an important factor which impacted academic performance of the students. The findings had shown that female students possessed higher test anxiety than male students. Students belonging to the nuclear family also possessed high test anxiety. A positive correlation was found between test anxiety and personality of the students.

Mohammad (2016) enquired about the academic anxiety of the male and female secondary students in relation to their academic achievement with some objectives like finding out the relationship between the academic anxiety and academic achievement, knowing the effect of high and low academic anxiety on academic achievement, finding the impact of high and low academic anxiety on academic achievement of male and female students and investigating the effect and impact of high and low academic anxiety on the academic achievement. The entire study was conducted on the secondary school students. The results had shown that there was a negative correlation between academic anxiety and academic achievement. Again, no difference was found between academic achievements of high and low academic anxiety groups of male and female secondary school students. But, a significant difference was found between the academic achievement of low academic anxiety groups of male and female secondary students.

Yusuph (2016) conducted a descriptive survey to investigate the causes and effects of anxiety on academic achievement of secondary school pupils. At first, two secondary schools from Dodoma was selected purposively for the study, from where a random sample of 92 pupils were drawn (boys = 45.8%; girls = 54.2%). A researcher developed questionnaire along with a personal data sheet was administered on the participants in group situation to collect required information. Analysis revealed the presence of high incidence of anxiety disorder among secondary school pupils. The prevailing corporal punishment is the major source of anxiety among the students (87.0%); followed by strict discipline (8.7%), tasks beyond pupils capacity (8.7%), and inadequate academic preparation (10.7%). The symptoms of anxiety, as perceived by the pupils, included heightened heartbeat, hand quivering, body pain, and stomach upsetting. No significant defences were observed among pupils in different age groups with regard to the anxiety they experience. Nevertheless, significant gender difference was noticed in strategy wherein the females are more prone to anxiety triggering circumstances. Though no association between grade level and anxiety exists among the pupils, significant relationship between gender, age and anxiety was observed.

Desouky and Allam (2017) assessed the frequency of occupational stress, anxiety and depression among primary and secondary school teachers. Data collection was accomplished with the help of the Arabic versions of the Occupational Stress Index, Beck Depression Inventory, and the Taylor manifest anxiety scale which were send to the teachers along with a personal data sheet to procure the demographic information, with the response rate of 92.8%, it generated data from a sample size of 568. Statistical analysis revealed that while all the teachers (100%) were found to experience occupational stress, the prevalence of anxiety and depression among the group was in the order of 67.5% and 23.2%. Significantly higher levels of job stress, anxiety and depression were reported among teachers above the age of 40 and those with longer service experiences. Compared to male teachers, the female teachers were found to experience significantly higher levels of occupational stress, anxiety and depression. Likewise, teachers working in primary levels, those with poor wages, and those with higher educational qualification are also found to excel their counterparts in all the three factors assesses.

Sharma and Pandey (2017) studied the interrelationship among anxiety, stress, depression and academic achievement of higher secondary school students. The investigation consumed both primary and secondary data. Primary data pertained to anxiety, depression and stress was gathered by the researchers by administering the ADS Scale (Bhatnagar et al., 2010) on a random sample of 120 students drawn from different schools of Mahasamund district (Chhattisgarh). The marks secured by the students for the 10th standard board examination constituted the secondary data on academic achievement. Hierarchical multiple regression analysis revealed that anxiety make significant negative contribution to achievement, and the model explain overall 5.5% of the variance in academic achievement. Significant positive association between academic achievement and stress and anxiety of the students were also revealed from statistical analysis.

Yazici, K. (2017) studied "The Relationship between Learning Style, Test Anxiety and Academic Achievement of Social Science Pre-service Teachers". It was found in the study that there was no significant relationship between test anxiety and academic achievement. A significant relationship was also found between the competitive learning style and test anxiety. There was no effect of gender on test anxiety.

2.3 CONCLUSION

From the above studies it is clear that there exist a correlation between the two variables i.e. examination anxiety and depression proneness. However, there are a few studies which fail to show any significant relationship between these two variables and there are some others which showed even a positive correlation between the two. A few studies also showed significant differences between boys and girls in relation to their examination anxiety and depression proneness.

CHAPTER-III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter explains the research methodology used in this study. Research methods play a vital role in a research process. Research Methodology is a way to systematically solve the research problem and to find the result of a given problem on a specific matter. In Methodology, researcher uses different criteria for solving the given research problem. Research is considered to be the more formal systematic and intensive process of carrying on the scientific method of analysis. It involves a more systematic structure of investigation resulting in sort of formal record of procedure and a report of results in conclusion.

The term methodology is sometimes applied to the methods and techniques used by social researchers, the methodological aspects of a study more accurately refer to the philosophy of science embedded within these methods and within the researcher's approach to data collection and analysis (Pole and Lampord, 2002).

Research is an honest, exhaustive, intelligent search for facts and their meaning with reference to a given problem. It is the process of arriving at dependable solution to a problem through planned and systematic collection, analysis and interpretation of data. The best search is that which is reliable, verifiable and exhaustive, so that it provides information in which we have confidence (Cook, 1986).

Research Methodology is a systematic way to solve a problem. It is a science of studying how research is to be carried out. Essentially, the procedure by which researchers go about their work of describing, explaining and predicting phenomena are called research methodology. Its aim is to give the work plan of research. It is necessary for a researcher to design a methodology for the problem chosen. One should note that even if the method considered is same the methodology for the may be different. It is important for the researcher to know not only the research methods necessary for the research under but also the methodology.

The present chapter throws light on the research methodology being adopted for the research study. Here research objectives and design of the study i.e. sample of the study and selection of the research instrument are discussed. Methods for the collection of the data and statistics for analyzing the data discussed.

3.2 DESIGN OF STUDY

The design of the research is the actual blueprint of the procedure for the completion of various research steps and thus to reach at valid conclusions. A well-conceived, adequately planned and executed design helps greatly in permitting to rely both on observations and inferences. Seltiz Johada, Deutsch and Cook (1916) state that a research design is the arrangement of collections and analysis of data in a manner that aims to combine relevance's to the proposed with economy in procedure.

3.2.1 METHOD

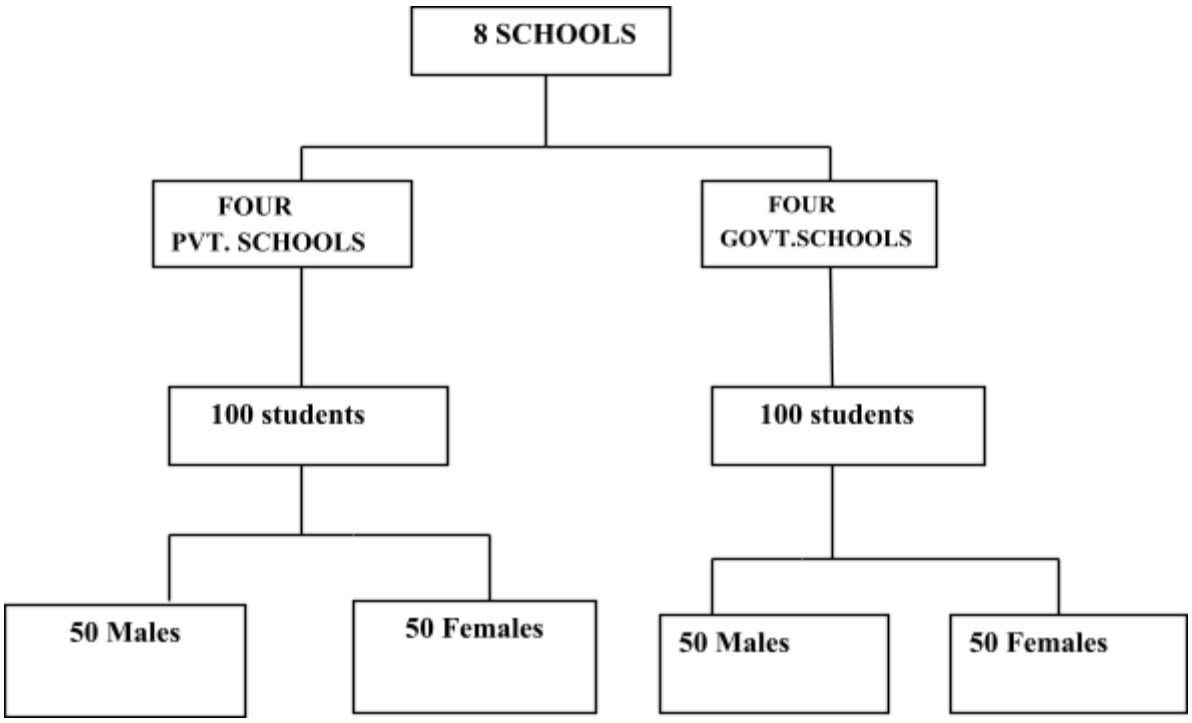
By method one a systematic approach towards a particular phenomenon. Methodology used in an investigation determines its destiny. It is the nature of the techniques and procedure adopted which determines the nature and the purpose of collecting data. Therefore, it is essential that in order to investigate the problem in a scientific way, the right methodology should be used. In view of the objectives of present study Descriptive Survey method was used. In this method a detailed description of existing phenomenon is collected with the intent of employing data to justify current condition and practices or to make intelligent plans for improving them. It is used to collect factual information to helps the researcher to insight the objectives of research that involves the use of variety of questions for collection of data.

3.2.2 POPULATION AND SAMPLE

A research population is also known as a well-defined collection of individuals or objects known to have similar characteristics. All individuals or objects within a certain population usually have a common, binding characteristic or trait. Population refers to any collection of specified group of human being or non human entities such as objects, educational institutions, time units and geographical areas. All the students studying in Govt. and Private higher secondary students schools of Jammu city constituted the population of present investigation.

In the present study, a sample consists of 200 students studying in higher secondary school in Jammu city using Simple Random Sampling technique was used in the present study.

Figure 3.1 Distribution of Sample



The details of the sample selected from eight schools (four Government and Four Private) affiliated to affiliated to Jammu and Kashmir School Board of Education have been given in the Table 3.1.

Table 3.1

Detail Distribution of Sample for Government and private schools.

S.No.	Name of schools	No. of students
1.	Govt. Higher Secondary School, Paloura.	**25**
2.	Govt. Higher Secondary School, Sarwal.	**25**
3.	Govt. Mixed Higher Secondary School, Bakshi nagar camp.	**25**
4.	Govt. Ranbir Higher Secondary School Parade Jammu	**25**
5.	Model Academy, B.C Road Jammu.	**25**
6.	Shri Mahavir jain Hr.Sec. School, Jammu-Tawi.	**25**
7.	Anurada Mission School, K.B. NGR BANTALAB	**25**

8.	Dr. Ambedkar Convent school, Bantalab, Jammu.	**25**
	TOTAL	**100**

3.2.3 VARIBLES FOR STUDY

A variable is something which varies. It is a symbol to which we assign numeral values. An independent variable is the presumed cause of the dependent variable, the presumed effect. The independent variable is the antecedent: dependent is the consequent (Kerlinger, 2009b). A variable is something that can be changed, such as a characteristic or value. The dependent variable is the variable that is controlled by the investigator. The independent variable is the variable that is controlled and manipulated by investigator. In simple words, in a study the independent variable is variable that is varied or manipulated by the investigator, and the dependent variable is the response that is measured. An independent variable is the presumed cause, whereas the dependent variable is presumed effect. The independent variable is the antecedent, whereas the dependent variable is the consequent. The variable used in the study has been described below:

Independent Variables:

The independent variable is the condition that you change in an experiment. It is the variable you control. It is called independent because its value does not depend on and is not affected by the state of any other variable in the experiment.

