CHAPTER - I

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1.0 Introduction

Anxiety and Self-Esteem are the two different feelings of an individual; they will boost-up one’s position till they cross their boundary of tolerance, beyond that both will produce severe adverse effects.

Tyron Edwards expressed that, “Anxiety is the rust of life, destroying its brightness and weakening its power”. In support of this statement, Kowalski (2000) also expressed that, “Anxiety involves a vague, highly unpleasant feeling of fear and apprehension”. It is normal for students to be concerned or worried when they face school challenges, such as doing well on a test, presenting paper in seminar, etc. Anxiety increases the personal or school related fears of children that interfere with learning. Indeed, researchers have found that many successful students have moderate levels of anxiety (Bandura, 1997). Some children’s high anxiety levels are the result of parent’s unrealistic achievement expectations and pressure and some others have increasing anxiety as they reach higher grade levels, where they face more frequent evaluation, social comparison, and for some, experiences of failure (Eccles, Wigfield and Schiefele, 1998). However, the students who have high levels of anxiety and worry constantly will significantly impair their ability to achieve.

Self-esteem reflects one’s deepest vision on his competence and worth. It is the disposition to experience oneself as being competent to cope with the basic challenges of life and of being worthy of happiness. It is confidence in the efficacy of mind, ability to think make appropriate choices and decisions, and respond effectively to change. It is not an illusion or hallucination. If it is not grounded in reality, if it is not built over time through the appropriate operation of mind, it is not self-esteem. When one seeks to align himself with reality, he nurtures and support his self-esteem. When he seeks to escape from
reality, he undermines his self-esteem. Self-esteem is not a free gift of nature; no one can “give” self-esteem. It has to be cultivated and earned. The root of one’s self-esteem is not the achievements, but those internally generated practices that make it possible to achieve. Hence to enhance self-esteem, people themselves can practise greater self-acceptance, operate more self-responsibly, function more self-assertively, live more purposefully, and bring a higher level of personal integrity into their life.

In this fiercely competitive world, every kind of change happening faster and faster, low self-esteem and high anxiety puts one at a competitive disadvantage. Hence, children should be taught about what anxiety and self-esteem are, what their basic dynamics are, and what they depend on. They will learn to distinguish between the receipt level and risky level of both. The purpose of school is to prepare young people for the challenges of adult life. They will need this understanding to be adaptive to the information age in which anxiety and self-esteem have acquired such urgency.

In this chapter, detail related to historical overview of anxiety and anxiety disorder, symptoms of anxiety, implication of anxiety, facts about self-esteem, relationship between self-esteem and self-image, positive and negative self-esteem, effects of high versus low self-esteem, treatment options of anxiety, techniques to enhance self-esteem, rational of the study, objectives of the study, statement of the problem, and scope of the study have been discussed.

1.1 Historical Overview of Anxiety and Anxiety Disorder

Anxiety and anxiety disorders have existed long before recorded history. Anxiety disorders are examined from many perspectives. An unusual and interesting contribution, written by the editors, is the opening chapter on “Anxiety and its disorders in children and adolescents before the twentieth century.” It emerges that Hippocrates (460-370 BC) referred to anxiety in children in his Aphorisms. After that little attention seems to have been paid to
the subject until the Middle Ages, but from the sixteenth century onwards there was much discussion of sleep disorders, nightmares, enuresis, hysteria and melancholia. Sadly, it seems that psychiatrically disturbed children were among the victims of the witch burning of the sixteenth century. The earliest interpretations of anxiety disorders appear to be mostly spiritual. To a notable degree, early spiritual treatments bare some intriguing resemblance to modern psychotherapies. Likewise, the ancient preparation and use of natural substances have surprising similarities to modern pharmaceuticals. Medical interpretations of anxiety disorders are not entirely new either and reach as far back as classical Greek civilization. All these fundamental perspectives are not new, but they have been greatly refined over many centuries.

Gradually, however, the care of those suffering from mental illness was brought into the domain of doctors and away from the clergy. By the latter part of the nineteenth century anxiety played a prominent place in the literature on child and adolescent psychiatry. In fact, anxiety is not unique to human beings and is often considered in the context of comparative biology. Nonetheless, human anxiety certainly seems the most complex and is certainly the most important to people.

