CHAPTER-II
REVIEW LITERATURE

2.1. Mental Health

Jegde (1980) conducted a studied on 145 the female and 725 male Freshmen University of Ibadan students to find the relationship between personality and mental health characteristic of Nigerian university students. The result indicates that there was no significant relationship between self-assessed mental health’s with neuroticism.

Hirschfeld et al. (1983) examined the influence of the clinically depressed state on personality assessment and result indicates that the clinically depressed state strongly influenced assessment of emotional strength, interpersonal dependency and extraversion.

Srivastava (1983) studied the personality and mental health of primary and secondary teachers. The result indicates that personality types/traits influence the mental health of primary and secondary teachers and extrovert teachers enjoy better mental health as compared to introvert teachers.

Furnham and Barratt (1988) studied three groups of adolescents – delinquent, problem children, control group and the results indicate that there were no difference between the three groups on moral reasoning, but the delinquents had significantly higher neuroticism and psychoticism scores and significantly lower lie score.
Bolger and Eckenrode (1991) studied the social relationship (social contracts and perceived support), personality (extroversion and neuroticism and anxiety). The results indicate that controlling for personality and prior anxiety, social contacts buffered against increase in anxiety, whereas perceived support did not. Joseph et al. (1994) studied the personality correlates of scores on the depression-happiness scale. The result shows that high scores on the Depression-Happiness Scale show that personality is associated with happiness. Happier people were generally shown to have positive self-esteem and internal control. Unhappy people scored higher in neurotic traits.

Savastano et al. (1996) evaluated illness behaviour, personality traits, anxiety and depression in patients with Meniere’s disease. The results indicate that Meniere’s patients with normal scores and another with severe psychological distress associated with high levels of neuroticism, psychoticism and an abnormal illness behaviour. Heaven et al. (1996) result shows that a longitudinal analysis of the self-reported delinquency reveals that psychoticism predicts antisocial behaviour more accurately than extroversion or low self-esteem. Heaven et al. (1996) studied the interrelationship between perceived family functioning; personality dimensions, life satisfaction, and self-concept on 183 Australian adolescents. Moderate inverse relationship was obtained between Eysenck’s psychoticism dimension and perceived family functioning. Eysenck’s Neuroticism dimension demonstrated a significant, yet modest, relationship to perceived family functioning. In comparison to Eysenck personality dimensions,
life satisfaction, and self-concept strongly associated with perceived family functioning.

**Fyrand** et al. (1997) studied the relationship between personality traits, social support and mental health problems was studied in 138 female patients with rheumatoid arthritis (RA). The results revealed that instrumental support was uncorrelated with mental health problems. The effect of emotional support on mental health was spurious and due to personality traits. Companionship had a direct effect on mental health in addition to partially mediating the effects of both extraversion and neuroticism.

**Furnham and Cheng** (1999) studied the personality and demographic correlates of happiness and mental health in Britain, China (Hong Kong) and Japan among comparable groups. The result indicates that extroversion is a positive correlate of happiness in all three countries – China, British and Japan. Neuroticism is strongly correlate of mental illness in China and British, but not in Japan. Neuroticism is a negative predictor of happiness, in Japan and British, psychotics’ scores were positively associated with mental illness. Johnson et al. (1999) investigate whether personality disorders (PDs) during adolescence increase the risk psychiatric disorders and suicidality during early adulthood. The results indicate that adolescents in the community with personality disorders are at elevated risk for major mental disorders and suicidal ideation or behaviour during early adulthood.
Uehara et al. (1999) studied the relationship between stress coping and personality in patients with major depressive disorder. The results indicate that task-oriented coping showed a positive correlation with extraversion and frustration tolerance. Emotion-oriented coping was closely associated with neuroticism, esoteric tendencies and isolation tendency. Avoidance-oriented coping was related to extraversion.

Goodwin et al. (2002) conducted a study to determine the relationship between personality factors and mental health services among adults. The result indicates that neuroticism was associated significantly with increase likelihood of mental health services. Conscientiousness and extraversion were associated with decreased likelihood of use of mental health services.

Duggon (2003) studied the relationship between the neuroticism, extraversion and other five-factor inventory (NEO—FFI) and DSM personality disorders in a consecutive series of mentally disordered offenders and result indicates that neuroticism have the symptoms of depressed disorder personality. Matby et al. (2004) results revealed that neuroticism coping- forgiveness factor was associated with poorer mental health and extraversion coping- forgiveness factor was positively related with mental health.

Suurmeijer et al. (2005) studied the relationships between two personality characteristics (neuroticism, extraversion), three types of supportive transaction(emotional support, social companionship, instrumental support) and satisfaction with these transaction, and two aspects of mental health (feeling of
anxiety and depressed mood) among 280 patients. The result indicates that people with neurotic personality showed more anxiety and depressed feeling. Extraversion had no direct effect on depression or anxiety. Companionship both transaction and satisfaction, had an independent positive effect on depression but not on anxiety. Benjamin (2006) examined the associations between five factor model of personality traits and mental health and analyses that higher neuroticism score was associated with worse perceived health and a lower extraversion score was associated with worse perceived health. De Moor et al. (2006) examine whether regular exercise is associated with anxiety, depression and personality in a large population – based sample as a function of gender and age. The findings suggest that regular exercise is cross-sectionally associated with lower neuroticism, anxiety and depression and higher extroversion and sensation seeking in the population than non-exercises. These differences were modest in size, but very consistent across gender and age.

**Wey Lung** (2006) conducted a study to examine the personality traits and mental health among Taiwanese military students with adjustment disorder. Among 641 students from two military high schools, 43 had a diagnosis of adjustment disorder. Differences between students with adjustment disorder and those without adjustment disorder were statistically significant in terms of their premorbid personality and mental health. Different kinds of school discipline appear to be a precipitating factor for adjustment disorder, however, neurotic, introvert, and psychotic traits appear to be predisposing factors for adjustment
disorder. Goodwin et al. (2006) studied the association between major depression, neuroticism, and self-reported allergy among adults in the community. The result indicates that among adults in the community, major depression was associated with a significantly increased likelihood of allergy. Higher level of neuroticism was also significantly associated with increased likelihood of allergy. Hooker (2006) examined the influence of personality on mental and physical health of spouse caregivers and to determine whether there were differences in such influences depending on disease context. The disease contexts compared were Alzheimer’s disease (AD) and Parkinson’s disease (PD; with no coexisting dementia)—both chronic, degenerative diseases of later life. The result indicates that personality had significant direct and indirect effects on mental health and significant indirect effects on physical health. As predicted, Alzheimer’s disease (AD) caregivers had significantly worse mental health than PD caregivers; however, AD caregivers had better physical health than PD caregivers.

Jylha and Isometsa (2006) investigated the relationship of the personality dimensions of neuroticism and extraversion to the symptoms of depression and anxiety in the general population. The result indicates that neuroticism correlated strongly with symptoms of depression and anxiety and somewhat with self-reported lifetime mental disorder. Extroversion correlated negatively with symptoms of depression, anxiety, and self-reported lifetime mental disorder.
Kendler (2006) examined the nature of association between neuroticism and extroversion and the risk for major depression. The result indicates that neuroticism strongly associated with major depression and extroversion were weakly and inversely related to major depression. McWilliams et al. (2006) investigated the relationship between several personality constructs and the use of outpatient mental health services. The results revealed that personality traits play a role in treatment seeking behaviours for mental health problems over and above the presence of psychiatric disorders alone.

Sangeeta (2006) studied the relationship between introversion – extroversion and mental health on 600 boys studying in tenth standard in high and higher secondary school of Jammu city. The results indicate that extroversion tendencies enhance the mental health where as introversion tendencies deteriorate mental health.

