

Psychological Morbidity among Residential College Students

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ABSTRACT

Aim: The aim of the study was to understand the health risks among residential college students as a result of the various developmental and environmental changes. **Methods:** In this study 183 residential college students between the age group 16-17 years were selected using purposive sampling from different colleges in Bangalore. After this General health Questionnaire (GHQ) was administered on these students and it measured the following factors: somatic symptoms, anxiety/insomnia, social dysfunction and severe depression. Content analysis was done to analyze the open ended questions. **Results:** The scoring and interpretation was done according to the manual. The results showed that out of 183 college students, 61 (33%) of them were above the threshold of distress. It was further noticed that due to academic pressure, irregular sleep patterns and drug addiction 31.1% of the students had positive scores on the anxiety category. 16.4% showed symptoms of depression as they had relationship problems, experienced some trauma, were away from family and close friend. A 26.2% portrayed social dysfunction due to dysfunctional thinking patterns, family issues, depression and language barrier. Another 26.2% exhibiting somatic symptoms was a result of ill-health, unhealthy food habits and environmental factors like climate, temperature and water. **Conclusion:** The study implies on sensitizing teachers about these challenges and its negative influence on growing individuals. It also highlights the ways to equip adolescents with ways to overcome these challenges through induction programs and activities that would enhance cohesion among peers.

Keywords: *Psychological morbidity, Residential students, Anxiety, Social dysfunction, Somatic symptoms, Depression*

Adolescents face unique challenges during the transition period from school to college. An educational institution or a college is a place wherein individuals from different ideologies, values and culture amalgamate. Accommodating with the new environment of the educational institution during the initial period would depend on the past experiences of the individual, the

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amount of peer acceptance received (Flook, L., Repetti, R.L., & Ullman, J.B. 2005), parenting style and family dynamics (Barr, A.B., 2015).

Residential students have to deal with all these along with the fact that they have been uprooted from their comfort zone to a very different environment. The past experience along with the changes in the new environment instilled certain coping mechanisms which have been rationalized by their independent thinking patterns. The cognition that these students form could either reinforce their social skills or curb them. Having an appropriate amount of peer relationship and support is essential while staying away from home. The academic pressure is a cumulative problem that the residential students are compelled to cope with along with the communication difficulties and environmental changes.

The challenges and impact of coping to these challenges during this transition engaged by students are studied in this research area. The academic pressure and the baggage of being away from home, the past trauma, family issues, relationship problems and the communication skills play a role in the thinking patterns and socialization of these students. This could lead to distress and anxiety which negatively influence their healthy coping mechanisms. In addition to all the above, external factors of climatic conditions, unhealthy eating practices and ill-health may manifest into somatization disorders.

The objectives of the study were twofold. The first was to find out the emotional distress among residential college students. The second was to explore different psychological health concerns among them.

METHODOLOGY

The study used both quantitative and qualitative methods to find out psychological morbidity among residential college students. The sample consisted of 183 participants who were pursuing their pre-degree or diploma in science. GHQ (28) was used as a quantitative measure and an open-ended question was used as a single qualitative measure: “many people have their own challenges in their life. Please share with us the greatest challenge that you are facing during this period after you have joined this course and ways to deal with it”? responses to this question was transcribed into a textual database.

Data Analysis

GHQ includes four domains: somatic symptoms, anxiety/insomnia, social dysfunction and severe depression. The scoring in each of these dimensions was done from 0 to 3 for each of the responses with a ranging 0 to 84 being the total possible score. Analysis of the open-ended question was done by using content-analysis.

RESULTS AND DISCUSSION

Characteristics of the sample

Age and Education:

All participants were within the age range of 16 to 18 years and belonged to pre-university was included in the study.

General Health:

All the participants of the study were screened using General Health Questionnaire (28). It was found that 61 students were distressed while 122 were not distressed (Figure 1).