Anxiety and anxiety disorders have played substantial roles in human history. Such roles are most prominent in times of hardship, war or social change. In more pleasant times, however, societies tend to embrace the illusion that anxiety is a minor issue which deserves little attention or respect and is easily ignored. Frequent disinterest in the fundamental nature of anxiety has often left societies ill-prepared for unforeseen challenges.

Healthy (2008) explained that anxiety disorders were only recognized in 1980 by the American Psychiatric Association. Before this recognition people experiencing one of these disorders usually received a generic diagnosis of 'stress' or 'nerves'. As there was no understanding of the disorders by the health professionals, very few people received effective treatment. Since 1980,
international research has shown the severe disabilities associated with these disorders. Most of these disabilities can be prevented with early diagnosis and effective treatment. These disabilities include agoraphobia, drug and/or alcohol abuse and major depression.

Recently, there has been more media on the prevalence of anxiety, panic attacks and anxiety disorders. As more people become aware of the presence of anxiety disorders, there is more interest in the appropriate treatment of these disorders. Anxiety disorders carry less stigma now as more-and-more people from all walks of life report to their health professionals for treatment. It was often thought that anxiety disorders and panic attacks were a "women's problem." This is certainly untrue. Although men are more hesitant to present for treatment, both women and men are affected by these disorders.

Although anxiety disorders have been recently officially recognized, they have existed throughout the history of mankind. Many great and influential people in history have reported experiencing panic attacks and anxiety disorders. The last few years have brought exciting breakthroughs in the area of anxiety disorders in youth. Anxiety disorders in children and adolescents have been recognized as one of the most common areas of pediatric psychopathology. These advances are of great importance because anxiety disorders in children are associated with negative outcomes including peer relationship difficulties, academic failure, and later onset of comorbid disorders including major depression and alcohol abuse.

1.2 Symptoms of Anxiety

Symptoms of anxiety can cover the full physical, emotional and psychological range. The main symptoms people experience may be heart palpitations, racing heart, shortness of breath, nausea, shaking, etc. In fact any of the symptoms listed below can be symptoms of anxiety. An anxiety attack is the experience of up to four of these symptoms, although people may have
more. Over four is considered a panic attack. Anxiety symptoms are divided into the different classifications as shown below.

i) **Fight and flight symptoms**

These are physical symptoms that are related to the body's normal fight-or-flight response. Whenever fear or excessive anxiety occurs in life, it triggers the fight-or-flight response. This response says "I am in danger; I need to either run away or stay and fight". The pituitary gland excretes adrenalin into the system to enable one’s body to do this. The heart rate increases, breathing is affected.

ii) **Tension symptoms**

These symptoms are related to "our tensing" up against an experience. The muscles are contracted and held for long periods of time. It is a reaction of trying to resist what is happening. It can also include holding the breath, tightening of the muscles, frowning, clenching of hands and teeth/jaw.

iii) **Dissociation symptoms**

These symptoms are related to trancing and staring into space. Many people can dissociate very easily and may have been doing so since childhood. It relates to going into another state of consciousness. This causes a distortion in sensory experiences - such as seeing, hearing and feeling/touch etc.

iv) **Symptoms due to not eating**

Many people lose their appetite as a result of anxiety, panic attacks and anxiety disorders. This causes them to eat very little or eat meals that have very little nutrition. This causes energy levels to decrease. It also causes the various stomach symptoms such as nausea, burning stomach and stomach pains.

1.3 Contributing Factors for Anxiety

A number of factors have been identified as contributing to anxiety disorders in children. These factors include genetics/temperament, mother-child attachment pattern, presence of parental psychopathology and parenting
Behavioral inhibition in young children, characterized as persistent, fearful, avoidant behavior in response to new situations and novel stimuli, increases the likelihood of later developing anxiety disorders, especially social phobia in adolescence (Kagan J, 1999). Insecure mother-child attachment pattern has been linked to subsequent onset of anxiety (Warren SL, 1997). In addition, offspring of parents with anxiety disorders and of parents who exhibit a controlling, overprotective parenting style are more likely to manifest anxiety disorders themselves (Siqueland L, 1996).