- Gender –male/female
- Residential background (rural and urban)
- Types of schools i.e. Govt. & Pvt.

Dependent variables:

A dependent variable is the variable being tested in a scientific experiment. The dependent variable is "dependent" on the independent variable. As the experimenter changes the independent variable, the change in the dependent variable is observed and recorded. When you take data in an experiment, the dependent variable is the one being measured.

- Examination Anxiety
- Depression proneness

3.3 TOOL EMPLOYED AND THEIR DESCRIPTION

In the present study, the researcher were used two tools namely

- Examination Anxiety Scale by Dr. Subhash Sarkar (2005)
- Depression Scale by Dr. Shamim Karim and Dr. Rama Tiwari (1986)

Examination Anxiety Scale

The Examination Scale was developed to measure individual differences in examination as a situation-specific personality trait. The EAS includes 50 statements and space for recording responses. The respondents are asked to report how frequently they experience specific symptoms of anxiety before, during, and after examinations. Liebert and Morris (1967), having identified worry and emotionality as the two major components of examination-anxiety, defines worry as cognitive concern about the consequences of failure and emotionality as reactions of the autonomic nervous system that are evoked by evaluative stress. The construction, development and standardization of the EAS was guided by these concepts of Test Anxiety.

Item Analysis of the EAS

The EAS is a three-point scale in which the testee has to either show his Agreement or Disagreement as two extremes and undecided in the middle. The scoring being 2 for Agree, 1 for undecided and 0 for disagree. The final form of the EAS has 50 items and is a Three-point, viz., **Agree, Undecided** and **Disagree** scale.

Scoring System

Table 3.2

All the statements are positively worded and scoring system is as per Table 3.2

Scoring System

	Agree	**Undecided**	**Disagree**
Score	**2**	**1**	**0**

As such the minimum and maximum possible score on this scale is 00 to 100.

Depression Scale:

It was created by Dr. Shamim Karim and Dr. Rama Tiwari in1986. It was published by Agra Psychological research cell Tiwari Kothi belangan Agra. It was prepared originally in Hindi and English language. “Some statements are given on the following pages. Please read them carefully. You will get one Answer Sheet along with the test in which, in the front of every

statement followed by five types of responses- 'Not at all', 'A little bit', 'Moderately', 'Quite a bit' and 'Extremely'. For scoring test, 0 mark should be given to "Not at all" response, 1mark to "A little bit" response, 2 mark to "Moderately" response, 3 mark to "Quite a bit" response and 4 marks to "Extremely" response. Forgetting the total score, each response mark of a given statement should be added together to form total raw score of an individual depression obtained through the test.

Scoring procedure:

Table. 3.3

The test in which, front of every statement followed by five types of responses- Table 3.3

Scoring System

	Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
Score	**0**	**1**	**2**	**3**	**4**

3.4 ADMINISTRATION OF THE TOOL

The investigators visited the schools personally for the collection of the data. First of all, the investigator approached the heads of the institutions and the purpose of the data collection was explained to them. The higher school students included in the sample were also selected randomly by the researcher and a cordial atmosphere was developed for them. The Higher school students were informed that their responses will be kept confidential and therefore they should be frank, honest, bold and sincere while answering the question. After providing the necessary instruction, the researcher distributed both copies of the Examination Anxiety Scale (EAS) and Depression scale (DS) among higher school students. Every attempt was to remove their doubts and difficulties. The higher school students were directed to read statements one by one and tick mark the most suitable response for the respective items in the both tools. After filling the responses, text booklets were collected back. In this way, the Examination Anxiety Scale (EAS) and Depression scale (DS) was administrated in all the selected Higher Secondary School Students and thus data was collected.

3.5 STATISTICAL TECHNIQUES EMPLOYED

In order to arrive at certain conclusion, it was necessary to analyze the success of subjects obtained from the test. After tabulation of score following statistical techniques were applied to analyze the scores. In this study, the investigator employed the following statistical techniques.

- t-Test
- Coefficient of Correlation

CHAPTER -IV

ANALYSIS AND INTERPRETATION OF DATA

4.1 INTRODUCTION

Analysis of data means categorizing, ordering, manipulating and summarizing the data to obtain answers to the research question. The purpose of analysis is to reduce data into intelligible and interpretable from so that meaningful result can be arrived at. Analysis of the data can be done in the light of the objective of the study.

The most important step in any research project is analysis and interpretation of the data collected. After the data has been collected and tabulated, it must be processed and analysed properly, so as to draw proper inference. A systematic treatment of the tabulated data is essential for drawing valid conclusions. It involves breaking of complex factor into simpler parts and putting them arrangement for the purpose of interpretation.

Collection of data has no meaning unless it is tackled, properly analysed and interpreted by sophisticated technique. Barr says, analysis is an important phase of the classification and summarization of data. So the interpretation is considered as one of the most important step in the total procedure of research.

In the study, data have been collected from eight Higher Secondary School Students studying in government and private school of district Jammu. Data were collected by administering "Examination Anxiety Scale" by Subash Sarkar in (2005) and "Depression Measurement Scale" by Dr. Shamim Karim and Dr. Rama Tiwari in (1986). The data was collected through standardized tools and tabulated manually. On the basis of analysis following results and their interpretation has been given in the following section.

4.2 RESULTS AND FINDINGS

(TABLE-4.2.1) To study significant Gender difference in Examination Anxiety of Higher Secondary School Students.

TABLE 1:- *Values of Mean, Standard Deviation, S.E.M and t for Gender difference in Examination Anxiety of secondary school students.*

Gender	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Male	100	61.74	14.83	1.48	198	0.10	NS
Female	100	61.94	11.42	1.14			

TABLE 4.2.1 the above table shows that the mean value of male and female is 61.74 & 61.94 and the value of standard deviation is 14.83 & 11.42 the calculated t-value is 0.10(less than the table value 1.97) which is not significant at 0.05 level of significance. The result revels that there has been no significant gender difference in Examination Anxiety of Higher Secondary School Students but the mean scores of females (61.94) are slightly higher than male students (61.74) and the calculated t-value is (0.10) which is smaller than the table value (1.97). Hence, the t-value is not significant, the Null hypothesis is accepted.
Therefore, it is concluded that there is no significant difference in the Examination Anxiety male and female Higher Secondary School Students.

(TABLE-4.2.2) To study significant difference in Examination Anxiety of higher secondary school students in relation to their Residential Background.

TABLE 2:- *Values of Mean, Standard Deviation, S.E.M and t for Examination Anxiety of higher secondary school students in relation to their Residential Background.*

Residential Background	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Urban	100	61.31	15.44	1.50	198	0.59	NS
Rural	100	63.42	10.24	1.05			

TABLE 4.2.2 the above table shows that the mean value of urban and rural is 61.31& 26.42 and the value of standard deviation is 15.44 & 10.24 the calculated t-value is 0.59 (less than the table value 1.97) which is not significant at 0.05 level of significance. The result revels that there has been of no significant difference in Examination Anxiety of Higher Secondary School Students in relation to belonging Urban And Rural areas of Higher Secondary School Students but the

mean scores of Rural (61.74) are slightly higher than Urban (61.31) and the calculated t-value is (0.59) which is smaller than the table value (1.97).Hence, the t-value is not significant, the null hypothesis is accepted.

Therefore, it is concluded that there is no significant difference in the examination anxiety in Higher Secondary School Students in relation to residential background.

(TABLE- 4.2.3) To study significant difference in Examination Anxiety in relation to types of school i.e. Government and Private Higher Secondary School Students.

Table 4.3: *Values of Mean, Standard Deviation, S.E.M and t for Examination Anxiety in relation to types of school i.e. Government and Private higher secondary school students.*

School	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Private	100	54.13	12.31	1.23	198	10.15	S.N.
Govt.	100	69.55	8.88	0.88			

TABLE 4.2.3 the above table shows that the mean value of private and govt. is 54.13 & 69.55and the value of standard deviation is 12.31 & 8.88 the calculated t-value is 10.154 (more than the table value 2.59) which is significant at 0.01 level of significance. The result revels that there is significant difference in Examination Anxiety of Higher Secondary School Students in relation to their type of school in which the mean value of government school students (69.55) has been found to be higher than the private school students (54.13) and the calculated t-value (10.15) is more than the table value of 't' (2.59) at 0.01 level. Hence the t-value is significant, the null hypothesis is rejected.

Therefore, it is concluded that there is significant difference in the Examination Anxiety in private and govt. Higher Secondary school students.

(TABLE-4.2.4) To study significant Gender difference in Depression Proneness of Higher Secondary School Students.

Table 4.4: *Values of mean, standard deviation and t gender difference in depression proneness of secondary school students.*

Gender	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Male	100	154.30	41.38	4.13	198	4.19	S.N.
Female	100	177.69	37.35	3.73			

TABLE 4.2.4 the above table shows that the mean value of male and female is 154.30& 177.69 and the value of standard deviation is 41.38 & 37.35 the calculated t-value is 4.19 (more than the table value 2.59) which is significant at 0.01 level of significance. The result revels that there is significant gender difference in Depression Proneness of Higher Secondary School Students in which the mean scores of females (177.69) has been found to be higher than the male students (154.30) and the calculated t-value is (4.19) which is more than the table value of 't' (2.59) at 0.01 level. Hence, the t-value is significant, the Null hypothesis is rejected.

Therefore, it is concluded that there is significant difference in the depression proneness male and female Higher Secondary School Students.

(TABLE-4.2.5) To study significant difference in depression proneness of secondary students school students in relation to residential background.

Table 4.5: *Values of Mean, Standard Deviation, S.E.M and t for depression proneness of Higher Secondary School Students in Relation to Residential Background.*

Residential Background	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Urban	100	166.49	43.19	4.21	198	0.18	N.S.
Rural	100	165.44	38.73	3.97			

TABLE 4.2.5 the above table shows that the mean value of urban and rural 166.49 & 165.44 and the value of standard deviation is 43.19 & 38.73 the calculated t-value is 0.18(less than the table value 1.97) which is not significant at 0.05 level of significance. The result revels that there has been of no significant difference in Depression Proneness of Higher Secondary School Students in relation to belonging Urban And Rural areas of Higher Secondary School Students but the mean scores of Urban (166.49) are more than Rural (165.44) and the calculated t-value is (0.18) which is smaller than the table value (1.97).Hence the t-value is not significant, the null hypothesis is accepted.

Therefore, it is concluded that there is no significant difference in the depression proneness in Secondary school students in relation to residential background.

(TABLE-4.2.6) To study significant difference in Depression Proneness of in relation to types of school i.e. Government and Private Higher Secondary School Students.

Table 4.6: *Values of Mean, Standard Deviation, S.E.M and t in Depression Proneness of in relation to types of school i.e. Government and Private higher secondary school students.*

School	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Private	100	161.62	38.64	3.86	198	1.51	N.S.
Govt.	100	170.37	43.04	4.30			

TABLE 4.2.6 the above table shows that the mean value of private and govt. 161.62 &170.37 and the value of standard deviation is 38.64 & 43.04 the calculated t-value is 1.51 (less than the table value 1.97) which is not significant at 0.05 level of significance. The result revels that there has been of no significant difference in Depression Proneness of Higher Secondary School Students in relation to their type of school in which the mean value of government school students(170.37) are more than private school students(161.62)which is smaller than the table value (1.97). Hence the t-value is not significant, the null hypothesis is accepted.

Therefore, it is concluded that there is no significant difference in the depression proneness in Secondary school students in relation to private and govt.

