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Prevalence of Anxiety amongst the Secondary School Children in the Urban City of Joy – Kolkata Metropolis in 2017

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Abstract-Education Develops an individual like a flower which distributes his fragrance all over the environment. Education instills in a child a sense of maturity, responsibility by bringing in the desired changes according to his or her needs and demands for ever changing society of which he or she is an integral part. Thus the general aim of education is to prepare an individual to lead the life successfully. The world is becoming more and more competitive. Quality of performance has become the key factor for personal progress. Parent's desire is that, their children climb the ladder of performance to as high a level as possible. This desire for high level of achievement put a lot pressure on students, teachers and school and in general, the educational system itself. In fact it appears as if whole system of education revolves around the academic achievement of the students, though various other outcomes are also expected from the system.

Academic anxiety is a kind of state anxiety which relates to the impending danger from the environments of the academic institutions including teachers, certain subjects like Mathematics, Science, Language etc.

Anxiety is a source of concern to the clinicians as it is comorbid with other mental disorders, particularly depression and learning disabilities, and it causes low self-esteem.

The study is conducted in two phases. The first consisted of administration of the socio demographic profiling and Vanderbilt ADHD Teacher Rating Scale among 285 students (males -180, females -105) from 5 schools of Kolkata following the method of Stratified Random Sampling .The second phase consisted of direct verbal interview conducted on the vulnerable segment of the sample i.e 30 out of a sample of 285 pupils (10.53%).

As per the present research it may be concluded that anxious children are more prone to poor academic performance and poor classroom behavioral performance. In case of the present sample the domains of inattention, hyperactivity and anxiety and depression have been found out to be of an above average level. The prime causes reported for anxiety in academic performance are parental pressure, financial crisis, performance pressure, unreasonable expectations of teachers, concern for body image, inability to communicate, indecisiveness towards career choice and the like.

Conventional education makes independent thinking extremely difficult. Conformity leads to mediocrity. To be different from the group or to resist environment is not easy and is often risky as long as we worship success. The urge to be successful, which is the pursuit of reward whether in the material or in the so-called spiritual sphere, the search for inward or outward security, the desire for comfort - this whole process smothers discontent, puts an end to spontaneity and breeds fear; and fear blocks the intelligent understanding of life. With increasing age, dullness of mind and heart sets in.

The importance of education is to empower an individual to succeed in the future. Success may be calculated in terms of monetary and respect at work. It is the duty of the educationists to support the real facts of life by connecting classroom lectures with real-life experiences. The present education system should include personality development lessons, moral and ethical teaching. The education system should be beyond the religion, region and language. Our children would grow up to be sensible, sensitive and responsible global citizens.

Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.

People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat.

There are disruptive thought patterns and physiological responses and behaviors that follow from concern about the possibility of an unacceptably poor performance on an academic test or anything academically based.

Dimensions of Academic Anxiety

Review of the related literature indicates various dimensions of academic anxiety that are

mentioned below. A psychologist or a teacher can address the dreadful problem of academic anxiety in a systematic manner if he/she will know the dimensions of academic anxiety.

Introduction

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- A. Academic anxiety symptoms—abnormal behaviour of a student shown at the beginning of any new academic task like procrastination in academic activities, worrying most of the time, perform poorly in school work, fail classes and withdraw from socializing with peers or pursuing activities that interest him/her.
- B. *Anxiety from poor study habits*—anxiety caused by study strategies applied by students in their daily academic learning process.
- C. Anxiety from subjects—possessing negative attitude towards a particular subject or different subjects due to one or the other reason. Anxiety caused by it is called anxiety from subject.
- D. Anxiety from school environment—anxiety caused by prevailing school environment like stiff competition among students, role of school administrator (Authoritarian/Democratic) is called anxiety from school environment.
- E. Anxiety from teachers—teaching incompetency and partial attitude of teachers inside the classroom also provoke academic anxiety of students. Anxiety occurring due to this phenomenon is called anxiety caused by teachers.
- F. Anxiety from examination—Introduction of schemes like continuous and comprehensive evaluation (CCE) may lead students towards severe anxiety sometimes. Anxiety caused due examination type (Formative & Summative) is called anxiety from examination.

