

Academic Stress, Anxiety and Depression among College Students- A Brief Review

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Abstract

Academic stress, anxiety and depression among college students are a cause of concern. Every nation invests lot of money on education. However research survey on college students reports at any given time there will be 10 to 20 % of student population suffering from psychological problems (Stress, Anxiety & Depression). This paper briefly describes the research carried out in the last 3 decades especially regarding stress, anxiety & depression. It focuses stress among college students, nature of psychiatric morbidity, emotional problems and adjustment, psychological problems of college students. Emphasising how counselling will help students with emotional problems and also suggested preventive measures to be taken by colleges such as setting up student counselling centres, create awareness among college students in seeking help with counselling centres. It is also suggested to have mentor mentee programme compulsorily on all colleges. A student health committee should be formed in each college with mental health professionals as its members. There should be regular seminar & workshop for teachers & college students on various issues of psychological problems and its coping mechanisms.

Keywords: Anxiety, Depression, Stress, college students, preventive measures.

Introduction:

Student represents the society's investment for future. Their mental health and wellbeing are important not only in its own right but also as a factor contributing to the larger society's well being.

Psychological problems among student population varies from 2% to as high as 50%. At any given time if one randomly examines the student wellbeing one can find that every 10 students, one will have emotional conflicts severe enough to merit professional help (Farnsworth, 1997). Anxiety and Depression are common mental health problems among student population. At any given time 25% of student population report symptoms of Depression. (Beck and Young 1978).

College students frequently have more complex problems today than they did over decade ago common stressors in college include greater academic demands, being on your own in a new environment, changes in family relations, changes in social life, exposure to new people ideas and temptations.

Some of the salient problems specific to college students are, time pressure, fear of failure, struggle to establish identity, pressure of academic excellence and tough competence. Emotional problems such as Feel inferior to others, not able to think properly, worrying too much, feel life is not worth living. Feel anxious without any apparent reason.

What is Stressful to Under Graduates?

Student reacts to college in a variety of ways. For some students college is stressful because it is an abrupt change from high school. For others separation from home is a source of stress. Although some source of stress is necessary for personal growth to occur, the amount of stress can overwhelm a student and affect the ability to cope.

Another source of stress is the difficulty of achieving social intimacy .Fear academic failure is a definite Stressor (Spiel Berger CD, 1983, Kendall et al. 1965) Kumaraswamy (1989) also found that stress was more in Second year medical students and this may be due to greater fear of not attaining their goal of being a doctor.

Several studies reported Medical students experience more stress. A major stressor for first year medical students is the amount & complexity of material to be learned. Student feels academic pressure because all their class mates were superior college students. Fatigue is often cited as a stressor in second year, and many researchers describe a hypochondrical phenomenon by which medical students imagine they have the disease they are studying. In the third year medical students begin patient care. Acceptance of death and dying emerges as a key issue in coping with stress.

A brief review has been made by looking in to the articles published on problems of college students.

The term “Stress” refers to the psychological state which derives from the person’s appraisal of the success with which he or she can adjust to the demands of the society environment.

When students appraise their education as challenge, stress can bring them a sense of competence and an increased capacity to learn, when education is seen as threat, however, stress can elicit feelings of helplessness and a foreboding sense of loss (Lazarus, 1966). The Yerker-Dodson Law (1908) Postulates that individual under low and high stress learn the least and those under moderate stress learn the most.

Emotional and psychological problems encountered by student include:

- anxieties about aspects of study including exams and presentations
- general stress and anxiety
- depression
- relationship difficulties
- eating problems
- bereavements and parental separations
- loneliness and homesickness
- lack of self-confidence or low self esteem
- managing transitions
- making difficult decisions
- traumatic experiences including rape, assault and abuse
- difficulties with alcohol or drugs
- issues around sex and sexuality
- self-injury
- suicidal thoughts

- anger management
- Worries about appearance.

A cross institutional study found stress the top of health problem which worried students most, followed by body image, AIDS, physical fitness and cancer (Delene & Brogowich, 1990).