(TABLE-4.2.7) To study relationship between examination anxiety and depression proneness of Higher Secondary School Students.

Pearson's coefficient of correlation (r) has been computed to analyze the relationship between examination anxiety and depression proneness among Higher Secondary School Students.

Table 4.2.7 Pearson's coefficient of correlation (r) value between examination anxiety and depression proneness among Higher Secondary School Students.

Variables	***N***	***Depression proneness***	***Level of Significance***

Examination Anxiety	**200**	**0.001**	**Negligible correlation (Significance at 0.01)**

*****Correlation is significant at the 0.01 level (2-tailed)***

The result of table 4.2.7 represents that the correlation (r= 0.001) between examination anxiety and depression proneness of students studying in eleventh class is significant at 0.01 level of significance. Therefore, it can be concluded that there was significant but negligible relationship between examination anxiety and depression proneness indicating if examination anxiety increases then vulnerability to get depression also increases.
Hence, the null hypothesis stating that significant relationship between examination anxiety and depression proneness has been rejected.

4.3 CONCLUSION

It is concluded that there was no significant difference in examination anxiety of higher secondary students in relation to gender and residential background but there was significant difference of examination anxiety in relational to types of schools. Likewise no significant difference was found in depression proneness of higher secondary students in relation to gender difference but there was significant difference of depression proneness in relation to residential background and types of schools. However, a negligible correlation was found between examination anxiety and depression proneness of higher secondary students indicating that the higher the examination anxiety, the higher would be the depression proneness.

CHAPTER -V

FINDINGS, CONCLUSIONS, IMPLICATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

5.1 INTRODUCTION

The results section of the research is where a researcher reports the findings of his research study based upon the information gathered as a result of the methodology/methodologies applied for

the purpose. After processing the data, obtaining and interpreting the result in previous Chapter, the findings have been delimited and discussed in the present chapter. These findings can be generalized to the extent of representatives of the sample and methodology employed in the study. In this chapter, the results are discussed to show how these findings are concurrent with some of the empirical studies already conducted in the field. At places, some of the observations did not concur with the findings of the same investigators. Keeping the major findings in view, the educational implications of the study have been worked out. But these findings and implications do not fit in all the concerns of study. As such some suggestions have been given for the further research. This chapter is therefore, devoted to focusing the findings, conclusion, discussion of result of the study and for indicating their implications and suggestions for further studies or research.

Researchers should organize the layout of the result section in the same way as he structured the hypotheses or research questions in the introduction section of his project. This will make it easier for the readers to follow his results. The following findings are drawn after the analysis and interpretations of data in the present study.

5.2 MAJOR FINDINGS OF THE STUDY

Major findings of the present study have been reported in the following subsections:

5.2.1 Research Objective 1

To study significant gender difference in Examination Anxiety of Higher Higher Secondary School Students.

In order to study gender difference in examination anxiety of higher secondary school students, t-test was calculated. The value of t-test was not significant at both the levels. Therefore, the null hypothesis was accepted. It can be said that there is no significant gender difference in examination anxiety of higher secondary school students. The mean score obtained by female students on examination anxiety has been found to be significantly higher than the mean score

obtained by male students. In other words, the examination anxiety of female students is significantly higher than the examination anxiety of male students.

5.2.2 Research Objective 2

To study significant difference in Examination Anxiety of Higher Secondary School Students in relation to their Residential Background.

In order to study urban and rural in examination anxiety of higher secondary school students, t-test was calculated. The value of t-test was not significant at both the levels. Therefore, the null hypothesis was accepted. It can be said that there is no significant urban and rural in examination anxiety of higher secondary school students. The mean score obtained by rural school students on examination anxiety has been found to be significantly higher than the mean score obtained by urban school students. In other words, the examination anxiety of rural school students is significantly higher than the examination anxiety of urban school students.

5.2.3 Research Objective 3

To study significant difference in Examination Anxiety in relation to types of school i.e. Government and Private Higher Secondary School Students.

In order to study government and private in examination anxiety of higher secondary school students, t-test was calculated. The value of t-test was significant at 0.01 the level. Therefore, the null hypothesis was rejected. It can be said that there is significant difference government and private in examination anxiety of higher secondary school students. The mean value of government school students (69.55) has been found to be higher than the private school students (54.13) and the calculated t-value (10.15) is more than the table value of‘t’ (2.59) at 0.01 level.

5.2.4 Research Objective 4

To study significant Gender difference in Depression Proneness of Higher Secondary School Students.

In order to study gender difference in depression proneness of higher secondary school students, t-test was calculated. The value of t-test was significant at 0.01 the level. Therefore, the null hypothesis was rejected. It can be said that there is significant gender difference in depression proneness of higher secondary school students. The mean value of government school students (69.55) has been found to be higher than the private school students (54.13) and the calculated t-value (10.15) is more than the table value of‘t’ (2.59) at 0.01 level.

5.2.5 Research Objective 5

To study significant difference in Depression Proneness of Higher Secondary School Students in Relation to their Residential Background.

In order to study urban and rural in depression proneness of higher secondary school students, t-test was calculated. The value of t-test was not significant at both the levels. Therefore, the null hypothesis was accepted. It can be said that there is no significant urban and rural in depression proneness of higher secondary school students. The mean score obtained by rural school students on depression proneness has been found to be significantly higher than the mean score obtained by urban school students. In other words, the depression proneness of rural school students is significantly higher than the depression proneness of urban school students.

5.2.6 Research Objective 6

To study significant difference in Depression Proneness of in relation to types of school i.e. Government and Private Higher Secondary School Students.

In order to study government and private in depression proneness of higher secondary school students, t-test was calculated. The value of t-test was not significant at both the levels. Therefore, the null hypothesis was accepted. It can be said that there is significant difference government and private in depression proneness of higher secondary school students. The mean score obtained by government students on depression proneness has been found to be significantly higher than the mean score obtained by private students. In other words, the depression proneness of government students is significantly higher than the depression proneness of private students.

5.2.7 Research Objective 7

To study relationship between Examination Anxiety and Depression Proneness of Higher Secondary School Students.

In this study results shows that value of Pearson's correlation is (r= 0.001) between examination anxiety and depression proneness of students studying in eleventh class is significant at 0.01 level of significance. Therefore it can be inferred that there is a significant but Negligible Correlation exists between the two variables i.e., examination anxiety and depression proneness. It can be concluded, that if examination anxiety increases then vulnerability to get depression also increases. Hence, the null hypothesis stating that significant relationship between examination anxiety and depression proneness has been rejected.

5.3 DISCUSSION AND CONCLUSION

The following conclusions have been drawn after the interpretation of data:

1) The present result revels that there has been no significant gender difference in Examination Anxiety of Higher Secondary School Students but the mean scores of females (61.94) are slightly higher than male students (61.74) and the calculated t-value is (0.10) which is smaller than the table value (1.97). Hence, the t-value is not significant, the Null hypothesis is accepted. From the above study it is found that there exit no significant gender differences in Examination Anxiety male and female Higher Secondary School Students.
2) The result revels that there has been of no significant difference in Examination Anxiety of Higher Secondary School Students in relation to belonging Urban And Rural areas of Higher Secondary School Students but the mean scores of Rural (61.74) are slightly higher than Urban (61.31) and the calculated t-value is (0.59) which is smaller than the table value (1.97).Hence, the t-value is not significant, the null hypothesis is accepted. From the above study it is found that there exit no significant difference in the examination anxiety in Higher Secondary School Students in relation to residential background.
3) The result revels that there is significant difference in Examination Anxiety of Higher Secondary School Students in relation to their type of school in which the mean value of government school students (69.55) has been found to be higher than the private school students (54.13) and the calculated t-value (10.15) is more than the table value of't' (2.59) at 0.01 level. Hence the t-value is significant, the null hypothesis is rejected. From the above study it is found that there exist significant difference in the Examination Anxiety in private and govt. Higher Secondary School Students.
4) The result revels that there is significant gender difference in Depression Proneness of Higher Secondary School Students in which the mean scores of females (177.69) has been found to be higher than the male students (154.30) and the calculated t-value is (4.19) which is more than the table value of 't' (2.59) at 0.01 level. Hence, the t-value is significant, the Null hypothesis is rejected. From the above study it is found that there exist significant difference in the depression proneness male and female Higher Secondary School Students.
5) The result revels that there has been of no significant difference in Depression Proneness of Higher Secondary School Students in relation to belonging Urban And Rural areas of Higher Secondary School Students but the mean scores of Urban (166.49) are more than Rural (165.44) and the calculated t-value is (0.18) which is smaller than the table value (1.97).Hence the t-value is not significant, the null hypothesis is accepted. From the above study it is found there exist no significant difference in the depression proneness in Secondary school students in relation to residential background.
6) The result revels that there has been of no significant difference in Depression Proneness of Higher Secondary School Students in relation to their type of school in which the mean value of government school students(170.37) are more than private school students(161.62)which is smaller than the table value (1.97). Hence the t-value is not

significant, the null hypothesis is accepted. From the above study it is found that there exist no significant difference in the depression proneness in Secondary school students in relation to private and govt.

7) The present study represents that the correlation (r= 0.001) between examination anxiety and depression proneness of students studying in eleventh class is significant at 0.01 level of significance. Therefore, it can be concluded that there was significant but negligible relationship between examination anxiety and depression proneness indicating if examination anxiety increases then vulnerability to get depression also increases. Hence, the null hypothesis stating that significant relationship between examination anxiety and depression proneness has been rejected.

The results of the study highlight that there is no significant difference in examination anxiety of higher secondary students in relation to gender and residential background but there is significant difference of examination anxiety in relational to types of schools. Likewise no significant difference has been found in depression proneness of higher secondary students in relation to gender difference but there is significant difference of depression proneness in relation to residential background and types of schools. However, a Negligible correlation has been found between examination anxiety and depression proneness of higher secondary students indicating that the higher the examination anxiety, the higher would be the depression proneness.

5.4 EDUCATIONAL IMPLICATIONS OF THE STUDY

The utilization of the research findings of this study can be undertaken in various ways. Some of them can be summarized as follows:

i. Mean score of female students was higher than the male students with respect to examination anxiety. So, it is suggested that there should be adequate provision of guidance and counselling sessions for girls.

ii. Teachers need to be aware of the negative effects that test anxiety could have on higher secondary school students. Hence efforts should be made for establishing a caring relationship with students to minimize the test anxiety level.

iii. School and teachers need to organize workshops and orientation programs develop skills among students to reduce examination anxiety and depression proneness.

iv. The school need to organize yoga sessions and other stress buster activities to reduce examination anxiety and depression proneness.

v. The school should organize training, seminars and interactive workshops related to their fields.

vi. Mean score of Male students found to be higher than the female student with respect to depression proneness. The differences may be attributed due to the fact that female students perceive more physical, social, psychological and emotional problems in comparison to male students.

vii. The key to reducing examination anxiety is providing students with a feeling of control over their education, information about what to expect and feedback regarding what can be done to improve their performance. Approaches can be developed keeping this in mind.

viii. School and teachers should launch such programmes which help in developing self-concept among adolescents so as to reduce examination anxiety and depression proneness.

ix. Teachers should be aware of the negative effects that test anxiety could have on higher secondary school students. Hence efforts should be made for establishing a caring relationship in the family and in the educational institution so as to minimize the test anxiety level.

x. The school should organize special guidance and counselling programs for trainees to reduce examination anxiety and depression proneness.

xi. Another implication of the study has revealed that examination anxiety among the students studying in government and private higher secondary school students. Examination anxiety of private higher secondary school students is significantly higher

than the examination anxiety govt. higher Secondary school students. A guidance and council service in schools should be provided. Parents and teacher should help the students to develop the habit of regular studies rather than allowing them to exert excessively during the examination days.

xii. Finally, the findings of this study will give an impetus to research in this area and will motivate the researches to disentangle the complex problems of examination anxiety at various stages of education more effectively and more successfully. Teachers should adopt ways and means to reduce high depression proneness of students.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

Research in any branch of knowledge is never closed book. There is always persistent need to finding solutions to new problem and testing the variety of the solutions to older problems. There is not provide clues for further experience; the solution of one problem tends to indicate many other unsolved problems.

