CHAPTER 1
INTRODUCTION
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In our complex and changing world, humans are confronted with problems to which finding solutions are no more easier. Modern life is full of stress and this stress on individual’s ranges from personal day-to-day life to one’s organizational activities. Adolescence is that span of one’s life where change is inevitable in almost all spheres of life, be it physical, psychological, social, behavioural, or environmental.

Adolescence represents a difficult developmental period of one’s life whereby many demands are imposed on the individual by others and by the individual himself. According to Mehta (2000) “Adolescence is the period of storm and stress, a time when the individual is erratic, emotionally unstable, unpredictable.” Chronologically, adolescence ranges from age twelve to eighteen. Sociologically, adolescents are those who are trying to bridge the gap between childhood and self-sufficient adulthood.

In an article Parales (1998) on drawing a conclusion from a national study done by a public research organization based in New York titled “Kids These Days: What Americans Really Think About The Next Generation” reported that ninety percent of the respondents said that youngsters have failed to learn values. Transitions occurring at fast pace and in almost all spheres make this age risky. There are many reasons that account for the adolescents feeling irritated and confused.
During the adolescence the development of independence from the family and adjustment to various social and environmental demands is vital, as the young people have to learn to meet everyday challenges of social relationships, educational attainment and employment (Ghodse, 2004). These novel experiences and demands may evoke anxiety and other emotional reactions.

Adolescence is best considered within a broad framework of the total development of the individual. Its the time when the child begins to feel lesser need for security of familial supervision and protection, a time when physiological and hormonal changes begin to approximate adult maturity and also when psychological maturity moves the child in the direction of becoming responsible in society. Adolescence can be defined as a holding period in which education, maturation, and waiting are the major tasks to be faced (Adams, 1976).

This age is accompanied with increasing self consciousness, socio-cultural pressures, need for self esteem and achievement, deep sense of loneliness at one time and that of vulnerability and exhilaration at the other and also in the ways of dealing with and accepting the opposite sex. The adolescent has to deal with conformity to the peers, family, teachers and also to the norms of the society, home and institute, which all may not be same and oppose each other leading to greater level of stress and anxiety among them. Problems faced by the adolescents are unlimited and coping with them seem even more difficult leaving the adolescent in turmoil and confusion.
Coleman (1988) writes, "The seventeenth century has been called the Age of Enlightenment; the eighteenth, the Age of Reason; the nineteenth, the age of Progress; and the twentieth, the Age of Anxiety." The path to a meaningful and satisfying way of life has probably been an easy one, it seems to have become increasingly difficult in modern times.

Anxiety is described as an unpleasant feeling of fear and apprehension accompanied by increased psychological arousal. In learning theory it is considered as a drive that mediates between a threatening situation and avoidance behaviour. Anxiety can be assessed by self-reports, by measuring psychological arousal and by observing overt behaviour (Davison and Neale, 1996). Beck (1990) puts forth the fact that one of Freud's best known distinctions is between objective anxiety (fear) and neurotic anxiety. Objective anxiety is directed towards some specific object, whereas neurotic anxiety is fear without a (recognized) cause. Though it is not always easy to maintain definitional distinctions between fear and anxiety.

Many sources of potential anxiety in adolescence are similar to and represent carry overs from earlier years. Thus both the child and the adolescent may be anxious about potential physical harm; loss of parental love; inability to master the environment or to meet personal, parental or cultural standards; or about aggressive or sexual impulses. Anxiety is of central importance as a determinant of human behaviour as it is most likely to arouse internal responses (thoughts, feelings, psycho-physiological reactions) or behaviours that conflict with the satisfaction of other needs or motives (Conger and Peterson, 1984).
Stress is the state of an organism subjected to a stressor, it can take the form of increased autonomic activity and in the long term, cause the breakdown of an organ or development of a mental disorder. The body is irreparably harmed if the autonomic nervous system is maintained in a highly aroused state through prolonged psychological stress and there is no opportunity to take effective action to relieve the stress. Many stress situations may give rise to both fear and anxiety.

Davison and Neale (1996) describes Selye’s model of general adaptation syndrome (GAS). This model described the biological reaction to sustained and unrelenting physical stress. This model includes three phases, first ‘the alarm reaction phase’ here the autonomic system is activated by stress. When stress is too powerful it leads to gastrointestinal ulcers, enlargement of adrenal glands and atrophy of the thymus. The second phase is ‘resistance’, the organism adapts to the stress through available coping mechanisms. If the stressor persists or the organism is unable to respond effectively, the third phase ‘stage of exhaustion’ follows leading to irreversible damage or death. Stress is also considered as a response to environmental conditions involving deterioration of performance or physiological changes such as increased skin conduction or increase in the level of hormones. Stress as a stimulus involves a number of environmental conditions such as boredom, catastrophic life events, and daily hassles and sleep deprivation.