Tyrer and Mulder (2006) studied the management of severe and complex personality disorders in community mental health services. The result indicates that severe personality disorders have a negative impact on the outcome of most psychiatric disorders. Osterberg et al. (2007) studied to assess early determinants of idiopathic environmental intolerance (IEI), contributing to an integrated model for the development of idiopathic environmental intolerance (IEI). The findings suggest that trait anxiety is prominent already at prodromal stages of idiopathic environmental intolerance (IEI); possibly indicating that trait anxiety facilitates the acquisition of attribution of health complaints to environmental factors.
Shipley et al. (2007) examined the influence of neuroticism and extraversion on all-cause and cause-specific mortality over 21 years after controlling for risk factors. The result showed that after controlling for several risk factors, high neuroticism was significantly related to risk of death from cardiovascular disease. The effect of neuroticism on death from cardiovascular disease may be mediated by sociodemographic, health behaviour, and physiological factors. Extraversion was protective of death from respiratory disease.

Unterrainer et al. (2007) investigated the relationship between religious/spiritual well-being and indicators of psychological well-being (global religiosity, hierarchy of needs, sense of coherence) and the big five personality dimensions. The results indicate that religious/spiritual well-being is substantially correlated with different aspects of psychological well-being and personality (e.g. extraversion, neuroticism, openness).

Abbott et al. (2008) studied individual differences in personality influence the occurrence, reporting and outcome of mental health problems across the life course. Women who were more socially outgoing (extrovert) reported higher well-being on all dimensions. Neuroticism was associated with lower well-being on all dimensions. The effect of early neuroticism on midlife well-being was almost entirely mediated through emotional adjustment defined in terms of continuities in psychological/psychiatric distress. The effect of extraversion was not mediated by emotional adjustment, nor attenuated after adjustment for neuroticism.
Korotkov (2008) studied a sample of 706 adults to measure if personality moderates the relationship between stress and health behaviour. The result indicates the openness to experience; extroversion and neuroticism were found to moderate the stress to health behaviour relationship. The result also revealed that conscientiousness was found to buffer the stress to distress connection. Lincoln (2008) studied that an individual’s personality traits may mediate the relationship between social support and mental health. Results suggest that, beyond the influence of personality, social support is negatively associated with psychological distress, and negative interactions are positively associated with such distress. The findings also suggest that personality has direct and indirect effects, through social support and negative interactions, on psychological distress.

Lockenhoff et al. (2009) examined the association between five-factor personality domains and facets and spirituality/religiousness as well as their joint association with mental health in a diverse sample of 112 people living with HIV. Spirituality/religiousness showed stronger associations with conscientiousness, openness, and agreeableness than with neuroticism and extraversion. Both personality traits and spirituality/religiousness were significantly linked to mental health, even after controlling for individual differences in demographic measures and disease status. Personality traits explained unique variance in mental health above spirituality and religiousness. Nordin (2009) examined the relationship between personality and loneliness on mental health among 1468 undergraduates at Malaysian Universities. The result revealed that an increase in neuroticism
could lead to unhealthy mental health and negative correlation between extraversion and mental health means the higher scores in extraversion will lead to a decrease in mental health of respondents.

**Ahadi and Basharpoor** (2010) studied the relationship between sensory processing sensitivity, personality dimensions and mental health in a sample of University of Mohaghegh Ardabili students. The results revealed that ease of excitation was positively correlated to neuroticism and mental health (physical problems, anxiety, disorder in social functioning and depression) and negatively related to extraversion. Aesthetic sensitivity was positively related to neuroticism, openness to experience, conscientiousness and anxiety. Low sensory threshold was also positively related to neuroticism, physical problems, anxiety and mental health. The results also revealed that sensory processing sensitivity can explain considerable variances of personality traits and mental health.

**Cloninger and Zohar** (2010) studied the personality and the perception of health and happiness on the sample of 1102 volunteer representatives of the Sharon area of Israel. The finding suggests that self-directedness was strongly associated with all aspects of well-being regardless of interactions with other dimensions. Cooperativeness was strongly associated with perceived social support, and weakly with other aspects of well-being, particularly when Self-directedness was low. Self-transcendence was strongly associated with positive emotions when the influence of the other character dimensions was taken into account. Personality explained nearly half the variance in happiness and more
than one-third of the variance in wellness. Whitfield et al. (2010) results indicated that those who are more neurotic report more cardiovascular health problems, and that openness and conscientiousness were significant predictors of active coping. The results also suggest that coping style did not mediate the relationship between personality and reports of cardiovascular health problems. These findings highlight the importance of personality in accounting for cardiovascular health in African Americans.

**Safer** (1974) examined the teacher-rated outcome on 70 consecutive school mental health referrals treated with brief psychiatric therapy. The major clinical and outcome findings were (1) 40% of the children showed a hyperactive-learning impaired pattern: (2) the use of stimulant medication for the majority of this group resulted in dramatic classroom improvement; (3) time-limited therapy for academically retarded, chronically misbehaving children produced limited classroom benefits; (4) parental antagonism toward school authorities was frequently related to student suspensions; (5) the child’s IQ was a significantly (positive) outcome factor; (6) persistence in treatment was significantly greater when medication was prescribed.

**Wiener and Vardi** (1981) studied that individual and situational variables, as a whole, show stronger relationship with work-related attitudes than with mental health indices. The result indicates that career and work satisfaction emerged as the strongest contributors to mental health. Situational variables such as job characteristics, supervisory style, and pay related more
strongly to the attitudinal variables than to mental health. This pattern also suggests that career and work satisfaction may serve as intervening variables in the relationship between situational variables and mental health.

**Dhoundiyal** (1984) studied the home environment and emotional disturbance among 276 adolescents. The results revealed that the quality of home environment is a significant factor in determining emotional disturbance among adolescents. Also the result revealed that over-protection of parent’s facilitated emotional disturbance among adolescents.

**Delongie** (1985) studied the relationship of everyday stress with mental health and wellbeing. The results indicate that those who received low emotional supports from family, friends and co-workers were about twice as likely to develop mental health problems as compared to those who received high emotional support. Weaver (1986) studied the impact of race, sex and religious environment on the perception of mental health. He found that no significant relationship was found between the perception of mental health and race, sex and the degree of religious involvement.

**Sharma** (1988) found that children of working mothers have a greater feeling of rejection, more adjustment problems, health problems, social adjustment problems than children of non working mothers. Ray and Yadav (1993) studied the mental health of higher secondary students in relation to socio-economic status on 251 boys and 250 girls from grades 9 to 12th of two
urban and two rural higher secondary schools. The result revealed that mental health and socio-economic status were positively and significantly correlated.

Kannappan and Bai (1994) assessed and compared the effect of different psychological training and tested the trend of different trainings over successive periods on 240 adolescent deviant boys (age range – 14 – 16 years). The boys were assigned to seven experimental groups such as social skills training (SST), human relationship training (HRT), social skills with human relationship training (SS-HRT), yoga-cognitive training (YCT), cognitive skills training (CST), yoga with cognitive skills training (YCST), multiple training (MT) and control group randomly. Training was given for two months. The groups SST, HRT, YCT, CST and YCST had changes in few areas of mental health but group SS-HRT and MT had significant change in self-concept, perception of self among others, concept of life and perception of adjustment. Björkman et al. (1996) studies the physical and mental health related to dental amalgam fillings in Swedish twins. The result indicates that no negative effects on physical or mental health were found from amount of dental amalgam, even after controlling for age, gender, education and number of remaining teeth.

Raskin and Horwitz (1996) showed that married people are less depressed and have fewer alcohol related problems, as compared to unmarried people. The quality of marriage may be responsible for the relationship between mental health and marriage. Anand (1999) studied student’s mental health attitude and motivation on a sample of 370 students and found that students with
parents of better educational and occupational backgrounds had mental health in their favor. Maternal education is significantly associated with psychopathological disorders in children and also prevalence being highest in off springs of illiterate mothers (Rahi et al., 2005).

Roeser et al. (1999) examined patterns of academic functioning and mental health in 184, middle school children and relation of such patterns to their prior and subsequent functioning. Data were collected from children during their 2nd, 3rd, 4th, 8th and 9th grade school years. The results indicate that there was no significant change in mental health among the full sample, in emotional functioning, the multiple problems youth mental health improved significantly across the transition. Srivastava et al. (1999) studied the mental health of 80 students studying 11th and 12th standard from English medium and Hindi medium schools located at Haridwarr. The results showed that Hindi medium students had better mental health in comparison to English medium students. The result also indicated that symptoms of egocentrism and emotional instability in English medium students were high in comparison to Hindi medium students.