The interested investigator can undertake any of the following suggested problems for further research:-

1. A similar study can be done on a large sample.
2. The present study was conducted at higher secondary level (for XI class students). This similar study may also be replicated at the secondary as well as the college level.
3. A similar study can be conducted in the neighbouring states also.
4. Depression proneness and examination anxiety may be studied in relation to other variables like self-esteem, self-concept, emotional intelligence, personality, career decision-making difficulties, career thoughts, peer pressure, aggression, study habits, social stress, family stress, etc.
5. A good teacher student relationship should be maintained in school. Teachers manipulating students psychologically and physically (especially in sexual) leads them in to mentally depressed which may resulted in over tension in exams.
6. A study may be done to assess prevalence of exam anxiety and depression in students from different states.

7. An experimental study may also be conducted on a sample of adolescents having severe depression with the use of psychotherapy.
8. Depression and examination anxiety may be studied in relation to other variables like self-esteem, self-concept, emotional intelligence, personality, career decision-making difficulties, career thoughts, peer pressure, aggression, study habits, social stress, family stress, etc.
9. Carry out campaigns / Seminars / Workshops to encourage support and positive expectations of life skills education. It enhances self esteem and self confidence of those who are depressed because of under performances.
10. Individual counseling should be used in research in order to strengthen the factors association with teacher support, aspiration and examination anxiety of adolescents.
11. A study could be conducted on the impact on depression of higher secondary students on personality development.

SUMMARY

TITLE

EXAMINATION ANXIETY AND DEPRESSION PRONENESS AT HIGHER SECONDARY SCHOOL STUDENTS

SUPERVISIOR **INVESTIGATOR**

Dr. Bharti Tandon **ARTI**

Associate Professor **Roll No.1801014**

A.THE PROBLEM

Exam anxiety is one of the most important problems among moderate and low average students. In the time of examination, many students and parents approach counselors and psychologists which show the existence of the severity of this problem. It prompted the researcher to make an in depth study of this subject. Besides examination anxiety, students are facing problems like loneliness, learning disabilities, physical changes, emotional problems, peer group pressures, rebellious behaviours etc. Here comes the role of a school counselor. Adolescence is a developmental transition between childhood and adulthood. It is the period from puberty until full adult status has been attained. Adolescence is also the stage in a person's life between childhood and adulthood. It is the period of human development during which a young person must move from dependency to independence, autonomy and maturity. The young person moves from being part of a family group to being part of a peer group and to standing alone as an adult. Generally, the movement through adolescence from childhood to adulthood involves much more than a linear progression of change. Adolescence is a time of stress and crisis. So adolescence is described as troublesome period in life. The major cause of stress in adolescence is the physical and psychological change that takes place in them. It is multi-dimensional, involving a gradual transformation or metamorphosis of the person as a child into a new person as an adult.

Depression can occur during adolescence, a time of great personal change. You may be facing changes in where you go to school, your friends, your after-school activities, as well as in relationships with your family members. You may have diff erent feelings about the type of person you want to be, your future plans, and may be making decisions for the fi rst time in your life. Many students don’t know where to go for mental health treatment or believe that treatment won’t help. Others don’t get help because they think depression symptoms are just part of the typical stresses of school or being a teen. Some students worry what other people will think if they seek mental health care.

This fact sheet addresses common questions about depression and how it can affect high school students. Depression is a common but serious mental illness typically marked by sad or anxious feelings. Most students occasionally feel sad or anxious, but these emotions usually pass quickly— within a couple of days. Untreated depression lasts for a long time and interferes with your day-to-day activities.

The responsibility of school counselors is to diagnose and study individual children, who are usually experiencing problems in their educational or personal development in this role, the school counselor evaluates various aspects of a child's experiences and behavior that are relevant to an understanding of the child's school difficulties and achievements. For this role, the school counselor is trained in the use of psychological tests and also is prepared to engage in individual or group therapy with disturbed children.

EXAMINATION ANXIETY

Test **anxiety** is a psychological condition in which people experience extreme distress and **anxiety** in **testing** situations. While many people experience some degree of stress and **anxiety** before and during **exams**, test **anxiety** can actually impair learning and hurt test performance. Test **anxiety** is a type of performance **anxiety.**

Test anxiety is a combination of physiological over-arousal, tension and somatic symptoms, along with worry, dread, fear of failure, and catastrophizing, that occur before or during test situations. It is a physiological condition in which people experience extreme stress, anxiety, and discomfort during and/or before taking a test. This anxiety creates significant barriers to learning and performance. Research suggests that high levels of emotional distress have a direct correlation to reduced academic performance and higher overall student drop-out rates. Test anxiety can have broader consequences, negatively affecting a student's social, emotional and behavioural development, as well as their feelings about themselves and school.

Test anxiety can also be labeled as anticipatory anxiety, situational anxiety or evaluation anxiety. Some anxiety is normal and often helpful to stay mentally and physically alert. When one experiences too much anxiety, however, it can result in emotional or physical distress, difficulty concentrating, and emotional worry. Inferior performance arises not because of intellectual problems or poor academic preparation, but because testing situations create a sense of threat for those experiencing test anxiety; anxiety resulting from the sense of threat then disrupts attention and memory function. Researchers suggest that between 25 and 40 percent of students experience test anxiety. Students with disabilities and students in gifted educations classes tend to experience high rates of test anxiety. Students who experience test anxiety tend to be easily distracted during a test, experience difficulty with comprehending relatively simple instructions, and have trouble organizing or recalling relevant information.

DEPRESSION PRONENESS

Everyone feels sad or low sometimes, but these feelings usually pass with a little time. Depression or "depression disorder" – is a mood disorder that causes distressing symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, symptoms must be present most of the day, nearly every day for at least two weeks.

Depression can occur during adolescence, a time of great personal change. You may be facing changes in where you go to school, your friends, your after-school activities, as well as in relationships with your family members. You may have different feelings about the type of person you want to be, your future plans, and may be making decisions for the first time in your life. Many students don't know where to go for mental health treatment or believe that treatment won't help. Others don't get help because they think depression symptoms are just part of the typical stresses of school or being a teen. Some students worry what other people will think if they seek mental health care.

Modern age has given us a serious psychological problem – Depression. The cases of depression have recently grown to an alarming number in developed and developing countries as well. Even in India, where the cultural and spiritual level is quite high, the number of depressed persons is increasing every day.

Depression is a serious mental illness with a wide variety of mood variations of melancholy, sadness, disappointment and despair. It is a combination of emotional, cognitive and behavioural symptoms. Broadly speaking, a person faces an uncomprehending situation either courageously or succumbs to emotions that would precipitate into various types of depressive illness. We all, at one stage or the other, come across mentally demanding environment, temporarily or continuously. But, if an abnormal pattern of behavior in a normal environment is shown repeatedly, it calls for immediate consultation and therapy.

As we know it is difficult to read human mind and it particularly so when we have to approach a patient with mood alterations. It is extremely complicated and challenging at the same time.

B. SIGNIFICANCE OF THE STUDY

Examination anxiety and depression proneness is major problem for the students. The problem of examination anxiety affects mental health of the students. Many researchers have done researches on this topic at international, national and state level. This research is centered on examination anxiety of the students of secondary schools. Secondary students always face the problem related to their career. Examination anxiety of this research is related not only to a particular subject but all the subjects. It covers all the educational matters. This research is also related to physical, mental, social and educational problems.The problem of examination anxiety becoming more and more serious. Students always have to pass through a critical situation. It is very important for the teachers, policy planners and administrators to know the parts played by test anxiety in relation to depression proneness of the students and also to suggest remedial measures to overcome the problem of test anxiety to develop teaching learning process affectively. Exam anxiety could lead to depression among adolescents. This study aims to study examination anxiety and depression proneness among the higher secondary school students.

STATEMENT OF THE PROBLEM

"EXAMINATION ANXIETY AND DEPRESSION PRONENESS AMONG HIGHER SECONDARY SCHOOL STUDENTS**".**

C. OBJECTIVES

The objectives of the study are:-

1) To study significant gender difference in examination anxiety of higher secondary school students.
2) To study significant difference in examination anxiety of higher secondary school students in relation to their residential background.
3) To study significant difference in examination anxiety in relation to types of school i.e. government and private higher secondary school students.
4) To study significant gender difference in depression proneness of higher secondary school students
5) To study significant difference in depression proneness of higher secondary school students in relation to residential background.
6) To study significant difference in depression proneness in relation to types of school i.e. government and private higher secondary school students.
7) To study relationship between examination anxiety and depression proneness of higher secondary school students.

D. HYPOTHESES OF THE STUDY

The hypotheses of the study are:-

1) There is no significant gender difference in examination anxiety of higher secondary school students.
2) There is no significant difference in examination anxiety in rural and urban higher secondary school students.

3) There is no significant difference in examination anxiety in government and private higher secondary school students.
4) There is no significant gender difference in depression proneness of higher secondary school students.
5) There is no significant difference in depression proneness in rural and urban higher secondary school students.
6) There is no significant difference in depression proneness in government and private higher secondary school students.
7) There is no significant relationship between examination anxiety and depression proneness of higher secondary school students.

E. SAMPLE

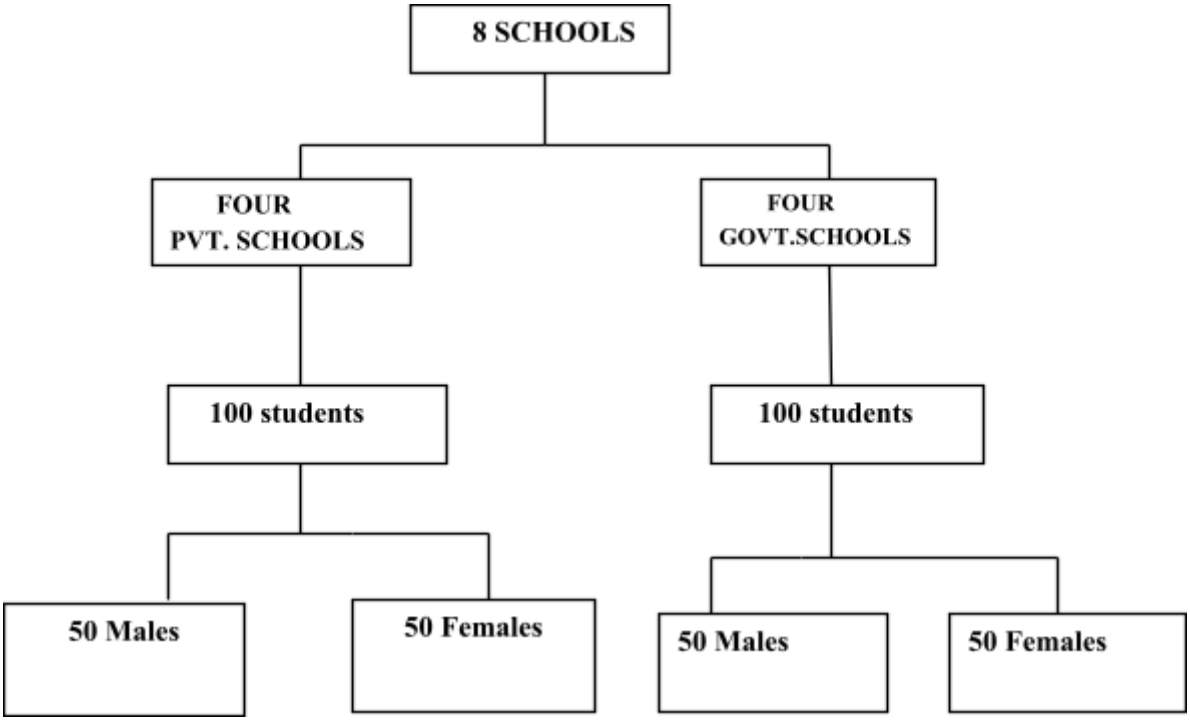
The process of using a part, as a basis for an estimate of the whole is known as sampling. Sampling is an essential item in the field of research. An investigator wants to collect data for a particular problem, but it is not possible for him/her to reach every member of the population. The conclusion is drawn and generalizations are made for the whole population. Therefore, the investigator should by his/her best to select such a sample, as it kindly represents a large group of individual or the whole population.