Stress cannot be objectively defined. Davison and Neale (1996) explain that according to Lazarus the way we perceive or appraise the
environment determines when stress is present. Thus stress is experienced when a situation is appraised as or exceeds the person's adaptive resources. This account for individual differences so as to how people respond to the same event. Those who experience more of negative mood, have lower self-esteem or else have extremely high or low achievement motivation in them, may also show high levels of stress that varies among individuals.

Motivation refers to the needs, goals and desires that provoke an individual to action. Biological need commonly called primary needs requires gratification if the individual is to survive, such as food, water, oxygen and sex. These needs depict the internal state of the organism and not a set of responses (Conger and Peterson, 1984). There are other secondary needs that are learned, such as there is nothing innate about the social status, achievement motivation, security, money or acceptance.

Achievement motivation can be defined as the expectancy of finding satisfaction in mastering challenging and difficult performances. Motivation refers to those factors, which increase and decrease the vigor of an individual's activity. The need for achievement is a desire or tendency to overcome obstacles, exercise power, strive to do something difficult and as quickly as possible. Need for achievement can presumably be aroused, but need for achievement is not manipulated and controlled like hunger or thirst. If prior achievement situations have had good outcomes, an individual is more likely to engage in achievement behaviours. Conversely, if one is punished for failing, a fear of failure could develop and there could be a motive to avoid failure (Beck, 1990).
According to Conger and Peterson (1984) “The adolescence has had many years in which to develop an elaborate set of learned needs or motives for social approval, friendship, love from parents and others (including opposite sex peers), independence or dependence, nurturance of others, achievement, a sense of self-esteem, and a sense of identity.” One of the common sources of tension and anxiety in human beings is the chronic presence of learned needs such as love, dominance, social status- but no means of gratifying it. Many adolescents are puzzled or alarmed by unexpected evidences of unconsciously motivated behaviours and such behaviours may also make them wonder if they re ‘losing their minds’ because of what appears, even to themselves, to be irrational, unmotivated thoughts or acts.

The term mood refers to an affective state that is less disruptive than an emotion, of lower intensity and of longer duration. There are moods of cheerfulness, depression, anxiety, resentment and the like. A mood is a chronic condition; an emotion is an acute event. In psychoanalysis an affect is regarded as an emotional state due to conflict or repression.

Affect or our current feelings and moods may be positive or negative. One experiences and expresses emotions throughout one’s life span, and one’s emotional state at any given moment influences one’s perception, cognition, motivation, decision making and interpersonal judgments (Erber, 1991; Forgas, 1994; Zajonc and Mc Intosh, 1992). The two major characteristics of affect consists of intensity (the weakness or strength of the emotion) and direction (whether the emotion is positive or negative). Positive emotion such as excitement and happiness were once thought to fall
at one end of the continuum with negative emotions such as anxiety and depression falling at the opposite end. It now appears so that the positive and negative emotions involve two separate and independent dimensions (Erber, 1991; Forgas, 1994; Zajonc and McIntosh, 1992).

During the adolescent period some specific emotional characteristics are outstanding. Adolescence is characterized with emotions of pleasures and pain, tears and laughter, elation and depression. These contrasting moods probably make it more difficult to predict an individual’s behaviour during adolescence than at any other stage.

The self-evaluation made by each individual, one’s attitude towards oneself along a positive-negative dimension is self-esteem (Baron and Byrne, 1998). According to James (1980) perhaps the most important attitude each person holds in his or her attitude about self is labeled self-esteem. Self-evaluations are based in part on how we perceive specific experiences.

