CHAPTER I
INTRODUCTION

In today’s world, the social, personal and academic life of a student plays a major role in building their personality development. At the same time, he/she has to maintain a successful progress in his/her career which involves good time management in both curricular and co-curricular activities. Students of different background feel difficult to adjust in their college level which leads them to frustration, tension, conflicts, anxiety and depression. They come across negative social factors, like, competition for position, fulfillment of ambitions, difficult in getting placed in good companies, lack of communication and confidence.

In the 21st century, college students face wide experiences of their own personal and psychological problems that aggravate them to suffer from mental illness. Higher and Professional education produces high stress among these young adult students with their developing system where students find it difficult to adjust with their academic and family affairs, fail to manage time properly who in turn face unsuccessful and failure circumstances in their professional courses and other aspects of their lives. Generally, it is noted that adjustment issues and general development persists due to lack of efficiency in coping with the separation of family environment, fear of career development, stress management, basic study schedule, goal setting, forming relationship with other friends or faculty in the system, emotions and in developing their self esteem as a whole. Just like young adults, undergraduate students need to cope not only with psychological and psychosocial changes that are connected to the development of an autonomous personal life but also with the academic and social demands that they encounter in university studies in their preparation for professional careers. Therefore, the period of undergraduate education is a sensitive period in an individual’s life span, and this period is regarded by many as important for developing systems and intervention methods that may prevent or reduce mental problems (Gjerde, 1993).

A number of strategies and techniques are in the developing stage to help the professional college students in adapting to their new environment which is evolved with changes, uncertain circumstances, depleted and ambiguous support system, lack of proper
guidance etc. They are also helped to cope up with their personal and psychological problems ranging from their basic adjustment to developmental, academic, learning, career building to various categories of mental illness. The techniques and processes adopted to help students by various institutions vary according to their own philosophy, vision, mission and other needed available resources in the campus. Benton, Robertson, Tseng, Newton and Benton (2003) examined trends in counselling center clients’ problems from the perspective of the therapist at the time of therapy termination from 1988-1989 through 2000-2001. Results revealed that in 14 of the 19 problem areas studied, counselling center clinicians reported increases in the percentages of individuals having difficulties. According to the study, relationship problems were the most frequently reported client problem till 1994, but since that time, stress and anxiety problems were reported more frequently than relationship problems, with dramatic increases seen in the number of students seeking help for depression, suicidal thoughts and sexual assault. The patterns of change in the students’ problems over the 13-year period were complex. Three academic time periods were analyzed from 1988-1992, 1992-1996, and 1996-2001 and ended prior to the 9/11/01 terrorist attacks. Six problem areas showed steep increases from the first time period to the second and then appeared to stabilize from the second to the third time period. Problems following this pattern included relationship problems, stress/anxiety, family issues, physical problems, personality disorders, suicidal thought and sexual assault. Other problem areas showed a steady increase in all three time periods, including depression, grief, academic and developmental problems. Some other problems, including those related to educational and vocational choice issues declined during the middle time period and increased in the more recent time period. Some serious problems, however, showed no significant change over the 13 years of the study, including those seeking help for substance abuse, eating disorders, legal problems and chronic mental illness. In terms of different courses of education, Tamil Nadu may have the largest number of engineering colleges in the country. According to Pillai (2010), engineering colleges have a role in giving solutions to the country’s defence needs and it is imperative for them to undertake research initiatives in that direction. It is time to focus on the competency levels of students passing out of engineering colleges. “Lakhs of students have been graduating every year, but, only 10 to 15 per cent have the required competency” (Muthuramalingam, 2010).
In this modern age, college students have more complex problems as compared to the traditional age and are more affected by severe issues like anxiety, depression, stress, sexual assault, drinking habits and thoughts of attempting suicide. Majority of the students feel stressed out, nervous or anxious before appearing exam or delivering a speech. Due to lack of confidence and communication, they struggle and fail to be successful resulting in depression and giving rise to feelings of sadness, fatigue, guilt and hopelessness. “The pressures being borne by students at the college level are generating a wide range of academic, emotional and social problems that would require more support for them” (Margarita, 2008).

**COLLEGE STUDENTS**

“The means by which we live has outdistanced the ends for which we live. Our scientific power has outrun our spiritual power. We have guided missiles and misguided men.”

- Martin Luther King Jr.

College atmosphere is very much different from school, where students forget their comforts and friendships enjoyed in the previous years, but, in general, it is a time filled with anticipation, some anxiety and wonderful discoveries. ‘Often college freshmen face academic pressures and expectations that are considered greater than what they had experienced in high school’ (Rayle & Chung, 2007). The major challenges of college activities that a student usually face are the large volume of reading, the short deadlines of writing assignments brought on by the workload of doubt, frustration and possible loneliness. There are students who experience depression and may feel a sense of sadness, fatigue, guilt and hopelessness and many experience feelings of being stressed out or anxious about their future occupied by thoughts of incapability, lack of confidence and communication, losing interest on studies, being diverted on various issues of teenage problems and peer pressure.

“The well-being of the world largely depends upon the work of the engineer. There is a great future and unlimited scope for the profession; new works of all kinds are and will be required in every country, and for a young man of imagination and keenness I cannot conceive a more attractive profession. Imagination is necessary as well as scientific knowledge”.

- Sir William Halcrow
Students of Engineering Colleges are not exceptional from the problems faced by the students of other professional courses. It is observed that engineering students are overburdened with their workload and carry their frustrations, tensions, conflicts and anxieties to the class. They must be helped to understand and modify their emotions and attitudes that may have grown out of the home environment.

DEPRESSION AND ANXIETY AMONG COLLEGE STUDENTS

Depression and anxiety are prevalent problems in colleges across the country. “Depression in adolescence frequently co-occurs with other disorders such as anxiety, eating disorders, or substance abuse. It can also lead to increased risk for suicide.” (Weissman et al., 1999). According to National Mental Health Association (2003), “Eighty percent of individuals with depression suffer from psychological symptoms of anxiety, including unrealistic apprehension, fears, worry, agitation, irritability and panic attacks and 60 % have physical symptoms of anxiety such as headache and chronic fatigue”. National Institute of Mental Health reported that 75% of all individuals with an anxiety disorder will experience symptoms before age 22. Chronic levels of high anxiety are associated with the development of depressive symptoms in college students (Reed, McLeod, Randall, & Walker, 1996). In a nationwide study, 43% of college students reported feeling so depressed that it was difficult for them to study (American College Health Association, 2009).