Literature survey

Attending school is the positive experience for many, yet many students also experience college as chronically stressful due to academic requirements i.e., tests, papers, presentations (Murphy & Archer, 1996). Childhood stress is increasing in both its frequency and severity. Some factors that may contribute to this stress include: the pressure on children to mature emotionally and psychologically at increasing earlier ages, a decrease in the number of caring parents and subsequent reduction in parent's love and support. As a child grows and reaches puberty a psychological metamorphosis takes place and this is adolescence stage. It is developmental period during which a growing person makes a transition from childhood to adulthood. Irvine (2002) also identifies a range of stressors in children from parental divorce and separation, to academic and social failure. Throughout the adolescent years, stressful experiences are also considered to be increasing in intensity, as prominent stressors involving family dysfunction, peer demands and academic concerns are faced by adolescents (Frydenberg, 1991b). Adolescence period can be considered as confusing time. In this period the individuals are not longer viewed as children but, nonetheless, are considered to be too immature to be

treated as adults. The reversal from childhood to adolescence and from adolescence to childhood have both been considered developmental transition's individual tends to become more vulnerable during periods of biological, social and psychological transitions.

Transitions are defined as the movement from "one state of certainty to another with a period of uncertainty in between." The transitions from elementary to secondary school represent for many students a stressful move. School size is significantly larger, academic standards are more rigorous, school circles and peer pressures change more profoundly than at any other time in life. Adolescence is popularly described as a time of heightened egocentrism, volatility and experimentation with risky behaviors. Close emotional ties to parents are challenged as adolescents begin to exercise their independence and individuality. In the Indian context, the decision of the courses is done at the senior secondary level. The future of the student takes its shape according to these courses. The academic pressure among the adolescents starts at this level because it is directly related to their job options. Academic problems have been reported to be the most common source of stress for students (Aldwin & Greenberger, 1987). Schafer (1996) observed that the most irritating daily hassles were usually school-related stressors such as constant pressure of studying, too little time, writing term papers, taking tests, future plans, and boring instructors. Stress associated with academic activities has been linked to various negative outcomes, such as poor health (Greenberg, 1981; Lesko & depression (Aldwin Summerfield, 1989), Greenberger, 1987), and poor academic performance (Clark & Rieker, 1986; Linn & Zeppa, 1984). Lesko and Summerfield (1989) found a significant positive correlation between the incidence of illness and the number of exams and assignments. Similarly, Aldwin and Greenberger (1987) observed that perceived academic stress was related to anxiety and depression in college students.

Objective of the study

The objective of this research was to evaluate the prevalence of anxiety disorder amongst secondary school children in the metropolitan city of Kolkata. In the modern age of inclusive and experiential education a child is required to possess multitasking as his key ability in order to strive and make his place in the future workforce. Due to this children experience intense fear, worry and uneasiness which significantly affects their everyday life activity. If not taken care this might lead to absenteeism in school and lack of interest in pursuing studies thereby making them maladjusted in the society. Thus ,the need was felt to take up this research so that



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vulnerable children may be identified and certain need based measures can be suggested for them .

Methodology:

Rationale of the study:

In a developing economy like that of India wherein the national output keeps fluctuating research depicts education and population explosion being the prime causes ,the researcher found it to be rational to analyse the bottom of the pyramid stratum of the population in terms of their educational pattern manifested. Thus the researcher analyzed the prevalence of anxiety disorder amongst the school children aged between 9 - 18 of Kolkata Metropolis and to provide certain need based measures. The research not only aims at analyzing the prevalence of anxiety but as well attempts to eradicate it by way of a model to be implemented by the academic institutions of this stature providing service to the children belonging to the bottom of the pyramid in terms of their socio-economic strata, which would though in a small way ,yet, contribute in the process of making India a super power by 2030.

Variables:

1. Anxiety - Anxiety is really just a form of stress. It can be experienced in many different ways — physically, emotionally, and in the way people view the world around them. Anxiety mainly relates to worry about what *might* happen — worrying about things going wrong or feeling like you're in some kind of danger.

