CHAPTER II

REVIEW OF LITERATURE

A literature review is an account of what has been published on a topic by accredited scholars and researchers. It is a piece of discursive prose and a simple summary of the sources (Taylor and Procter, 2005). Comprehensive knowledge of the literature in the field is essential to research papers. The depth and breadth of the literature review emphasizes the credibility of the writer in his or her field (Anson and Schwegler, 2000).

The literatures relevant to the present research conducted are presented under the following headings

- Anxiety and Depression
- Management of Anxiety
- Positive Therapy and Anxiety
- Depression
- Management of Depression
- Positive Therapy and Depression
- General Well-being
- Management of General Well-being
- Positive Therapy and General Well-being

ANXIETY AND DEPRESSION

Al-Qaisy (2011) examined the relation of depression and anxiety in academic achievement among group of University Students in Tafila Technical University. The study focused on the gender differences and also investigated the difference between colleges and the levels of depression and anxiety. Two hundred students from different faculties in the university were measured by anxiety and depression. The results indicated
that females were more anxious than males, while males were more depressed than females. Additionally, the results indicated that there was a positive relationship between achievement and anxiety, while a negative relationship was found with depression.

Bhasin, Sharma and Saini (2010) studied Depression, Anxiety and Stress among adolescent school students belonging to affluent families and the factors associated with high levels of Depression, Anxiety and Stress. Two hundred and forty two adolescent students belonging to class 9 to 12th were selected for the study. Depression, Anxiety and Stress Scale -21 questionnaire was used for assessing Depression, Anxiety and Stress. The scores in the three domains (DAS) were found to be remarkably correlated. Depression was significantly more among the females than the males. Depression, Anxiety and Stress were all significantly higher among the ‘board classes’ i.e., 10th and 12th as compared to the classes 9th and 11th. All the three Depression, Anxiety and Stress were found to have an inverse relationship with the academic performance of the students. Depression and Stress were found to be significantly associated with the number of adverse events in the student’s life that occurred in last one year.

Jason and Gregg (2010) investigated depressive and anxious symptoms among transitioning adolescents and college students with Attention Deficit Hyperactivity Disorder, Dyslexia and Comorbid Attention Deficit Hyperactivity Disorder /Dyslexia. Transitioning adolescents and college students with these disorders along with a non-Attention Deficit Hyperactivity Disorder /Dyslexia college sample completed self-report measures of depression and anxiety. The results indicated no differences between the college-level groups, although a main effect for gender was found and trended toward females with dyslexia reporting more symptoms of depression and anxiety than did males with dyslexia. Internalizing symptomatic differences were not found for subtypes of Attention Deficit Hyperactivity Disorder. Transitioning high school students with Attention Deficit Hyperactivity Disorder, Dyslexia or Attention Deficit Hyperactivity Disorder /Dyslexia reported fewer symptoms of anxiety and depression than did college underclassmen with these disorders.
Ahmed, Banu, Al-Fageer and Al-Suwaidi (2009) examined the phenomenology of Depression and Anxiety in Medical Doctors in 3 Government Hospitals, 3 Primary Health Care Centers and the Students (all years) and Staff of Dubai Medical College for Girls (DMCG). This cross-sectional study was conducted for 165 Medical Students of DMCG and 93 doctors (including medical staff of DMCG) completed a set of 2 questionnaires regarding Beck Depression Inventory and Beck Anxiety Inventory. Results were analyzed using SPSS 11 and adequate statistical significant tests were done. Among medical students, 28.6% showed depression and 28.7% showed anxiety and 7.8% of medical staff showed depression and 2.2% showed anxiety. The second-year medical students exhibited the highest percentage of depression and anxiety. There was a significant correlation between depression and anxiety among medical students. “Crying” was the most common depressive symptom and “fear of worst happening” was the most common anxiety manifestation in medical students.

Joyce, Ross, VanderWal and Austin (2009) examined differences in college students’ preferences for processes of change across four kinds of problems: academic, relationship, depression, and anxiety. Two hundred eighteen undergraduates were randomly assigned to complete Academic Problems, Relationship Problems, Depression, or Anxiety Processes of Change Questionnaire along with the Attitudes toward Seeking Professional Psychological Services Scale. Results revealed significant differences for preferred processes of change as a function of problem type. Generally, processes of change were more preferred for depression, anxiety, and relationship problems than for academic. Results may assist clinicians in selecting psychotherapeutic interventions to which college students will be most receptive.

The mental health of university students is an area of increasing concern worldwide. Bayram and Bilgel (2008) examined the prevalence of depression, anxiety and stress among a group of Turkish University Students. Depression, Anxiety and Stress Scale (DASS-42) was completed anonymously by 1,617 students in their respective classrooms. Depression, anxiety and stress levels of moderate severity or above were found in 27.1%, 47.1% and 27% of the respondents respectively. Anxiety and Stress scores were higher among female students. First and second-year students had higher
depression, anxiety and stress scores than the others. Students who were satisfied with their education had lower depression, anxiety and stress than those who were not satisfied. The high prevalence of depression, anxiety and stress symptoms among university students is alarming. This shows the need for primary and secondary prevention measures, with the development of adequate and appropriate support services for this group.

Rab, Mamdou and Nasir (2008) determined the rate of anxiety, depression and the associated social and environmental factors among 87 randomly selected female medical students at a medical college in Lahore, Pakistan. Students completed the Hospital Anxiety and Depression Scale and a questionnaire about life events, social behaviour and past medical history. Overall, 43.7% of students reported anxiety and 19.5% depression. Students living in university dormitories were significantly more depressed and anxious than those living at home. Those having a history of negative life events in the recent past were more likely to be depressed. Students in their first 2 years of medical school were more stressed, and those who had more friends were less anxious and depressed.

Arnau, Rosen, Finch, Rhudy and Fortunato (2007) tested the prospective effects of hope on depression and anxiety using a longitudinal design. A sample of 522 college students completed self-report measures of hope, depression and anxiety at three time points with 1 month delays between administrations. Structural equation modelling was employed to test two cross-lagged panel models of the reciprocal effects of the Agency and Pathways components of Hope on Depression and Anxiety. Results indicated statistically significant negative effects for the Agency Component of Hope on later depression but no unique effect of the Pathways component of hope on depression. Likewise, Agency showed a statistically significant negative effect on later anxiety, but again Pathways had no significant influence on anxiety.

Hovey and Seligman (2007) examined influences of religious coping and family support on anxiety and depression in 190 college students. Subjects were recruited as volunteers from Undergraduate Psychology courses and completed the Ways of Religious Coping Scale, the General Functioning subscale of the Family Assessment Device, the
Anxiety Scale of the Personality Assessment Inventory and the Beck Depression Inventory-Second Edition. Analyses indicated greater family support was significantly associated with less anxiety and depression, whereas religious coping was not significantly correlated with anxiety and depression. Overall findings suggested that family emotional support may provide a stronger source of support for college students than religious coping.

Kassel, Bornovalova and Mehta (2007) examined the predictive utility of Negative Mood Regulation expectancies with respect to its ability to predict residual change in both depressive and anxiety symptoms over an 8 week timeframe in a sample of 322 college students. Initial correlation analyses revealed that Negative Mood Regulation expectancies were negatively correlated with depressive and anxiety symptoms as well as with maladaptive coping style. Conversely, Negative Mood Regulation expectancies were positively associated with Self-reported Adaptive Coping. A series of hierarchical regression analyses revealed that, even when controlling for age, sex, baseline levels of affective distress (depression or anxiety) and coping styles, Negative Mood Regulation expectancies predicted change in both depressive and anxiety symptoms.

Watson et al. (2007) described a new self-report instrument, the Inventory of Depression and Anxiety Symptoms (IDAS) which was designed to assess specific symptom dimensions of major depression and related anxiety disorders. They created the IDAS by conducting principal factor analyses in 3 large samples (college students, psychiatric patients, community adults); they also examined the robustness of its psychometric properties in 5 additional samples (high school students, college students, young adults, postpartum women, psychiatric patients) who were not involved in the scale development process. The IDAS contains 10 specific symptom scales: Suicidality, Lassitude, Insomnia, Appetite Loss, Appetite Gain, Ill Temper, Well-being, Panic, Social Anxiety and Traumatic Intrusions. It also includes 2 broader scales: General Depression (which contained items overlapping with several other IDAS scales) and Dysphoria (which does not). The scales (a) were internally consistent, (b) captured the target dimensions well, and (c) defined a single underlying factor. The results showed strong
short-term stability and displayed excellent convergent validity and good discriminant validity in relation to other self-report and interview-based measures of depression and anxiety.