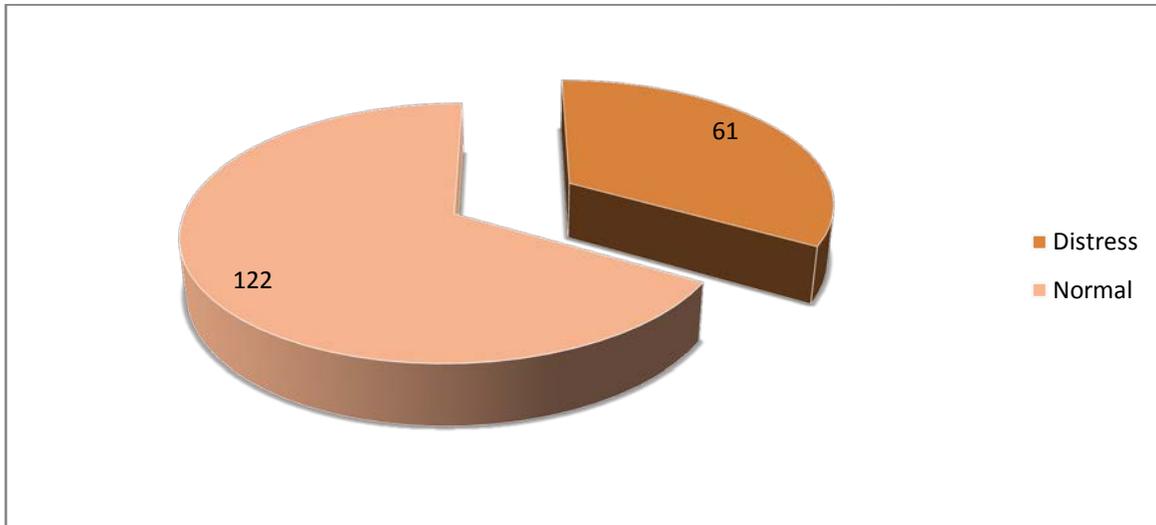


Figure 1: Distribution of frequency of residential students with respect to psychological health.

Out of the 61 of the distressed residential pre-university students 18 were anxious, 10 depressed, 16 were socially dysfunctional and 16 had somatisation disorder (Figure 2).

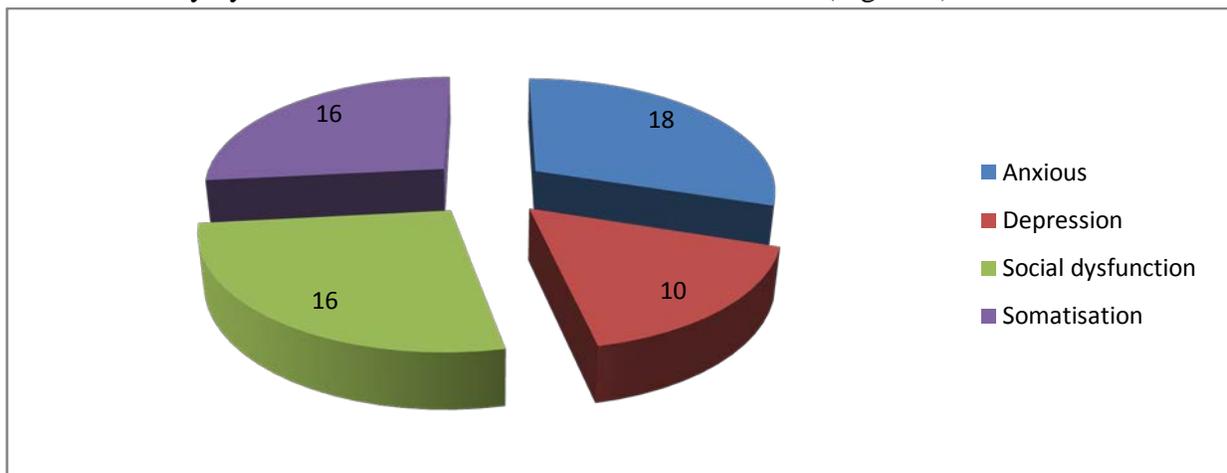


Figure 2: Distribution of frequency of residential students across four domains of psychological distress