1.4. Implication of Anxiety

\( i. \) Fear

In time, children begin to express anger instead of their fear. Anger feels better than fear and it is easier for children to blame others if they cannot escape feeling bad. On the other hand, blaming their self instead of others leads to depression. Children reinforce and give power to their fears when they act to avoid or escape unrealistic fears. In this way the anxiety grows. The child's confidence will suffer and they will fail to thrive at home and in school.

\( ii. \) Feeling bad

Without real help, anxious and nervous children will try to avoid feeling bad. Many start to avoid situations where there is only a small chance they will end up feeling bad. Eventually they end up making choices based on feared situations and not realities. If this continues, many of these kids will try to make new friends who will help them feel better. But in most cases they just end up learning to avoid and escape the challenges of life through isolation, skipping school, joining "fringe" groups, thrill seeking, rejecting socially responsible behavior or using alcohol and other drugs.

\( iii. \) Anger

Lots of things can make children angry. From the time they are babies, they get "angry" if they are not held enough, if they are wet or hungry and if they don't get enough stimulation or enough down-time. Then they start to grow and
get angry because someone gets a bigger cookie or has a toy they want or are in a daycare situation they dislike or simply feeling helpless or rejected.

iv. Psychopathology

Child psychiatric epidemiology has consistently identified anxiety disorders as one of the common forms of childhood psychopathology. However anxiety disorders have been less researched that the so called “disruptive-externalising” conditions. This may be due to the fact that they are less visible and that they feature less prominently among psychiatric clinic referrals. Anxiety disorders of children and adolescents are likely to involve both disorder specific and overlapping dysregulation in brain stem, limbic, and orbitostrial cortical circuits. In some obsessive-compulsive disorders may reflect an autoimmune illness related to rheumatic fever.

v. Depression

The existence of a strong relation between depression and anxiety in children and adolescents is beyond dispute (Cole, Peeke, Martin, Truglio & Seroczynski, 1998). Equally clear, however, is the existence of noteworthy differences between these disorders, especially with regard to age of onset, duration, or associated features. Children with both anxiety and depression tend to be older than their anxious only, or depressed only counterparts. They also seem to be more symptomatic, with anxiety symptoms typically predating the depressive symptoms.

1.5 Facts about Self-Esteem

Kristen and Nicholas (1997) presented some facts about Self-Esteem. They are:

- Children begin forming beliefs about themselves early in life.
- Children look to parents and other important adults for evidence that they are lovable, smart, capable, etc. If they do not get this evidence, low self-esteem develops.
Self-esteem affects school success: Children who feel good about themselves and their abilities are much more likely to do well in school than children who often think they cannot do things right. School success, in turn, affects a child's self-esteem.

Self-esteem affects how children relate to other people: Children who feel good about themselves tend to have positive relationships with other people. On the other hand, children who do not like themselves often have trouble relating to other people.

Self-esteem affects creativity: Children with low self-esteem are less likely to take the risks involved in being creative than children with healthy self-esteem.

Parents affect their children's self-esteem: A parent's self-esteem is reflected in his or her parenting style. Research shows that children with high self-esteem tend to have parents who show their children lots of love and acceptance. Children with low self-esteem tend to have parents who are judgmental and critical.

Children with low self-esteem tend to have more battles with their parents than to children with healthy self-esteem.

1.6 Relationship between Self-Esteem and Self Image

Self-esteem is integrally related to one's self-image to his sense of self-worth. Self-esteem relates to issues of control. The greater one's sense of self-esteem, the greater is his confidence that he can take and keep control over his life. Conversely the less self-esteem a person has the less control that person feel over his/her life.

According to Blascovich and Tamaka (1991), self-esteem is a widely used concept both in popular language and in psychology. It refers to an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself. It is generally
considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioural aspects as well as evaluative or effective ones.

Adler and Towne (1999) have defined self-esteem as, the part of the self-concept (set of perceptions one holds of themselves) that involves evaluations of self-worth. In other words, how one sees himself related to how one thinks others see him.

1.7 Positive and Negative Self-Esteem

Christopher (2006) reported that positive self-esteem is very important if not crucial to one's happiness and well being as a human being. Having positive self-esteem can make the difference in which a person takes on in life, in that which he goes about achieving and creating. Having positive self-esteem also allows him to have healthy and joyous relationships with others, to experience true intimacy. Poor self-esteem, on the other hand, creates the space to experience a great deal of negativity in life including depression, anxiety, fear, stress and loneliness. Negative or poor self-esteem is also highly correlated with alcohol and drug dependency.

