

Case Study

A Study on the Effect of Examination Stress on the Mental Health of adolescence: A Case Study Approach

E. Manila Arouza Pai^{1*}, Dr. Neelakandan², Dr. Ramaa Raju³

ABSTRACT

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, capacity to cope with the normal stresses of life, ability to work productively and fruitfully, and to make contribution to her or his community. Due to the demanding nature of academic field more and more students are now experiencing elevated level of mental health difficulties. A study by Sibnath Deb, EsbenStrodl and Jiandong Sun (2015) investigates the academic stress and mental health of Indian high school students and the associations between various psychosocial factors and academic stress. Academic stress was positively correlated with parental pressure and psychiatric problems, while examination-related anxiety also was positively related to psychiatric problems. Academic stress is a serious issue which affects nearly two thirds of senior high school students in our country. The present study aims to find out the relationship between high expectation level of the parents and the incidence of increased anxiety in school students by following a case study method. The end result of the study shows that the root of the anxiety and drop out lies in the parental expectation and perceived pressure of the student.

Keywords: *Effect of Examination Stress, Mental Health, Adolescence, Case Study*

Adolescence is an important developmental stage in an individual. It is a stage where the parents or the adults find it challenging to handle. The World Health Organisation (WHO) defines adolescent as any person between ages of 10 to 19. During this stage of growth the adolescents experience changes physically, mentally, emotionally and psychologically.

As the surge for independence is the major developmental goal of adolescence, academic performance takes a centre stage for most of them. Unrealistic goal setting also forms the part of their agenda. They experience a lot of pressure from the home front to excel in academics

¹ (Research Scholar, Dept. of Psychology, Annamalai University, Bangalore, Karnataka, India)

² (Associate Professor, Department of Psychology, Annamalai University, India)

³ (Associate Professor, Department of Psychology, JyothiNivas College, Bangalore, India.)

*Responding Author

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as well as find other peers as challenging. Obtaining high scores in the exams and being at the top in the class in terms of academic achievement brings about high level of anxiety. The anxiety attack intensifies as the date for the examination comes closer. During this stage the adolescent feels nervous when thinking of exams as well as studies, he will lose confidence on himself, feels giddy, falls unconscious, feels that he is not able to come up to his parents expectation and so on. At this time they are provided with support from the counsellor and need be the psychiatrist. Everybody in the family get upset. It seems like dark cloud has covered them completely.

Stress is marked by overly high performance standards, with high levels of worry, self-criticism of attention while preparing for or taking exams (Altmaier, 1983, p. 52). Too much stress can interfere with how a student prepares, concentrates, and performs. It was found in the study that examination stress is highly correlated with level of anxiety in students.

Anxiety is defined as a feeling of worry, nervousness, or unease about something with an uncertain outcome. Anxiety is a general term for several disorders that cause nervousness, fear, apprehension and worrying. These disorders affect how we feel and behave and can cause physical symptoms. Most of us worry and get anxious occasionally, and anxiety is an adaptive emotion that helps us plan for and prepare for possible threat. But some people anxiety and worry about many different aspects of life including minor events become chronic, excessive and unreasonable. They do experience panic attacks. although panic attacks themselves appear to come 'out of the blue' the first one frequently occurs following feeling of distress or some highly stressful life events such as loss of a loved one, examination, losing a job or so on. 80-90% of the clients report their first incidence of panic attack after a stressful and negative life event. Panic attacks are often unexpected or un-cued in the sense that they do not appear to be provoked by identifiable aspects of the immediate situation. Indeed, sometimes they appear in situations in which they might be least expected such as during relaxation or during sleep.

More than 50% of people with panic attacks have one or more additional diagnosis. It is estimated that 30 -50% of people with panic disorder will experience a serious depression at some point of their lives (Gorman & Coplan,1996).

There are a lot of explanations and causal factors involved in the study of anxiety and panic attacks. Genetic studies shows a moderate heritable component (kindler and colleagues, 2001). Biochemical factors determines two primary neurotransmitter systems are implicated for panic attacks – the noradrenergic and the serotonergic systems (Gorman et. Al, 2000). Amygdala a collection of nuclei in front of hippocampus in the limbic system of the brain is critically involved in producing anxiety, fear responses and panic attacks. According to Clark this is a tendency to catastrophes about the meaning of their bodily sensations. For example a person who develops a panic attack due to some fear might notice that his heart is racing and may conclude that he is having a heart attack. These very threatening thought may cause

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many more physical symptoms of anxiety which further fuel to the catastrophic thought leading to vicious circle culminating in panic attack.