Yeh, Yen, Lai, Huang, Liu and Huang (2007) examined the correlations between academic achievement and levels of anxiety and depression in medical students who were experiencing curriculum reform. The differences in academic achievement and the directions of correlations between academic achievement and anxiety and depression among the medical students with different levels of anxiety and depression were also examined. Grade 1 students from graduate-entry programme and grade 3 students from undergraduate-entry programme in their first semester of the new curriculum were recruited to complete the Zung's Anxiety and Depression Scale twice to examine their levels of anxiety and depression. Their academic achievement ratings in the four blocks of the first semester of the new curriculum were collected. The results indicated that no significant correlation was found between academic achievement and global anxiety and depression. However, by dividing the medical students into low, moderate and high level anxiety or depression groups, those who had poorer academic achievement in the first learning block were more likely to have higher levels of depression in the first psychological assessment. Among the medical students who were in the high anxiety level group in the first psychological assessment had poorer academic achievement in the fourth learning block. Among the medical students, those who had more severe anxiety had better academic achievement in the fourth learning block. Medical students in the moderate anxiety level group in the second psychological assessment had severe anxiety and poorer academic achievement in the second learning block. Among the medical students who were in the high depression level group in the second psychological assessment had poorer academic achievement in the fourth learning block. The results of this study indicated that there were both positive and negative correlations between academic achievement and anxiety and depression in medical students, regarding different levels of severity of anxiety or depression.

Abdel-Khaled and Lester (2006) explained Anxiety in Kuwaiti and American College Students. Samples of Kuwaiti (n=646) and American (n=320) undergraduates
responded to the Kuwait University Anxiety Scale in Arabic and English respectively. Differences by sex were significant with women having a higher mean anxiety score than men and by country with Kuwaiti Women having a higher anxiety score than American Women.

Professional concern about perceived increases in student mental health problems raises questions about whether questionnaire assessments can provide valid approximations of such disorders in this group. Andrews, Hejdenberg and Wilding (2006) studied to validate the Hospital Anxiety and Depression Scale against DSM-IV diagnoses in university students. Eighty-nine students were administered with the Hospital Anxiety and Depression Scale followed by the Structured Interview for DSM-IV. Hospital Anxiety and Depression Scale showed good sensitivity in detecting DSM-IV anxiety and depression disorders, and the depression scale showed good specificity and overall efficiency. The Hospital Anxiety and Depression Scale showed poor specificity and moderate overall efficiency. In the absence of an anxiety diagnosis, high Hospital Anxiety and Depression Scale scores were not significantly associated with other measured indicators of serious mental health problems.

Bekker and Belt (2006) studied the role of autonomy-connectedness in depression and anxiety. The relationship between autonomy-connectedness, depression and anxiety was investigated in 94 Primary Mental Health Care Patients and 95 Psychology Students. All participants completed the Autonomy-Connectedness Scale-30, the Beck Depression Inventory and the Symptom Checklist-90. Results indicated that the primary mental health care group compared with the control group scored lower in Self Awareness and Capacity for Managing New Situations, and higher in Sensitivity to Others. Women compared with men had higher levels of self-reported sensitivity. Regression analyses showed that the low Self Awareness and the High Sensitivity to others predicted depression as well as anxiety.

Hafen, Reisbig, White and Rush (2006) examined depression and anxiety levels in a cross-sectional investigation of 93 first-year veterinary medical students enrolled at Kansas State University. During their first semester, students completed the Center for
Epidemiological Studies Depression Scale and the Mental Health Inventory's Anxiety Scale. Results indicated that 32% of the first-year veterinary students were experiencing clinical levels of depressive symptoms and also reported elevated anxiety scores. Predictors of depression and anxiety levels include homesickness, physical health, and unclear instructor expectations.

Lewandowskia, Barrantes-Vidal, Nelson-Gray, Clancy, Kepley and Kwapil (2006) examined the relationship of psychometrically defined schizotypy with symptoms of depression and anxiety in a college student sample (n=1258). A series of confirmatory factor analyses indicated that a three-factor solution of positive schizotypy, negative schizotypy and negative affect provided the best solution for self-report measures of schizotypy, anxiety, and depression. As hypothesized, the model indicated that symptoms of depression and anxiety were more strongly associated with the positive-symptom dimension of schizotypy than with the negative-symptom dimension. This was consistent with studies of schizophrenic patients and longitudinal findings that positive-symptom schizotypes were at risk for both mood and non-mood psychotic disorders, while negative-symptom schizotypes appeared more specifically at risk for schizophrenia-spectrum disorders.

Alansari (2005) studied the relationship between depression and anxiety among Undergraduate Students in eighteen Arab Countries by a Cross-cultural study. To gain more understanding of the relationship between anxiety and depression, the Kuwait University Anxiety Scale and the Beck Depression Inventory were administrated to 9168 participants (4230 males and 4938 females) from 18 Arab countries, their ages ranging from 18-25 years. Findings indicated that depression was significantly correlated with anxiety.

El-Anzi (2005) examined the academic achievement and its relationship with anxiety, self-esteem, optimism and pessimism in Kuwaiti students. The sample consisted of 400 male and female students in the Basic Education College in Kuwait. The salient findings of the investigation were the significant positive correlation between academic
achievement and both optimism and self-esteem, whereas the correlations were negative between academic achievement and both anxiety and pessimism.

Karagozoglu, Masten and Baloglu (2005) studied on the evidence of differences between anxiety and depression in Turkish College Students. The relationship between the constructs of depression and anxiety were examined with 443 Turkish College Students. Significant correlations were found. Factor analyses computed with State and Trait Anxiety and Beck Depression Inventory-II. It supported the notion that anxiety and depression as two different psychological constructs. The results showed bi-dimensional structures for both state anxiety and trait anxiety. Relationships indicated that the Beck Depression Inventory-II measures Trait Depression.

Andrews and Wilding (2004) studied the relation of depression and anxiety to life-stress and achievement in students. The current research investigated whether student anxiety and depression increases after college entry, the extent to which adverse life experiences contribute to any increase and the impact of adversity, anxiety and depression on exam performance. Three hundred fifty one UK-domiciled undergraduates completed questionnaires one month before university entry and mid-course. The Hospital Anxiety and Depression Scale were administered at both time points and a modified List of Threatening Experiences was administered during the mid-course. The result showed that by mid-course 9% of previously symptom-free students became depressed and 20% became anxious at a clinically significant level. Of those previously anxious or depressed 36% had recovered. After adjusting for pre-entry symptoms, financial difficulties made a significant independent contribution to depression and relationship difficulties predicted anxiety. Depression and financial difficulties mid-course predicted a decrease in exam performance from first to second year. It confirmed that financial and other difficulties increased students' levels of anxiety and depression and that financial difficulties and depression can affect academic performance.

Contreas, Fernandez, Malcarne, Ingram and Vaccarino (2004) assessed the reliability and validity of the Beck Depression and Anxiety Inventories in Caucasian Americans and Latino Students. In this study, 2,703 Caucasian American and
1,110 Latino College Students completed both measures. For each measure, exploratory factor analysis with promax rotation was conducted separately by ethnic group which revealed similar factor structures across groups. For both groups and both instruments, factor analysis yielded highly similar two-factor solutions. Reliability, as evidenced by internal consistency coefficients was good; all alphas exceeded 0.82. On both measures, Latino Students scored significantly higher than Caucasian American Students on total scores and women scored significantly higher than men. These results supported the reliability, validity and cultural equivalence of these measures of depressive and anxious symptoms for use with Caucasian American and Acculturated Latino Younger College Students.

Dickson and Macleod (2004) investigated the relationship of anxiety and depression in terms of approach, avoidance goals and plans. High anxiety (N= 27), high depression (N= 25), mixed (N= 30) and control (N= 30) adolescents were selected from a larger school sample who completed tasks that measured number and specificity of personal approach, avoidance goals and plans. High depression and mixed (depression, anxiety) adolescents generated fewer approach goals, fewer approach plans, more avoidance plans and were less specific in forming their goals and plans than controls. High anxiety adolescents generated more avoidance goals, more avoidance plan, fewer approach plans and were less specific in forming approach but not avoidance goals and plans than controls. The findings concluded that approach and avoidance motivational aspects were important in understanding anxiety and depression.

Smari, Erlendsdottir, Bjorgvinsdottir and Agustsdottir (2003) investigated Anxiety and Depression among 718 College Students. They were administered by Anxiety Sensitivity Index. A principal component analysis of Anxiety Sensitivity Index scores from both studies yielded three components: Psychological Concerns, Physical Concerns and Social Concerns. In the first study the relationship between the Anxiety Sensitivity Index and Trait Anxiety was investigated. It was analyzed at the level of the total scales and also at the level of subscales of both instruments. Two subscales of the State Trait Anxiety Inventory measuring Anxiety Trait and Depression Trait were used along with the Psychological Concerns and Physical Concerns Subscales of the Anxiety Index.
Sensitivity Index. In a second study, the relationship between Anxiety Sensitivity Index and its subscales and two symptom measures of anxiety and depression were addressed. Anxiety Sensitivity Index was in both studies more strongly related to the anxiety than the depression scales. In both studies the Physical Concerns Subscale of the Anxiety Sensitivity Index was more strongly related to anxiety than to depression whereas the Psychological Concerns Subscale was equally related to anxiety and depression. The studies supported the notion of different relationships between different aspects of anxiety sensitivity, anxiety and depression as traits, cognitive symptoms and mood related symptoms.