Recent evidence supports a temporal relationship between anxiety and depression in clinical, community and college settings (Brown, Campbell, Lehman, Grisham & Mancill, 2001). Anxiety disorders appear to precede the onset of depression by approximately two years. This temporal relationship suggests that anxiety disorders predispose adolescents to development of depression (Ferninand, deNijs, Lier and Verhulst, 2005). Frank (1974) observed both anxiety and depressive symptomatology as direct expressions of demoralization. Research demonstrates that if an individual endures internal or external stressors that are perceived as severe, then anxiety levels increase. When anxiety levels increase, an individual may feel the situation is uncontrollable, leading to helplessness. If the feeling of helplessness is not attended to, then hopelessness and the inability to cope will develop (Clarke & Kissane, 2002). Rickelson (2002) suggest that demoralization may be a precursor to anxiety, substance abuse, depression and suicide.
ANXIETY

“Do not anticipate trouble, or worry about what may never happen, Keep in the sunlight”
- Franklin

Anxiety is experienced by every individual at some point or other in his/her life. In everyday contexts, anxiety is a term used to describe uncomfortable and unpleasant feelings that an individual experiences when in stressful or fearful situations. Anxiety can stem from numerous things. However, most often it is a product of stress. In the case of college students, stress built anxiety has become the most popular rationale for seeking help. About one in eight undergraduate students pursue counselling for stress-related issues while in college. Anxiety is defined as an internalized fear aroused by an impulse to commit. It is a series of symptoms, which arise from faulty adaptation to the stresses and strains of life. Anxiety is one of the most common problems faced by college students. The added pressures of being in a new environment, being away from home and the stress of wanting to do well in college can overwhelm some people. Anxiety disorders are among the most common or frequently occurring mental disorders. Typically, anxiety disorders involve disturbances in mood, thinking, behaviour and physiological activity. In the college student they may take many forms like adjustment disorders with anxious features, test performance anxiety, social phobia and substance induced anxiety disorders.

ANXIETY DISORDERS

Anxiety disorders are most prevalent and common type of mental disorder found in United States adolescents (Kashani and Orvaschel, 1988). Prevalence rates for anxiety in a community sample of adolescents vary considerably. Anxiety is one of the wide varieties of emotional and behaviour disorders (Rachel and Chidsey, 2005). Students with anxiety disorder exhibit a passive attitude in their studies such as lack of interest in learning, poor performance in exams and do poorly on assignments.

Anxiety disorder in college students is a rising problem and they have a lot to be anxious about, like, worry about getting good grades, passing tests, doing assignments, lack of time management, trying to adjust in the new atmosphere, hostel problems, peer group, etc. Students
with anxiety disorder exhibit a passive attitude in their studies such as lack of interest in learning, poor performance in exams and do poorly on assignments.

**DEFINITION OF ANXIETY**

Anxiety is uniquely a human experience. It is a psychological and physiological state characterized by somatic, emotional, cognitive, and behavioural component. The root meaning of the word anxiety is ‘to vex or trouble’, in either the absence or presence of psychological stress, anxiety can create feelings of fear, worry, uneasiness and dread (Bouras and Holt, 2007).

Spielberger and Vagg (1995) defined anxiety as an emotional state consisting of feeling, tension, apprehension and its effects on the nervous system. According to the theory, anxiety can lead to interference with performance through mind blocking, attention resources, more cognitive interference, worries and fears induced by anxiety.

According to Breuer (1999) anxiety disorders are defined by the dual characteristics of excessive emotional fear and physiological hyper arousals. Anxiety is one of the psychophysiology difficulties (Callahan, 2001). Harris and Coy (2003) defined anxiety as a basic human emotion consisting of apprehension and uncertainty that typically appears when an individual perceives an occurrence as being a threat to the ego or self-esteem. In its conceptualization, individuals with high levels of anxiety generally hold heightened levels of trait anxiety, but in evaluative situations, the state of anxiety also elevates.

College students have a responsibility to maintain their optimal academic performance. Anxiety among students are created by insensible teaching or an over demanding syllabus. This then pushes students towards the surface approach as a coping strategy, stress and anxiety due to personal or family related problems also leads to a feeling of anxiety (Mayya, Rao and Ramnarayan, 2004). It is common for students to perform poorly when they experience pressure with their tasks and when they experience high level of anxiety during their studies. According to Guerrero (1990), anxiety sources can be interpreted on different age level, social class, high activity, greater familiarity, gender and culture ecosystem. Under certain circumstances, actually anxiety can help us to evaluate and mobilize resources in order to improve performance in some tasks.
SYMPTOMS OF ANXIETY

The symptoms of anxiety can be psychological, physical or environmental challenges. There are various forms of anxiety which includes excessive worrying, a sense of fear, restlessness, overly emotional responses and negative thinking. Some people when anxious they appear to be calm, but the brain never stops thinking and it interrupts the quality of life. Frequently, people with anxiety experience tightness in their chest, a racing or pounding heart and a pit in their stomach. Anxiety causes some people to get a headache, sweat and even make them have the urge to urinate. Psychological symptoms of anxiety among students include feeling nervous before a tutorial class, panic, going blank during a test, feeling helpless while doing assignments and lack interest in a difficult subject (Ruffin, 2007).

PHYSICAL SYMPTOMS

- Heart Palpitations or Racing Heartbeat
- Chest Pain
- Hot Flashes or Chills
- Cold and Clammy Hands
- Stomach Upset, Frequent Urination or Diarrhoea
- Shortness of Breath
- Sweating
- Dizziness
- Tremors, Twitches and Jitters
- Muscle Tension or Aches
- Headaches
- Fatigue
- Insomnia
EMOTIONAL/PSYCHOLOGICAL SYMPTOMS

- Apprehension, Uneasiness and Dread
- Impaired Concentration or Selective Attention
- Feeling Restless
- Avoidance
- Hypervigilance
- Irritability
- Behavioural Problems especially in Children and Adolescents
- Nervousness and Jumpiness
- Self-consciousness, Insecurity
- Fear of Dying or Going Crazy
- Strong Desire to Escape

ANXIETY AND ACADEMIC PERFORMANCE

Anxiety is a major predictor of academic performance (McCraty, Dana, Mike, Pam and Stephen, 2000). Studies demonstrated that anxiety has a detrimental effect in academic performance. There exist a possible association between high level of anxiety and low academic performance among students. Researchers revealed that high levels of anxiety influences decrease of working memory, distraction and reasoning in students (Aronen, Vuontella, Steenari, Salmi, and Carlson, 2004). Anxiety plays significant role in student's learning and academic performance and they found that high school students with higher level of anxiety had lower academic performance (McCraty, 2007) and greater anxiety associated with poor academic achievement (Luigi et al., 2007). Students with high level of anxiety have a reduced memory span, lose concentration, lack confidence and poor reasoning power. Generally, high level of
anxiety was more closely associated with lower performance among low ability students (Sena, Lowe and Lee, 2007).

Anxiety among students are created by insensible teaching or an over demanding syllabus. This then pushes students towards the surface approach as a coping strategy, stress and anxiety due to personal or family related problems also leads to a feeling of anxiety (Mayya, Rao and Ramnarayan, 2004). It is common for students to perform poorly when they experience pressure with their tasks and high level of anxiety during their studies. Researchers have demonstrated that students with higher level of anxiety tend to obtain lower marks in their end-of-semester examination (Hamzah, 2007).

Academic performance is a significant issue in the college. Studies observed that academic performance are influenced by personal efforts, time management, peer interaction, environment, campus facilities, completion of assignments, class attendance, tutorial services, study groups, and teaching style (Sansgiry, Monali and Kavita, 2006). Learning difficulties in anxiety students create discomfort and does not improve learning.