Sampling is the basis of all statistical methodology of research. In a limited time, the investigator can never collect data from the whole population in any investigation. He or She has to take selected group of individuals who would represent the whole population and form the basis for making inferences for certain population facts. This is known as sampling. It gives greater accuracy, reduces cost brings speed as well as increase scope.

In the present study, limited time and resources at the disposal of the investigator did not permit her to take whole population for the study. So keeping in view all the points, simple random sampling techniques has been employed.

First of all, the investigator took the list of all government and private higher secondary school students where are studying. There are governments and private higher secondary schools in

Jammu city. Out of them, the researcher randomly selected four government and four private higher secondary schools. Out of these schools, the investigator randomly selected 100 students from government and 100 from private higher secondary schools. Therefore, Sample shall consist of 200 students studying in secondary school in Jammu city. Random sampling technique shall used to select the sample.



VARIABLES

A variable is something which varies. It is a symbol to which we assign numeral values. An independent variable is the presumed cause of the dependent variable, the presumed effect. The independent variable is the antecedent: dependent is the consequent (Kerlinger, 2009b). A variable is something that can be changed, such as a characteristic or value. The dependent variable is the variable that is controlled by the investigator. The independent variable is the variable that is controlled and manipulated by investigator. In simple words, in a study the

independent variable is variable that is varied or manipulated by the investigator, and the dependent variable is the response that is measured. An independent variable is the presumed cause, whereas the dependent variable is presumed effect. The independent variable is the antecedent, whereas the dependent variable is the consequent. The variable used in the study has been described below:

Independent Variables:

The independent variable is the condition that you change in an experiment. It is the variable you control. It is called independent because its value does not depend on and is not affected by the state of any other variable in the experiment.

- Gender –male/female
- Residential background (rural and urban)
- Types of schools i.e. Govt. & Pvt.

Dependent variables:

A dependent variable is the variable being tested in a scientific experiment. The dependent variable is "dependent" on the independent variable. As the experimenter changes the independent variable, the change in the dependent variable is observed and recorded. When you take data in an experiment, the dependent variable is the one being measured.

- Examination Anxiety
- Depression proneness

F. TOOLS USED

In the present study following tools shall be used for data collection:-

- Examination Anxiety Scale developed by Subhash Sarkar (2005)
- Depression Measurement Scale developed by Shamim Karim and Rama Tiwari (1986)

G. RESULTS

In order to accomplish the objectives of the study, the following Statistical Techniques have been employed and the results are given in the tables

Table 4.1:

Values of Mean, Standard Deviation, S.E.M and t for Gender difference in Examination Anxiety of secondary school students.

Gender	N	Mean	S.D	S.E.M	d.f	t-value	Level of significance
Male	100	61.74	14.83	1.48	198	0.10	N.S.
Female	100	61.94	11.42	1.14			

Table 4.2:

Values of Mean, Standard Deviation, S.E.M and t for Examination Anxiety of higher secondary school students in relation to their Residential Background.

Residential Background	N	Mean	S.D	S.E.M	Df	t-value	Level of significance
Urban	100	61.31	15.44	1.50	198	0.59	N.S.
Rural	100	63.42	10.24	1.05			

Table 4.3:

Values of Mean, Standard Deviation, S.E.M and t for Examination Anxiety in relation to types of school i.e. Government and Private higher secondary school students.

School	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Private	100	54.13	12.31	1.23	198	10.15	Significance
Govt.	100	69.55	8.88	0.88			

Table 4.4:

Values of Mean, Standard Deviation, S.E.M and t for Gender difference in depression proneness of higher secondary school students.

Gender	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Male	100	154.30	41.38	4.13	198	4.195	Significant
Female	100	177.69	37.35	3.73			

Table 4.5:

Values of Mean, Standard Deviation, S.E.M and t for depression proneness of Higher Secondary School Students in Relation to Residential Background.

Residential background	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Urban	100	166.49	43.19	4.21	198	0.18	N.S.
Rural	100	165.44	38.73	3.97			

Table 4.6:

Values of Mean, Standard Deviation, S.E.M and t in Depression Proneness of in relation to types of school i.e. Government and Private higher secondary school students.

School	N	Mean	S.D	S.E.M	df	t-value	Level of significance
Private	100	161.62	38.64	3.86	198	1.51	N.S.
Govt.	100	170.37	43.04	4.30			

Table 4.7:

Pearson's coefficient of correlation (r) value between Examination Anxiety and Depression Proneness among Higher Secondary School Students.

Variables	N	Depression proneness	Level of Significance
Examination Anxiety	200	0.001	Negligible correlation (Significance at 0.01)

H. FINDINGS OF THE STUDY

1) No significant difference has been found to exist in gender difference in Examination Anxiety of higher secondary school students. Therefore, the Null hypothesis is accepted.
2) No significant difference has been found to exist in Examination Anxiety of higher secondary school students in relation to belonging Urban And Rural areas. Therefore, the Null hypothesis is accepted.
3) A Significant difference has been found to exist in Examination Anxiety in relation to types of school i.e. Government and Private higher secondary school students. The mean value of government school students (69.55) has been found to be higher than the private school students (54.13) and the calculated t-value (10.15) is more than the table value of 't' (2.59) at 0.01 level. Hence the t-value is significant, the null hypothesis is rejected.
4) A Significant difference has been found to exist in gender difference Depression Proneness of higher secondary school students. The mean value of government school students (69.55) has been found to be higher than the private school students (54.13) and the calculated t-value (10.15) is more than the table value of't' (2.59) at 0.01 level. Hence the t-value is significant, the null hypothesis is rejected.
5) No significant difference has been found to exist in Depression Proneness of higher secondary students in relation to belonging Urban and Rural areas. Therefore, the Null hypothesis is accepted.
6) No significant difference has been found to exist in Depression Proneness in relation to types of school i.e. Government and Private higher secondary school students. Therefore, the Null hypothesis is accepted.
7) A significant relationship has been found to exist between two variables i.e. Examination Anxiety and Depression proneness. There is significant but negligible relationship between examination anxiety and depression proneness indicating if examination anxiety increases then vulnerability to get depression also increases. Therefore, the null hypothesis has been rejected.

I. EDUCATIONAL IMPLICATIONS OF THE STUDY

1. Mean score of female students was higher than the male students with respect to examination anxiety. So, it is suggested that there should be adequate provision of guidance and counselling sessions for girls.

2. Teachers need to be aware of the negative effects that test anxiety could have on higher secondary school students. Hence efforts should be made for establishing a caring relationship with students to minimize the test anxiety level.

3. School and teachers need to organize workshops and orientation programs develop skills among students to reduce examination anxiety and depression proneness.

4. The school need to organize yoga sessions and other stress buster activities to reduce examination anxiety and depression proneness.

5. The school should organize training, seminars and interactive workshops related to their fields.

6. Mean score of Male students found to be higher than the female student with respect to depression proneness. The differences may be attributed due to the fact that female students perceive more physical, social, psychological and emotional problems in comparison to male students.
7. The key to reducing examination anxiety is providing students with a feeling of control over their education, information about what to expect and feedback regarding what can be done to improve their performance. Approaches can be developed keeping this in mind.

8. School and teachers should launch such programmes which help in developing self-concept among adolescents so as to reduce examination anxiety and depression proneness.

9. Teachers should be aware of the negative effects that test anxiety could have on higher secondary school students. Hence efforts should be made for establishing a caring relationship in the family and in the educational institution so as to minimize the test anxiety level.

10. The school should organize special guidance and counselling programs for trainees to reduce examination anxiety and depression proneness.

11. Another implication of the study has revealed that examination anxiety among the students studying in government and private higher secondary school students. Examination anxiety of private higher secondary school students is significantly higher than the examination anxiety govt. higher Secondary school students. A guidance and council service in schools should be provided. Parents and teacher should help the students to develop the habit of regular studies rather than allowing them to exert excessively during the examination days.

12. Finally, the findings of this study will give an impetus to research in this area and will motivate the researches to disentangle the complex problems of examination anxiety at various stages of education more effectively and more successfully. Teachers should adopt ways and means to reduce high depression proneness of students.

J. SUGGESTIONS FOR FURTHER RESEARCH

Research in any branch of knowledge is never closed book. There is always persistent need to finding solutions to new problem and testing the variety of the solutions to older problems. There is not provide clues for further experience; the solution of one problem tends to indicate many other unsolved problems.

The interested investigator can undertake any of the following suggested problems for further research:-

1. A similar study can be done on a large sample.
2. The present study was conducted at higher secondary level (for XI class students). This similar study may also be replicated at the secondary as well as the college level.
3. A similar study can be conducted in the neighbouring states also.
4. Depression proneness and examination anxiety may be studied in relation to other variables like self-esteem, self-concept, emotional intelligence, personality, career decision-making difficulties, career thoughts, peer pressure, aggression, study habits, social stress, family stress, etc.
5. A good teacher student relationship should be maintained in school. Teachers manipulating students psychologically and physically (especially in sexual) leads them in to mentally depressed which may resulted in over tension in exams.

6. A study may be done to assess prevalence of exam anxiety and depression in students from different states.
7. An experimental study may also be conducted on a sample of adolescents having severe depression with the use of psychotherapy.
8. Depression and examination anxiety may be studied in relation to other variables like self-esteem, self-concept, emotional intelligence, personality, career decision-making difficulties, career thoughts, peer pressure, aggression, study habits, social stress, family stress, etc.
9. Carry out campaigns / Seminars / Workshops to encourage support and positive expectations of life skills education. It enhances self esteem and self confidence of those who are depressed because of under performances.
10. Individual counseling should be used in research in order to strengthen the factors association with teacher support, aspiration and examination anxiety of adolescents.
11. A study could be conducted on the impact on depression of higher secondary students on personality development.

REFERENCES

Aldwin, C., & Greenberger, E. (1987). Cultural differences in the predictors of depression *American Journal of Community Psychology*, *15*(6), 789-813.

Allison, V. L., Nativio, D. G., Mitchell, A. M., Ren, D., & Yuhasz , J. (2014). Identifying symptoms of depression and anxiety in students in school setting. *The Journal of School Nursing*, *30*(3), 165-172.