Mudgal (2000) conducted a study on the mother’s attitude and emotional and mental well being of children. The sample consist 877 adolescents and their parents in Los Angles. It was found that mother’s attitude and children’s well being score are positively related. Nanda (2001) studied the mental health of high school students also revealed that the general category students had better mental health than scheduled caste, scheduled tribes and first generation
learners. On the basis of locale, urban students had better mental health. Scheduled caste had better mental health than scheduled tribe students.

Neria et al. (2001) examined the associations among attachment styles, hardiness, and mental health in intensive real-life stress. The result indicates that secure attachment style was positively associated with overall hardiness, commitment, and control, whereas avoidant and ambivalent attachment styles were negatively associated with these variables. In addition, a secure attachment style, and overall hardiness, commitment, and control were positively associated with mental health and well-being, and negatively associated with distress and general psychiatric symptomatology, whereas avoidant and ambivalent styles were inversely related to mental health and well-being and positively related to distress and general psychiatric symptomatology.

Sonnak and Towell (2001) studied the role of perceived parental rearing style, parental background, self-esteem, mental health and demographic variables upon impostor phenomenon with 78 females, 29 males. The finding suggests that parental care score, parental educational and occupational level and subject’s mental health and demographic information did not show a significant relationship to impostor scores.

Reddy et al. (2002) studied mental health status of students of coeducational and non-co-educational schools. The results revealed that there was a significant impact of the type of school on mental health status of both
boys and girls. The students of co-educational schools were mentally healthier when compared to the students of non-co-educational schools.

Shek (2002) examined the association between family functioning and adolescent adjustment in 1,519 Chinese adolescents. The results showed that family functioning was significantly related to measures of adolescent psychological well-being (existential well-being, life satisfaction, self-esteem, sense of mastery, general psychiatric morbidity), school adjustment (perceived academic performance, satisfaction with academic performance, and school conduct), and problem behaviour (delinquent and substance abuse behaviour). Family functioning was generally more strongly related to measures of adjustment for adolescents with economic disadvantage than for adolescents without economic disadvantage. Sirohi (2002) conducted a study on the effect of religion on mental health. The sample consisted of 250 XI standard boys covering three religions - Hindu (N= 105), Christian (N = 80) and Muslim (N = 80). Sirohi Mental Health Questionnaire developed by the author was used for assessing the mental health of adolescents. He reported that Christian had significantly poor mental health when compared with Hindu and Muslim boys.

Weinreb et al. (2002) examined the independent contribution of child hunger on children’s physical and mental health and academic functioning, when controlling for a range of environmental and maternal factor. After controlling for housing status, mother’s distress, and stressful life events, severe child hunger was also associated with higher reported anxiety/depression among
school-aged children. Ensminger et al. (2003) examined the relationship of mothers’ symptoms of depression and anxiety reported during their offspring’s childhood and adolescents on depressive disorder and educational achievement of their adult children. The data was collected from a longitudinal cohort study of first graders from Woodlawn, Chicago, followed from age 6 to 32 years (N = 879). The results reported that daughters of mothers with persistent maternal psychological distress had two and a half times the risk of lifetime depressive disorder, but no increased risk of high school dropout. For sons, mothers’ psychological distress was not related to depression but was related to poorer educational attainment. They concluded mothers’ depressed feelings during the child rearing years relate to their children’s depression and educational attainment as measured in adulthood. The patterns differ for sons and daughters. Miller (2003) studied the relation between senses of humor with a person’s overall mental health. The data were analyzed and a significant correlation was found between sense of humor and mental health. As scores on the Multidimensional Sense of Humor Scale increased (showing a high sense of humor), scores on the mental health decreased.

Ostberg (2003) focused on social relation in school classes and their importance for mental well-being in middle childhood in a Scottish city. Peer status and both the individual’s own status position and the status distribution of the school class as a whole were considered as the respect of social relations. The number of children analyzed was 13,932 and the number of school classes
was 524. The results show a clear association at individual level: the higher the status position the more uncommon is malaise, which was supported by the teacher and by a parent report on malaise for both boys and girls. The association was generally present within school and existed regardless of grade, type of school and class size. Furthermore, a minority of the classes had a more compressed status distribution and here malaise was less common in all status positions. This was especially the case when the school class did not contain marginalized children. Consequently, that some children are marginalized in the group indicates problematic conditions for the persons in question but also for the other group members. Woodcock et al. (2003) reported that long periods of isolation with little mental stimulus contributed to poor mental health and led to intense feelings of anger, frustration, and anxiety.

Dwairy (2004) examined the parental styles and psychosocial adjustment of adolescents and the relationship between them in gifted as compared to non-gifted Arab adolescents. The results indicated that parents of gifted adolescents tend to be more authoritative and less authoritarian than parents of non-gifted adolescents. The attitudes of the gifted adolescents toward their parents were more positive than those of the non-gifted adolescents. The gifted adolescents displayed higher self-esteem and fewer identity disorders, phobias, and conduct disorders than the non-gifted adolescents. The authoritative parental style correlates positively with the mental health of both gifted and non gifted adolescents, while the authoritarian parenting style impacts negatively on the
mental health of the gifted, but not of the non-gifted adolescents. The results indicated that the authoritarian parenting style is a crucial factor that influences the well-being of gifted children and may affect their psychological adjustment.

**Gonzales** et al. (2004) studied the efficacy of the bridges program, an intervention designed to prevent school disengagement and negative mental health trajectories during transition to junior high school. The intervention included an adolescent coping skills intervention, a parenting skills intervention and a family strengthening intervention. The program was evaluated by examining pretest to posttest changes on targeted mediators and outcomes with a sample of 22 predominantly Mexican American families. Adolescents reported increased use of active and distraction coping strategies and decreased depressive symptoms for themselves from pretest to posttest. They also reported significant changes in their mothers’ parenting skills, including increased monitoring and a decrease in inconsistent discipline. Maternal caregivers reported an increase in supportive parenting and a decrease in inconsistent discipline for themselves and fewer adolescent problem behaviour.

**Gulati and Dutta** (2004) studied the mental health profile of 245 rural adolescents (12 to 16 years) drawn from persistent poor but intact families of Ludhiana district. The results indicated that despite economic diversity and the presence of other risk conditions, majority of the adolescents were found to be performing within normal status of mental health without any manifest conduct disorders and also the effect of gender was found to be non-significant. The
results revealed that the dominant problem in males was delinquency and females were anxiety and depression.

**Vasuki and Charumathy** (2004) compared the sibling rivalry with achievement motivation, frustration, mental health and self-conflict of adolescents on a sample of 60 girls and 60 boys of age 15-18 years. Rivalry resulted in inferior level of achievement motivation and poor mental health. Greater extent of sibling rivalry also leads the adolescents to become more frustrated. Aseltine and Gore (2005) examined how living situation, work school roles and experiences in those roles affect psychological functioning in high school. The sample consisted of 1325 students of seven communities and school districts in the Boston. The results showed that enrollment in college programs and full-time are associated with lower levels of depressed moods and more positive quality of life. Disruptions in work were linked to higher levels of depressed mood, heavy episodic drinking and poorer quality of life; the negative effects of disruptions in postsecondary schooling are confined to high episodic drinking. Abu-Rayya (2006) explored the relationship between ethnic identity, ego identity and psychological well-being among mixed-ethnic adolescents with European mothers and Arab fathers in Israel. It was found that Arab and European ethnic identities, composed of ethnic behaviours, affirmation and belonging and achievement of a sense of oneself as part of an ethnic group, were significantly positively correlated with participants’ psychological well-being. Findings revealed positive and significant relationship between Arab and
European ethnic identity and psychological well-being for the mixed-ethnic adolescents. The results also suggested that ego identity status was significantly associated with the psychological well-being of mixed-ethnic adolescents.

**Baldwin** (2006) studied the extent to which self-reports of job-related discrimination by persons with serious mental illness are associated with econometric measures of discrimination. The results indicate no significant difference in mean wages was found between workers with serious mental illness who did not report experiencing stigma and those with no mental illness. Rahi et al. (2005) studied the association of psychopathology with demographic, developmental and social factors on 620 children from an urban slum of Miraj (Maharashtra). They reported that males were significantly affected more than the females and the prevalence increased significantly as the socio-economic status lowered. The results revealed that socio-economic status has greater impact on mental health of adolescents; lower socio-economic status lowers the mental health of the adolescents.