Rawson, Bloomer and Kendall (1994) examined the interrelationships among measures of stress, anxiety, depression and physical illness in a proportional sample of college undergraduates (N = 184). Significant correlations were found in the stress-illness, anxiety-illness, depression-illness, and anxiety-depression relationships. Partial correlations demonstrated that the stress-illness relationship remained significant, though lowered, when first anxiety and then depression were held constant. In the second phase of the research the indices of stress, anxiety, depression and illness were predicted to vary by both years in school and gender within this sample.

MANAGEMENT OF ANXIETY AND DEPRESSION

Proudfoot et al. (2004) studied the randomized controlled trial therapy upon clinical and demographic variables and the dependence on the efficacy of Clinical Efficacy of Computerized Cognitive–Behavioural Therapy for anxiety and depression in primary care. A sample of 274 patients with anxiety and/or depression was randomly allocated to receive, with or without medication, Computerised Cognitive Behaviour Therapy or treatment as usual, with follow-up assessment at 6 months. The Computerised Cognitive Behaviour Therapy improved depression, negative attributional style, work and social adjustment without interaction with drug treatment, duration of preexisting illness or severity of existing illness. For anxiety and positive attributional style, treatment interacted with severity such that Computerised Cognitive Behaviour Therapy did better than usual treatment for more disturbed patients and also led to greater satisfaction.
Computer-delivered Cognitive Behaviour Therapy is a widely applicable treatment for anxiety and/or depression in general practice.

Mental Health has been declining among college students in recent years. Reports indicated that even sub-clinical symptoms of anxiety and depression can negatively influence life satisfaction and performance. Stephen and Schiraldi (2004) examined the effect of reducing anxiety and depression symptoms in functional college students in 15-week courses. Twenty-seven participants in a mental health skills course practiced cognitive-behavioural, relaxation and lifestyle skills. Eighty-six participants in a conventional stress management course were taught stress theory and practiced relaxation and lifestyle skills. The Spielberg Trait Anxiety Inventory and the Beck Depression Inventory II were used to assess the students' mental health before and after the intervention. An Analysis of Co-variance at posttest revealed significantly greater reductions in anxiety and depressive symptoms among participants in the mental health skills course. Success with the cognitive-behavioural approach used in the course lends support for the recommendation that educators be trained to adapt some of these skills to classroom settings.

ANXIETY

Gee, Antony, Koerner and Aiken (2012) investigated people's perceptions of anxiety symptoms and the disclosure of anxiety by others and how one's own level of social anxiety affects these perceptions. Undergraduate Students and Community Members, high (n = 83) and low (n = 80) in social anxiety, as measured by the Social Interaction Anxiety Scale were randomly assigned to watch 1 of 4 videos in which the target individual either appeared or did not appear anxious and either disclosed or did not disclose her anxiety. Participants rated the target individual on various characteristics on which socially anxious individuals often fear being judged, completed measures of their own level of social anxiety, perceived similarity to the target individual and reasons for their ratings. Findings showed that participants negatively evaluated others who looked anxious on qualities related to awkwardness, social skills and weakness and the disclosure of anxiety was associated with fewer negative judgments. Participants' own levels of social anxiety were not related to their judgments. This study provided evidence
that the concerns held by socially anxious individuals that others will judge them negatively based on their signs of anxiety is accurate to a degree.

Villiers (2009) conducted a study on Perfectionism and Social Anxiety among College Students. Maths and Physics Majors were compared to Communication and Music Majors on Social Anxiety and Perfectionism measures. The study predicted that high social anxiety traits would predict higher perfectionist traits and that Math and Physics Majors will experience Social Anxiety more than Music and Communication Majors. A statistically significant correlation was found between Frost's Overall Perfectionism Score and scores from both the Social Phobia Scale and the Social Interaction Anxiety Score across all groups. Math and Physics Majors had statistically significant higher Social Anxiety scores than Music Majors, but not with Communication Majors. Communication Majors still experienced less social anxiety than math and physics majors. Perfectionist traits were generally found to be very similar across all four academic majors. In regards to the impact that the four demographic variables (age, race, gender, and residential status) had on social anxiety score, only the age of the student predicted the level of social anxiety, specifically, the older the student, the lower the levels of social anxiety.

Rocio, Osmaldo, Viridiana and Sandra (2008) conducted a study on Academic Performance, Self-evaluation and School Anxiety with 22 College Students of a Public University. They were subjected to 25 academic exams and three self rated measures which produced an average grade and a study index respectively. School anxiety was measured by means of a discrimination task based on a modified version of Stroops paradigm. Results showed that underachievers produced the highest indicators of behavioural anxiety. Additionally, it was found that students who had been systematically located in the lower levels of the study index showed the highest levels of anxiety. Emotional arousal was registered by means of a systolic blood pressure measurement taken before or after the behavioural task depending on whether it was dealt with students who showed low-study indexes or low-average grades.

Germeijns, Verschueren and Soenens (2006) studied on indecisiveness and high school students' career decision-making process. They examined how indecisiveness
relates to adolescents' process of choosing a study in higher education using a longitudinal design. A sample of 281 students participated at the beginning, middle and end of Grade 12. Findings showed that indecisiveness was a risk factor for future levels of coping with the career decisional tasks of broad and in-depth environmental exploration (amount of information and exploratory behaviour), amount of self information, decisional status and commitment. However, indecisiveness did not relate to the degree of change in decisional tasks during Grade 12. The results suggested that the linkage of indecisiveness with the amount of in-depth environmental information, the amount of self-information, decisional status and commitment was mediated by adolescents' career choice anxiety.

Mull (2006) conducted a study on Social Anxiety and Introversion in College Students. One hundred and nine College Students completed the Social Phobia Scale, Social Interaction Anxiety Scale, Eysenck Personality Questionnaire Revised Short Scale and Self Efficacy and Rehabilitation Outcome Scale. Moderator analyses indicated social anxiety and introversion were not moderated by self-esteem. However, significant main effects indicated a strong negative relationship between social anxiety and self esteem and a moderate positive relationship between social anxiety and introversion. Chi-square analyses with the Social Phobia Scale indicated significant differences between low and high self-esteem subjects in the low and high social anxiety groups. With the Social Interaction Anxiety Scale, significant differences were found between low and high self-esteem subjects and in the high but not the low for social anxiety groups. Furthermore, results suggested that self-esteem may be a stronger predictor of social anxiety than introversion. Results imply that methods for prevention, assessment, diagnosis and treatment planning for social anxiety may be improved by considering the impacts of self-esteem and introversion.

Evelyn and Nancy (2005) investigated racial-ethnic differences in social anxiety among college students in two-year colleges. The sample consisted of 189 Asian American, African American, White American and Hispanic American students from two Colleges in the Southeast. Participants completed a questionnaire of social anxiety. The results indicated that social anxiety was lower for White American and higher for
Hispanic American and Asian American students. It was reasoned that racial-ethnic differences in social anxiety might be culturally related and precipitated by varied concerns for racial-ethnic minority groups.

College problem drinking and social anxiety are significant public health concerns with highly negative consequences. Ham and Hope (2005) incorporated social anxiety into a model of college student problematic drinking. It involved developing a path model of college problem drinking including social anxiety in 316 college students referred to an alcohol intervention due to a campus alcohol violation. Contrary to hypotheses, social anxiety generally had an inverse relationship with problem drinking. As expected, perceived drinking norms had important positive and direct effects on drinking variables. College students appear to be a unique population in respect to social anxiety and problem drinking.

Becirevic (2003) investigated the contribution of automatic thoughts and test anxiety in predicting university students’ academic achievement. The Student Automatic Thoughts Questionnaire was developed and resulted in four reliable factors: fear of failure, fear of disappointing parents, positive thoughts, lack of motivation and interest. The Spielberger Test Anxiety Questionnaire resulted in two reliable factors: Emotional (physiological) and Cognitive Test Anxiety. Three hundred thirty seven university final-year students from different schools were assessed. It was found that all three types of negative automatic thoughts (fear of failure, fear of disappointing parents and lack of motivation) were significant predictors of state test anxiety on a specific exam. Positive thoughts were not a significant predictor of test anxiety, but it was a significant predictor of academic achievement (average grade on previous exams) as well as negative thoughts related to fear of disappointing parents and negative thoughts related to lack of motivation and interest.