There is a strong correlation between a person's emotional reactions and their involvement in social relationships. Therefore, to increase one's self-esteem, one needs to improve his interpersonal relationships rather than trying to fix some perception about himself. Research has shown that it does not have to be the actual rejection of a person by a social situation, it can simply be the imagined or anticipated rejection (At Last, 1995).

1.8 Effects of High versus Low Self Esteem

Dubois and Tevendale (1999) provided evidence that one should not assume that high self-esteem is good and low self-esteem is bad, or assume that self-esteem is irrelevant - the effects are much more complicated than either alternative and not yet fully understood.
Wright (1995) concluded that while high self-esteem usually is beneficial, low self-esteem uniformly has negative effects. For example low self-esteem can weaken the body’s immune system, while high self-esteem helps ward off infections and illness. There is evidence that serotonin levels in the blood are associated with self-esteem - lower self-esteem and lower serotonin levels are associated with impulsivity and aggressiveness.

Alder and Towne (1999) estimated that people with low self-esteem possess certain personality traits that differ from those possessed by people with high self-esteem. Some of these traits are, these people are likely to disapprove of others, they expect to be rejected, they evaluate their performances less favourably, and they tend to feel threatened by people whom they view as superior in some way.

Covington (1989) reported that as the level of self-esteem increases, so do achievement scores; as self-esteem decreases, achievement scores decline. Furthermore, he concluded that self-esteem can be modified through direct instruction and that such instruction can lead to achievement gains specifically students who perceived efficacy to achieve, combined with personal goal setting, has been found to have a major impact on academic achievement.

For people of all ages, the development of full human potential is enhanced through high self-esteem. High self-esteem can begin to develop when the acceptance of all individuals and their personal and group contributions are recognized and applauded, especially in a multi-culturally diverse world. Self-esteem is the one key ingredient that affects the level of proficiency in all fields of endeavour. Self-esteem has been correlated to: job success, school achievement, interpersonal compatibility, and general happiness (Redenbach, 1991).
1.9 Treatment Options of Anxiety

Anxiety disorders respond very well to treatment and often in a relatively short amount of time. The specific treatment approach depends on the type of anxiety disorder and its severity. But in general, most anxiety disorders are treated with behavioural therapy, medication, or some combination of the two.

1.9.1 Behavioral Therapy for Anxiety Disorders

Cognitive-behavioral therapy and exposure therapy are two effective anxiety disorder treatments. Both are types of behavioral therapy, meaning they focus on behavior rather than on underlying psychological conflicts or issues from the past. Behavioral therapy for anxiety usually takes between 5 and 20 weekly sessions. Cognitive-behavioral therapy focuses on thoughts-or cognitions-in addition to behaviors. When used in anxiety disorder treatment, cognitive-behavioral therapy helps the sufferer identify and challenge the negative thinking patterns and irrational beliefs that are fueling his anxiety.

1.9.2 Exposure Therapy

In exposure therapy for anxiety disorder treatment, the person confronts his fears in a safe, controlled environment. Through repeated exposures, either in his imagination or in reality, to the feared object or situation, he gains a greater sense of control. As he faces his fear without being harmed, his anxiety gradually diminishes.

The treatment advances have been dramatic. Studies document that individual Cognitive-Behavioral Therapy (CBT) and group CBT are efficacious in treating youth with separation anxiety disorder and social phobia.

1.9.3 Medication for Anxiety Disorders

A variety of medications, including benzodiazepines and antidepressants, are used in the treatment of anxiety disorders. But medication is most effective when combined with behavioral therapy. When compared to
those who use medication alone, anxiety sufferers treated with both therapy and medication benefit from a greater reduction in symptoms and a lower risk of relapse.

a. Exercise - Exercise is a natural stress buster and anxiety reliever. Research shows that as little as 30 minutes of exercise, three to five times a week can provide significant anxiety relief. To achieve the maximum benefit, aim for at least an hour of aerobic exercise on most days.

b. Relaxation Techniques - When practiced regularly, relaxation techniques such as mindfulness meditation, progressive muscle relaxation, controlled breathing, and visualization can reduce anxiety and increase feelings of relaxation and emotional well-being.

c. Biofeedback - Using sensors that measure specific physiological functions such as heart rate, breathing, and muscle tension, biofeedback teaches the sufferer to recognize the body’s anxiety response and learn how to control them using relaxation techniques.

d. Hypnosis - Hypnosis is sometimes used in combination with cognitive-behavioral therapy for anxiety. While in a state of deep relaxation, the hypnotherapist uses different therapeutic techniques to help the person face his fears and look at them in new ways.