Auerbach, R. P., Web, C. A., Gardiner, C. K., & Pechtel, P. 2013) . Behavioral and neural mechanisms underlying cognitive vulnerability models of *Journal of Psychotherapy Integration*, *23*(3), 222.

Araya, R., Fritsch, R., Spears, M., Rojas, G., Martinez, V., Barroilhet, S., ... & Gaete, J.(2013). School intervention to improve mental health of students in Santiago, Chile: a randomized clinical trial. *JAMA pediatrics*, *167*(11), 1004-1010.

Brunet, J., Sabiston, C. M., Chaiton, M., Low, N. C., Contreras, G., Barnett T. A., & O', Loughlin, J. L. (2014). Measurement invariance of the depre ssive symptoms scale during adolescence. *BMC psychiatry*, *14*(1), 95.

Budin, M. (2014). Investigating the relationship between English language anxiety and the achievement of school based oral English test among Malaysian Form four students. *International Journal of Learning, Teaching and Educational Research*, *2*(1)

Balogun (2014), Effect of test anxiety on academic performance: achievement Motivation as a buffer. Universal Journal of Education Research, Vol 2 (8), 531-536.

Beck, A. T., Brown, G., Steer, R. A., Eidelson, J. I., & Riskind, J. H. (1987). Differentiating anxiety and depression: A test of the cognitive content-specificity hypothesis. *Journal of abnormal psychology*, *96*(3), 179.

Clark, E. J., & Rieker, P. P. (1986). Gender differences in relationships and stress of medical and law students. *Journal of Medical Education*.

Chabrol, H., Rodgers, R., & Rousseau, A. (2007). Relations between suicidal ideation and dimensions of depressive symptoms in high-school students. *Journal of Adolescence*, *30*(4), 587-600.

Cunningham, S., Gunn, T., Alladin, A., & Cawthorpe, D. (2008). Anxiety, depression and hopelessness in adolescents: a structural equation model, *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *17*(3), 137.

Chaplin, T. M., Gillham, J. E., & Seligman, M. E. (2009). Gender, anxiety, and depressive symptoms: A longitudinal study of early adolescents. *The Journal of Early Adolescence 29,* (2), 307-327.

Carnevale, T. (2011). An integrative review of adolescent depression screening Applicability for use by school nurses. *Journal of Child and Adolescent Psychiatric Nursing*, *24*(1), 51-57.

Desouky, D., & Allam, H. (2017). Occupational stress, anxiety and depression among Egyptian teachers. *Journal of Epidemiology and global health*, *7*(3), 191-198.

Evans, E. J., & Fitzgibbon, G. H. (1992). The dissecting room: Reactions of first year medical students. *Clinical Anatomy: The Official Journal of the American Association of Clinical Anatomists and the British Association of Clinical Anatomists*, *5*(4), 311-320.

Fletcher, J. M. (2008). Adolescent depression: diagnosis, treatment, and educational attainment. *Health Economics*, *17*(11), 1215-1235.

Felsten, G., & Wilcox, K. (1992). Influences of stress and situation-specific mastery beliefs and satisfaction with social support on well-being and academic performance. *Psychological Reports*, *70*(1), 291-303.

Feighner, J. P., Robins, E., Guze, S. B., Woodruff, R. A., Winokur, G., & Munoz, R. (1972), Diagnostic criteria for use in psychiatric research. *Archives of General Psychiatry*,26 (1), 57 -63.

Godfrey, H. P., & Knight, R. G. (1988). Memory training and behavioral rehabilitation of a severely head- injured adult. *Archives of Physical Medicine and Rehabilitation,69(6),* 458-460.

Goetz, T., Preckel, F., Zeidner, M., & Schleyer, E. (2008). Big fish in big ponds: A multilevel analysis of test anxiety and achievement in special gifted classes. *Anxiety, Stress,&Coping, 21*(2), 185-198.

Hysenbegasi, A., Hass, S. L., & Rowland, C. R. (2005). The impact of depression on the academic productivity of university students. *Journal of Mental Health and Economics*, *8*(3), 145.

Hemamalini, H.C. (2011), Anxiety and academic achievement of high school students of Mysore city, Journal of Community Guidance and Research, 28(1), 94-98.

Hasan, M. (2016). Academic anxiety of male and female secondary school students in relation to their academic achievement. *Educational Quest-An International Journal of Education and Applied Social Science, 7*(1), 31-37.

Jain, M., & Jain, J. (2007). Academic anxiety among adolescents: role of coaching and parental encouragement *PSYCHOLOGICAL STUDIES-UNIVERSITY OF CALICUT, 52*(2), 146.

Johnson, K., Kelch-Oliver, K., Smith, C. O., Green, S. E., Wallace, T. M., Kottke, M., & Collins, M. H. (2012). Depression screenings during routine visits in a reproductive healthcare setting: identifying depressive symptoms in African American adolescents males. *Psychology*, *3*(10), 870.

Kahan, I.. (2009), The correlation of test anxiety and academic performance of community college students. dissertation Abstracts international-B 69/08, Proquest document ID

Kumaran, J. S. (2015). Personality and test anxiety of school students.

Malhotra, T. (2015). Exam anxiety among senior secondary school students. *Scholarly Research Journal for Interdisciplinary Studies, 17*(3), 3089-3098.

Nair, M. K. C., Paul, M. K., & John, R. (2004). Prevalence of depression among adolescents. *The Indian Journal of Pediatrics*, *71*(6), 523-524.

Nima, A. A., Rosenberg, P., Archer, T., & Garcia, D. (2013). Anxiety, Affect, Self esteem, and stress: mediation and moderation effects on depression. *PloS one*, *8*(9), e73265-e73265.

Nguyen, D. T., Dedding, C., Pham, T. T., Wright, P., & Bunders, J. (2013). Depression anxiety, and suicidal ideation among Vietnamese secondary school students and proposed solutions: a cross-sectional study. *BMC Public health*, *13*(1), 1195.

Natarajan, G. (2015). Study on anxiety level among school students undergoing higher secondary examination. *International Journal of Students Research in Technology and Management,* 3(03), 302-304.

Putwain, D. (2008). Do examinations stakes moderate the test anxiety-examination performance relationship? Educational Psychology vol 28(2), 109-118.

Pantel, S. J. (2008), The role and function of anxiety, self-efficacy and resource management strategies on academic achievement in university students, Dissertation Abstracts International-A, 69/06, document ID 1559047221.

Qaisy (2011), The relation of depression and anxiety in academic achievements among group of university students. International Journal of Psychology and counseling vol 3(5), 96-100.

Rana, R., & Mahmood, N. (2010). The relationship between test anxiety and academic achievement, *Bulletin of Education and Research*, *32*(2), 63-74.

Rausch, J., Hametz, P., Zuckerbrot, R., Rausch, W., & Soren, K. (2012). Screening for depression in the urban Latino adolescents. *Clinical Pediatrics*, *51*(10), 964-971.

Reddy,et al. (2013), Academic performance and test anxiety in Indian students in the course of cognitive science. International Journal of Advanced Research in Computer Science and Software Engineering, 3(11), 110-116,Retrived from www.ijarcsse.com

Revah-Levy, A., Birmaher, B., Gasquet, I., & Falissard, B. (2007). the adolescent depression rating scale (ADRS): a validation study. *BMC psychiatry*, *7*(1), 2.

Struthers, K. D. (2000). *U.S. Patent No. 6,059,208*. Washington, DC: U.S. Patent and Trademark Office.

Spielberger, C. D. (1983). State-trait anxiety inventory for adults.

Simmons, M. B., Hetrick, S. E., & Jorm, A. F. (2013). Making decisions about treatment for young people diagnosed with depressive disorders: a qualitative study of clinicians' experiences. *BMC psychiatry*, *13*(1), 335.

Sadh, N. & Gupta, B. (2014), A study of academic anxiety among school student. Journal of Community, Guidance and Research, 31(2), 289-294.

Singh, K.S. (2014), Students' anxiety levels and their correlates in school performances. Horizon :The Journal of Education, vol4 (1), 11-21.

Shakir, M. (2014). Academic anxiety as a correlate of academic achievement. *Journal of Education and Practice, 5*(10), 29-36.

Sharma, G., & Pandey, D. (2017). Anxiety, depression, and stress in relation to academic achievement among higher secondary school students. *The International Journey of Indian Psychology, 4*(2), 82-89.

WINOKUR, G. & PITTS JR, F. N. (1964). Affective disorder: I. Is reactive depression an entity?

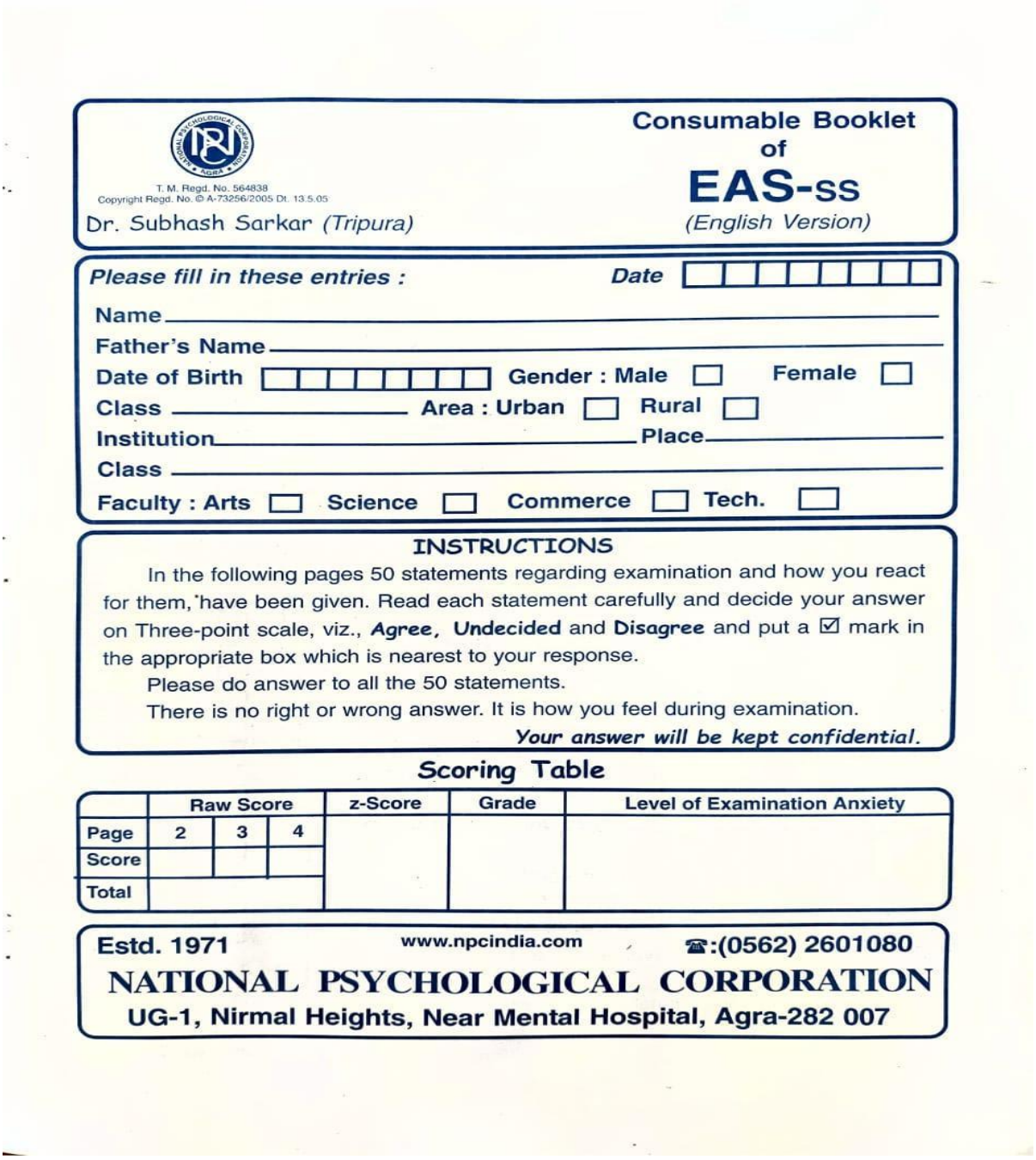
Yousefi, F., Talib, M. A., Mansor, M. B., & Juhari, R. B. (2010). The relationship between test-anxiety and academic achievement among Iranian adolescents .*Asian Social Science*, 6(5), 100.