Individuals with Social Phobia often hold erroneous beliefs about the extent to which others evaluate people who appear to be anxious. Purdon, Antony, Monteiro and Swinson (2001) conducted a study on Social Anxiety in College Students to: (a) provide normative data on the frequency with which individuals in a nonclinical sample
experience particular symptoms of social anxiety (e.g., sweating, shaking, etc.); (b) to examine how the perception of anxiety in others influences participants' immediate impressions of various personal characteristics (e.g., intelligence, attractiveness, etc.); and, (c) investigate the relationship between social anxiety and perceptions regarding others who appear to be anxious. Eighty-one undergraduate students completed self-report measures of social anxiety and social desirability, then rated the degree to which their impressions of various personal characteristics were influenced when another individual was perceived to be anxious. Results suggested that the vast majority of individuals experience symptoms of anxiety in social situations from time to time. In addition, individuals who themselves reported elevated social anxiety were more likely to judge others who appear anxious to have less strength of character, to be less attractive and more compassionate compared to others who do not appear anxious.

Library anxiety is a psychological barrier to academic success among college students. Jiao, Onwuegbuzie and Lichtenstein (1996) studied 493 university students and examined factors which predict library anxiety. A set wise multiple regression analysis revealed that eight variables (age, sex, year of study, native language, grade point average, employment status, frequency of library visits and reason for using the library) contributed significantly to the prediction of library anxiety. Analysis of variance, which included trend analysis, revealed that freshmen reported the highest level of library anxiety and that this level declined linearly as a function of year of study. Based on these findings, both librarians and teaching faculty should be aware of the characteristics of high-anxious students and increase the availability of anxiety-reducing interventions for students.

Kidson and Hornblow (1982) investigated a study on examination anxiety in medical students and their experiences with the Visual Analogue Scale for Anxiety. Medical students' levels of anxiety under different conditions of stress were investigated, as well as the stability of anxiety ratings from one examination to another. After completing an end-of-term psychiatry examination, fourth-year medical students at Monash University were asked to score the Visual Analogue Scale for Anxiety for three situational cues; usual day-to-day anxiety, highest anxiety associated with major exams
the previous year and anxiety experienced in the end-of-term examination just completed. Twenty-eight weeks later students rated their anxiety in a subsequent end-of-term psychiatry examination. Most students rated themselves toward the lower end of the Visual Analogue Scale for Anxiety for day-to-day anxiety and as having significantly, though not markedly higher anxiety in the end-of-term psychiatry examinations. The previous year's examinations, marking the end of pre-clinical training, provoked extremely high anxiety for most students despite of achieving good in academic activities. Comparison of anxiety ratings for the two end-of-term examinations indicated that Visual Analogue Scale for Anxiety ratings shifted substantially for half the class. This variation suggested that students' levels of anxiety are not stable and predictable from one examination to another. Examination anxiety should not be seen necessarily as a consistent response to a specific and recurring situation. It was postulated that a range of situational factors and personal pressures, operating at the time, determined how much anxiety was experienced as a reaction to the examination.

**MANAGEMENT OF ANXIETY**

Anxiety and its disorders, often present before adulthood, have high personal and societal costs for men and women. Weigold and Robitschek (2011) tested a mediation model in which 3 forms of coping mediate the relation of 3 agentic personality characteristics to lower levels of anxiety within college students. The agentic personality characteristics were (a) hardiness, (b) personal growth initiative, and (c) coping self-efficacy. The forms of dispositional coping were (a) problem-focused, (b) emotion-focused, and (c) avoidant. Results suggested that agentic personality characteristics differentially relate to forms of coping and trait anxiety. In addition, coping appears to fully mediate the relations of the personality characteristics to anxiety. It also implied that agentic personality characteristics and coping are important in decreasing and protecting against anxiety.

Social anxiety, a common concern among college students, carries significant negative consequences. Damer, Latimer and Porter (2010) studied on the Social Anxiety Group for College Students in building their Social Confidence. In this article, a session-by-session description of a social anxiety group designed specifically for college students
was presented. It was found that Group therapy was an efficient and cost-effective way to provide treatment and Cognitive-Behavioural Group Therapy was most widely researched and empirically supported treatment for persons with social anxiety disorder. The protocol combines elements from Heimberg and Becker's Cognitive-Behavioural Group Therapy model along with Social Skills Training, assertive defense of the self intervention by Padesky and an interpersonal process component.

Kan, Nan, Xuefeng, Zhen, Jing and Weipeng (2010) explored the mediator effects of social anxiety on college students' life stress and mental health. One thousand four hundred and thirty College Students were tested by revised Adolescent Self-Rating Life Events Check List, General Health Questionnaire-12 and Social Anxiety Scale. The college students' stressors were related to social anxiety and mental health. Social anxiety had intermediate effect on college students' stress and mental health. There were demographic differences between stressors, social anxiety and mental health. The most popular stressors of college students included stress of punishment, stress of external expectation, stress of learning and living adaptation, stress of interpersonal relations and stress of loosing relatives. Counselling related to social anxiety and training of stress management was able to help college students better their cognition of stress situation, moderate their social anxiety and improve their mental health.

Michael (2010) examined the effect of a semester-long exercise programme on trait anxiety in undergraduate students. A sample of 627 students participated in a 13-week programme, 402 for exercise and 225 attended a Health Education Class during the same time. Growth Curve Analysis was used to examine the data across the beginning, middle and end of the study. Initial anxiety level, and not gender, moderated the association between exercise participation and anxiety, such that exercisers experienced significantly lower trait anxiety at the end of the study and a significantly faster decline in trait anxiety (as compared to students in the control group) to the extent that they had higher levels of anxiety at the start of the semester. Clinically significant change was experienced by 66% of clinically anxious exercisers and 20% of clinically anxious control group participants. For exercisers, all types of exercise were equally effective in reducing trait anxiety.
Vitasari, Wahab, Othman and Awang (2010) designed a Study Anxiety Intervention programme to manage students’ study anxiety in order to improve academic performance among students. Twelve healthy students were selected for this research from five engineering faculties at Universiti Malaysia Pahang. They are divided into two equal groups (the experiment group and the control group), each group consisted of six participants. The training was given on the duration of six sessions with the experiment groups receiving full training and no training for the control groups. The results showed that the experiment groups performed better in coping anxiety levels as well as increasing academic performance compared to the control groups.

Peng and Johanson (2006) conducted a study on career maturity and state anxiety of Taiwanese College Student Athletes by giving Cognitive Career-oriented Group Counselling. In this study, the extent to which a Cognitive Career-oriented Group Counselling programme might promote career maturity and decrease state anxiety among student athletes was investigated at two business colleges in Taiwan. Eighty male and female participant volunteers, average about 19 years of age, were divided into control and treatment groups in each college. The treated group was given instruction. Analysis indicates that treated students exhibited overall lower mean state anxiety than the non-treated group. However, no significant treatment group differences were detected among participants’ career maturity scores.

Powell (2004) illustrated the behavioural treatment of medical students and physicians whose debilitating test anxiety was associated with their failure to pass the United States Medical Licensing Examination (USMLE). Seventy-two medical trainees were treated consecutively because of at least one failure to pass these professional examinations. Behavioural treatment focused on their anxiety, which resulted in the dual deficits of poor test preparation, poor test performance, or both. Treatment featured Progressive Muscle Relaxation, Systematic Desensitization, the Self-control Triad, Behavioural Rehearsal and a Psycho educational component. Ninety-three percent of the clients eventually passed the examination while in treatment. Pass rates for this group were substantially higher than the national average for repeat USMLE test takers.
POSITIVE THERAPY AND ANXIETY

Kavitha and Gayatridevi (2010) conducted study on ‘Management of Anxiety in X and XII standard students through Positive Therapy’. Sixty nine students of X and XII standard students (45 males, 24 females) were screened using Case Study Schedule (Hemalatha, 2009) and Manifest Anxiety Inventory (Hemalatha and Nandini, Revised 2005). Out of them, 60 (42 males and 18 females) were selected by Purposive Sampling Method. They were in the age range of 14 – 18 years. As Psychological Intervention, Positive Therapy by Hemalatha (2004) was given to the students. The students were divided into 2 batches of around 30 in a batch for Positive Therapy. Six sessions of Positive Therapy was given in alternative days. Each session lasted for one hour. After two weeks, the subjects were reassessed using the Case Study Reassessment Schedule and Manifest Anxiety Inventory. After Positive Therapy, there was a drastic reduction in the negative emotions and symptoms among the students.

A study was conducted by Parveen and Rohini (2010) on ‘Management of Anxiety and enhancement of Quality of Life in the Parents of Children with Special Needs through Positive Therapy’. Forty five parents of children with special needs from Middle School, Coimbatore, Tamil Nadu, Cheran Region Christian Society for Disabled Children, Coimbatore, Tamil Nadu, AMRIT, Coimbatore, Tamil Nadu and Corporation School for the Deaf, Coimbatore, Tamil Nadu, were screened using Case Study Schedule (Rohini, 2009), Manifest Anxiety Inventory (Hemalatha and Nandini, Revised 2005) and Quality of Life Inventory (Leonard,1998). All the forty five parents were selected using purposive sampling. They were in the age range of 22-39 years. Positive Therapy was given for six weeks and each session lasted for one hour. At the end of six sessions, the subjects were reassessed using Case Study Reassessment Schedule, Manifest Anxiety Inventory and Quality of Life Inventory. The computed correlation revealed positive relationship between child’s age and parental age. The factor analysis revealed high loading on only one dimension. Discriminant analysis indicated child’s age as a predictor of anxiety.