**Curlin** et al. (2007) compared the religious characteristics of psychiatrists with those of other physicians and explored whether non-psychiatrist physicians who are religious are less willing than their colleagues to refer patients to psychiatrists and psychologists. The result shows that Psychiatrists are less religious than other physicians, and religious physicians are less willing than nonreligious physicians to refer patients to psychiatrists.
Hillemeier et al. (2007) studied the mental health among rural women of reproductive age, with particular attention given to rural area type and farm residence. The result indicates that farm residence was associated with higher mental health score, and the most isolated rural residence was associated with less diagnosed depression or anxiety. Kopp et al. (2007) analyzed the association between work-related factors and self-reported mental and physical health after controlling for negative affect and hostility as personality traits. The results indicate that in both genders negative affect was the most important correlate of depression, well-being and self-rated health, whereas hostility was closely associated only with depression. Job insecurity, low control and low social support at work, weekend work hours, job-related life events and dissatisfaction with work and with boss were independent mental health risk factors, but there were important gender differences. Job related factors seem to be equally important predictors of mental health as social support from family. Mistry et al. (2007) studied the associations between maternal mental health and individual and co-occurring parenting stressors related to social and financial factors and child health care. The result indicates that stressors increased the risk of poor maternal mental health: lack of emotional or functional social support for parenting and difficulty paying for child care.

Yeung and Chan (2007) studied the relationship between religiousness and mental health in physically vulnerable populations, including the medically
ill, the elderly and the disabled. The results show that religion had played a significant role in shaping the form of mental health care known as moral.

Downey et al. (2008) studied the relationship between emotional intelligence and depression in a clinical sample. The results indicate that significant associations were observed between severity of depression and the emotional intelligence dimensions of emotional management and emotional control. Masters (2008) studied the relation between religiosity and health. The result indicates that religiosity and spirituality influence health followed by possible role of cardiovascular reactivity to stress as a link between religiosity and cardiovascular functioning. Wang et al. (2008) studied the gender-specific associations between work stress, major depression, anxiety disorders and any mental disorder, adjusting for the effects of demographic, socioeconomic, psychological and clinical variables. The results indicate that male workers who reported high demand and low control in the workplace were more likely to have had major depression and any depressive or anxiety disorders. In women, high demand and low control was only associated with having any depressive or anxiety disorder. Job insecurity was positively associated with major depression in men but not in women. Imbalance between work and family life was the strongest factor associated with having mental disorders, regardless of gender. Lien et al. (2009) studied the relationship between smoking and depressive symptoms, controlling for other lifestyle factors. The results show that significant association was found between smoking and mental distress for both genders.
**Backhans and Hemmingsson** (2010) investigated the association between periods of unemployment and mental distress. The results show an independent effect of unemployment on mental distress.

**Ho Cheung William Li** et al. (2010) explored the relationship among mental health, self-esteem and physical health in Hong Kong Chinese adolescents. Chinese students ($N = 1945$) between the ages of 12 and 19 from four secondary schools of different regions. This result revealed that a significant number of adolescents in Hong Kong are experiencing depressive symptoms. The results also indicated that self-esteem of adolescents was correlated to and a predictor of their physical and mental health. McFarland (2010) studied the relationship between religious involvement and mental health varies by gender among the aging population. Results suggest that (a) men obtain more mental health benefits from religious involvement than women, (b) women with higher levels of organizational religious involvement have similar levels of mental health as those with moderate and lower levels of organizational religious involvement, (c) men with very high levels of organizational religious involvement tend to have much higher levels of mental health than all other men. Oddy et al. (2010) studied the effect of breastfeeding on child and adolescent mental health. The results indicate that a shorter duration of breastfeeding may be a predictor of adverse mental health outcomes throughout the developmental trajectory of childhood and early adolescence.
Johannessen et al. (2011) studied whether mental disorders have an impact on suicide mortality. The results indicate that none of mental health services were significantly associated with female or male suicide mortality. Alcohol was significantly associated with male suicide mortality; education and unemployment were significantly associated with female suicide mortality. Mari Kan (2011) studied the effects of employment status on health and health-related behaviour in Japan. The result indicates that changes in employment status have a significant influence on mental health, frequency of physical exercise, and sleep duration but not on subjective health.

There have been a number of recent reviews into mental health which were influential in producing a starting point for this review and for informing the recommendations. Some influential reports on mental health include:

E1.1 Mental Health Research Funders’ Group Strategic Analysis of UK Mental Health Research Funding (November 2005) The Mental Health Research Funders’ Group includes the Department of Health, UK research councils and charities funding mental health research. The group analyzed its support for mental health and learning disabilities research in 2004. This was the first ever national review of research funding in this area.

E1.2 Foresight Report on Mental Capital and Wellbeing (October 2008) The aim of the Foresight Project on Mental Capital and Wellbeing was to advise the Government on how to achieve the best possible mental development and mental wellbeing for everyone in the UK. The Project used the best available
scientific evidence to develop a vision for the opportunities and challenges facing the UK over the next 20 years.

E1.3 Foresight Report on Brain Science, Addiction and Drugs: Drugs Futures 2025 (July 2005) The aim of the Foresight project on Brain Science, Addiction and Drugs was to provide a challenging vision as to how scientific and technological advancement may impact on understanding of addiction and drug use over the next 20 years. The project looked at the ethical and economic issues associated with the findings and considered the issue from the perspective of the individual, community and society. It culminated in a report entitled ‘Drugs Futures 2025’.

E1.4 Academy of Medical Sciences working group report: Brain Science Addiction and Drugs (May 2008) Following the Foresight Project above, the Academy of Medical Sciences was asked by the Department of Health to consider the societal, health, safety and environmental issues raised in the Foresight project and to formulate recommendations for future research needs and public policy. The resulting report considers issues around three types of substance: illegal and legal ‘recreational’ drugs; medicines for mental health; and a category of substances termed ‘cognition enhancers’.

E1.5 Global mental health Although this review was not constituted to look at opportunities for mental health on the global stage, the Group noted the Lancet Series on Global Mental Health, launched in September 2007. This documented the global burden of mental disorders and the long-term neglect of
the needs of the mentally ill, particularly in low and middle income countries (LAMICs). It is therefore timely and right to invest in substantially extending the evidence base in economically developing countries to identify cost-effective interventions suitable for scaling up to the national and international levels.

Lee and Kayvon (2010) assessed the relationship between mental toughness and athletes’ use of psychological performance strategies. Sixty-seven male (mean age 22.6 years, s=5.0) and 40 female (mean age 21.1 years, s=2.8) athletes, who competed at club/university to national standard in a variety of sports, participated in the study. Participants completed the MTQ48 (Clough et al., 2002) to measure mental toughness, and the Test of Performance Strategies (TOPS; Thomas et al., 1999) to measure the use of psychological strategies in practice and competition. Results of Pearson correlations and linear regression analyses revealed that self-talk, emotional control, and relaxation strategies were significantly and positively (r=0.26 to 0.37, P).

Lee (2011) tested relations between two measures of mental toughness. A sample of 110 male athletes (M age = 20.81 years, SD = 2.76), derived from University sports teams and local sports clubs, gave informed consent before completing two questionnaires to assess mental toughness. It was hypothesized that scales and subscales from the two different instruments, which purported to measure the same or substantially overlapping scales, would be strongly correlated. Predictions concerning the expected relations were made a priori. Pearson correlations revealed a significant and positive relationship between
higher order mental toughness scores ($r = .75; p < .001$). Correlations between similar mental toughness subscales were found to be positive and significant but somewhat lower than expected ($r = .49–.62$). Results suggest instrument subscales with similar labels are not measuring the same components of mental toughness.