Objectives of the Study

- To find out the effect of examination stress on the mental health of adolescence through reviewing three important case studies.

REVIEW OF LITERATURE

Every hour, one student commits suicide in India. India has one of the world's highest suicide rates for youth aged 15 to 29, according to a 2012 Lancet report, which illustrated the need for urgent interventions.

Youngsters find it difficult to cope with failure in exams and careers and neither families nor other social institutions offer adequate support or solace. (Shutterstock) Updated on May 8th 2017 by Devanik Saha, India Spend New Delhi, Arjun Bharadwaj, a 24-year-old management student, committed suicide by jumping out of a 19th-floor hotel room in Mumbai. Media reporting suggested he had been depressed about failure in exams and repeatedly talked about ending his life on social media. There were also suggestions he was battling drug addiction. Bharadwaj's story made the headlines — likely because he killed himself at a five-star hotel and discussed suicide methods on Facebook — but it is no exception: Every hour, one student commits suicide in India, according to 2015 data (the latest available) from the National Crime Records Bureau (NCRB).

In 2015, the number of student suicides stood at 8,934. In the five years leading to 2015, 39,775 students killed themselves. The number of attempted suicides, many unreported, is likely to be much higher.

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In 2015, Maharashtra reported most student suicides of any state: 1,230 of 8,934 (14%) nationwide, followed by Tamil Nadu (955) and Chhattisgarh (625). Maharashtra and Tamil Nadu are among India's most advanced states, and their high rate of suicides could reflect the pressures of economic growth.

Student suicides are becoming increasingly common in Kota, Rajasthan, considered the capital of India's shadow education system. Its many commercial coaching centres, that guarantee success in professional entrance exams, pressure students into striving for unrealistic goals. Unable to cope with failure and anxious about letting their family down, a growing number of Kota students opt to end their lives.

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“These deaths result from poor relationships with parents, excessive expectations, the feeling of being unwanted, poor understanding of their peer/romantic relationships. These result in an impulsive decision or a long thought-out deliberate suicide,” said Saldanha.

CASE STUDIES:

CASE 1

A boy named NG studying in grade X is baffled about scoring high marks and feels that he is still not ready for the board examination. This boy is a perfectionist and makes sure he does not miss out single digit mark in his examination. Throughout his schooling he is the topper in the class and now in grade X while appearing for his board exams he is not ready to take it up. He feels that his mediocre board results will upset his parents and he will not be able to make them happy. His knowledge and skills are above average and many a time it is observed that he is unable to compromise the same in the answer script. For one or two marker too he writes elaborately; hence he lags time to complete the long answers. This act creates an unpleasantness and worry about completion of the paper on time. But he is unable to control his thought process. Even giving the allotted space concept also triggers high anxiety reactions with him. He is having a number of panic attacks mostly during night

Father is from IIT. He too is a perfectionist and always a topper throughout his studies as reported. This great achievement is always spoken at home to inspire NG. The parents never thought that the bench mark set for their child will turn into a night mare. Being topper and scoring high marks is what aimed by NG. He was always encouraged to do well but never was he taught how to face a defeat. He is the only child to the family and all the hopes and aspirations of the parents are on him. He is so paranoid with his academic performance that he does not mind losing out a year just to obtain high scores in the board exams. NG has been taken to the psychiatrist for necessary guidance and help and prescribed medication for relief. He is advised to rest and relax and expected to be better by another two to three months. School in which he studying has given him permission skip the board exams and to repeat grade X the following year as regular candidate as per his and his parents request. All these concessions were facilitated to bring about positive change in NG. The progress is very slow. But the efforts are on to bring out the best.

CASE 2:

A smart girl who is a successful swimming champion had to drop out from her studies following anxiety reactions and panic attacks. AP is 15 years old first born of a high functioning parent in urban Bangalore. She goes to a school where extracurricular activities are always encouraged besides academics. AP is a good swimmer who used to go for swimming coaching and appear for competitions at various levels. AP was above average in studies and Math and Science were her strong subjects. Suddenly she started showing too much of absenteeism. She even started skipping the tests and examinations too. Enquiring about the same school got to know that she is suffering from anxiety disorder with the incidence of panic attacks.