Anxiety is a natural human reaction, and it serves an important biological function: It's an alarm system that's activated whenever we perceive danger or a threat. When the body and mind react, we can feel physical sensations, like dizziness, a rapid heartbeat, difficulty breathing, and sweaty or shaky hands and feet. These sensations — called the fight–flight response — are caused by a rush of adrenaline and other stress hormones that prepare the body to make a quick getaway or "flight" from danger.

The fight-flight response happens instantly. But it usually takes a few seconds longer for the thinking part of the brain (the cortex) to process the situation and evaluate whether the threat is real, and if so, how to handle it. When the cortex sends the all-clear signal, the fight-flight response is deactivated and the nervous system starts to calm down.

- 2. Academic Anxiety It is the feeling of being distressed, fearful, or stressed out as a result of school pressures.
- 3. Hyperactivity /Impulsive Someone who is hyperactive has more energy than is normal, gets excited easily, and cannot stay still or think about work: Hyperactive children often have poor concentration and require very little sleep.

Impulsive - showing behaviour in which you do things suddenly without any planning and without considering the effects they may have

4. Depression - Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

Hypothesis

- 1. Anxious children are more prone to poor academic results.
- 2. Anxious children have a poor classroom behavioral performance.

Tools

The study was carried out by utilizing a standardised questionnaire the Vanderbilt ADHD Diagnostic Teacher Rating Scale for anxiety and depression and the socio demographic information schedule.

In this scale there are 35 items pertaining to 4 domains.

The domains are -

1.Inattention – Item 1-9

2. Hyperactivity / Impulsivity – Item 10-18

3.Oppositional Defiant And Conduct Disorders – Item 19-28.

4. Anxiety or depression symptoms – Item 29-35.

Reliability of the scale -

4-factor model (inattention, hyperactivity, conduct/oppositional problems, and anxiety/depression problems) fit the data well once discarding conduct items that were infrequently endorsed. The estimates of coefficient alpha ranged from .91 to .94 and the analogous KR20 coefficient for a binary item version of the scale ranged from .88 to .91. Test-retest reliability exceeded .80 for all summed scale scores. The VADPRS produced a sensitivity of .80, specificity of .75, positive predictive value of .19, and negative predictive value of .98 when predicting an attentiondeficit hyperactivity disorder (ADHD) case definition that combined teacher's Vanderbilt ADHD Diagnostic Teacher Rating Scale and parent diagnostic interview responses.

Direct Verbal Interview – Structured interview with questions related to anxiety depression especially the causal attributions to be employed only for the vulnerable students.

Data Collection

A two staged stratified random sampling method was used to collect the data .The schools were first stratified based on location. Final selection was done by simple random sampling method balloting from each subsection of the strata. The first part of the study was carried out using Vanderbilt ADHD Scale from 285

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students which served as the screening tool. 180 male and 105 female students from 5 different schools were considered for the study .The questionnaire administered to the students were filled with the assistance of the classroom teachers alongside the socio demographic information schedule was obtained. Direct verbal interview was conducted for those students who had vulnerability towards anxiety disorder.

Sample

Total n=285 students , Male = 180, Female = 105 were taken from 5 schools in Kolkata city.

Age group = 9 years to 18 years.

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Name of the	Male	Female			
Schools					
Boral High School	35	20			
St . Helens' High	37	25			
School					
Kalighat High	35	20			
School					
Mitra Institution	35	15			
Children	38	25			
Academy					

Statistical Analysis

After the data collection scoring was done and the scores were tabulated. Frequency and percentage was obtained for the Vanderbilt ADHD Questionnaire and the items obtained from the direct verbal interview. The hypotheses was tested with the help of percentage analysis.