Anisha and Rohini (2010) presented a study on “Management of Anxiety and Enhancement of Adjustment in Destitute through Positive Therapy”. Forty eight boys
from Sevasharam Trust, Coimbatore, were selected for the study. They were assessed using Case Study Schedule, Manifest Anxiety Inventory and Adjustment inventory for School Students. Six session of Positive Therapy was given consecutively for 6 days. The duration of each session was for one hour. After the Positive Therapy, they were reassessed using Case Study Schedule, Manifest Anxiety Inventory and Adjustment inventory for School Students. The results revealed that majority of the students had high anxiety and low adjustment before Positive Therapy. It was found that there was a high relation between anxiety with age and educational adjustment. The level of anxiety reduced and adjustment improved after the Positive Therapy.

‘Management of Anxiety in Destitute through Positive Therapy’ was carried over by Nandini and Hemalatha (2009). Forty destitute (18 boys and 22 girls) from Nesakarangal Illam, Salem, Tamil Nadu, were screened using Case Study Schedule (Hemalatha, 2008) and Manifest Anxiety Inventory (Hemalatha and Nandini, 2000). Out of them, 33 subjects (14 boys and 19 girls) having ‘High’ anxiety were selected. They were in the age range of 12 to 18 years. They were divided into 3 batches and were given Positive Therapy. The duration of each session was one hour. 4 sessions were given in two weeks, after which they were reassessed using Case Study Reassessment Schedule (Hemalatha, 2008) and Manifest Anxiety Inventory. Positive Therapy proved to be effective in reducing the symptoms and negative emotions of the subjects.

Nandhini and Gayatridevi (2009) conducted a study on ‘Management of Anxiety in Visually Challenged Students through Positive Therapy’ at Avinashilingam Educational Institutions, Coimbatore, Tamil Nadu. Thirty four Visually Challenged Students were screened using Case Study Schedule (Hemalatha, 2008) and Manifest Anxiety Inventory (Hemalatha and Nandini, 2000). Out of the 34 subjects, 31 were selected by purposive sampling method. They were in the age range of 13 to 22 years. Positive Therapy was given on alternative days for two weeks, involving 6 sessions. After two weeks, all the subjects were reassessed using Case Study Reassessment Schedule and Manifest Anxiety Inventory. Positive Therapy helped in reducing the negative emotions of the students.
A study on ‘Enhancement of Self-esteem and Management of Anxiety in Visually Challenged Students through Positive Therapy’ was conducted by Kanithra and Gayatridevi (2008) on 31 visually challenged students, aged 8 to 16 years, studying in Tamil Evangelical Lutheran Church for Children, Coimbatore, Tamil Nadu. Positive Therapy was given to all the subjects for 6 sessions in 2 weeks. After Positive Therapy, the level of anxiety reduced to ‘Very Low’ in 81% and ‘Low’ in 19% of the sample. The mean anxiety was ‘High’ (28.32) before treatment and it reduced to ‘Low’ (7.68) after treatment, suggesting the beneficial effects of Positive Therapy in the management of anxiety.

Kalaivani and Rohini (2007) conducted a study on ‘Management of Test Anxiety among Adolescents through Positive Therapy’ for 40 female students studying in IX standard in TKNM Higher Secondary School, Karamadai, Tamil Nadu. Initially, 87% of the students had ‘High’ test anxiety. After administering Positive Therapy for 5 sessions, for a period of 3 weeks, the level of test anxiety came down to ‘Moderate’ in 97% for the students. Positive Therapy thus proved to be very effective in managing test anxiety.

In the study on ‘Management of Death Anxiety in Elderly through Positive Therapy’ conducted by Arthi and Hemalatha (2007) on 32 elderly (21 females and 11 males) from Annai Old Age Home, Mettupalayam, Tamil Nadu, it was found that all the subjects had ‘High’ Death Anxiety. Positive Therapy was given for 5 sessions on consecutive days. After Therapy, the level of death anxiety reduced to ‘Low’ in the entire sample.

Navina and Hemalatha (2007) conducted an action research on ‘Management of Anxiety in Asthmatics in Software Profession through Positive Therapy’ with 32 software professionals (18 males and 14 females) having anxiety from HCL Technologies, Femtosoft Technologies and Office Tigers, Chennai. Before Positive Therapy, all the subjects (100%) had ‘High’ anxiety. Twelve sessions of Positive Therapy over a period of 2 weeks helped 78% of the subjects to bring down their anxiety to ‘Low’ level and 16% of the subjects to ‘Moderate’ level.
An action research entitled ‘Management of Anxiety in Coronary Heart Disease Patients through Positive Therapy’ was conducted by Vassughee and Rohini (2006) on 40 Coronary Heart Disease Patients (22 males and 18 females) from Sudha Heart Hospital, Erode. Initially 80% of the sample had ‘High’ state anxiety and 40% had ‘High’ trait anxiety. However, the level of state anxiety reduced to ‘Low’ in all the subjects and the level of trait anxiety reduced to ‘Low’ in 95% of the subjects after Positive Therapy for 5 sessions on consecutive days.

Praveena and Rohini (2005) conducted a study on ‘Management of Insomnia and Anxiety through Positive Therapy’ on 50 patients (20 men and 30 women) from Shree Srinivasun Clinic, Erode. Thirty percent of the sample had ‘Very High’ anxiety and 70% had ‘High’ anxiety before therapy. On giving the Psychological intervention, Positive Therapy for 5 sessions, the level of anxiety was drastically reduced to ‘Low’ in 40% of the patients.

Anuradha and Hemalatha (2005) conducted a research on ‘Management of Anxiety in Accident Patients through Positive Therapy’ with 75 accident victims from Ganga Hospital, Coimbatore. The entire sample (100%) had ‘High’ anxiety before the administration of Positive Therapy. On giving Positive Therapy for 5 sessions on consecutive days, the level of anxiety in 76% of the subjects reduced to ‘Low’.

The action research on ‘Management of Anxiety in Sexually Abused Victims in Cambodia through Positive Therapy’ was conducted by Sok and Hemalatha (2004) on 60 Sexually Abused Victims, 30 from AFESIP and 30 from NEAVEA THMEY Rehabilitation Centers in Cambodia. The age range was 14 to 23 years. All the subjects were assessed using Case Study Schedule, Manifest Anxiety Inventory, General Well-being Index and Sentence Completion Test. The subjects from AFESIP Rehabilitation Centre were assigned to both experimental and control groups and all the subjects from NEAVEA THMEY Rehabilitation Center were assigned to the control group. Positive Therapy was given to the subjects in the Experimental Group. All the subjects were reassessed using the same tools. Results revealed that 57% of the victims were physically abused either by their parents or brothel owners, 77% were the victims of rape and gang
rape, 33% were sold to the brothel. The victims suffered from aches and pain. Positive Therapy was given for a period of one week to the experimental group and not to the control group. Reassessment revealed that only 30% had ‘Very High’/‘High’ anxiety, whereas 86% of the control group had ‘Very High’/‘High’ anxiety. Majority of the victims in both the experimental and control groups had ‘Low’ General Well-being (63% and 60% respectively). After Positive Therapy, 50% in the control group had ‘High’ General Well-being and 20% had ‘Very High’ General Well-being whereas none of the subjects in the control group had ‘High’ General Well-being. There was a negative correlation between Anxiety and General Well-being.

Lakshmi and Hemalatha (2003) conducted a research on ‘Management of Anxiety in Pregnant Women through Positive Therapy’. Sixty pregnant women from Gowreesha Hospital, Trivandrum, Kerala, were selected to serve as the sample. They were in the age range of 19-31 years. Manifest Anxiety Inventory was used to assess the anxiety level of the sample and it was found that the Pregnant Women had High/Very high anxiety. Thirty of the subjects were assigned to the experimental group and thirty to the control group. The subjects in the two groups were matched in age, month of pregnancy and level of anxiety. Positive Therapy was given individually to the subjects in the experimental group. Five sessions were given over a period of two weeks, after which they were reassessed using Manifest Anxiety Inventory. It was found that 93% had moderate anxiety and 7% had low anxiety. In the control group, in the first test, 93% had high anxiety and 7 had very high anxiety whereas in the retest, the percentage of subjects having very high anxiety drastically increased from 7% to 33% and the remaining 67% continued to have high anxiety.