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Psychological health concerns among residential college students

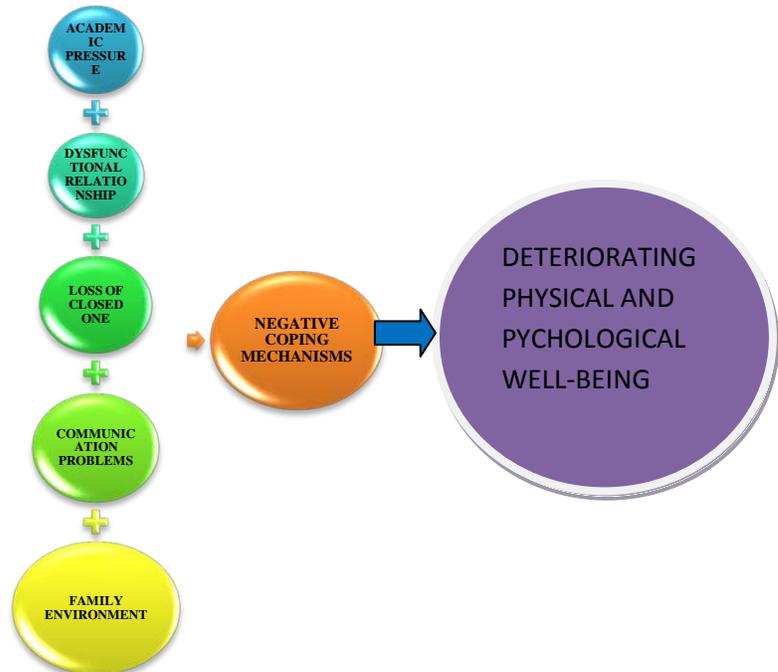


Figure 3: Major Themes emerged in the qualitative analysis

The content of each response was analyzed to determine if it contains anxiety, depression, social dysfunction and somatisation. The unique themes that reflected in each domain were found to be association between irregular sleep patterns and academic pressure, drug abuse and anxiety, depression and relationship problems, trauma and being away from home, somatisation with unhealthy eating problems and environmental factors and ill-health.

Irregular sleep patterns

Many participants described their feelings of distress in academic performance. The reasons attributed for the distress included academic pressure and consequent changes in sleep patterns to accommodate greater amount of time in academics. These could also have an impact on their health which has irrevocable impact on their life.

Quality amount of sleep is reinforcing to the body and is an enabling resource to the students (Buboltz, 2002; Trockel, Barnes, & Egget, 2000). It is revitalizing and reenergizing method for the mind and body. It gives the amount of relaxation that the body needs and helps in consolidation of the information received by the brain. During sleep there is reactivation of memories that were learned immediately which enhances the ability to recall the same on subsequent days. Thus, even though students may spend lot of time in studying, doing that without adequate amount of sleep does not provide them with better academic performance. In addition, it has also been learned that sleep deprivation has a role to play in the formation of false memories. Irregular sleep patterns could leave an impact on impairing cognitive function

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(Patihis, L., Loftus, E.F., Lewis, H.C., & Fenn, K.M. 2014). In a study conducted by Felts and his colleagues (2006), it was found that 82% reported general morning sickness while another 28% reported “insomnia”.

A study conducted by Lin & Chin-Chun (2015) projected light into the conduct problems that unhealthy sleep practices were related to conduct problems. Furthermore, it was also found that poor academic performance, low levels of emotional well-being and defiant attitudes were related to the disturbances in sleep or the irregular sleep patterns.

In this study it was observed that academic pressure was one of the reasons that the participants attributed to irregular sleep patterns. However, this did not help these students to perform better academically as memory was not retained leading to lower academic performance.