Self-esteem is the value we place on ourselves. High self-esteem is a positive value; a low self-esteem results from attaching negative values to ourselves or some part of ourselves. High self-esteem contributes to an overall sense of psychological well-being, mainly because high self-esteem seems to be linked to feelings of optimism, and of being able to exert some control over events. High self-esteem equates to feelings of integration, freedom, positive emotion and availability of energy, and well-being. Lowered self-esteem is likely to be accompanied by unhappiness, anger, sense of threat, fatigue, with drawl, tension, disorganization, feeling of constraint, conflict and inhibition (Stewart 2003).
The young person's ideas and attitudes regarding himself influence and are influenced by his response to everything that happens during adolescence. The adolescent’s self is the essence of his existence as known to him. The self as known includes all the ideas and feelings a person has regarding his body, qualities of his mind and his personal characteristics. It includes his beliefs, values and convictions. During this very period of adolescence the self-esteem does not only bind the person to actually knowing what he thinks of himself but this takes the form of what is called esteem needs where one feels the need to be valued, accepted and appreciated as a person, further to achieve and be adequate and also to acquire recognition and attention.

The adolescence therefore holds complexities including oneself, including one’s achievement motivation or the need of achievement, self-esteem, negative emotions or mood, thereby, leading to or causing stress and anxiety. All components are inter-related with one being the cause and other the effect at one point of time or another.

Physiological, psychological, behavioural and environmental factors all play important roles as dynamics or causal factors of stress. The physiological factors include role of neuroendocrines, role of cerebral cortex, neurohumors. Genetic factors too play a major role in stress and its related diseases. Behavioural and psychological factors include personality type such as type A and type B, introverts or extroverts, mesomorphs, ectomorphs or endomorphs. Environmental factors on the other hand may include family circumstances, childhood experiences, nature, and amount of daily workload that may lead to stress.
Psychophysiologica1 or psychosomatic disorders put forth the fact that the 'psyche' or the mind has an untoward effect on the 'soma' or the body. The mind and body are separate and independent, although they may at times influence each other. Psychosomatic disorders such as asthma, ulcers, hypertension, headache and gastritis are characterized by genuine physical symptoms that are caused or that may be worsened by emotional factors.

Udupa (2000) puts forth the fact that once a favourable stage has been set for the development of stress disease, a series of neurohumoral changes takes place leading first to psychic changes, then to psychosomatic changes followed by somatic changes before it settles down to any of the susceptible organs. Here in the organs first the functional changes occur followed gradually by organic changes leading to the development of disease. The changes in the microcirculation, which occurs as a result of local neurohumoral changes, can cause the entire pathological phenomenon in a given organ. Thus it is these neurovascular changes occurring in a given organ, which are responsible for the production of the disease. These are primarily brought about by the effect of stress on the cerebral cortex especially its psychic center. This psychic center regulates these neurovascular changes in a given organ by arranging to liberate appropriate neurohumors such as acetycholine, catecholamine, histamine, etc and transmitting them to that particular organ through the limbic system, hypothalamus and the autonomic nervous system.
Therapy for stress disorder can be planned depending on the stage at which the patient has sought medical advice. Mental health and medical professionals recognize that most drug interventions treat only the symptoms and they do not deal with the fact that the person is reacting emotionally to psychological stress. The psychoanalytic therapy by Freud employs technique such as free association, dream interpretation, analysis of resistance, and analysis of transference. According to Coleman (1988) many individuals do feel that they have profited from psychoanalytic therapy particularly in terms of greater self-understanding, relief from inner conflict and anxiety and improved interpersonal relationship.

The behaviour therapy by Watson rather than exploring inner conflicts and attempting cognitive changes attempt to modify behaviour directly by manipulating environmental contingencies. These therapists employ methods of simple extinction, systematic desensitization, implosive therapy, aversive therapy, systematic use of positive reinforcement such as response shaping, modeling and token economies and assertive training depending on the source of tension.

Lee, DeQuattro, Cox, Pyter, Foti, Allen, Barndt, Azen & Davison, (1987) found that intensive relaxation conducted in a weekly session over a period of two months and using at home practice with audio taped instructions, significantly reduced high blood pressure in borderline hypersensitive people. Another psychological approach involves teaching hypersensitive people to lower sympathetic nervous system arousal primarily via training in muscle relaxation, occasionally supplemented by biofeedback (Benson, Beary, & Carl, 1974; Blanchard, McCoy, Muso,
The success of this approach probably depends ultimately on whether the person maintains the acquired skill to relax, and then in return depends on whether the person remains motivated to practice that skill.

The stress management condition is described briefly as teaching four methods of relaxation slow breathing, progressive muscular relaxation, mental imagery, and stretching. This also involves techniques to manage stress perceptions, reactions and situations.