Interpretation

Table: 1

Raw score across the four domains in the Vanderbilt ADHD Scale

	1			
16	22	22	23	20
17	24	24	22	19
18	25	25	24	21
19	24	24	26	20
20	26	25	21	21
21	27	27	20	20
22	22	22	20	19
23	26	20	20	21
24	19	19	22	19
25	27	20	21	18
26	22	22	20	17
27	25	25	22	18
28	27	27	20	19
29	27	23	20	20
30	21	21	21	20
Mean	24.33	24.06	21.00	19.63
Range Obtain	Above averag	Above Averag	Below Avera	Above Average

ge

<u>Table: 2 – Academic Performance</u>

e

Serial	Inatten	Hypera	ODD	Anxiety	&	Academic	<u>N</u>	Percentage
No.	tion	ctivity	& CD	Depression		Performance Reading	17	36.66%
1	25	25	21	20		Mathematics	26	86.66%
	100	26				Written Expression	27	90.00%
2	26	26	22	21				
3	25	26	20	20		Table: 3 The classroom behavioural performance		
		2.4	1			Classroom	Number	of Percentage
4	24	24	24	21		Behavioral	students	
5	26	26	25	18		Performance		
	26	27	22	20		Relationship with	10	33.33%
6	26	27	22	20		peers		
7	25	25	25	21		Following	17	56.66%
0	124	24	21	20		directions / rules		
8	24	24	21	20		Disrupting Class	15	50.00%
9	26	26	20	21		Assignment	20	66.66%
10	25	27	26	10		Completion		
10	25	27	26	19		Organisational	21	70.00%
11	25	25	21	15		Skills		
12	24	26	20	19		Table 4: Showing re	asons for anx	ciety in pupils

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Poor academic	21	70%
performance		
Self Image	16	53.33%
Imaginary Creature	S	
Ghost	13	43.33%
Death	10	33.33%
Accident	12	40%
Abuse		
Physical	07	23.33%
Sexual	5	16.66%
Mental	10	33.33%

<u>Table</u>: 5 Showing the vulnerabilities out of the experienced anxiety by the 30 students –

experienced anxiety by the 50 students –				
09	30%			
09	30%			
Unreasonable fear symptoms experienced towards				
(Phobia):				
5	16.67%			
3	10%			
2	6.66%			
2	6.66%			
	09 symptoms experiments 5 3 2			

Interpretation

In the present study the total sample size obtained via stratified random sampling was 285 (Male – 180, Female – 105) who were all assessed by using the socio-demographic profiling and by administration of the Vanderbilt ADHD Diagnostic Teacher Rating Scale .This scale was used primarily as a screening tool for segregating the vulnerable students who had the higher propensity to develop the symptoms of certain anxiety related disorders. The scores reveals that out of 285 only 30 students out of them met the criteria that is they responded by endorsing often and very often response categories for the 35 items with fetching the score of 2 or 3 for each item. Table 1 shows the scores on the 4 domains namely –

- Inattention
- Hyperactivity
- Oppositional Defiant Disorder/Conduct Disorder
- Anxiety or Depression for the 30 students.

The respective means obtained from each of the four domains are stated as follows:

Inattention	Hyperactivity	ODD/CD	Anxiety or
			depression
Range 18 –	Range 18 -	Range –	Range 14 –
27	27	20 - 30	21

Average	Average 22.5	Average	Average
22.5		25	17.5
Mean =	Mean =	Mean =	Mean =
24.33	24.06	21.00	19.63
Above	Above	Below	Above
Average	Average	Average	Average

In the present research the obtained mean value of the 30 students have been found out to be of an above average measure pertaining to inattentiveness and hyperactivity because of the underlying causes:

Motivational Causes: Motivation is the driving force for attention and learning. A child needs to know and understand why it benefits them to learn.

Emotional Causes: The power of emotions on attention is profound. Peer social dynamics, family interactions, anxiety, fear, and even excitement can occupy the mind and create a barrier to attend to an important stimuli.

Social Causes: Peers take up a profound amount of mental energy for many children, especially in the teen years. Students need to learn social skills to navigate their worlds at recess, on play dates and in the classroom. Providing students with specific social skills and giving them cooperative learning opportunities to use those skills can impart these tools in life changing ways.

Beliefs as Causes: Provide students with meaningful and specific positive feedback about their accomplishments.