Anxiety levels among undergraduate students do play roles in the outcome of their grades. If the student has a certain amount of time to complete an exam, anxiety would set in. Anxiety affects the recalling of what one learns, how one performs, and how one will score on the exam. Students realize that they have only a certain amount of time to complete their exam and worry that they may not be able to finish in time. They worry about how much time is left instead of focusing on the questions. When students feel they are pressurized for time they rush through the questions and they do not adequately answer the questions. Another factor such as lack of sleep, nutrition and understanding of studied material are also things that cause anxiety. Students cannot function properly when there are imbalances in their system which may give rise to test anxiety during the examination.

**EFFECTS OF ANXIETY**

Anxiety is part of life; everyone feels it to one degree or another during their lives. However, when that feeling of anxiety starts to take over one’s life, or is persistent beyond a certain time in our lives (e.g. a speech or a seminar in class) then the student may have an anxiety disorder.
College students with anxiety may worry incessantly about grades, assignments, health, family, money and relationships. Those with Obsessive Compulsive Disorder of Anxiety Disorder may obsess about insignificant things, experience intrusive, disturbing thoughts and complete repetitive actions such as hand-washing or checking locks. Some college students with anxiety may experience panic attacks. During a panic attack, the affected individual may experience heart palpitations, chest pain, choking sensations, dizziness, sweating, tingling, chills, hot flashes, trembling, nausea and depersonalization. During a panic attack, the affected person may also feel as though he/she is going crazy and may also feel an intense desire to escape.

Anxiety is a normal reaction to a threatening situation and results from an increase in the amount of adrenaline from the sympathetic nervous system which speeds the heart and respiration rate, raises blood pressure and diverts blood flow to the muscles. When these physical reactions cause anxiety in many situations throughout the day, they may be detrimental to a normal lifestyle. Students experience anxiety for many reasons, such as academic achievement, finances, relationships, family issues and physical stressors. Some of the effects of anxiety seen in the college students’ life are as follows

**SUBSTANCE ABUSE**

Many students turn to alcohol and other substances for temporary relief of stress and anxiety. According to the Anxiety Disorders Association of America (ADAA), those with an anxiety disorder are two to three times more likely to develop a substance abuse disorder. The peer pressure and party atmosphere traditionally associated with college environment may turn the college students to a high level of risk.

**EATING DISORDERS**

Eating disorders such as bulimia and anorexia are more likely to occur among college students, particularly females. Eating disorders may stem from feelings of homesickness, low self-esteem or peer pressure. They usually develop in late childhood or adolescence and are commonly linked to anxiety disorders, according to Anxiety Disorder American Association.

**SLEEPING PROBLEMS**

Sleep disorders are very common among students, since sleep is generally a low priority compared to other pressures such as academics and social life. Anxiety is a major cause of sleep
disorders, especially if one is experiencing excessive worry. It is normal to experience occasional
sleeplessness, but it can be a serious problem if one develops insomnia which is characterized by
difficulty in falling asleep, frequent waking in the middle of the night, waking too early in the
morning and unsatisfying sleep. Insomnia can interfere with one’s ability to concentrate, make
feel irritable and put them at a high risk for developing other health problems.

**TYPES OF ANXIETY DISORDERS**

There are several major types of anxiety disorders, each with its distinct profile and set of
symptoms.

**GENERALIZED ANXIETY DISORDER (GAD)**

A person suffers from this disorder if he/she is found to have distractions of constant
worries and fears from day-to-day activities or a persistent feeling troubling him that something
bad is going to happen, he may be suffering from GAD. People with GAD feel anxious nearly all
of the time, though they may not even know why. Anxiety related to GAD often manifests itself
in physical symptoms like headaches, stomach upset and fatigue.

**OBSESSIVE COMPULSIVE DISORDER (OCD)**

OCD is characterized by unwanted thoughts or behaviours that seem impossible to stop
or control. Person may be troubled by obsessions; such as a recurring worry that he forgot to turn
off the oven or that he might hurt someone. He may also suffer from uncontrollable compulsions,
such as washing his hands over and over.

**PANIC ATTACKS AND PANIC DISORDER**

Panic disorder is characterized by repeated, unexpected panic attacks. This panic attack
strike without warning and usually last a terrifying 15 to 30 minutes. Panic disorder may also be
accompanied by agoraphobia, which is a fear of being in places where escape or help would be
difficult in the event of a panic attack. If a person has agoraphobia, he is likely to avoid public
places such as shopping malls or confined spaces such as an airplane.

**PHOBIAS**

A phobia is an unrealistic or exaggerated fear of a specific object, activity or situation
that in reality presents little to no danger. Common phobias include fear of animals such as
snakes and spiders, fear of flying, and fear of heights. In the case of a severe phobia, he might go to extreme lengths to avoid the thing he fears.

SEPARATION ANXIETY

Separation anxiety is a normal part of child development. It consists of crying and distress when a child is separated from a parent or away from home. If separation anxiety persists beyond a certain age or interferes with daily activities, it may be a sign of separation anxiety disorder.

SOCIAL ANXIETY / SOCIAL PHOBIA

If a person has a debilitating fear of being seen negatively by others and humiliated in public, he may have social anxiety disorder, also known as social phobia. Social anxiety disorder can be thought of as extreme shyness. In severe cases, social situations are avoided altogether. Performance anxiety (better known as stage fright) is the most common type of social phobia.

CAUSES OF ANXIETY DISORDER

Anxiety can stem from numerous things. However, most often it is a product of stress. In the case of college students, stress built anxiety has become the most popular rationale for seeking help. About one in eight undergraduate students pursue counselling for stress-related issues while in college. The high level of anxiety causes a person’s normal life being difficult such as interfered activities and social life. Anxiety is a subjective feeling of tension, apprehension, nervousness and worry associated with arousal of the nervous system.

There are a number of complex factors that contribute to the development of anxiety disorders. Environment, personality, family dynamics, brain chemistry and genetics all can play a role. In addition, major life stressors such as financial difficulties, marital problems, or bereavement often trigger the onset of an anxiety disorder. The various anxiety risk factors are interrelated and can interact with and have impact on one another.

ENVIRONMENTAL FACTORS

A person’s environment can play a huge role in the development of anxiety disorders. Difficulties such as poverty, early separation from the mother, family conflict, critical and strict
parents, parents who are fearful and anxious themselves, and the lack of a strong support system can all lead to chronic anxiety.

**PERSONALITY TRAITS**

Personality differences can affect whether or not an anxiety disorder develops. People with anxiety disorders often view themselves as powerless and the world as a threatening place. This pessimistic perspective can lead to low self-confidence and poor coping skills.

**BRAIN CHEMISTRY**

An imbalance of neurotransmitters such as Serotonin, Gamma Amino-butyric Acid, and Epinephrine may contribute to anxiety disorders. Abnormalities in the stress hormone cortisol have also been found. Many medications prescribed for anxiety disorders aim to readjust the brain’s chemical balance.

**HEREDITY**

Anxiety disorders tend to run in families. People with anxiety disorders often have a family history of anxiety disorders, mood disorders, or substance abuse. Although this is often due to the home environment, researchers also believe that there are genetic factors, which represent an inherited risk for anxiety disorders. One risk factor may be a biological vulnerability to stress.