2.2. Self Confidence:

There are so many studies in India in relation with self and its correlates viz., self esteem, self-confidence personally perceived self, socially perceived self, self confidence and academic achievement, self and level of aspiration, self and attribution, self confidence and adjustment self confidence and social intelligence etc. However, systematic studies in relation with self confidence and academic achievement, self confidence and sex has not been exhaustively carried out which may be helpful for the educator, vocational counselors, psychologist to guide students so that they will attain success in their academic and sports life. In his connection some studies are reviewed.

Maya Deb (1985) administered test to measure personality variables and adjustment to 45 females (aged 18-20 years) attending 1st year degree classes at a college in Calcutta, India. Results indicate that emotional maturity, introversion. Self-awareness, self-confidence, sociability and achievement motivation are significantly associated with different dimensions of adjustment.

Sudhakara Reddy M. (1983) studies self-confidence in relation with achievement and found that self-confident was positively correlated with academic motivation and academic achievement.
Basavanna (1971) studied self-confident in relation with self and ideal self and found that self-confidence people particularly who were capable. Successful and adjusted, had significantly higher self-ideal self-configruence than those who were low in their level of self-confidence. Around (1975) in her study tested the relationship between self-confidence and social intelligence and found positive correlation between these two.

Dipika, Shah and Manivannan (2003) made a study of the self-confidence of visually impaired children in integrated and special schools in Tamil Nadu. A sample of 320 visually impaired children was selected as the sample through stratified random sampling procedure. The tools used _students’ self-confidence scale (SCS) based on the Likert scale of summated ratings. Major findings of the study were: 1. there was no significant difference between the scores of visually impaired children in self-confidence on the basis of the gender. 2. There was no significant interaction between independent variables gender and nature of impairment as far as the scores of visually impaired children in self-confidence are concerned is tenable. 3. There was no significant interaction between independent variables gender and nature of schools as far as the scores of visually impaired children in self-confidence are concerned. 4. There was no significant interaction between independent variables such as gender; nature of impairment and nature of schools as far as the scores of visually impaired children in self-confidence are concerned.
Subramaniam, Leena Mathew (2004) studied assessing self-confidence, mental health & frustration among injured sportsmen & women. The sample comprised 60 of which 30 were sportsmen and used to the other assess self-confidence 30 were sportswomen. Rekha Agnihotri’s self-confidence tool was Tovier personality inventory (TPI) was used to assess mental health and Chauhan and Tiwari’s frustration scale was used to assess frustration. Major findings of the study were: 1. there were significant differences in the self-confidence and frustration between injured sportsmen and sportswomen. 2. There was no significant difference in mental health between injured sportsmen and sportswomen. 3. There were no interrelationships between self-confidence and mental health, self-confidence and frustration, and mental health and frustration of both.

Parvathamma and Sharanamma (2010) studied the anxiety level and level of self-confidence and their relation with academic achievement. Six high schools of Chamarajanagara taluk in Karnataka were selected randomly. Totally 300 students were selected by randomly selecting 50 students from each school including boys and girls. Tools were used self-confidence checklist (M.Basavanna), anxiety scale (Prof:D.N.Srivastasva & Dr.Govind Tiwari), school records for academic achievement. Major findings of the study were: 1. there was a significant difference between anxiety level of boys and girls. 2. There was a significant difference between self-confidence levels of boys and girls.
Debra Instone, Brenda Major, Barbara B. Bunker (1983) studied the gender self-confidence and social influence strategies: An organizational simulation. Investigated whether men and women in positions of equal power differ in the strategies they use to influence subordinates. 24 male and 24 female undergraduates were placed into a supervisory role in a simulated organizational setting and were compared on the frequency, range, and types of influence strategies they used to direct the work of 3 bogus subordinates. Although gender differences consistent with general sex-role stereotypes were found, most differences were weak and only of marginal significance. Relative to males, females made fewer influence attempts, used a more limited range of influence strategies, used fewer rewarding strategies, particularly promises of pay increases, and used more coercive strategies, especially pay deductions. Females displayed lower levels of self-confidence than did males, and sex-linked differences in self-confidence explained much of the gender difference observed in the frequency with which influence attempts were made and the extent to which coercive strategies were used.

Hence several researchers have made significant attempts to relate motivation with sports and found significant association between the level of motivation and the corresponding sports activity. It has been proved empirically that persons with greater amount of motivation are found to be superior to others who are less motivated. This reveals that the motivated groups improve significantly in the given sports activity more than the non-motivated group
(Hansen 1967). However, there is no single motivational technique that is superior to other techniques. This marks very clearly that each motivational technique is, by and large, important depending upon the conditions in which it is presented. Hence motivational techniques produce desirable effects to the extent that a coach or coaches present them wisely. In a similar way, the social factor like social support, SES, personal factors like self-confidence have significant impact on the performance of persons. Thus present study makes an attempt to assess the influence of all such factors on performance of sportsman selected from the colleges of Gulbarga division.

The reviews of related study, certain reports of experts, a host of eminent researchers evidences and their findings provide substantial background not merely in selecting unexplored area of research, it provides a logical, meaningful, innovative and scientific feedback which helps the researcher in updating his area of knowledge and highlights the direction to carry out the current investigation.

C. Robazza et al. (2008) was to examine the impact of emotions on athletic performance within the frameworks of the Individual Zones of Optimal Functioning (IZOF) model and the directional perception approach. Intensity, functional impact, and hedonic tone of trait and state anxiety, self confidence, idiosyncratic emotions, and bodily symptoms were assessed in high-level Italian swimmers, track and field athletes (N =56). Three standards of performance (poor, average, and good), derived from retrospective self-ratings
across one to three competitions (a total of 90 observations), were used as independent variables in the analysis of variance of intensity, intra-individual, and direction scores of anxiety, self-confidence, idiosyncratic emotions, and bodily symptoms. Subsequently, intra-individual scores were categorized as near to or distant from optimal/dysfunctional zones and entered as the independent variable in the analysis of direction scores. The results provided support for the predictions stemming from both the IZOF model and the directional approach, as well as help in interpreting direction of anxiety and other idiosyncratic emotions within the IZOF framework. Athletes tended to perceive emotional levels approximating an individual’s optimal zone as facilitative–pleasant and emotional levels approximating an individual’s dysfunctional zone as debilitative–unpleasant.

2.3. Competitive State Anxiety

Competitive anxiety and the effect it can have on a participant in sport performance has been the source of many research investigations (Burton, 1988; Krane & Williams, 1987; Martens, Burton, Vealey, Bump & Smith, 1990). How an athlete copes with competitive anxiety and how it affects his/her performance is important for the success of that athlete. It is important to help athletes reach a level of precompetitive arousal that will result in the best possible performance and also minimize harmful anxiety. Additionally, coaches and athletes could take advantage from research and clarifies the relationship between competitive anxiety and performance.
**Terry and Young**’s (1996) Field hockey players (N = 128) completed the Competitive State Anxiety Inventory-2 and the Profile of Mood States about 45 min. before a British Universities trial. Single-factor multivariate analysis of variance indicated no significant differences between selected and non selected players for any pre performance mood or anxiety measure. Discriminant function analysis showed that 74 participants (57.81%) could be correctly classified as selected or non selected players on the basis of pre-performance mood scores. This figure rose to 83 participants (64.84%) when scores on the anxiety subscales were also included in the discriminant function analysis. Anxiety scores alone discriminated 71 participants (55.47%). These results concur with earlier proposals of Terry that psychological state measures decline in predictive effectiveness in long duration, open skill team sports.

**Lenamar, Cesar, Jose and Albertino** (2011) conducted a study and analyzed self-efficacy in relation to anxiety level in young track and field athletes from Parana state. The total sample consisted of seventy five athletes of both genders with a mean age of 16.76 years old. The Competitive State Anxiety Inventory (CSAI-2) was used to assess competitive state anxiety and a structured questionnaire was used to identify self-efficacy. Their results showed that there was no significant difference found in anxiety levels between men and women. For women, no significant differences were observed between outcome expectancy and anxiety level. Men who achieved a better result than expected presented a higher anxiety level.
Patel (2011) made a study and compared the competitive state anxiety levels of individual sports, dual sports and team game players. Sixty (60) male students of LNUPE, Gwalior were selected as the participants for the study. All subjects were divided into three main group’s individual sports, dual sports and team games depending on their activities. They conclude that individual, dual and team games did not differ significantly in competitive state anxiety components from each other, no significant difference between individual sports, dual sports, and team games and finally the interaction effect with regard to the individual, dual and team games indicates insignificant difference.