Yusuph, K. (2016). Anxiety and Academic Performance among Secondary School Pupils in Tanzania. *Journal of Education, Society and Behavioural Science*, 1-7.

Yazici, K. (2017). The Relationship between Learning Style, Test Anxiety and Academic Achievement. *Universal Journal of Educational Research*, *5*(1), 61-71.

LIST OF APPENDICES

CONSUMABLE BOOKLET OF EXAMINATION ANXIETY SCALE



T. M. Regd. No. 564838
Copyright Regd. No. © A-73256/2005 Dt. 13.5.05

Dr. Subhash Sarkar *(Tripura)*

Consumable Booklet of

EAS-SS

(English Version)

Please fill in these entries : ***Date*** ☐☐☐☐☐☐☐☐

Name _____

Father's Name _____

Date of Birth ☐☐☐☐☐☐☐☐ **Gender : Male** ☐ **Female** ☐

Class _____ **Area : Urban** ☐ **Rural** ☐

Institution _____ **Place** _____

Class _____

Faculty : Arts ☐ **Science** ☐ **Commerce** ☐ **Tech.** ☐

INSTRUCTIONS

In the following pages 50 statements regarding examination and how you react for them, have been given. Read each statement carefully and decide your answer on Three-point scale, viz., **Agree, Undecided** and **Disagree** and put a ☑ mark in the appropriate box which is nearest to your response.

Please do answer to all the 50 statements.

There is no right or wrong answer. It is how you feel during examination.

Your answer will be kept confidential.

Scoring Table

	Raw Score			z-Score	Grade	Level of Examination Anxiety
Page	2	3	4			
Score						
Total						

Estd. 1971 www.npcindia.com ☎:(0562) 2601080

NATIONAL PSYCHOLOGICAL CORPORATION

UG-1, Nirmal Heights, Near Mental Hospital, Agra-282 007

Sr. No.	STATEMENTS	Agree	Unde-cided	Dis-agree	SCORE
1.	Do you think that you loose your confidence during exams ?	☐	☐	☐	☐
2.	Do you feel very uneasy during your examination time ?	☐	☐	☐	☐
3.	Does your tension for examination results hamper your exam preparation ?	☐	☐	☐	☐
4.	Do you loose your mental stability out of the fear of the vital examination ?	☐	☐	☐	☐
5.	Prior to the commencement of examination, do you feel upset thinking about the fact that whether you will pass or not ?	☐	☐	☐	☐
6.	Can not you make your mind tension free even after preparing hard before an exam ?	☐	☐	☐	☐
7.	Does the thought that you can not score well in the exams hamper your concentration in studies ?	☐	☐	☐	☐
8.	Are you become to some extent scared before giving any important exam that no question will be common or I can not write anything ?	☐	☐	☐	☐
9.	Are you become nervous even after preparing well for that exam ?	☐	☐	☐	☐
10.	Do you feel very uneasy in the exam hall before getting the question paper ?	☐	☐	☐	☐
11.	Do you feel very nervous during any exam ?	☐	☐	☐	☐
12.	Do you become fearful before final exam of schools ?	☐	☐	☐	☐
13.	Before an important examination do you think that I will not be able to write anything because the question paper is going to be very tough ?	☐	☐	☐	☐
14.	Do you feel very anxious whenever you sit for an important exam ?	☐	☐	☐	☐
15.	Does your mind become very unsteady before your exam due to the tension of exam results ?	☐	☐	☐	☐
16.	Does your heartbeats very fast before any examination ?	☐	☐	☐	☐
17.	Do you feel very tense even after the completion of a test or an exam ?	☐	☐	☐	☐
18.	Do you feel that if the final exams of school be delayed it will be better ?	☐	☐	☐	☐

Total Score Page No. 2 ☐

Sr. No.	STATEMENTS	Agree	Unde-cided	Dis-agree	SCORE
19.	Do you sweat whenever you get the question paper ?	☐	☐	☐	☐
20.	On the day before exam do you have a sound sleep ?	☐	☐	☐	☐
21.	Do you pray to God before exam that if you are not to give the exam this year ?	☐	☐	☐	☐
22.	Is it happen with you before exam that everything becomes confusing and you think that you will not be able to reproduce rightly whatever you have memorized ?	☐	☐	☐	☐
23.	Do you feel like this, that during your exam you are trying to write the answer but you can not ?	☐	☐	☐	☐
24.	Before examination do you feel like that I will not sit in the exam as my preparation for the said is not up to the mark ?	☐	☐	☐	☐
25.	Do you feel thirsty frequently during your final examination ?	☐	☐	☐	☐
26.	Do you loose your interest on your favourite things during exam time ?	☐	☐	☐	☐
27.	Do you feel like this before your exam that you are not feeling well or you neither can nor concentrate on anything ?	☐	☐	☐	☐
28.	Before exam do you pray to God to make you bold and courageous so that you do not get frightened during exam ?	☐	☐	☐	☐
29.	If your teacher asks any question in front of the whole class do you feel afraid that you may be wrong or you will not be able to answer the question ?	☐	☐	☐	☐
30.	Whenever your teacher gives any problem of mathematics, do you think that this may be asked to someone else not me ?	☐	☐	☐	☐
31.	On the day before exam, do you get examination based nightmares ?	☐	☐	☐	☐
32.	During classes when your teacher asks for board work one by one do you hesitate ?	☐	☐	☐	☐
33.	If your teacher ask you to write the answer of any question in blackboard in front of the whole class, do you feel nervous ?	☐	☐	☐	☐
34.	When your teacher teaches in the classroom, do you think that if he ask any question you will not be able to give the answer ?	☐	☐	☐	☐

Total Score Page No. 3 ☐

Sr. No.	STATEMENTS	Agree	Unde-cided	Dis-agree	SCORE
35.	Whenever your teacher asks you to do any sum, do you feel nervous that you may be wrong ?	☐	☐	☐	⬭
36.	Do you always feel extreme mental stress in your exam time and wait for the completion of the exam ?	☐	☐	☐	⬭
37.	Whenever your friends discuss about any topic do you feel nervous that you have not prepared the topic or you will be unable to answer ?	☐	☐	☐	⬭
38.	Whenever your teacher asks about your preparation do you feel pain in your stomach ?	☐	☐	☐	⬭
39.	Do you feel very depressed when your teacher says that your result is very poor ?	☐	☐	☐	⬭
40.	In any important exam do your writing speed tends to become slow because of fear and tension ?	☐	☐	☐	⬭
41.	Do you feel very bad to give school test ?	☐	☐	☐	⬭
42.	Do you always feel nervous after the completion of your examination because you think that you have not done well in exam ?	☐	☐	☐	⬭
43.	Does your hand shiver during writing in any important exam ?	☐	☐	☐	⬭
44.	Whenever your teacher takes class test do you feel frighten thinking about the fact that your friends will be able to write but you cannot ?	☐	☐	☐	⬭
45.	Do you feel so nervous during exams that you ever forget the known things ?	☐	☐	☐	⬭
46.	Do you feel yourself very ill during your examination time ?	☐	☐	☐	⬭
47.	Whenever you sit for an exam do you feel like crying that you are giving very poor examination ?	☐	☐	☐	⬭
48.	Do you feel sleep less before your examination ?	☐	☐	☐	⬭
49.	Do you always feel frustrated to think that you may not be promoted to the next class at the end of the year ?	☐	☐	☐	⬭
50.	Do you sometimes try to remain absent from school because of the fear that your teacher may take a test today ?	☐	☐	☐	⬭

Total Score Page No. 4 ☐

TEST BOOKLET DEPRESSION MEASUREMENT SCALE

PT047.

Hindi/Eng.

परीक्षण पुस्तिका (TEST BOOKLET)

DEPRESSION SCALE

Constructed and Standardised By :

Dr. Shamim Karim and Dr. Rama Tiwari

Post Doctoral Fellow, Agra University, Agra

निर्देश (Instruction)

Some statements are given in the following pages. Read them carefully. You will get one Answer Sheet alongwith this test in which, infront of every statement's number, five types of responses—**'Not at all,' 'A little bit', 'Moderately', 'Quite a bit'** and **'Extremely'** are printed. If a given statement is not at all applicable on you, than please put a tick mark mark (√) in the space provided below the column **'Not a all'**; if it is no, applicable only a little, then tick mark (√) below the colum **'A litlle bit'**, if it is moderately applicable, tick (√) mark below the column **'Moderately'**, if it is quite applicabelt then please put tick mark (√) below the column **'Quite A Bit'** and if totally applicabel tick (√) below the column **'Extremely' only on the Answer Sheet'.**

"इस परीक्षण के अगले पृष्ठों पर कुछ कथन दिये हैं, आप उन्हें ध्यानपूर्वक पढ़िये। आपको इस परीक्षण पुस्तिका के साथ ही 'उत्तर पत्र' भी दिया जावेगा जिसमें प्रत्येक कथन संख्या के सामने 5 विकल्प उत्तर भी दिये हैं। अगर एक कथन आप पर बिल्कुल लागू नहीं होता हो तो उत्तर पत्र के स्तभं बिल्कुल नहीं के नीचे सही (√) का निशान लगा दें अगर 'थोड़ा सा नहीं लागू होता है तो इसी स्तभं के नीचे सही का निशान लगावें अगर सामान्य लागू होता है तो सामान्य के नीचे अधिक लागू होता है और पूर्णतः लागू होता है तो क्रमशः सम्बन्धित खानों के कथनों के नीचे (√) का निशान लगा दें।"

Plese do not write anything on this Test Booklet, you please give your Answer in Answer Sheet.