**TRAUMA**

An anxiety disorder may develop in response to a traumatic event, such as a car accident or a marital separation. Anxiety may also have its roots in early life abuse or developmental trauma. Trauma in infancy and early childhood can be particularly damaging, leaving a pervasive and lasting sense of helplessness that can develop into anxiety or depression in later life.

**GENERAL AND SPECIFIC CAUSES OF ANXIETY WITH COLLEGE STUDENTS**

**GENERAL CAUSES OF ANXIETY**

- Academic and Personal Concerns
- Chemical Imbalances in the Brain and Traumatic Life Experiences
• Anxiety may occur along with other disorders such as Depression, Bipolar Disorder, Attention-deficit Hyperactivity Disorder, Eating Disorders, Irritable Bowel Syndrome, Fibromyalgia, Sleep Disorders and Drug Addiction

• Those with Obsessive and Compulsive Disorder in Anxiety may obsess about insignificant things, experience intrusive, disturbing thoughts and complete repetitive actions such as hand-washing or checking locks

• Some college students with anxiety may experience Panic Attacks where they are affected by Heart Palpitations, Chest Pain, Choking Sensations, Dizziness, Sweating, Tingling, Chills, Hot Flashes, Trembling, Nausea and Depersonalization

SPECIFIC CAUSES OF ANXIETY

DEADLINES

Students with important papers, projects or other assignments due on a particular date often become anxious as the due date approaches. The less work a student does on an assignment, the more anxious he or she is likely to become. For middle school students, this may be a science fair project that he/she did not begin in time to finish before the deadline. Likewise, if the defense date for a doctoral student's dissertation is coming up and the student still hasn't finished all of his or her research, anxiety may make it more difficult to complete the dissertation and can affect the quality of the final product.

TESTS

Test Anxiety is a particular form of anxiety that affects students preparing for a test, especially when the test makes up a significant portion of their grade. This type of student anxiety becomes more serious when it actually affects a student's performance on an exam. Cramming the night before a test instead of studying the material regularly throughout the term leads to this kind of anxiety. Test anxiety may even have physical repercussions such as headaches or nausea.

RELATIONSHIPS

Teenage students who are beginning to date for the first time may experience anxiety based on difficulties with a significant other. Sometimes, this anxiety crosses over into a
student's academic life, affecting his or her performance in school. Conflicts within a friendship can have similar consequences.

FAMILY

Problems within a student's household can cause anxiety that leads to poorer grades in school. Young children whose parents are going through a divorce, for example, are more likely to neglect their schoolwork than children whose families are still together. On the other hand, parents can also put too much pressure on children to succeed. This can cause so much anxiety that the opposite of what the parents wanted occurs, the child's performance in school declines.

ENVIRONMENT

New surroundings may sometimes be intimidating and cause anxiety. For example, children whose families have moved to a new town may become anxious about making new friends in a strange place. Similarly, college freshmen can get anxious about living in a new city, being away from their families, and the new responsibilities that come with studying at the collegiate level.

TREATMENT

Anxiety disorders respond very well to treatment. According to the Anxiety Disorders Association of America only 1/3 of those suffering from them receive help. This is unfortunate because treatment can offer immense relief, often in a relatively short amount of time. Most anxiety disorders are treated with Cognitive Behavioural Therapy (CBT), Medication, or a Combination of the Two.

COGNITIVE BEHAVIOUR THERAPY

Cognitive Behaviour Therapy (CBT) is very effective in the treatment of anxiety disorders. It focuses on changing both maladaptive thinking patterns or cognitions and behaviours. If a person is suffering from an anxiety disorder, CBT will help him to identify and challenge the negative and irrational beliefs that are holding him back from working through the fears. Another key component of CBT is exposure. In exposure therapy, he confronts the fears in a safe and controlled environment. Through repeated exposures, he will gain a greater sense of control over anxieties. Cognitive Behaviour Therapy for anxiety usually takes between 12 and 20
weeks. CBT is conducted both in individual therapy and in groups of people with similar anxiety problems.

**MEDICATION**

A variety of medications are used in the treatment of anxiety disorders, including traditional anti-anxiety drugs, antidepressants, and beta-blockers. Medication is sometimes used in the short-term to alleviate severe symptoms so that other forms of therapy can be pursued. Anxiety medications can be habit forming and may have unwanted side effects.

**PROGRESSIVE MUSCLE RELAXATION**

Progressive Muscle Relaxation (PMR) is a technique for reducing anxiety by alternately tensing and relaxing the muscles. It was developed by American physician Edmund Jacobson in the early 1920s. The physical component involves the tensing and relaxing of muscle groups over the legs, abdomen, chest, arms and face. With the eyes closed and in a sequential pattern, a tension in a given muscle group is purposefully done for approximately 10 seconds and then released for 20 seconds before continuing with the next muscle group. PMR entails a physical and mental component. Jacobson trained his patients to voluntarily relax certain muscles in their body in order to reduce anxiety symptoms. He also found that the relaxation procedure is effective against ulcers, insomnia and hypertension. Jacobson's Progressive Relaxation has remained popular with modern physical therapists (Jacobson, 1938).

**HERBAL**

This is considered an alternative treatment for anxiety. However, the Chinese and native people had used them for a thousand of years to cure the problems, and studies find that they are as effective as prescription medication without the side effects, and if one don’t want side effect or prescription medication doesn’t work, one can try herbal based medicine.

**REGULAR EXERCISE**

Thirty minutes of regular exercise every day will reduce the panic attack, and shorten the duration during panic attacks, and eventually eliminate anxiety. While doing exercise a person’s mind will be distracted from thinking something anxious, and the body will be healthier, less symptoms of anxiety will occur.
DEEP BREATHING EXERCISE

Using special deep breathing technique to help relax the mind and body, increase the oxygen level and reduce chemical imbalance in the body. This kind of techniques has proven itself to be effective for most sufferers to reduce duration and frequently of panic attacks.

COMPLEMENTARY THERAPIES

These are not exactly treatment for anxiety, but rather to restore health and strength of the body, namely, Messages, Shiatsu, Tuina (Chinese Acupressure Treatment), Guasa, Acupuncture and Aromatherapy. Once or twice a week would help to relax the body and mind, and should do it for best results.

It is never easy to deal with an anxiety disorder in college. However, there are ways to alleviate the problem safely and naturally. It is these methods that are recommended the most.

- Understanding the source of a student's anxiety is the first step toward finding a solution to whatever is ailing him or her.

- Often, as simple as controlled breathing can work wonders for reducing anxiety. Slow and deep breaths can help a person calm down and become placid. Simply closing one’s eyes and engaging in deep breathing while simultaneously counting backwards from 10 to zero can often deliver much needed results.

- Meditation is the best way in dealing with an anxiety disorder in college. It provides a very easy way to relax that one may be experiencing in the mind to rest.

- One of the most possible of dealing with anxiety is to take part in an exercise programme. Exercise has the potential to free one’s body and mind from pent up, excess stress and energy. Exercise programme need not be strenuous, even a very light exercise programme can help reduce an anxiety disorder in college students.
DEPRESSION

“Only I can change my life. No one can do it for me.”