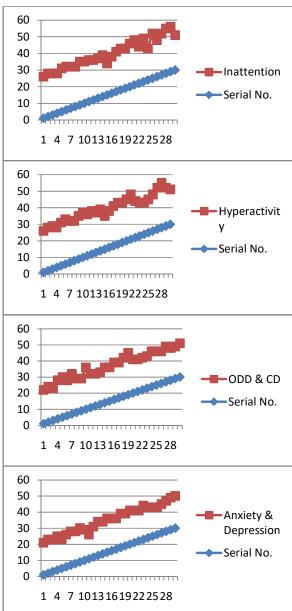
Overstimulation Causes: Cognitive research has proven that the mind does not multitask, but rather shifts, sometimes ineffectively, from one task to another. So it is difficult to handle multiple tasks at a given time which reduces the attention span of a given child.

Passivity Causes: The students should be more engaged in activity based learning and dialogue should be initiated in the class than a monologue thereby making the child focus upon the topic discussed in the class.

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The reasons underlying an above average level of anxiety and depression scores among the 30 students may be analyzed in the following manner:

Experts don't know exactly what causes anxiety disorders. Several things seem to play a role, including genetics, brain biochemistry, an overactive fight-flight response, stressful life circumstances, and learned behavior. A child with a family member who has an anxiety disorder has a greater chance of developing one, too. This may be related to genes that can affect brain chemistry and the regulation of chemicals called neurotransmitters. But not everyone with a family member who has an anxiety disorder will develop

problems with anxiety. Things that happen in a child's life can set the stage for anxiety disorders in childhood or later in life. Loss (like the death of a loved one or parents' divorce) and major life transitions (like moving to a new town) are common triggers. Kids with a history of abuse are also more vulnerable to anxiety.

Growing up in a family where others are fearful or anxious also can "teach" a child to view the world as a dangerous place. Likewise, a child who grows up in an environment that is actually dangerous (if there is violence in the child's family or community, for example) may learn to be fearful or expect the worst.

Signs & Symptoms

Although all kids experience anxiety in certain situations, most (even those who live through traumatic events) don't develop anxiety disorders. Those who do, however, will seem anxious and have one or more of the following signs:

- excessive worry most days of the week, for weeks on end
- trouble sleeping at night or sleepiness during the day
- restlessness or fatigue during waking hours
- trouble concentrating
- irritability

These problems can affect a child's day-to-day functioning, especially when it comes to concentrating in school, sleeping, and eating.

And it's common for kids to avoid talking about how they feel, because they're worried that others (especially their parents) might not understand. They may fear being judged or considered weak, scared, or "babyish." And although girls are more likely to express their anxiety, boys experience these feelings, too, and sometimes find it hard to talk about. This leads many kids to feel alone or misunderstood.

The good news is that doctors and therapists today understand anxiety disorders better than ever before and, with treatment, can help kids feel better.

Children who are affected with anxiety and engage in extreme, unrealistic worry about everyday life activities. They worry unduly about their physical appearance, their academic performance especially when it is poor, their interaction with other people and are not at best in performing domestic chores. Young people are very self conscious and felt tensed and embarrassed when being interviewed. Children who experience separation anxiety they are often sad, withdrawn, depressed and have fear. They are afraid of being left with strangers in unfamiliar places, especially those who are victims of sexual abuse and kidnap.

Children further worry unduly about their body image especially when their appearance is not very pleasant and they are obese. They are anxious about the way they are criticized and mocked by their fellow

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classmates and other adults in their life. They many a times guilty about their body image and skin colour. Difficulties in speech and communication further aggravates the problem in children. They feel not

belonged to the society they are born into.

The students belonging to lower socio economic strata were found to be more captivated in the clutches of anxiety than those coming from well off backgrounds. Their financial incapacity automatically impairs their self confidence while dealing with other peers who are in a better off state. One outcome pertaining to this is they getting withdrawn and closing themselves in a shell.