Susan and Hemalatha (2003) conducted a research on, ‘Enhancement of Self concept and Management of Anxiety in X Standard Students through Positive Therapy’. using Self concept Rating Scale (Hemalatha, 1990), Manifest Anxiety Inventory (Hemalath and Nandini, 2000) and Case Study Schedule (Hemalatha, 2000). 60 students with low self-concept, high anxiety and low academic achievement were selected from Ramalinga Chettiar Higher Secondary School, Coimbatore, Tamil Nadu. They were assigned to two groups, experimental and control, with 30 subjects in each group,
matched in age, sex, family income, level of anxiety and self-concept. Positive Therapy was given for 8 sessions to the experimental group. Results revealed a significant difference in the mean self-concept, anxiety and academic achievement of the experimental group before and after treatment. Positive Therapy was effective in enhancing the mean self-concept and academic achievement from low to high levels and in reducing the anxiety level from high to low/moderate levels. Positive Therapy also helped in modifying negative thoughts and fear of exams. The control group continued to have low self-concept, high anxiety and low academic achievement, even in the retest.

Vijayalakshmi and Vijayalakshmi (2003) conducted a research on ‘Management of Anxiety through Positive Therapy in X Standard Students facing Public Examination’. Sixty students studying in X standard at Mahajana Higher Secondary School, Mettupalayam, Tamil Nadu, India, served as the sample. Purposive Sampling method was used to include only students having high anxiety and low academic achievement. Manifest Anxiety Inventory (Hemalatha and Nandini, 2000) and Case Study Schedule (Hemalatha, 2000) were used. Out of the 60 students, 30 were assigned to the experimental group and 30 to the control group. Positive Therapy was given for five days a week for 3 weeks to the subjects in the experimental group. After treatment, the results revealed that the mean anxiety had reduced significantly and academic achievement had increased in the experimental group, whereas in the control group, the mean anxiety increased to a ‘Very High’ level and the academic achievement remained low. The results highlighted that Positive Therapy must be introduced in schools.

In a study by Deepa and Rohini (2003) on ‘Management of Menstrual Problems, Anxiety and Depression in Adolescent Girls through Positive Therapy’, 70 students were selected from IX standard in Rangammal Government Higher Secondary School for Girls, Coimbatore, Tamil Nadu. Purposive Sampling method was used to select the sample. Case Study Schedule (Hemalatha, 2000), Menstrual Problem Checklist (Hemalatha, 1990), Manifest Anxiety Inventory (Hemalatha and Nandini, 2000) and Beck’s Depression Inventory (Beck, 1974) were used as tools. Out of 70 students, 35 were assigned to the experimental group and 35 to the control group. They were matched in age, family income, menstrual problem, level of anxiety and depression. Both groups
had menstrual problems, high anxiety and depression in the I Test. The treatment, namely, Positive Therapy, was given to the experimental group for 10 sessions. After the therapy, it was seen that there was a decrease in the mean menstrual problems, anxiety and depression for the subjects in the experimental group. But the control group showed an increase in the mean menstrual problems, anxiety and depression. This proved that Positive Therapy was effective in reducing menstrual problems, anxiety and depression in adolescent girls and was suggested that Positive Therapy should be introduced in the school curriculum.

Sujeetha and Hemalatha (2002) conducted a study on ‘Management of Anxiety through Positive Therapy in X Standard Students facing Public Examination’. All the 85 students studying in X standard in Kalveerampalayam Government High School, Coimbatore served as the sample. Case Study Schedule (Hemalatha, 2000) and Manifest Anxiety Inventory (Hemalatha and Nandini, 2000) were administered on the entire sample. Most of the sample had Very high/ High anxiety and low academic achievement. As requested by the Headmistress of the school, Positive Therapy was given to the entire sample for 20 sessions over a period of 6 weeks. It was amazing to find that the mean anxiety had reduced from very high/ high level to low/moderate level. The mean academic achievement had also increased significantly after treatment. These clearly prove the efficacy of Positive Therapy in the management of anxiety in students facing public examination as well as in enhancing their academic achievement.

DEPRESSION

Onset of depression is occurring earlier in life today than in past decades. Joseph (2011) conducted a Cross sectional study to find out the prevalence of depression among pre-university students in Mangalore City. Prevalence of depression was assessed using Beck’s Depression Inventory II. Data was collected using a self-administered questionnaire. Out of 308 participants, depression was seen among 79.2% students. Majority (41.2%) were found to be suffering from moderate followed by mild (26.6%) depression. Prevalence of depression and severity of depression was found to increase significantly with age of the participants. Students of commerce were found to be significantly more depressed than students of science stream. No association of
Depression and college stress are major concerns among undergraduates and potentially related to self-esteem and mattering. Dixon and Kurpius (2008) investigated the interrelationships among these four variables (depression, college stress, self-esteem and mattering). Participants included college students (199 males and 256 females) between the ages of 18 and 23. Significant sex differences were found with women reporting greater depression, college stress, and mattering. Sex, self-esteem and mattering accounted for 13.8% and 39.4% of the variance in stress and depression, respectively. Accounting for 49.1% of the variance, the full model including sex, self-esteem and mattering enhanced the ability of stress to predict depression.

Dhing, Stein, Martha and Pal (2007) evaluated the correlation between depression and college student activities. A cross-sectional study of six universities in New York City and Long Island was conducted in the fall semester 2006. Full-time undergraduate students from St. John’s University, Stony Brook, Fordham University, Lehman College, John Jay College, and Hunter College were asked to complete a survey, which included the Beck Depression Inventory, questions on student activities and demographic information. A convenient sample of 381 students completed the survey. There were no correlation between the respondents’ of Beck Depression Inventory scores and activities like number of hours spent in working, exercising, socializing, studying, missing classes, number of extra-curricular activities and alcohol consumption.

Lenz (2004) conducted a study on tobacco, depression, and lifestyle choices in the pivotal early college years. The author explored the correlates of tobacco use among 18 and 19-year-old students at a major Midwestern University. A sample of 203 randomly selected Freshmen and Sophomore Students completed a survey that included questions about tobacco use, other drug use, mental health issues, eating disorders, stress, smoking environment and healthy lifestyles. The prevalence rate for tobacco use was 29% for the past year and 32% for the past month. Multivariate Analyses suggested that students with
a lifetime diagnosis of depression or treatment for depression were 7 times as likely as other students to use tobacco. Stress and diet behaviours were found not to be significantly associated with tobacco use.

College is a critical context for studying youth mental health. The interrelationship of mental health problems and their clustering by group and college are important considerations for prevention and treatment. Weitzman (2004) described patterns of Poor Mental Health/Depression in a national sample of college students and the relationship, alcohol consumption, harm and abuse. Responses to mailed questionnaires completed by a random sample of 27,409 students at 119 colleges were analyzed using logistic regression. Nationally, 4.8% of students reported Poor Mental Health/Depression. The average college prevalence was 5.01% (range, 0.68% to 13.23%). Students with Poor Mental Health/Depression were more likely than their peers to be female, nonwhite and from low socioeconomic status families, less likely to report never drinking; as likely to report frequent, heavy, and heavy episodic drinking and more likely to report drinking to get drunk. Students with Poor Mental Health/Depression especially females were more likely to report drinking-related harms and alcohol abuse.

Hokanson et al. (2003) examined interpersonal concomitant and antecedents among college students. Social Behavioural Patterns of college students were recorded using a variety of rating methods and demographic data were also recorded. The total group of 119 students was classified into three general categories: depressed individuals, students with other mental disorders and normal controls. The results of the data showed several overlapping characteristics between the depressed group and the individuals with other disorders. The characteristics of the roommates of these students were also reported. Some features that were unique to the depressed group included reduced social contact with their roommates, little enjoyment from the social contacts that were made and high levels of stress. The roommates of the depressed group scored low on tests that measured enjoyment levels and had strong aggressive-competitive reactions toward their depressed roommates. This study indicated that depressed individuals have negative impact on those around them and that their relationships, in general, are problematic.
Pillay, Edwards, Gambu and Dhlomo (2002) conducted a study on depression among university students in South Africa. One hundred and twenty nine first-year students at a historically Black University Students in Psychology reported significantly less depression than non-psychology students, and younger students reported significantly lower scores on depression than older students in the Beck Depression Inventory.

Depression and suicidal thoughts are increasing among college students. Furr, Westefeld, McConnell and Jenkins (2001) focused on the rate of self-assessed depression and suicide among college students and examined contributing factors and help-seeking behavior. Results of the study indicated that 53% of the sample stated that they experienced depression since beginning college, with 9% reporting that they had considered committing suicide since beginning college. Suggestions for college mental health practitioners related to programming, prevention, and psycho education are described.

Alcohol use in response to stress in college students may be affected by the presence of symptoms of depression. Flynn (2000) focused on methodological issues as possible sources of equivocal findings regarding the relationship between depressed mood and alcohol use in response to stress in a college student population. Depressed mood and alcohol coping were assessed both cross-sectional and repeatedly over time in 125 college students. Participants were assessed at baseline using a diagnostic self-report measure of depression as well as a measure of typical coping style. Different relationships between depressed mood and alcohol coping were found when depressed individuals were analyzed separately from those who were not depressed. Although a significant correlation between daily use of alcohol coping and daily depressed mood was found, there were no differences between depressed and non-depressed participants (as assessed at baseline) on daily alcohol coping. The findings suggest that cross-sectional measures of mood and alcohol use may obscure differences as assessed repeatedly over time.