- Carol Burnett

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and physical well-being (Salmans, 1997). Depressed people may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, or problems concentrating, remembering details or making decisions; and may contemplate or attempt suicide. College is a stressful time and depression is common among students. Campus life can be overwhelming and it's very common for college students to become depressed. Depression is a powerful feeling of hopelessness, gloom, and sadness that afflicts millions of people. It's more than just a "gloomy mood," but rather a persistent feeling that a person can't control and that disrupts the ability to function in everyday life. The forecast is that by 2020, depression would be the single leading cause of death (Murray & Lopez, 1996).

With a lifetime prevalence rate of 17 % in the general population, a significant number of men and women suffer from a clinical episode of depression at some time in their lives (Segrin and Flora, 2000). An estimated 7 million women and 3.5 million men were diagnosed with major depression in the United States; similar numbers are diagnosed as experiencing dysthymia, or minor depressive symptoms. College students are twice as likely to have clinical depression compared to people of similar ages and backgrounds in the workforce (Dixon and Reid, 2000).

College students are more at risk for depression than high school students. Often, students can become depressed in college because of their new responsibilities and lack of constant family support. Over a period of days or weeks, the majority of the students are able to return to the normal activities. But when these feelings of sadness and other symptoms make it hard for a person to get through the day, and when the symptoms last for more than a couple of weeks, then the person will suffer from "clinical depression." It is an illness that can challenge the ability to perform even routine daily activities. At its worst, depression may lead to contemplate, attempt, or commit suicide. It's also one of the most under-diagnosed illnesses on today's college campuses. The symptoms can come on so slowly that one day, a person realizes that he can't remember the last time he felt good.
The onset of depression often happens when someone is in their late teens and early twenties, during the college years. Factors in a typical college student's lifestyle can cause and contribute to depression, including

- Balance classes, work, social life, and other conflicting expectations
- Uncertainty about money
- Uncertainty about the future after college
- Homesickness
- Problems with love and sexual relationships
- Sleep deprivation and poor sleep habits
- Poor diet and exercise habits
- Alcohol or drug abuse
- Sexual assault
- Eating disorders
- Dorm and friendship "drama"

**DEFINITION OF DEPRESSION**

According to World Health Organization (WHO, 2008), “Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide, a tragic fatality associated with the loss of about 8,50,000 lives every year”.

The Diagnostic and Statistical Manual of Mental Disorders (DSM, 2008) stated that a depressed mood is often reported as feeling depressed, sad, helpless, and hopeless. In traditional
colloquy, "depressed" is often synonymous with "sad," but both clinical and non-clinical depression can also refer to a conglomeration of more than one feeling.

COMMON SYMPTOMS OF DEPRESSION

Depression manifests in varying degree from General Symptoms to Clinical Disorder. Symptoms occur in four general domains of human functioning: emotional, cognitive, physical, and behavioural, with mood disturbance being the predominant feature. Typical symptoms of depression include a change in appetite or weight, sleep and psychomotor activity, decreased energy, feelings of worthlessness or guilt, difficulty thinking, concentrating or making decisions, recurrent thoughts of death and suicidal ideation. Anhedonia, or a loss of interest in activities that were once considered pleasurable, accompany social withdrawal. Depression is a risk factor for a number of other negative health outcomes including diminished immune function and poor illness recovery.

PHYSICAL SYMPTOMS

- Changes in sleeping pattern
- Changes in eating patterns
- Fatigue, loss of energy
- Headaches, stomachaches or otherwise inexplicable aches and pains

BEHAVIOURAL/ATTITUDINAL SYMPTOMS

- Diminished interest and enjoyment of previously pleasurable activities-sex, sports, hobbies, going out with friends
- Difficulty in concentration or making decisions
- Neglecting responsibilities and personal appearance

EMOTIONAL SYMPTOMS

- Depressed mood-can mean feeling down, apathetic, irritable, pessimistic, hopeless, negative, guilty, anxious, empty, etc
• Suicidal thoughts
• Feeling hopeless and helpless
• Feelings of worthlessness

TYPES OF DEPRESSIVE DISORDER

There are different types of depressive disorders. Many of the symptoms overlap, but each type of depression has distinct signs and effects.

MAJOR DEPRESSION

Major depression is characterized by a persistent sad mood and/or an inability to experience pleasure. These symptoms are constant, interfering with the ability to lead a productive and enjoyable life. Left untreated, a major depressive episode typically lasts for about six months. Some people may experience just a single episode of depression in their lifetime, but more commonly, major depression is a recurring disorder.

ATYPICAL DEPRESSION

Atypical depression is a common subtype of major depression. It features a specific symptom pattern, including a temporary mood lift in response to positive events. Symptoms of atypical depression include weight gain or significant increase in appetite, sleeping excessively, a heavy feeling in the arms and legs, and sensitivity to rejection.

DYSTHYMIA

Dysthymia or Dysthymic Disorder is a type of “low-grade” depression that lasts for at least two years. Dysthymia is less severe than major depression, but the chronic symptoms prevent one from leading life to the fullest. Many people with dysthymia also experience major depressive episodes, a condition known as “double depression”.

BIPOLAR DISORDER

Bipolar disorder, also known as manic depression, is characterized by cycling mood changes, with episodes of depression alternating with episodes of mania. Typically, the switch from one mood extreme to the other is gradual, with each manic or depressive episode lasting for
at least several weeks. When depressed, a person with bipolar disorder exhibits the usual symptoms of major depression. In the manic phase, symptoms include hyperactivity, rapid speech and impulsive behaviour.

**SEASONAL AFFECTIVE DISORDER**

Some people who experience recurring episodes of depression show a seasonal pattern known as Seasonal Affective Disorder (SAD). SAD is a major depression that occurs in the fall or winter when the amount of sunlight is limited. In SAD, the depression goes away once the seasons turn again in the spring. SAD is more common in northern climates and in younger people.

**POSTPARTUM DEPRESSION**

Postpartum depression is a long lasting and more serious depression thought to be triggered by hormonal changes associated with having a baby. Postpartum depression usually develops soon after delivery, but any depression that occurs within six months of childbirth may be postpartum depression.

**CAUSES OF DEPRESSION**

Depression constitutes a problem of enormous personal and social significance, and it interferes with intra and interpersonal processes, academic and social integration, and retention. Some depressed individuals may evince a hostile, uncooperative, and self-criticizing interpersonal style eliciting negative responses from others. Poor social skills and social acuity are thought to make people vulnerable to the onset of depressive symptoms and other psychosocial problems pursuant to the experience of negative stressful life events.

The causes of depression are complex. Genetic, biological, and environmental factors can contribute to its development. In some people, depression can be traced to a single cause, while in others, a number of causes are at play. For many, the causes are never known. Depression is a common response to life's disappointments, trauma, and loss. The causes are interrelated, interacting and have impact on each other. Biological factors such as heredity and chemical imbalances in the brain are believed to play a role. But equally important are psychological and social factors. These include levels of stress in life, the quality of support system, way of looking
at the world, coping style, early life experiences and life style choices. There is no single cause of depression. Early life experience, genetic predisposition, lifestyle factors and certain personality traits play a role in causing depression. Feeling connected to people in our daily lives makes an enormous difference in our ability to surmount stress that might trigger depression. Individuals who feel unknown or unseen, or who avoid the support and comfort of others, are at risk for depression and depressive disorders.