Anxiety and depression

The participants have reported to have indulged in certain coping mechanisms as a result of either their personal experiences or due to academic pressure. The interaction with those from different cultures exposed them to various ways of coping that could have negative impact on health and the psychological well-being of the individual.

In this study participants reported to have turned to alcohol as means of coping with the academic pressure and also with the constant surfacing of learned experiences. Academic pressure has been stated as the reason for anxiety and depression among adolescents (Quach, A., Epstein, N., Riley, P., Falconier, M., & Fang, X., 2015). The students who use drugs as a means of coping with the various problems are distressed and unable to be resilient. They have lower levels of resistance to the problem recognition, self-doubt concerning their communication skills and self-deteriorating image of themselves as a result of their inability to cope with the new circumstances.

The students who reported having relationship issues which have been a life event changing their character traits to some extent. Having been in a dysfunctional relationship in the past had changed their perspective of the world around them and the way they view themselves as well. The participants could not trust anyone as they were deceived by those whom they trusted the most leaving them with a feeling at a loss.

All these factors amalgamate such that they have a cumulative negative impact on the long-term psychological well-being of students.

Social dysfunction

From the descriptions of participants, the reasons for social dysfunction is the result of dysfunctional thinking patterns, family issues, depression and communication gap. Each of these

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factors played a role in their social skills abilities. Since the students found it difficult to engage in conversations with their peers, they were unable to make new group of social support. They felt that there was a dire need to be able to communicate in the English language with dire fluency. This thought would create a language barrier to gain social support and make friends in the changed environment. This kind of cognitive distortions were a barrier for better adjustment of these individuals.

The problem in communicating in the way they considered the best by them led to various cognitive distortions. Some exhibited all or none cognitive distortion by saying, “ if I write the exam I will fail” and “ If I don’t talk in English people will not like me or people will think I am inferior.” Others exhibited overgeneralization, “I am always good for nothing,” should statements, “I shouldn’t have made that mistake in English”, labeling “I am such a loser”. Still others produced statements that were magnified like, “I made a small mistake while talking, and everyone is going to evaluate me negatively.” Thereby all these factors work parallel in hindering the students’ ability to create a good social group for themselves.

The lack of command over the English language creates a negative image of the self which in turn reinforce cognitive distortion about their own ability to converse with their peers. This in turn creates a problem in their ability to adjust well in the institution and their residence. Earlier research has shown that the English curriculum setting tend to raise self-concept among those who attain lower grades while decrease self-concept among those who are tend to attain higher grades (Ireson, J., Hallam, S., &Plewis, I. 2001).

Students also found it difficult to adjust because of their family issues. The reasons they attributed to the family issues were mainly due to authoritative parenting and consequent anxious/ambivalent attachment with the parents. Disclosure of personal matters with their roommates or classmates may again create anxiety or depression. There is an inverse relationship between unsupportive peer behaviour with well-being among adolescents which would in turn have an impact on the grades (Voydanoff, P., & Donnelly, B.W. 1999).

Somatic symptoms

The description about somatic symptoms projected that all the somatic symptoms like headaches, fever, and cold were the results of academic pressure as well as inter and intra personal problems. Unhealthy eating pattern and irregular sleep pattern may again deteriorate these somatic symptoms.

CONCLUSION

This study highlighted the major psychological health concerns among adolescents in the domains of anxiety, depression, somatic symptoms and social dysfunction. Hence, it is important to identify adolescent students who are emotionally distressed and not to ignore their mental health concerns. The lack of awareness about the ineffective ways of coping would make the

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participants vulnerable to long-term psychological distress. This study implies on helping adolescents to engage in healthy thinking patterns in order to indulge in healthy coping strategies. It would also encourage teachers to help the students to cope with their curriculum and parents to perceive the circumstances of their children better.

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Conflict of Interests

The author declared no conflict of interests.

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