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AP lives in a nuclear family with a sibling and parents. Her mother is in a high ranking position in one of the eminent multinational company in the city. Father is at home and practices yoga and other alternative processes for physical, mental and spiritual well being. In the counselling session AP confessed that she is bothered about her unpleasant experience of childhood and cannot stop thinking about the same. She is losing concentration in studies and don't know what to do. Most of the time at home she is crying without knowing the reason. She started preferring her loneliness and stopped interacting with her friends as well as with her sister. She shared her feelings with her dad and started believing he is the only one who understands her. As a first born child mother expects a lot of things from her. Though the interactions are less, most of the time mother's anxiety is passed on to her. Parents started having discord in handling AP and her academics which in turn created a huge setback.

It became very difficult for her to attend the school. Most of the days it was not possible for her to attend the classes. Her father was called to school to pick her up. Finally, she experienced panic attack during the time of the examination and consulted psychiatrist for help. AP was prescribed medications and prolonged therapeutic sessions to recover. Mother tried her best to bring her back to the normal curriculum but in vein. Parents had to withdraw her from school as prescribed by the doctor and agreed to register her for open schooling once she gets better.

Re viewing the family history the counsellor got to know that AP's father was also suffering from depression and was on medication and he is out of his job for the same reason. He practices yoga and other methods as one of the rehabilitation activity. It is thus confirmed that the incidence of family history and pathological home environment plays a major role in the development of stress and anxiety in children.

CASE 3:

SG is a student of middle school who is unable to sit in his class, extremely slow in his writing and have an unreasonable demand for perfection. He has set a very high goal for himself which is very difficult to achieve. Parent came with the problem to school that though they are not pressurising or demanding good results from him, he himself has set a very high goal. In one of the Math exam he could not finish the paper because he was trying to be unreasonably perfect which has lead to delay in solving sums. Parents reported from that time he is very anxious and repeatedly telling that if in the next exam also I fail to finish.

SG was brought to individual counselling sessions where he mentioned that he is not able to get rid of his unpleasant experience of not able to finish the paper. Whenever he is trying to concentrate in studies he is getting carried away with the same thought of failure. It was known that parent never allowed him to develop any hobbies or have not put him to learn something else than academics. They are very vocal about his academics to their friends and family. For which SG feels a lot of social pressure.

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As the exam was approaching the number of incidences of anxiety reactions and panic attacks were significantly increased. He was consulted by psychiatrists and on anti anxiety drugs. SG started becoming irregular to school. In school also it was very difficult to be in the class and he always sought counsellors support. His uncompleted work in the class started piling up which in turn created more anxiety in him. Finally he stopped eating his food and parents were unable to continue with the medication for the same. SG was admitted to NIMHANS and was fed through nasal pipes so that his medication can be continued. He was given psychotherapeutic support along with the medication. Parents were advised to keep the home environment happy and relaxed and no pressure should be given to him. Parents were encouraged to give positive reinforcement for all the activities he does. Priority should be given to his choice of work rather than any suggestive work.

Finally, SG could write the annual exam with the help of counsellor and extra time allowance. He was given ample time to finish the paper so that he does not feel any pent up emotions. He was better in the beginning of next academic session. But as the exam approached he started having a feeling that if last years incidences are repeated this time also. He again started having panic attacks. This time parents could recognize the problem and they are taking him regularly to NIMHANS for relaxation therapy and alternate mode of therapies so that SG is able to cope with the academic demands of his grade.

CONCLUSION

The prevalence of educational stress, anxiety and depression is high and confirm with the finding of others studies. The Examination for high school students puts a high pressure and educational stress on the students. The high expectations of family, school, and peers as well as self perceptions and unrealistic aspirations, lack of opportunity in terms of increased competitions cause chronic stress and depression, anxiety, fear responses and panic attacks among the students.. The recommendations are: counselling skills development, promoting activities to improve parents understanding of their children; reduced expectations of parents towards students and realistic goal setting for one can lead the adolescence in the right path along with sound mental health.

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