1.10 Techniques to Enhance Self-Esteem

The way a person feels about himself has a huge effect on the way he treats himself and others, and on the kinds of choices he makes. Here are some things one can do to protect, raise, or reinforce his self-esteem.

➢ Spend time with people who like and care.
➢ Ignore people who treat badly.
➢ Do things that make one feels good.
➢ Do things one is good at.
- Reward oneself for his successes.
- Develop talents.
- Be one's own best friend.
- Make good choices, and do not let others make choices.
- Take responsibility for one's actions.
- Always do what one believes is right.
- Be true to oneself and his values.
- Respect other people and treat them right.
- Set goals and work to achieve them.

1.1 Rationale of the Study

In today's world, the lives of people have become mechanical and it has been seen that people everywhere are under stress and suffer from problems of anxiety. There are various kinds of factors which cause anxiety and it has been seen that anxiety is more prevalent today due to things like financial and work matters, which often result in instability of the world and thus there is always an uncertainty about various kinds of matters. The best method to fight any enemy is to know the enemy well. Anxiety attacks are very common and so are the anxiety phobia disorders. The number of people suffering from Anxiety Phobia Disorders is very alarming and nearly 6.36% of total population suffers from this disorder. This is such a disorder that does not show any easily noticeable symptoms, and one tends to neglect the disorder.

Anxiety symptoms and disorders are the serious health problem in America, ranging from a simple adjustment disorder to more difficult and debilitating disorders such as panic disorder and posttraumatic stress disorder. According to the most recent data, the lifetime prevalence for anxiety disorders as a whole in adults is about 25%; the frequency in children is unknown, but felt to be significantly underreported and under-diagnosed. More specifically
social anxiety disorder has a lifetime risk of 17%, while panic disorder occurs in approximately 1-3% of the adult population.

Although quite common, anxiety disorders in children often are overlooked or misjudged, despite them being very treatable conditions with good, persistent medical care. What does seem to be developing in the medical literature is the consensus that many “adult” psychiatric disorders likely have their first (although perhaps subtle or ignored) manifestations in childhood, and that if left untreated these anxiety disorders in children likely progress to adult versions.

The number of children and adolescents who suffer from depression continues to grow, with an estimated 1 in 20 afflicted with this illness. Depression and anxiety among children and adolescents are often comorbid conditions; estimates indicate that approximately 11% to 69% of anxious youth suffer from a depressive disorder, and 15% to 75% of depressed youth suffer from an anxiety disorder. More than 50% of children who develop depression will experience recurrent depression in adulthood, indicating a need for early diagnosis and treatment. In addition, up to 40% of those with early onset depressions develop a bipolar course over time. The prevalence of depression and anxiety is a growing public health concern because it carries the risk for significant impairment, morbidity, and mortality.

Brown (1991) noted that by enhancing one’s self-esteem, he feels good, looks good to others, makes better adjustment, has better mental health, and experiences superior personal functioning. In general, performing behaviour that enhances self-esteem generates positive feelings, while performing behaviour that diminishes self-esteem generates negative feelings.

According to Fritz, 1995 about 5% of adolescents suffer from depression symptoms such as persistent sadness, falling academic performance and a lack of interest in previously enjoyable tasks. In order to be considered major depression, symptoms such as suicidal thoughts, lack of appetite and loss of
interest in social activities must continue for a period of at least two weeks (Arbetter, 1993). The anxious state of the mind for a prolonged time can lead to various kinds of health problems. It has been seen that various kinds of things happen in one’s life, which can disrupt his emotional health and lead to strong feelings of sadness, stress or anxiety.