CHEMICAL IMBALANCES

Neurotransmitters are chemical messengers in the brain. They play a role in everything the brain regulates, including mood and emotions. Lower levels of three neurotransmitters namely serotonin, norepinephrine, and dopamine have been found in people suffering from depression. Depression is caused by deficiencies in one or all of these neurotransmitters in the brain. Some studies found that increased levels of norepinephrine in depressed patients.

GENETICS

Depression runs in families and twin studies provide information about the role of genetics. Twin studies suggest that there is a moderate genetic contribution to depression. Genetics appears to play a bigger role in severe, recurrent depression.

STRESS AND TRAUMA

Traumatic or stressful events can trigger depression in people who are already vulnerable. The loss or threatened loss of a loved one through divorce, death, or some other kind of separation can lead to depression. Work problems, including job loss and unemployment, can trigger depression as well. Loss, adversity and stress early in life create a vulnerability to depression. Children who lose parents through death or separation are particularly at risk. Other childhood stressors that can contribute to depression later on include physical or sexual abuse, family turmoil and strife, and parents who suffer from mental illness, including depression.

PERSONALITY TRAITS

Certain personality traits like introversion, low self-esteem, pessimism and dependence can contribute to depression. Attribution style is another important factor. People who attribute negative events to internal (It’s my fault), stable (It’s never going to change), and global (It will
always be like this) causes are prone to depression. Feelings of helplessness and hopelessness are particularly damaging. People who feel that they have no control over negative events are very likely to become depressed.

**DISEASES**

A variety of diseases can affect mood and lead to depression. Illnesses that affect the brain—such as Parkinson’s Disease, Multiple Sclerosis and Alzheimer’s Disease can cause depression. Depression also frequently co-occurs with heart disease, diabetes, and stroke. Depression can also be a symptom of a medical condition. Depression often occurs in diseases that affect the immune system or the body’s hormones. Hypothyroidism, a condition caused by low levels of thyroid hormone, so commonly contributes to depressed mood and fatigue. General Medical Conditions include Diabetes, Heart Disease, Sleep Disorders, Cancer, Lupus, Neurological Diseases, Stroke, Epilepsy, Alzheimer's Disease, Parkinson's Disease, Huntington's Disease and Multiple Sclerosis. Infectious Diseases include HIV, Syphilis, Lyme Disease, Chronic Fatigue Syndrome, Mononucleosis, Endocrine Disorders, Hypothyroidism, Hyperthyroidism, Addison's Disease, Cushing's Disease, Prolactinoma, Hyperparathyroidism.

**HORMONE IMBALANCES**

Hormonal imbalances especially for women, like changes in the levels of progesterone and estrogen can have a significant impact on women’s moods. This typically brings on the various different symptoms of Pre Menstrual Syndrome (PMS) which can manifest themselves as physical pain such as breast tenderness or back pain. This gives rise to an emotional symptom, with feelings of tearfulness and depression.

**MEDICATION**

Certain medications, when used over long periods of time, can cause depression such as sleeping pills, steroids, blood pressure medication and estrogen hormones. Medications that can cause depression are Tranquilizers and Sedatives, Antihistamines, High Blood Pressure Medications, Beta-blockers, Birth Control Pills, Hormone Replacement Therapy, Corticosteroids, Chemotherapy Drugs, Muscle Relaxants, Appetite Suppressants, Antipsychotic Drugs and Amphetamine withdrawal.
LACK OF CONTROL

Anyone who feels out of control for a prolonged period of time could be prone to depression. People who cannot escape from a situation or see a way to initiate any positive change in their lives can start to feel demoralised which can lead to feelings of helplessness. This can in turn have an impact on behavioural and emotional patterns and eventually lead to depression.

PHYSICAL OR SEXUAL ABUSE IN CHILDHOOD

It is observed that physical or sexual abuse can make people more prone to severe depression later in life. People who have suffered abuse often remember it on some level but some are not able to and suppress the painful memories. In either case, depression takes place anytime in their life.

THOUGHT PATTERNS

Negative thought patterns can lead to depression. This tends to cause people to dwell on any failures or perceived failures in their lives and also to ignore successes. When someone becomes depressed, this can certainly become the overall attitude of the sufferer, but there is little evidence to suggest that this alone kick starts depression.

PHYSICAL ILLNESS

Depression can be common after suffering from a serious illness. This can be caused by the shock that such an incident resulting in lack of self confidence, self esteem and control, as an accident or illness can be difficult to deal with, particularly in the face of potential or actual disability or a near death experience. Older people can suffer from a depression if their lifestyle becomes difficult due to illness – Parkinson’s and MS for example can be accompanied by depression.

CONTRIBUTING FACTORS TO DEPRESSION OF COLLEGE STUDENTS

ENVIRONMENTAL

Environmental factors like cramped living conditions, bad roommate situation, money problems, having a tough time with classes, too much pressure, feeling helpless to change the
environment, loss of something significant (a job, a dream, etc.) and being victimized (assault, robbery, rape etc.) can lead a student to suffer from depression.

INTERPERSONAL

Relationship problems or break-up, conflicts with parents or family members, death of significant person in life, feeling like people are taking advantage of us, unresolved anger or guilt, feeling helpless to effect changes in important relationships are the different interpersonal factors which can cause depression in college students.

DIET AND LACK OF EXERCISE

College students are very much prone to fast food, sugar, caffeine, alcohol, potato chips and other relatively non-nutritious items, substance abuse, etc. Lack of exercise and consumption of the products mentioned will lead to side effects and in turn cause depression.

COGNITIVE

Some of the cognitive factors like negative self-talk, self criticism, pessimistic thinking and low sense of self-worth will give rise to depression in college students.

Depression appears to be widespread today. The American College Health Association, Baltimore (2000) surveyed college students’ mental and physical health. It was called the National College Health Assessment which included data from over 16,000 students at 20 public colleges or universities and at eight private colleges or universities from throughout the United States. The assessment revealed that 10% of all students surveyed had been diagnosed with depression and that anywhere from 1 to 10 times during the 1999-2000 school year, they experienced mental health problems.

THEORIES OF DEPRESSION

The effects of depression on a person's everyday life can be debilitating and can grow increasingly worse with time. The physical and psychological components that accompany depression symptoms have formed the basis for a number of theories on its origin.

Depression is classified as an affective disorder that disrupts a person's emotional state. Feelings of sadness, loss of interest in daily activities, fatigue and muscle aches and pains are all
possible symptoms of this disorder. A person's emotions, thoughts and behaviours are factors that play a part in how this condition is experienced. A theory of depression will incorporate one or more of these factors to explain how this condition develops within a person's life.

NEUROBIOLOGY THEORY

The neurobiological theory of depression gives importance to the specific neural processes that contribute to the symptoms a person experiences. Chemicals in the brain called neurotransmitters are responsible for regulating the processes that take place in the body. Epinephrine, dopamine and norepinephrine are the chemicals involved in regulating emotions and thought processes. Depression takes place due to the imbalance of any one of these chemicals in the brain. Treatment models based on this theory use antidepressant medications as a way to correct whatever chemical imbalances may be present in the brain.