Khan and Ali (2011) conducted a study on twenty five (25) male and female elite wrestlers, carried out and examine possible significant differences in cognitive state anxiety, somatic state anxiety, and self confidence among elite male and female wrestlers. Twenty five (N=25) medalist (12 male and 13 female) randomly selected in different weight categories from All India interuniversity wrestling competition. Competitive State Anxiety Inventory - 2 (CSAI-2) was used for data collection, after collected data was analyzed by using t-test to find out the significance differences between male and female elite wrestlers on above mentioned sub-psychological variable. The obtain result advocated that each sub-variable (cognitive state anxiety, somatic state anxiety, and self confidence) findings in contrast and that found insignificance difference among elite male and female elite wrestlers.
Nigam (2011) examined the effects of self-efficacy on sports competition anxiety. A total of Forty (40) students of psychology belong to D. P. Vipra College, Bilaspur (CG) affiliated to Guru Ghasidas University, Bilaspur were randomly selected for the purpose of study. Sports Competition Anxiety and the Physical Self-Efficacy Scale were administered upon all subjects who volunteers to participate in the experiment. The results of their study revealed that females who are high in self-confidence will have low levels of competitive trait anxiety. The findings of their study also indicated that private and public self consciousness and social anxiety are all contributing factors in predicting competitive trait anxiety.

Murtaza, Imran, Bari and Najeeb (2011) made a study and compare the anxiety state on different levels of weight lifters. Total hundred (50 State level and 50 All- India intervarsity level) male weight lifters were selected for this study. The age of the subjects were ranged between 18 to 25 years. The data on anxiety state of the subjects were obtained by using a questionnaire developed by Neary and Zuckerman (1976). They found that there was a significant difference between different levels of weight lifters at 0.05 level of significant with 98 degree of freedom. Study showed that All- India intervarsity level weight lifters have higher level of anxiety state as compared to State level weight lifters.

Tsopani, Dallas and Skordilis (2011) conducted a study on competitive state anxiety and performance in young female rhythmic gymnasts and examine
the competitive state anxiety and self-confidence of rhythmic gymnasts participating in the Greek national competition. Only eighty-six (N=86) participants selected, ages 11 and 12 years, completed the Competitive State Anxiety Inventory-2, 1 hr. before competition. Subject were categorized by performance (high and low performance) and participation in the finals (finalists and no finalists), responded to the 3 subscales e.i. Cognitive Anxiety, Somatic Anxiety, and Self-confidence. Statistical analyses indicated differences in Self-confidence between high versus low performance groups and finalists versus no finalists, and no significant differences were found on Cognitive and Somatic Anxiety. In a regression analysis, Self-confidence was the only significant predictor of performance for this sample.

Yadav (2011) investigated pre-competitive state anxiety of university badminton players. Ninety-one (91) badminton players (54 men and 37 women) who participated in the West Zone University Badminton Tournament held at Jabalpur University were randomly selected as subjects for this study. The men and women badminton players who participated in any of their matches from their teams from I round to quarter finals, were randomly selected for the study. The criterion measure for testing the hypothesis was the scores obtained in the Sports Competition Anxiety Test (SCAT) by Rainer Martens. Pre-competitive state anxiety had significant difference between winners and losers of West Zone University women badminton players in semi-final league matches and had no significant difference between winners and losers of West Zone
University men and women badminton players in semi-final league and I round to quarter final matches.

Sharma (2011) had studied on multidimensional pre-competitive state anxiety of university badminton players. The sample consisted of 49 male players and 41 female players who had competed in the badminton competition organized by the Manipur University, Imphal. The revised Competitive State Anxiety Inventory-2 (CSAI-2) was used to examine their multidimensional pre-competitive state anxiety and they found that there was no gender difference in pre-competitive somatic anxiety, however, gender difference was found with male players experienced higher than female players in pre-competitive cognitive anxiety.

Khan and Ali (2010) examined the competitive state anxiety (cognitive anxiety, somatic anxiety and self confidence) in elite and non elite Indian university high jump athletes prior to competition and to investigate any possible differences between elite and non elite high jump athletes, as well as in relation to their athletic experience, among 30 elite and non elite high jumpers. Measuring instruments was used for this investigation Competitive State Anxiety Inventory-2 (CSAI-2).The finding of the statistical analysis has been revealed that each encounters finding in contrast and that found a significance difference among elite and non elite high jumpers.

Esfahani and Soflu (2010) conducted a study on “The Comparison of Pre- Competition Anxiety and State Anger between Female and Male Volleyball
Players”. The statistical population consisted of all male and female volleyball players (N=214) who participated in Iran volleyball university matches. It must be noted that the questionnaires were distributed among whole population either 30 minutes before competition started in the hall where competition was supposed to be held or at the time the athletes went to the hall to start the competition and finally 88 questionnaires were collected from male volleyball players and 82 questionnaires were collected from female ones. In this research, the CSAI-2 questionnaire was used to measure cognitive state anxiety, somatic state anxiety and self-confidence.

The State-Trait Anger Expression Inventory (Spielberger, 1991) was also used to provide a measure of the anger experience as an emotional state (state anger), the disposition towards anger as a personality trait (trait anger) and the expression of anger. K-S (p=0.05) was used to ascertain data normality. Descriptive statistics (mean, standard error), t test and Pearson coefficient were used to analyze the data (p=0.05). The results showed a significant difference in all pre-competition anxiety subscales: cognitive state anxiety (t=3.62), somatic state anxiety (t=4.76) and self-confidence (t=3.06) (p=0.05).

Vincent and Mahamood (2010) examined competitive anxiety level as influenced by gender, levels of skills, and performance. The main aim of the study was to describe and compare the anxiety differences before and during competition among different categories of skills of athletes and genders. All data were collected from nine hundred two (902) athletes using a 27 item
Competitive State Anxiety Inventory-2. After analysis of collected data, their results showed that national level and male athletes obtained the lowest score on competitive state anxiety variable. Based on the current results, it is recommended that sport psychologists, sport counselors, and coaches in Malaysia use the findings to design appropriate training programmed to help athletes acquire suitable coping strategies so as to reduce their state anxiety levels and enhance their performance.

Powell (2009) investigated the impact of pre-competition anxiety on athlete’s performance in track runners and found that the nature of the event (sprint, mid-distance, long distance) differentially predicted the relationship between precompetitive anxiety and performance. Results showed that the interpretation of anxiety intensity as either facilitative or debilitative, the directional component of anxiety, is a more sensitive predictor of performance than anxiety intensity alone. Findings indicated that best predictor of performance for sprinters and distance runners were Mullen, Lane and Hanton (2009) examined the intensity and direction of the competitive state anxiety response in collegiate athletes as a function of four different coping styles: such as high-anxious, defensive high anxious, low-anxious and repressors. Specifically, this study predicted that repressors would interpret competitive state anxiety symptoms as more facilitative compared to high anxious, defensive high-anxious and low-anxious performers. Separate Multivariate Analyses of Variance (MANOVA) was performed on the intensity and direction subscales of
the modified Competitive State Anxiety Inventory-2 (CSAI-2). A significant main effect was identified for trait worry revealing that low trait anxious athletes reported lower intensities of cognitive and somatic anxiety and higher self-confidence and interpreted these as more facilitative than high trait anxious athletes. The prediction that performers with a repressive coping style would interpret state anxiety symptoms as more facilitative than performers with non-repressive coping styles was not supported.