According to the anxiety books there are different ways that can be learnt to use to cope with severe anxiety. These, if learned and practised properly, can help reducing some of the effects that anxiety can produce.

Harter (1990) explained that adolescents who develop a negative identity and low level of self-esteem may have problems later on, such as eating disorders in females and delinquency in males. In adolescents, self-esteem is greatly influenced by two factors: physical appearance, which is especially important for girls, and accordingly by one's peers, which is a measure of popularity. Benony et al. (2007) verified the links between self-esteem and psychopathological symptoms in children. They indicated that the children are liable to a specific vulnerability in the emotional and behavioral domains that needs to be emphasized.

Barrett, Dadds, and Rapee (1996) found that with cognitive behavioural procedures combined with family therapy will significantly benefit children suffering with anxiety disorder. Regular, daily practice of relaxation techniques will assist one in relieving muscle tension, greatly improve his overall feeling of wellbeing and reduce his anxiety.

According to Rosenberg's (1989) self-consistency theory, self-esteem shapes one’s behaviour because of the self-consistency motive, that is people act in a way that is consistent with their self-concept, so that adolescents with high self-esteem would act in ways that maintain their self-esteem.

Healthy self-esteem is an essential component for learning. Regardless of age, the self-esteem of a learner facilitates or inhibits learning. Solomon
(1992) and Lochman (1993) stated that difficulty in social negotiations, leads to low self esteem, leading to depression. They suggested that intervention should include helping troubled adolescents find more socially acceptable strategies for problem solving which will enable them to reach their personal goals.

Arnett (2004) states that many factors in an adolescent's life can influence change in self-esteem, such as: school, peers, and family. Self esteem change can be both positive and negative, therefore, it is extremely important to emphasize positive developmental change and strive to prevent negative developmental change. A number of techniques have been used to help create positive developmental change in self-esteem. Many make decisions and express opinions within those guidelines.

It is vital for teachers to create a nurturing or positive classroom environment which helps to reduce anxiety and enhance the self-esteem of students. But in general, teachers lack sensitivity towards student's anxiety focusing only on academic inputs. Most of the teachers lack knowledge that anxiety and low self-esteem hamper the education of their students and thus neglecting the vital aspects that anxiety should be controlled. There are simple techniques which can help reduce the effects of anxiety. These techniques are incorporated in a broader category as Positive Therapy. The present investigation planned in this direction is intended to promote proper relaxation and reduce stress and enhance self-esteem. The study aimed to give specific information on the effect of Positive Therapy in the reduction of anxiety and enhancement of self-esteem.

Management of Anxiety and Enhancement of Self-esteem were studied as Dependent variables in relation to Gender, Locality, Educational and Income Status of Parents, and the Order of Birth of the sample as Independent variables, besides Treatment in the present Experimental Study.
1.12 Statement of the Problem

High anxiety and low self-esteem of children are the talk of the day among teachers, administrators, and the society too. Experts have viewed that these two feelings are strong hampering public examinations of students. Hence to reduce the anxiety and to enhance the self-esteem of children, a quite number of programmes has been designed and orientations have been given to them. The investigator adopted certain techniques in the name of Positive Therapy to reduce anxiety and enhance self esteem. To study the effectiveness of the positive therapy, the investigator has taken up the research entitled “Efficacy of Positive Therapy in Managing Anxiety and Enhancing Self-Esteem”.

1.13 Key Terms used in the Study

Anxiety

Seligman, M.E.P, (2001) expressed that, “Anxiety is a psychological and physiological state characterized by cognitive, somatic, emotional, and behavioral components. These components combine to create an unpleasant feeling that is typically associated with uneasiness, fear, or worry”.

Ohman, A, (2000) viewed that, “Anxiety is a generalized mood condition that occurs without an identifiable triggering stimulus. As such, it is distinguished from fear, which occurs in the presence of an observed threat. Additionally, fear is related to the specific behaviors of escape and avoidance, whereas anxiety is the result of threats that are perceived to be uncontrollable or unavoidable”.

Self-Esteem

Sanford & Donovan, (1985) expressed that, “Self-esteem is the measure of how much we like and approve of ourselves”.