The Stanford Survey found psychological distress to be extremely common among the students. 1 out of 3 described themselves as anxious or tense. As far as depression is concerned, 1 in 5 described themselves as “tired without any apparent reason”. 43 percent said sometimes felt “so depressed it is hard for them to get going” and 16 percent reported feeling that life is not worth living (Martinez & Fabiano, 1992).

Taking into considerations of several articles published on the psychological distress of college students, one can safely conclude that 20 to 25 percentage of student population worldwide suffering from psychological distress

Stress is any situation that evokes negative thoughts and feelings in a person. Stressful events can be appraised by individual as “Challenging” or “threatening” (Lazarus, 1966).

Nature of Psychiatric Morbidity/Psychological Problem among Students:

Several studies have been conducted and reported on psychiatric morbidity/psychological problem among student population. Only a selected few are reported here which have a direct bearing upon problems of students.

The general health questionnaire (GHQ) is being often used to screen students for the different types of neurotic problems. One such study is reported by Rao (1978). He administered GHQ (Goldberg 1972) on 428 students with in the age range of 13-16 years. 89 among them scored 13 or above and 84 were identified as neurotic cases. The study indicated that 19.62% presented definite neurotic problem (18.8% boys and 22.8% girls) .of these cases 47 presented with depression, 21 presented with Anxiety, 8 had psychogenic headache and 7 had problem of inability to concentrate, giddiness, vague aches and pains. One student was found to have schizophrenia. Each of the above 89 students were independently examined in a clinical interview by a psychiatrist and his result tallied with the GHQ split up on various clinical categories.

A cross sectional epidemiological study of mental morbidity among 1160 post graduate and research students was carried by Chandrashekar et al (1980). Goldberg’s 60 item General Health Questionnaire was used as screening tool, and a person scoring 12 and above was morbidity and selected socio demographic, motivational psychological variables: certain life experiences in the campus were studied. Results showed that factors like sex. age. Language, activities, educational status of the parents, birth order and parental loss or separation did not have any significant relationship with the morbidity rate.

Low family income , student’ attitude towards opting for a particular course, who described their home as unhappy positively correlated with mental morbidity. The dissatisfaction arising from living arrangements, poor participation in extracurricular activities, poor social relationships, poor staff-contact are all significantly related to high mental morbidity.

A study of life events , life strains and coping behavior’s were compared In psychologically ‘distressed ‘ and ‘non-distressed’ college students by zeena et al (1990).The study was

conducted on undergraduates enrolled in 4 co-educational day colleges in Bangalore city (N=451). They were given socio-demographic data sheet, Life events inventory, life strains inventory, the copy check list and the General Health Questionnaire (GHQ). GHQ was used as a screening test to divide the sample into psychologically distressed and not distressed. 21.36% of the total fell in the distressed group. Students who obtained high score on the GHQ experienced a significantly greater number of negative life events and strains and more subjective distress compared to 'non distressed'

In a review of urban health center services in Lucknow, Thackore et al (1971) found that 37.5% of the total population attending the center were students.

Thackore et al, (1971) report certain characteristics of a section of university student population. This study had a sample consisting of 58 medical students who attended psychiatric consultation during the period of 4 academic years commencing from 1966. Each student underwent detailed psychiatric of 4 academic years commencing from 1966. Each student underwent detailed psychiatric and medical evaluation. On the basis of results, the prevalence rate of psychiatric morbidity among this population was 1%. Over 85% of them were average or above average in intelligence and majority of them suffered from anxiety and depression.

Wig et al" (1969) found that, of the 68 students who were referred for student counseling center, 50% reported difficulty in concentration. Other problem found were 'frequent sad mood' (24.4%) getting nervous (23.5%) Head ache (23.5%) inferiority feelings and difficulty in memory (22.4%). Among these students' 26 were diagnosed as case of Anxiety Neurosis. Chaudhary (1979) in an attempts to categories the psychological problem under various areas, studied 100 university students attending students counseling center. The sole method of assessment was clinical interview. The results showed that 57% of them presented somatic complaints of one type or another problem of psychosomatic nature. Only 3% came with purely physical complaints. The categories adopted by him were academic adjustment, emotional adjustment, sexual adjustment and miscellaneous. Analysis of results showed problem of predominant emotional adjustment, sexual adjustment. 28 students presented acute psychological problem requiring treatment. The rest 78% were handled by counseling.