Awolfram and Micklewright (2008) examined the effects of anxiety and self-confidence on equestrian performance. Forty riders (12 male, 28 female; 15 elite, 25 non-elite; 12 dressage, 17 show jumping and 11 eventing) completed the Revised Competitive Sport Anxiety Inventory-2 (CSAI-2), which measures the levels of somatic and cognitive anxiety as well as levels of self-confidence. Two-way between-subjects MANOVA tests were used to examine competence-by-discipline interactions and gender-by-discipline interactions in CSAI-2 scores. Post hoc analysis was conducted using one-way univariate ANOVA tests. Spearman’s rank correlation tests were conducted between each of the CSAI-2 subscales according to competence, discipline and gender. Most important findings include lower somatic arousal and higher self-confidence in elite compared with non-elite riders. Negative correlations between cognitive arousal and self-confidence were found among elite riders, non-elite riders, show jumpers and female riders. Greater riding-specific skills in the elite rider may result in increased self-confidence. Lower levels of somatic anxiety may further increase fine motor skills in elite
riders. Practical implications are that non-elite riders would benefit from sport psychological interventions increasing levels of self-confidence and reducing symptoms of somatic arousal to improve performance.

Neil, Mellalieu and Hanton (2006) examined the intensity and direction of competitive anxiety symptoms and psychological skill usage in rugby union players of different skill levels. Total 115 (Elite and non elite) elite (N=65) and non elite (N=50) participants selected and completed measures of competitive anxiety, self-confidence, and psychological skills. The elite group reported more facilitative interpretations of competitive anxiety symptoms, higher levels of self-confidence, lower relaxation usage, and greater imagery and self-talk use than their no elite counterparts. The findings suggest that no elite performers primarily use relaxation strategies to reduce anxiety intensity. In contrast, elite athletes appear to maintain intensity levels and adopt a combination of skills to interpret symptoms as facilitative to performance. Potential mechanisms for this process include the use of imagery and verbal persuasion efficacy-enhancement techniques to protect against debilitating symptom interpretations.

Mellalieu, Neil and Hanton (2006) examine whether self-confidence mediated the relationship between competitive anxiety intensity and direction. Elite (N=102) and no elite (N=144) participants completed the self-confidence subscale of the Competitive Trait Anxiety Inventory-2 and the worry and somatic subscales from the Sport Anxiety Scale. The findings for elite athletes revealed worry intensity to significantly predict self-confidence and worry
direction. However, when self-confidence was controlled, worry intensity did not predict worry direction over that which was significantly predicted by self-confidence. Within the analysis for somatic symptoms, only self-confidence was found to predict somatic symptom direction. For the no elite athletes, worry and somatic symptom intensity predicted both self-confidence and direction, and direction when self-confidence was controlled. The findings for the elite athletes suggest self-confidence mediates the relationship between performers’ worry symptoms and subsequent directional interpretations. However, the findings suggest that high levels of self-confidence and low symptom intensity are needed for no elite athletes to demonstrate a less debilitative interpretation.

Bekiari, Patsiaouras, Kokaridas and Sakellariou (2006) examine the relation of verbal aggressiveness and state anxiety (somatic, cognitive, and self-confidence) in sports settings based on the ratings by volleyball coaches and their athletes. The sample consisted of volleyball athletes (N=208; 98 men and 110 women) and their coaches (N=20; 16 men and 4 women). Analysis showed that male volleyball players rated somatic anxiety higher and were more affected by the verbal aggressiveness of their coaches than female volleyball players. No mean differences were significant for male and female coaches on somatic or cognitive anxiety, self-confidence, or verbal aggressiveness. Also, correlation between subscale scores for male and female volleyball players and coaches was found. The correlations of verbal aggressiveness with self-confidence and
anxiety were positive for these athletes, leading them to better behavior. This relationship needs further examination in sport settings.

**Kais and Raudsepp** (2005) examined the relationship between the intensity and direction of competitive state anxiety, self-confidence, and performance in basketball and volleyball players prior to different matches. Male basketball (N=12) and volleyball players (N=12) completed a modified version of the Competitive State Anxiety Inventory-2 (CSAI-2) prior to 11 different matches, and 132 questionnaires overall. The inventory included an intensity subscale as well as direction sub-scale for somatic and cognitive anxiety. The findings revealed a moderate level of state anxiety and very high self confidence of the players before the matches. The cognitive and somatic anxiety and self-confidence were stable prior to the different matches. Correlation analysis showed that the intensity and direction of somatic and cognitive anxiety and self-confidence of the players were not related to their athletic performance. However, the intensity of cognitive anxiety was positively.

**Jones and Uphill** (2004) conduct a study and examine the capability of the Competitive State Anxiety Inventory-2 in distinguishing between anxious and excited states. Total athletes (N=188) were randomly assigned to one of two groups and asked to complete the CSAI-2 as if they were either excited (excited group) or anxious (anxious group) prior to the most important competition of the season. Data were initially analyzed using Multivariate Analyses of Covariance, with gender as the covariate. Participants in the anxious group reported higher
scores on the cognitive and somatic anxiety intensity subscales, while the participants in the excited group reported a more facilitative perception of their symptoms on the somatic anxiety subscale. A logistic regression correctly classified 62.9% of the participants as belonging to either the anxious or excited group on the basis of the scores from the CSAI-2. It is possible to observe differences in scores on the CSAI-2 from participants asked to complete the inventory as if they were either excited or anxious. However, differences in scores were typically small with 37.1% of participants incorrectly classified on the basis of these scores. Accordingly, caution is advised in interpreting the results of the CSAI-2 in research and applied settings.

Thatcher and Doring (2004) conducted a study on “Gender differences in the pre-competition temporal patterning of anxiety and hormonal responses”. Six (male) and 6 (female) field hockey players completed the modified Competitive State Anxiety Inventory-2, including both intensity and direction subscales, and provided saliva and urine samples 24, 2, and 1 hour before the competition. These samples were analyzed for cortisol, and nor adrenaline and adrenaline, respectively. Two x 3 repeated measures ANOVA revealed significant gender x time interactions for cognitive and somatic anxiety intensity and adrenaline and nor adrenaline, but not cortisol. While males’ anxiety and hormonal responses demonstrated no significant changes, significant increases in females’ anxiety, and significant decreases in their adrenaline and nor adrenaline were observed over time. Moreover, while males’ anxiety and hormonal responses mirrored each
other, this was not the case for the females with increases in females’ cognitive and somatic anxiety intensity levels accompanied by decreases in adrenaline and nor adrenaline. Although this study has extended this line of research by adopting a psycho-physiological approach and measuring anxiety intensity and direction in male and female athletes, replication is required with larger samples from a greater diversity of sports.

**Zeng** (2003) conducted a study with four intercollegiate athletes’ teams from a Division III college. Sixty-nine (69) varsity athletes from team and individual sports participated in this study. It targeted the constructs of three self-confidence variables State Self-Confidence, State Sport-Confidence, and Trait Anxiety as well as levels of Cognitive State Anxiety, Somatic State Anxiety, and Competitive Trait Anxiety variables. The results demonstrated for college varsity athletes, team sport athletes had lower levels of cognitive state anxiety and somatic state anxiety compared to individual sports in a competition. On the other hand, the level of competitive anxiety demonstrated similar results. The increased levels of state self-confidence, state sport-confidence, and trait sport confidence were found in the team sports during competition.

**Behzadi et al. (2011)** studied the relationship between goal orientation and competitive anxiety and comparing them in female athlete students engaging in individual and team sports. Using Morgan’s table, 120 athletes were randomly selected from the team sports and 80 were selected from the individual sports. The Task and Ego Orientation in Sport Questionnaire (TEOSQ; Duda
and Nicholls, 1992) and Sport Competition Anxiety Test (SCAT; Martens, 1990) were used for data collection. The results of Spearman”s test revealed that only in team sports is there a negative significant relationship between task orientation and competitive anxiety. Moreover, the results of Mann-Whitney U test showed that there is no significant difference between individual and team sports in task orientation and goal orientation and that there is only a significant difference between team and individual sports in competitive anxiety and ego orientation with higher.

2.4. Depression:

Silva (1981) tried to identify variable that are related to optimal performance at elite levels of wrestling. The subjects were 86 candidates competing for 1980 US Greco-Roman and free style Olympic wrestling teams. Psychological testing included trait testing and pre-competitive state testing. The reports showed nonqualifier scored higher than qualifiers on anxiety, depression and regression. Separate anxiety measures generated from the STAI and the IPAT anxiety trait measures indicated that the qualifiers were lower on all measures of anxiety than were the non-qualifiers.