Branden,N (1994) viewed that, “Self-esteem is the experience of being competent to cope with the basic challenges of life and of being worthy of happiness”.
Management of Anxiety

Anxiety management is the method of dealing with anxiety in order to minimize the negative consequences and effects of such feeling. The essential elements of this process is understanding or recognizing the presence of anxiety, identifying the symptoms, knowing the level of anxiety whether a mild feeling of worry or a serious anxiety attack, and applying a call to action before the situation gets worse.

Enhancement of Self-Esteem

Self-esteem is an evaluative measure of our self-image, what Coopersmith (1967) terms "a personal judgement of worthiness, that is expressed in the attitudes the individual holds towards himself". These personal evaluations will be based on the values of the social groups and the society. When one of the personal characteristics that make up our self-ideal, fails to match that corresponding quality, which we, through society's eyes have placed in our ideal-self, there is a fall in self-esteem.

Positive Therapy

The opening sentence of the book ‘Positive Therapy’ by Stephen Joseph and Alex Linley (2006) stated that “Positive Therapy emphasises the need to understand the positive side of human experience as well as understanding and ameliorating psychopathology and distress.” In essence, a Positive Therapy approach does not just focus on the reduction of negative symptoms, which is the traditional role of psychological interventions following mental health problems, but attempts to help people realise their potential.

1.14 Objectives of the Study

The objectives of this research study are operationalized as follows:

- To explore the existing negative emotions of students before and after Positive Therapy.
➢ To explore the existing level of anxiety of students before and after Positive Therapy.

➢ To explore the level of Self-esteem before and after Positive Therapy.

➢ To identify the self-esteem of students before and after Positive Therapy.

➢ To find out the influence, if any, of variables such as gender, locality, income of the family, education of father, education of mother and order of birth of the student on anxiety of students before and after Positive Therapy.

➢ To find out the influence, if any, of variables specified on the self-esteem of students before and after Positive Therapy.

1.15 Scope of the Study

The purpose of any research in education is to suggest better solution for the problem taken for the study. The research topic should be selected in such a way that the results have direct or indirect impact on the performance of the learner. The present study aims at exploring the effectiveness of positive therapy in managing the anxiety and enhancing the self-esteem of students. Presence of positive effectiveness or absence of such effectiveness may have profound implications for the future planning of such programmes. Presence of positive effectiveness might help in the introduction of more such therapies to reduce the anxiety and enhance the self-esteem of the student. Absence of positive effectiveness might help planners to redesign the therapy in order to refine them. Therefore, the present investigation is very vital from the planning point of view.

The results of the study could elucidate the effect of positive therapy for better mindset of the children, through them teachers and the taught can analyze, compare and select the appropriate techniques in the therapy that are
suitable to their need. It could also help the schools to plan for these kinds of therapies to improve the mindset of their pupils towards desirable direction.

This study might help the authorities to take necessary steps in rectifying the unpleasant feelings of the pupils in the prevailing situation and providing better situation for their performance.

Students are the benefactors of the educational system. This study could help them have better awareness on the available therapies to improve their mental health, through which improve their learning, and make better achievement performance in their studies and life. In short, the research study has implications right from the administrative hierarchy at the state level to the classroom setting at the school level. Therefore, the scope of the study is evident from the broad application aspects which are expected to be highlighted through the analysis.

1.16 Delimitations of the Study

Research studies generally may have limitations due to many factors. It is the responsibility of the researcher to see that the study is conducted with maximum care in order to be reliable. However the following limitations are inevitable in the present study.

The present study is confined to the selected schools in Coimbatore district. Time permitting, this would have been conducted in the whole State of Tamilnadu or India.

The study was limited to students studying in standard X. Many techniques are available to reduce the anxiety and enhance the self-esteem, but only selected techniques were included in the positive therapy. Despite the above cited delimitations, sufficient care has been taken in selecting the sample, providing training, constructing tools, gathering suitable data and making appropriate analysis etc.
1.17 Organization of the Thesis

This thesis consists of five chapters. The first chapter, which has been just concluded, dealt with the introduction, objectives and statement of the problem. The second chapter deals with the review of related literature. The third chapter describes the methods and procedures of the study. The fourth chapter presents the statistical analysis, results and interpretations. Finally the fifth chapter gives the summary of the findings, suggestions, recommendations and conclusion followed by bibliography and appendices.