Heiligenstein, Guenther, Hsu and Herman (1996) evaluated depression and academic impairment in university students using standardized measures. Sixty-three students completed the Beck Depression Inventory and the Work Role Section from the
Social Adjustment Scale-Self Report. Academic impairment, manifested as missed time from class, decreased academic productivity and significant interpersonal problems at school was seen in 92% of the students. More severe depression was related to a higher level of impairment. At all levels of depression, affective impairment-inadequacy, distress and disinterest in school was more prevalent than was academic impairment. The risk of academic impairment became likely at only moderate to severe levels of depression. Discussing the implications of depression with students and aggressively pursuing both medication and non medication therapies are essential in preventing the high morbidity associated with untreated depression.

MANAGEMENT OF DEPRESSION

Depression is increasing among college students and it is common for depressed individuals to attempt suicide. Kim, Kim and Park (2011) examined the effectiveness of an intervention to reduce suicidal ideation and depression among female college students. The participants were assigned to either an intervention (n = 27) or control (n = 31) group. The intervention group received a depression-reducing programme in eight sessions with duration of one hour for each session. Measures of suicidal ideation and depression were administered. The programme had effects on suicidal ideation and depression among female college students. The findings suggested that the study programme may be useful in reducing suicidal ideation and depression among female college students.

Depression and Suicide are of increasing concern on college campuses. Mackenzie et al. (2011) presented data from the College Health Intervention Projects on the frequency of Depression and Suicidal Ideation among 1,622 college students who accessed primary care services in 4 university clinics in the Midwest, Northwest, and Canada. Students completed the Beck Depression Inventory and other measures related to exercise patterns, alcohol use, sensation seeking, and violence. The frequency of depression was similar for men (25%) and women (26%). Thought of suicide was higher for men (13%) than women (10%). Tobacco use, emotional abuse and unwanted sexual encounters were all associated with screening positive for depression. “Days of exercise per week” was inversely associated with screening positive for depression because the
majority of the students’ access campus-based student health centers. With every 4th student reporting symptoms of depression and every 10th student having suicidal thoughts, medical providers served as a key role in early identification and intervention.

Wang, Wang and Zhang (2011) examined the effects of Group Music Therapy on Depression and Mental Health among College Students. Eighty students participated in this study, with 40 assigned to control group and other 40 assigned to experimental group. The results showed that after the Group Music Therapy for the experimental group, the depression scores reduced significantly and the mental health scores improved, while for the control group, no significant difference was obtained on the depression and mental health scores. This indicates that Group Music Therapy can effectively reduce depression and improve mental health.

Depression is common and frequently undiagnosed among college students. Social networking sites are popular among college students and can include displayed depression references. Moreno et al. (2011) evaluated college students' Face book disclosures that met DSM criteria for a depression symptom or a Major Depressive Episode. Negative binomial regression analysis was used to model the association between depression disclosures and demographics or Face book use characteristics. Two hundred profiles were evaluated, and profile owners were 43.5% female with a mean age of 20 years. Overall, 25% of profiles displayed depressive symptoms and 2.5% met criteria for Major Depressive Episode. College students commonly display symptoms consistent with depression on Face book. Findings suggested that those who received online reinforcement from their friends were more likely to discuss their depressive symptoms publicly on Face book. Given the frequency of depression symptom displays on public profiles, social networking sites could be an innovative avenue for combating stigma surrounding mental health conditions or for identifying students at risk for depression.

Hamamci (2006) studied on integrating Psychodrama and Cognitive Behavioural Therapy to treat moderate depression. The study was to compare the effects of Psychodrama integrated with Cognitive Behavioural Therapy and Cognitive Behavioural
Group Therapy in the treatment of depression. Thirty-one university students with moderate depression participated in this study. After the participants were randomly assigned to experimental and control groups, group therapies were conducted for 11 sessions over a period lasting nearly 3 months. The control group received no treatment. The Beck Depression Inventory, the Automatic Thoughts Questionnaire and the Dysfunctional Attitude Scale were administered to the participants at three different occasions: pre-treatment, post-treatment, and 6-month follow-up. A 3 x 3 Analysis of Variance was used to examine the effectiveness of the treatments. The results indicated that both Psychodrama integrated with Cognitive Behavioural Therapy and Cognitive Behavioural Group Therapy alone, led to reduction in the level of depression, negative automatic thoughts and dysfunctional attitudes of participants. There were no significant differences between the two treatments in terms of their effectiveness.

Hopkinson and Neuringer (2003) studied modifying behavioural variability in moderately depressed students. Seventy-five undergraduate students completed the Center for Epidemiological Studies Depression Scale and were divided into moderately depressed and non-depressed groups. Some of the students had received class instruction concerning behavioural variability, others did not. All students participated in a two-phase, computer-game procedure in which response-sequence variability was measured. When reinforcement was provided independently of sequence variability, the depressed participants responded more repetitively than did the non-depressed. When high sequence variability was required for reinforcement, variability increased significantly in all participants, with the depressed achieving the same high levels as the non-depressed. The students who had been instructed about variability responded more variably throughout than the non-instructed. Therefore, both direct reinforcement and instruction increased behavioural variability of depressed individuals, to reach a goal of therapies for depression.

Peden, Rayens, Hall and Beebe (2001) tested the long-term effectiveness of a Cognitive-Behavioural Group Intervention in reducing depressive symptoms, decreasing negative thinking and enhancing self-esteem in 92 college women aged 18 to 24 years who were at risk for clinical depression. The women were randomly assigned to either an
experimental or a control group. The experimental group participated in a 6-week Cognitive-Behavioural Intervention that targeted identification and reduction of negative thinking using such techniques as thought stopping and affirmations. Data on depressive symptoms, self-esteem and negative thinking were collected before the intervention and at intervals of 1, 6, and 18 months post intervention. The women in the intervention group experienced a greater decrease in depressive symptoms and negative thinking and a greater increase in self-esteem than those in the control group. The beneficial effects continued over an 18-month follow-up period. These findings support the importance of thought stopping and affirmations as prevention interventions with at-risk college women.

**POSITIVE THERAPY AND DEPRESSION**

Nikketh and Rohini (2010) evaluated a study on ‘Management of Stress and Depression in Women facing Violence through Positive Therapy’. Forty seven women victims from Upahaar Social Service Organization, Dharapuram, Tamil Nadu were selected for the study through purposive sampling. The age range of the sample was 19-58 years. The tools used for the study was Case Study Schedule (Rohini, 2009), Stress Inventory (Hemalatha and Nandini, 2005) and Beck’s Depression Inventory (Beck, 1971). After the assessment, six session of Positive Therapy was given to the entire sample. They were reassessed after a week using Case Study Reassessment Schedule, Stress Inventory and Beck’s Depression Inventory. After the Positive Therapy there was a significant reduction in stress and depression level.

Rajalakshmi and Hemalatha (2007) conducted a study on ‘Management of Depression and Enhancement of Well-being in Cancer Patients through Positive Therapy’. Thirty two cancer patients, 15 male and 17 female, in the age range of 25-65 years, from GKNM Hospital, Coimbatore, Tamil Nadu, were screened and found to have high depression and low well-being. The entire sample was given 10 sessions of Positive Therapy in 2 weeks. Results showed that the mean depression of the sample had come down from ‘High’ to ‘Low’ and their well-being improved from ‘Low’ to ‘High’.

Gayathridevi and Gayatridevi (2007) had done a study on ‘Management of Depression in Depressive Patients through Positive Therapy’. Thirty depressive patients,
in the age range of 18-58 years, from Illakunavar Mental Health Clinic, Madurai, Tamil Nadu, were selected as the sample. The subjects were given 5 sessions of Positive Therapy. The results revealed that, after Positive Therapy, the mean depression had come down from 29.83 to 23.83.

Venkateswari and Rohini (2006) conducted a study on the ‘Management of Pain and Depression in Institutionalized Geriatrics through Positive Therapy’. The sample consisted of 41 institutionalized geriatrics (20 males and 21 females) in the age range of 60-80 years from Coimbatore, Tamil Nadu. After the administration of Positive Therapy on the entire sample for 5 sessions on consecutive days, the mean pain reduced from 7.10 to 3.42 and the mean depression reduced from 21.10 to 12.37.