Tull S et al., assessed the relationship of abdominal obesity and BP. The study examined the elevated BP in a population of black Caribbean women aged 20 -55 yrs. 133 randomly selected women from the island of Barbados comprised the study sample. Data collected included Anthropometric and bp measurements and information about internalized racism, anxiety and
depression. The study concluded that the abdominal obesity should be taken into account as a risk factor. (e.g., Diabetes & CVD) [118].

Khuwaja A.K et al., carried out a study aimed to assess the prevalence of anxiety and depression and to identify their associated factors including metabolic components among people with type 2 diabetes. A cross-sectional, multi-center study of 889 adults with type-2 diabetes were included in this study. Anxiety and depression were measured by using the Hospital Anxiety and Depression Scale (HADS). Overall, 57.9% (95% CI = 54.7%, 61.2%) and 43.5% (95% CI = 40.3%, 46.8%) study participants had anxiety and depression respectively. Factors found to be independently associated with anxiety were physical inactivity, having hypertension and ischemic heart disease. For depression, being female, of older age, having hypertension and ischemic heart disease were significantly associated [128].

Han L. conducted a case control study on depression and anxiety in Hypertensive patients. Participants older than 35 years including both hypertensive patients and healthy controls were randomly selected in 2 communities through health Behavior Survey. The results showed that depression and anxiety were possibly associated with Hypertension and more attention has to be paid to the mental health situation of Hypertensive patients in order to improve their quality of life [129].

Mykletun S et al., studied on the effect of Anxiety on Blood pressure. 36,350 men and women aged 20 – 78 yrs participated in the change in symptom
level of Anxiety and Depression between baseline and follow-up was Inversely associated with change in Systolic Blood Pressure. For Diastolic Blood Pressure, the findings were weaker or non-significant. Symptoms of anxiety and depression predicted lower Blood Pressure 11 years later [130].

Dahl A., investigated the association of low Blood Pressure with Anxiety and Depression. 60,799 men and women aged 20 -89 years filled in the Hospital Anxiety and Depression Scale as part of a General health study. Slightly weaker Associations were found on low diastolic blood pressure with Anxiety and Depression. This study showed the epidemiological evidence for an association of low Blood pressure with Anxiety and Depression, which is not caused by CVD [132].

Kim., performed a study to investigate the effects of a relaxation breathing exercise on Anxiety and Depression on patients with Hypertension. 35 patients were randomly selected, with 18 assigned to an exercise group and 17 assigned to a control group. It consisted of physical exercises combined with relaxation breathing. Anxiety was measured by STAI & Depression was measured by Beck Depression Inventory. The findings indicated that a relaxation breathing exercise would improve Anxiety and Depression levels in patients with Hypertension [135]

A study was conducted to evaluate Medical yoga treatment in patients with stress-related symptoms and diagnosis in primary health care. A randomized, controlled study was performed at a primary health care centre in
Sweden in 2011. Patients were randomly allocated to a control group receiving standard care, or a yoga group treated with Medical yoga for 1 hour, once a week, over a 12-week period in addition to the standard care. A total of 37 men and women, mean age 53±12 years, seeking care for stress-related symptoms at the primary health care centre were included and followed up after the 12-week study period. General stress level (measured using Perceived Stress Scale (PSS)), burnout (Shirom-Melamed Burnout Questionnaire (SMBQ)), anxiety and depression (Hospital Anxiety and Depression Scale (HADS)), insomnia severity (Insomnia Severity Index (ISI)), pain (visual analogue scale (VAS)) and overall health status (Euro Quality of Life-VAS (EQ-VAS)) were measured before and after 12 weeks [143].

**Jacob and Windle (2000)** conducted a study on 128 adult children of alcoholic fathers and found out serious problem in the areas of drinking, personality, psychopathology, educational and social functioning. 128 adult offspring of alcoholic fathers (COAs), 138 adult offspring of normal control fathers and 127 adult offspring of depressed fathers shows that significantly more COAs than comparison offspring were experiencing serious problems in these areas. According to the authors, these findings indicate that the risks for COAs might relate specifically to parental alcoholism and its impact on offspring development and not to the combiner effects of various parent psychopathologies andlor extreme form of family instability.
Trivedi and Raghavan (1991) determined the personality of 30 alcoholic inpatients (aged 25-55 years), using the Multi-Phasic Questionnaire (MPQ), and the role of age of onset of drinking, age of problem drinking before mid-30s and after crossing mid-30s, chronicity, and performance quotient (P) in relation to the MPQ profile. Results show highest loading on depression (85%) and lowest on anxiety (3%). A significant correlation was found between scales of psychopathic deviance and hysteria. Age of problem drinking under 35 years and poor PQ level were associated with depression and psychopathic deviance. Clinical diagnosis was corroborated by the findings of the MPQ.

Skelly (1997) studied various psychometric inventories including the Profile of Mood States (POMS), the Sports Attitude Inventory (SAI), the Sport Competition Anxiety Test (SCAT), the Controlled Repression-Sensitization Scale (CR-S), Levenson’s Locus of Control (LOC), the Eysenck Personality Inventory (EPI), and the Psychological Skills Inventory for Sport (PSIS) were administered to 22 male and 21 female telemark skiers from the USA. The data were analyzed using multivariate analysis of variance (MANOVA) by skill level (expert, extreme) and gender. Males exhibited significantly less anxiety management but greater self-confidence than females across psychological skills. Telemarkers displayed lower tension, depression, anger, confusion, total mood disturbance, and higher vigour compared to normative. The subjects displayed similar mood states and psychological skills associated with athletes in other sports.
Singh, Mehta and Ahmad (1997) assessed the quantitative changes in the degree of depression and anxiety among alcohol dependent cases during and after detoxification. 112, 30-60 year old alcohol-dependent inpatients of the Drug De-addiction unit of a hospital in New Delhi, India were rated based on the Hamilton Anxiety and Depression Scales, and the Beck Depression Inventory 1 week after admission to avoid the impact of withdrawal symptoms on assessment. Reassessment was conducted on patients who completed the treatment after 3 months. Results showed that the scores on the anxiety and depression scales were considerably lower during postdetoxification period assessment than during admission. Findings suggest that alcohol dependents who manifest depressive and anxiety features during admission for detoxification benefitted from the treatment targeted at their alcohol abuse rather than at their depression and anxiety.

Brown and Schutte (2006) examined the direct and indirect relationships between emotional intelligence and subjective fatigue. One hundred sixty seven university students were recruited for the purpose of study. They found that higher emotional intelligence was associated with less fatigue. The psychosocial variables depression, anxiety, optimism, internal health locus of control, amount of social support, and satisfaction with social support each partially mediated between emotional intelligence and fatigue. Additionally, sleep quality partially mediated between emotional intelligence and fatigue.
emotional abilities in social functioning, they used three studies to examine the role of emotional abilities in social functioning. In Study 1, they examined the relationship between self-rated and performance measures of emotional intelligence. They examined whether the emotional intelligence measures were incrementally valid in the prediction of social behaviors, including perceived social competence (Study 2) and observable behaviors in a social encounter (Study 3). They found that Self-ratings of emotional intelligence and performance measures of emotional intelligence were not strongly correlated; and after statistically controlling for personality, the performance measures of emotional intelligence was associated with interpersonal competence for men, whereas the Self-ratings of emotional intelligence was generally unrelated to social competence for both genders.

**Berrocal, Alcaide, Extremera & Pizarro (2006)** examined the relationship between emotional intelligence, anxiety and depression among adolescents. Two hundred and fifty high-school students were administered the Trait Meta-Mood Scale (TMMS), a self-report measure of emotional intelligence, along with measures of thought suppression, self-esteem, anxiety, and depression. Their study revealed two main findings. First, self-reported ability to regulate mood (Emotional Repair) was positively related to self-esteem. Second, self-reported emotional intelligence was negatively related to levels of depression and anxiety.
Dogan & Cetin (2008) investigated the relationships between university students’ social intelligence and their levels of depression. 520 university students (287 female and 233 male) from Sakarya University, Turkey took the social intelligence scale and depression inventory. They found that some significant relations between social intelligence and level of depression. Also some significant correlations were found between Social Skills and Social Awareness but no statistically significant interactions were observed among the Social Information Processing and level of depression.