COGNITIVE THEORY

Beck's (1982) Cognitive Theory of Depression deals within the thought processes of the mind. Individuals who experience symptoms like sadness, loss of self-esteem and hopelessness suffer from negative patterns of thinking. This theory views thought processes as "conductors" of emotion. Treatment approaches focus on eliminating these negative thinking patterns and replacing them with positive, constructive patterns of thinking. Once negative thought processes are gone, their resulting emotional symptoms are eliminated.

MALAISE THEORY

The Malaise Theory of depression views the disorder as caused by a hyperactive immune system response that attacks specific chemical processes within the body. This theory expresses depression as a sickness behaviour caused by higher than normal levels of cytokines in the system. Cytokines are a class of immune active agents which are believed to be responsible for the fatigue and muscle aches that accompany some forms of depression. Symptoms become further aggravated by negative thought processes and emotions. Malaise theory views antidepressants as a type of analgesic or pain-killer that reduces the number of cytokines in the system as a result of which one gets relieved from such symptoms.
TREATMENT

COGNITIVE THERAPY FOR DEPRESSION

Psychological treatment of depression (psychotherapy) can assist the depressed individual in several ways. First, supportive counselling helps ease the pain of depression, and addresses the feelings of hopelessness that accompany depression. Second, cognitive therapy changes the pessimistic ideas, unrealistic expectations, and overly critical self-evaluations that create depression and sustain it. Cognitive therapy helps the depressed person recognize which life problems are critical, and which are minor. It also helps him/her to develop positive life goals, and a more positive self-assessment. Third, problem solving therapy changes the areas of the person's life that are creating significant stress, and contributing to the depression. This may require behavioural therapy to develop better Coping Skills, or Interpersonal Therapy to assist in solving relationship problems.

ANTIDEPRESSANT

A variety of medications are used in the treatment of depression. Selective Serotonin Reuptake Inhibitor Antidepressants such as Prozac are the most commonly prescribed type. Antidepressants typically take up to 4-6 weeks to reach their full effectiveness. Drug treatment may cause unwanted side effects, so educating an individual about the medication and its risks is important. Lithium, a mineral salt is a drug used to treat bipolar disorder. Drugs such as Depakote and Tegretol are effective in reducing manic episodes (Dubovsky, 1999).

ELECTROCONVULSIVE THERAPY

Electroconvulsive Therapy (ECT) is commonly called shock treatment. Since its introduction in the 1930s, ECT has been significantly refined and is now considered an effective and safe treatment for severe depression in the appropriate situation. It is especially effective for patients with severe depression who experience delusions and hallucinations. Electroconvulsive Therapy is administered when medications have not been effective, when medications might endanger the patient or when a rapid response is needed. It is administered to the patient’s head with 70 to 150 volts of electric current causing a loss of consciousness and often seizures. Usually the patient is sedated and receives muscle relaxants prior to administration of the current
to reduce the intensity of muscle contractions produced during ECT. The typical patient receives about 10 such treatment in the course of a month, but some patients continue with maintenance treatments for months afterward (Nierenberg, 1998).

**VAGUS NERVE STIMULATION**

Vagus Nerve Stimulation or VNS was originally developed as a treatment for epilepsy. It involves implanting a battery-powered device under the skin in the upper left of the chest to deliver mild electrical stimulation to the vagus nerve. Patients who use VNS continue to show improvement in both their depression symptoms and quality of life.

**GENERAL WELL-BEING**

“Men must necessarily be the active agents of their own well-being and well-doing, they themselves must in the very nature of things be their own best helpers”

Samuel Smiles

Every moment of our life is affected by our well being in a positive or negative way. Well-being as a term has been used synonymously with ‘good health’ and has been introduced in various grounds for its meaning and definition. Psychologically, well-being refers to a person’s feeling of satisfaction and happiness toward their life. Philosophically, well-being insists on the balance of feelings that a person experiences in his life. According to an Economist, well-being is based on criteria of promoting health and happiness among the citizens of a community. Complete mental health can be conceptualized via combinations of high levels of emotional well-being, psychological well-being and social well-being (Keys and Lopez, 2002).

Well-being is based on nearly every facet of our lives. Physical wellness and good health are important for a positive sense of well-being. Disturbed sleep patterns or sleep disorders, anxiety, tension, worry, depression, frustration, etc. can be detrimental to well-being. Social factors play an important role in building our positive well-being. Influencing factors like good relationship or bond among the relatives, developing trust, sharing personal interest, good social network can provide self-confidence, positive sense of belonging and offer to support to develop one’s self-esteem in their life time.
DEFINITIONS OF GENERAL WELL-BEING

Wellness has been used as an integrated method of functioning which is oriented toward maximising the potential of individual’s capability. There have been few attempts to define well-being in different ways, some of which are discussed below:

Hettler (1984) has defined well-being as an active process through which a person become aware of, and make choices that he hope will lead to, a more fulfilling, more successful, more well life. As such, wellness is an approach that emphasizes the whole person, not just the biological organism.

Wellness implies a lifestyle with a sense of balance. This sense of balance arises from a balance, or harmony within each aspect or ‘dimension’ of life. (Lowdon, Davis, Dickie, & Ferguson, 1995).

According to Tasmania (2000), Well-being is optimising health and capabilities of self and others. Well-being is the state of successful performance throughout the life course integrating physical, cognitive, and social-emotional functions that results in productive activities deemed significant by one’s cultural community, fulfilling social relationships, and the ability to transcend moderate psychosocial and environmental problems. Well-being also has a subjective dimension in the sense of satisfaction associated with fulfilling one’s potential. (Bornstein, Davidson, Keyes and Moore, 2003).

Traditional models of well-being generally:

- deal with adult or life-span well-being rather than childhood and adolescent well being
- consider well-being in a holistic rather than a school context and
- provide a theoretical rather than an explicit measurement framework for considering well-being (Palombi, 1992).
### TABLE 1- SEVEN MULTI-DIMENSIONAL MODELS OF WELL-BEING

<table>
<thead>
<tr>
<th>AUTHORS</th>
<th>CONCEPT OF WELL-BEING</th>
<th>DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis (1972)</td>
<td>The Individual as a Social-being</td>
<td>Occupational, Physical, Financial, Social, Self-development, Recreation and Spiritual</td>
</tr>
</tbody>
</table>

### THEORIES OF WELL-BEING

General Well-being of individuals and societies is evaluated by quality of life in the fields of international development, healthcare, and politics. It is primarily based on income, environment, physical and mental health, education, recreation and leisure time and social belonging (Gregory et al. 2009). Standard indicators of the quality of life include not only wealth and employment, but also the built environment, physical and mental health, education, recreation, leisure time and social belonging (Costanza et al. 2008).

### HEDONISM
According to hedonistic viewpoint, well-being is the greatest balance of pleasure and pain which is also referred to be as substantive hedonism. The pleasantness of pleasure and the painfulness of pain are involved in explanatory hedonism. Bentham (1996) explains the more pleasantness one can pack into one's life, the better it will be, and the more painfulness one encounters, the worse it will be. For the hedonist, the explanation for helping behaviour may come in the form of empathy - the ability of a person to "feel" another's pain.