In the area of industry, government, institutes, military and among common people, it is much seen that individuals readily participate in workshops on stress management, even when they do not have any diagnosable problems. Also the increasing recognition of the role of stress in a variety of medical illnesses, including diseases affected by immune system dysfunction, had added impetus to stress management as a strategy for reducing stress related deficits in the functioning of the immune system (Zakowski, Hall, & Baum, 1992). There are several approaches to stress management and more than one are typically followed in any given instance (Davison & Thompson, 1988; Lehrer & Woolfolk, 1993).

Many kind of approaches or therapies are used to deal with stress, yet stress management through yoga therapy leads the way. Gharote (2002) says, “Yoga is basically a philosophy, a way of thinking and a way of life. It involves every aspect of existence, spiritual, emotional, mental and physical.” It is a system of conscious evolution or self-improvement, which has been cherished over thousand of years of its documented existence.
The main reason why people take to yoga is to reduce nervous tension, to reduce or become more agile physically and mentally. Yoga leads naturally to modification of thought and behaviour and a new realization of the purposes and processes of life. This holistic approach leads to better health and the eradication of physical dis-ease. The inter dependence of mind and body is greatly emphasized in yoga. The theory of yoga states that the mind is responsible for the bondage and liberation, or the health and disease and for happiness and unhappiness.

Murthy (2002) states “yoga builds the qualities to combat with stress and strain, channelize our emotions so that we become calm, serene and equipoise. Our thoughts and actions become clear helping our responses and reactions to become highly positive.” different relaxation techniques, yoganidra, asanas, kriyas, pranayama have proved beyond doubt the efficacy to bring the above discussed qualities in life.

Yoga has been practiced in India for a number of centuries. However, its utility in controlling stress diseases has been recently explored in the west in USA and UK.

Patanjali described eight stages in the stages of yoga, which can be grouped into three postural exercises, breathing exercises, and meditation. Regular practice of yogic exercises improves the psychological functions of the individuals. This is followed by improvement of memory and intelligence quotient. Psychophysiologically, the pulse rate, respiratory rate and blood pressure decreases after yogic practices. Biochemically there is a
decrease in acetylcholine levels and slight to moderate increase in catecholamines and cortisol. Serum cholesterol and blood sugar levels are decreased along with an increase in serum proteins.

According to Udupa (2000), the findings suggest that there is an overall improvement of the bodily functions possibly due to improvement in the microcirculation leading to more efficient oxygen supply to all the organs and tissues of the body. Stress competence is improved if it practiced regularly everyday.

The deep breathing exercises also produce almost similar results. On repeated practice depending upon one’s own capacity this produces the desired results by improving the microcirculation especially of most of the vital centers such as cardio respiratory and cerebral centers.

Meditation is practiced in different manners by different people. There are no universally accepted techniques. Such as Buddhism adopts ‘vipassana’ a type of meditation which consists of concentrating on one’s own breath after sitting in a comfortable pose in a secluded place and shutting off the sense organs to the best of one’s ability. Whereas in the transcendental meditation described by Mahesh Yogi chanting of some mantras or sacred words while sitting in a relaxed position for fifteen minutes is also prescribed. Whatever the technique, one has to simply sit in a comfortable pose, close one’s eyes and shut all sense organ to the best of one’s ability and then give complete freedom to the mind to empty all the stress and strain of the day.
One’s regular practice of postural exercises (Asanas), deep breathing exercises (Pranayama) and meditation (Dhayana) shows remarkable results in maintaining good physical and mental health.

We are assaulted by stressors everyday. The economy is uncertain, the world political scene is volatile, our cities are crime ridden and our homes often fragmented. Thus we are victimized by stress everyday. We can deal with stress by becoming more effective managers of the unavoidable stress that characterizes our lives. Stress may serve as a predisposing, precipitating, or reinforcing factor in the causal pattern of many psychosomatic disorders or may merely serve to aggravate a condition. Stress is interchangeably used with the word anxiety and relates mutually to our social and psychological environment. Stress is often accompanied with anxiety, frustration, conflict and pressure.

Yoga therapy can be of immense help to all in preventing the development of stress and its diseases and in enabling people to live a healthy life. Practice of asanas, pranayama and dhayana regularly brings the neurohumoral pattern to normalcy. To understand how yoga practices bring about the changes in cerebral cortex and thereby in the neurohumoral content, modern physicists put forward a theory that the level of human consciousness depends on the mobility of atomic components of the human brain. If one can increase the mobility of these atoms by the practice of yoga one can improve consciousness to a higher level. The psychic center, which is supposed to be the area of spiritual growth, becomes highly efficient in performing its functions after the practice of yoga. Therefore it becomes more efficient in controlling centers of emotions present in the limbic cortex.
and hypothalamus. Gradually one can develop the power of voluntary control of involuntary functions of the body and mind.