Emotional Problem and Adjustment

Rarely, studies have been reported on 2 comparable groups. One emotionally disturbed and the other emotionally adjusted are tried on different test to come to certain important inferences. One such study was carried out by Krishnan and Sathyendra (1979), who took a group of disturbed boys and comparable group of 67 adjusted boys ranging in age of 14 to 18 years. The 58 emotionally disturbed boys were expressly chosen from among those who had sought counseling because of their emotional problem. The group of 67 adjusted boys was drawn from 200 students at random. Both the group was matched in terms of mean chronological age, education and place of residence. The following test were administered to both the groups: (1) Eysenck Personality inventory : (2) Revised comprehensive test of anxiety (3) security insecurity inventory.(4)sentence completion test: (5) choice Dilemma Questionnaire and(6) Bells adjustment inventory. Individual testing was done with emotionally maladjusted person and group procedures were adapted with the matched normal group. The results clearly indicated that the emotionally disturbed groups were found to be more neurotic, anxious and insecure and poorly adjusted in Home Health Social and Emotional area.

Similar conclusions were drawn from another study by Nataraj (1968) using Bells' adjustment inventory on emotionally adjusted and emotionally mal adjusted adolescent college girls.

A comparative study of adjustment pattern of post graduate arts and science students was done by Satappan and Kuppan (1980). They took 50 students each and administered Saxena adjustment inventory (it measures general adjustment and adjustment in 5 specific areas namely Home, Health, Emotions, Social and college life). Humanities students were found to be better adjusted generally and socially than science students.

The university period is important for the evolution of self-sufficiency and the first years of university education overlap the late adolescence period, which is frequently described as a stressful period to be survived. Results suggest that 'dissatisfaction with social activities' related to stress, 'relations with other sex', 'worry about examination success', 'accommodation problems', 'fear of wrong career choice' and, 'worry about the future' were all consistent predictors of anxiety and depression levels. The levels of stressful experiences varied significantly from the transition period to young adulthood. During the transition period, students had problems especially concerning their new environment, but when they adapted to the new environment educational problems started to rise to the surface. The findings provide information regarding the stress factors in students during the years of study at university. Awareness of stress and depression existing among young people and of its causes can give adults ideas for solving such problems. (Sarah K. Dixon, Sharon E. Robinson Kurpius 2008)

Psychological Problems of College Students

Academic Problems: Difficulty in concentration. Difficulty in remembering. Unable to study properly. Easily distractible unable to understand the language. Particular subject is very difficult. No interest in studies.

Emotional Problems: Feel inferior to others. Cannot think properly. Irritable and angry for minor reasons. Sad and depressed for minor reasons. Feel anxious without any reason. Feel useless and incompetent. Feel life is not worth living. Worrying unnecessarily. Worrying excessively for minor reasons. Disturbed sleep. Lack of appetite.

Blain and McArthur (1961) states that most of the psychological problems reported by students are Dislike towards the course laziness inability to learn to foreign language, uncontrollable tension, frustrating or disappointing love affair, illness of a close family member. Expectation of emotional reward in the form of appreciation and disappointment when it is absent. Unconscious desire to fail because: Unwillingness to be what someone-else wants him or her to be Rebellious drive, retaliation against parents, teachers etc.

Beck and Young (1978) reports, at any given time 25% of student population reports of symptoms of depression. Due to following reasons:

Stresses from the increased difficulty of college work. Isolation and loneliness. Problems with studying and grades frequently trigger depression. Break up of intimate relationship.

Kumaraswamy (1990) in a study of psychological problems of college students of a 100 medical students, it was found 26% having Psychological distress and 31% anxiety and Depression.

It is a known fact that Anxiety, Depression and Stress are common among college students.

How does Counseling Help Students?

Counseling enable student to perceive reality accurately and to accept this reality in order that he is able to maintain and enhance his personal and social functioning achieves his academic goals and develops his personality.