**DESIRE THEORIES**

Desire satisfaction may occur without the agent's awareness of the satisfaction of the desire. It is not the satisfaction of desires that motivates the agent but rather "a desire to be free from the limitation of all desires" (Baba, 1967). According to the present desire theory, someone is made better off to the extent that their current desires are fulfilled whereas comprehensive desire theory what matters to a person's well-being is the overall level of desire-satisfaction in their life as a whole. ‘Desire is consequent on opinion rather than opinion on desire’ (Aristotle, 1984).

**OBJECTIVE LIST THEORIES**

Objective list theories are those which list items constituting well-being that consist neither merely in pleasurable experience nor in desire satisfaction. ‘We take what is self-sufficient to be that which on its own makes life worthy of choice and lacking in nothing. We think happiness to be such, and indeed the thing most of all worth choosing, not counted as just one thing among others’ (Aristotle, 2000). Objective list theorists are intuitionist, less satisfactory than the other two theories. For, those theories too can be based only on reflective judgement. Nor should one think that intuitionism rules out argument since it is one way to bring people to see the truth.

In the classical political economy of Smith (2002), human labour is seen as the ultimate source of all new economic value. This is an objective theory of value, which attributes value to real production-costs and ultimately expenditures of human labour-time. It contrasts with marginal utility theory, which argues that the value of labour depends on subjective preferences by consumers.
ADAPTATION LEVEL THEORY

According to this theory, individuals form expectations of the future over a period of time. Adaptation level theory may provide some insights into the source of this stability in well-being (Helson, 1964). Events that are more favourable than such expectations evoke positive emotions, whereas events that are less favourable than such expectations evoke negative emotions. These events, however, also shape the expectations or frames of reference.

SET POINT THEORY

In this theory, it is predicted that well-being tends to fluctuate around a stable level—a level that generally remains uniform over time. After individuals experience positive events, their well-being might rise transiently but then will revert to this stable level or set point. Likewise, after individuals experience negative events, their well-being might decline momentarily, but will then regress to the previous level.

ENHANCEMENT OF GENERAL WELL-BEING

A human being is a positive asset and a precious national resource which need to be cherished, nurtured and developed with tenderness and care, coupled with dynamism. Each individual’s growth presents a different range of problems and requirements at every stage from the womb to the tomb. The catalytic action of discovering the whole person for well-being involves appreciating oneself, identifying the inner self, living in the present and a mature retrospection (Kuriapilly, 1996).

The sacredness of life demands that an individual make every effort to make its quality better. The inalienable dignity of each person, the preciousness of each one’s potential, the specificity of each situation of need, is met by the solidarity with others. People can choose their moods. Indeed if they could not they would have no control over their life at all. Moods habitually entertained produce the characteristic disposition of the person concerned, and it is this disposition that finally makes a person’s happiness. In order to have a general well-being people must train themselves in the habit of thought selection and thought control (Emmet, 1977).
Among all the very many things created by God in the world, man is considered as the crown of His creation. In the human body, there is unlimited power and energy. The potentiality of the human mind is beyond the estimation. A strong and steady mind is the greatest asset of a human being and a flimsy mind, shaken by every passing fancy will retard fulfillment in every department of life. Thus, a healthy mind leads to a better quality of life (Grimaldi, 2001). According to the doctrine of karma, the course of life of every living being is determined by his deeds and a pious life lead to comforts, contentment and general well-being in the present life and rebirth in higher and better forms of existence (Kuldeep, 2008).

**POSITIVE THERAPY**

Relaxation technique is also known as relaxation training. It helps a person to relax and to reduce levels of anxiety, stress or anger. It is often employed as stress management programme to decrease muscle tension, lower the blood pressure and slow heart and breath rates, among other health benefits. A relaxation technique such as deep breathing, visualization, progressive muscle relaxation, meditation and yoga helps to activate this relaxation response. When practiced regularly, these activities lead to a reduction in a person’s everyday stress levels and boost the feelings of joy and serenity. Relaxation response is a technique that draws upon the power of the human mind to overcome stress, pain and anxiety. There are various types of relaxation response techniques employed with different conditions (Baer, 2010).

Biofeedback is a process of recording and amplifying physiological signals from the body, such as muscle activity, brain waves or temperature so that one can learn to increase or decrease them.

Progressive Relaxation is an exercise of tensing and relaxing the major muscle groups of the body until one is able to relax the groups when needed (Plotnik, 1993).

Guided Imagery in which people visualize images that are calming or beneficial in other ways. Relaxation can be promoted by visualizing peaceful scenes. Stress Inoculation is the use of positive coping statements to control fear and anxiety (Coon, 2000).

Transcendental Meditation (TM) which involves assuming a comfortable position, closing one’s eyes and repeating and concentrating on a sound to clear one’s head of all
thoughts. Besides transcendental meditation there are various forms of Eastern Meditation (yoga) as well as Western Version. All the techniques generally produce similar results (Plotnik, 1993).

Positive Therapy is the package of combining Eastern Techniques based on Yoga and Western Techniques based on Cognitive Behaviour Therapies. The assumption of Positive Therapy is that the perception of a situation or a person as a problem is owing to one’s own perception, rather than the actual situation or the person. It improves both physical and mental health, helps in the management of negative emotions, adjustment, marital and family problems, stress disorder, depression and to have a pleasing personality with positive perception. This therapy is also a self help psychological approach. Positive Therapy includes four strategies namely Relaxation Therapy, Counselling, Exercises and Behavioural Assignments.

NEED FOR THE STUDY

In the current scenario many studies and findings suggest that students of this generation undergo anxiety and depression very frequently and they do not get proper guidelines as a result they are ignored of any help or facilities to be rendered in such situations. The physiological, psychological, cognitions and emotions experienced by them during these situations may generate an internally focused state that enhances health and attenuates disease through self-soothing psycho-physiological mechanisms.

Students, who are considered as the backbone of the society, are expected to be firm and develop confidence to undertake any service for themselves as well as for the citizens of the country. They are proposed to render their services to the welfare of the society through the two main streams, education and well-being for poor people of the society. Living a routine life of studies and assignments and different categories of atmosphere faced by them in the early college age make them fall under common symptoms of anxiety and depression.

Anxiety and Depression are the common disorders existing with each and every student in a college which in turn affects both the physical and mental health leading to various psychosomatic and psychological disorders. Under such conditions, even a previously stable person may develop temporary psychological problems and lose his/her capacity to gain pleasure from life. Hence it is important to manage anxiety and depression without undergoing physical or psychological damage.
The students in the colleges established in the rural level get affected very easily since they have the feeling of fear and incompetency as compared with the students in the urban level. Given the high prevalence and burden associated with anxiety and depression along with the existence of treatment barriers, there is a clear need for brief, inexpensive and effective psychoeducational interventions. Positive Therapy is one such effective intervention, which aims at modifying negative thoughts, beliefs, emotions and behaviour by using a number of techniques. In this study an attempt is made to assess the Anxiety and Depression of the engineering college students and correlate it to the enhancement of general well-being. Since Positive Therapy has been proved to be a panacea for preventing the hazardous effects of anxiety and depression, it will be helpful to the poor students in the rural areas to manage their anxiety and depression and enhance their general well-being.