Yoga therapy contributes three aspects of health namely promotive, preventive and curative. Yoga has always been recognized as a preventive therapy although it is being increasingly used in a remedial way to produce cures or alleviations of disease. Yogic practices help to increase the power of adjustment, which is normally expressed in terms of resistance both physical and mental. Yoga teaches the art of living in harmony with other forms of life and the imbalances created within ourselves thereby helping us to deal with stress effectively. Yoga has stood the test of time and thus it is up to us to make use of it and stand benefited. Gharote (2002) writes, “Whether it is for promotion, prevention or cure, yoga comes to the rescue of humanity.”
PRESENT STUDY

The present study is an attempt to understand how yoga therapy can help in dealing with anxiety, stress and other components such as negative mood, achievement motivation and self-esteem of adolescent female students. It also aims at knowing if there is a significant relationship between the state anxiety, trait anxiety, test anxiety, stress, negative mood regulation, achievement motivation and self-esteem. The present study also attempts to know whether there is any difference among the Science and Arts adolescent students with regard to their anxiety, stress, negative mood regulation, achievement motivation and self-esteem levels.

Too much of stress and strain in life may further lead to stress diseases. For such problems yoga therapy not only helps in reversing the progress of the disease but also improves the resistance of the body at psycho physiological level. Yoga therapy is that approach which helps one to overcome the stressful situations and maintain an alert mental state. According to Udupa (2000) yoga is defined as a science of mental control. It not only helps one to improve one’s mental state, but also to improve one’s personality and behaviour.

Anxiety comprises of two distinct concepts: state anxiety and trait anxiety. State anxiety is conceptualized as a transitory emotional state or condition of the human organism that is characterized by subjective, consciously perceived feelings of tension and apprehension and heightened
autonomic nervous system activity. State anxiety may vary in intensity and fluctuate over time. Trait anxiety refers to relatively stable individual differences in anxiety proneness, that is differences between people in the tendency to respond to situations perceived as threatening with elevations in state anxiety intensity (Spielberger, Gorsuch & Lushene, 1970).

Individual’s lives are to some extent determined by their test performance as they live in a test conscious and test giving culture. Individuals with higher levels of test anxiety tend to perceive the evaluative situation as personally threatening. They become tense, nervous, emotionally aroused and apprehensive which disturbs their performance (Sud, Jutshi, & Spielberger 1987; Sud, 2001). After the review and evaluation of the major theories of test anxiety, Spielberger, Gonzalez, Taylor, Algaze & Anton (1978) concluded that “most test anxiety theorist seem to agree that test anxious people are more likely:(a) to perceive examination situation as more dangerous and threatening than do people who are low in test anxiety, and (b) to experience worry cognitions and elevations in state anxiety in situations in which they are evaluated (Sud, 2001).

Misra & Srivastava (1990) define achievement motivation as a learned disposition to strive to attain success in achievement situation and take pride in accomplishing successful performances. Misra & Srivastava (1990) state the words of Atkinson that “Achievement motivation is an important determinant of aspiration, effort and persistence when an individual expects that his performance will be evaluated in relation to some standard of excellence. Such behaviour is called achievement oriented.” The
need for self-esteem is the need to think well of oneself. It can also mean a need to respect oneself regardless of what others think.

Self-esteem is a motive that can be satisfied in a number of ways. The need of self esteem can be satisfied through achievement, yet achievement may be a means of building up self esteem (Morgan, 1990). The self-image is the content of a person’s perceptions and opinions about himself. The positive or negative attitudes and values by which a person views the self-image and the evaluations and judgments he or she makes about it form the person’s self esteem (Coopersmith 1975).

Adolescents have high vulnerability to anxiety be it state, trait or test as well as stress. Tribulations and transformations of this era make the individuals behave in certain manners, which are unexplainable and unacceptable at times. This may lead to adolescents perceiving their own selves as worthless, having a negative low self-esteem and lacking the drive or motive to achieve. What is needed primarily is that the teenagers should be more contended, collective primarily with their own self first in order to prove and be able to stand up to the stressors.