(कृपया इस परीक्षण पुस्तिका पर कुछ नहीं लिखिए। आप को अपने उत्तर उत्तर पत्रिका पर ही देने हैं।)

Published By :

Agra

PSYCHOLOGICAL RESEARCH CELL

TIWARI KOTHI; BELANGANJ, AGRA-282004 (INDIA)

1. I have least interest in other affairs.
   (मैं दूसरों के मामले में कम से कम रुचि रखता हूँ ।)
2. I do not have a sound sleep.
   (मुझे गहरी नींद नहीं आती है)
3. I am hopeless about the future.
   (मैं भविष्य के बारे में निराश हूँ ।)
4. I feel tired all the time.
   (मुझे हर समय थकावट महसूस होती है ।)
5. I feel irritated all the time.
   (मुझे हर समय चिड़चिड़ाहट होती है ।)
6. I seldom attend the parties.
   (मैं शायद ही कभी पार्टियों में शामिल होता हूँ ।)
7. I feel dejected all the time.
   मैं हर समय उत्साहहीनता का अनुभव करता हूँ)
8. I am disgusted with myself all the time.
   (मैं हर समय अपने आप से दुःखी रहता हूँ ।)
9. I feel, I am worse than any body else.
   (मैं यह अनुभव करता हूँ कि मैं सबसे बुरा हूँ ।)
10. I think of killing myself all the time.
    (मैं सदैव अपने आपको मार डालने की सोचता हूँ)
11. I am always worried about my health.
    (मुझे सदैव आपने स्वास्थ्य की चिन्ता रहती है)
12. I can never take decision.
    (मैं कभी भी निर्णय नहीं ले पाता ।)
13. I have lost interest in people.
    (मेरी लोगों के प्रति रुचि प्रायः समाप्त हो गयी है)
14. I don't bother about people.
    (मैं लोगों की परवाह नहीं करता)
15. Once I wake up, it is hard to get back to sleep.
    (एक बार अगर जाग जाऊँ तो सोना कठिन हो जाता है ।)

16. I feel that my future is in dark.
(मैं यह अनुभव करता हूँ कि मेरा भविष्य अंधकारमय है)

17. I can't work as long as I used to do.
(मैं उतना अधिक काम नहीं कर पाता हूँ जितना कि पहले करता था ।)

18. I feel that I should take some energy tonic to continue working.
(मैं यह अनुभव करता हूँ कि मुझे काम करने हेतु कोई एनर्जी टोनिक लेनी चाहिए ।)

19. I get irritated more easily than I used to.
(मैं पहले से अधिक आसानी से उत्तेजित हो जाता हूँ)

20. I love to spend more and more time in my own world of fantasies.
(मैं अधिकांशतः समय अपनी काल्पनिक दुनियाँ में व्यतीत करना पसंद करता हूँ ।

21. Once I am dejected, it is hard to overcome.
(ठेस लगने पर मैं आसानी से उसे भुला नहीं पाता हूँ)

22. I am disappointed with my physique.
(मैं अपनी शारीरिक बनावट से निराश हूँ)

23. I blame myself for my faults.
(मैं अपनी त्रुटियों के लिए स्वयं को ही दोषी मानता हूँ)

24. I love to hurt myself when I find myself to be guilty.
(जब मैं स्वयं को दोषी पाता हूँ तो मैं अपने को ही चोट पहुँचाना पसंद करता हूँ ।)

25. I am worried about upset stomach or constipation.
(मुझे पेट की गड़बड़ी या कब्ज की चिन्ता रहती है)

26. I feel difficulty in taking decision.
(मुझे निर्णय लेने में कठिनाई का अनुभव होता है ।)

27. I take others help while taking decision.
(मुझे निर्णय लेते समय दूसरों की सहायता लेनी पड़ती है ।)

28. I wake up several time at night.
(मैं रात को कई बार जाग जाता हूँ ।)

29. I have nothing to look forward.
(आगे क्या होगा—इस सम्बन्ध में कुछ नहीं सोचता हूँ)

30. Even the minute things irritate me.
(छोटी-छोटी बातें भी मुझे उत्तेजित कर देती हैं)

31. I escape from relatives and friends.
(मैं अपने मित्रों व रिश्तेदारों से दूर भागता हूँ)

32. Whether it is in home or outside, nobody listens to me.
(चाहे घर हो या बाहर मेरी कोई भी नहीं सुनता)

33. I hate myself when I see a fair complexioned person.
(जब मैं किसी गोरे व्यक्ति को देखता हूँ तो मुझे अपने आप में घृणा होती है।)

34. I feel that I am responsible for all that happens around it.
(मेरा यह अनुभव है कि चारों ओर जो कुछ होता है उसका कारण मैं हूँ)

35. I hurt myself rather than others when I am annoyed.
(क्रोध की अवस्था में, मैं दूसरों की अपेक्षा स्वयं को चोट पहुँचाता हूँ।

36. Headache upsets me very much.
(सरदर्द मुझे परेशान कर देता है।)

37. I feel trouble while breathing.
(मुझे सांस लेने में परेशानी महसूस होती है।)

38. It is very hard for me to decide all alone.
(अकेले निर्णय करना मेरे लिए बहुत कठिन है।

39. I remain alike in joy and sorrow.
(सुख और दुख में मैं एक समान रहता हूँ।)

40. I often dream while sleeping.
(अक्सर नींद में सपने देखता रहता हूँ।)

41. I feel that everything is useless.
(मैं यह अनुभव करता हूँ कि सब कुछ व्यर्थ है।)

42. I is difficult for me to work more than an hour.
(मेरे लिए एक घण्टे से अधिक कार्य करना कठिन है।)

43. It is hard for me to tolerate anything.
(मेरे लिए यह कठिन है कि मैं कुछ बरदाशत करूँ)

44. Once I get exicitated, it is hard to cool down.
(एक बार उत्तेजित हो जाऊँ तो शीघ्र शान्त होना मेरे लिए कठिन है ।)

45. I never share my joys with others.
(मैं अपनी खुशियों में दूसरों को सम्मिलित नहीं करता ।)

46. I feel dejected when youngesters misbehave with me.
(मुझे दुःख होता है जब छोटे भाई-बहिन मुझसे दुर्व्यवहार करते हैं ।)

47. I hate my self when I fail in my attempts.
(जब अपने प्रयासों में विफल होता हूँ तब मुझे अपने आप से घृणा होती है ।)

48. I am critical of myself for my weakness.
(मैं अपनी कमजोरियों की आलोचना करता हूँ)

49. I think of killing myself when I meet failure.
(असफल हो जाने पर मैं अपने आपको मार डालने की सोचता हूँ ।)

50. For me, the nearest or the dearest doesn't have any sense.
(मेरे लिए घनिष्ठ व प्रिय कोई भी महत्व नहीं रखते हैं ।)

51. I have to wake up several times at night.
(मुझे रात्रि में अनेक बार जागना पड़ता है ।)

52. I have lost all hopes from my relatives and friends.
(मैं अपने समस्त रिश्तेदारों एवं मित्रों से कोई आशा नहीं रखता ।)

53. I have to push myself for doing any work.
(किसी भी कार्य के लिए मुझे अपने आपको धकेलना पड़ता है ।)

54. I have least interest in others affairs.
(दूसरों में मेरी अब रुचि नहीं रही है ।)

55. When I see other's sadness, I get upset.
(दूसरों के दुःख को देखकर मैं बेचैन हो जाता हूँ ।)

56. I dislike myself when I find that others are superior to me.
(जब मैं दूसरों को अपने से श्रेष्ठ पाता हूँ तो स्वयं को नापसंद करने लगता हूँ ।)

57. I feel that I am the most foolish person in the world.
(यह सोचता हूँ कि मैं संसार का सर्वाधिक मूर्ख व्यक्ति हूँ)

58. I think of killing myself when I face shame.
(मैं शर्मिन्दगी का अनुभव होने पर मैं यह सोचता हूँ कि स्वयं को मार डालूँ ।)

59. I feel lump in the throat.
मैं यह अनुभव करता हूँ कि मेरे गले में कुछ अटका हुआ है ।)

60. I always leave it on others to take decision.
(मैं सदैव दूसरों पर निर्णय लेने के लिए निर्भर रहता हूँ ।)

61. I am least interested in making friends.
(मैं मित्र बनाने में बहुत कम रुचि रखता हूँ ।)

62. I see wild dreams while sleeping.
मैं सोते समय भयानक सपने देखता हूँ ।)

63. I often get up at night during sleep.
(मैं अनेकों बार सोते से उठ जाता हूँ ।)

64. I feel that living is a burdon.
मैं यह अनुभव करता हूँ कि जिन्दगी बोझ है ।)

65. I depend on people to get my work completed.
(मैं अपने कार्य सम्पादन के लिये दूसरों पर निर्भर रहता हूँ ।)

66. I am becoming more and more irritated day by day.
(मैं दिनोंदिन चिड़चिड़ा होता जा रहा हूँ)

67. I don't comment on others affairs.
(मैं दूसरों के मामले में दखल नहीं देता हूँ)

68. I don't like to make friends.
(मैं मित्र बनाना पसंद नहीं करता ।)

69. I feel to forget enimity at the time of sorrow.
(मैं दुःख के समय यह अनुभव करता हूँ कि दुश्मनी भूल जानी चाहिए ।)

70. I am disappointed with my memory.
(मैं अपनी याददाश्त से दुःखी हूँ ।)

71. I blame myself for my failure.
(मैं अपनी असफलता के लिए स्वयं को दोषी मानता हूँ ।)

72. I hurt myself rather than accusing others.
(मैं अपने को चोट पहुँचाता हूँ न कि दूसरों पर दोषारोपण करने में ।)

73. I like to kill myself rather than being blamed.
(मैं दोषी होने के बजाय अपने आपको मार डालना पसन्द करता हूँ ।)

74. I am worrid about my dizziness nature.
(मैं अपनी सुस्ती स्वभाव से चिन्तित रहता हूँ ।)

75. It takes too long for me to take decision.
(मुझे निर्णय लेने में बहुत समय लगता है ।)

I dont have any interest in making intimacy with people.
(मुझे लोगों से घनिष्ठता करने में कोई रुचि नहीं है ।)
I am no interested to know the outcome of my work.
(मेरी रुचि कार्य के परिणाम जानने में नहीं है ।)
I am too tired to do anything.
(मैं किसी भी कार्य को करने के लिए बहुत थकान अनुभव करता हूँ ।)
I don't even think of my elders when I get irritated.
(चिड़ जाने पर मैं अपने बड़ों की भी परवाह नहीं करता ।
For me, dejection is no worse than an enemy.
(मेरे लिए दुःख से बढ़कर कोई दुश्मन नहीं है ।)
I am disgusted with my intelligence.
(मैं अपनी बुद्धि से दुःखी हूँ ।)
I am critical of myself for my behaviour.
(दिल या छाती के दर्द से मैं बेचैन रहता हूँ ।)
I put off making decisions more than I used to.
(मैं अपने व्यवहार के प्रति आलोचनात्मक हूँ ।
Pains in heart or chest upsets me.
(मैं अब पहले से अधिक निर्णय लेना छोड़ देता हूँ)
I feel uneasiness among the relatives.
(रिश्तेदारों के बीच मैं बेचैनी का अनुभव करता हूँ ।)
I murmur while leeping.
(सोते समय मैं बड़बड़ाता हूँ ।)
I think that I am a burden for others.
(मैं सोचता हूँ कि मैं दूसरों के लिए बोझ हूँ ।)
My working capacity is much worse now.
(मेरी कार्यक्षमता अब बहुत खराब है ।)
I try to escape things that irritate me.
(जिस चीज से मुझे चिढ़ होती है उससे दूर भागने की कोशिश करता हूँ ।)
I escape from giving suggestions to people even if I am asked to do so.
(मैं सलाह माँगने पर भी लोगों को सलाह देने से कतराता हूँ ।)

91. I overcome dejection when people pacify me.
(लोगों की हमदर्दी दिखाने पर मैं दुखों को भूल जाता हूँ ।)

92. I am dejected with my fortune.
(मैं अपने भाग्य से दुःखी हूँ ।)

93. I blame myself for the unhappiness.
(मेरी अप्रसन्नता के लिए मैं अपने आपको ही दोषी मानता हूँ ।)

94. I love to kill myself when I am surrounded by problem.
(जब मैं समस्याओं से घिरा रहता हूँ तब अपने आपको मार डालना मुझे अच्छा लगता है ।)

95. I feel weakness while walking.
(मुझे चलते समय कमजोरी महसूस होती है ।)

96. I escape from taking decisions.
(निर्णय लेने से मैं दूर भागता हूँ ।)

Printed at: KUMUD PRINTING PRESS AGRA-6