Researchers say severe mental illness is more common among college students than it was a decade ago, with most young people seeking treatment for depression and anxiety. A study presented at the American Psychological Association found that the number of students on psychiatric medicines increased more than 10 percentage points over the last 10 years. There are also certain behaviors that should clearly sound an alarm: If young people are distancing themselves from friends, losing interest in things that they once enjoyed doing, becoming irritable or angry, having outbursts toward people who were close to them, experiencing changes in eating or sleeping patterns, having unexpected, unexplainable episodes of tearfulness — these are all potential symptoms of depression, anxiety or other emotional problems.

These problems can be exacerbated by the very nature of going off to college. For many young people, this is the first time they have left home for any period of time. They are outside the familiar and safe family structure, complete with parental discipline, control and advice. They may find themselves in a challenging new environment with a completely new set of peers.

Preventive Measures

Some of the preventive measures especially for college students are:

1. Counseling centers should take-up the issue of identifying the students with Psychological problems at early stage. For this conducting seminars & workshop to teachers in medical schools how to identify students Psychological problems, and on identifying what can be done.
2. Setting up student counseling centers in all colleges with the help of mental health professionals and counseling can be given as an early intervention.
3. Create awareness among college students seeking the help of mentors or student counseling center as and when they notice any problem related to academic or emotional.
4. A study should be carried out to determine the presence of psychological problems at the respective colleges
5. Student mentors should be in close contact with student counseling center and they can refer the students at an early stage and should get feedback from counseling center.
6. A student health committee should be formed with a mental health professional (Psychiatrist/Clinical psychologist) and he or she should conduct workshop for teachers regularly updating the activities of the committee.
7. There should be regular workshop for students on stress management, time management, and assertive training and communication skills.

A Student Expressing her Depression

Do you know what my actual problem is? Do you know why I get depressed? The real problem is that I can't study since I came here. I wasn't happy even when I was at home, but I was able to study. I did really well. This is the only time I start realizing that. I don't know what my problem is. I'm just bored of this world sometimes. I often wonder when I will die and that it will be better if I died. Please don't get me wrong. I'm not thinking of suicide. I just want my life to come to an end.

I don't think any one understands that my unhappiness is related to my studies. I want to live on my own; I want to live independently. I hate do rely on other people to live my life. I have to study so that I can get a good job. Without a degree at least I don't think I will have a job and the freedom I want.

I can't study. I don't know the exact reason but I can't concentrate. I don't have any interest but I force myself. When I force myself and read my notes I don't remember. It's annoying. It's so difficult for me. I might read something not knowing what I have read. I tried things that worked before. I tell myself that studying is the only way through which I will be able to have things my way.

I just can't think of a reason why I don't have control over my life. I used to think that studying will do good. I thought that it will save me from problems that might arise in my future. To tell you the truth I believe that I have the potential to study as much as I want. I can get masters and higher qualifications. I'm trying to say that I'm not dumb. It's not a reason that I can't study.

I believe education is like freedom from every bad thing that might happen. It has always been my dream to get higher education. But look at me. I'm just wasting my time here. I have already wasted two years of my life. Staying here for the next two years will make it four, totally. How will I ever get over depression when there are so many things that cause depression? Do you think the drugs I take can cure me?

My parents expect me to study. I'm making them unhappy by getting bad results. But how will I help myself? Haven't I tried to? Studying is the only thing that will make me get rid of the sadness in my life. But why can't I study, knowing all these? Why can't I concentrate? What can I do to make myself study and get over this misery?

Conclusion

The colleges should encourage a warm and affective learning environment for students
The preparation of medical students for life as doctors involves more than facilitation of the acquisition of knowledge and skills, so that new doctors can conform to the principals of professional conduct.

Support and mentoring are required so that stress can be identified early and dealt with appropriately.

Health education programs, mentorship and a reduction in information overload in the curriculum can be important strategies to enable undergraduates cope better with the demands of tertiary education The psychological well-being of college students needs to be more carefully addressed, and closer attention paid to the styles of college teaching It is concluded that three main issues need to be addressed: greater attention needs to be paid to educational processes; teachers and their teaching must be valued; and appropriate support systems should be provided for college students and trainees.

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