Adolescents who seek psychological help frequently acknowledge that they suffer from feelings of inadequacy and worthlessness. These people see themselves as helpless and inferior, as incapable of improving their situations, and as lacking the inner resources to tolerate or to reduce the anxiety readily aroused by everyday events and stress. Studies repeatedly demonstrate that failures and other conditions that threaten to expose personal inadequacies are probably the major cause of anxiety. Anxiety and
self-esteem are closely related as it is seen that if it is threat that releases anxiety, as appears theoretically essential, it is the person’s esteem that is being threatened. Yoga serves as a holistic therapy, which makes the individual bring equilibrium and complete well being in his life.

There are several methods of yogic practices originating from different schools of thought. The one propounded by Patanjali seems to be the most popular and the universally accepted one. Yoga therapy helps in the over all-physical, emotional and mental well-being. Bakhru (2001) says that yogic asanas, kriyas and simple pranayama is beneficial for maintaining general health and mental relaxation, yoga according to him can serve as the best shock absorber against stress.

The term stress is difficult to define and may be perceived differently by different people in diverge circumstances. Stress is a response to specific stimuli called stress inducers or stressors. They are events that produce stress. These inducers may be temporary or chronic leading to negative health consequences changing a person’s life. When the body or mind handles stress poorly it becomes a health hazard. Stress that is expressed or experienced negatively can be linked to many psychophysical complaints from headaches to hypertension to symptoms affecting a person’s mental state. Anxieties, depression, feeling of anger, negative mood, fear, helplessness and other emotions are often linked to stress.

Yoga therapy helps to deal with anxiety and stress effectively due to its promotive, preventive and curative properties. Gharote (2003) describing the merits of yoga puts forth the fact that individuals of all age groups can
perform yoga. It is different from exercise as there are no fast, jerky movements and instead involves streamlined flow that stimulates without fatiguing. Yoga therapy works on all the muscles of the body, heart, lungs, nerves and glands. This therapy offers a system, which contributes to vitality and physical and mental poise. Yoga is an integral system of physical, mental and intellectual training and is insurance for the future.

Yoga therapy stretches and relaxes at the same time and tones up the musculature. It stimulates healthy functioning of the glands on which the body and chemical balance depends glands on whose secretions we depend for vitality and youthfulness. Yoga therapy provides an individual with good physique, toned muscles, flexibility, vitality, ability to relax easily, recover quickly after exertion, sound sleep, stamina, good skin, alertness and optimism. Yoga therapy thus helps one to deal with anxiety and stress, physiological, emotional, mental and psychosomatic problems thereby serving as a wholistic approach.

The present study involves the use of yoga therapy to know its effect on state and trait anxiety, test anxiety, general stress, negative mood, achievement motivation and self esteem of both science and arts female adolescent students. These adolescent subjects are chosen for the study as they are under great deal of stress due to their entrance exams, future career insecurities, results of examinations, such that they are further able to secure further admissions. There is turmoil with regard to ones own self, involving self-beliefs, shortcomings, self-evaluation, cognition, physical aspects and also those involving self and environmental interactions. At this age self-esteem is always being threatened and ones motivation may also be
hampered. There are very many aspects of life such as family, education, friends, personal, behavioural and physical factors which act as stressors in the life of these students and this adolescent stage is however described as the age of stress and storm. Here they stand at the crossroads of life with dreams unlimited, obstacles unknown waiting to make their lives purposeful.

The objectives of the present study aims at knowing if there is any significant difference among the Science and Arts female adolescent subjects on the dependent variables used in this study and further it aims at knowing whether these dependent variables are significantly related to each other. The prime objective however is to know the effect of yoga therapy in curtailing state anxiety, trait anxiety, test anxiety and stress and enhancing negative mood regulation, achievement motivation and self esteem.

OBJECTIVES

(I) The aim of the present study is to know whether there is any difference among the Arts and Science adolescent subjects with regard to their state anxiety, trait anxiety, test anxiety, stress, negative mood regulation, achievement motivation and self esteem.

(II) The study also aims to study the relationship among the state anxiety (STAI-X1), trait anxiety (STAI-X2), test anxiety (TAI-H), stress (SI), negative mood regulation (NMRS), achievement motivation (AMS) and self esteem (SEI).
(III) The prime objective of the present study is to know the effect of yoga therapy in curtailing state anxiety, trait anxiety, test anxiety and stress and in enhancing negative mood regulation, achievement motivation and self esteem of the adolescent female subjects.

The detailed aspects undertaken in the research study are presented in the forthcoming chapter ‘Conceptual Framework’.