Another reason of paramount significance for the experience of academic anxiety by the students is that of the pressure of parental expectations upon their performance. This doesnot only appear upon the students coming from the downtrodden strata but even from those coming from the middle and upper middle strata. In case of working parents and broken homes the situations are even worse. The child hardly gets to be under the shelter of their parents but when it comes to expecting results out of them, a high benchmark is set. Failing the attainment of which the child starts questioning his / her own abilities. Another significant cause is the parents compairing the achievement of their ward with that of the siblings or the peers.

Right career choice is yet another area evoking a considerable amount of anxiety among students. They are often perplexed to choose the right subject combination which will ease their footing in their career path.

Anxiety And Academic Performance

The first hypothesis that anxiety leads to poor academic performance stands accepted. This is further evident from the table 2 where the affected areas in academics are reading , mathematics and written expression. Out of 30 vulnerable students 27 that is 90% have problems in written expression. Further 86.66% which makes 26 out of 30 students having mathematics impairment and 17 out of 30 (36.66%) having reading difficulties. Further , the term end results were reviewed and it was found that these children performed poorly in the exams.

Anxiety and Classroom Behavioural Performance

Children having anxiety show certain types of problems in classroom behavior .Difficulty in organizational skills and assignment completion are the most significant challenge on the part of the students which is around 70% and 66.66% respectively. These children also face trouble in following directions of teachers and meeting their requirements. 50% of the students have been found to show disruptive behaviours in class. Around 33.33% of the students have problems regarding relationship with peers.

Findigs from the interview

When the verbal interview was conducted pupil were probed regarding the presence of worry, fear ,anxiety ,learning difficulty and the like. They were also asked whether they had been physically assaulted.

The second part of the study took into consideration only 30 children as the sample. From Table 4 and 5, it may be stated that the causes for anxiety in pupils as gathered during the interview are poor academic performance (70%),self image (53.33%),fear of ghosts(43.33%),death (33.33%),accident (40%),physical abuse (23.33%),sexual abuse (16.66%) and mental abuse (33.33%).

From the verbal interview the vulnerabilities out of the experienced anxiety are due to generalized anxiety symptoms (30%), separation anxiety symptoms (26.66%), unreasonable fear towards schools (6.66%), unfamiliar places (3.3%) had been reported. Additionally concern over body image (6.66%) and stress experienced due to kidnap (3.33%) has been reported. The reasons for anxiety, unreasonable fear, body image and kidnap has been provided earlier.

<u>Conclusion</u>: From the above findings it may be concluded that anxious children are more prone to poor academic performance and poor classroom behavioral performance. In case of the present sample the domains of inattention, hyperactivity and anxiety and depression have been found out to be of an above average level. The prime causes reported for anxiety in academic performance are parental pressure, financial crisis, performance pressure, unreasonable expectations of teachers, concern for body image, inability to communicate, indecisiveness towards career choice.

Recommendations

Certain Non - Clinical Preventive Measures may be undertaken in order to deal with academic anxiety which may be stated in the following manner:

Academic management skills should be taught to students from beginning. They should be asked to manage their time adequately; let them to know their limitations and not to take on too much. Find out what caused them stress.

Avoid unnecessary conflict at campus or inside the hostel. Accept the things which cannot be changed.

Develop optimism and positive thinking style.

Resistance towards substance abuse: Guide them to avoid alcohol, nicotine, smoking and caffeine as coping mechanisms. Help them to seek academic assistance from experts like counselor, teachers etc. Read out the whole syllabus for a reality check.

Accept uncertainty and do not expect results very early.

Practice relaxation techniques such as mindfulness meditation, progressive muscle relaxation, and deep

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breathing can reduce anxiety symptoms and increase feelings of relaxation and emotional well-being.

Participate in co-curricular activities such as exercising regularly will help to bust stress and anxiety. Students migrating from rural background, poor socio economic to urban areas are at higher risk of maladjustment because of new environment. They should be guided from beginning about new References

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challenges which they are going to face in college/university life. It will help them to face all issues and challenges boldly that will come in their way during the entire years of university/colleges. Preservice and in-service **teachers should be taught skills** to manage students suffering from severe academic anxiety. They should be exposed to measures which are helpful to deal with both non-clinical and clinical cases.