Sangeetha and Vijayalakshmi (2003) conducted a research on ‘Assessment and Management of Geriatric Depression through Positive Therapy’. Sixty subjects (30 male and 30 female) were selected from the ‘Home for the Aged’, Thindal, Erode, Tamil Nadu. The sample was in the age range of 60-80 years. The tools used were Case Study Schedule (Vijayalakshmi, 2001) and Geriatric Depression Scale (Lenore Kurlowicz, 1997). Depression at a moderate level was a common feature among the entire sample before treatment. All the elderly subjects in the experimental group were given Positive Therapy designed by Hemalatha (2004) as an intervention to develop their coping skills for handling their problems and to enhance better mental health. After treatment, the mean depression of the subjects in the experimental group had reduced significantly from ‘moderate’ to ‘normal’ level, whereas the mean depression of the control group continued to be at moderate level. Positive Therapy helped them to keep their body and mind relaxed and also they were able to sleep peacefully during night time without any negative cognitions, since Thought Stopping helped them change their negative cognitions into positive ones, thus, helping them, enjoy sound mental health.

Sivasankari and Rohini (2003) conducted a study on ‘Management of Post-partum Anxiety and Depression through Positive Therapy’. Sixty new mothers from Cosmopolitan Hospital and Gowreesha Hospital, Trivandrum, Kerala served as the sample. They were in the age range of 19-35 years. Case Study Schedule (Hemalatha,
Zung’s Depression Questionnaire and Zung’s Anxiety Questionnaire were used. They were classified into 2 groups, experimental and control. Positive Therapy was given individually to the subjects in the experimental group for 7 days, after which they were asked to practice Relaxation Therapy and the Exercises daily at home for 3 weeks. All the subjects were reassessed with the same tools after 3 weeks. Initially, 10% of the sample had severe depression and 20% had severe anxiety. After the treatment namely, Positive Therapy, there was a significant reduction in the mean depression as well as anxiety in the experimental group, clearly proving the efficacy of Positive Therapy in the management of post-partum depression and anxiety. No such difference was found in the control group between pre-test and retest.

**GENERAL WELL-BEING**

Sunandita, Pia and Saugata (2010) explored the relationship between Identity Consistency and General Well-Being of the college students of Kolkata. The sample comprised of 65 (33 males, 32 females) college students. They were administered Identity Consistency Scale in order to obtain an index. Identity Consistency and General Well-being was assessed using the PGI General Well-being Scale (Verma & Verma, 1989). For the present sample, as no significant difference have been found between males and females in any of the variables involved, the two groups have been pooled together and further statistical analysis were done using correlation coefficient and linear regression. Results indicated that, Identity Consistency has a significant positive correlation with General Well-being.

Chaowiang, Staten, Rayens and Peden (2006) conducted a study on factors influencing on General Well-being in College Students. They tried to explore the relationships between General Well-being and tobacco, alcohol and drug use in college students. Secondary analysis of data was collected from a random sample of 854 undergraduate students enrolled at a large Southeastern Public University. Demographic data and information on tobacco, alcohol, and illegal drug use also were collected in addition to factors related to tobacco use. The survey data were analyzed using descriptive statistics, t-tests and one-way analysis of variance. More than half of participants (58%) indicated their college friends did not care about smoking. Twenty
percent of the participants were current smokers, 27% reported drinking alcohol in the last 30 days and 27% indicated they had participated in risky drinking behaviour (including rapid drinking, binge drinking, or drinking until drunk) during the last month and 19% had used marijuana or other illegal drugs in the last 30 days. The average General Well-being score was 80 with higher scores indicating a more positive outcome. Males had higher General Well-being scores compared with females. Those belonging to a social fraternity or sorority had higher General Well-being scores compared with those who did not belong to these groups. Non smokers had higher General Well-being scores compared with smokers. The respondents who had not used marijuana or another illegal drug in the last month had higher General Well-being scores compared with those who had used these substances. This study suggests that gender, being member of social group, tobacco use and drug use were significantly associated with General Well-being.

**MANAGEMENT OF GENERAL WELL-BEING**

Responses to life stressors are associated with negative behaviours that may increase risk for illness and injury. Bass, Enochs and DiBrezzo (2002) compared the effects of two exercise programme (weight-training versus aerobic dance) on General Well-being of College Students. Forty five students participated in a weight-training course, 35 students participated in aerobic dance classes and 34 students served as a control group. The Survey of Recent Life Experiences was used to appraise stressfulness of current experiences before and after exercise intervention. On immediate retest after 8 week of weight-training perceived, stress was significantly reduced when compared with an 8-week aerobic dance programme, but there were no significant differences between the control group and the weight-training group or the aerobic dance group. These results suggested that a regular routine of low intensity exercise such as weight-training may reduce perceived stress on an immediate test.

Colbry (1995) investigated whether Socioeconomic status, Social support systems, Self-esteem, Family environment and Length of time as a Single Parent were associated with the General Well-being of female single parent college students (n = 51). Statistically significant relationships were found between social Support systems, Self-esteem, Family environment and the General Well-being of the students.
 Management of Stress and Enhancement of General Well-being in Hypertension Patients through Positive Therapy was conducted by Chandrika and Gayatridevi (2010) from Government Hospital, Ooty, Tamil Nadu, One Hundred and Twenty Five (63 males and 62 females) were screened using Case Study Schedule (Hemalatha, 2009), Stress Inventory (Hemalatha and Nandini, 2005) and WHO General Well-being Index (1998). All the 125 were selected by Purposive Sampling. They were in the age range of 45-70 years. Eight Sessions of Positive Therapy was given in alternative days. Each session lasted for one hour. After two weeks the subjects were reassessed using the Case Study Reassessment Schedule and Stress Inventory. The symptoms reported by majority of the patients were nausea, blurred vision, sweating, headache, depression, giddiness, confusion, fatigue and short temper. The common negative emotions experienced by the samples were anger, worry and anxiety. The Poor Health Habits were Drinking and Sleep Less than 6 Hours. After Positive Therapy there was a drastic reduction in the Symptoms, Negative Emotions and Poor Health Habit of the patients.

Pushpaveni and Gayatridevi (2010) conducted a study on ‘Management of Depression and Enhancement of General Well-being in Institutionalized Senior Citizens through Positive Therapy’. Forty Senior Citizens from Missionaries of Charity, Coimbatore, Tamil Nadu were selected for the study through Purposive Sampling Method. The age range of the sample was 60 and above. The tools used for the study were Case Study Schedule (Hemalatha, 2009), Beck Depression Inventory (Beck, 1971), WHO General Well-being Index (1998). After the assessment five sessions, Positive Therapy was given to the entire sample. They were reassessed after two weeks using Case Study Reassessment Schedule, Beck Depression Inventory and WHO General Well-being Index.

Thowheetha and Gayatridevi (2010) investigated on ‘Management of Anxiety and Enhancement of General Well-being in Coronary Heart Disease Patients through Positive Therapy’. Thirty five Coronary Heart Disease Patients were selected from Balaji Hospital, Coimbatore, using Case Study Schedule (Hemalatha, 2008), Manifest Anxiety Inventory (Hemalatha, 2000) and WHO General Well-Being (1998). Thirty five patients were selected by purposive sampling method. They were in the age range of 30-70 years.
The subjects were given six sessions of Positive Therapy on alternative days for two weeks. After two weeks, the subjects were reassessed using Case Study Reassessment Schedule, Manifest Anxiety Inventory and WHO General Well-being. Initially, 89% of the subjects had ‘High’ anxiety and 6% of the subjects had ‘Very High’ anxiety and 51% of the subjects had ‘Low’ level of Well-being. After Positive Therapy 54% of them had ‘Low’ Anxiety and the remaining 46% had ‘moderate’ anxiety and their level of General Well-being (77%) improved to ‘Very High’ level and (27%) to ‘High’ level. The most common negative emotions faced by the subjects were fear, worry, angry and anxiety. Positive therapy proved to be effective in reducing their negative emotions.

The literature reviewed clearly indicates that a number of researches have been conducted on College Students revealing their higher levels of anxiety, depression and low general well-being. Researches on Positive Therapy have indicated its efficacy in the management of anxiety, depression and enhancement of general well-being.

The studies that had been reviewed give a clear idea about anxiety, depression and general well-being of the college students. It has been proved that college students have been facing difficulties with more anxiety, depression and low general well being leading to various disorders. The cause for anxiety in students are lack of confidence, inability to understand and comprehend, difficulty in concept formation, problem behaviour, fear and worry about their health and future, unable to concentrate in their academic and extracurricular activities. The studies also showed that anxiety, depression and low general well-being leads to physiological and psychological reactions such as fatigue, headache, confusion, irritability, pre-occupation of thoughts, tension, worry, anger and irritability.

With regard to intervention, the strategies of Positive therapy like Relaxation therapy, Counselling, Rational Emotive therapy and Behavioural assignments helped the engineering students to improve both the physical health and mental health, manage negative emotions like fear, anger and worry, overcome their inferiority complex and to manage anxiety, depression and enhance their general well-being.
The present research using Positive Therapy shows that it was effective in helping the engineering students to manage their anxiety and depression and to enhance their general well-being.

Therefore, a genuine attempt is made in this study to apply Positive Therapy on the engineering students to help them overcome High Anxiety, High Depression and Low General Well-being.